

Interdisciplinary collaboration

Many healthcare professionals routinely provide care for a specific patient by working together or as part of a multidisciplinary team. Such teams vary in terms of how structured, broad, long-lived and localised they are. The quality of care delivered depends on many factors, including the skills and competencies of each healthcare professional, their complementarity, effective communication between team members, and their shared commitment to quality. When well organised, their collaboration is synergistic, and beneficial for patients.

The roles of different health professionals (general practitioners, doctors from other specialties, pharmacists, nurses, midwives, etc.) are not set in stone, determined for all time by the professional qualifications they originally obtained. The skillsets, working practices, soft skills, prerogatives and responsibilities of health professionals from every discipline have evolved greatly over time and will continue to do so, influenced by factors as diverse as the changing needs of various populations, technical advances, developments in healthcare professionals' initial and continuing education, demographic trends within the various professions, and their regional distribution. Some changes will come about by extending the skills and responsibilities of a particular healthcare profession, while others will result from sharing and delegating tasks between healthcare professionals.

For example, the role of nurses in health care is constantly evolving. In France, the shifting boundaries of the profession can be seen in the care nurses provide for patients with chronic conditions who live at home, their ability to issue or renew prescriptions for certain health products, and their role in patient follow-up and patient education.

Among the many possibilities for complementarity between healthcare professionals, a scheme run by the French non-profit organisation Asalée is currently expanding (see "Asalée scheme: interprofessional collaboration between doctors and nurses for better-quality care" *Rev Prescrire* n° 474). In this scheme, doctors and nurses work in tandem, with the nurses being notably tasked with patient education, identification of certain disorders and, under physician supervision, certain specified medical procedures.

A comparative study found that patients with type 2 diabetes managed through the Asalée scheme received better-quality follow-up. This shows not only the value of this type of interprofessional collaboration to patients, but also the value of evaluating experiments in redrawing the boundaries between healthcare professions. At the very least, it provides evidence to inform cross-disciplinary discussions on the best place for each profession in care pathways, in the interests of providing high-quality care.

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