Interprofessional Conferences as an Aid to Health Care

TODAY'S INCREASING SPECIALIZATION, both at the medical and allied medical levels of health care, increases the risk of a patient being treated as a specific pathological entity at the expense of his total needs. This risk is further increased by the practice of limiting programs of continuing education to each professional's area of specialization. Such vertical education does not respond to the need for a broad propagation of information and education horizontally across professions.

To counter the tendency toward disconnected and segmented health care that specialization fosters, many hospitals and health clinics have adopted such techniques as team conferences and grand rounds, in which everyone involved in a particular patient's care meets to pool observations and theories and discuss his total management.

When these techniques have been applied systematically and continuously in rehabilitation centers and rehabilitation services within general hospitals, the results have seemed consistent with the concept of total patient care, in which all personnel share in the responsibility of rehabilitating the whole person. But these techniques are not often applied to services other than physical medicine and rehabilitation, and then only in some general hospitals. The result is that patients admitted for specific medical problems, although they could concurrently benefit from other services offered within the hospital, are not afforded these services.

Concurrent services seem especially lacking in large medical complexes, where medical interns and residents rotate through various services throughout their affiliated institutions, but still remain within their own area of specialization. For example, a resident physician specializing in internal medicine may rotate through several hospitals and wards within those hospitals, but all these wards will be devoted to internal medicine. The periods of rotation may be as short as 1 month or as long as 1 year or more. In such a medical setting, the task of orienting physicians reaches mammoth proportions. They not only must learn the system of record keeping and scheduling and the services of each section, but must also simultaneously attend to the medical needs of their newly acquired patients. At the Philadelphia Veterans Administration Hospital, for example, each resident physician starting rotation is given an orientation manual. This 75-page booklet covers all the policies, medical and nonmedical services, floor plans, and procedures of this nearly 500-bed hospital. Included, also, is a 3-page listing of the ancillary health services available in the hospital, along with a 1- or 2-line description of each. Yet, despite the mass of information in this orientation guide, a physician who is assigned a 20-bed ward requiring immediate attention may still remain unaware of certain services in the hospital that could aid his or her patients.

As the speech pathologist at the Philadelphia Veterans Administration Hospital, I tried to establish a continuing system of orienting the hospital's medical house staff to the full range of services offered by the Speech Pathology Service and sought to analyze the effects of this orientation program. The results of the program are examined in this paper.

I was able to conduct the orientation experiment scientifically because of the unique dichotomy that exists within the hospital's medical service. Two local

medical schools are affiliated with the hospital, and each has been assigned its own medical wards. The wards are on separate floors and are administered autonomously by their parent academic institutions. In this way, new patients may be admitted systematically and without bias by a physician unaffiliated with either academic institution. In this paper, the two services are called A and B.

Service A was arbitrarily selected to receive maximum inservice orientation, while service B was to continue to receive only the routine orientation given all new house staff. As part of the orientation designed to keep the physicians of service A abreast of the speech services being offered, the speech pathologist made a presentation at the professor's grand rounds, oriented physicians individually on the wards, and engaged in periodic personal contacts with them.

After the orientation program had been operating for 2 years, I reviewed the records to determine if any changes in the trend of consultation requests had occurred as a result of the program. In this records review, I compared the number of patients who had been referred for speech pathology consultation in an earlier 2-year period (during which neither of the services selected for study received any special orientation) with the number referred in the 2-year period following initiation of the new program. The years 1967 and 1968 were selected as the pre-orientation years and 1972 and 1973 as the post-orientation years. Patients referred directly or indirectly by the Physical Medicine and Rehabilitation Service, the Otorhinolaryngology Service, or the Neurology Service were excluded from the tabulation because these services had been working closely with the Speech Pathology Service from the time of its inception at the hospital.

The results of the comparison are shown in the following table:

	Patients referred		
Year	*Service A*	*Service B*	*A and B*
1967–68	14	13	27
1967	8	6	14
1968	6	7	13
1972–73	33	17	50
1972	18	7	25
1973	15	10	25

Service A referred 14 medical patients for speech pathology consultation in the years 1967 and 1968, when it received no special orientation, and 33 in the years 1972 and 1973, when it did. Service B, which received no special orientation in either the earlier or later period, referred 13 medical patients in the years 1967 and 1968 and 17 in the years 1972 and 1973.

These tabulations suggest that a systematic program of orienting the hospital staff to the services that were available from the hospital's Speech Pathology Service had helped insure that these services would reach the patient. Such regularly conducted orientation programs that cut across disciplines can alert specialists to the services they can render each other and thus help improve the total system of health care delivery to our hospital patients.

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