

Short Commentary

Inter Professional Communications in Sleep Medicine Practice

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Referrals to sleep medicine clinics come from a pathway in medical disciplines, nursing and behavioral health. The patient's sleep disturbance, at the time of the sleep specialist referral has some history and at times, increased complexity. The patients' health and functioning may be compromised at this point as well. These compelling circumstances accentuate the need for interprofessional communications. Adjustments in medical treatments and care, addition or acceleration of behavioral interventions and/or the involvement of other health care professionals represent a few of the needs driving the purpose of interprofessional communications. The context of this communication may be enhanced with technological tools such as apps, website, hospital intranet communications. This article presents a description of inter professional communications about the sleep specialist, some measured and potential benefits along with some ideas for enhancement of the process.

The primary care physician with the assistance of the medical assistant and physician assistant commonly makes careful referrals for further medical care of their patients. The sleep disturbance complaints of patients are often in terms of difficulty with sleep onset, problems occurring during sleep, difficulty awakening from sleep and daytime sleepiness. Patient awareness of potential serious sleep disturbances of sleep apnea may be amnesic for the number of wakeups they have, the amount/intensity of their snoring and the breathing cessation episodes. Sleep disorders are diverse, affect volumes of patient and often go underdiagnosed [1]. This being the case, research practitioners of sleep medicine have proposed using a matrix of features such as sleep homeostat, developmental concerns, cardiorespiratory issues, neurological symptoms, psychiatric/behavioral issues, presence of substance misuse/abuse and other medical issues [2]. This list of features in and of itself identifies the medical specialties referring to sleep medicine (i.e., Cardiology, Pulmonology, Psychiatry, Neurology, Endocrinology). More current appreciation of sleep medicine, the importance of diagnosing Sleep Apnea given its severe health

impact and common discomforts felt by sleep debt secondary to Insomnia have positioned Sleep Medicine referrals more prominently.

Immediate feedback for patient health care is the gold standard in the practice of medicine. Specifically, the metric of sleep disturbance, the diagnosis, the interpretation of the findings is to be conveyed to the referral source and treatment team of professionals. Treatment of sleep disorders entails both medical intervention as well as behavioral interventions. Since 1980, the Continued Positive Airway Pressure (CPAP) machine has provided effective treatment for diagnosed Sleep Apnea patients. The practice of Behavioral Sleep Medicine entrails the employment of techniques provides a means for the patient to change their lifestyle and maintain a healthy [3].

Inter professional communications for treatment teams insures quality of care for the patient. Additionally, patient expectations and contemporary health care changes necessitate the teams working together. Johnson (2013) indicated that interprofessional communications allow for the working together to consolidate resources and the common interest of patient health. Reader and Gillespie (2013) [4] proposed the outcome of poor interprofessional communication to be patient neglect-failure to achieve objective standards of care and expressing a caring for the patient. For example, procedural neglect is invisible to the patient, it is an instance where neglect of a procedure based on training and care is forgotten-such as not writing a complete patient note. Reader and Gillespie (2013) [4] review of the literature identifies the discrepancies in professional's interchange with patients as possibly linked to their note communicating before the patient contact. Aspects of the work environment (e.g., high work load, short staff) may mitigate the loss of interprofessional communication (Reader and Gillespie, 2013) [4]. Rogers (2008) [5] reported the need for night shift health care professionals to strategically nap before work and arrange their circumstances so that they obtain sufficient sleep. The outcome, Rogers (2013) [5], reports is that poor or little self-care amongst night shift professionals leads to compro-

mised work that includes poor inter professional communications. Kyrkjebo, Brattebo & Smith-Strom (2009) [6] commented that the complexities of modern medicine are offset by documented problems with patient safety due to training emphasis placed on professional knowledge and less on ways to achieve the best patient care. Fostering inter professional communication is needed and not emphasized in health care training [6].

The current landscape of medicine requires inter professional communications for quality patient care. Continuing education to build interprofessional communication and sustain relationships. Nester (2016) [7] proposed the setting up of preceptor sites for ongoing training of interprofessional teams along with stipend provided continuing education trainings. Lingard, et al. (2005) [8] provided a checklist prototype of team communication to promote an efficient means of maintaining interprofessional communication.

A Sleep Specialist has a similar medical team with physician assistants, medical assistants, advanced practice nurses, behavioral sleep medicine specialists to other medical disciplines. The interprofessional communications achieved with this team generalizes to other professionals caring for the individual. For example, an assessment and titration check of a Sleep Apnea patient's CPAP is essential before a surgical procedure. And, the collaboration of the behavioral sleep medicine specialist working with an insomnia patient using mindfulness training biofeedback may send reports to their therapist or psychiatrist for continuity of patient care. The following is proposed as a means of providing a prototype to interprofessional communications by sleep specialists:

1. Summarize the patient visit in terms of assessment, diagnosis and treatment plan and send a report of this
2. to the health professional following patient permission.
3. Integrate brief questions in the care provision time about other care the patient is receiving to monitor patient needs.
4. At intake, request the patient to inform you if additional communications will be needed such as form completion for workman's compensation, social security disability income or disability benefits.
5. Use a general release form, provide an explanation to the patient that potential interprofessional communications may be needed and request their permission.

6. Provide educative information to the patient to enhance their understanding of sleep basics and their sleep pattern this in turn, may transfer to their making choices for their health care which would positively impact interprofessional communications.

Implementation of the list may forward the goal of patient health and support interprofessional communications. With the impact of sleep quality on patient health, effective interprofessional communication is a necessary focus to insure the health/sleep health of the patient.

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