HIP &E

Interprofessional Practice and Patient Voice: An Undergraduate Perspective

FROM THE FIELD: LEARNER EXPERIENCE

BAILEY JUDIS

Pacific University Oregon

ABSTRACT

This paper explores an undergraduate perspective and reflection on three observed themes in interprofessional practice: amplification, invitations and respect for patient, family, and practitioner voices. As an undergraduate student observing in medical spaces, I sought to understand the role of voice in interprofessional practice. Importantly, this paper reflects the importance of interprofessional care in promoting patient centered care and well-being.

CORRESPONDING AUTHOR:
Bailey Judis
Trinity University, US
bjudis@trinity.edu

TO CITE THIS ARTICLE:
Judis, B. (2024). Interprofessional Practice and Patient Voice: An Undergraduate Perspective. *Health, Interprofessional Practice and Education*, *6*: 3, 1–6. DOI: https://doi.org/10.61406/hipe.316

INTRODUCTION

The goal of Interprofessional Practice (IP) is to promote health care professional collaboration and patient-centered care (Buring et al., 2009). Patient voice and respecting diverse narratives is a key component of IP and patient-centered care. Patient-centered care is defined as practitioners respecting the patient's narrative, preferences, and care concerns in all clinical decisions (Johnsson et al., 2018). Interprofessional Practice promotes collaboration between different disciplines, encouraging the breakdown of preconceptions and barriers between health care groups (Guraya & Bar, 2018), the understanding of perspectives and voices from diverse specialties (Guraya and Bar, 2018), and the promotion of communication (Kwame and Petruka, 2021) and empathy (Perfecto et al., 2023) towards practitioners and patients. Interprofessional Practice promotes dialogue and collaboration between medical specialties (Perfetto et al., 2023) encouraging health professionals to appreciate each other's approaches and value diverse experiences and perspectives (Lobchuk, et al., 2021). It also promotes stronger communication with patients and families (Kwame and Petruka, 2021) and improves health outcomes. It is important to note that the social and biomedical construct of the "patient" receives criticism as it describes the individual seeking medical care as passive and helpless, and the physician as titled and authoritative (Whyte and Elias, 2024). While this one-sided construct goes against the partnership of interprofessional practice, it is still the term most utilized in the literature and will be used in this paper.

Inequalities in social capital and varied knowledge/faith in healthcare, family dynamics, and healthcare complexities/disabilities, make all patients and families unique (Gengler, 2020). Determinants of health capital, such as literacy and socioeconomic status, create barriers for families in interacting with the healthcare system (Gengler, 2020). Understanding how socioeconomic status and access to resources influences family coping skills helps physicians to provide individualized care (Gengler, 2020). My hospital job experiences and observations in service-learning suggests that utilizing an IP approach supports the amplification of patient voices and will lead to improved care and patient satisfaction.

DESCRIPTION OF LEARNING AND REFLECTING ON INTERPROFESSIONAL PRACTICE

Some patients report experiencing medical trauma (Mundy et al., 2004) and Post-traumatic stress disorder (PTSD) during medical experiences (Hall and Hall, 2013). Additionally, physician-patient miscommunication (Kwame and Petruka, 2021) and miscommunication between medical professionals (Perfecto et al., 2023) can negatively impact patient trauma, satisfaction, and safety (Tiwary, 2019). I have experienced medical trauma connected to chronic illness and a vision impairment. My experiences of being misunderstood and misrepresented in the medical space have inspired personal and professional research centered on understanding these experiences and identifying opportunities for optimizing medical experiences. In this report, I share themes on interprofessional communication, reflections on a service-learning experience I designed, and my perspective on opportunities for optimizing the patient experience.

As an undergraduate student, I have cultivated several meaningful experiences for understanding and optimizing medical experiences including a review of the literature, creating an approved interdisciplinary second major in Disability and Health Studies, and engaging in service-learning in my community. Personal experience motivated me to participate in service-learning and create my own interdisciplinary second major, Disability and Health Studies, at my university. I carefully designed this second major and recruited a diverse Faculty Mentorship Committee to represent the intersection of neuroscience, biology, sociology, and education. In line with this major, and exploring career paths that utilize an interdisciplinary sciences approach, I began a shadowing program at a children's hospital in the south-central United States. The goal of this program was to observe interdisciplinary roles, functions, and models in practice. While I began this observation with the broad goal of understanding diverse experiences in hospitals and hopefully identifying a career path, I was surprised to discover an interdisciplinary approach I had been previously unfamiliar with: interprofessional practice in health care settings.

For my observation, I completed fifty hours of job-shadowing with different pediatric health care professionals. In the end, I observed four pediatric psychologists, one child life specialist, one occupational therapist, one physical therapist, one hospitalist, and their respective teams of social workers, clinical lab technicians, physicians, nurse practitioners, speech pathologists and graduate students. I observed healthcare practitioners collaborating with others from different professions and engaging patients and families in partnership. After each day of observation, I recorded patient-practitioner and IP team observation field notes.

In reflecting on my service-learning experience and conducting patient and IP team observations, I recognized the multitude of roles and opportunities for IP in healthcare settings that utilize, support, and promote this approach. I want to share themes I observed and the understanding I gained of how an interprofessional collaborative model

of healthcare informs decision making and improves the patient experience. Additionally, I reflect on IP themes observed and their discussion in existing literature.

DISCUSSION

Three themes were evident in my service-learning observational study, aligning with a literature review highlighting components of IP important to understanding voice. First, IP promotes the invitation, amplification, and respect of all patient voices (Metersky, 2022). Relying on family members discourages hospital settings from raising patient voices and engaging child patients as partners and individuals (Ali et al., 2022). Child and disabled patients have the right to be treated with respect and involved in important decisions that affect their health. Their voices should be amplified instead of ignored in healthcare settings.

Second, IP recognizes and supports that family voices need to be invited, amplified, and respected (Aberg Petersson et al., 2021) in healthcare settings (Sigurdardottir et al., 2017). Medical settings have started considering patient and family determinants of health, such as social capital and literacy as means to promote patient centered care. Understanding the family's situation and experiences helps different health practitioners on IP teams to provide more individualized care to patients and prescribe the best treatment for the family's situation.

Lastly, IP promotes professional voice and respect for diverse opinions and perspectives (Perfetto et al., 2023). Interprofessional practice encourages the understanding of diverse backgrounds, opinions, and approaches as a means to achieve patient and practitioner satisfaction. Healthy relationships and communication between healthcare professionals improve practitioner wellbeing, patient safety, interprofessional trust, and empathy (Lobchuk et al., 2021). Below, I report examples of these three themes from my service-learning, observational experience.

INVITE, AMPLIFY, AND RESPECT PATIENT VOICES

Almost immediately after beginning my service-learning observations, I noted how patient voices were valued by healthcare practitioners. Based on my experiences, I was expecting practitioners to favor parent voices, as children are often overlooked due to age, even in matters regarding their own bodies. This is especially true for children with disabilities, whose voices are entirely ignored due to practitioners being unable/unwilling to communicate at their developmental level (Ali et al., 2022). However, this was not the dynamic I observed at this hospital. In utilizing an IP model of healthcare, this hospital invited and respected pediatric perspectives, implementing strategies that amplified all patient voices.

During my job-shadowing and service-learning experience, I observed a child psychologist interact with a variety of patients. I noticed how they always worked to make the room comfortable and individualized for each patient. For example, remembering that a patient favored a specific pillow during sessions to help mitigate their symptoms, they made sure the pillow was provided. Work was also done to ensure they could meet the communication needs of patients and families. I learned that this hospital provides in-person and virtual translators for all patients and families free of charge. Providing translators and valuing patient preferences promotes collaboration and uplifts diverse voices, a strategy of the IP healthcare model.

One day, I followed as the psychologist prepared for a session with a young cochlear implant candidate and his family. The patient, his four siblings, and parents had recently immigrated to the United States from Afghanistan. The patient was primarily deaf, and in the process of learning American Sign Language (ASL), however he was also learning Pashto, which his parents spoke at home, and English. For the session, the patient, mother, and two siblings were in attendance, and the father was able to join over the phone. The hospital provided a Pashto translator for the mother and father, and an ASL translator for the patient.

During the appointment, I noticed how the psychologist looked directly at the mother while explaining treatment options, instead of just conversing with the translator. They collaborated in the same manner with the patient. The clinical psychologist inquired about family and patient fears with surgery and noted how the patient was very unfamiliar with the surgery process. When the clinical psychologist brought up the level of pain, the patient's face immediately perked up. He knew he was getting a cochlear implant yet was unsure about the process. During the session, the psychologist took detailed notes about the patient and family to convey to the surgical team, such as their living situation, fears, and understanding of the procedure. The clinical psychologist informed the patient and family that their concerns and questions would be raised and discussed with other IP team members to ensure the best health outcome and experience for the patient and family.

The psychologist suggested to the mother that she spend one or two sessions with the patient to help him prepare for the procedure and what to expect afterwards. The psychologist explained to me afterwards that pediatric and disabled patients are often overlooked in the medical process because of their age and their disability. However, they explained how they like to provide an explanation at the patient's developmental level, allowing the patient to ask questions and have agency in the process. One way

that they can meet a patient at their developmental level is by showing them pictures of staying in the hospital and what the bandages look like. Collaborating with and involving patient voices not only reduces patient anxiety but also provides additional information for the IP team.

INVITE, AMPLIFY, AND RESPECT FAMILY VOICES

The collaborative teams at this hospital not only valued and amplified the patient voice, but also appreciated family voices and dynamics. Interprofessional practice teams took time to understand patient and family experiences, fears, and social capital to provide more individualized care.

In the autism diagnostic unit, IP teams recognized that each family was unique. Practitioners did extensive dialog and provided thorough questionnaires to ensure they suggested a treatment plan that was possible for both the patient and family. For example, when the team found that their recommended treatment for one patient might be too expensive for the family, they found a research program at a university that provided a more feasible option. The practitioners also provided emotional and physical support, viewing patients and families as individuals with unique and individualized narratives. When one mother began crying during the testing, the team provided tissues and soothing words. While staying professional, they were able to meet the mother where she was at.

Interprofessional practice teams at this hospital also took the time to help families understand the best way to emotionally support their children through trauma. For example, the child life specialist I observed explained how they like to explain to families that saying "your fine" to patients may not be comforting because it invalidates their pain. Also, dialog with families helps practitioners to better understand the patient so their team can provide more personalized care. For example, when a child life specialist in the pediatric intensive care unit learned that a patient might have autism, they recommended strategies and tools that would help make his environment more calm.

MEDICAL PROFESSIONAL VOICE AND INTERPROFESSIONAL PRACTICE

While job-shadowing and observing an autism diagnostic team, I learned that families travel from all over the state to this hospital for testing. This testing center is coveted and unique in that an interprofessional team of practitioners work together to run tests, determine a diagnosis, and outline a treatment plan in the span of one visit. Most are unable to get a diagnosis within a day because a thorough diagnosis requires an IP specialist team. The IP team I observed included a pediatric physician, clinical psychologist, nurse practitioner, psychology technician, social worker, and speech pathologist. I originally assumed that such a big team might lose sight of the patient's voice, especially since patients were quite young, yet I observed quite the opposite. Having a diverse team promotes patient individuality because each team member provides a different perspective on the patient's narrative.

Before each appointment, I observed the team discuss the patient's questionnaire, often filled out by a family member due to patients being under four years old. Then half of the team would proceed into the testing room, while the others observed on the opposite side of a two-way mirror. After the practitioners observed the patient and ran their different tests, they would meet all together and discuss their results and observations. Their little office was crowded, but everyone was included and could weigh in on the discussion. I found it very significant how the IP team took note of the family's access to treatment, such as location and insurance plan. I learned that the team did this to ensure the best treatment recommendation not only for the patient, but for the entire family.

During the diagnostic process and discussion afterwards, there was constant dialog and open communication between IP team members. Additionally, IP teams patiently took the time to explain to me how their tests worked and point out interesting behaviors. For example, when we observed a little boy hit his head and run to a technician for comfort, the social worker explained how this behavior was unusual. Young children usually seek comfort from their mothers and primary care providers, however because this child had been abused, they did not have healthy attachment and were open to comfort from strangers.

The literature suggests that while IP is meant to reduce misconceptions and interpersonal conflict over territory, there still can be severe distrust between practitioners (Perfecto et al., 2023). However, this is not what I observed at this hospital. One psychologist on this team told me that they chose to stay at this hospital after graduate school because she loved its unique structure of multidisciplinary collaboration and focus on patient centered care. Additionally, IP promotes healthy relationships among coworkers, thus improving practitioners' well-being. In the healthcare field, due to severe emotional stress, practitioners often rely on one other for emotional support (Jordan, 2023). While at this hospital, I observed that IP not only improved patient well-being, but also promoted healthy relationships among practitioners and emotional support.

CONCLUSION

I observed many beneficial practices suggested in the IP literature, such as increasing patient and practitioner well-being. However, every institution has room for improvement. For example, one child life specialist explained the frustration practitioners face when physicians do not take

their healthcare professional roles and responsibilities seriously. They reported that often, physicians do not call for child life specialists or other potential IP team specialists during procedures thinking their roles are insignificant. This is an example where IP has not completely taken down the barriers of professional misconception and territorial distrust. I believe that further implementations of the IP model can help achieve this goal.

The IP collaborative healthcare model in this hospital bridges the gap between social and medical models of disability (Ladau, 2021), something unseen in the literature before. From my reflections, I believe it can be highly successful. When I observed patients and families interacting with diverse healthcare professionals, I observed partnerships built on empathy, care, and understanding. When I observed different healthcare practitioners interacting collaboratively with each other, I observed an efficient and healthy dynamic built on mutual trust and respect for diverse opinions and perspectives. Overall, I observed respect for patient, family, and practitioner voice as a model to improve patient safety, experience, and well-being. While I am still exploring different practitioner and specialty roles as possible careers, this observation has inspired me to pursue roles that support and advocate for interprofessional collaborative practice and patient voices in healthcare settings and health policy.

ACKNOWLEDGEMENT

I am very grateful to the hospital for allowing me to observe different practitioners and specialties. I am sincerely grateful to my supervisor, Dr. Heather Haynes Smith, Education Department, for her mentorship and support. I am also grateful to my faculty advisory committee, Dr. James Shinkle, Biology Department, and Dr. Benjamin Sosnaud, Sociology Department, for their expertise, writing support and encouragement. Finally, I am grateful to Trinity University for their support of my learning, unique interdisciplinary second major, and project.

FUNDING INFORMATION

The author received no financial support for this research, authorship, and/or publication of this article.

COMPETING INTERESTS

The author has no competing interests to declare.

AUTHOR AFFILIATIONS

Bailey Judis orcid.org/0009-0009-3967-1032
Trinity University, US

REFERENCES

Aberg Petersson, M., Persson, C., Massoudi, P., Benzein, E., & **Wåhlin, I.** (2021). Parents' experiences of family health conversations after having a child in need of neonatal intensive care. *Scandinavian Journal Caring Sciences*, *35*(4), 1269–1277. DOI: https://doi.org/10.1111/scs.12945

Ali, H., Fatemi, Y., Cole, A., Tahat, S., & **Ali, D.** (2022). Listening to the voice of the hospitalized child: Comparing children's experiences to their parents. *Children (Basal)*, *9*(12), 1820. DOI: https://doi.org/10.3390/children9121820

Buring, S. M., Bhushan, A., Broeseker, A., Conway, S., Duncan-Hewitt, W., Hansen, L., & **Westberg, S.** (2009). Interprofessional education: definitions, student competencies, and guidelines for implementation. *American Journal of Pharmaceutical Education*, *73*(4), 59. DOI: https://doi.org/10.5688/aj730459

Gengler, A. M. (2020). *"Save my kid" how families of critically ill children cope, hope, and negotiate an unequal healthcare system*. New York University Press. DOI: https://doi.org/10.18574/nyu/9781479863938.001.0001

Guraya, S. Y., & **Barr, H.** (2018). The effectiveness of interprofessional education in healthcare: A systematic review and meta-analysis. *Kaohsiung Journal of Medical Sciences*, *34*(3), 160–165. DOI: https://doi.org/10.1016/j.kjms.2017.12.009

Hall M. F., & **Hall S. E.** (2013). When treatment becomes trauma: Defining, preventing, and transforming medical trauma. *VISTAS Online*, 73.

Johnsson, A., Wagman, P., Boman, A., & **Pennbrant, S.** (2018). What are they talking about? Content of the communication exchanges between nurses, patients, and relatives in a department of medicine for older people: An ethnographic study. *Journal of Clinical Nursing*, *27*(7–9), e1651–9. DOI: https://doi.org/10.1111/jocn.14315

Jordan, M. (2023). The power of connection: Self-care strategies of social wellbeing. *Journal of Interprofessional Education and Practice*, *31*. DOI: https://doi.org/10.1016/j.xjep.2022.100586

Kwame, A., & **Petrucka, P. M.** (2021). A literature-based study of patient-centered care and communication in nurse-patient interactions: Barriers, facilitators, and the way forward. *BioMed Central Nursing*, *20*, 158. DOI: https://doi.org/10.1186/s12912-021-00684-2

Ladau, E. (2021). *Demystifying disability*. Ten Speed Press.

Lobchuk, M., Bell, A., & **Lemoine, J.** (2021). Interprofessional discharge team communication and empathy in discharge planning activities: A narrative review. *Journal of Interprofessional Education & Practice*, *23*(7). DOI: https://doi.org/10.1016/j.xjep.2020.100393

Metersky, K., Orchard, C., Adams, T., Hurlock-Chorosteck, C., & **Mitchell, E.** (2022). Patient roles within Interprofessional Teams: A scoping review. *Journal of Interprofessional Education & Practice*, *28*(1). DOI: https://doi.org/10.1016/j.xjep.2022.100523

Mundy, E., & **Baum, A.** (2004). Medical disorders as a cause of psychological trauma and posttraumatic stress disorder [Editorial]. *Current Opinion in Psychiatry*, *17*(2), 123–127. DOI: https://doi.org/10.1097/00001504-200403000-00009

Perfetto, K., Albutt, A., O'Hara, J., Sears, K., & **Duhn, L.** (2023). An international interprofessional health quality graduate internship: The shared gains of educational-research partnerships. *Health and Interprofessional Practice*, *5*. DOI: https://doi.org/10.7710/2641-1148.2267

Sigurdardottir, A. O., Garwick, A. W., & **Svavarsdottir, E. K.** (2017). The importance of family support in pediatrics and its impact on healthcare satisfaction. *Scandinavian Journal of Caring Sciences*, *31*(2), 241–252. DOI: https://doi.org/10.1111/scs.12336

Tiwary, A., Rimal, A., Paudyal, B., Sigdel, K. R., & **Basnyat, B.** (2019). Poor communication by health care professionals may lead to life-threatening complications: Examples from two case reports. *Wellcome Open Research*, 4(7). DOI: https://doi.org/10.12688/wellcomeopenres.15042.1

Whyte, M. B., Elias, R., & **Cooke, D.** (2024). Exploration of the social and philosophical underpinning of 'the patient'—what this means for people with a long-term condition. *Humanit Soc Sci Commun*, *11*, 357. DOI: https://doi.org/10.1057/s41599-024-02729-8

TO CITE THIS ARTICLE:
Judis, B. (2024). Interprofessional Practice and Patient Voice: An Undergraduate Perspective. *Health, Interprofessional Practice and Education*, *6*: 3, 1–6. DOI: https://doi.org/10.61406/hipe.316

Submitted: 24 December 2023 **Accepted:** 25 March 2024 **Published:** 15 April 2024