

Enhancing Interprofessional Compassionate Concussion Care: A Cultural-Historical Activity Theory Analysis

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BACKGROUND

Effective interprofessional collaboration is essential for delivering high-quality, compassionate concussion care (CCC). However, there is limited research and training on how healthcare teams collaboratively enact CCC. This narrative review explores existing research on CCC within interprofessional settings using the Cultural-Historical Activity Theory (CHAT) framework. The CHAT framework analyzes teamwork by identifying reciprocal interactions between team members and their broader clinical context, including the tools (physical and symbolic interventions) and rules (guidelines and norms) available to mediate team activities. As a result, this framework allows for the exploration of both synergies and contradictions tensions in how healthcare teams incorporate compassion into concussion care. Uncovering existing gaps and exploring potential adaptations can provide meaningful insights to strengthen team-based CCC.

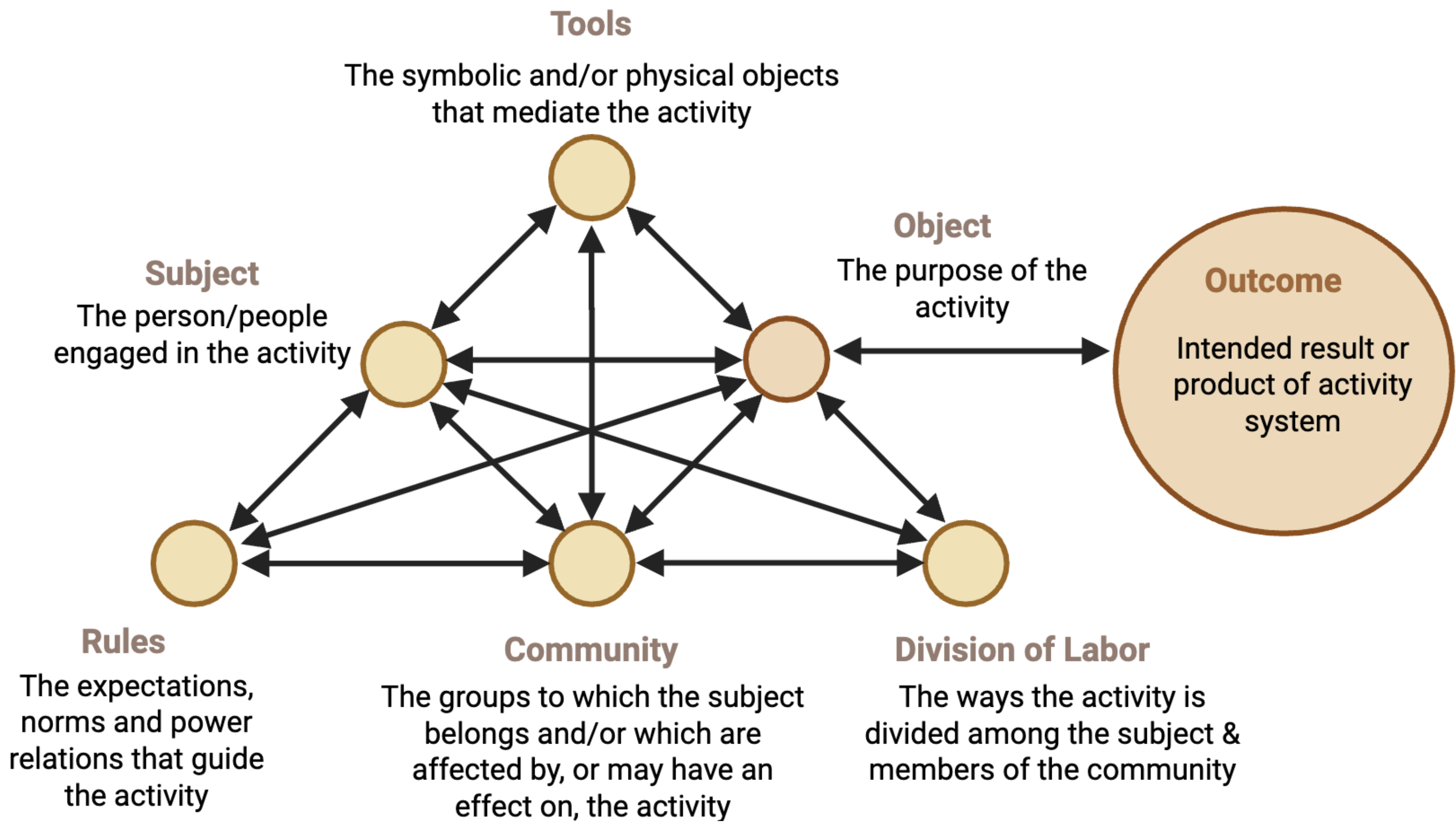


Fig1. Overview of how the CHAT Framework is used to analyze reciprocal interactions

OBJECTIVE

To apply the CHAT framework to identify synergies and contradictions in the delivery of team-based compassionate concussion care (CCC). This analysis will inform practical adaptations, such as effective tools and guiding principles, to enhance the implementation of CCC.

METHODS

A meta-narrative review was conducted across five databases (Medline, Embase, PsycINFO, CINAHL, Web of Science) to identify studies aligning with the inclusion criteria of compassion in concussion care and interprofessional collaboration. Of the 1,052 unique citations retrieved, 25 high-relevance studies were selected. Data was extracted for a thematic analysis using the CHAT framework, examining subjects and community, tools, rules, division of labor, and objectives. Emerging themes across the various components of CHAT, along with contradictions between them, were identified.

RESULTS

<i>Perspective</i>	Healthcare Team 11/20	Patient/Caregiver 9/20	
<i>Patient Ages</i>	Adults 9/20	Adolescents 7/20	Pediatric 4/20
<i>Geographic Distribution</i>	Urban/Suburban 17/20	Rural 1/20	Mixed 1/20

Fig 2. Emerging Themes for Subjects and Community: Representation Across Articles

Themes identified for the “subjects” code of CHAT included perspectives that the article was written in (healthcare team vs. patient/caregiver), patient age ranges (adults, adolescent, or pediatrics), and geographic distribution across articles. Extracting data and themes on the “subjects” and “community” components of CHAT helped highlight limitations in representation of diverse patient demographics and practice locations in current literature.

Table 1. Emerging Themes for Tools (Interventions) in Interprofessional CCC

Themes	Subthemes
Empowerment through Patient Education (15/20)	Tangible materials (8/20) and/or personalized verbal education (6/20)
Consistent communication & feedback loops (9/20)	Fully integrated clinic model (2/20) or weekly meetings/rounds (6/20). Exchange of knowledge between disciplines (9/20).
Person-centered goals (9/20)	Informal/verbal (6/20), formal tool (4/20)
Compassionate patient communication strategies (8/20)	Reassurance/positive reframing (2/20), empathy/validation (4/20), normalization of vulnerability (4/20)
Self-advocacy (11/20)	Reflection & self-disclosure of needs to healthcare team (11/20), communicating needs to family, coach, teachers, or peers (9/20)

Themes and subthemes were identified for the “tool” code of CHAT, which ranged from symbolic to physical interventions employed by healthcare teams in the delivery of CCC.

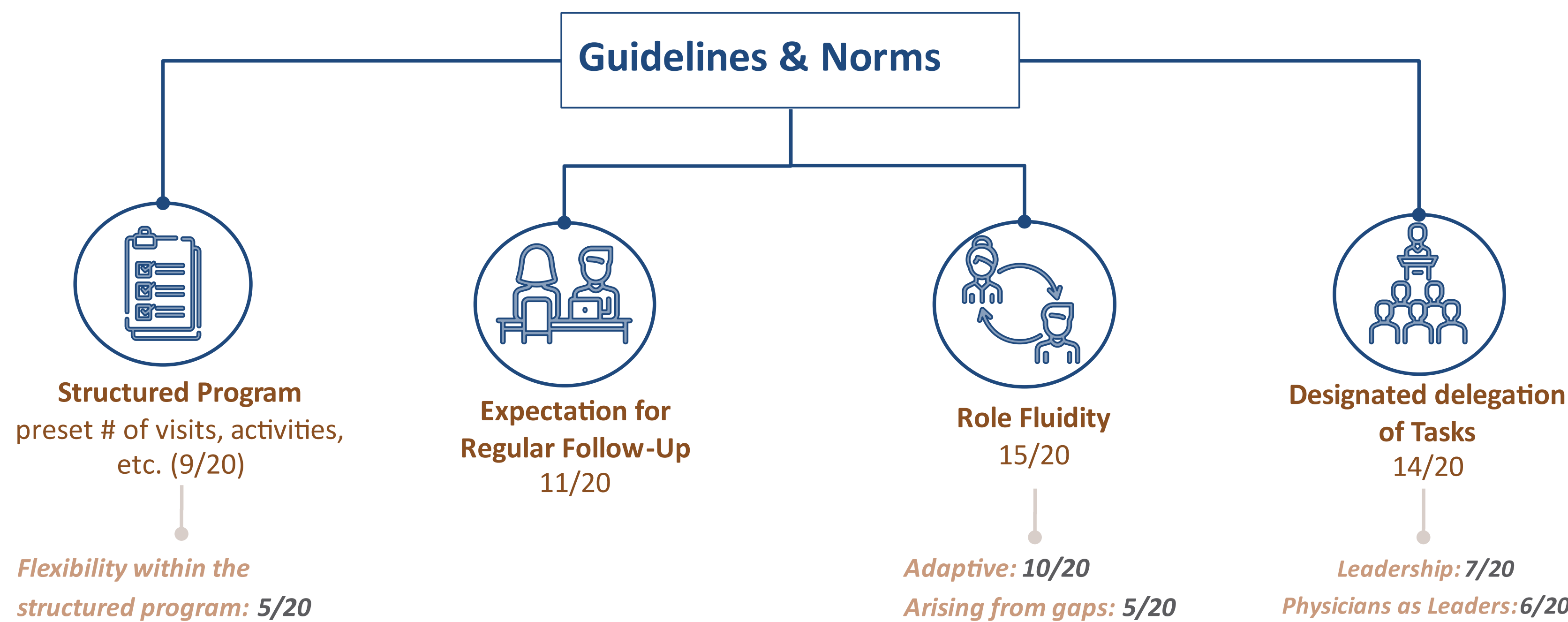


Fig 2. Emerging Themes for Rules (Guidelines & Norms) in Interprofessional CCC

Themes were identified for the “Rules” code of CHAT, consisting of the formal and informal guidelines/norms mediating interprofessional CCC. A structured program, regular follow-up, role fluidity, and designated delegation of tasks emerged as themes.

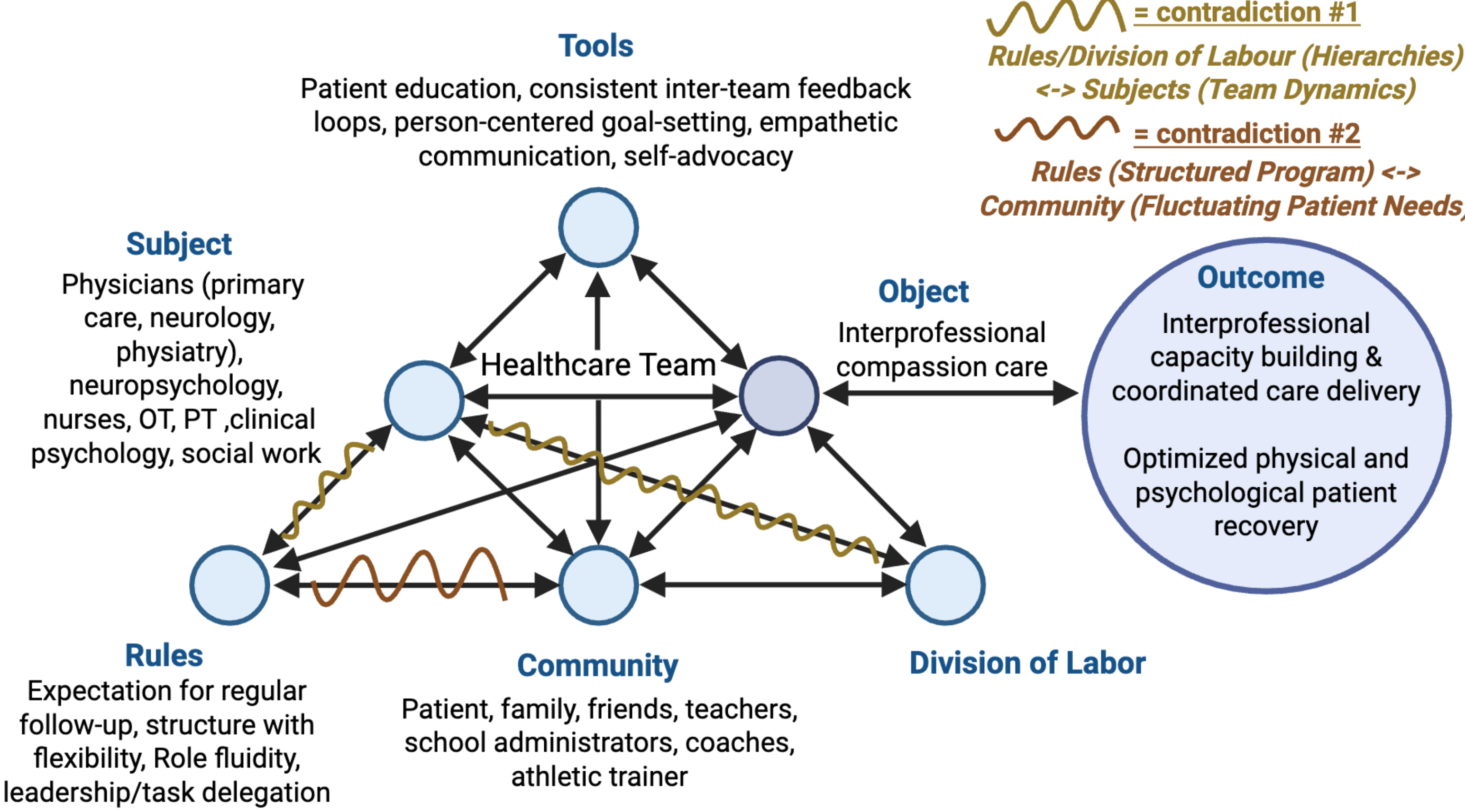


Fig 2. Employing an Activity Triangle to Visualize Reciprocal Interactions and Contradictions Between Components of CHAT

A CHAT activity triangle was created to summarize themes and visualize reciprocal interactions between Subjects, Community, Tools, Rules and Division of Labour. Two contradictions were shown as examples. 1) tension between rule of hierarchies (physicians as leaders in majority, medical specialities valued over behavioural in management plan, etc.) and team dynamics. 2) tension between expectation of a structured program (preset # of visits, activities patient must participate in, etc.) and fluctuating needs of patients.

DISCUSSION

- Recurring themes in Tools and Rules used to mediate collaborative CCC were identified.
- A contradiction between hierarchies (rules) and team dynamics (subjects) was highlighted. Interventions (tools) such as consistent communication & feedback through a “teach all, learn all” phenomenon can be employed as an adaption.
- A contradiction between structured programming (rules) and fluctuating patient/caregiver needs (community) was explored. Interventions (tools) such as patient education, goal-setting, and self-advocacy emerged as adaptations.
- As a next step, we will further probe the limitations in representation across diverse patient demographics and practice types in current literature.

CONCLUSIONS

- Insights from this review can help illuminate contradictions, discourse, and biases within concussion care, while also guiding future advancements in team-based compassionate concussion care (CCC).

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