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Collaboration translates into Improved Healthcare Delivery

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In the new era where healthcare models constantly need to cater to ever increasing demands and expectations of patients, collaboration and sharing of expertise will prove to be the only viable solutions to delivering tangible results.



Modern organisations are increasingly becoming complex entities where cross-disciplinary teams are being employed to innovate and improve work quality and efficiency. Multifunctional teams bring together a range of functional expertise to the task at hand, when teams incorporate a diversity of knowledge, skills, and training. In the healthcare sector too, multifunctional teams are assuming importance as they improve intermediary predictors of quality such as transfer of knowledge, sharing of information and enhanced decision-making. The general consensus that seems to be emerging among health care experts from a variety of professions and perspectives is that a collaboratively practicing workforce is more responsive, efficient, and considerate of patient care.

In my many years of experience in plastic and cosmetic surgery, in India and abroad, I can say without a doubt that such symbiotic relationships have an indispensable and irreplaceable role to play in a wide range of aesthetic and reconstructive challenges. Plastic surgery in this day and age, is much beyond a surgery; it involves a diverse set of unique skillsets which need to be sensitively employed to boost patients' confidence as well as maintain the balance of aesthetic and functional features. The surgery has become an amalgamation of a wide spectrum of surgical sub-specialties. Collaboration in plastic surgery is the norm now and rightly so as it is helping in creating many new approaches through exposure to other types of expertise.

Plastic surgery today involves treatment of many varied conditions such as cranio-maxillofacial surgery; facial cancers; microvascular surgery to re-create the face post cancers; surgeries for congenital malformations like cleft lip, cleft palate; genital surgery like for hypospadias; reconstructive surgery for burns; facial cosmetic surgery like blepharoplasty, rhinoplasty, facelifting and hair transplantation; body cosmetic surgery like breast augmentation, liposuction and body contouring, oculoplastic surgery to treat lacrimal disorders, orbital diseases and peri-ocular surgeries; non surgical facial tightening, injectables like botox and filler injections; and non surgical body contouring. This is a very wide repertoire of surgeries, by no means exhaustive and it is inconceivable that any one surgeon can be good at all of the surgeries. To make matters worse, traditional plastic surgery training courses do not train surgeons in a majority of these areas which means unless there is collaboration and cooperation, plastic surgery would at best be half baked and poorly brewed.

The super-specialisation required for proficiency in all these procedures and increased patient expectation in the new millennium has made sub-specialisation the byword to watch out for. In the USA, surgeons performing the varied surgeries listed above, now come from multiple Boards /fields of training - The General Plastic Surgeons (coming in post a General Surgery residency), The Facial Plastic Surgeons (Coming in from an Ophthalmology or an ENT residency), The Facial Cosmetic Surgeons (Coming in from an Oro-Maxillo-Facial Surgery or an Ophthalmology residency), The Cosmetic Surgeons (coming in from a General Plastic Surgery, Ophthalmology, ENT or a Dermatology Residency) etc. Given the advantages that each group brings in from their basic residency, this has led to far improved surgical outcomes and patient satisfaction.

The face is a crossover zone that specifically requires collaboration among various specialities such as reconstructive surgeons for micro-vascular flaps, facial plastic surgeons, facial cosmetic surgeons, oculoplastic surgeons, dermatologists for skin conditions, maxillofacial surgeons and ENT specialists. For exceptional results to be obtained, collaboration and learning from other sub-specialties are the buzzwords. A collaborative, inter-professional team supports high quality and safe care,

patient and staff satisfaction and engagement and organisational efficiency and innovation.

To illustrate a case in point, a successful plastic surgery for a 25 year old who suffers severe facial disfigurement due to an accident will require coordinating a large number of activities by several different individuals of different specialties, often with each one having interrelated tasks and a different focus on each. A cranio-maxillofacial surgeon would be needed to fix the broken bones, a micro-vascular surgeon may be required for flaps to treat the wounds, a cosmetic surgeon for aesthetically improving looks as well as a dermatologist for laser therapy to enhance the texture of the damaged skin. So many specialists coming together to provide cutting edge care speaks volumes of the kind of healthcare needs of patients in the current scenario. Rather than a single procedure, multi-specialty care is needed for the right expertise and skills to get the person back to his original self.

The impact of collaboration on patient safety is immense and several researchers have identified reductions in rates of medical error when inter-professional collaboration is strong and teams are trained to work safely, cooperatively and in a coordinated manner to avoid gaps in quality assurance measures. However, to implement this successfully and to promote collaborative practice, physical and structural opportunities, a psychologically supportive environment, and appropriate education and training are indispensable. The role of the patient and patient-clinician interactions is also important, if not central, to the inter-professional team. These interactions are necessarily two-way and involve establishing shared values, goals and expectations as well as information. Furthermore, collaborative patient-clinician interactions generate trust and rapport which in turn lead to greater levels of openness, negotiation, successful adherence to medical care strategies and reduced anxiety.

The time has truly come for all surgeons to proclaim that while we do not know everything about everything to provide exceptional results to our patients, we must super-specialise in one thing and become really good at it. For all other things, we must work in a team where individual surgeons are better than us at those aspects. This collaboration will assist our patients in getting exceptional results in all spheres, in this era of super-specialisation. Ultimately, we are here because of and for our patients. No one surgeon may know everything, but together we may all know more than we have ever known in the history of mankind! After all, we are here for our patients and not for our own ego and leveraging and fostering collaboration exponentially will improve outcomes in patient care.

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