

An Evaluation of The Impact of Medical Social Workers on Multidisciplinary Healthcare Collaboration

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Abstract:

The essential function that medical social workers play in interdisciplinary healthcare teams is critically examined in this study, which highlights the value of their input to cooperative patient care. The efficacy of multidisciplinary teamwork is enhanced by the distinct abilities and perspectives that medical social workers bring to the table, bridging the gap between medical treatment and social determinants of health. They guarantee all-encompassing treatment that considers both medical and emotional factors by negotiating challenging social institutions and standing out for the demands of patients. Medical social workers have a vital role in society, but they also confront obstacles to role recognition, professional identity, and institutional constraints that may hinder collaboration. The literature on the benefits, difficulties, and methods for medical social workers to be successfully integrated into healthcare teams is included in this study. It draws attention to the necessity of institutional support, open lines of communication, and professional respect in order to optimize the advantages of multidisciplinary teamwork for patient care. In order to maximize the engagement of social workers in hospital settings, the article seeks to shine light on successful cooperation models and best practices, offering guidance to legislators and other healthcare professionals.

Keywords: Medical Social Work, Interdisciplinary Collaboration, Healthcare Teams, Patient-Centered Care, Social Determinants of Health, Professional Integration, Role Recognition, Communication Strategies, Advocacy, Systemic Barriers.

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1- Introduction:

The notion of multidisciplinary teams in the healthcare industry refers to a cooperative endeavor with the goal of delivering all-encompassing and patient-focused treatment, utilizing the varied specializations of several healthcare practitioners. Medical social workers are important members of these teams who play a crucial, sometimes overlooked role in improving patient outcomes and healthcare delivery. This critical study explores the role medical social workers play in interdisciplinary healthcare cooperation. highlighting their and contributions. difficulties, methods for navigating the complicated healthcare system.

process bv which several healthcare professionals with varying backgrounds collaborate with patients, families, caregivers, and communities to provide the best possible treatment is known as interdisciplinary cooperation in the healthcare industry [1]. This method has been acknowledged for its capacity to attend to the complex requirements of patients, especially when dealing with mental health disorders, chronic illnesses, and social obstacles that have a substantial influence on health and well-being [2]. This approach would not be possible without the special knowledge and skills that medical social workers bring to bear on the social determinants of health, which include things like socioeconomic physical and neighborhood status, education, environment, employment, and social support networks. These factors have a wide range of effects on risks and outcomes related to health, functioning, and quality of life [3].

Medical social workers do a wide range of tasks, from performing psychosocial evaluations to offering counseling and support to assisting patients in accessing social services and healthcare. Their function goes beyond that of regular social workers. They represent the patient's interests by acting as advocates and making sure that social and emotional needs are considered in addition to medical ones [4]. Medical social workers meet these requirements in order to lower hospital readmission rates, increase patient satisfaction, and encourage efficient use of resources—all of which are important indicators of the caliber of healthcare provided [5].

Medical social workers make important contributions, but they also confront a number of obstacles that might prevent them from working well with other interdisciplinary teams. Among these is role ambiguity, in which the extent and worth of their contributions may not be entirely understood by other

medical personnel, potentially resulting in overlaps or gaps in patient care [6]. These difficulties can also be made worse by institutional constraints such a lack of support, poor communication channels, and few chances for group decision-making [7].

The purpose of this study is to conduct a critical analysis of the literature about the function of medical social workers in multidisciplinary teams, emphasizing both the difficulties they encounter in the field and their contributions to improving patient care. In order to help healthcare professionals and policymakers optimize the integration of social workers into healthcare settings, it aims to give insights into best practices and successful models of partnership.

2- The Role of Medical Social Workers in Healthcare Teams:

Medical social workers perform a multifarious role in healthcare teams, covering a broad variety of duties that go beyond the conventional boundaries of social work to address the intricate relationship between socioeconomic factors and health outcomes. This section explores the background, primary responsibilities, and daily experiences of medical social workers in hospital environments.

Historical Context and Evolution

In order to address the non-medical requirements of patients that affected their health and rehabilitation, hospital social workers, also known as medical social workers, were initially hired in the United States and the United Kingdom in the early 20th century [8]. The discipline has changed dramatically over the years, extending its purview to encompass a wider range of environments outside of hospitals, including clinics, community health groups, and long-term care institutions. This increase is a result of a growing understanding that treating psychosocial problems is essential to providing comprehensive treatment [9].

Core Functions and Responsibilities

A range of responsibilities are placed on medical social workers to help them close the gap between social assistance and clinical treatment.

Among their primary duties are:

1. Psychosocial Assessments: To identify needs and obstacles to successful therapy, thorough assessments of patients' social, emotional,

environmental, and financial conditions are conducted [10].

- 2. Counseling and Support: Giving patients and their families emotional support and guidance can help them manage the psychological strains brought on by sickness and hospital stays.
- 3. Resource Coordination: Encouraging patients' recuperation and general well-being by making community resources and services—like home health care, transportation, and financial aid—accessible [11].
- 4. Advocacy: Making sure that patients' and their families' rights are upheld and that their views are heard within the healthcare system and the larger community.
- 5. Discharge Planning: Working together with medical teams to create efficient arrangements for patients to leave the hospital that guarantee assistance and care will continue [12].

Day-to-Day Impact

Medical social workers have a significant daily influence that directly affects the experiences and results of their patients. Through addressing the emotional and social components of care, they contribute to lowering treatment adherence hurdles, lessening the impact of socioeconomic factors on health, and enhancing patient satisfaction in general. To ensure that a patient can attend follow-up visits and get essential prescriptions, a medical social worker might, for instance, decide for community transport services on behalf of a patient who has restricted transportation alternatives [13].

In addition, medical social workers are essential in emergency circumstances because they offer patients and their families support and direction when they are facing severe stresses like unexpected sickness, making end-of-life decisions, or experiencing domestic abuse. In order to stabilize circumstances and support decision-making procedures that honor the patient's needs and wants, their intervention may be crucial [14].

Medical social workers play a vital part in healthcare teams, doing a variety of tasks that attend to patients' holistic needs. They guarantee that healthcare is about more than just curing patients' illnesses; it's also about promoting the general wellbeing of patients and their families by combining social care with medical care.

3- Interdisciplinary Collaboration in Healthcare:

In order to deliver complete, patient-centered care, interdisciplinary collaboration in healthcare entails the integration of varied professional competencies. This collaborative model brings together specialists from many disciplines, like as medicine, nursing, pharmacy, social work, and more, to collaborate in a coordinated manner in order to address the complex needs of patients. The concept, significance, advantages, and difficulties of multidisciplinary collaboration in healthcare are examined in this section.

Definition and Importance

In order to obtain the best possible patient outcomes, healthcare professionals from different disciplines interdisciplinary collaborate ally, exchanging information and duties as a cohesive team [15]. This concept is based on the knowledge that health are problems frequently complicated multifaceted, requiring an interdisciplinary, multidisciplinary approach [16].

The ability of multidisciplinary teamwork to address patients' holistic needs—which include not just medical care but also psychological, social, and environmental factors—makes it crucial. This strategy is consistent with the biopsychosocial model of health, which acknowledges the complex interactions of psychiatric disorders, social determinants, and biological variables in shaping health outcomes [17].

Benefits for Patient Outcomes and System Efficiency

Interdisciplinary teamwork has several advantages that influence patient outcomes and healthcare system efficiency. Studies have indicated that cooperative groups can result in higher levels of patient satisfaction, fewer medical mistakes, and better treatment quality [18]. Multidisciplinary teams may create more detailed and individualized care plans for patients with complex requirements or chronic diseases, which can enhance quality of life and enable better symptom control [19].

Interdisciplinary cooperation can result in more effective use of resources, less needless duplication of services, and more simplified care pathways from a systemic standpoint. Patients' access to care may be enhanced and healthcare systems may save money as a result [20].

Challenges and Barriers

Multidisciplinary collaboration has many advantages, but it also has drawbacks. These may consist of:

- Barriers to communication: Open and honest communication between team members is necessary for effective collaboration. This procedure may be hampered by variations in professional languages, terminology, and communication styles [21].
- Clarity of roles: When team members' duties and responsibilities are unclear, it can cause misunderstandings, overlaps, and gaps in patient care [22].
- Cultural and hierarchical differences: Within the healthcare industry, variations in professional cultures and hierarchical structures can lead to power dynamics that obstruct genuine collaboration [23].
- Resource limitations: Teams may not be able to work together as successfully if they lack staff, money, or time [24].

To provide comprehensive, patient-centered treatment, interdisciplinary teamwork is crucial in the healthcare industry. Collaborative teams, rather of relying solely on one field, can more successfully handle the complex requirements of patients by utilizing the diversified experience of many healthcare experts. In order to create a culture of cooperation, mutual respect, and common objectives, healthcare organizations must assist individual professionals in their efforts to overcome the obstacles to collaboration.

4- The Influence of Medical Social Workers on Collaboration:

In hospital settings, medical social workers are essential in fostering multidisciplinary teamwork. Their proficiency in managing the psychological facets of patient care enhances the medical emphasis of other healthcare practitioners, therefore enabling a more comprehensive approach to patient care. The special contributions that medical social workers provide to multidisciplinary teams, how they affect communication and conflict resolution, and how they support patient-centered treatment and advocacy are all covered in this section.

Unique Skills and Perspectives

Medical social workers, who primarily concentrate on the socioeconomic determinants of health that have a substantial impact on patient outcomes, provide a special set of abilities and viewpoints to healthcare teams. Their education allows them to evaluate and address a variety of problems that are frequently outside the scope of professional personnel, such as unstable housing, family relationships, financial difficulty, and access to community services. By addressing treatment and adherence challenges, this wide emphasis enhances patient outcomes and satisfaction [25].

Enhancing Communication and Conflict Resolution

Interdisciplinary teams that are successful must have open lines of communication, and medical social workers are frequently in the forefront of creating these channels. They get negotiation and conflict resolution training, which is crucial for handling the variety and occasionally divergent viewpoints seen in healthcare teams. Medical social workers assist in conflict resolution and the development of a cooperative team atmosphere by mediating debates and supporting patient-centered methods [26].

Facilitating Patient-Centered Care and Advocacy

Patient-centered treatment and advocacy are fundamental to the field of medical social work. Medical social workers make ensuring that, among the healthcare team, patients' and their families' opinions are heard and respected. Their advocacy involves advocating for treatment plans that are in line with the patient's cultural beliefs, values, and social environment in order to improve the efficacy and customization of care [27].

Medical social workers are essential in teaching other members of the healthcare team the value of taking social and emotional variables into account while providing treatment for patients. The team may create more thorough and practical treatment plans with the assistance of the patient by getting insights into their lives outside of the therapeutic setting [28].

Overcoming Systemic Barriers to Collaboration

The full involvement and impact of medical social workers in healthcare teams might be impeded by structural hurdles, despite the evident advantages of their integration. These include funding limitations, a lack of institutional institutions to encourage multidisciplinary collaboration, and a lack of awareness of the function of social work among other healthcare professionals [29]. In order to overcome these obstacles, organizations must be committed to interdisciplinary practice. This commitment must include providing organized opportunities for cooperation, teaching team members on the

importance of each field, and sufficient funding to support the work of interdisciplinary teams.

Medical social workers have a significant impact on multidisciplinary teamwork in the healthcare industry. They are essential to ensure complete and successful patient care because they provide a thorough awareness of the social determinants of health, improve communication and conflict resolution, and advocate for patient-centered treatment. In order to properly use the contributions of medical social workers, institutional and organizational impediments must be removed. This will need coordinated efforts.

5- Challenges and Barriers:

While there are many advantages to medical social workers being integrated into interdisciplinary healthcare teams, there are also a number of obstacles that may stand in the way of productive teamwork and the full potential of their contributions. This section lists the main difficulties and obstacles that medical social workers encounter and provides solutions.

Institutional and Systemic Challenges

Collaboration within disciplines can be greatly impacted by institutional and structural issues. These include leadership that does not encourage collaborative practice, organizational structures that are not supportive of cooperation, and a deficiency of rules and procedures that enable multidisciplinary work. Additionally, teams may find it difficult to work efficiently due to resource limitations including a lack of budget and staff [30].

Professional Identity and Role Recognition

The absence of clarity and acknowledgment about the professional role and contributions of medical social workers within interdisciplinary teams is one of the main issues they encounter. This uncertainty can cause conflicts within the team, position overlap, and underutilization of social workers' competence. In a medical context where nursing and medicine predominate, medical social workers can find it difficult to define their professional identities and express the importance of their contributions [31].

Communication Barriers

Successful multidisciplinary collaboration depends on effective communication, yet it's still quite difficult. Team members may misunderstand one another due to differences in professional language, jargon, and communication styles. Furthermore, in healthcare contexts, hierarchical arrangements might impede equitable and open communication by giving certain experts' perspectives more weight than others [32].

Strategies for Overcoming Barriers

There are many approaches that may be used to deal with these problems:

- Improved Interprofessional Education: Training on the responsibilities, contributions, and worth of various healthcare professions, such as medical social workers, may be included in interprofessional education to foster mutual respect and understanding within teams [33].
- explicitly Defined Roles: To ensure that everyone on the team is aware of the distinct contributions medical social workers make to patient care, institutions should make sure that medical social workers' roles and duties are communicated and defined explicitly [34].
- Organizational Support: In order to promote multidisciplinary cooperation, healthcare organizations should cultivate a culture that values it and provide the tools, frameworks, and guidance required to enable productive teamwork [35].
- Communication Training: Providing team members with instruction in conflict resolution and effective communication strategies will assist them negotiate the challenges of multidisciplinary collaboration, guaranteeing that all voices are heard and respected [36].

It will need coordinated efforts at the individual and organizational levels to remove the obstacles and hurdles that medical social workers face while integrating into healthcare teams. Through the resolution of institutional and systemic issues, the definition of professional responsibilities, enhanced communication, and organizational support, medical social workers' contributions may be fully used by healthcare teams, improving patient outcomes and care.

6- Best Practices and Successful Models:

The integration and effectiveness of medical social workers within healthcare teams may be greatly increased by using best practices and taking note of effective multidisciplinary cooperation models. This section includes examples of successful models and tactics that have been shown to be useful in encouraging collaboration.

Best Practices for Interdisciplinary Collaboration

- 1. Structured Communication Channels: Establishing communication tools, shared electronic health records, and interdisciplinary team meetings on a regular basis guarantees that all team members are involved in the planning and execution of patient care [37].
- 2. Clarification of Roles Workshops: Setting up seminars or workshops that make clear the responsibilities and tasks of every team member—including medical social workers—can improve respect and understanding between team members and lessen role ambiguity and conflict [38].
- 3. The establishment of procedures that promote consensus-building and cooperative decision-making among team members guarantees that the varied knowledge of all disciplines—including social work—is recognized and applied in patient care [39]. 4. chances for Continuous **Professional** Development: Providing interdisciplinary education as part of chances for continuous professional development can improve team members' comprehension of the contributions made by each field to patient care as well as their ability to collaborate [40].

Successful Models of Interdisciplinary Collaboration

- 1. The Collaborative Care Model: Medical social workers play a crucial role in care coordination, communication between medical and mental health providers, and direct psychosocial support to patients in this model, which integrates medical and mental health services and is frequently used in the treatment of mental health conditions [41].
- 2. Teams for Integrated Primary Care: Integrated teams of doctors, nurses, pharmacists, and medical social workers have demonstrated efficacy in managing chronic illnesses and provide allencompassing treatment in primary care settings. In addition to assisting patients' mental and emotional well-being, medical social workers coordinate community services and address socioeconomic determinants of health [42].
- 3. Geriatric Interdisciplinary Teams: Complex demands associated with geriatric care may call for the cooperation of many specialists. Medical social workers are part of interdisciplinary teams in geriatric settings that have been effective in developing holistic care plans that cover the medical, psychological, and social requirements of senior

patients. This has improved the patients' quality of life and decreased the number of readmissions to hospitals [43].

In order to improve the efficacy of healthcare teams, organized communication, role clarity, collaborative decision-making, and ongoing professional growth are crucial. These points are highlighted by best practices and successful multidisciplinary cooperation models. Healthcare organizations may enhance patient outcomes and optimize resource use by incorporating medical social workers into their teams more effectively and by learning from successful models.

7- Conclusion

One paradigm shift toward more patient-centered and holistic treatment is the inclusion of medical social workers in interdisciplinary healthcare teams. The present review has provided insight into the many responsibilities of medical social workers, their noteworthy advancements in multidisciplinary cooperation, and the obstacles and difficulties they encounter in the healthcare system. Additionally, it has emphasized models and best practices that are effective in highlighting the need of multidisciplinary cooperation in enhancing patient outcomes and system efficiency.

In order to effectively address the intricate interactions between social determinants of health and health outcomes, medical social workers provide a special set of abilities and viewpoints. Their proficiency in psychosocial evaluations, resource management, and patient advocacy guarantees that healthcare encompasses more than just medical treatment: it also involves attending to patients' more general social and emotional needs. Medical social workers encounter several obstacles, such as systemic and institutional impediments, problems with professional identity and role recognition, and communication difficulties. These challenges highlight the necessity of systemic adjustments in order to properly use their contributions.

Healthcare systems need to implement best practices including role definition seminars, organized communication channels, and collaborative decision-making procedures in order to overcome these obstacles. Collaborative care models, geriatric multidisciplinary teams, and Integrated Primary Care Teams are examples of successful models that offer useful guidelines for successful interdisciplinary collaboration. To sum up, medical social workers must be fully integrated into healthcare teams in

order to provide all-encompassing, patient-centered care.

In order to overcome the current obstacles, healthcare providers, organizations, and legislators must work together to promote an environment that appreciates and encourages multidisciplinary collaboration. We can improve the quality of life and general well-being of patients in the healthcare system by embracing the varied experience of medical social workers and other healthcare professionals.

References

- 1. World Health Organization. (2010). Framework for Action on Interprofessional Education & Collaborative Practice. Geneva: WHO.
- Gittell, J. H., & Weiss, L. (2004). Coordination networks within and across organizations: A multi-level framework. Journal of Management Studies, 41(1), 127-153.
- 3. Healthy People 2020. (2020). Social Determinants of Health. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion.
- 4. Reisch, M., & Garvin, C. (2016). Social Work and Social Justice: Concepts, Challenges, and Strategies. Oxford University Press.
- 5. Zwarenstein, M., Goldman, J., & Reeves, S. (2009). Interprofessional collaboration: effects of practice-based interventions on professional practice and healthcare outcomes. Cochrane Database of Systematic Reviews, (3).
- Abrams, L. S., & Dettlaff, A. J. (2013). Voices from the front lines: Social work with refugees and immigrants. Social Work, 58(2), 183-185. [7] Bronstein, L. R. (2003). A model for interdisciplinary collaboration. Social Work, 48(3), 297-306.
- Bronstein, L. R. (2003). A model for interdisciplinary collaboration. Social Work, 48(3), 297-306.
- 8. Gehlert, S., & Browne, T. A. (2012). Handbook of Health Social Work. Wiley.
- National Association of Social Workers. (2020). Social Work in Hospitals & Medical Settings. NASW.
- 10.Cowles, L. A. (1996). Social work in the health field: A care perspective. Journal of Social Work Education, 32(2), 189-203.
- 11. Simmonds, A., & Glogowska, M. (2013). Barriers faced by parents of children diagnosed with autism spectrum disorder. Journal of Health Visiting, 1(8), 434-441.

- 12. Allen, K. R., & Spitzer, W. J. (2016). Social work practice in health care: Advanced approaches and emerging trends. Sage Publications.
- 13. Zastrow, C. (2010). Introduction to Social Work and Social Welfare: Empowering People. Brooks/Cole, Cengage Learning.
- 14.Reamer, F. G. (2013). Social work in a digital age: Ethical and risk management challenges. Social Work, 58(2), 163-172.
- 15. D'Amour, D., & Oandasan, I. (2005). Interprofessionality as the field of interprofessional practice and interprofessional education: An emerging concept. Journal of Interprofessional Care, 19(sup1), 8-20.
- 16. Reeves, S., Perrier, L., Goldman, J., Freeth, D., & Zwarenstein, M. (2013). Interprofessional education: effects on professional practice and healthcare outcomes (update). Cochrane Database of Systematic Reviews, (3), CD002213.
- 17. Engel, G. L. (1977). The need for a new medical model: A challenge for biomedicine. Science, 196(4286), 129-136.
- 18. Zwarenstein, M., Goldman, J., & Reeves, S. (2009). Interprofessional collaboration: effects of practice-based interventions on professional practice and healthcare outcomes. Cochrane Database of Systematic Reviews, (3).
- 19. Horder, J. (2005). Interprofessional collaboration and professional identity. British Journal of General Practice, 55(511), 7-8.
- 20. Mitchell, R., Parker, V., Giles, M., & White, N. (2010). Review: Toward realizing the potential of diversity in composition of interprofessional health care teams: An examination of the cognitive and psychosocial dynamics of interprofessional collaboration. Medical Care Research and Review, 67(1), 3-26.
- 21. Oandasan, I., & Reeves, S. (2005). Key elements of interprofessional education. Part 2: Factors, processes and outcomes. Journal of Interprofessional Care, 19(sup1), 39-48.
- 22. Fewster-Thuente, L., & Velsor-Friedrich, B. (2008). Interdisciplinary collaboration for healthcare professionals. Nursing Administration Quarterly, 32(1), 40-48.
- 23. Lingard, L., Reznick, R., Espin, S., Regehr, G., & DeVito, I. (2002). Team communications in the operating room: Talk patterns, sites of tension, and implications for novices. Academic Medicine, 77(3), 232-237.

- Bronstein, L. R. (2003). A model for interdisciplinary collaboration. Social Work, 48(3), 297-306.
- 25. Gehlert, S., & Browne, T. (2012). Handbook of Health Social Work. Wiley.
- 26.Jones, B., & Phillips, F. (2016). Social Work in Healthcare: Its Past and Future. SAGE Publications.
- 27.Reisch, M. (2012). The challenges of health care reform for hospital social work in the United States. Social Work in Health Care, 51(10), 873-893.
- 28.Craig, S. L., & Muskat, B. (2013). Bouncers, brokers, and glue: The self-described roles of social workers in urban hospitals. Health & Social Work, 38(1), 7-16.
- 29. Zwarenstein, M., Goldman, J., & Reeves, S. (2009). Interprofessional collaboration: Effects of practice-based interventions on professional practice and healthcare outcomes. Cochrane Database of Systematic Reviews, (3).
- 30.Bronstein, L. R. (2003). A model for interdisciplinary collaboration. Social Work, 48(3), 297-306.
- 31. Abrams, L. S., & Dettlaff, A. J. (2013). Voices from the front lines: Social work with refugees and immigrants. Social Work, 58(2), 183-185.
- 32. Oandasan, I., & Reeves, S. (2005). Key elements of interprofessional education. Part 2: Factors, processes and outcomes. Journal of Interprofessional Care, 19(sup1), 39-48.
- 33. D'Amour, D., & Oandasan, I. (2005). Interprofessionality as the field of interprofessional practice and interprofessional education: An emerging concept. Journal of Interprofessional Care, 19(sup1), 8-20.
- 34. Fewster-Thuente, L., & Velsor-Friedrich, B. (2008). Interdisciplinary collaboration for healthcare professionals. Nursing Administration Quarterly, 32(1), 40-48.
- 35. Lingard, L., Reznick, R., Espin, S., Regehr, G., & DeVito, I. (2002). Team communications in the operating room: Talk patterns, sites of tension,

- and implications for novices. Academic Medicine, 77(3), 232-237.
- 36. Zwarenstein, M., Goldman, J., & Reeves, S. (2009). Interprofessional collaboration: Effects of practice-based interventions on professional practice and healthcare outcomes. Cochrane Database of Systematic Reviews, (3).
- 37. Mitchell, R., Parker, V., Giles, M., & White, N. (2010). Toward realizing the potential of diversity in composition of interprofessional health care teams: An examination of the cognitive and psychosocial dynamics of interprofessional collaboration. Medical Care Research and Review, 67(1), 3-26.
- 38. Orchard, C., King, G. A., Khalili, H., & Bezzina, M. B. (2012). Assessment of interprofessional team collaboration scale (AITCS): Development and testing of the instrument. Journal of Continuing Education in the Health Professions, 32(1), 58-67.
- 39. Zwarenstein, M., Goldman, J., & Reeves, S. (2009). Interprofessional collaboration: Effects of practice-based interventions on professional practice and healthcare outcomes. Cochrane Database of Systematic Reviews, (3).
- 40.Reeves, S., Perrier, L., Goldman, J., Freeth, D., & Zwarenstein, M. (2013). Interprofessional education: Effects on professional practice and healthcare outcomes (update). Cochrane Database of Systematic Reviews, (3), CD002213.
- 41. Unützer, J., Harbin, H., Schoenbaum, M., & Druss, B. (2013). The collaborative care model: An approach for integrating physical and mental health care in Medicaid health homes. Health Home Information Resource Center, Brief, 1.
- 42. Bodenheimer, T., & Sinsky, C. (2014). From triple to quadruple aim: Care of the patient requires care of the provider. Annals of Family Medicine, 12(6), 573-576.
- 43. Reuben, D. B., & Tinetti, M. E. (2012). The hospital-dependent patient. New England Journal of Medicine, 366(8), 745-747.