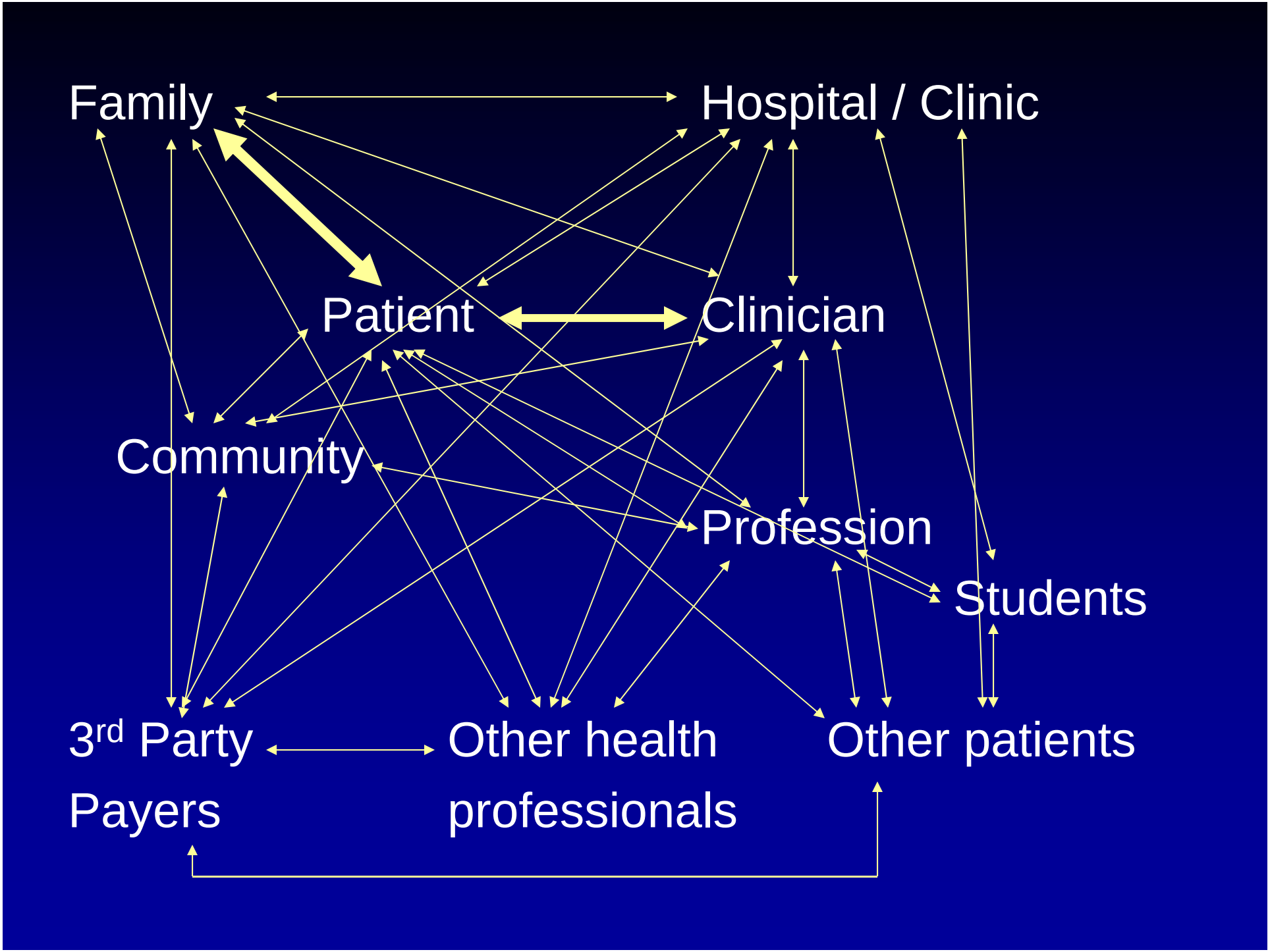
Interdisciplinary Team Care

Helen Sharp, Ph.D.
Assistant Professor
Department of Speech Pathology and Audiology
Western Michigan University
Kalamazoo, MI

Patient ⟷ Clinician


Family
Hospital / Clinic
Patient
Clinician
Community
Profession
Students
3rd Party Payers
Other health professionals
Other patients

Goals

To summarize the literature, give some examples, and leave you with some questions to consider.

Specific questions:

- Where do teams come from?
- How do they evolve?
- What are the potential benefits of team care?
- What are the potential risks?
- What is the role of the patient and family in the team?

Why teams?

- The interdisciplinary team concept is not new!
  - American Academy of Cleft Prosthesis was formed in 1943 (now the Am Cleft Palate-Craniofacial Assoc)
- Model is used across all aspects of health care
- Teams are recognized and emphasized when care needs
  - Cross disciplinary boundaries
  - Are controversial or complex
  - Are long term and variable over time

Does team care differ?

Individual Responsibility

a clinician's duty to provide care for a patient and be a patient advocate

Collective Responsibility

a team of professionals act as a moral agent and take overall responsibility for the well-being of the patient, while each professional retains individual responsibility

Stages of Team Development*

- 1. Becoming Acquainted
- goals for patient care made individually, no consensus
- leadership absent or hierarchical
- leader may make decisions unilaterally
- group productivity is low

- 2. Trial & Error
- team members form pairs
- boundaries tested, turf-guarding, role ambiguity
- decisions still made individually

*Adapted from Lowe & Herranen, 1981

Stages of Team Development*

3. Collective Indecision

- group attempts to avoid conflict
- decisions made by default
- leadership absent
- assume decisions are made collectively, but they are not
- no accountability
- group productivity is low

*Adapted from Lowe & Herranen, 1981

Stages of Team Development*

4. Crisis

- event forces team to face collective indecision
- roles & responsibilities are delineated
- members begin to appreciate knowledge & skill of team members, less focus on personality
- leadership assumed formally & informally
- focus on internal process, not patient care
- open anger, conflicts emerge and are handled

*Adapted from Lowe & Herranen, 1981

Stages of Team Development*

5. Resolution

- group commits to work together as a team
- open communication
- shared leadership
- shared decision-making
- individual and group accountability

*Adapted from Lowe & Herranen, 1981

Stages of Team Development*

6. Team Maintenance

- focus on patients' needs
- accountability & willingness to share information
- leadership shifts according to patient need
- decisions supported by team, even without full agreement
- rivalries are viewed as healthy
- common language & humor aid in communication
- effectiveness depends on team-patient relationship & conflict management

*Adapted from Lowe & Herranen, 1981

Benefits of Team Care

- Shared responsibility
- Multiple perspectives on complex questions
- Enjoyable interactions with other professionals (e.g., learning, humor)

Hazards of Team Care

- Hierarchies
- Turf issues
- Conflict
- Group-think
- Lack of individual responsibility

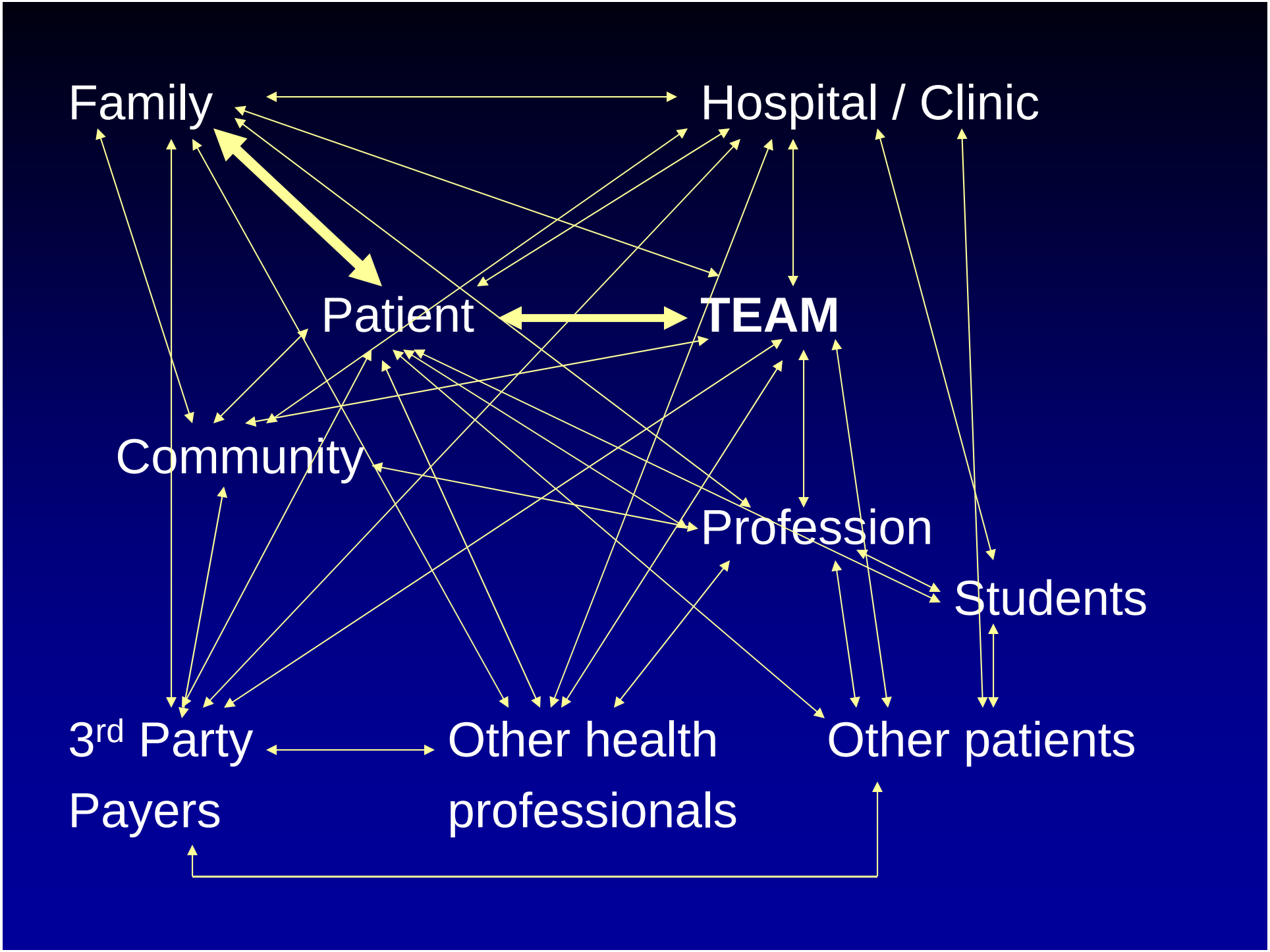
Models of Team Care: What is the Role of the Family?

- Is the family considered a *member* of the team?
- Does the family participate in developing the treatment plan?
- Do team members represent the family's view?
- How is the visit structured?
- Is the family present in the team conference?

What else do we know about the outcomes of team care?

- Not much!
- Focus on perceived function of the team, primarily qualitative studies
  - Theme that conflict is negative, but is it?
  - Focus on business-based models of team building
  - What are the optimal measures of team function?
    - Cost? Lack of conflict? Patient satisfaction?

Jones, 2006; Kilgore & Langford, 2009


Family
Hospital / Clinic
Patient
TEAM
Community
Profession
Students
3rd Party Payers
Other health professionals
Other patients

Team Process: Sources of Disagreement

- Personality
- Differences in clinical philosophy
- Interprofessional differences
- Ethical or moral conflicts

Team Process: When the Team Disagrees

- View disagreements as healthy
- Recognize what is happening
- Identify the underlying issue(s)
- Examine conflict resolution strategies
- Seek outside assistance when needed
  - e.g., ethics consultation or committee

Patterns of Conflict Resolution*

Avoidance evasion

Coercion push the other party to conform to your values, may involve a threat

Accommodation one party agrees to what the other party proposes

Compromise both parties sacrifice some of their values by both parties

Collaboration mutual agreement that is considered superior by both parties

* modified from Spielman, 1993

Patterns of Conflict Resolution According to Time Available*

Avoidance

Coercion

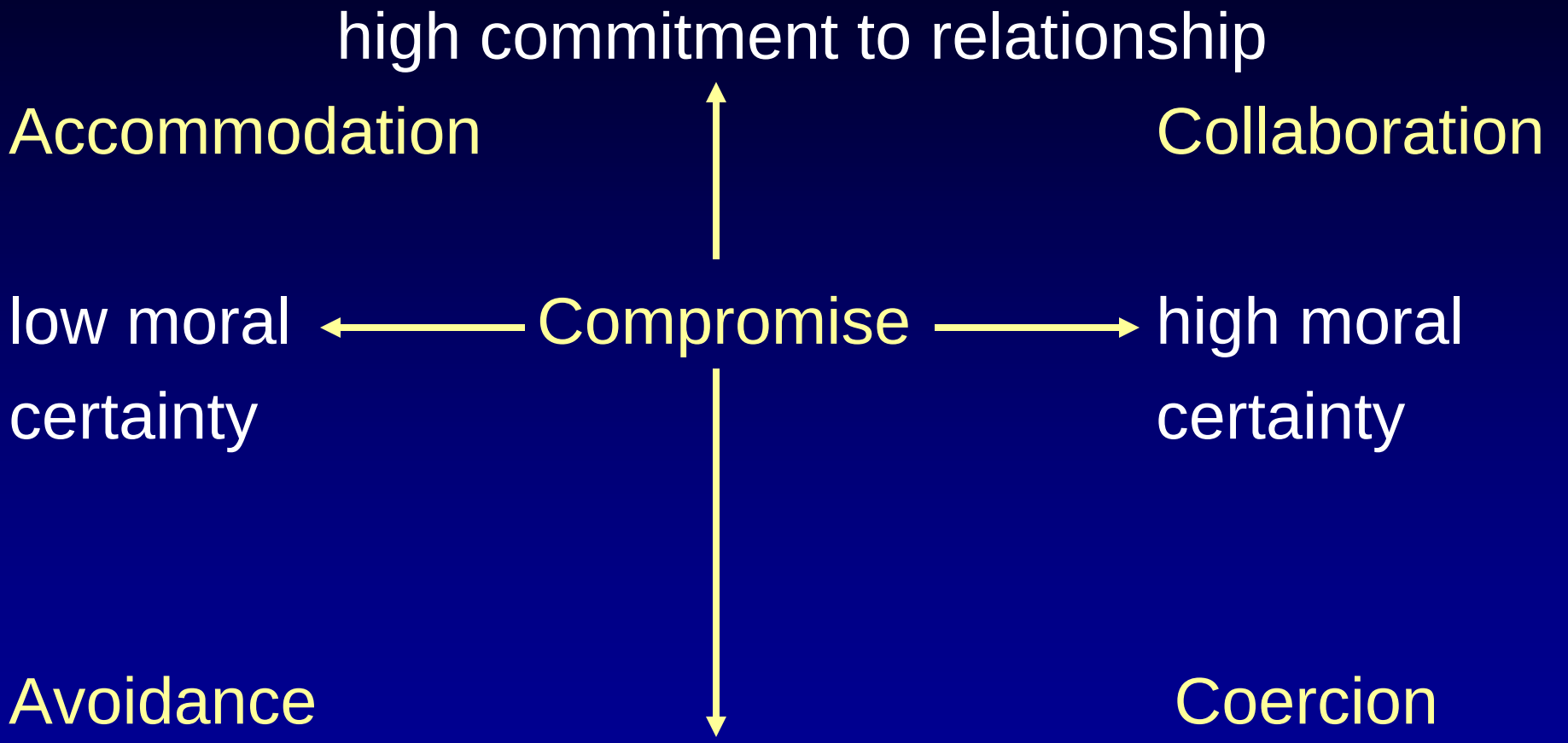
Accommodation Compromise Collaboration

little time available

more time available

* modified from Spielman, 1993

Patterns of Conflict Resolution*



* modified from Spielman, 1993

Alternate Approaches to Conflict Resolution

Deferral

acknowledge the conflict, recognize it cannot be resolved immediately, schedule time to resolve

Mediation

neutral 3rd party facilitates the discussion

Disagreements as Part of the Team Process

- Disagreements within the team are inevitable and necessary
- Group think should be avoided
- Teams & team leaders should allow disagreements to occur, acknowledge multiple moral positions, and hear all views
- Resolution approach depends on relationship between the players, nature of the conflict, time available, commitment to relationship, commitment to moral position

Some questions to consider…

- How might the role of the family be influenced by the team's maturity?
- How can teams avoid overwhelming families?
- How could the outcomes of team and non-team care be evaluated?
  - What are the important outcome variables?
- What do you perceive as potential benefits of team care for DSDs? What are the potential risks?

"...decisions made by groups who had the opportunity to discuss their perspectives are more accurate than judgments made by individuals."

Gilgun, 1988

A Sampling of References

Gilgun JF. Decision-making in interdisciplinary treatment teams. *Child Abuse Negl*. 1988;12:231-39.

Jones A. Multidisciplinary team working: Collaboration and conflict. *Intern J Ment Health Nurs*. 2006; 15:19-28.

Kilgore RV & Langford RW. Reducing failure of interdisciplinary healthcare teams. *Crit Care Nurs Q*. 2009;32(2):81-8.

Lowe JI & Herranen M. Understanding team work: another look at the concepts. *Soc Work Health Care*.1981;7:1-11.

Sharp, HM. Ethical decision making in interdisciplinary team care. *CPCJ*. 1995; 32(6):495-99.

Spielman B. Conflict in medical ethics cases: Seeking patterns of resolution. *J Clin Ethics*. 1993;4(3):212-218.