

Out of Chaos—Collaboration!



How long have we talked about interprofessional collaboration and how we need to educate students together? The intent of this discussion has always been to increase the potential for effective partnerships in clinical settings with the goal of having better coordinated, higher quality care for the people we serve.

In the academic setting, we have heard about schedule conflicts, accrediting organization standards, uninformed faculty, lack of leadership commitment, and so on. Earlier in my career, the school of medicine, and the school of nursing, on different schedules but each located within the Health Sciences Center, worked with the school of law, on yet another different schedule, but located within the University. The faculty worked out different situations, including who would teach what portion of an ethics course, what class dates we could use so that they fit within everyone's schedule, where to hold the class, and what book to use. The big stumbling block? Parking! The law students were enrolled at the university across the railroad tracks and therefore were not allowed to park at the Health Sciences Center! After much effort, we were able to allow them to do so, but parking should not be the prevention of collaboration!

In the clinical setting, we have heard about role demands, lack of time, lack of administrative support, licensure expectations, and so on. The commitment to changing the culture in both settings is critical if we wish to intentionally make a difference in the future.

During the past several months, we saw glitches in many health care organizations as they tried to respond to the sudden and critical demand for care of patients we have never cared for before. Simultaneously, we saw glitches in

professional schools as they tried to respond to the sudden fact that education for the semester—and longer—was disrupted. Despite these glitches, if we take the big picture view, we see that perhaps we performed in a more collaborative, interprofessional approach than we ever had before. Out of chaos—collaboration!

If you saw a practice setting, you would know it was sometimes difficult to tell who was in what role. The same person might shout orders one minute, accept them to do the next, delegate to someone, receive a delegation, find help, and offer help. What was happening? Everyone's focus was on what patients need and how to address the numerous, and sometimes unexpected, needs that arose. We likely forgot that our professional licensing agencies created new, emergency rules and we did not hear a lot of "You are not authorized to do that." We all just wanted to work to our best ability to make effective care happen and to save lives.

How many of us had ever thought about not allowing a family member into the hospital? In January, if someone suggested that to us, we would have thought it ludicrous. It has been years since we did not allow family members in the intensive care unit. Yet, there we were in March saying anyone who did not need to be in the building shouldn't be, and families were excluded. That, of course, created other issues—and opportunities. We figured out ways to keep families connected to their loved ones, and we tried to keep families apprised of what was happening.

Reporters no longer wanted to talk only to physicians. Nurses spoke as articulately as physicians to the public because they were actively sought to tell the story of what was happening. Their stories were different from those of the physicians, and yet the same. Physicians, from what I saw, often spoke of the progression of the disease and what the latest approach was. Nurses often spoke of the human experience.

A colleague of mine used to say, "We see from where we sit." That means we all have different views of a situation based on who we are, what beliefs and values we hold, what

experiences we have had, and so on. Suddenly, we were all sitting in almost the same seat and seeing the commonality of what we could do as a team. As best I can tell, those of us who were educating nurses and students focused on the critical things like donning and doffing personal protective equipment, how to document care, and how to perform the critical procedures these new patients would require. No one I have talked with discussed collaboration or communication, scope of practice, or any of those other profession-based issues that hamper working together. We just did it—whatever it was that needed doing.

I am left with many questions. The chief one is: If we made collaboration a smooth process when we absolutely had to, what prevents us from acting in collaboration on a daily basis? Our patients deserve it—and so do we!



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