

Commentary

Where is the Team?

Kaci Thiessen PharmD, BCACP *University of Arkansas for Medical Sciences College of Pharmacy*

Kari Thiessen PT, DPT, CBIS *Hutchinson Regional Medical Center*

INTRODUCTION

The reasons each medical professional chose the career that he or she did are no doubt varied. Perhaps some of us were initially attracted to the opportunity for a stable job and decent pay. Maybe we had a family member, friend, or mentor who steered us down the career path. But one thing that is almost certain is that few of us went into healthcare to become famous. The hope of glory and wealth is not something that can get us up morning after morning to endure work that is often both emotionally and physically taxing. The fact that our friends or parents told us we should choose the career did not make the hours of studying rigorous coursework to get where we are less overwhelming. No, the reason we work in healthcare, by and large, is because we want to help people.

A pandemic is a time when people to help are everywhere. We see very sick patients, distraught family members who must drop their loved ones off at the door and may not get to say a last goodbye, and elderly people who are too terrified to leave their houses. Beyond that, we experience our own anxiety as we face exposure every day and risk bringing the illness home to our own loved ones. We meet the challenge of rapid change and additional responsibilities as our team members face quarantine, illness, or redeployment. Everyone must step up and practice at the top of their

scope. Each individual may be stretched to the limit with responsibilities along with emotional and physical burden. Truly the team has become more important than ever.

However, many team members seem to have been forgotten. Several businesses have graciously stepped up to offer healthcare worker discounts, but, though some do include hospital workers, several of these discounts seem to apply to only physicians or nurses. Some of the originally proposed legislation related to student loan forgiveness has included only physicians, medical residents, and nurses explicitly, leaving other healthcare workers unsure of their qualification (Murphy, 2020). In a press call discussing the “Heroes Fund”, one senator classified pharmacists to be essential workers but not medical professionals (Anonymous, 2020). There are so many other healthcare workers who are an integral, though perhaps less visible, part of the medical team.

DISCUSSION

The emphasis on interprofessional care in both practice and in education has proven to have many benefits. Many health profession schools across the country are now integrating simulations and general education in interprofessionalism to better prepare healthcare providers to work together once in practice (Clay et al.,

2018). When working outside of traditional “silo” approaches and inside more of an integrative environment, practitioners are better able to focus upon their areas of expertise with sound judgment and skill in high stress situations. It is without question that the current worldwide pandemic is such a circumstance. Thus, it is imperative that all professions be recognized in their various approaches to combat this virus.

These professions range from, but are not limited to, physicians and nurses, pharmacists, radiology technicians, respiratory therapists, to rehabilitation specialists including speech, occupational, and physical therapists. Each occupation has its area of expertise that is vital to the overall effectiveness in the treatment and prevention of coronavirus disease 2019 (COVID-19).

The role of the physician is well-known, with the overseeing of care and medication prescription, alongside nurses, who are responsible for the minute-by-minute care and comfort of the patient. In addition, the medication expertise provided by pharmacists is a huge asset in patient care by recommending potentially helpful drugs, managing side effects, and understanding the risks that a drug poses to each patient based upon his or her individual medical history. Radiology technicians are able to produce clear images showing the areas of dysfunction, in order to more accurately diagnose various conditions. Respiratory therapists are, of course, essential in fighting this respiratory-based virus, helping wean patients from mechanical ventilators and assisting in the restoration of their overall lung function once extubated.

The recovery process does not stop once a patient is taken off of the ventilator. Rehabilitation specialists, such as speech, occupational, and physical therapists, are essential in improving patients’ function to allow them to return home without further complications. Speech therapists are able to restore normal swallow function after prolonged intubation to prevent aspiration and subsequent pneumonia, which could require a potential rehospitalization. They also work on various voicing techniques in the event of vocal fold injury while ventilated, which is necessary for many patients prior to returning to work or for general improvement in their quality of life after discharge. Occupational and physical therapists also work to restore function necessary for a patient to discharge home safely. Moreso, as mobility experts, they should be present throughout

the entire patient stay. It has been well documented that prolonged bed rest and ventilation results in significant medical complications, including an average of 2% loss of general muscle strength with each day on bed rest and 10% loss of postural strength in one week, as well as increased frequency of encephalopathy, a higher risk of debilitating pressure ulcers, and a general loss of mobility, which can put increased emotional and economic pressure on family and caregivers (Hodgin et al., 2009; Schweickert et al., 2009). However, alongside this evidence, studies have proven that early mobilization by therapists with ventilated patients can reduce the likelihood of these complications, as well as reducing the length of stay in intensive care units and in the hospital itself (Morris et al., 2008; Zang et al., 2019). In times of crisis, with each bed in high demand, the value of these shortened hospital stays is without question.

An additional benefit to interprofessional care is improved job satisfaction.(Busari et al., 2017) When responsibility is shared, problem-solving is collaborative, and decisions are joint, team members are more likely to see themselves as valuable, encouraging individuals to take ownership of his or her role in patient care, which further strengthens load-sharing. This is especially important during this time of crisis, when stress levels are high and each team member is under an abnormal amount of pressure. Rapid change can also increase anxiety levels, but a team approach can help counteract these things. The more experts who are included on the team, the lighter the load for each member and the better the outcome for the patient.

CONCLUSION

Inclusion of a full interprofessional team has proven beneficial in many ways. Patient outcomes are improved and job satisfaction increases. Though “front-line” members seem to be the most important, collaboration and consideration for the expertise of all healthcare worker specialties is essential and should be enhanced, not forgotten, during this time of rapid change. We are each playing a unique and essential role in a time that history will not soon forget. Let us appreciate all of our team members and remember our reason for performing our respective jobs regardless of the recognition, glory, and reward.

References

Anonymous. (2020). On press call, Schumer announces Senate Dems will unveil COVID-19 “Heroes Fund” proposal for essential workers on frontline of nation’s pandemic response. Retrieve May 1, 2020, from <https://www.democrats.senate.gov/news/press-releases/transcript-on-press-call-schumer-announces-senate-dems-will-unveil-covid-19heroes-fund-proposal-for-essential-workers-on-frontline-of-nations-pandemic-response?fbclid=IwAR3x1xP1FQTBBy8HI0GAgIOw4jom8HxUCzyKN5qufcB0q6RQbXXE11YAShPM>.

Busari, J.O., Moll, F.M., Duits, A.J. (2017). Understanding the impact of interprofessional collaboration on the quality of care: a case report from a small-scale resource limited health care environment. *Journal of Multidisciplinary Healthcare*, 10, 227-234. <https://doi.org/10.2147/JMDH.S140042>

Clay, M.C., Garr, D., Greer, A., Lewis, R., Blue, A., Evans, C. (2018). An update on the status of interprofessional education and interprofessional prevention education in U.S. academic health centers. *Journal of Interprofessional Education & Practice*, 10, 61-66. <https://doi.org/10.1016/j.xjep.2017.12.003>

Hodgin, K.E., Nordon-Craft, A., McFann, K.K., Mealer, M.L., Moss, M. (2009.) Physical therapy utilization in intensive care units: results from a national survey. *Critical Care Medicine*, 37(2), 561-6. <https://doi.org/10.1097/CCM.0b013e3181957449>

Morris, P.E., Goad, A., Thompson, C., Taylor, K., Harry, B., Passmore, L., Ross, A., Anderson, L., Baker, S., Sanchez, M., Penley, L., Howard, A., Dixon, L., Leach, S., Small, R., Hite, R.D., Haponik, E. (2008.) Early intensive care unit mobility therapy in the treatment of acute respiratory failure. *Critical Care Medicine*, 2008, 36(8):2238-43. <https://doi.org/10.1097/CCM.0b013e318180b90e>

Murphy, B. (2020). On COVID-19 front lines? Bill would forgive your student-loan debt. Retrieve May 7, 2020, from <https://www.ama-assn.org/residents-students/resident-student-finance/covid-19-front-lines-bill-would-forgive-your-student>.

Schweickert, W.D., Pohlman, M.C., Pohlman, A.S., Nigos, C., Pawlik, A.J., Esbrook, C.L., Spears, L., Miller, M., Franczyk, M., Deprizio, D., Schmidt, G.A., Bowman, A., Barr, R., McCallister, K.E., Hall, J.B., Kress, J.P. (2009). Early physical and occupational therapy in mechanically ventilated, critically ill patients: a randomised controlled trial. *Lancet*, 373, 1874–82. [https://doi.org/10.1016/S0140-6736\(09\)60658-9](https://doi.org/10.1016/S0140-6736(09)60658-9)

Zang, K., Chen, B., Wang, M., Chen, D., Hui, L., Guo, S., Ji, T., Shang, F. (2019.) The effect of early mobilization in critically ill patients: a meta-analysis. *Nursing in Critical Care*. <https://doi.org/10.1111/nicc.12455> [Epub ahead of print]

Corresponding Author

Kaci A. Thiessen, Pharm.D., BCACP

University of Arkansas for Medical Sciences
4301 West Markham Street, Slot 522-4
Little Rock, Arkansas 72205

kthiessen@uams.edu