



A Report on Multidisciplinary Approaches in Public Health

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1. INTRODUCTION

This report is in response to a meeting sponsored by the Ministry of Health Multidisciplinary Public Health Workforce committee in April 2005. The Public Health Directorate initiated the workshop as part of the development of the Public Health Workforce Development Plan. At the meeting it became clear that interpretations of multidisciplinary models as they relate to public health were subject to considerable variability. The following paper is provided to inform the future discussions in this area. It includes a survey of literature dealing with practical and theoretical perspectives on the concept of the multidisciplinary model and an analysis of the models' achievements and impacts on the health workforce

2. WHAT IS A MULTIDISCIPLINARY APPROACH?

2.1 General

The development and operation of a multidisciplinary model which is made up of the variously named *multidisciplinary teams (MDTs)*, *interdisciplinary teams (IDTs)*, *interprofessional teams (IPTs)* and *collaborative teams* is not limited to the health sector. Other sectors including engineering and more particularly education have been working with this modality for some time. However, the literature relating to the approach within the health sector occurs most frequently in sector/patient interfaces rather than sector/population interfaces. Whilst public health is frequently a component of such teams, seldom in the literature do public health MDTs appear as discrete entities. Consequently some of the following is drawn from examples relating to specialities that deal with specific classes of patients or fields of practice. e.g. geriatric, child, acute pain, primary care, and chronic care. Nonetheless lessons from these examples can be extrapolated for the public health sector

2.2 Definitions

It is clear from the literature and from reported practice that individuals and institutions use the terms *multidisciplinary teams (MDTs)*, *interdisciplinary teams (IDTs)*, *interprofessional teams (IPTs)* and *collaborative teams* interchangeably and that while there is a separation of terms there is not one clearly identified definition for either.

Carpenter's¹ interpretation of the difference between MDTs and IDTs, relates to the number of professions involved in a given team. Multidisciplinary teams become 'multi' when more than two professions are involved; if only two are involved the team is an IDT.

Zeiss and Gallagher-Thompson² note that MDTs work on the same issue/problem, but that their constituent disciplines operate with considerable independence, whereas IDTs have a much higher degree of collaboration between the representatives of the disciplines. This interpretation is somewhat contradictory to the Carpenter definition.

¹ Carpenter, J. (1995) *Interprofessional education for medical and nursing students: Evaluation of a programme.*

² Zeiss, A & Gallagher-Thompson, D. (2003) *Providing interdisciplinary geriatric team care: What does it really take?* Clinical Psychology 10(1) pp.115-123

Introducing another aspect into the concepts of inter and multidisciplinary models, the Western Health Sciences School³ differentiates between the two largely on the ground of collaboration. Thus the inter-disciplinary model comprises professionals whose *roles are flexible and in which task are based on levels of competence rather than traditional professional responsibilities*. Conversely this view suggests that the multidisciplinary model retains the separateness of professional roles and responsibilities, goal sharing and collaboration not being a feature.

What is not in question however is that each refers to the coalescing of disciplines/professions in groups to address an issue or issues⁴. Moreover, Pirrie et al noted⁵ that such teams operate not just on a blurring of professional boundaries but also through the creation of *a new way of working*. For example, Alberta Health and Wellness would see little value in forming a team that did not share goals and remained rigidly within professional boundaries.

Clearly there is little consensus on the definitions used and this reflects some of the debate in the Ministry of Health Multidisciplinary Public Health Workforce Committee. The above discussion signals that agreement needs to be reached on a shared understanding of how the model is to be approached in the New Zealand Public Health context, be it for research, planning, or operations. Whilst bearing in mind the discussion above, for the purpose of this report, the term multidisciplinary team (MDT) will be used

3. SPECIFIC EXAMPLES OF THE MULTIDISCIPLINARY APPROACH

3.1 UK Faculty of Public Health

The Faculty made a formal commitment to working towards a multidisciplinary approach in 2001 when the membership supported its Board's proposal to allow the Part 2 of the membership examination to be taken by those from a background other than medicine. In its 2002 Annual report the Faculty reported the following:

Developing multidisciplinary practice has become a mainstream activity for the Faculty. We have established the Specialist Development Committee (SDC), which has replaced the Honorary Members Committee, and the Tripartite group (FPHM, Royal Institute of Public Health (RIPH) and Multidisciplinary Public Health Forum (MDPHF)) has taken forward the development of the Voluntary Register for Specialists in Public Health.

The Faculty has worked to put an end to the dichotomy of 'medical' versus 'multidisciplinary' public health and now uses the term multidisciplinary to refer to all professional groups with an interest in specialist public health practice. It is vital to

³ Western Health Sciences, School of Occupational Therapy (2005) *Case Studies in Gerontology*

⁴ Lorimer, W & Manion, J (1996) *Team based organisations: leading the essential transformation*, PFCA Review, Spring

⁵ Pirrie et al (1998) *Evaluating multidisciplinary education in health care*, Edinburgh: Scottish Council for Research in Education, p.32

develop training for all public health specialists, coming as they do from a wide range of professional backgrounds

The Multidisciplinary Public Health Forum referred to above describes its role as being:

- to ensure that the health of the people of the United Kingdom is served best by Public Health Professionals who are properly trained, accredited and developed
- to maintain and build on the diversity of multidisciplinary public health to realise public health goals
- to promote the development of a unified voice for public health advocacy
- to promote the development of a single voice for Public Health Professionals
- to work with the NHS Executive, Public Sector organisations, professional and scientific organisations and employers to further these objectives

Far from being a centralised body the Forum has at least 18 'lead' persons throughout the United Kingdom with regional groupings holding regular meetings and undertaking or supporting local initiatives.

Such an initiative is a Public Health Regional Inter-professional Education (PHRIPE) Project. Inspired in part by the 'UK Faculty's approach to multidisciplinary work the *PHRIPE* project was undertaken by the Bournemouth University to explore ways of embedding public health interprofessional education in curricula and professional development activities.

Two models of learning were tested, namely professional development opportunities for post-qualified practitioners and placements for pre-qualified learners. In both instances there was a strong emphasis on being informed from the 'ground up' that is by the needs and experiences of patients/clients/ users of services. Students studying nursing, primary health care, health and community development, and social work were offered placements in community agencies, whilst post-qualifying practitioners met as a group to address a specific health related issue (teenage pregnancy) in order to devise strategies to reduce its' occurrence.

The student group achieved the most and had much positive feedback from the participants and also contributed as a catalyst for interprofessional developments within the university school. The experiences of the post-qualifying group were less satisfactory with only half the planned meetings taking place and attendance waned to the extent that further meetings were not viable.

Numerous recommendations were made by the report including one relating to the sustaining of commitment. It would seem that the loading of the interprofessional action group on top of existing professional duties inhibited the ongoing participation of the professionals concerned. This has obvious implications for the use of the multidisciplinary model – it should be seen as part of rather than additional to standing professional duties. However a member of the group commented that 'more change went

on in people's brains than on the ground, maybe that's to come' and that 'the importance of changing people's brains should not be underestimated'⁶

3.3 Alberta Primary Health Care Project

Following consultation with stakeholders in 1998 the Umbrella Alberta Primary Health Care Project was initiated. This led to the Alberta Health Department raising multidisciplinary teams in 27 primary health care projects throughout the Province.

One of the 27 projects utilising this multidisciplinary approach was the Primary Health Care Collective that employed six teams comprising family physicians, pharmacists, and home care nurses to improve the quality of medication use by high-risk patients.

While the projects undertaken were diverse, a number of common themes emerged from the evaluations. These included issues relating to the 'roadblocks' to establishing effective multidisciplinary teams and features that must be present if the teams were to be effective. The latter included; selecting the right team members, developing a common understanding of the vision and goals, involving all members in planning and co-ordination, defining roles and responsibilities, team-building, communicating effectively, providing adequate support for teams, and conducting ongoing evaluation.

Overall the initiative appears to have been a successful and positive undertaking. The importance of the multidisciplinary approach in this project is attested to by Alberta Health and Wellness producing a booklet dealing solely with the topic of multidisciplinary teams.⁷

4. BENEFITS AND ADVANTAGES OF THE MULTIDISCIPLINARY APPROACH

Much of the literature and anecdotal reports suggest that there are significant benefits (achievements) of multidisciplinary approaches in healthcare. These include:

- increased learning and development of people and institutions
- better utilisation of resources and planning for the future
- minimisation of unnecessary costs
- improvements in job performance and work quality
- improved outcomes for patients and their families

The Alberta study⁸ reported benefits as

- Improved diagnosis and co-ordination of response with resulting improvements in health status

⁶ Todres, L & Taylor, G *The PHRIPE Project: A Public Health Regional Inter-professional Education Project*, Final Report (2003) Bournemouth University

⁶ *Multidisciplinary Teams: lessons learned* (2001) Alberta Health and Wellness

⁸ *Multidisciplinary Teams: lessons learned* (2001) Alberta Health and Wellness

- Increased user satisfaction by improving access to a range of services, and ensuring fewer gaps in service

The Hanover Study⁹ reports:

- Possible reduction in workplace supervision due to less dependence on discipline specific paradigms
- Increased cost-effectiveness achieved by meeting a variety of needs and avoidance of expensive duplication of services
- Improved provider satisfaction resulting from a supportive team environment

Additionally they note:

- Breaking down professional silos that encourage isolationist practice.

In considering workforce development the latter two factors impact considerably. Whilst provider (or job) satisfaction is an obvious positive factor in maintaining a motivated and committed workforce, the breaking down of 'professional silos' may be less obvious. This notion of silos is of growing concern amongst practitioners from across the disciplines within public health and also from a number of differing employers and was identified in a previous report to the Ministry of Health¹⁰ as a significant factor inhibiting performance in addressing the issues that confront the sector.

It must be noted however, there has been concern expressed over the quality of the research in this area. Both McCallin¹¹ and Schofield¹² have called for more sophisticated research in this area to understand how the above benefits accrue in the multidisciplinary model. Specifically, research should be directed towards:

- attaining more sophisticated research designs with an identification of all variables
- comparison groups, almost entirely absent from current literature, should be used
- researchers should compare interdisciplinary team interventions with one-on-one interventions
- more research to understand the processes used by clinical team members as they work

However the growth of multidisciplinary teams does tend to suggest that this is not a passing fashion, but reflects a growing recognition of the interrelatedness of factors and functions within systems and the related need for holistic approaches to working in such systems.

⁹ Hanover Public Health Dept. (Virginia, U.S.A) reported that by instituting an interdisciplinary team based model for local public health services they achieved a reduction in supervisory management staff by 3.5 FTEs

¹⁰ Project to Undertake Research Relating to Core Public Health Competencies (2005) Competency International Ltd

¹¹ McCallin, A (2002) *Interdisciplinary practice-a matter of teamwork: an integrated literature review*, Journal of Clinical Nursing July, 10(4)

¹² Schofield, R.F & Amodeo, M (1999) *Interdisciplinary teams in health care and human services settings: are they effective?* Health Social Work, August 24(3)

5. REQUIREMENTS OF WELL FUNCTIONING MULTIDISCIPLINARY APPROACH

The Alberta study amongst others¹³ also explored the requirements for the effective operation of an MDT. They identified the key criteria as being:

- clarity about the role and expertise of each team member
- a willingness to allocate tasks according to skills and joint responsibility for outcomes
- regular and effective communication, enhanced where possible by collocation, joint case notes or information technology systems
- support and ongoing education for team members
- flexible funding and employment arrangements
- rigorous and innovative research and evaluation into team processes, economic costs, and health outcomes with acknowledgement of the context in which the team operates
- development of a common understanding of vision and goals: provides the common ground for members of a team. Ideally the vision and goals are arrived at collaboratively by team members
- selecting the right team members: based not only on professional disciplines but also on appropriate skills and attitudes that are conducive to collaboration.

The latter two were, selected as critical in the ensuring the successful operation of such teams.

6. OBSTACLES TO MULTIDISCIPLINARY APPROACHES

Pirrie and others have considered the obstacles in implementing effective MDTs.¹⁴ These are commonly identified as:

- Turf protection/gate-keeping
- Financial factors e.g. budget lines for ‘non-core’ work, is the team funded as a separate entity (i.e. budget line) or is funding drawn from the individual pre-existing budget lines of the professions/members involved?
- Lack of professional training in multidisciplinary approaches
- Logistics e.g. co-location, available meeting times, and physical resources
- Differing reporting requirements for disciplines involved
- Lack of formal evaluating criteria
- Lack of trust between participating professions
- Focus on professional autonomy
- Legislative framework limiting the scope of professional practice

¹³ *Multidisciplinary Teams: lessons learned* (2001) Alberta Health and Wellness. See also Gorman, P (1988) *Managing multidisciplinary teams in the NHS*, Kogan Page

¹⁴ Pirrie et al (1998) *Evaluating multidisciplinary education in health care*, Edinburgh: Scottish Council for Research in Education; Hyrkas, K & Appelqvist-Schmidlechner, A (2003) *Team supervision in multi-professional teams: team members descriptions of the effects as highlighted by group interviews* Journal of Clinical Nursing, Vol. 12, issue 2;

- Conflicting commitments of members vis a vis the teams' time requirements and those of the members other duties.

Headrick¹⁵ et al notes that the above obstacles can lead to health professionals tending to work autonomously even though they may speak of working in a team.

7. WIDER IMPLICATIONS OF ADOPTING MULTIDISCIPLINARY APPROACHES

Utilisation of the multidisciplinary approach

This model and the use of MDTs can be applied as a standing tool to address ongoing fields of operation or as an ad-hoc measure to address specific problems/issues as they arise – more of a *task force* approach. If the latter the issue of whether the raising of an MDT will imply failure on the part of one of the disciplines/or the referrer needs to be considered.

It should be noted that the forming and reforming of MDTs can create issues of team ownership and new team member acceptance and that frequent changing of team members inhibits the team dynamic and impedes communication.¹⁶

Organisational Hierarchies

The leadership a multidisciplinary team has significant implications. At issue is whether leadership should be based on an apparent lead discipline, the perceived seniority of a particular team member, or whether the appointment of a good leader transcends these.

Coupled to the above is the question of where the team fits within existing management/operational hierarchies and the level of endorsement it has from those in positions of authority. Assuming the team has an operational role, issues relating to the allocation of human and material resources become relevant as does the teams ability to commit financial resources.

Education

Whilst health education remains largely segregated by profession there are a number of examples of inter-professional education in the public health sector¹⁷ that deal with pre-qualifying education and also ongoing professional development. This type of education needs to be supported by placements in a multidisciplinary working environment, albeit not always an easy ask.¹⁸ Even within professions the furtherance of education tends to narrow the professional focus rather than broaden it. Consequently for multidisciplinary approaches to public health to function effectively, education within the professions and

¹⁵ Headrick, L et al (1998) *Interprofessional working and continuing medical education*. British Medical Journal, 316

¹⁶ *Multidisciplinary Teams: lessons learned* (2001) Alberta Health and Wellness

¹⁷ Todres, L & Taylor, G *The PHRIPE Project: A Public Health Regional Inter-professional Education Project* (2003)

Bournemouth University

¹⁸ *op cit*

the teaching institutions needs to address the role and operation of the multidisciplinary model.¹⁹

When speaking of interprofessional collaboration Headrick *et al* sums up the implications for continuing medical education as follows;

‘Such an approach requires a different investment of resources: teachers who can coach rather than lecture; professional time away as a work group rather than as individuals; opportunities to study current processes, design and test changes, and analyse the results; *and the support of interprofessional education from the senior leadership of each profession involved* (writers italics), perhaps in exchange for time now spent in uni-professional learning.’²⁰

8. CONCLUSION

The literature and practitioners identify three key areas that must be addressed in implementing effective multidisciplinary approaches in Public Health. These are:

- professionals require training in the multidisciplinary model, both at the pre-qualifying stage and as part of their ongoing professional development
- much effort must be focused on the team and collaborative aspects of this model
- when employed, the model needs to be adequately resourced.

Moreover, almost without exception the literature on this subject refers to the need for serious investment in the team dynamic and a clear vision of the overall objective. It is clear that moving into team-based structures is an intense professional challenge. What begins as a structural change is not completed until a cultural transformation has occurred. This process challenges leadership skill and experience-based competencies. However the possibilities for individual and organizational growth are great

It is evident that there are advantages/benefits in the multidisciplinary approach and the use of MDTs, and that this has been attested to in a number of disciplines including education, engineering, justice, and health over the past two or more decades. With the advent of an increasingly holistic approach to social and health issues the adoption of the multidisciplinary approach is entirely in keeping with this world view.

¹⁹ Atwal, A & Caldwell, K (2002) *Do multidisciplinary integrated care pathways improve inter-professional collaboration?* Scandinavian Journal of Caring Sciences, Volume 16 issues 4. **Also** Ross, A et al (2005) *Interprofessional relationships and collaborative working: Encouraging reflective practice*, Online Journal of Issues in Nursing, Volume 10 number 1

²⁰ Headrick, L *et al* (1998) *Interprofessional working and continuing medical education*. British Medical Journal, 316

9. BIBLIOGRAPHY

Academic Health Center Task Force on Interdisciplinary Health Team Development, (1996) *Developing Health Care Teams, Report*

The report notes that as health care delivery systems evolve professionals are learning that a 'team approach' is an efficient and effective way in which to deliver quality patient care. The report defines the concept of 'health team care', discusses a vision for such care, and also addresses the educational resources and processes necessary for health team development. Specifically the report recommends 4 requirements for the training of the relevant professionals, namely, competency skills in health team care must be built into curricula, clinical care training must be in teams settings, continuing training must address team competencies, and finally there must be a demonstrated commitment to the team approach by institutions.

Atwal, A. & Caldwell, K. (2002) *Do multidisciplinary integrated care pathways improve interprofessional collaboration, Scandinavian Journal of Caring Sciences, Vol. 16 Iss. 4*

This paper deals with the evaluation stage of a research project on interprofessional collaboration in discharge planning. Interviews with health care professionals indicated concerns about discharge planning and multidisciplinary teamwork. The article emphasises the need for effective teamwork, communication and commitment to the stated objectives. The evaluation revealed that whilst integrated care pathways led to improved health outcomes, there was little evidence that interprofessional relationships and communications were enhanced.

Carpenter, J. (1995) *Interprofessional education for medical and nursing students: Evaluation of a programme. Medical Education*

This paper reports and evaluates a programme of interprofessional education for final-year medical students and fourth-year undergraduate BSc nursing students. Key features included opportunities to work as equals in pairs and small groups on shared tasks in a cooperative atmosphere. Topics included communication between nurses, doctors and patients, and ethical issues in clinical care. Participants reported increased understanding of the knowledge and skills, roles and duties of the other profession. The programme was positively evaluated by both groups of participants.

Gardner, D. (2005) *Ten Lessons in Collaboration, Online journal of Issues in Nursing, Vol. 10 No. 1*

Gardner asserts that collaboration is a common concept spoken of in health care circles, with benefits that are well validated – yet collaboration is in fact seldom practiced, 'interdisciplinary collaboration as a practice norm is rare.' The ten lessons to learn are:

1. *Know thyself* (writers italics)
2. Learn to value and manage diversity
3. Develop constructive conflict resolution skills

4. Use your power to create win-win situations
5. Master interpersonal and process skills
6. Leverage multidisciplinary forums to increase collaboration
7. Recognise that collaboration is a journey
8. Appreciate that collaboration can occur spontaneously
9. Balance autonomy and unity in collaborative relationships
10. Remember that collaboration is not required for all decisions

The overriding theme being that collaboration is a personal and interpersonal exercise rather than one based on a throwing together of technical experts.

Hanover Public Health District (2005) *An Interdisciplinary Team-Based Model for Local Public Health, Report*

This information report details the implementation of an inter-disciplinary team-based organisational model for the provision of local public health services. The report notes the need for a commitment long-term training, the fact that an 'empowered' workforce became innovative, and that administrative overheads were lessened. It also identifies the need for teamwork competencies to be identified in employee job descriptions and the selection of tools to aid team and organisational functioning. Also noted was the fact that this model involved a markedly different organisational structure for the institution.

Headrick, L, Wilcock, P, Batalden, P(1998) *Interprofessional working and continuing medical education. British Medical Journal, 316*

This article focuses on continuing medical education and identifies two needs in this field. The first is the need for improved collaborative work amongst health professionals; the second the need for a broader vision of continuing medical education. Issues that both promote and degrade interprofessional working and education are noted, with considerable emphasis on the former and the factors that make for well functioning teams.

Hurley, C (ed). (2003) *Primary Care Teams and Teamwork, Journal Watch, April*

Dealing with the primary care setting and the use of multidisciplinary teams this paper concludes that it is clear that such teams are considered beneficial to patient outcomes. However, yet again, the author states that there has been little systematic research that proves team involvement (rather than that of individuals) has of itself provided the beneficial outcomes. The author notes that effective teamwork involves clarity of roles and expertise, a willingness to allocate tasks and to assume joint responsibility, good communication, and support and ongoing education for team members.

Hyrkas, K. & Appelqvist, K. (2003) *Team supervision in multiprofessional teams; team members' descriptions of the effects as highlighted by group interviews, Journal of Clinical Nursing, Vol. 12 Iss. 2*

The aim of the study was to describe the effects of team supervision in multi-professional teams as perceived by team members. The paper describes team supervision as a way to develop collaboration in multidisciplinary teams. Team members' perceptions varied, communication had become more open in the workplace but the frankness of expression varied. Communication had generally become more tactful, though in one team frankness offended. Joint decision-making had developed, but conflicts also emerged. Motivation for work had improved as a result of the awareness of shared problems

Lieberman, R.P et al (2001) *Requirements for Multidisciplinary Teamwork in Psychiatric Rehabilitation*, Psychiatric Services, Vol. 52 No.10

Whilst dealing with psychiatric rehabilitation a number of the issues raised in this paper have much wider application. The authors describe the attributes and functions of effective multidisciplinary teams, dealing with issues including leadership (at some length), group dynamics, and the relationship of the team to the host institutions.

Liston, K., Fischer, M., Winograd, T. (2001) *Focussed Sharing of Information for Multidisciplinary Decision Making by Project Teams*, ITcon Vol. 6

The authors of this paper are engineers and computer scientists that have a particular interest in the project team as an entity. The paper notes that the inability to share information easily and effectively is a considerable hindrance in using electronic information for collaborative decision-making. The paper discusses inter-active eworkplaces for multidisciplinary teams and whilst it focuses on the construction industry the concept of eworkplaces could be of use in addressing nationwide public health issues.

Lorimer, W & Manion, J (1996) *Team based organisations: leading the essential transformation*, PFCA Review, Spring

This paper recognises that transforming organizations into team-based structures is an intense professional challenge. What begins as a structural change is not completed until the cultural transformation of the organisation has occurred. This process challenges leadership skill and experience-based competencies. However the possibilities for individual and organizational growth are great.

McCallin, A (2002) *Interdisciplinary practice-a matter of teamwork: an integrated literature review*, Journal of Clinical Nursing July, 10(4)

The purpose of this literature review was to explore the development of interdisciplinary practice. The paper notes that the terms inter-disciplinary, multidisciplinary, and inter-professional present problems and that the definitions must be viewed carefully, as interpretations vary considerably. Interpretations may not be applicable from country to country where differing socio-political contexts determine the nature of inter-disciplinary practice. Further research into the efficacy of the inter-disciplinary model has not been overly robust.

Pesut, B., Baker, S., Elliot, B., Johnson, J (2000) *Leadership through interdisciplinary teams: a case study of an acute pain service, Canadian Journal of Nursing Leadership Vol. 13 Iss. 4*

Interdisciplinary teams are becoming the standard for the organization and delivery of acute care services. Increasingly, research is showing that an interdisciplinary approach has the potential to improve patient care. Implementing a team approach, however, has challenges because of the various perspectives that different disciplines bring. In this paper the authors present a case study to illustrate how an interdisciplinary team can work to improve pain management in hospitals. The development of the Acute Pain Service is described along with a discussion on the challenges that were faced.

Pirrie, A & Wilson. V (2000) *Multidisciplinary Teamworking, Indicators of Good Practice, Scottish Council for Research in Education. Spotlights 77*

Definition of multi and inter-disciplinary teams (see above) are found in this paper. Also discussed are the components that encourage multidisciplinary team-working, including; existence of a common goal, clarity of roles and communications, and institutional support. Conversely, inhibitors are also identified, these being: logistics, the role of professional bodies, and the attitudes of team members.

Ross, A., King, N., Firth, J (2005) *Interprofessional Relationships and Collaborative Working: Encouraging Reflective Practice, Online Journal of Issues in Nursing, Vol.10 No. 1*

The authors of this paper note that in the past two decades the government (UK) has placed increasing emphasis on collaborative care and interprofessional working, particularly between health and social care services.

Schofield, R.F & Amodeo, M (1999). *Interdisciplinary teams in health care and human services settings: are they effective? Health Social Work, August 24(3)*

The authors note that interdisciplinary teams have become a widely accepted in the delivery of medical, mental health care and social services. With the advent of managed care, however, even delivery methods such as interdisciplinary teams are now being scrutinized. Managed care is challenging organizations to demonstrate the effectiveness and efficiency of methods of health care delivery or eliminate them. Whilst various disciplines may contribute to patient or client care, the individual professionals involved may not necessarily have face-to-face contact with each other. Individual workers, supervisors, or case managers are left to take various viewpoints and develop a service plan. Although this trend currently may not be widespread, it is occurring in some major teaching hospitals and community mental health centres and thus may be growing. With these concerns in mind a review of the literature on interdisciplinary teams was undertaken. The result being that whilst anecdotally the effectiveness of inter-disciplinary

teams is viewed very positively, there is little actual and robust research to validate this conclusion.

Todres, L & Taylor, G. (2003) *The PHRIPE Project: A Public Health Regional Inter-professional Education Project*, Institute of Health and Community Services, Bournemouth University

This report details a project undertaken by the Bournemouth University to explore ways of embedding public health interprofessional education in curricula and professional development activities.

Two models of learning were tested, namely professional development opportunities for post-qualified practitioners and placements for pre-qualified learners. In both instances there was a strong emphasis on being informed from the 'ground up' that is by the needs and experiences of patients/clients/ users of services. Students studying nursing, primary health care, health and community development, and social work were offered placements in community agencies, whilst post-qualifying practitioners met as a group to address a specific health related issue (teenage pregnancy) in order to devise strategies to reduce its' occurrence.

Numerous recommendations were made by the report including one relating to the sustaining of commitment. It would seem that the loading of the interprofessional action group on top of existing professional duties inhibited the ongoing participation of the professionals concerned. This has obvious implications for the use of the multidisciplinary model – it should be seen as part of rather than additional to standing professional duties.

Umbrella Alberta Primary Health Care Project. (2001) *Multidisciplinary Teams: Lessons Learned*, Alberta Health and Wellness, Booklet

This booklet details the experience of the Alberta Health Department in raising effective multidisciplinary teams in 27 primary health care projects throughout the Province. Much of the discussion focuses on the 'roadblocks' to establishing effective multidisciplinary teams and also on 'what works.' The latter included; selecting the right team members, developing a common understanding of the vision and goals, involving all members in planning and co-ordination, defining roles and responsibilities, team-building, communicating effectively, providing adequate support for teams, and conducting ongoing evaluation. Each of these is discussed, not at length, and overall the initiative seems to have been a positive undertaking.

Van Norman, G. (1998) *Interdisciplinary Team Issues*, Ethics in Medicine, Paper

This paper identifies the increasing complexity and scope of patient problems and that patient care now routinely utilises the inter/multidisciplinary model to improve health outcomes. Issues relating to the leadership of the team, institutional hierarchies, ethics, and communication within the team are discussed, with some focus on disagreements

within the team. Disagreements are to be expected notes this paper and should be settled by reference to other professionals or ultimately ethics committees.

Wiecha, J. & Pollard, T. (2004) *The Interdisciplinary eHealth Team: Chronic Care for the Future*, Journal of medical Internet Research, Vol. 6 Iss. 3.

The authors of this paper define an inter-disciplinary clinical team as a group of people from relevant clinical disciplines whose interactions are dictated by specific team functions and processes in order to achieve *team-defined* health outcomes. The paper explores the Internet as a means of information gathering and sharing but notes that research is still needed to better understand how team members can work together. It further notes that whilst the benefits of teamwork in healthcare are purported to be great, little substantive research has been undertaken to support this assertion.

Zeiss, A & Gallagher-Thompson, D. (2003) *Providing interdisciplinary geriatric team care: What does it really take?* Clinical Psychology 10(1)

This paper deals with issues relating to access to psychiatric service by older people and argues that the primary health care system is a good point of entry. Whilst very focused on the issue of geriatric care the paper does allude to and define the terms interdisciplinary and multidisciplinary teams (as noted above).

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