

INTERPROFESSIONAL COLLABORATION

Jamiu Busari

INTERPROFESSIONAL COLLABORATION

A shared responsibility that involves

1. The facilitation of dialog;
2. The integration of (differing) perspectives and expertise; and
3. Collaborative planning for the purpose of exceptional patient care.

DISADVANTAGES OF IPC

1. Relative lack of high quality evidence of effectiveness
2. Implementation costs
3. Conflicting values and loyalties
4. Those not included become further isolated
5. Forcing together those who never had IPE
6. Underlying frustrations and professional mistrust

ADVANTAGES OF IPC

1. Signposts appropriate care
2. Improves efficiency of service
3. Promotes supportive and satisfying work environments
4. Avoids duplication of tasks
5. Broadens perspectives
6. Stimulates knowledge translation and sharing of best practices

BARRIERS TO EFFECTIVE IPC

- **STRUCTURAL:** Fragmented structural and gaps in provision of resources
- **PROCEDURAL:** Budget/planning cycles
- **FINANCIAL:** funding mechanisms, administration, resource flow
- **STATUS/LEGITIMACY:** elected versus appointed bodies as decision-makers
- **PROFESSIONAL:** competing ideologies, self interest, competition for domains, differences between specialties/expertise, different status/pay, leadership styles, latent prejudices, territoriality.

Conclusion:

1. Contributes to the improvement of the quality of health care
2. Contributes to the creation of new professional cultures
3. Embraces diversity and impacts health care delivery
4. Improves and creates awareness about the importance of communication, respect, civility, and diversity in the delivery of effective health care delivery