Interdisciplinary Collaboration

Blum, R. H., Raemer, D. B., Carroll, J. S., Dufresne, R. L., & Cooper, J. B. (2005). A method for measuring the effectiveness of simulation-based team training for improving communication skills. *Anesthesia & Analgesia, 100*(5), 1375-1375-1380. Team behavior and coordination, particularly communication or team information-sharing, are critical for optimizing team performance. This study developed a technique for placing clinical information with members of a team of trainees in a controlled simulator setting. Despite the low level of team information-sharing, the authors demonstrated construct validity of the probe methodology.

Bokhour, B. (2006). Communication in interdisciplinary team meetings: What are we talking about? *Journal of Interprofessional Care, 20*(4), 349-349-363. This study examines professional communication practices in interdisciplinary team meetings, a common forum for discussing patient care. Two teams at a long-term care facility specializing in patients with Alzheimer's participated in this qualitative, exploratory study. Through detailed discourse analysis of transcripts of the meetings, the authors identified three different communication practices in team meetings: giving report, writing report, and collaborative discussion. Only the latter practice met the goals indicated by the team members to coordinate and make joint decisions about patient care and allowed for team members to collaboratively solve problems.

Carlisle, C., Cooper, H., & Watkins, C. (2004). "Do none of you talk to each other?" The challenges facing the implementations of interprofessional education. *Medical Teacher, 26*(6), 545-545-552. The aim of this study was to explore the feasibility of introducing interprofessional education (IPE) within undergraduate health professional programs. This paper discusses and reports findings from focus-group interviews. There was an overall consensus that IPE had potential to break down barriers to team working.

Carty, A. E., & Day, S. S. (1993). Interdisciplinary care: effect in acute hospital setting. *Journal of Gerontological Nursing, 19*(3), 22-32. The Senior Care Unit was developed to meet the needs of hospitalized elderly patients. Nurses assumed leadership roles as members of an interdisciplinary care team that also included representatives from medical, social work, dietary, physical therapy, and pharmacy departments. This collaborative effort not only resulted in a more complete holistic plan of care for the patient, but also increased the nurses' and other team members' knowledge of each other's areas of expertise. This project demonstrated that it is feasible to introduce a comprehensive, interdisciplinary geriatric team coordinated by the nurses into an existing staff, resulting in quality care without increasing the length of stay or hospital costs.


Davis, T. K., Montford, C. R., & Read, C. (2005). Interdisciplinary teamwork in a school-based health center. *The Nursing Clinics of North America, 40*(4), 699-709, x. doi:10.1016/j.cnur.2005.07.002 The goal of school-based health centers (SBHCs) is to provide culturally competent primary, preventive, and mental health care services for students who otherwise may not have access to care. Often, an SBHC is the primary health care provider for students because many adolescents are uninsured or lack access to other health care service providers. At other times, the SBHC works in collaboration with primary care providers and other health professionals to provide health care services for students and their families. Complex health and social problems and changes in professional practice make it impossible to serve clients effectively without collaborating with
professionals from other disciplines. One process used in SBHCs to assure that students’ needs and concerns are addressed is an interdisciplinary case review (ICR). The ICR is a method of evaluating complex cases with members of the health care team to ensure that the physical and mental health and social needs of students are meeting or exceeding the standard of care.

Dobson, R. T., Henry, C. J., Taylor, J. G., Zello, G. A., Lachaine, J., Forbes, D. A., et al. (2006). Interprofessional health care teams: Attitudes and environmental factors associated with participation by community pharmacists. *Journal of Interprofessional Care*, 20(2), 119-119-132. This study was conducted to determine if community pharmacists were prepared to assume more active roles in healthcare teams. Secondarily, it was used to collect information to develop multi-item scales for future studies involving pharmacists and other health professions. The study found that pharmacists on teams were more likely to agree that their skills and abilities prepared them for working on a team and that there was more opportunity to get to know other health disciplines. They also reported good relationships with physicians and were less likely to view other disciplines as being protective of their "turf."

Fairbrother, P., & Mathers, N. J. (2004). Lecturer practitioners in six professions: Combining cultures. *Journal of Clinical Nursing*, 13(5), 539-539-546. This paper reports a study to investigate the commonalities and differences between lecturer practitioners across professions and to generate hypotheses about the role, which follows different models of practice in the different professions. An exploratory research design was utilized. All lecturer practitioners perceived a clear dichotomy between their professional practice role and their university role.

Gannon-Leary, P., Baines, S., & Wilson, R. (2006). Collaboration and partnership: A review and reflection on a national project to join up local services in England. *Journal of Interprofessional Care*, 20(6), 665-665-674. The need to provide more joined services in health and social care is now recognized by governments as a major objective, and technology is increasingly seen as the key to achieving it. This paper is based upon the authors' experience as research partners in a national project in England known as FrAwemork for Multi-agency Environments (FAME). In the first phase of FAME (April 2003 - October 2004) six local "strands" led by local authorities worked in partnership with service providers and IT suppliers. Each partnership aimed to support collaboration and interaction between professions in a particular set of services (for example, to vulnerable older people or disabled children) through effective and appropriate exchange of information. This paper examines the literature on partnership and collaboration in public services in order to contextualize and reflect upon IT-enabled multi-agency partnerships.

Gitlin, L. N., Hauck, W. W., Winter, L., Dennis, M. P., & Schulz, R. (2006). Effect of an in-home occupational and physical therapy intervention on reducing mortality in functionally vulnerable older people: Preliminary findings. *Journal of the American Geriatrics Society*, 54(6), 950-955. doi:10.1111/j.1532-5415.2006.00733.x The objective of this study was to evaluate the effect of a multicomponent intervention on mortality and the role of control-oriented strategy use as the change mechanism. The study was a two-group randomized design with survivorship followed for 14 months. Participants were randomized to intervention or a no-treatment control group. The study population consisted of total of 319 community-dwelling older adults (age 70 and over) with functional disabilities. The intervention group received occupational therapy and physical therapy sessions involving home modifications, problem solving, and training in energy conservation, safe performance, balance, muscle strength, and fall recovery techniques. Survival time was measured as the number of days between baseline interview and date of death or final interview if date unknown. Control-oriented strategy use was measured using eight items. Results of the study showed that intervention participants exhibited a 1% rate of mortality, compared with a 10% rate for no-treatment control participants. At baseline, those who subsequently died had more days hospitalized and lower control-oriented strategy use 6 months before study enrollment than survivors. No intervention participants with previous days hospitalized
died, whereas 21% of control group counterparts did. Although intervention participants with low and high baseline control strategy use had lower mortality risk than control participants, mortality risk was lower for intervention participants with low strategy use at baseline. The authors conclude that an occupational and physical therapy intervention to ameliorate functional difficulties may reduce mortality risk in community-dwelling older people overall and benefit those most compromised. Instruction in control-oriented strategies may account for the intervention’s protective effects on survivorship.


The objective of this study was to test the efficacy of a multicomponent intervention to reduce functional difficulties, fear of falling, and home hazards and enhance self-efficacy and adaptive coping in older adults with chronic conditions. The study was a prospective, 2-group randomized trial, where patients were assigned to a treatment or non-treatment group. The intervention consisted of occupational and physical therapy sessions involving home modifications and training, problem solving, energy conservation, safe performance and recovery techniques, and balance and muscle strengthening. After 6 months, intervention participants has less difficulty with ADLs than controls. The study conclusion is that a multicomponent intervention targeting modifiable environmental and behavioral factors can result in improvement in quality of life for older adults with functional difficulties.


The purpose of this study was to explore whether patient safety can be enhanced by implementing aviation Crew Resource Management (CRM) in health care. CRM emphasized six key areas: managing fatigue, creating and managing teams, recognizing adverse situations (red flags), cross-checking and communications, decision making, and performance feedback. CRM training was found to improve attitudes towards fatigue management, team building, communication, recognizing adverse events, team decision making, and performance feedback.


The literature on inter-professional working tends to be dominated by explanations for lack of progress rather than accounts of achievements. This paper develops two models, termed the optimistic and pessimistic models respectively, to understand the factors that may underpin different rates of interprofessional achievement. A case study is utilized to test the models.


In 2004 Schriners Hospital for Children implemented a new Journal Club to act as a forum for increased discussion and awareness of interdisciplinary issues within the hospital.


At an advanced age, serious medical and psychiatric illnesses frequently coalesce. Often, the need for admission to inpatient geriatric psychiatric care arises from coexisting medical problems. While cognitive and behavioral interventions are important, the complexity of physical comorbidities usually becomes the focus of hospitalization and requires intensive medical treatments. This paper describes adaptations made in one metropolitan geriatric psychiatry unit in order to better treat complex patients who experience both medical and psychiatric illness. The need for all members of the interdisciplinary team to expand their practice and the importance of complementary approaches of psychiatry and medicine are emphasized.

Congestive heart failure is common among assisted living and nursing home residents. Nationally recognized guidelines for diagnosis and management have been promulgated but are poorly used in clinical practice. This article describes the efforts of one facility to implement an interdisciplinary protocol to improve heart failure care. The protocol addressed identification of residents with heart failure, appropriate use of ACE inhibitors, weight monitoring, resident and family education, and preventive immunization. Following implementation of the guideline, quality indicators were monitored and process improvements addressed. Diagnostic information, use of ACE inhibitors, nursing assessment, and symptom management improved. While episodes of clinical deterioration occurred, most cases were able to be managed in the long-term care setting.


This article discusses the role of interprofessional education in preparing all health care professional students for the workforce. Interprofessional education provides appropriate methods for learning interprofessionalism, which will ultimately contribute to overcoming uni-professional exclusivity.


This study was conducted to determine patient and treatment-related factors predictive of health outcomes. Hospital inpatients stable for discharge from acute care, having at least one chronic condition, and dependent in 1 to 5 Katz activities of daily life (ADLs) were randomized to "team" (n = 150) or "usual care" (n = 99). Team patients were eligible for in-home primary care by an interdisciplinary team that included a physician, physical therapist, and 24-hour nursing services and geriatric consultation where necessary. "Usual-care" patients received standard district nurse-administered services at home upon hospital discharge.


Although social work participation on interdisciplinary teams is long-standing, little research has been done to examine its effectiveness. This study used the Index of Interdisciplinary Collaboration to explore relationships between selected variables and teamwork in the hospice setting. The findings indicate that hospice social workers report a high level of interdisciplinary collaboration with colleagues. Whereas education, hospice census, the presence of other social workers, and quality of care were found to be unrelated to overall levels of collaboration, individual items measuring collaboration proved to be linked with hospice census, the presence of other social workers on the team, and quality of care. Further research is required to investigate other possible related variables and their impact on successful interdisciplinary collaboration and service delivery.


This article discusses how Canada’s Enhancing Interdisciplinary Collaboration in Primary Health Care (EICP) Initiative seeks to create conditions for health professionals to work together in the most effective and efficient way in order to produce the best health outcomes for individuals and their families. The article explores principles of interdisciplinary collaboration in primary health care, the EICP framework, health and human resources, funding, liability, regulation, information and communications technology, management and leadership, and planning and evaluation.


Patient and Public Involvement (PPI) is a cornerstone of UK National Health Service (NHS) policy. The Cancer Partnership Project (CPP) is the leading national PPI initiative in cancer care. The CPP
espouses a "partnership" model, with a "Partnership Group" - collaborative service improvement groups formed of NHS staff and service users - in each of 34 cancer networks in England. These groups aim to enable service users to influence local cancer service development and thereby improve the effectiveness of services. We interviewed 59 cancer service users and NHS staff in a reflective evaluation of CPP. Groups were active and visible in 30 networks, their main activities being: providing an accessible source of consumer opinion; prolific networking and representation; patient information and communication projects; and lobbying for service improvements. The groups exhibited some significant tensions. The motivations of professional staff varied markedly, and "obligatory" involvement as part of a person's job was counter-productive when not coupled with a "personal" belief in the value of PPI. Other controversial areas were the disclosure by patients' of personal health and treatment experiences, and emotional attachment to the group. It was concluded that partnership groups represent a useful PPI model, but more attention generally should be paid to the complexities of PPI and timescales required for meaningful cultural change.


In 2001 through 2003, our agency received deficiencies in infection-control practices, specific to wound care, from JCAHO and Medicare surveyors. Efforts to correct this pattern were initially unsuccessful. As a result, in 2003, an interdisciplinary performance improvement team was formed to assess, plan, and implement a wound care program utilizing research-based best practice. The changes in process, practice, and education resulted in success, with improvement evidenced by 100% acceptable practice during our 2004 unannounced JCAHO/Medicare survey, a declined rate of wound infection per our Medicare OASIS Adverse Event Report, and a decrease in wound care patient visits.


This study was a qualitative two-year family-oriented interprofessional education program for professionals working in the field of primary services in Finland. The program aimed to provide participants with skills to work with families utilizing interprofessional collaboration. Content analysis was used. At the end of the study, the nurses showed changed working methods from expert- to client- and family-oriented.


This study was designed to assess the efficacy of multidisciplinary team care in rheumatoid arthritis. Data were obtained through a Medline and manual literature search. The study concludes that short-term inpatient team care, when compared to standard outpatient care, showed favorable outcomes.


The objective of this study was to examine the effectiveness of an interdisciplinary intervention for pediatric asthma through an asthma management intervention. The primary outcome measure was change in asthma symptoms, and secondary outcomes included health-care utilization and asthma-related quality of life. Both groups demonstrated significant reductions in asthma symptoms and improvements in quality of life without any between-group differences identified over the course of follow-up. In contrast, the intervention group demonstrated less frequent health-care utilization over the 12-month follow-up period. While the intervention did not result in improvements in asthma symptoms, it accomplished modest reductions in the utilization of acute medical care.


In a health care system in which patient complexity, outcome indicators, and informed families are representative of current reality, an interdisciplinary approach to care is crucial to successful
navigation of a patient's experience in the ICU. To guide practitioners toward favorable patient progression, a thorough understanding of interdisciplinary collaboration is necessary. This article focuses on definitions of, benefits of, and barriers to interdisciplinary collaboration and provides practical solutions for implementation.