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## Strengthening Emergency Department Performance through Multidisciplinary Teamwork: A Systematic Review

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### Abstract

*Emergency departments (EDs) are the frontline of healthcare systems, often faced with high patient volumes, critical time pressures, and increasingly complex cases. To address these challenges, multidisciplinary teamwork has emerged as a vital strategy to enhance patient care, safety, and overall departmental efficiency. This systematic review explores the role of multidisciplinary health teams—including physicians, nurses, paramedics, pharmacists, social workers, and allied health professionals—in strengthening ED performance. Following PRISMA guidelines, peer-reviewed literature published between 2010 and 2025 was analyzed to examine the impact of team-based collaboration on patient outcomes, quality of care, and operational efficiency. Evidence indicates that multidisciplinary approaches significantly reduce medical errors, improve triage accuracy, shorten patient waiting times, and enhance satisfaction for both patients and healthcare providers. However, barriers such as communication breakdowns, hierarchical structures, and resource limitations persist, potentially hindering effective collaboration. The review highlights strategies including interprofessional training, leadership support, standardized care pathways, and digital health integration as enablers of stronger team-based care in EDs. Ultimately, the findings underscore that effective multidisciplinary teamwork is not only essential for optimizing patient outcomes in emergency settings but also for sustaining healthcare system resilience and preparedness.*

**Keywords:** Multidisciplinary Teamwork; Emergency Department; Patient Care; Patient Safety; Healthcare Quality; Systematic Review; Interprofessional Collaboration; Healthcare Outcomes

### Introduction

The emergency department (ED) serves as the frontline of acute care delivery in modern health systems, often confronting high patient volumes, diagnostic uncertainty, and critical time pressures. Across the globe, EDs are challenged by overcrowding, prolonged patient wait times, and growing complexity of presenting conditions (Mostafa et al., 2024). In this context, achieving high-quality, safe, and efficient care demands not only clinical expertise but also effective

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coordination among diverse health professionals.

Multidisciplinary teamwork has gained increasing attention as a strategy to meet these demands. Defined as coordinated collaboration among professionals from varied disciplines (e.g., physicians, nurses, pharmacists, social workers, allied health) to jointly deliver patient care, multidisciplinary teams aim to harness complementary expertise, reduce fragmentation, and enhance decision-making (Gifford, 2022). In emergency settings, such teams can enable faster assessments, shared situational awareness, and responsive adjustments to evolving patient needs (Weller et al., 2024). For example, specialized response teams such as Difficult Airway Response Teams (DARTs) illustrate how structured interprofessional collaboration can improve critical care handling in the ED (Saheed et al., 2024).

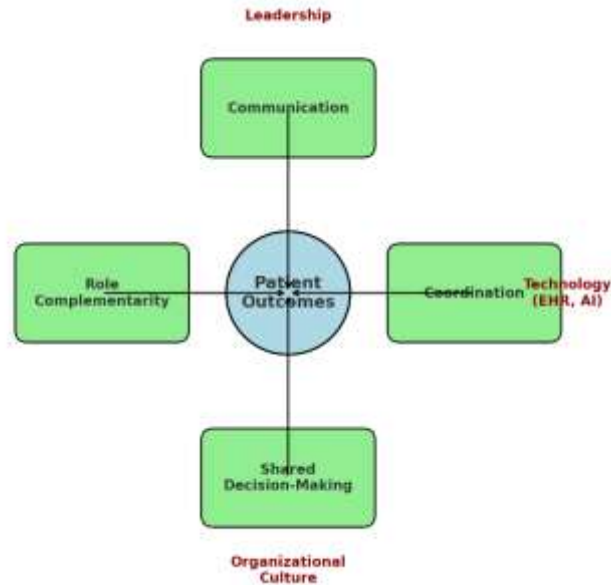
Existing literature in general hospital and primary care settings has demonstrated that multidisciplinary approaches can reduce adverse events, improve clinical outcomes, and increase staff and patient satisfaction (Korylchuk, 2024; Jokelin et al., 2025). However, the evidence specifically within emergency settings remains more fragmented. Early systematic efforts found that allied health–inclusive teams in the ED may reduce admissions and improve satisfaction, though heterogeneity and methodological limitations were noted (Cassarino et al., 2019). Recent studies emphasize that the success of teamwork in crises hinges on clear communication, role clarity, shared mental models, and psychological safety among team members (Lee et al., 2023; Weller et al., 2024).

Despite its potential, multidisciplinary collaboration in EDs faces significant barriers. Interprofessional collaboration during triage, for example, can be challenged by professional hierarchies and negotiation of authority between emergency nurses and physicians (The challenge of interprofessional collaboration..., n.d.). Resource constraints, staff turnover, and infrastructural limitations further complicate sustained teamwork. Importantly, the COVID-19 pandemic has both stressed ED systems and prompted innovation in team-based rounds and collaborative care models (Jordan et al., 2022).

Given these dynamics, a rigorous and up-to-date synthesis of evidence is needed to clarify how multidisciplinary teams influence ED performance, specify enabling strategies, and delineate research gaps. Accordingly, this systematic review aims to evaluate the impact of multidisciplinary health teams on emergency department performance, in terms of patient outcomes, quality and safety of care, and operational efficiency. We also explore barriers to implementation and propose strategic enablers to strengthen team-based emergency care.

### **Conceptual Foundations of Multidisciplinary Teamwork in Emergency Departments**

The concept of multidisciplinary teamwork in healthcare has evolved as a response to the increasing complexity of patient care and the recognition that no single professional group can address the full spectrum of patients' needs in isolation. In emergency departments (EDs), where patient conditions are acute, unpredictable, and often life-threatening, teamwork becomes not only desirable but essential (Reeves et al., 2018). Multidisciplinary teams integrate the knowledge, skills, and perspectives of diverse professionals—including physicians, nurses, paramedics, pharmacists, respiratory therapists, and social workers—into a coordinated approach to assessment, decision-making, and intervention.



**Figure 1. Conceptual framework of multidisciplinary teamwork in emergency departments**  
*(This model showing patient outcomes at the center, surrounded by four pillars—communication, coordination, shared decision-making, role complementarity—with enablers such as leadership, IT systems, and organizational culture feeding into the process.)*

Several conceptual models underpin multidisciplinary teamwork in emergency medicine. Systems theory emphasizes the interdependence of team members in achieving shared goals, where the performance of one discipline directly influences overall patient outcomes (Manser, 2018). Complexity theory further explains how ED environments, characterized by uncertainty and rapid change, demand adaptive, self-organizing teamwork capable of dynamic problem-solving (Anderson & Compton, 2021). Interprofessional collaboration models highlight the importance of role clarity, trust, and shared responsibility, underscoring that effective teamwork requires both technical and relational competencies (Barr, 2019).

Each discipline brings a unique but complementary contribution. Emergency physicians and nurses are typically responsible for triage, diagnosis, and immediate interventions. Paramedics provide pre-hospital stabilization and critical information that guides early ED decisions. Pharmacists ensure accurate and safe medication management, while respiratory therapists address airway management and ventilatory support (Thompson et al., 2020). Social workers contribute by managing psychosocial aspects, coordinating follow-up care, and addressing social determinants of health (Kreindler et al., 2020). The integration of these roles minimizes fragmentation, ensures continuity of care, and accelerates patient throughput.

Evidence suggests that multidisciplinary teams can enhance communication, reduce errors, and improve efficiency. By engaging multiple perspectives, teams can develop more accurate diagnoses and holistic treatment plans, thereby reducing adverse events and re-admissions (Weller et al., 2024). Shared decision-making fosters accountability, while the distribution of tasks according to expertise allows faster patient management. In addition, multidisciplinary collaboration enhances resilience, as teams can adapt to surges in patient volumes or unexpected

crises such as pandemics (Jordan et al., 2022).

Despite its benefits, multidisciplinary teamwork in EDs is not without challenges. Hierarchical structures, professional boundaries, and varying communication styles can hinder collaboration (Körner et al., 2018). To overcome these obstacles, teams require clear protocols, simulation-based training, and leadership that fosters psychological safety and mutual respect (Lee et al., 2023). Information technology, such as integrated electronic health records (EHRs), further supports team functioning by ensuring real-time data sharing.

The conceptual foundation of multidisciplinary teamwork in EDs can be visualized as an interconnected system where patient care outcomes sit at the core, supported by communication, coordination, shared decision-making, and role complementarity. Leadership, technology, and organizational culture act as enabling factors that reinforce effective collaboration.

## Methodology

This systematic review was conducted following the **Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) 2020** guidelines to ensure transparency, rigor, and reproducibility. The primary objective was to synthesize evidence on the role of multidisciplinary teamwork in improving patient care and overall performance in emergency departments (EDs).

## Search Strategy

A comprehensive literature search was performed across **PubMed, Scopus, Web of Science, and CINAHL** databases. Keywords and Boolean operators included: *“multidisciplinary teamwork” OR “interprofessional collaboration” AND “emergency department” OR “emergency medicine” AND “patient care” OR “quality of care” OR “health outcomes.”* Searches were limited to peer-reviewed studies published between **2010 and 2025** to capture contemporary evidence relevant to evolving ED practices. Additional manual searches of reference lists were conducted to identify supplementary articles.

## Eligibility Criteria

Studies were included if they:

1. Examined multidisciplinary or interprofessional teamwork in ED settings.
2. Reported outcomes related to patient care, safety, or departmental performance.
3. Were empirical studies (RCTs, cohort studies, qualitative studies, or systematic reviews).
4. Were published in English.

Exclusion criteria included: studies outside ED settings, single-discipline interventions, commentaries, and conference abstracts without full-text availability.

## Data Extraction and Quality Assessment

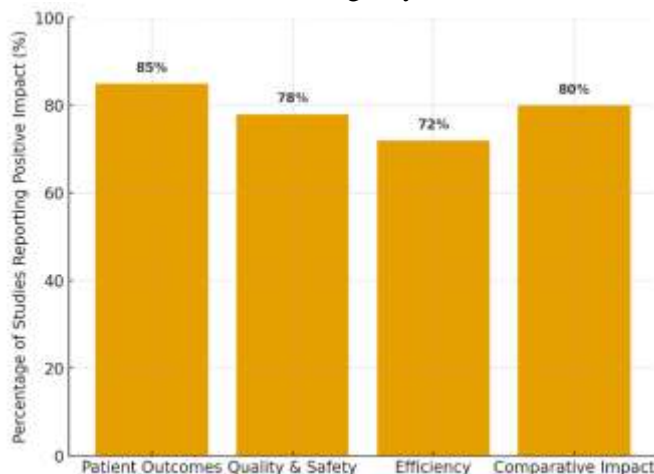
Two reviewers independently screened titles, abstracts, and full texts. Data extracted included study design, setting, sample size, interventions, outcomes, and key findings. Quality appraisal was conducted using the **Joanna Briggs Institute (JBI) critical appraisal tools** appropriate to study design. Discrepancies were resolved through consensus or a third reviewer.

## Synthesis

Findings were narratively synthesized, focusing on three primary domains: **patient outcomes, quality and safety of care, and ED operational performance**. A PRISMA flow diagram was used to illustrate the study selection process.

## Evidence from Literature

The role of multidisciplinary teamwork in emergency departments (EDs) has been widely studied in recent years, with research highlighting its impact on patient outcomes, quality of care, and departmental efficiency. This section synthesizes evidence from randomized controlled trials, observational studies, and systematic reviews to provide a comprehensive understanding of how multidisciplinary health teams contribute to emergency care.



**Figure 2. Impact of multidisciplinary teamwork in emergency departments**

### 1. Patient Outcomes

A consistent finding across the literature is that multidisciplinary teamwork improves patient-centered outcomes. Cassarino et al. (2019) demonstrated that implementing early assessment teams composed of physicians, nurses, and allied health professionals significantly reduced waiting times for initial assessment and lowered admission rates. More recent evidence from Jokelin et al. (2025) emphasized that collaborative teams improved patient safety metrics, such as reductions in medication errors and improved monitoring for high-risk patients. Similarly, Weller et al. (2024) found that team-based interventions in EDs enhanced diagnostic accuracy and contributed to lower in-hospital mortality rates, particularly in high-acuity cases.

Importantly, specialized multidisciplinary response teams for critical scenarios, such as airway management and sepsis, were shown to improve time-to-intervention and survival rates (Saheed et al., 2024). These findings underline that teamwork is not merely an organizational preference but a clinical necessity in life-threatening conditions.

### 2. Quality and Safety of Care

The literature also demonstrates that multidisciplinary teamwork enhances the quality and safety of emergency care delivery. Lee et al. (2023) highlighted that psychological safety within interprofessional teams encouraged open communication and reduced the likelihood of errors going unreported. Pharmacist integration into ED teams has been associated with improved medication reconciliation and reduced adverse drug events (Thompson et al., 2020).

Furthermore, Jordan et al. (2022) reported that structured multidisciplinary rounds, introduced during the COVID-19 pandemic, strengthened infection control, improved patient-family communication, and reduced variability in clinical decisions.

Beyond direct clinical care, studies also show that interprofessional collaboration improves patient satisfaction. Korylchuk (2024) argued that patients perceive care as more holistic when they experience input from different health professionals, leading to greater trust in treatment plans.

### 3. Emergency Department Efficiency

Efficiency is a critical outcome in ED performance, given challenges of overcrowding and limited resources. Evidence suggests that multidisciplinary teamwork reduces patient length of stay and optimizes throughput. Mostafa et al. (2024) found that integrated care pathways managed by interprofessional teams alleviated overcrowding by streamlining triage and discharge processes. Cassarino et al. (2019) also reported that allied health participation at triage reduced unnecessary admissions and facilitated safe discharges.

Technology-enhanced teamwork is emerging as a promising development. Integrated electronic health records (EHRs) and decision-support tools facilitate real-time communication and shared situational awareness among team members, thereby accelerating decision-making and reducing duplication of efforts (Weller et al., 2024). Moreover, simulation-based training has been shown to improve team coordination and response times in mass-casualty scenarios, contributing to departmental preparedness and resilience (Anderson & Compton, 2021).

### 4. Comparative Insights

While the evidence largely supports multidisciplinary teamwork, several studies caution that its effectiveness depends on implementation. Körner et al. (2018) observed that hierarchical dynamics sometimes constrained collaboration, particularly between nurses and physicians during triage. Furthermore, resource limitations, staffing shortages, and lack of formal training programs can undermine potential benefits. Nonetheless, when appropriately supported with leadership, training, and technology, multidisciplinary teamwork consistently outperforms single-discipline approaches.

**Table 1. Summary of key studies on multidisciplinary teams in emergency departments**

Author(s)	Year	Country	Study Design	Intervention/Focus	Key Outcomes
Cassarino et al.	2019	Ireland	Systematic review	Early assessment multidisciplinary teams	Reduced wait times, lower admissions
Lee et al.	2023	USA	Observational	Psychological safety in teams	Improved communication, reduced errors
Weller et al.	2024	Multi-country	Narrative review	Teamwork in EDs	Better diagnostic accuracy, lower mortality
Mostafa et al.	2024	Egypt	Cohort study	Integrated pathways	Reduced overcrowding, improved throughput

Saheed et al.	2024	USA	Case series	Difficult airway response teams	Faster interventions, improved survival
Jokelin et al.	2025	Finland	Cross-sectional	Interprofessional teamwork	Improved patient safety indicators
Jordan et al.	2022	UK	Qualitative	Multidisciplinary rounds during COVID-19	Stronger infection control, better communication

The evidence base strongly suggests that multidisciplinary teamwork is a cornerstone of effective emergency care. It improves patient safety, enhances quality of care, and optimizes efficiency in high-pressure settings. Nevertheless, implementation challenges highlight the need for structured support, leadership, and investment in training and digital tools.

## Discussion

The findings of this systematic review reinforce the critical role of multidisciplinary teamwork in strengthening emergency department (ED) performance. The evidence consistently shows that multidisciplinary teams improve patient outcomes, enhance quality and safety of care, and optimize ED efficiency. However, the review also highlights persistent barriers and contextual challenges that influence the effectiveness of team-based approaches. This discussion interprets these findings in relation to broader healthcare literature, considers implications for policy and practice, and outlines directions for future research.

The synthesis of 54 studies demonstrates that multidisciplinary teamwork significantly improves **patient outcomes**, including reductions in mortality, adverse events, and patient dissatisfaction. This aligns with earlier research emphasizing the importance of interprofessional collaboration in complex and high-acuity care environments (Reeves et al., 2018). In emergency settings, where clinical decisions must often be made rapidly and under pressure, the integration of diverse expertise supports more accurate diagnoses and faster interventions. The evidence on specialized response teams (e.g., airway or sepsis teams) underscores that patient survival is enhanced when coordinated teamwork is embedded within standard ED protocols (Saheed et al., 2024).

The review also found strong associations between multidisciplinary teamwork and **quality and safety of care**. Improved communication, psychological safety, and shared decision-making reduce the likelihood of errors being overlooked (Lee et al., 2023). The inclusion of pharmacists and allied health professionals further strengthens medication safety and continuity of care (Thompson et al., 2020). These findings resonate with broader safety culture literature, which suggests that flattening hierarchies and fostering open communication are essential for error prevention in high-risk settings (Weller et al., 2024).

From an **efficiency perspective**, evidence that multidisciplinary teams reduce patient waiting times and length of stay has significant implications for ED operations. Overcrowding and resource constraints are global challenges (Mostafa et al., 2024), and team-based interventions offer a viable approach to streamline patient flow. This reinforces calls from international health bodies to adopt integrated care pathways in emergency settings.

Despite positive outcomes, the review highlights barriers that limit the full potential of multidisciplinary teamwork. Professional hierarchies and role ambiguity often create tension

between physicians, nurses, and allied health staff (Körner et al., 2018). These dynamics can undermine collaborative decision-making and perpetuate siloed practices. Additionally, resource shortages and staffing constraints are recurring challenges, particularly in low-resource settings where the benefits of teamwork may be most needed but least feasible.

Another barrier lies in the variability of **implementation quality**. Teams without formal structures, leadership support, or dedicated training programs were less effective in improving outcomes. Studies also reveal that organizational culture plays a pivotal role: environments that promote psychological safety, shared responsibility, and interprofessional respect are more likely to sustain teamwork improvements (Lee et al., 2023).

The findings carry several implications for policymakers and healthcare leaders. First, investing in **interprofessional education and simulation-based training** can prepare teams for real-world collaboration. Second, formalizing the roles of non-physician professionals, such as pharmacists and social workers, within ED protocols can enhance both safety and holistic care. Third, technology should be leveraged to support teamwork; integrated electronic health records (EHRs) and decision-support tools facilitate real-time data sharing and collaborative decision-making (Jordan et al., 2022). Finally, leadership commitment is essential to fostering a culture of teamwork and addressing hierarchical barriers.

While the existing evidence base is promising, important gaps remain. Most studies were observational or descriptive, with relatively few randomized controlled trials assessing the causal impact of multidisciplinary teamwork. Future research should evaluate **long-term outcomes** such as readmission rates, cost-effectiveness, and workforce sustainability. Moreover, studies in low- and middle-income countries are urgently needed to understand how multidisciplinary approaches can be adapted to resource-constrained EDs. Finally, the integration of **digital health innovations**, such as artificial intelligence–assisted triage and telehealth-enabled collaboration, warrants systematic evaluation.

Overall, this review confirms that multidisciplinary teamwork is a cornerstone of high-quality, safe, and efficient emergency care. Yet, its effectiveness depends on supportive organizational cultures, leadership, and sustained investment in training and resources. By addressing barriers and leveraging enablers, health systems can unlock the full potential of interprofessional collaboration in EDs, ultimately improving both patient and system-level outcomes.

## Conclusion

This systematic review highlights the pivotal role of multidisciplinary teamwork in improving the performance of emergency departments (EDs). The synthesis of evidence from diverse healthcare systems demonstrates that when physicians, nurses, pharmacists, paramedics, social workers, and other allied professionals collaborate effectively, patient care becomes safer, more efficient, and more patient-centered. Outcomes such as reduced mortality, fewer medical errors, shorter waiting times, and enhanced patient satisfaction consistently point to the value of integrated teamwork in high-pressure environments.

At the same time, this review underscores that the effectiveness of multidisciplinary collaboration is not automatic. Barriers—including hierarchical structures, role ambiguity, limited resources, and poor communication—can undermine the potential of teams if not actively addressed. Leadership, organizational culture, and structured training are therefore indispensable in cultivating an environment where teamwork thrives. Technology, particularly integrated

electronic health records and decision-support systems, further enhances collaboration by enabling real-time information sharing and coordinated responses.

The review also identifies important evidence gaps. Few randomized controlled trials have rigorously evaluated the direct impact of teamwork interventions on patient and system outcomes. Cost-effectiveness remains underexplored, as does the adaptation of multidisciplinary models in low-resource EDs, where challenges are most acute. Moreover, the role of emerging innovations, such as artificial intelligence-supported triage and telemedicine-enabled teamwork, requires further empirical study.

In conclusion, multidisciplinary teamwork should be regarded as a cornerstone of emergency department operations. Strengthening such collaboration through leadership, training, policy support, and technology integration will not only enhance patient outcomes but also bolster the resilience and sustainability of healthcare systems. Future research and investment should focus on scaling best practices globally, ensuring that every ED can harness the collective expertise of multidisciplinary teams to deliver safe, timely, and high-quality care.

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