

Principles of Interdisciplinary Team (IDT) Working

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“the whole is greater than the sum of its parts”

Aristotle

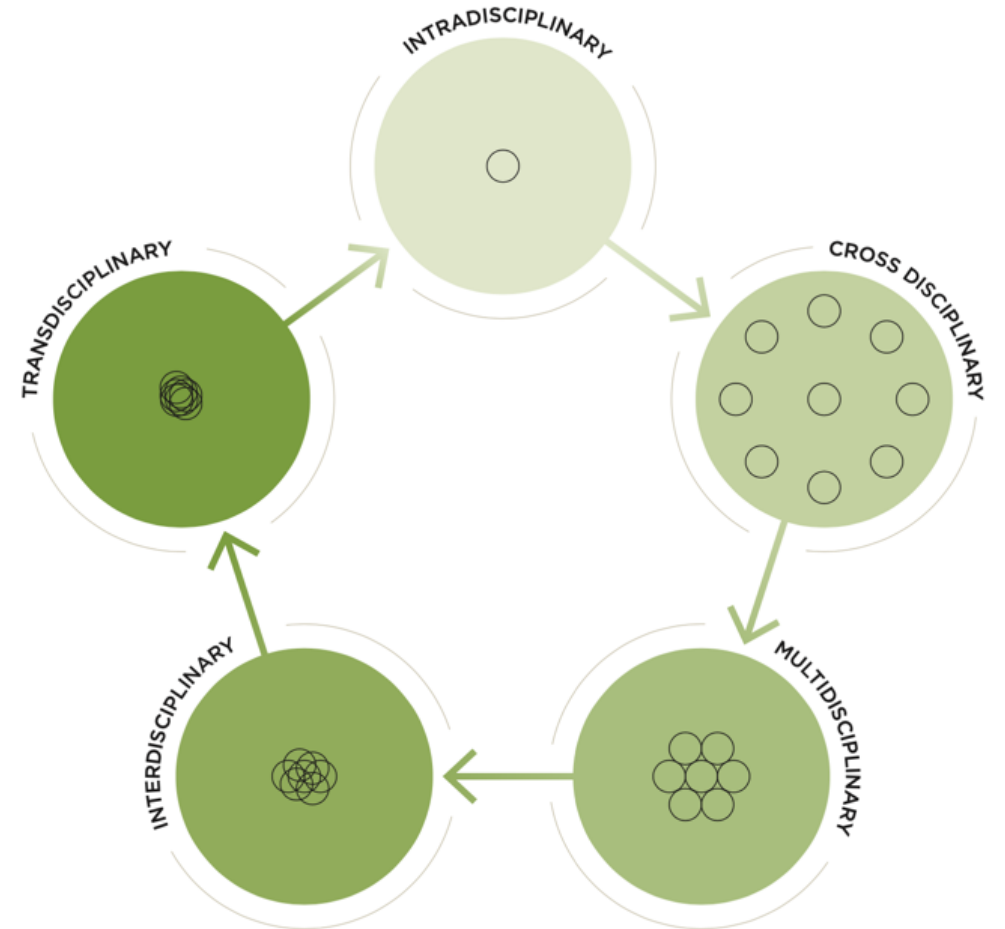
- The origins of IDT working are linked to the Roman roads.
- yet true IDT working is still something rather rare, rather than essential in neurorehab... why?

IDT vs MDT

Cicerone et al. (2008) RCT CHN (IDT) vs. standard MDT rehab after TBI & meta-analysis of 370 interventions (2011): CHN = better outcomes:

1. Improve community integration
2. Functional independence
3. Productivity
4. Self efficacy
5. Life satisfaction/ quality of life

CHN = twice as likely to make significant gains in community vs. standard MDT rehab & successful for patients who are many years post-injury.



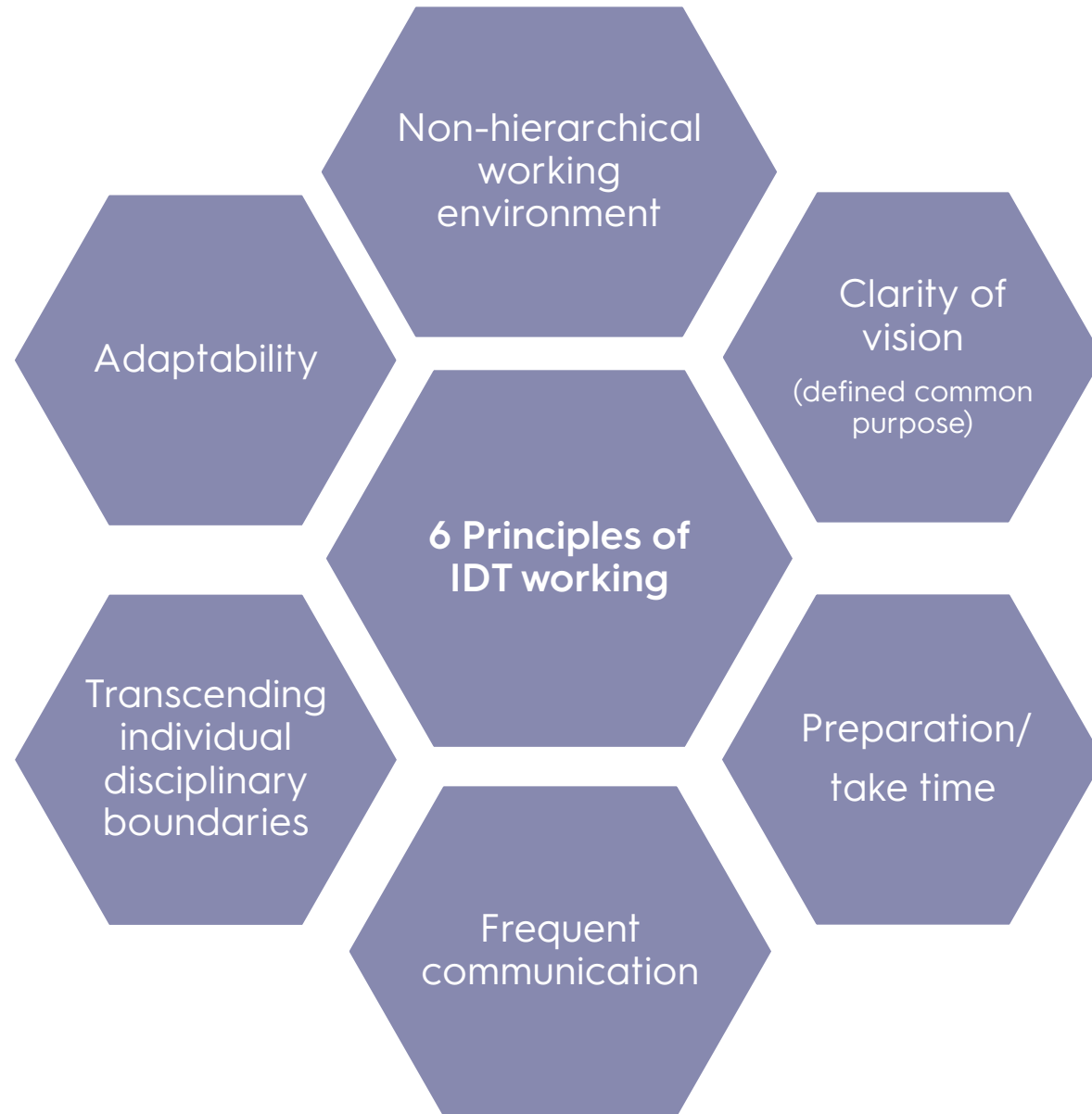
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Definition of Interdisciplinary Team Working (IDT)

IDT working involves team members working collaboratively towards a defined common purpose (i.e. a goal); bringing together elements from two or more disciplines by integrating, synthesizing and blending concepts, methods, and tools into one activity to create something new, by thinking across boundaries to solve complex problems.

6 principles of IDT working

These 6 core principles that should guide all IDT working



IDT principles & processes

1. Non-hierarchical working environment

- Respecting and understanding roles.
- Promoting an atmosphere of trust where contributions are valued, and consensus is fostered.
- Supportive team climate.
- No expert – only curiosity. Everyone open to asking for help/support/explanation.
- Honesty/ transparency.

IDT principles & processes

2. Clarity of vision (defined common purpose)

- Respecting and understanding roles.
- Pre-determined clear direction and vision for the team.
- Holistic formulation – a central collaborative working hypothesis of the patient/system.
- Shared team values.

IDT principles & processes

3. Preparation (take time)

- Successful interdisciplinary work requires additional time as there is a need to learn and understand each other's different backgrounds, methods and language.
- Ensuring that the necessary resources, infrastructure and training are available, as well as a mix of skills, competencies and personalities amongst team members.
- Ensure everyone is clear of their roles and responsibilities.
- Regular time allocated to reflection.

IDT principles & processes

4. Frequent communication

- Strong emphasis on communication between all members of IDT and cross analysis as a regular feature/daily practice in IDT working.
- Pre-determined communication strategies and structures (e.g. meetings for teams and behavioural agreements for systems/ patients).
- Encourage curiosity and open sharing of thoughts, ideas, reflections as key communication style by all members.
- Share everything!

IDT principles & processes

5. Transcend individual disciplinary boundaries

- Blurred lines regarding professional roles. Regular role overlapping/merging/blending of roles.
- Open collaboration.
- Seeing from other's perspectives.
- Embrace personalities.
- Fluid working (not having fixed roles). Tasks can be completed jointly or >2 disciplines tasks can be completed by 1 discipline.

IDT principles & processes

6. Adaptability

- Challenge own professional biases.
- Creativity.
- 'All hands on deck' – prioritisation of tasks driven by holistic formulation and patient's/system's prioritisation of goals.
- Challenge external people's biases (e.g. CS4 school, family, employers).

Case Studies

1 FND	Non-hierarchical working environment – This case involved a large wider system and illustrates that it is possible to implement IDT working in teams and systems that aren't pre-determined if this ethos is held central to the team's purpose.
2. TBI	Frequent communication – This case required constant communication between the therapists behind the scenes to ensure everyone held the holistic formulation central to the work to prevent splitting and team breakdown.
3. IDT group work	Transcending individual disciplinary boundaries – This case illustrates how in our IDT group programme at Wolfson Centre our team members have no pre-defined roles in group delivery. All aspects of treatment are delivered equally by all team members. We have pre and post reflection sessions to help each discipline learn how to address specialist areas (e.g. anger management, CCD feedback) and modeling from each specialist within the group.
4. Paediatric	Adaptability – This case illustrates how disciplines need to be adaptable to working outside of their traditional roles and taking on other disciplines' roles challenging their biases, and biases in the system to achieve change. It illustrates the role of creativity as a core process used as part of adaptability.

Thank you.

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