

None of Us is as Smart as All of Us

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Introduction

Imagine Mrs. XYZ, a 69-year-old woman living in a remote area with her son's family. One evening, she was brought to the hospital after a minor fall. Upon examination, her blood pressure was low, and she had a small fracture in her hip. The medical doctor admitted her for observation and pain management. During her care, the nurse noticed she seemed more confused than expected. During a medication review, the pharmacist realized she was taking two different medications prescribed by different doctors for the same condition, which were lowering her blood pressure, which might have led to the fall. A physiotherapist noticed that her muscle strength was poor for her age and suspected early frailty. The public health specialist spoke with her family and found out that Mrs. XYZ had a sedentary lifestyle with poor eating habits. The psychologist uncovered that she was grieving her husband's recent death and suffering from undiagnosed depression. She was feeling like a burden to her family. If all these professionals had not spoken up or only worked in silos, Mrs. XYZ would've been discharged as 'stable', only to return weeks later with a major depressive episode, a serious injury or even something irreversible.

Hospitals are full of highly competent healthcare providers. We have competent medical doctors, nurses, pharmacists, physiotherapists, nutritionists, public health workers, psychologists etc. Despite this individual competence, there is

patient dissatisfaction, increased medical errors, adverse drug reactions, unnecessary testing, increased morbidity and mortality rates. Even the health professionals complain about increased workload, job dissatisfaction, harassment, violence, and professional isolation. An individually competent healthcare provider produces one of healthcare's greatest weaknesses.

Can we assume that highly competent individuals will always form a highly competent team? Cristiano Ronaldo is an exceptionally talented and highly competent football player, who is known for his discipline, leadership and ability to adapt across clubs, countries, and systems. But if the midfield doesn't connect well with the forward line, other players prioritize personal stats over team tactics, or if egos clash along with poor leadership or tactical coherence. The team would underperform. Likewise, a hospital team with a top-notch surgeon, a highly experienced anesthesiologist, and a meticulous and competent nurse, if they do not communicate effectively during surgery, respect each other's roles, share patient updates promptly, or work from the same treatment plan, patient outcomes can suffer. Lack of coordination could lead to errors, delays, or unsafe procedures, not because anyone is incompetent, but because they are not working together as a team. A collaborative interprofessional practice (IPP) in healthcare is no longer a luxury but a necessity. It is about working together with shared goals and communication, using complementary knowledge



and skills, based on mutual trust, respect, and role recognition, to provide holistic care to patients/clients/communities.¹

The World Health Organization (2010) also recognises collaborative interprofessional practice (IPP) in healthcare as an important strategy for mitigating the global health workforce crisis.² For effective collaborative IPP, there is a need for effective interprofessional education at the undergraduate, postgraduate, and continuing medical education levels. Interprofessional education (IPE) occurs when ‘two or more professions learn with, from, and about each other to improve collaboration and the quality of care’. IPE in healthcare aims to ensure that graduates and practitioners from healthcare-related programs have the capabilities required for effective collaborative IPP.

Evidence suggests that IPE has an impact on the learner’s perception of other health professionals and eliminates harmful stereotypes. It evokes diversity, inclusivity, and a patient-centered ethic in healthcare practice. Select outcomes up to 2005 from 181 studies published by CIHC suggest that Interprofessional Education and Collaborative Practice (IPEC) improves patient care and safety, decreases mortality rates, reduces incidence of suicide in the community, ensures better management of psychiatric disorders, reduces outpatient visits, improves the management of heart failure patients, reduces redundant medical testing and improves overall health of chronically ill patients.³

The Canadian Interprofessional Health Collaborative (CIHC) national competency framework for interprofessional education highlights six competency domains essential for IPEC: Inter-professional Communication i.e. an ability to communicate with each other in a collaborative, responsible and culturally sensitive manner; Role Clarification i.e. developing an understanding of and respect for the roles and responsibilities of other members of the healthcare team; Patient/family/community-centred care i.e. seeking, integrating and valuing the inputs of the patient/ family/community in planning and implementing healthcare services; Interprofessional conflict resolution i.e. ability to overcome adversity and personal differences; Team functioning i.e. developing an understanding of the principles and processes of teamwork; Collaborative leadership i.e. applying principles of leadership to support collaborative healthcare practice. These domains can be taught during undergraduate, postgraduate,

and continuing medical education and in a variety of clinical settings. It can be taught through didactic input, team-based learning, experiential learning, interprofessional activities, and simulation-based learning. The assessment domains include interprofessional communication, role understanding, interprofessional values, reflexivity, teamwork, coordination, and collaborative decision-making. A combination of assessments such as situational judgement tests, short answer questions, Interprofessional OSCE, Team OSCE, Multisource feedback, Interprofessional collaborator assessment rubric, reflective journaling, interprofessional portfolios, self and peer assessment (e.g. SPARK) are required to assess the individual and team performance.

This editorial aims to highlight the importance of ‘Interprofessional Education and Collaborative Practice for Better Healthcare Outcomes’. In healthcare, individual competence is important, but it is insufficient to meet the needs of the complex healthcare environment. Institutions should implement interprofessional education and collaborative practice as a value, underpinning philosophy for the development of collective competence among professionals and an educational mission for better healthcare outcomes.

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