**Teamwork and Interprofessional Collaboration**

**Part One**

The physician should be made to realize that the healthcare system undergoes transformations that ensure that patients receive quality care. Some of the adjustments that are made during continuing education are evidence based in ensuring that there is safe patient care (West & Lyubovnikova, 2013). Depending on patients’ needs, various improvements can be made in the way healthcare workers operate. As HCWs, we keep on learning from past mistakes and come up with strategies that prevent such shortcomings from reoccurring. Safer protocols such as bedside reporting have been considered to be more efficient than when a nurse does the reporting away from the patient. Such changes are not very different from the suggestions that are being made to ensure that there is teamwork and interdisciplinary collaboration (Wieczorek, Marent, Dorner & Dur, 2016). Since the collaboration is interdisciplinary, it essentially occurs between HCWs with different qualifications. For instance, nurse practitioners are supposed to work hand in hand with the physicians so as to create a proper follow-up on patient care. Independent NP care actually helps to relieve the physicians of regular patient consultations and not taking their job. Through continuing education, every HCW enhances their competence and performance in daily practice. Therefore, although physicians receive more rigorous training, NPs also advance their expertise while in a clinical setting (Torma & Claudio, 2013).

However, the scope of practice of every practitioner should be respected as stipulated in legislation regarding health. These legislations vary from state to state, with some states such as Nevada having allowed for independent care for nurse practitioners. If it is the provision of the law to allow nurse practitioners to engage in certain activities, then they should be allowed to do so without being intimidated about their lesser qualifications (Wieczorek et al., 2016). Overall, a healthy working environment is created when different groups of HCWs work together as a team to offer quality care. Apart from teamwork helping in solving human errors that could be made by one practitioner, they also learn from each other. For instance, if the physician develops a positive attitude towards the roles played by the NP, the latter will positively learn from the physician’s rigorous medical training and clinical practice. Such a healthy collaborative environment improves health outcomes since the clinical personnel are working in unity towards the achievement of the goal. On the contrary, if the NP realizes that the physician despises them, they will be less satisfied with their job, and the impact will be realized on poor patient care, yet the patient needs to receive the most positive clinical outcomes (Torma & Claudio, 2013).

**Part Two**

The process of delivering quality health care to patients is optimized through interdisciplinary teamwork and collaboration. As such, two or more professionals interact independently towards the establishment of a common purpose. Each individual is allowed to operate in the field that they are best in hence assuring that quality guidelines for a care plan will be developed after integrative analysis. Collaboration and teamwork also ensure that honest discussions concerning patient care are done with each professional feeling free to contribute hence easing the role of problem-solving (Chesluk et al., 2012). Therefore, teamwork proceeds effectively if the players cooperate in meeting a shared objective by foregoing their autonomy. The decision-making process is mandated on either the team leader or through a joint responsibility of the entire team. Additionally, when healthcare services are integrated among different providers, services reach underserved populations and communities who have limited access to healthcare (Körner et al., 2016).

The complexity of clinical care with certain groups requiring specialized care has also prompted the need for teamwork and interprofessional consultations. Medical staffs have been forced to seek multidisciplinary indulgence to handle aging populations and patients with chronic diseases such as diabetes, cancer, and cardiovascular complications. It becomes necessary because patients are hospitalized as result of suffering from numerous health problems. Diversity in populations regarding culture also needs interdisciplinary care (Chesluk et al., 2012). It has been evidenced that when medical staff work together, medical errors are reduced, and it ultimately increases patient safety. Issues that are related to burnout such as tight schedules are also prevented when people work together. Since communication is a key factor that enables effective collaboration, other players can also be incorporated in the chain to offer better solutions. For instance, patients and their family members become open to provide their feedback concerning the quality of care they are receiving, and whether they are satisfied with the treatments being given. Job satisfaction is also encouraged among the HCWs since their contribution towards patient care is welcome; hence they are motivated to deliver their best during patient care (Körner et al., 2016).

**Part Three**

Many Americans now seek medical attention through different marketplace insurance that they can be able to afford since the passage of the Affordable Care Act. As a result, there is an increase in the number of people who need medical help in various facilities (Allensworth, 2016). This overwhelming need for health care can barely be managed by the available family practice physicians since there was already a shortage. Despite these challenges of shortage of physicians, the available practitioners such as NPs who can help to fill the gap still face restrictions in their practice. Restraint of trade creates an organized medicine scenario whereby a barrier is created in the manner in which NPs are supposed to operate yet they are one group that can solve physician shortage problems in future (Allensworth, 2016).

Restraint of trade is considered not to be in congruence with the technological, biological, and medical changes in healthcare that are evidence-based. NPs have been found to facilitate clinical outcomes that are just similar to or better than those of physicians. Just like the physicians, NPs have become more competent courtesy of the certification examination, continuing education, as well as workshops that increase their skills (Chesluk et al., 2015).  Therefore, restraint trade deprives NPs of their autonomy and their ability to exercise according to their educational achievements and acquired skills since various states limit their scope of practice. As such, they are not licensed to work independently because they depend on other professionals (Allensworth, 2016). For instance, NPs rely on specialists such as MDs and surgeons to whom they refer. The chain of reference proceeds up to a point where surgeons then have to refer to internal medicine. If one profession is restrained by another in this way, litigation arises, and barriers are built instead of bridges. Therefore, collaboration becomes the best avenue of providing the best care for patients (Chesluk et al., 2015).

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