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The Importance of Interprofessional Collaboration in the Intensive Care Unit

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Although effective interprofessional collaboration (IPC) in healthcare is an important aspect of patient care in all clinical areas, interdisciplinary teamwork plays an especially pivotal role in providing optimal care to a hospital's most critically ill patients: those in the intensive care unit (ICU). In their 2004 study on IPC in the ICU, Lingard, et al. describe the unit as an intersection of various clinical areas, including emergency medicine, surgery, and palliative care.[1] As such, care for these patients is often challenging and highly complex. Various studies describe the risks of inadequate communication in this stressful setting and highlight the potential for compromising patient care and making errors due to a lack of cooperation.[2,3] In order to optimize IPC and the different aspects of patient care, every member of the multidisciplinary team should be familiar with their own responsibilities as well as those of the other team members.[4,5]

Duties of the consultant in critical care medicine include providing critical care, designing treatment plans, and assuming responsibility for the overall wellbeing of the patients in the ICU. Additionally, consultants also supervise the training of medical staff and students and discuss patient care with hospital management.[5] Nurses working in the ICU should be trained in critical care, as their responsibilities include coordinating and supporting the patients' specific treatment plans, providing constant care and support during recovery, and monitoring the patients' progress throughout their time in the ICU.[5] Furthermore, there is an increasing need of active participation from nursing staff in joint clinical settings, as the collaboration of nurses and physicians aid in providing a more holistic and comprehensive approach to patient care. This collaboration between physicians and nurses is recognized as integral in providing patient- and family-centered care plans in the critical care unit.[6]

Many critically ill patients require physiotherapy to help prevent and mitigate the adverse effects of long-term stay in the ICU. The goals of an intensive care physiotherapist include maintaining integrity of the musculoskeletal system, preventing diaphragmatic weakness due to mechanical ventilation, preventing deep vein thrombosis and pressure ulcer formation, and maintaining proper cardiovascular functioning to aid in rehabilitation.[7]

The role of the speech and language therapist (SALT) in critical care is twofold. Firstly, they are in charge of assessing a patient's ability to communicate. Secondly, they evaluate a patient's oropharyngeal patency and their ability to swallow. The SALT will help the patient in managing dysphagia and assist them if their ability to communicate is compromised.[4]

Occupational therapists facilitate rehabilitation by providing opportunities for the patient to maintain participation in activities of daily living. This may include teaching the patient new ways of taking care of themselves and their homes, as well as how to resume their jobs and hobbies. Occupational therapy can improve patient outcomes by reducing physical, emotional, and cognitive complications.[8]

Critical care pharmacists and dieticians also play an important role in the ICU setting. Pharmacists manage medications and advise on routes of drug administration, while monitoring pharmacokinetic and pharmacodynamic parameters of the treatment regimen.[9] Dieticians, on the other hand, develop strategies to meet ICU patients' nutritional requirements, including proper electrolyte and glucose control.[10]

The ultimate goal of IPC in the ICU is to provide optimal, holistic patient care by encouraging effective communication and teamwork. Furthermore, IPC can also reduce healthcare costs and improve patient outcomes by preventing oversights, medication errors, and redundant interventions.

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