

## Interprofessional Care of Emergency Department Doctors and Pharmacists: Crossing a Collaboration Chasm

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### Abstract

Role clarity of emergency department doctors and pharmacists is essential to provide collaborative care. Evidence is available that interprofessional care of doctor-pharmacist collaboration improves patient care in emergency settings. Pharmacists need to improve their knowledge and skill in emergency practice to be more productive and sought after. Team dynamics, training, and administrative support are critical. Interprofessional collaboration should not be programmed to fail for the short-term convenience of any profession. With more considerable effort from different stakeholders, once a collaborative system is established that will sustain improved patient care and the public trust of healthcare. Crossing a collaboration chasm takes time and effort. Interprofessional education should be built-in essential competencies to be collaborative with role clarity, teamwork, better communication, and ultimately patient-centeredness.

**Keywords:** Interprofessional care, doctor, pharmacist, collaboration, interprofessional education

This article is a commentary on interprofessional care provided by doctors and pharmacists in the emergency department. Any patient will expect the best possible care with the expertise of an interprofessional team. If the team is not productively collaborative, that might result in suboptimal health delivery. Multiple healthcare providers are integrated into teams in healthcare systems to provide the best possible care. The integration of professionals like medicine and pharmacy is natural in any healthcare system. However, due to miscommunication, some professionals struggle to figure out role clarity. Though debates are part of teamwork, seldom it appears in the public domain. In reality, emergency doctors are providing relatively better healthcare in partnership with the pharmacists and of course nurses in many settings.<sup>1</sup>

Looking back into the history of initiating formal emergency services in the USA that led to a significant reduction in mortality from accidental traumas.<sup>2</sup> Pharmacy services were first introduced in an emergency department in the 1970s which was mainly through medication distribution as a start with minimal measured outcomes at that time for such service.<sup>3-4</sup>

With the growing complexity of practice and the need for quality outcomes, doctor-pharmacist collaboration in the emergency department is becoming more and more required to provide the best patient-centered care. Quality of care provided by both professionals improve with a comprehensive patient education. Focus shifts on enhancing positive patient health outcomes, which is another goal pushing this collaboration into the light.<sup>5</sup>

The American Society of Hospital Pharmacist (ASHP) released full guidelines on the role of the pharmacist in the emergency department. Pharmacists have to identify the exact responsibilities and medication therapy management (MTM) roles rather than taking over roles of other health professionals.<sup>6</sup>

For such highly important collaboration between the two professions, the impact of the pharmacists' interventions in the emergency department must be well captured, measured and communicated to the whole team to raise the awareness of this vital role. A prospective randomized cohort study performed by Okere NA *et al.* evaluated the pharmacist-led patient-centered MTM and reconciliation services in the emergency department resulted in improvement in access to care and prevention of complications.<sup>7</sup> The pharmacist interventions in the emergency department are highly significant in terms of medication reconciliation, where the pharmacists can identify medication use patterns in patients especially in potential toxicity or ineffectiveness in particularly high-risk patients.<sup>8</sup> A systematic review on the pharmacy services provided in emergency showed that one-third of drug-related problems identified by the pharmacist were missed by the physician, which highlights the importance of having a drug expert in the emergency department.<sup>9</sup> Ensuring medication safety and effectiveness are fundamental roles of pharmacists. Emergency pharmacists can, for example, identify 2.9 errors per 100 medication (7.9 errors per 100 patients).<sup>10</sup> More of these interventions were captured and documented to highlight the impact of the presence of dedicated emergency pharmacist along with the emergency team published in many journals.

We cannot reject the fact that multiple barriers are preventing this doctor-pharmacist collaboration; there is a chasm to cross. A Canadian survey described the status of clinical pharmacy services in the emergency department throughout the Canadian healthcare system. It was found that the potential

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barriers to implementing such vital services are the lack of well-trained emergency pharmacists beside the inadequate funding or reimbursement of pharmacy services.<sup>11</sup> Additional challenges were captured in a qualitative study performed to assess the overall clinical pharmacy services, including the inadequacy of service promotions, lack of consistent clinical pharmacy services in the wards, and lack of confidence among clinical pharmacists.<sup>12</sup>

There is always a need for funding support and approvals from the hospital leadership in order to ease the implementation of pharmacy services in emergency departments. Many strategies can be followed to overcome the barriers mentioned above, but on the top is the availability of adequate and knowledgeable pharmacy staff is essential, followed by performing comprehensive training programs to improve their pharmacy-related skills. Implementing the established protocols on the pharmacist roles and responsibilities in the emergency department, and providing the right measurement tools to evaluate the quality of the services would standardize the care process.<sup>13-15</sup>

In any healthcare system with adequate professional resources, the interprofessional practice of doctors and pharmacists is encouraged to improve quality. Naturally, the development of productive clinical partnerships takes time and effort if it is not programmed well. Evidence from successful partnership examples and the capacity building of pharmacists are essential to be competent to be collaborative. Pharmacists need to build on the shields of care by increasing medication safety to be an undeniable presence in the team.

The collaboration between the two professions, medicine, and pharmacy in the emergency department, is seen in many settings. Hospital management and leadership have to facilitate capacity building and creation of a teamwork environment. To sustain such support, the value of such collaborative practice to be measured. The main components of collaborative practice are coordination, cooperation, communication, responsibility, accountability, assertiveness, and mutual respect, and trust. Such a partnership creates an interprofessional team, trained to work together on common goals and improve the patient outcomes.<sup>16</sup>

Further research on a larger scale and in multiple contexts shall be performed to explore the specific facilitators and barriers of interprofessional care. Positive results would be visible once; a shared responsibility culture is established among professionals. The ego problems could be less between professions than inside a profession as the roles are mainly to complement each other. Next-generation of doctors and pharmacists with interprofessional education experiences shall have better collaborative practices. Trying to teach interprofessional care is beneficial for existing practitioners to learn more about how to be collaborative. Of course, there are

good examples of self-learning and groomed interprofessional teams in healthcare.

In summary, the role of pharmacists in emergency care is proven to improve patient outcomes, but crossing a collaborative care chasm is a tedious process. Healthcare administrators need to encourage interprofessional capacity building as an investment towards a better system of practice. Pharmacists need to gradually participate and master their skills to be useful in the team. Once role clarity develops with respectful team dynamics, interprofessional care of doctors and pharmacists will be productive. All professionals know that collaborative care is better for patients and their practice.<sup>17</sup> It is important to note that poor interprofessional collaboration can harm patient care if the team dynamics are negative.<sup>18</sup> Patient centeredness in any healthcare system naturally decreases the ego of professionals to agree upon what is best for the patient. Interprofessional education should prepare future practitioners to be more collaborative.<sup>19</sup>

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