

# **Topic 1: Teams and Teamwork**<sup>1</sup>

## **Overview**

According to the American Congress on Rehabilitation Medicine,<sup>2</sup> a team is capable of achieving results with patients that individuals who constitute the team cannot achieve in isolation. Simply forming a team comprised of several disciplines does not, however, guarantee that the team will function well or that the outcome of the process will be the desired one. Effective teaming as an interdisciplinary group requires the use of rules, attention to issues of leadership, and respect for one another's expertise.

## **Objectives**

- Understand the need for and importance of collaboration and interdisciplinary teams;
- Understand the different types of teams;
- Understand and recognize the phases of team development;
- Understand the need for team rules and what they mean; and
- Recognize components of successful teamwork.

## **Collaboration and the Importance of Geriatric Interdisciplinary Teams**<sup>3</sup>

Collaboration implies a process of shared planning, decision making, accountability, and responsibility in the care of the patient. In collaborative practice, providers work together well. They demonstrate effective communication, trust, mutual respect, and understanding of others' skills. While skills and services may overlap, most skills and services are complimentary and reinforce each other.

With advanced technology and the growth of community-based care, providers frequently provide home treatments or treatments in the nursing home that were previously delivered exclusively in the hospital setting. Monitoring older adults in these community settings requires well-honed communication skills, because providers need to understand and correctly implement complex plans of care. It is crucial to recognize when to alert other providers of change in status. It is also important to learn what information other team members require to make decisions about treatment.

With the advent of managed care, there is an emphasis on efficiency and appropriate use of resources. Skills in coordinating care and being responsive to elderly patients will increase in

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<sup>1</sup> Topic 1 is compiled from: Long, D.M. & Wilson, N.L., (Eds.) (2001), Houston geriatric interdisciplinary team training curriculum. Houston, TX: Baylor College of Medicine's Huffington Center on Aging. Mariano, C., Gould, E., Mezey, M., Fulmer, T. (Eds.). (1999) Best nursing practices in care for older adults. New York: John A. Hartford Foundation, Inc.

<sup>2</sup> American Congress on Rehabilitation Medicine. Cited by: Long, D.M. & Wilson, N.L. (Eds.) . (2001). Houston geriatric interdisciplinary team training curriculum. Houston, TX: Baylor College of Medicine's Huffington Center on Aging.

<sup>3</sup> Hyer, K., & Mariano, C. Interdisciplinary collaboration for elder care. In C. Mariano, E. Gould, M. Mezey, T. Fulmer (Eds.). (1999) . Best nursing practices in care for older adults (pp. 20.1-20.30). New York: John A. Hartford Foundation, Inc.

importance. Physicians, nurses, social workers, and other providers must recognize when referrals to other providers are necessary and know what outcome to expect. Knowledge of the skills of other health providers is increasingly important for all patients but is critical in the care of frail elders.

There are many reasons why collaborative care and interdisciplinary teams are particularly important for older adults. Older adults face an interplay of chronic and acute medical and psychosocial problems that may be too complex for one provider to handle alone. In addition, assembling a group of providers may enhance the care plan and provide knowledge from multiple disciplines. Providers can increase coordination by working together and the client will have important issues addressed in a comprehensive and integrated care plan.

It is particularly important for health care providers to have a working knowledge of the elderly population because of their growing numbers and because of the chronicity of many of their health related problems.

## **Types of Teams**

Traditional care has tended to be physician-centered. The physician has been the initial contact and often works independently to address patients' needs. Tests or services are ordered as needed and there is limited input from others. Teams, in contrast, focus on common goals. The internal decision-making processes used to achieve that common goal can distinguish successful or problematic teams.

Teams can be unidisciplinary, interactive unidisciplinary, multidisciplinary, or interdisciplinary.<sup>4,5</sup>

### ***Unidisciplinary:***

A group of different people from the same discipline who work together. An example of a unidisciplinary team is a clinical teaching team involving an attending physician, a medical resident, and a medical student.

### ***Interactive Unidisciplinary:***

A group of people from one discipline representing different specialty areas.

### ***Multidisciplinary:***

A group of people from different disciplines who develop treatment plans independently. Generally, each discipline conducts an independent assessment of patient. One person, usually the physician, orders the services and coordinates the care. The group may meet but, in general, each discipline implements its independent plan as an additional layer of services. Patients' and families' goals may not always be considered together as a unit of care, and specific discipline goals are not always shared with other professional caregivers. Often one discipline is the case manager, thus, having more control and input than the other disciplines in the care-planning process. This lack of collaborative

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<sup>4</sup> Hyer, K., & Mariano, C. Interdisciplinary collaboration for elder care. In C. Mariano, E. Gould, M. Mezey, T. Fulmer (Eds.). (1999). Best nursing practices in care for older adults (pp. 20.1-20.30). New York: John A. Hartford Foundation, Inc.

<sup>5</sup> Long, D.M. & Wilson, N.L. (Eds.). (2001). Houston geriatric interdisciplinary team training curriculum. Houston, TX: Baylor College of Medicine's Huffington Center on Aging.

care planning and goal setting can create an inconsistent patient and family approach that lacks cohesion.

*Interdisciplinary:*

A group of people from different disciplines who assess and plan care in a collaborative manner. A common goal is established and each discipline works to achieve that goal. Care is interdependent, complimentary, and coordinated. Joint decision making is the norm. Members feel empowered and assume leadership on the appropriate issue depending upon the patient's needs and their expertise.

## **Phases of Team Formation**

Groups do not become well-functioning interdisciplinary teams by deciding to become a team. All teams develop through a series of phases that can last several months or longer. Sometimes a developed team will even return to a previous phase for a period of time and then work out of it. Tuckman<sup>6</sup> first labeled these phases and many experts who work with groups use these labels:

*Forming:* creation stage for the group.

*Storming:* tasks and roles are worked out through conflict.

*Norming:* norms and patterns are worked out.

*Confronting:* conflictual stage (some professionals use this label or the storming label but not both).

*Performing:* team working together for the care of the patient.

Drinka has described six phases of team development. Each stage and interventions needed to resolve problems are shown below.<sup>7</sup>

### ***Forming:***

Group is created.

Superficial sharing of name and background information.

Members size up and test each other categorizing with outside roles and status.

Members are guarded, more impersonal than personal, a few are active, others are passive.

Uncertainty over purpose.

Conflict is neither discussed nor addressed.

### ***Norming:***

Difficulty in understanding goals and purpose of the team.

Attempt to establish common goals.

Mistrust of each other exhibited by caution and conformity.

Role overlaps become evident.

Conflicts are present but are openly covered up or glossed over.

A few members attempt to establish bonds with others having similar views.

Team establishes ground rules and begins to clarify common roles.

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<sup>6</sup> Tuckman, B.W. (1965). Developmental sequence in small groups. *Psychological Bulletin*, 63(6),384-399. Cited by: D.M. Long & N.L. Wilson (Eds.). (2001). *Houston geriatric interdisciplinary team training curriculum*. Houston, TX: Baylor College of Medicine's Huffington Center on Aging.

<sup>7</sup> Drinka, T. (1997). *Types of groups and teams*. Waupaca, WI: Interdisciplinary Teamwork System.

Team may want leader(s) to assume responsibility.  
Numerous strategies for increasing equality of leadership (e.g., rotating leadership).  
Increase in defensive communication and disruptive behavior.  
Frustration among team members.  
Some members project blame and responsibility toward the perceived leaders.  
Competition among team members.  
Some members come late or do not come to meetings.

### *Confronting:*

Conflicts can no longer be avoided and some members verbally attack other members.  
Increased conflicts over leadership, equality, and commitment  
Anxiety over expression of affect.  
Some conflicts are addressed in a direct manner.  
Some members withdraw from the team.  
Search for leader who will resolve conflicts.  
Functional leaders emerge.  
Realization that power is not equal.  
Realization that everyone has power for leadership and decision making.  
Constructive confrontation when conflict occurs  
Goals and roles are re-clarified.  
Coalitions form but change according to needs of the team.

### *Performing:*

Differences of members are appreciated.  
Members encourage and help each other.  
Reality testing increases and grows stronger.  
Self-initiated active participation is the norm.  
Relationships are strengthened and members must trust each other.  
Attendance at meetings is regular.  
Conflicts seen as normal and are used as impetus for program improvement.  
Emphasis on productivity and problem solving.  
Increased responsibility for leadership in teaching, wherever skills warrant it.

### *Leaving:*

Individual leaves.  
Anger toward members of the team in general.  
Denial of impending termination from team by disbelief and regret.  
Expression of wish to remain with the team.  
Regression to an earlier phase.  
Member may express happiness over leaving the team.  
Team Terminates.  
Withdrawal by some members, depression, sadness.  
Expressions of team's superiority.  
Feelings are expressed as testimonials.  
Need to affirm that team membership has been a valuable experience.

## **Aspects Affecting Team Development**

Several variables can affect the development of interdisciplinary health care teams. These variables fall under four specific areas:

- 1) Personal/professional (what the individual brings to a team);
- 2) Intra-team (the structure and processes of the team);
- 3) Organizational (institutional contributions and commitment to the team); and
- 4) Team maintenance (team reflexivity – CQI).

### ***Personal/Professional***

Commitment to team concept;

- Willingness to engage in the work of the team and to improve it;
- Commitment to learn the values and knowledge bases of other professions;
- Mix of leadership styles;
- Openness to new knowledge and willingness to risk;
- Collective knowledge to do the job;
- Mesh of patient needs and professional expertise;
- Interdisciplinary protocols for patient care developed and used by the team.

### ***Intra-Team***

- Desk/office placement and structure for formal/informal interaction;
- Physical arrangement and technology maximize communication;
- Range of formal and informal team leaders ;
- All members view themselves and are recognized by others as leaders;
- Employ leadership according to the need;
- Common goals;
- Team goals are negotiated and reviewed periodically by the team;
- Negotiated roles;
- Members understand their team roles;
- Ongoing mechanisms for managing conflict;
- Conflict viewed as healthy;
- Willingness to address conflicts as they rise;
- All team members perceived as having power for decision-making.

### ***Organizational***

- Organization's philosophy consistent with the team's philosophy on patient care;
- Ongoing resource support from local organization;
- External organization(s) recognize and are willing to work on common problems.

## *Team Maintenance*

- Team regularly evaluates and improves itself (products, protocols, and processes);
- Team empowers new members'
- Members teach team leadership skills to newer members;
- Team members welcome a questioning environment;
- Feedback is open and direct.

## **Teams and Team Member Rules**

Team rules, both for team governance and for member behavior, are needed in the early stages of team development. Not having these rules is a primary cause of team problems later on and can slow or stop team development completely.<sup>8</sup> Rules for team governance should include some or all of the following:

- Share a clear understanding by all members (and the larger organization within which it operates) about the overall purpose of the team and the goals for each meeting.
- Determine the composition of the team, including which disciplines are needed as members and the number of members (enough to get the job done; not so many that the work cannot get done). Allow the problem to define the composition of the team, not vice versa.<sup>9</sup>
- Determine how often the team needs to meet and specify attendance requirements (Is there a core team of doctor, nurse, and social worker? Are other disciplines asked to participate on cases that require their expertise?).
- Identify time, place, and duration of team meetings.
- Determine a system by which cases are to be presented and by whom. Identify how care plans and action will be carried out and documented (Is one member chosen to write down the care plan or does this responsibility rotate?).
- Identify opportunities or requirements for team-building meetings and/or team training.
- Create mechanism for enforcing both governance and behavior rules (if rules are made and not enforced, the team can quickly become ineffective and be a negative experience for everyone involved).

People are usually more willing to expend time and energy if there is a clear understanding of what is going to occur and why it is needed. The time spent with participants clarifying rules and getting a commitment for involvement will prevent team problems and support the development of an effective and efficient team.

While the above were team governance rules, behavior rules are also needed for each team. They can include some or all of the following:

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<sup>8</sup> Harrington-Machkin, D.H. (1994). Let's meet: team meetings. In *The team building toolkit: tips, tactics, and rules for effective workplace teams* pp.31-52). New York: American Management Association. Cited by D.M. Long & N.L. Wilson (Eds.). Houston geriatric interdisciplinary team training curriculum. Houston, TX: Baylor College of Medicine's Huffington Center on Aging.

<sup>9</sup> Pew Health Professions Commission and California Primary Care Association. (1995). *Interdisciplinary collaborative teams in primary care: a model curriculum and resource guide*. San Francisco, CA: Pew Health Professions Commission. D.M. Long & N.L. Wilson (Eds.) . Houston geriatric interdisciplinary team training curriculum. Houston, TX: Baylor College of Medicine's Huffington Center on Aging.

- Ensure clear understanding by all team members of what an interdisciplinary team is.
- Promote understanding and respect for others' expertise.
- Recognize the idioms of the professions involved. Learn how to articulate your information clearly to others (for example, client and patient mean the same thing in different professional groups. Health care goals will come from different perspectives from different disciplines).
- Share information and expertise openly.
- Identify and follow a decision process when roles overlap. Resist setting rigid boundaries on roles. Instead, promote effective ways of sharing responsibilities and tasks.<sup>9</sup>
- Define acceptable behavior (for example, willingness to work with other professionals to develop a care plan, active participation, respect for others' roles).

## **Principles of Successful Teamwork**

The essential elements of teamwork are: coordination of services, shared responsibility, and communication. Effective teams must work across settings and have well-organized mechanism to share information. Assessment of elderly clients is usually shared with one or more providers who administer geriatric assessment tests. Because the focus of the team is on the older person, providers must share information clearly and effectively. By focusing on the client, the team shares a common goal. Collaboration involves skills and hard work.

In addition to team ground rules and individual rules of behavior, effective meetings have structure.

### *Structure*

Structure refers to the organization of the meeting. Ideally, the structure encourages efficient and effective meetings. Elements essential to the structure of an effective meeting are <sup>4:5</sup>

1. Agenda (what do we expect to accomplish?)
2. Estimated timeline for completing agenda (reasonable time frames).
3. Establishment of roles at meeting. Members can and should rotate the following roles but every meeting should include:
  - Leader (calls meeting to order, has agenda, sets expectations).
  - Timekeeper (keeps group on task).
  - Recorder (keeps track of agreements about the care plan and modifications, and is responsible for recording changes to care plan).
4. Summary of agreements (recorder reports agreements).
5. Evaluation/reflection on team process (both team process and outcome of the meeting are discussed).

### *The Seven-Step Meeting Process*

The Seven-Step Meeting Process is a defined meeting process that standardizes the method of conducting a meeting and assists in the effective execution of critical meeting tasks. Not only do

these seven steps help in structuring a meeting, they also help teams review and assess their efficiency and productivity.<sup>10</sup>

**Step 1. Clarify Objectives**

Ensure that all understand and are in agreement with the meeting objectives.

**Step 2. Review Roles**

Review who will be timekeeper, recorder, leader, and facilitator. Decide at what intervals feedback on time will be given.

**Step 3. Review Agenda**

Review details of agenda items listed under step 4. Ensure that all team members understand and are in agreement with the agenda items.

**Step 4. Work Through Agenda Items**

**Step 5. Review Meeting Record**

Review the flipchart record on the walls but do not read all charts. Look for changes and additions. Decide which charts should be kept and which should be discarded.

**Step 6. Plan Next Steps and Next Meeting Agenda**

Decide who will do what before the next meeting. Decide what the objectives and agenda items will be for the next meeting.

**Step 7. Evaluate Meeting**

What did the team do well that it should continue doing? What could the team do differently to improve the meeting, group, and continual improvement processes?

**Characteristics of Effective Teams**

Teams are more likely to be effective when:

- Purpose, goals, and objectives are known and agreed upon.
- Roles and responsibilities are clear.
- Communication is open, sharing, and honest. There is disagreement without tyranny and constructive criticism without personal attack.
- Team members listen to each other.
- Team members are competent, professional, personally effective, and make appropriate contributions.
- Teams cooperate and coordinate activities. Decisions are reached by consensus.
- When decisions are made, assignments are made clearly, accepted, and carried out.
- Leadership shifts depending on the circumstances.
- Team members support each other and act as different resources for the group.
- Team members trust each other, minimize struggles for power, and focus on how best to get the job done.

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<sup>10</sup> Resource Center Medicine Special Interest Group of the John A. Hartford Foundation Geriatric Interdisciplinary Team Training Program. (1999). GITT. New York: New York University.

- The team evaluates its own operations.

## **Exercises**

### **1. *Pre-Test on Interdisciplinary Team Concepts.***

This true/false and multiple choice test was created to introduce and develop your student's awareness and understanding of the interdisciplinary team.

### **2. *What is your interdisciplinary IQ.***

This true/false test on interdisciplinary teams is similar to the pre-test on interdisciplinary team concepts. It too asks the student to think about team concepts.

#### **Facilitator's Notes**

- 1. These tests are best administered before the students begin to familiarize themselves with the major concepts of the geriatric interdisciplinary team.*
- 2. Many of the questions will help you lead the group into discussions of the overarching themes of interdisciplinary care and how they differ from conventional medical practice and elder care.*
- 3. The two tests can be separated and administered at the beginning and then at the end of the Topic 1 curriculum to assess acquired knowledge.*

### **3. *Case Study: Initial Meeting for the Geriatric Interdisciplinary Team*<sup>5</sup>**

This is an introductory exercise for an individual or an already formed team. As an exercise, it tests the understanding of the developmental stages of team development and begins to have students think about leadership roles on teams.

#### **Facilitator's Notes**

- 1. This case study is best suited to be administered after the Stages of Team Development section in Topic 2.*
- 2. It is written as an individual assignment but can also serve as a valuable group activity and discussion.*
- 3. Have students individually search for differences between the initial meeting and the team meeting after several months and then return as a group to have a discussion of their findings.*
- 4. Administer the summary questions.*

### **4. *Team Fitness Test*<sup>11</sup>**

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<sup>11</sup> Bendaly, L. (1996). Games teams play: dynamic activities for tapping work team potential. New York: The McGraw-Hill Companies.

This exercise serves as a tool to determine the fitness of a team. Students are asked to rate their teams on a scale of 1-4 based on the applicability of a series of statements to the practices of their own teams. These ratings can then be applied to a scoring sheet that provides a numeric value indicating how fit the team is.

## 5. *Team Observation Tool*<sup>5</sup>

This exercise provides students with a series of questions regarding specific behaviors within their teams. The questionnaire requires thought about professional roles, leadership, and communication skills of each team.

### Facilitator's Notes

1. *It is necessary for the students to be in functioning teams for the exercise to be effective.*
2. *The team fitness test and the team observation tool can be administered numerous times throughout training to determine if the team is performing better or worse than their last assessment.*
3. *The team fitness test serves best as a survey.*
4. *The team observation tool is more personal and asks for specifics about individual team's practices.*

## 6. *GITT Video Scripts*<sup>12</sup>

These four video scripts include the text of the videotaped test geriatric interdisciplinary team meetings developed by the GITT Case Studies Work Group. Actual videotapes of the meetings are available from the Resource Center at New York University. Each script includes multiple clinicians and a variety of clinical issues. Questions for students to consider are provided after each videotape. Faculty notes are also provided to help faculty lead discussions.

### Facilitator's Notes

1. *Play video.*
2. *Have students discuss questions for students in small groups.*
3. *Conduct large group discussion with students based on faculty notes.*

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<sup>12</sup> GITT Case Studies Work Group. GITT Videotapes. (1998). New York: The Geriatric Interdisciplinary Team Training Resource Center.

## **References**

Bendaly, L. (1996). Games teams play: dynamic activities for tapping work team potential. New York: The McGraw-Hill Companies.

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Tuckman, B.W. (1965). Developmental sequence in small groups. *Psychological Bulletin*, 63(6),384-399.

# GITT Exercises: Topic 1

## Pre-Test on Interdisciplinary Team Concepts

(Long, D.M., & Wilson, N.L. (Eds.). (2001). Houston geriatric interdisciplinary team training curriculum. Houston, TX: Baylor College of Medicine's Huffington Center on Aging.)

The purpose of the following true/false and multiple choice questions is to orient the reader to this curriculum. This preview is an exercise meant to introduce one to overall core team issues. In addition to this exercise, summary questions at the end of each topic are meant to help readers assess their grasp of key content for that particular topic area.

- \_\_\_ 1. An interdisciplinary team approach to health care is viewed as unimportant by the changing health care industry.
- \_\_\_ 2. An interdisciplinary team differs from other groups or teams in that members represent different disciplines, are interdependent, and one care plan is developed for the client or patient by the entire team.
- \_\_\_ 3. Health care professionals on a newly developed health care team have clear understandings about each other's roles.
- \_\_\_ 4. The patient and family members are not a necessary part of the interdisciplinary health care team.
- \_\_\_ 5. An interdisciplinary team develops in phases over time.
- \_\_\_ 6. In order to fulfill leadership functions on an interdisciplinary team, a member must have a formal designation of authority.
- \_\_\_ 7. It is always most appropriate for a physician to perform the major leadership functions on an interdisciplinary health care team.
- \_\_\_ 8. Within a team of health care professionals, members from different disciplines speak different "languages."
- \_\_\_ 9. Which technique(s) can help overcome communication barriers within a health care team?
  - a. confrontation
  - b. insight into another culture's belief system
  - c. trust development among different disciplines
  - d. the ability to explain one's beliefs about a care plan
- \_\_\_ 10. As team members have more experience working together, members can anticipate an increase in conflict between or among team members.
- \_\_\_ 11. No approach to managing conflict works in the face of strong emotions.
- \_\_\_ 12. A patient who believes in folk medicine needs to be educated about why it won't

work.

- \_\_\_ 13. Health care professionals need to be knowledgeable about cultural issues within their client population.
- \_\_\_ 14. In an interdisciplinary team, treatment goals are determined by:
- a. the physician
  - b. full-time members only
  - c. patient and family only
  - d. the entire team
- \_\_\_ 15. The efficiency of a health care interdisciplinary team is determined by:
- a. time involved in patient care
  - b. cost of care and productive meetings
  - c. team goals met and the time and cost of patient care
- \_\_\_ 16. The Balanced Budget Act of 1997 modified the Medicare managed care program by
- a. phasing out Medicare
  - b. cutting the salaries of health care providers
  - c. creating the Medicare + choice program
- \_\_\_ 17. Team care is not an efficient way to provide health services in a Medicare managed care setting.
- \_\_\_ 18. Using a continuum of care by providing alternate care settings does not reduce costs of care and therefore is not supported by managed health care programs.

#### Answers to Pretest Questions

- |                  |                              |                   |                   |
|------------------|------------------------------|-------------------|-------------------|
| 1. False (p. 00) | 6. False (p. 00)             | 10. True (p. 00)  | 15. c (p. 00)     |
| 2. True (p. 00)  | 7. False (p. 00)             | 11. False (p. 00) | 16. c (p. 00)     |
| 3. False (p. 00) | 8. True (p. 00)              | 12. False (p. 00) | 17. False (p. 00) |
| 4. False (p. 00) | 9. a, b, c, and d<br>(p. 00) | 13. True (p. 00)  | 18. False (p. 00) |
| 5. True (p. 00)  |                              | 14. d (p. 00)     |                   |

## **Pre-Test on Interdisciplinary Team Concepts**

(Long, D.M. & Wilson, N.L. (Eds). (2001). Houston geriatric interdisciplinary team training curriculum. Houston, TX: Baylor College of Medicine's Huffington Center on Aging.)

Please complete the following true/false and multiple choice questions. This pre-test was created to introduce and develop your self-awareness of team issues.

False 1. An interdisciplinary team approach to health care is viewed as unimportant by the changing health care industry.

True 2. An interdisciplinary team offers from other groups or teams in that members represent different disciplines, are interdependent, and one care plan is developed for the client or patient by the entire team.

False 3. Health care professionals on a newly developed health care team have clear understandings about each other's roles.

False 4. The patient and family members are not a necessary part of the interdisciplinary health care team.

True 5. An interdisciplinary team develops in phases over time.

False 6. In order to fulfill leadership functions on an interdisciplinary team, a member must have a formal designation of authority.

False 7. It is always most appropriate for a physician to perform the major leadership functions on an interdisciplinary health care team.

True 8. Within a team of health care professionals, members from different disciplines speak different languages.

b,c,d 9. Which technique(s) can help overcome communication barriers with a health care team?

- a. Confrontation
- b. Insight into another culture's belief system
- c. Trust development among different disciplines
- d. The ability to explain one's beliefs about a care plan

True 10. As team members have more experience working together, members can anticipate an increase in conflict between or among team members.

False 11. It is best to avoid addressing strong emotions. No approach to managing conflict works in the face of strong emotions.

False 12. A patient who believes in folk medicine needs to be educated about why it won't work.

True 13. A health care professional needs to be knowledgeable about the cultural issues with his/her client populations.

d   14. In an interdisciplinary team, treatment goals are determined by:

- a. The physician
- b. Full members only
- c. Patient and family only
- d. The entire team

a, b, c 15. The efficiency of a health care interdisciplinary team is determined by:

- Time involved in patient care
- Cost of care and productive meetings
- Team goals met and the time and cost of patient care

## **What is your Interdisciplinary Teamwork IQ?**

Answer the following questions, True or False.

1. Individuals who seek health care should be seen by an interdisciplinary team. \_\_\_
2. Health professionals who are highly grounded in their own disciplinary views are best able to gain an understanding and appreciation for the knowledge and skills of other professions. \_\_\_
3. Teams with members from multiple disciplines can make decisions more efficiently than teams that contain members of only one discipline. \_\_\_
4. Individuals who are team members perceive that they have more control over their professional roles than those who are not members of teams. \_\_\_
5. Health care professionals who are team members of successful teams possess higher levels of morale and job satisfaction than those who are not members of teams. \_\_\_
6. In contrast to multidisciplinary teams, interdisciplinary teams are characterized by members of different disciplines who are involved in the same task, working along side of each other, functioning independently. \_\_\_
7. In well-functioning interdisciplinary teams, leadership is vested in the discipline with the most training and status. \_\_\_
8. A goal of interdisciplinary teams is to encourage team members to think similarly about a problem. \_\_\_
9. Interdisciplinary teams processes usually require that participants take into account the contributions of their team members when making decisions. \_\_\_
10. In most well-functioning interdisciplinary teams, roles are clear, tasks are delegated, and the structure is usually hierarchical. \_\_\_

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## **Case Study: Initial Meeting for the Geriatric Interdisciplinary Team**

(Developed by Mehrnaz S. Gill, M.S., Huffington Center on Aging, Baylor College of Medicine)

Today is the first day of the geriatric interdisciplinary team case meeting. The team members include:

- John, the physician (MD)
- Helen, the advanced nurse practitioner (NP)
- Joe and Julie, second year residents (R)
- Debra, the pharmacist (Ph)
- Mary, the social worker (SW)
- Jeff, the clinic coordinator (CC).

This meeting is the first of mandatory weekly team meetings.

John (MD) is hoping to begin the meeting promptly at 7:30 a.m. because he has to round at 9:00 a.m. and the team has a long list of patients to discuss. However, some of the team members are late. The meeting finally begins at 7:45 a.m. John (MD) begins the meeting by thanking everyone for coming and reminding them that the meetings will begin promptly at 7:30 from now on. Debra (Ph) quietly tells Jeff (CC) that it is very difficult for her to get to the meeting on time because she has a 45-minute commute. Jeff comments that he does not know why he has to be at the meeting at all and that it will probably be a waste of time. John (MD) tries to ignore the side conversation between Debra and Jeff and asks Helen (NP) to present her first case, Mrs. James. Helen passes out a patient information sheet on the first patient.

Mrs. James, a fairly new patient at the clinic, is an 87-year-old woman with hypertension, coronary disease, and poor vision. The initial screening questionnaire and home interview made by Mary (SW), identified her as widowed for 3 years and living alone in a clean one-story home. She is taking seven medications and gives conflicting reports regarding how she is taking them. Mary (SW) notes that Mrs. James seems somewhat forgetful, confused and depressed. John (MD) asks the members of the team for their input. Joe (R), is somewhat hesitant about expressing his opinion. Based on the patient's initial physical and psychosocial assessment, he suggests that she may be suffering from some type of dementia. Debra (Ph) suggests taking a closer look at her medication and that "drug interaction may be having an adverse effect on her cognition." Mary (SW) believes that loneliness and lack of social interaction may be the cause of her depression and confusion. John (MD) suggests further evaluation of Mrs. James for discussion at next week's meeting and asks Joe (R) to present the next case. Helen would like to discuss the case further, but decides not to say anything.

## **Team Meeting After Several Months**

(Developed by Mehrnaz S. Gill, M.S., Huffington Center on Aging, Baylor College of Medicine)

The case meeting of the geriatric interdisciplinary team begins promptly at 7:30 a.m. Various team members present the patient cases, while Jeff (CC) writes the problem lists on the blackboard. The last case, Mr. Jones, is presented by Julie (R). Mr. Jones is a 75-year-old African American man with arthritis, coronary artery disease, and diabetes who has been insulin dependent for the past 3 years. He also has poor vision and hearing difficulties. He is on five medications and is non-compliant with requirements to use his glucometer to check his blood sugar. He lives in his own house with his unemployed daughter and two grandchildren.

Pointing to the blackboard, Helen (NP) expresses her concern about Mr. Jones's noncompliance with his glucometer. Debra (Ph) asks, "Does he know how to use it?" Helen responds that she has shown him how to use it and has left written instructions; however, communication is hard since he has difficulty with his hearing and vision. John (MD) suggests that Helen (NP) show Mr. Jones's daughter how to use the glucometer so that she can assist him. Helen responds, "I have, but she does not seem very cooperative. I'm not sure if she really cares about her father's health." Mary (SW) is quite surprised by Helen's (NP) comments and says that Mr. Jones's daughter is very devoted to him but is still grieving over the death of her husband. Helen asks Mary to speak with Mr. Jones's daughter about this matter. Joe (R) asks about whether Mr. Jones is taking his medication properly. Debra (Ph) says that she has been working with Helen (NP) on monitoring his medications and has provided him with a large-print weekly pill box.

John (MD) expresses his concern about Mr. Jones's driving and comments that Mr. Jones "has been late or missed several of his appointments." Jeff (CC) comments that he has had to reschedule Mr. Jones several times and that it has become a problem. Joe (R) asks, "Does this have anything to do with his failing eyesight?" John (MD) responds, "I recommend further evaluation to determine whether he has cataracts, glaucoma, or if this is related to his diabetes."

It is almost 9:00 a.m., and John (MD), Joe (R), and Julie (R) have to leave to round. Helen (NP) asks them to stay a few more minutes in order to address the last issue on Mr. Jones's problems list. She is very concerned about Mr. Jones's increasing hearing difficulties and asks Mary (SW) to look into hearing aids for Mr. Jones. The cost is a factor, so she asks Mary about different options to cover the cost of the hearing aid. Mary (SW) agrees to look into it. John (MD) asks Mary (SW) to wait since he would like to refer Mr. Jones to a specialist for his hearing problems. This will be discussed further at the next meeting.

## **Summary Questions**<sup>13</sup>

Answer the following questions about the initial meeting:

1. What phase is the team in? Why do you think so?
2. Who is the current leader of the group? Why do you think so?

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<sup>13</sup> Long, D.M., & Wilson, N.L. (Eds.). (2001). Houston geriatric interdisciplinary team training curriculum. Houston, TX: Baylor College of Medicine's Huffington Center on Aging.

## **Team Fitness Test**

Rate each of the following statements as it applies to your team using the following rating scale:

This statement <u>definitely</u> applies to our team.	4
This statement applies to our team <u>most of the time.</u>	3
This statement is <u>occasionally</u> true for our team.	2
This statement <u>does not describe</u> our team at all.	1

Enter the score you believe appropriate for each statement beside the statement number on the Scoring Sheet.

- \_\_\_ 1. Each team member has an equal voice.
- \_\_\_ 2. Members make team meetings a priority.
- \_\_\_ 3. Team members know they can depend on one another.
- \_\_\_ 4. Our mandate, goals, and objectives are clear and agreed upon.
- \_\_\_ 5. Team members fulfill their commitments.
- \_\_\_ 6. Team members see participation as a responsibility.
- \_\_\_ 7. Our meetings produce excellent outcomes.
- \_\_\_ 8. There is a feeling of openness and trust in our team.
- \_\_\_ 9. We have strong, agreed upon beliefs about how to achieve success.
- \_\_\_ 10. Each team member demonstrates a sense of shared responsibility for the success of the team.
- \_\_\_ 11. Input from team members is used whenever possible.
- \_\_\_ 12. We all participate fully in team meetings.
- \_\_\_ 13. Team members do not allow personal priorities/agendas to hinder team effectiveness.
- \_\_\_ 14. Our roles are clearly defined and accepted as defined by all team members.
- \_\_\_ 15. Team members keep each other well informed.
- \_\_\_ 16. We involve the right people in decisions.
- \_\_\_ 17. In team meetings we stay on track and on time.

- \_\_\_ 18. Team members feel free to give their honest opinions.
- \_\_\_ 19. If we were asked to list team priorities, our lists would be very similar.
- \_\_\_ 20. Team members take initiative to put forth ideas and concerns.
- \_\_\_ 21. Team members are kept well informed.
- \_\_\_ 22. We are skilled in reaching consensus.
- \_\_\_ 23. Team members respect each other.
- \_\_\_ 24. When making decisions, we agree on priorities.
- \_\_\_ 25. Each team member pulls his or her own weight.

**Team Fitness Interpretation Sheet**

Column	Your Score	Your Ranking	Team Score	Team Ranking	Range of Score	Team Range	Team Fitness Element
I							Shared Leadership
II							Group Work Skills
III							Climate
IV							Cohesiveness
IV							Team Members' Contribution

*Your lowest score will be ranked number 1, second lowest score number 2, etc.*

**Team Fitness Scoring Sheet**

I		II		III		IV		V	
Statement	Score	Statement	Score	Statement	Score	Statement	Score	Statement	Score
1		2		3		4		5	
6		7		8		9		10	
11		12		13		14		15	
16		17		18		19		20	
21		22		23		24		25	
<b>Total</b>		<b>Total</b>		<b>Total</b>		<b>Total</b>		<b>Total</b>	

# Team Observation Tool<sup>14</sup>

Team \_\_\_\_\_ Date \_\_\_\_\_

## **Team Goals**

1. Does this team have an apparent goal? \_\_Yes \_\_No What is it? \_\_\_\_\_  
\_\_\_\_\_

## **Professional Roles**

2. Circle the disciplines attending the meeting. MD MSW NP RN Pharm OT PT  
3. Do team members appear knowledgeable about their roles? \_\_Y \_\_N  
4. Do team members appear knowledgeable about the roles of other disciplines? \_\_Y \_\_N  
5. Are there disciplines participating on the team with whose roles you are not familiar \_\_Y \_\_N

If so, which ones? \_\_\_\_\_

## **Leadership**

6. Who is (are) the team leader(s)? \_\_\_\_\_  
7. Does the leadership change during the meeting? \_\_Y \_\_N  
8. What behaviors do the leaders use (summarizing, initiating...) \_\_\_\_\_  
\_\_\_\_\_

## **Communication and Conflict**

9. Is there any open sharing of information? \_\_Y \_\_N  
10. Note any barriers to communication you observe (side conversations...) \_\_\_\_\_  
\_\_\_\_\_

11. Is there an opportunity for differences of options to be discussed? \_\_Y \_\_N  
12. What are the examples of conflict? How were they handled?

Conflict

Strategies used to handle

## **Meeting Skills**

13. How is the meeting organized? (agenda...) \_\_\_\_\_  
\_\_\_\_\_

## **Outcome**

14. What was accomplished or produced during the meeting? \_\_\_\_\_  
\_\_\_\_\_

15. Are decisions and next steps clear? \_\_Y \_\_N

16. Was the meeting efficient? \_\_Y \_\_N Elaborate \_\_\_\_\_  
\_\_\_\_\_

<sup>14</sup> Long, D.M., & Wilson, N.L. (Eds.). (2001). Houston geriatric interdisciplinary team training curriculum. Houston, TX: Baylor College of Medicine's Huffington Center on Aging.