Patient and Community Roles in Transdisciplinary Professionalism

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Case Study - 1
Patient and Community

• You are a runner training for a marathon. When you start to increase your mileage significantly, you develop pain in your right knee that forces you to stop. You go to an orthopedic clinic to have it checked-out.

• While filling out forms in the waiting room, you are approached by a technician to receive an x-ray of your knee prior to seeing the orthopedist. You refuse the x-ray knowing nothing in your knee is broken.

• You are then approached by the head of the clinic who asks why you are refusing the x-ray and whether you understand the potential ramifications of such a refusal, including that your insurance might not cover the visit and that you will not be able to get an MRI without the x-ray, should one be needed.
Case Study – 1 (cont’d)

• Given the pressure, you decide to have the x-ray. When getting the x-ray the technician comments that she wished more people would question this practice.

– Discuss your power as a patient and how confirmation of your suspicions affects your opinion of the health care system
Case Study - 2
Patient and Community

• You live in a poor, peri-urban neighborhood that has a large number of persons receiving public assistance and Medicaid. In your community, there are much higher than national average rates of illiteracy, alcohol abuse, and teenage pregnancies; crime is a major issue; and more than 40% of the members of your community are obese, with many suffering from diabetes, heart disease and depression.

• Although you are not aware of it, an effort is underway to control Medicaid spending in your state, and a pilot study is being undertaken in your neighborhood.
Case Study – 2 (cont’d)
Patient and Community

- Your neighborhood has been the target for countless health projects. Most of them are pretty good for some of the community members, but all the interventions are short-lived and none of them have been sustained beyond a year or so. The community is a bit fatigued by the short-term interventions.

- What is your reaction when you hear your neighborhood is being targeted for a health intervention?

- What is your reaction when a health professional speaks at your church to get a group of parishioners to give their views on your community’s needs?
Can diverse health professionals be held accountable for their collective actions **by patients and society**?

If so, how & what factors might come into play? (If not, why?)

**NO** – Need collective for collective action

**YES** – Need:

1. **Community group assessment** (example India)
   - accountable to whom? who does the accounting?
   - requires transparency; allows mutual understanding of challenges all players face

2. **Be knowledgeable & speak truth to power about the hard things**
   - Connecting people to powerful partners

3. **Start conversation at local/regional levels**
   - build momentum & agreement about where we’re trying to go before starting national dialogue
Can diverse health professionals hold each other accountable for decisions made collaboratively?

If so, how and what factors might come into play? (If not, why?)

1. Shift from culture of blame to culture of safety
   – there will be barriers (organizational, legal)

2. Mutual respect among professions – they are not whole unless/until they are together
   – Early professional education & socialization together
   – Rethink scope of practice from individual to team
   – Assess/evaluate learners as individual & as team member

3. Organizational behavior (delivery systems & academic orgs need reform)
   – how we are treated influences how we treat others
What specific/measurable attributes should *organizations* & training programs exhibit to create & support the preparation of health care providers, patients & communities for transdisciplinary professionalism?

1. Change in culture needed – putting patients at the center and letting them lead/guide us

2. Education / Training – Join in Authentic Work
   - Education together – early and often
   - Integrate faculty from different professions
   - Patients as teachers and learners (contract concept)

3. Organizations – change requires wisdom & courage
   - Upend expert paradigm / model
   - Collaborative leadership
   - CEOs must be accountable for making contact with communities