
**Why We Chose It.**
Continuing professional education, like much of health care, is encouraging interprofessional collaboration so learners can work more effectively with other members of their health care team. In fact, some of the new criteria for ACCME Accreditation with Commendation specify collaboration with members of interprofessional teams:

**Menu of New Criteria for ACCME Accreditation with Commendation:**

C23: Members of interprofessional teams are engaged in the planning and delivery of interprofessional continuing education (IPCE).

C28: The provider collaborates with other organizations to more effectively address population health issues.

**Main Learning Points.**
The author, an anthropologist by training, has observed health care teams in action, and he identifies seven words that he believes may interfere with collaboration between different professions on a health care team. He suggests alternatives to these words that may be more acceptable.

**Seven Dirty Words**

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**How These Principles Can Be Applied to CME and AAP.**
When planning an educational curriculum, these seven words that may lead to friction between professionals on a health care team should be considered. Courses should be designed to minimize the barriers that could arise with the use of such words, leading to more collaboration within a health care team.

**Allied vs. Health Professionals**
Allied health has traditionally been used for all non-MD and DO professionals on a health care team. The author believes that this term suggests that these professionals take a peripheral role on a health care team, with medicine at the center. This can result in some misunderstanding of the hierarchy within a health care team, since medicine does not always take the lead role in health care delivery.

The author suggests that, “A better alternative is to say “health professionals” when referring to team members in the aggregate.”

**Clinical vs. Experiential Placement**
Not everyone who delivers health care is trained in a clinical environment. For example, an audiologist...
may have much of their supervised training within a school. The author suggests that, “An overarching term that retains broad applicability while still including nonclinical settings is “experiential placement.””

**Doctor vs. Physician**
Several professions, such as physical therapy and advanced nursing, are now bestowing the title of “doctor” on their graduates, which could lead to confusion among those who receive care, since traditionally the term “doctor” meant someone with an MD or DO degree.

The author suggests, “One solution is to follow the introduction of a doctor with an explanation of his/her role on the care team. A physical therapist, for example, could say: “Hello, I’m Dr. Jackson, your physical therapist. Dr. Gomez, your neurologist, asked me to see you.” For medical doctors, “physician” distinguishes them from other doctorally prepared professionals. To refer to advanced practice nurses, say “nurse,” and so on.”

**Interdisciplinary vs. Interprofessional**
Interdisciplinary could mean different specialties within one profession. An example in continuing professional education could be an interdisciplinary course in pediatric cardiology and neonatology. Interprofessional education involves participants from different health professions.

**Medical vs. Health**
The author suggests “Where it is appropriate to do so, “health” is worth using, as it is language that does not suggest the primacy of one approach (medical, holistic, etc.) over another.”

**My vs. Our**
The author suggests that the terms “we” and “our” are more inclusive, which may lead to greater collaboration between health care team members.

**Patient vs. Participant**
It seems the author had the most difficulty with this long-established word, but he recommends the term “participant” because, “Interprofessional collaborative practice aims to put the patient at the center of care, yet “patient,” which derives from the root “to suffer,” implies passivity and forbearance. It also fails to encompass recipients of therapeutic services, who are often referred to as “clients,” or recipients of health care in residential shelters, who are known as “guests.””

**Provider**
I would like to take the opportunity as a reviewer to suggest an 8th “dirty word”- Provider. Where did this term come from? Is it a ploy by insurance companies to diminish the value of physicians, making the assumption that every person who delivers health care is equal to everyone else? For example, does someone with 5 weeks of pediatric training working in an urgent care center deliver the same quality of care as a board-certified pediatrician? Insurance companies seem to think so.

These ideas for using different language may be helpful, but I wonder if some of it is political correctness gone too far.

So now when a **health professional** in the **experiential placement** where I work says the parent of one of our participants wishes to speak on the phone to a **physician** about an **interprofessional health** issue, I pick up the phone and say, “Hello, this is **Provider** Williams.” Guess it’s time to retire.

Reviewed by Rickey L. Williams, MD, MPH, FAAP, Tucson AZ, January 2017