LETTER TO THE EDITOR

From islander to team player: How to make professional silos more fluid

With interest we read the first response to our recently published article on junior doctors' experiences with interprofessional collaboration (IPC). As Thistlethwaite, Gilbert and Anderson indicate, interprofessional education (IPE) can facilitate an understanding of the roles of others in the interprofessional team and provide tools for effective collaborative teamwork. The findings of our study underline the importance of IPE in preparing students for IPC. We found that junior doctors struggle to bridge the gap between themselves and the other health care professionals in the workplace. This islander stance brings an extra burden to junior doctors' already challenging transition to practice, not only because conflicts may arise, but also because they lose opportunities to benefit from multi-source feedback.

As Thistlethwaite et al. also show, the existence of professional silos within the workplace forms a major barrier to clinical interprofessional learning and collaboration. We feel that physicians' professional identity should be nurtured in parallel to an interprofessional identity, aligned with the landscape of practice in which the physician is situated.³ These two identities need to co-exist in harmony to enable junior doctors to engage in meaningful collaborative practice. This ought not be a naïve enterprise: power and hierarchy bring privilege, and giving up privilege is never easy. To make the silos more fluid, clinical supervisors should act as role models by creating space for purposeful and democratic multi-professional conversations. In this way, they mentor junior doctors towards becoming team players. This multi-professional space should be grounded on mutual credibility (accepting and providing feedback).⁴

At the same time, interprofessional education will have to pay explicit attention to power dynamics, and the interprofessional challenges that arise with different professional cultures.⁵ We read the article 'The Westerveld framework for interprofessional feedback dialogues' with profound interest. We believe that this framework could prove a useful tool for both teachers and medical students, helping them become aware of interprofessional challenges, and to start and continue having regular interprofessional dialogues, extending beyond graduation and throughout the transition into practice.⁶

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