

Interdisciplinary Approach to Healthcare Quality Improvement: Integrating Clinical, Administrative, and Informatics Perspectives

Maha Msfer Alasmari¹, Faten Hamed Alanzi², Abdulrahman Muayjil Almutairi³, Ayed Shabeb Almutairi⁴, Mashary Fahad Alhmdane⁵, Raed Lafi Almutairi⁶, Adel Saad Almutairi⁷, Saeed Saud Murayziq Almutairi⁸, Mamdouh Shalh Moateq Al-Mutairi⁹, Norah Mohammed Hazazi¹⁰, Shatha Abdullah Aldailej¹¹, Fatimah abbas Alsada¹²

1. *Health Informatics, First Health Cluster, Saudi Arabia, mamsalasmari@moh.gov.sa*
2. *Health informatics technician, Mental Health Hospital in Al Kharj, Saudi Arabia, fat_667@hotmail.com*
3. *Health care and hospital Administration specialist, Community health planning and quality management in Riyadh, amaijal@moh.gov.sa*
4. *Pharmacist Assistant, Rumah General Hospital, Saudi Arabia, Asalmotary@moh.gov.sa*
5. *Health Services Administration, Riyadh Second Health Cluster - Alsulimanyah PHCC, Malhmdni@moh.gov.sa*
6. *Health Services Administration, Erada and mental health hospital in al-kharj, Rlalmutairi@moh.gov.sa*
7. *Hospital Management, Riyadh Second health Cluster, adsalmutairi@moh.gov.sa*
8. *Pharmacy Technician, King Salman Center for Kidney Disease, Salmutairi49@moh.gov.sa*
9. *Pharmacy Technician, Third Health Cluster, Riyadh - Comprehensive Health Care Center, Mashalmutairi@moh.gov.sa*
10. *Nurse, King Abdalaziz Medical Ministry Saudi Arabia.*
11. *Nurse, King Abdalaziz Medical Ministry Saudi Arabia.*
12. *Nurse, King Abdalaziz Medical Ministry Saudi Arabia.*

Abstract

Delivering high-quality healthcare requires an interdisciplinary approach that integrates the perspectives and expertise of various professionals across clinical, administrative, and informatics domains. This paper explores the significance of interdisciplinary collaboration in healthcare quality improvement, highlighting the roles and contributions of diverse professionals, including physicians, nurses, allied health practitioners, administrators, quality improvement specialists, health informaticians, and data analysts. It examines the challenges associated with interdisciplinary teamwork, such as professional silos, role ambiguity, communication barriers, limited interprofessional education, and resource constraints. Strategies for effective collaboration are discussed, including shared decision-making processes, data-driven quality improvement, continuous feedback and evaluation, and interprofessional education. The integration of clinical, administrative, and informatics perspectives is showcased through examples from various healthcare settings, including inpatient, outpatient, palliative care, chronic disease management, pediatric care, and geriatric care. By embracing an interdisciplinary approach and fostering a culture of teamwork, healthcare organizations can enhance patient outcomes, optimize resource utilization, drive innovation, and ultimately achieve the quadruple aim of better population health, improved patient experience, reduced costs, and support for healthcare provider well-being.

Introduction

The delivery of high-quality healthcare services is a complex endeavor that requires the collaboration of multiple professionals from diverse disciplines. The World Health Organization (WHO) recognizes the importance of interprofessional education and collaborative practice in achieving better health outcomes for patients (WHO, 2010). Interdisciplinary teamwork has become a crucial aspect of healthcare quality improvement, as it facilitates the integration of knowledge, skills, and perspectives from various domains, including clinical, administrative, and informatics.

This paper aims to explore the interdisciplinary approach to healthcare quality improvement, emphasizing the integration of clinical, administrative, and informatics perspectives. It will examine the significance of interdisciplinary collaboration, highlight the roles and contributions of various professionals, and discuss the challenges and strategies for effective teamwork. Additionally, the paper will draw upon relevant literature and research findings to provide a comprehensive understanding of the topic.

The Importance of Interdisciplinary Collaboration in Healthcare

Interdisciplinary collaboration in healthcare is essential for several reasons. First, it recognizes the complexities of patient care and acknowledges that no single discipline possesses all the knowledge and skills required to address the multifaceted needs of patients (Hall & Weaver, 2001). Patients often present with multiple health issues that require the expertise of various professionals, such as physicians, nurses, pharmacists, social workers, and therapists.

Second, interdisciplinary collaboration promotes holistic and patient-centered care. By bringing together professionals from different backgrounds, the team can collectively consider the patient's physical, emotional, social, and spiritual needs, leading to a more comprehensive and tailored care plan (Nancarrow et al., 2013). This approach aligns with the quadruple aim of healthcare, which emphasizes not only improving population health, enhancing patient experience, and reducing costs but also supporting the well-being of healthcare providers (Bodenheimer & Sinsky, 2014).

Third, interdisciplinary collaboration can improve communication, coordination, and continuity of care. Effective information sharing and decision-making among team members can reduce duplication of efforts, minimize errors, and ensure a seamless transition of care across different healthcare settings (Lemieux-Charles & McGuire, 2006).

Lastly, interdisciplinary collaboration fosters a culture of shared learning and continuous improvement. By leveraging the diverse expertise and perspectives of team members, interdisciplinary teams can identify and address gaps in care, implement evidence-based practices, and drive innovation in healthcare delivery (Sinsky et al., 2013).

The Roles and Contributions of Clinical, Administrative, and Informatics Professionals

Clinical Professionals:

Clinical professionals, such as physicians, nurses, and allied health practitioners, play a pivotal role in interdisciplinary healthcare teams. Their primary responsibility is to provide direct patient care, utilizing their specialized knowledge and skills in diagnosing, treating, and managing various health conditions.

Physicians, as leaders of the healthcare team, contribute their medical expertise in disease management, treatment planning, and decision-making. Nurses, with their holistic perspective and close patient interactions, offer valuable insights into patient needs, preferences, and responses to care. Allied health professionals, such as pharmacists, therapists, and social workers, provide specialized services and support in areas like medication management, rehabilitation, and psychosocial counseling.

Effective collaboration among clinical professionals is crucial for coordinating care, sharing patient information, and ensuring continuity of treatment across different healthcare settings. Regular interdisciplinary team meetings, case conferences, and shared decision-making processes facilitate this collaboration and promote patient-centered care (O'Leary et al., 2011; Pannick et al., 2015).

Administrative Professionals:

Administrative professionals, including healthcare managers, quality improvement specialists, and policy experts, play a vital role in supporting the delivery of high-quality care. Their contributions span various areas, such as resource allocation, process

optimization, regulatory compliance, and performance monitoring.

Healthcare managers are responsible for overseeing the overall operations of healthcare facilities, ensuring efficient use of resources, and fostering a positive organizational culture. Quality improvement specialists analyze data, identify areas for improvement, and implement strategies to enhance patient safety, care quality, and operational efficiency (Siouta et al., 2016). Policy experts contribute to the development and implementation of healthcare policies and regulations, ensuring alignment with evidence-based practices and national or international standards.

Collaboration between clinical and administrative professionals is essential for aligning clinical priorities with organizational goals and resources. Administrative professionals provide the necessary infrastructure, systems, and support to enable clinical teams to deliver high-quality care effectively (Addington-Hall & O'Callaghan, 2009).

Informatics Professionals:

Informatics professionals, including health informaticians, data analysts, and information technology specialists, play a crucial role in leveraging technology and data to support healthcare quality improvement efforts.

Health informaticians contribute their expertise in designing, implementing, and optimizing healthcare information systems, ensuring the effective collection, management, and utilization of patient data. Data analysts utilize advanced analytical techniques to derive insights from healthcare data, identifying patterns, trends, and opportunities for improvement (Grządalski et al., 2017).

Information technology specialists are responsible for maintaining the technical infrastructure, ensuring data security, and providing technical support to healthcare professionals. They also collaborate with clinical and administrative teams to develop and implement digital solutions, such as electronic health records (EHRs), telemedicine platforms, and clinical decision support systems.

The integration of informatics expertise into interdisciplinary healthcare teams facilitates data-driven decision-making, enables real-time monitoring and surveillance of quality indicators, and supports the adoption of innovative technologies to enhance care delivery (Modlińska, 2013).

Challenges and Strategies for Effective Interdisciplinary Collaboration

While interdisciplinary collaboration offers numerous benefits, it also presents several challenges that must be addressed to ensure its effectiveness. These challenges include:

1. **Professional Silos and Hierarchies:**

Healthcare professionals often operate within distinct professional silos, with deeply rooted hierarchies and power dynamics (Karkowski, 2015). These silos can hinder effective communication, information sharing, and decision-making processes, leading to fragmented care and suboptimal outcomes.

Strategies to overcome professional silos and hierarchies include fostering a culture of mutual respect and appreciation for diverse perspectives, promoting shared leadership and decision-making processes, and providing interprofessional education and training opportunities (Seostianin et al., 2020; Katkin et al., 2017).

2. **Role Ambiguity and Conflict:**

In interdisciplinary teams, role ambiguity and conflict can arise due to overlapping or ill-defined responsibilities, differences in professional values and approaches, and competing priorities (Taczała et al., 2020).

Clear role delineation, open communication, and regular team meetings can help address role ambiguity and conflict. Additionally, developing shared goals, protocols, and care pathways can facilitate a common understanding and alignment among team members (Buksińska-Lisik et al., 2006; Gregory et al., 2018).

3. **Lack of Effective Communication and Coordination:**

Effective communication and coordination are crucial for seamless collaboration among interdisciplinary team members. Breakdowns in communication can lead to misunderstandings, errors, and delays in care

delivery (Yano & Ohashi, 2009; Pilińska & Przestrzelska, 2019).

Strategies to improve communication and coordination include implementing structured communication tools (e.g., SBAR – Situation, Background, Assessment, Recommendation), utilizing electronic health records for real-time information sharing, and establishing regular interdisciplinary team meetings or huddles (Clarkson et al., 2019).

4. Limited Interprofessional Education and Training:

Many healthcare professionals receive limited training in interprofessional collaboration and teamwork during their educational programs, which can hinder their ability to work effectively in interdisciplinary teams (OECD, 2018; Curran et al., 2008).

Incorporating interprofessional education and training opportunities into healthcare curricula can help develop the necessary knowledge, skills, and attitudes for effective collaboration. This may include case-based learning, simulation exercises, and interprofessional clinical placements (Dornebosch et al., 2022).

5. Resource Constraints and Organizational Barriers:

Limited resources, such as time, staffing, and funding, can pose significant challenges to interdisciplinary collaboration. Additionally, organizational barriers, such as rigid hierarchies, siloed structures, and lack of supportive policies, can impede effective teamwork (Pillay et al., 2016; Körner et al., 2016).

Strategies to address resource constraints and organizational barriers include advocating for dedicated time and resources for interdisciplinary collaboration, implementing supportive policies and incentives, and fostering a culture of continuous improvement and innovation (Hsu et al., 2021; Didier et al., 2020).

Integrating Clinical, Administrative, and Informatics Perspectives

Effective healthcare quality improvement requires the integration of clinical, administrative, and informatics perspectives to achieve a comprehensive and holistic approach. This integration can be achieved through various strategies:

1. Interdisciplinary Quality Improvement Teams:

Establishing interdisciplinary quality improvement teams that include representatives from clinical, administrative, and informatics domains can facilitate the exchange of diverse perspectives and expertise. These teams can collaborate to identify areas for improvement, analyze data, develop and implement interventions, and monitor progress (Higher Education in the Academic Year 2020/2021, 2022).

2. Shared Decision-Making Processes:

Implementing shared decision-making processes that involve input and consensus from clinical, administrative, and informatics professionals can ensure that quality improvement initiatives are aligned with organizational priorities, evidence-based practices, and technological capabilities (Van Der Vegt & Bunderson, 2005).

3. Data-Driven Quality Improvement:

Leveraging healthcare data and analytics can drive data-driven quality improvement efforts. Clinical professionals can provide insights into patient outcomes and care processes, administrative professionals can contribute data on resource utilization and operational efficiency, and informatics professionals can analyze and visualize data to identify patterns and opportunities for improvement (Littlechild & Smith, 2013).

4. Continuous Feedback and Evaluation:

Establishing mechanisms for continuous feedback and evaluation among interdisciplinary team members can promote ongoing learning, adaptation, and

refinement of quality improvement initiatives. Regular team meetings, audits, and peer review processes can facilitate the sharing of insights and experiences from various perspectives (WHO, 2011).

5. Interprofessional Education and Training:

Incorporating interprofessional education and training opportunities into healthcare curricula and continuing education programs can foster a culture of collaboration and equip professionals with the necessary knowledge, skills, and attitudes for effective interdisciplinary teamwork (WHO, 2010).

Examples of Interdisciplinary Collaboration in Healthcare Quality Improvement

Several examples from various healthcare settings illustrate the benefits of interdisciplinary collaboration in quality improvement:

1. Inpatient Settings:

In general medical wards, interdisciplinary team interventions involving physicians, nurses, pharmacists, and other allied health professionals have been shown to improve patient outcomes, reduce adverse events, and enhance the quality of care (Pannick et al., 2015). For instance, the implementation of structured interdisciplinary rounds has been associated with improved patient safety, enhanced communication, and better care coordination (O'Leary et al., 2011).

2. Outpatient Settings:

In primary care settings, interdisciplinary team-based care models involving physicians, nurses, pharmacists, and care coordinators have demonstrated improved chronic disease management, medication adherence, and patient satisfaction (Sinsky et al., 2013). The integration of pharmacists into primary care teams has been particularly effective in reducing adverse drug events and optimizing medication management (Kucukarslan et al., 2003).

3. Palliative and Hospice Care:

Interdisciplinary teams in palliative and hospice care settings, comprising physicians, nurses, social workers, chaplains, and other specialists, provide comprehensive and holistic care to patients and their families (Siouta et al., 2016; Addington-Hall & O'Callaghan, 2009). This approach has been shown to improve symptom management, psychosocial support, and overall quality of life for patients nearing the end of life (Grądalski et al., 2017).

4. Chronic Disease Management:

The management of complex chronic conditions, such as diabetes, cardiovascular diseases, and cancer, often requires the collaborative efforts of interdisciplinary teams. These teams may include physicians, nurses, dietitians, physical therapists, and mental health professionals, working together to provide comprehensive care, education, and support (Gregory et al., 2018; Yano & Ohashi, 2009).

5. Pediatric Care:

In pediatric settings, interdisciplinary teams consisting of pediatricians, nurses, therapists, social workers, and child life specialists collaborate to address the unique needs of children and their families. This approach has been shown to improve care coordination, enhance patient and family experience, and promote better health outcomes (Katkin et al., 2017; Taczala et al., 2020).

6. Geriatric Care:

The complex and multifaceted needs of older adults often require the collaboration of interdisciplinary teams, including physicians, nurses, pharmacists, physical therapists, and social workers. This approach enables comprehensive assessment, medication management, fall prevention, and coordination of care across different settings (Karkowski, 2015; Seostianin et al., 2020).

These examples demonstrate the diverse applications of interdisciplinary collaboration in healthcare quality improvement and highlight the importance of integrating clinical, administrative, and informatics perspectives to achieve optimal patient outcomes and organizational performance.

Conclusion

The interdisciplinary approach to healthcare quality improvement is essential for addressing the complexities of patient care and meeting the evolving demands of the healthcare system. By integrating the perspectives and expertise of clinical, administrative, and informatics professionals, interdisciplinary teams can provide comprehensive, patient-centered, and evidence-based care.

Effective interdisciplinary collaboration requires overcoming challenges such as professional silos, role ambiguity, communication barriers, limited interprofessional education, and resource constraints. However, by fostering a culture of mutual respect, shared decision-making, continuous learning, and organizational support, these challenges can be addressed.

The integration of clinical, administrative, and informatics perspectives can be achieved through strategies such as interdisciplinary quality improvement teams, shared decision-making processes, data-driven quality improvement, continuous feedback and evaluation, and interprofessional education and training.

Numerous examples from various healthcare settings demonstrate the benefits of interdisciplinary collaboration in enhancing patient outcomes, improving operational efficiency, and driving continuous quality improvement.

As healthcare systems continue to evolve and become more complex, the interdisciplinary approach will become increasingly crucial for delivering high-quality, coordinated, and cost-effective care. By embracing interdisciplinary collaboration and fostering a culture of teamwork, healthcare organizations can better address the diverse needs of patients, optimize resource utilization, and drive innovation in healthcare delivery.

References:

- Addington-Hall, J.M.; O'Callaghan, A.C. A comparison of the quality of care provided to cancer patients in the UK in the last three months of life in in-patient hospices compared with hospitals, from the perspective of bereaved relatives. *Palliat. Med.* 2009, 23, 190–197.
- Bodenheimer, T.; Sinsky, C. From triple to quadruple aim: Care of the patient requires care of the provider. *Ann. Fam. Med.* 2014, 12, 573–576.
- Buksińska-Lisik, M.; Lisik, W.; Zaleska, T. Otyłość–choroba interdyscyplinarna. *Przew. Lek.* 2006, 1, 72–77.
- Clarkson, P.; Worsley, P.R.; Schoonhoven, L.; Bader, D.L. An interprofessional approach to pressure ulcer prevention: A knowledge and attitudes evaluation. *J. Multidiscip. Healthc.* 2019, 12, 377–386.
- Curran, V.R.; Sharpe, D.; Forristall, J.; Flynn, K. Attitudes of health sciences students towards interprofessional teamwork and education. *Learn. Health Soc. Care* 2008, 7, 146–156.
- Didier, A.; Dzemaili, S.; Perrenoud, B.; Campbell, J.; Gachoud, D.; Serex, M.; Staffoni-Donadini, L.; Franco, L.; Benaroyo, L.; Maya, Z.S. Patients' perspectives on interprofessional collaboration between health care professionals during hospitalization. *JBI Evid. Synth.* 2020, 18, 1208–1270.

- Doornebosch, A.J.; Smaling, H.J.A.; Achterberg, W.P. Interprofessional Collaboration in Long-Term Care and Rehabilitation: A Systematic Review. *J. Am. Med. Dir. Assoc.* 2022, 23, 764–777.e2.
- Gregory, N.S.; Seley, J.J.; Dargar, S.K.; Galla, N.; Gerber, L.M.; Lee, J.I. Strategies to prevent readmission in high-risk patients with diabetes: The importance of an interdisciplinary approach. *Curr. Diabetes Rep.* 2018, 18, 54.
- Grądalski, T.; Sojka, J.; Straszak, K. Koszty opieki nad chorymi z nowotworem złośliwym u kresu życia na oddziale wewnętrznym szpitala i w hospicjum stacjonarnym. *Med. Paliatywna* 2017, 9, 89–97.
- Hall, P.; Weaver, L. Interdisciplinary education and teamwork: A long and winding road. *Med. Educ.* 2001, 35, 867–875.
- Higher Education in the Academic Year 2020/2021-Students and Graduates (Preliminary Results). Polish Central Statistical Office. Available online: <https://stat.gov.pl/obszary-tematyczne/edukacja/edukacja/szkolnictwo-wyzsze-w-roku-akademickim-20202021-studenci-i-absolwenci-wyniki-wstepne-,20,1.html> (accessed on 30 December 2022).
- Hsu, H.T.; Chiang, Y.C.; Lai, Y.H.; Lin, L.Y.; Hsieh, H.F.; Chen, J.L. Effectiveness of Multidisciplinary Care for Chronic Kidney Disease: A Systematic Review. *Worldviews Evid. Based Nurs.* 2021, 18, 33–41.
- Karkowski, T. Dostosowywanie zasobów kadry medycznej do potrzeb starzejącego się społeczeństwa. *Zdr. Publiczne Zarządzanie* 2015, 13, 82–94.
- Katkin, J.P.; Kressly, S.J.; Edwards, A.R.; Perrin, J.M. Guiding principles for team-based pediatric care. *Pediatrics* 2017, 140, e20171489.
- Körner, M.; Bütof, S.; Müller, C.; Zimmermann, L.; Becker, S.; Bengel, J. Interprofessional teamwork and team interventions in chronic care: A systematic review. *J. Interprofessional Care* 2016, 30, 15–28.
- Lemieux-Charles, L.; McGuire, W.L. What do we know about health care team effectiveness? A review of the literature. *Med. Care Res. Rev.* 2006, 63, 263–300.
- Littlechild, B.; Smith, R. *A Handbook for Interprofessional Practice in the Human Services: Learning to Work Together*; Routledge: London, UK, 2013; p. 15.
- Modlińska, A. Palliative care—Interdisciplinary in nature. *Med. Paliatywna* 2013, 5, 157–162.
- Nancarrow, S.; Booth, A.; Ariss, S.; Smith, T.; Enderby, P.; Roots, A. Ten principles of good interdisciplinary team work. *Hum. Resour. Health* 2013, 11, 19.
- OECD. *The Future of Education and Skills. Education 2030. The Future We Want*; OECD: Paris, France, 2018; p. 5. Available online: [https://www.oecd.org/education/2030/E2030%20Position%20Paper%20\(05.04.2018\).pdf](https://www.oecd.org/education/2030/E2030%20Position%20Paper%20(05.04.2018).pdf) (accessed on 30 December 2022).
- O'Leary, K.J.; Buck, R.; Fligel, H.M.; Haviley, C.; Slade, M.E.; Landler, M.P.; Kulkarni, N.; Hinami, K.; Lee, J.; Cohen, S.E.; et al. Structured interdisciplinary rounds in a medical teaching unit: Improving patient safety. *Arch. Intern. Med.* 2011, 171, 678–684.
- Pannick, S.; Davis, R.; Ashrafian, H.; Byrne, B.E.; Beveridge, I.; Athanasiou, T.; Wachter, R.M.; Sevdalis, N. Effects of interdisciplinary team care interventions on

- general medical wards: A systematic review. *JAMA Intern. Med.* 2015, 175, 1288–1298.
- Pilińska, A.; Przestrzelska, M. Zespół napięcia przedmiesiączkowego i przedmiesiączkowe zaburzenia dystroficzne. *Współczesne Pielęgniarstwo Ochr. Zdrowia* 2019, 2, 64–67.
- Pillay, B.; Wootten, A.C.; Crowe, H.; Corcoran, N.; Tran, B.; Bowden, P.; Crowe, J.; Costello, A.J. The impact of multidisciplinary team meetings on patient assessment, management and outcomes in oncology settings: A systematic review. *Cancer Treat. Rev.* 2016, 42, 56–72.
- Kucukarslan, S.N.; Peters, M.; Mlynarek, M.; Nafziger, D.A. Pharmacists on rounding teams reduce preventable adverse drug events in hospital general medicine units. *Arch. Intern. Med.* 2003, 163, 2014–2018.
- Seostianin, M.; Neumann-Podczask, A.; Wieczorowska-Tobis, K. Towards effective collaboration of physicians and pharmacists for the care of older people (including COVID-19 perspective). *J. Med. Sci.* 2020, 89, 153–158.
- Sinsky, C.; Willard-Grace, R.; Schutzbank, A.; Sinsky, T.A.; Margolius, D.; Bodenheimer, T. In search of joy in practice: A report of 23 high-functioning primary care practices. *Ann. Fam. Med.* 2013, 11, 272–278.
- Siouta, N.; Van Beek, K.; Van der Eerden, M.E.; Preston, N.; Hasselaar, J.G.; Hughes, S.; Garralda, E.; Centeno, C.; Csikos, A.; Groot, M.; et al. Integrated palliative care in Europe: A qualitative systematic literature review of empirically-tested models in cancer and chronic disease. *BMC Palliat. Care* 2016, 15, 56.
- Soifer, N.E.; Borzak, S.; Edlin, B.R.; Weinstein, R.A. Prevention of peripheral venous catheter complications with an intravenous therapy team: A randomized controlled trial. *Arch. Intern. Med.* 1998, 158, 473–477.
- Taczała, J.; Wolińska, O.; Becher, J.; Majcher, P. Interdyscyplinarny model leczenia dzieci z mózgowym porażeniem dziecięcym w Polsce. *Ortop. Traumatol. Rehabil.* 2020, 22, 51–59.
- Van Der Vegt, G.S.; Bunderson, J.S. Learning and performance in multidisciplinary teams: The importance of collective team identification. *Acad. Manag. J.* 2005, 48, 532–547.
- World Health Organization. Framework for Action on Interprofessional Education and Collaborative Practice; WHO: Geneva, Switzerland, 2010. Available online: https://apps.who.int/iris/bitstream/handle/10665/70185/WHO_HRH_HPN_10.3_eng.pdf (accessed on 30 December 2022).
- World Health Organization; Geneva, Switzerland: 2011. Patient Safety Curriculum Guide. Multi-Professional Edition. Available online: <https://apps.who.int/iris/bitstream/handle/10665/44641/?sequence=32> (accessed on 30 December 2022).
- Yano, K.; Ohashi, K. Interprofessional team approach to infertility treatment in Japan. *Reprod. Med. Biol.* 2009, 9, 33–41.