

Editorial: Roles of both Form and Function in Interprofessional Teams?

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Buhler, AV. (2016). Editorial: Roles of both Form and Function in Interprofessional Teams?. *Health, Interprofessional Practice & Education* 3(1):eP1108.

Available at: <https://doi.org/10.7710/2159-1253.1108>

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HIPE is a journal published by Pacific University | ISSN 2641-1148

Editorial

Roles of Both Form and Function in Interprofessional Teams?

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In this edition we publish an essay by J.E. Vitale from Rosalind Franklin University entitled “Form versus Function: What does and does not constitute an interprofessional team?” This is a topical question that deserves thoughtful discussion. Vitale argues that the current divisions between health care workers are arbitrary, and, in many cases, are becoming less valid. He argues that it is not diversity in degree or profession that creates an interprofessional team, but diversity in role. He makes a strong argument that in many cases multiple professions can provide similar contributions to a care team, citing the example of a nurse anesthesiologist and physician anesthesiologist. He is absolutely correct; there are multiple examples of shared roles and expectations between different professions (i.e. primary care physician, physician assistant, and nurse practitioner) in which some aspects of patient care are shared, although each comes with a different background.

The question that he raises then stands: is it profession or function that defines an interprofessional team, and should we broaden our definition of interprofessional care? I agree with the author that our definition should be expanded, and agree in principle with the author’s stance. I do, however, still think that there are differences in training, philosophy, language, and communications styles between professions. These differences will impact a provider’s contribution to a team in unique ways. I had the opportunity at the birth of my children at the University of Colorado Hospital and the University of Iowa Hospital to choose between excellent patient care from an OB/GYN M.D., P.A., or certified nurse midwife (R.N./C.N.M.). While all would play a

similar role in the healthy, non-complicated birth of my daughters, I believed they would bring different philosophies into my care. I would argue that in this case, differences due to training were important components to the interactions of my care team: anesthesiologist, labor and delivery nurse, and C.N.M.

In summary, I support Vitale’s thesis that the roles of the various professions are expanding, and in many cases lines are blurring. I also agree that function is an important component to consider in our definition of interprofessionalism. However, I would argue that the importance of different training and philosophies still contributes toward important diversity in a patient care team. I thank Mr. Vitale for opening up this conversation, and hope that his essay sparks thought in the readers’ minds as to what constitutes interprofessional diversity in their own care teams.

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