

## Team Care

### **Team Work – why team work?**

Team work = empower individuals to regain and maintain independence and a meaningful quality of life.

Being a member of and working as a team implies that a common focus is agreed upon and that the roles, responsibilities, accountability and communication are clear.

What are the requirements for teamwork?

- Need to utilize expertise of all team members

- Blur the boundaries of professional practice

- Able to think, problem-solve and understands key multi-professional issues within the scope of their own professional practice.

The renewed interest in various practitioners working together has led to many definitions and descriptions, including multi-disciplinary, inter-disciplinary and trans-disciplinary.

Lack of understanding of differing definitions = lack of clarity and potential confusion.

### **Multidisciplinary teams**

Multidisciplinary characterised by each discipline within the team working towards discipline – related goals.

Team members work within the boundaries of their professional practice; progress is formally discussed at team meetings, effective communication is considered vital and client's role is minimal.

Professional isolation from each other but contributing to the overall treatment of the individual.

Concept that each team member has a clear understanding of the role of all other members.

Yet team members may have little understanding of each other's roles. Effective co-ordination of care is difficult to achieve.

Dual loyalty: first to the team and second to either their professional or service manager, or both.

It is also important to reflect on one's own practice, the interface between professions and the practice of other members of the multidisciplinary team. If this concept is to be developed, shared teaching of health professions at undergraduate level would be a useful development.

Monthly multidisciplinary meetings to reflect and learn on real issues emanating from experience.

Reflecting on real problems and how they were resolved became a focus for developing reflective enquiry sessions based on the principles of dialogue across the multidisciplinary team.

### **Interdisciplinary teams**

Interdisciplinary collaboration involves members of two or more disciplines working together in a supportive environment of mutual respect and ongoing information exchange for a common purpose.

Interdisciplinary collaboration means that each discipline retains its distinctive functions but the disciplines blend their unique qualities and abilities in an integrated effort.

Primary objective is to assess and integrate the needs and concerns of the client and family with the professional, social and environmental resources available.

To achieve true interdisciplinary care, the team must reach a consensus on individual roles, assessment interpretations, problem definitions, treatment and follow up.

Main features are goal directness, disciplinary articulation, communication, flexibility and conflict resolution.

More client-centered approach.  
Patient center of therapeutic activity.

Overall co-ordination of goals between professionals and the client.

Practitioners need to

- Work in a holistic fashion.
- Blur boundaries of professional practice.
- Key aim / intention is to best meet client's needs.
- Working in partnership with clients.

Organisational rigidity, adherence to existing policies and procedures within services that may once have been developed for uni-disciplinary working, will reduce the effectiveness and potential of interdisciplinary team work.

### **Transdisciplinary teams**

Transdisciplinary teams adopt an approach that is highly organised and consists of professionals being designated key roles within the organisation of care: case organisers, primary rehabilitative coaches, clinical team and coaching team.

There is a breakdown of barrier between professions and a sense of regulated overlapping between roles. Roles and responsibilities are shared. This means that a team member's particular expertise is not transparent to the patient.

Each professions shares knowledge and skills in their particular areas of expertise. One team member may train another for specific procedures and techniques. Will implement when 'trainer' not there.

Ultimate goal is to promote an integrated assessment and development of a unified treatment plan that is jointly carried out by all team members. This eliminates the need for multiple assessment sheets and multiple care plans.

The patient is an active part of the team

<b>Component</b>	<b>Multidisciplinary</b>	<b>Interdisciplinary</b>	<b>Transdisciplinary</b>
Philosophy of Team Interaction	Team members recognize the importance of contributions from several disciplines.	Team members are willing and able to share responsibility for services among disciplines.	Team members commit to teach, learn, and work across disciplinary boundaries to plan and provide integrated services.
Family Role	Generally, families meet with team members separately by discipline.	The family may or may not be considered a team member. Families may work with the whole team or team representatives	Families are always members of the team and determine their own team roles.
Lines of Communication	Lines of communication are typically informal. Members may not think of themselves as part of a team.	The team meets regularly for case conferences, consultations, etc.	The team meets regularly to share information and to teach and learn across disciplines (for consultations, team building, etc.).
Staff Development	Staff development generally is independent and within individual disciplines.	Staff development is frequently shared and held across disciplines.	Staff development across disciplines is critical to team development and role transition.

Assessment Process	Team members conduct separate assessments by disciplines.	Team members conduct assessments by discipline and share results.	The team participates in an arena assessment, observing and recording across disciplines.
Documentation and care planning	Team members develop separate plans for intervention within their own disciplines.	Goals are developed by discipline and shared with the rest of the team to form a single service plan.	Staff and family develop plan together based on family concerns, priorities, and resources.
Implementation of care plans	Team members implement their plan separately by discipline.	Team members implement parts of the plan for which their disciplines are responsible.	Team members share responsibility and are accountable for how the plan is implemented by one person, with the family

### **Barriers to multiprofessional team working**

Dominance by one profession = introducing a professional hierarchy that could be counter-productive to effective collaboration and working.

'Tribalism', occurring when individual practitioners and professions are over-protective of their roles and responsibilities for service provision.

Discipline territorially

Incompatibilities of terminology

Intellectual insecurity

Distracting reward systems for individuals and organisations

Status

Conflict

Costs, covert and overt in terms of time, resources and funds.