

Presentation Plan:

Team Healthcare Models

Background Information

Glossary

Unidisciplinary. Unidisciplinary teams are made up of many providers from a single background, such as a group of public health nurses providing home care. All team members share the same professional skills and training, speak a common language of healthcare, and function in the same role within the group.

Intradisciplinary. Like unidisciplinary teams, intradisciplinary teams are also composed of professionals from one discipline but include team members from different levels of training and skill within the discipline. For example, a geriatric mental health outpatient clinic team might be composed of a licensed psychologist, a post-intern, a prelicensing psychological assistant, a psychological technician, and two psychology practicum students.

Multidisciplinary. A multidisciplinary team is composed of members from more than one discipline so that the team can offer a greater breadth of services to patients. Team members work independently and interact formally. Multidisciplinary teams may be thought of as requiring everyone to “do his or her own thing” with little or no awareness of other disciplines’ work. A project manager or team leader may mold these parallel efforts at the end of the process, however. Appropriate experts from different professions handle different aspects of a patient’s case independently. Rather than integrated care, the patient’s problems are subdivided and treated in parallel, with each provider responsible only for his or her own area.⁵

⁵ NLN reports on nursing education building community: Developing skills for interprofessional health professions education and relationship-centered care by the Interdisciplinary Health Education Panel of the National League for Nursing. *Nursing and Health Perspectives* (pp. 87–90).

⁶ Zeiss, A. M., & Steffer, A. M. (1996). Interdisciplinary health care teams: The basic unit of geriatric care. In L. L. Carstensen, B. A. Edelstein, & L. Dornbrand (Eds.), *The practical handbook of clinical gerontology* (pp. 423–449). Thousand Oaks, CA: Sage Publications.

Multidisciplinary teams are hierarchically organized; there is a designated program “chief,” usually the highest-ranking professional (commonly an MD). The designated leader is responsible to oversee the program, lead meetings, resolve conflicts, allocate caseload, and so forth. Other team members feel responsible only for the clinical work of their discipline and need not share a sense of responsibility for program function and team effectiveness.⁶

The team's assessments and consultations are conducted separately, with little communication among members. In fact, in a multidisciplinary team, each discipline conducts its own assessment, generates its own treatment plan, implements the plan, evaluates progress, and refines the plan based on its own evaluation. Team members share information with each other, typically at meetings attended by all team members. Although members may choose to use information obtained in the meeting to revise their own goals or intervention strategies, there is no attempt to generate or implement a common plan.

A multidisciplinary team conducts "serial" evaluations, as each team member evaluates the client separately. Following evaluation, each professional develops his/her own discipline report. While team members may meet to share and interpret their reports, typically one team member is designated to carry out this task. This aspect of multidisciplinary team functioning can be one of its greatest disadvantages; the individual given the responsibility of collating and interpreting the reports may place more emphasis on the information he/she has collected than on that of others. An additional disadvantage of this model concerns the lack of consultation between team members. Those implementing the recommendations are left to resolve conflicts of opinion between professions.⁷

⁷ Russell, S. C. (1988). Challenges to effective team functioning: Multi-, Inter-, or transdisciplinary models (pp. 38-45). Toledo, OH: IHCT Conference.

Although the multidisciplinary approach involves persons from several disciplines in the delivery of service, the approach can be disorientated, with each team member responsible only for the activities related to his or her discipline. Each discipline formulates separate goals for the patient. Communication across the disciplines is often lacking, and the patient may be left feeling overwhelmed by the multiplicity of services, sensing the lack of communication that translates into poor quality of care. The major disadvantage of this model is that it addresses each individual impairment separately, tending to lose sight of how these impairments affect the individual as a whole.⁸

⁸ Frattali, C. M., & Lorendo, L. C. (1993). Team work defined. Chap. 3 of Professional collaboration: A team approach to health care (pp. 8-13). Clinical Series No. 11. Rockville, MD: National Student Speech Language Hearing Association.

Interdisciplinary. The term *interdisciplinary* has received frequent use in the healthcare literature for the past several decades, even though there is a disagreement among healthcare professionals as to how that term is defined. Some use the term to refer to situations in which more than one discipline is involved in either a patient's care, or a teaching situation, although the interaction between members of different disciplines may be limited. Others use the term to describe situations where various disciplines are involved in reaching a common goal, and each discipline brings to the job his/her expertise. Still other healthcare professionals use the term to refer to situations where healthcare disciplines specificity blurs, and expertise overlap based on the requirements of the particular interaction.

⁹ Mackinnon, J., MacRae, N., Eaton, J., & Paolini, C. (1993). Interdisciplinary case study in geriatric education (pp. 54–60). Las Vegas, NV: IHCT Conference.

The last scenario actually most appropriately describes an interdisciplinary model, while the other situations are more examples of various levels of multidisciplinary interactions⁹

An interdisciplinary team, then, may be understood to be a group of professionals from several disciplines working interdependently in the same setting, interacting both formally and informally. Separate assessments may be conducted, but team members work to achieve a common goal. Information is communicated and problems are solved in a systematic way among team members, typically during team meetings.

Interdisciplinary cooperation requires integration or even modification of the efforts of the contributing disciplines. The team process demands that the participants take into account the contributions of other team members in making their own contribution. This approach suggests intersecting lines of communication and collaboration. One definition of the interdisciplinary team that has been proposed captures all of these elements: an interdisciplinary team is a “group of persons who are trained in the use of different tools and concepts, among whom there is an organized division of labor around a common problem with each member using his own tools, with continuous intercommunication and re-examination of postulates in terms of limitations provided by the work of the other members and often with group responsibilities for the final product.”¹⁰

¹⁰ Clark, P. G., Spence, D. L., & Sheehan, J. L. (1986). A service/learning model for interdisciplinary teamwork in health and aging. *Gerontology Education*, 6(4), 3–16.

Interprofessional. First introduced in 1975, the interprofessional approach has been used with increasing frequency in reference to clinical practice. *Interdisciplinary* is frequently used to describe the educational process, while the term *interprofessional care* is used to describe clinical practice.

Transdisciplinary. A transdisciplinary approach yields different results than interdisciplinary approaches because it requires each team member to become sufficiently familiar with the concepts and approaches of his and her colleagues as to blur the disciplinary bounds and enable the team to focus on the problem as part of a broader phenomena. As this happens, discipline authorization fades in importance and the problem and its context guide an appropriately broader and deeper analysis.¹¹

¹¹ See note 5 above.

A transdisciplinary team is an interdisciplinary team whose members have developed sufficient trust and mutual confidence to engage in teaching and learning across disciplinary boundaries. In addition to collaborating, team members entrust, prepare, and supervise the sharing of disciplinary functions while retaining ultimate responsibility for services provided in their place by other team members.¹²

¹² See note 2 above.

Disciplinary lines are blurred, and team members share role functions to a high degree. This model does not have wide application in geriatric settings because patients generally need the special skills of each discipline, obtained through extensive specialized training, not just generic skills that many disciplines might share.¹³

¹³ See note 6 above.

Emphasis is on sharing the team responsibilities. A “manager,” one member of the team, is appointed with the task of coordinating the activities of the various professionals who make up the team. This manager often carries out the recommendations of the team, doing so with full support of the team. Members teach each other both the knowledge and skills from their respective disciplines that will be required for effective team decision-making and implementation of those disciplines. When two or more professionals work together in the evaluation, they may instruct each other in the knowledge and skills of their respective disciplines to such a degree that each may then function adequately in the other’s role when necessary.¹⁴

¹⁴ See note 7 above.

The transdisciplinary team approach is based on the premise that one person can perform several professional roles by providing services to the patient under the supervision of individuals from the other disciplines involved. This approach represents the concept of the multi-skilled health practitioner.¹⁵

¹⁵ See note 8 above.