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Interdisciplinary Team Care Facilitator Guide

Collaboratively developed by



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Table of Contents

Introduction	3
Toolkit Contents	3
For Facilitators	4
Learning Goals	5
Learning Objectives	5
The IDT Approach To Inpatient Care	6
Examples of IDT Members & Roles	7
IDT Organization	8
IDT Workflow	9
Goal Setting	9
Organizing Your IDT	10
Sample Standardized Form.	10
Sample Discharge Checklist	10
Common Pitfalls	11
Utilizing The Video Clips	12
Patient Case #1 – Mr. Appleton	13
Patient Case #2 – Mr. James	15
Patient Case #3 – Mr. Wilkins	16
Patient Case #4 – Mr. Jimenez.	17
References And Readings	18

Introduction

Research suggests that good interdisciplinary team communication leads to improved patient and family outcomes (i.e., high levels of patient and family satisfaction, symptom control, and reductions in length of stay and hospital costs).¹ The purpose of the interdisciplinary team is to foster regular, structured and expert communication among health professionals from different disciplines in order to establish, prioritize, and achieve patient treatment goals.

Interdisciplinary team communication is vital in an inpatient healthcare setting, as the complex nature and demands of the healthcare work environment requires the expertise and knowledge of differing disciplines or specialists who can work together to solve multifaceted and complex patient care problems. Interdisciplinary teamwork can improve the diagnostic and prognostic abilities of health professionals more than individual health professionals working alone.²

The IDT conference focuses on:

1. Establishing the patient's progress toward medical goals
2. Considering possible resolutions of any problems that could impede the patient's progress toward these goals
3. Reassessing the goals previously established, if needed
4. Monitoring and revising the treatment plan, as needed

Toolkit Contents

1. Facilitation Guide – a guide with teaching points that can be used to facilitate a live session with your team.
2. Facilitation Slides – a PowerPoint presentation that provides an overview of interdisciplinary teaming and background for the exercise. It should take 10-15 minutes to present.
3. Four Team Care Cases – each consists of 1-2 short video clips with embedded pauses designed to stimulate group discussion around talking points provided below.

FOR FACILITATORS

Methods

This exercise is designed for use in small preceptor groups led by a faculty tutor. It is important to consider adequate time for the review and discussion of each patient study. Completion of all four cases may require as long as 1.5 – 2.5 hours. If only one hour is available, it is more appropriate to focus on one or two cases, allowing adequate time for learning, group discussion, and reflection.

Teaching Suggestions

Begin by presenting the introductory PowerPoint to provide an overview of interdisciplinary team care for your audience. Following the PowerPoint presentation, transition into the video case examples. Trigger questions to generate discussion around each of these videos are provided later in this guide.

DISCLAIMER: During the exercise, clinicians often tend to discuss and try to solve medical issues, rather than focusing primarily on discharge planning goals. Before starting the exercise, the tutor must understand and convey that each discipline brings different perspectives and goals, and it is his/her responsibility to keep the group focused on discharge planning.

LEARNING GOALS

Although interdisciplinary team meetings are used for multiple purposes, this tutorial will focus primarily on discharge planning (vs. clinical problem solving; establishing a diagnosis, etc.). As such, the following are the core learning goals for organizing and running an effective interdisciplinary team meeting:

1. Describe the interdisciplinary team approach to inpatient care;
2. Understand and appreciate the roles of team members;
3. Identify the purpose of the interdisciplinary team; and
4. Understand the importance of shared team leadership

Learning Objectives

- Define interdisciplinary team (IDT) care
- Identify roles of various IDT members
- Learn structure of IDT Conference
- Understand goals of IDT Conference
- Identify ways to run IDT Conference efficiently
- Discuss common pitfalls of IDT Conference

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LEARNING OBJECTIVES

At the end of this module, the student should be able to:

1. Define the concept of interdisciplinary team care;
2. Describe the professional role and scope of practice of individual members of an interdisciplinary health care team;
3. Learn to structure an IDT Conference;
4. Understand the goals of the IDT Conference;
5. Identify ways to run an IDT Conference effectively; and
6. Discuss common pitfalls of the IDT Conference

SLIDE ONE - LEARNING OBJECTIVES

THE IDT APPROACH TO INPATIENT CARE

An interdisciplinary team consists of practitioners from different health professions, who have a shared patient population and common patient care goals, and have responsibility for complementary tasks. The team is actively interdependent, with an established means of ongoing communication (e.g., a daily inpatient IDT meeting) among team members to ensure that various aspects of patients' healthcare needs are integrated, aligned, addressed, and met in a time-efficient manner.

What is IDT Care?

- Coordinated, collaborative, interdependent delivery of care
- Focuses on issues best addressed by interdisciplinary teams
- Provided by a group of practitioners from various healthcare disciplines sharing common patient population & common patient-care goals
- Relies on coordination, communication, and shared responsibility

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SLIDE TWO - WHAT IS IDT CARE?

What is IDT Care?

Challenges of IDT Conference:

- Time commitment
- Logistics
- Local politics
- Staying on track
- Different perspectives of different disciplines
- Communication styles

HOWEVER....

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SLIDE THREE - WHAT IS IDT CARE?

What is IDT Care?

Potential Benefits of IDT Care:


- Improved patient's rating of health status
- Decreased mortality
- Decreased functional decline
- Decreased hospital length of stay
- Potential hospital savings

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SLIDE FOUR - WHAT IS IDT CARE?

Roles of IDT Members


- **Attending physician**
 - Oversees patient’s medical care, supervises resident MD
- **Resident physician**
 - Manages patient’s medical care under supervision of attending MD
- **Nurses (RN, NP, LVN)**
 - Provide direct care of patient
 - Other roles vary depending on training and institution



SLIDE FIVE - ROLES OF IDT MEMBERS

Roles of IDT Members


- **Social worker**
 - Offers psychosocial support & community resources for patient & family, assesses patient’s home situation and financial resources
- **Discharge planner/Case manager (nurse or social worker)**
 - Assists with finding placement for patients (e.g. SNF rehab) or arranging home health services
- **Physical / occupational therapists**
 - Assess patient’s function/mobility, makes recommendations regarding appropriate disposition for patients (e.g. SNF vs. home) & adaptive equipment
- **Speech therapist**
 - Assesses patient’s swallowing ability / speech, recommends appropriate food texture, speech therapy



SLIDE SIX - ROLES OF IDT MEMBERS

Roles of IDT Members

- **Dietitian**
 - Assesses & makes recommendations regarding patients’ nutritional needs
- **Psychologist**
 - Provides psychosocial support
- **Chaplain / Spiritual counselor**
 - Provides spiritual counseling
- **Pharmacist**
 - Helps reconcile meds, make recommendations regarding dosing, drug-drug interactions



SLIDE SEVEN - ROLES OF IDT MEMBERS

EXAMPLES OF IDT MEMBERS & ROLES

Insight into a team environment is provided through observation of an interdisciplinary set of professionals as they collaborate. Some key professionals, whose roles and practices should be understood within the IDT could include, but are not limited to the following:

- Attending physician
- Resident
- Primary care physician
- Nurses (RN, NP, LVN, or CNA)
- Social Worker/Discharge Planner
- Physical therapist
- Occupational therapist
- Speech/language therapist or pathologist
- Dietitian
- Mental health worker
- Spiritual counselor
- Pharmacist

IDT ORGANIZATION

Learners should know the three essential, overlapping tasks of the team – coordination, communication, and shared responsibility. Because the team is patient-centered, patient care goals determine the composition of the team or team subset that will be responsible for a particular patient-problem.

Interdisciplinary team care involves interactions often separated by location and time, and as such, individual team members' efforts must be organized so that they are performed in a coordinated and logical way. Effective communication is needed to facilitate coordinated care. An ideal communication system is a regularly scheduled (e.g., daily, weekly, etc.), interactive team meeting to discuss patient care issues.

Structure of IDT Conference

- Meet regularly
- Select moderator
- Standardize content to improve communication, work flow & efficiency to meet team's needs
- Mention only pertinent information
 - Not all IDT members need to present if no new information to add

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SLIDE EIGHT - STRUCTURE OF IDT CONFERENCE

Structure of IDT Conference

- Clarify order in which different team members talk/present information
- Set time limits for cases and what can be covered
- Use a board to organize information

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SLIDE NINE - STRUCTURE OF IDT CONFERENCE

Structure of IDT Conference		
Workflow Presentation		
Step	Who	What to report
1	Nurse	<ul style="list-style-type: none"> States name, Patient's name, Attending MD, Resident MD Gives report (see RN Report/IDR Form) <ul style="list-style-type: none"> Reports only positive IDR elements States all other items on assessment were negative
2	Resident (support from Attending) <ul style="list-style-type: none"> Physical Therapy Social Work 	<ul style="list-style-type: none"> Provides brief description of diagnoses/main active problems Inquires about physical therapy and/or social work <ul style="list-style-type: none"> Physical Therapy reports if necessary Social work reports briefly, or defer to post-IDR Summarizes action items <ul style="list-style-type: none"> States plan of care for the day States plan of care for hospital stay What needs to happen before patient is discharged?

SLIDE TEN - STRUCTURE OF IDT CONFERENCE: WORKFLOW

Structure of IDT Conference		
Workflow Presentation (cont'd.)		
Step	Who	What to report
3	Charge Nurse	<ul style="list-style-type: none"> Asks resident to estimate anticipated discharge date
4	Case Manager	<ul style="list-style-type: none"> Reports on placement process (if SNF or other facility needed) States obstacles to appropriate discharge location

Nurse practitioner facilitates board and ensures plan of care is stated and documented

SLIDE ELEVEN - STRUCTURE OF IDT CONFERENCE: WORKFLOW (CONT'D.)

Goals for IDT Conference	
<u>Examples:</u>	
<ul style="list-style-type: none"> Coordination of care <ul style="list-style-type: none"> Planning care for the day, hospital stay Discharge planning/transitions of care Problem solving of medical cases Improve team dynamics <ul style="list-style-type: none"> Communication Emotional support to team members 	

SLIDE TWELVE - GOALS FOR IDT CONFERENCE

IDT WORKFLOW

THE IMPORTANCE OF SHARED TEAM LEADERSHIP

The task of sharing responsibility raises issues related to leadership and decision-making. Although, historically, physicians have been the leaders and primary decision-makers in healthcare (in large measure because of their legal responsibility for patient care decisions), both leadership and decision-making are often shared in interdisciplinary rounds. This workflow, commonly orchestrated by the nurse practitioner, provides an example of each team members shared responsibility.

GOAL SETTING

Here are a few examples of goals for the interdisciplinary team conference.

ORGANIZING YOUR IDT

Using a board to organize information can be helpful. It is not necessary to read the entire slide, but just look at the picture. Key elements on this board include: Anticipated discharge date, discharge location (e.g. SNF or Home), Confirm SNF Bed, Discharge Barriers, Rehab Eval complete, HH Forms complete. The last column, "Medres/ Interfacility", is discharge summary and interfacility transfer orders. The goal of this board is for all IDT members have access to the same, up-to-date information about patients and to improve communication among various team members.

Running an IDT Conference

Sample Organization Board

Room	Pt	Anticipated D/C Date	Location	Confirm SNF bed	Family Notified 1 Day Prior	Pick up Time	Plan for Today	DC Barriers	Rehab Eval Complete	HH Forms Complete	Medres/ Interfacility
4		2/4	Glenview				Getting conserved	Needs placement			
6											
8		2/3	Home				INR check	INR			
10		2/4	Home vs SNF	○			SW consult; Diurese	APS v, refuses SNF			
12											

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SLIDE THIRTEEN - RUNNING AN IDT CONFERENCE: SAMPLE ORGANIZATION BOARD

SAMPLE STANDARDIZED FORM

It is not necessary to be able to read all the text on this slide but just to visualize the picture. This is an example of a standardized form that RNs use when presenting at IDT conference on the UCLA Geriatrics Inpatient Unit. The form is in SBAR format (SBAR = Situation, Background, Assessment, Recommendation) and has the "core measures," which are reported for each patient during the IDT conference. Core measures include assessment for delirium, telemetry necessity, diarrhea/constipation/fecal impaction, PO intake < 50% and foley necessity.

Running an IDT Conference

Sample Standardized Form

IDT conference elements:
Core Measures that RNs report at IDT Conference

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SLIDE FOURTEEN - RUNNING AN IDT CONFERENCE: SAMPLE STANDARDIZED FORM

SAMPLE DISCHARGE CHECKLIST

This is an example of discharge checklist that charge nurse(s) on the UCLA Inpatient Geriatric Service use to organize information. The checklist is standard work for the sequence of actions that need to be completed prior to discharge (Upon admission, 2 days before, 1 day before, day of discharge). The checklist is listed by role (physician, nurse, case manager, nurse practitioner) and completion deadline. It identifies critical steps that may hold up the discharge process, and ensures a SNF bed is located as early as possible, if needed.

Running an IDT Conference

Sample Discharge Checklist

2 days before discharge
 1 day before discharge
 Day of discharge

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SLIDE FIFTEEN - RUNNING AN IDT CONFERENCE: SAMPLE DISCHARGE CHECKLIST

Common Pitfalls of IDT Conference

- Absent team member
- Team member not ready to present
- Distractions or interruptions
- Some team members not paying attention
- A case that needs more time

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SLIDE SIXTEEN - COMMON PITFALLS OF IDT CONFERENCE

COMMON PITFALLS

A moderator can help improve IDT conference work flow and ensure that discussions on patient cases are not running over-time. He/she can also help move along patient discussions when there is disorganization. Due to the nature and composition of the IDT conference, distractions/interruptions (e.g., missing team member(s), pagers, phone calls, and typing) are very common. However, multitasking is a fine and efficient use of time when not disruptive and not occurring during discussion of a resident's patients.

UTILIZING THE VIDEO CLIPS

Following the PowerPoint presentation, the tutor should give an overview of what the group will be seeing in the video clips, the role(s) of the interdisciplinary team members, and the role of the “leader.” It is important that the tutor not give away too many details of the videos. Do not “label” the clips by referring to them with the case titles listed below. Rather, allow group participants to observe the videos, diagnose the difficulties and successes, and respond with their own conclusions during the group discussion. The tutor may choose to briefly halt the video at any time for a discussion, though each patient case is divided into clips and have embedded breaks for this purpose. Provided with each of the cases are talking points to spur group discussion based on observations, shared experiences, and team performance.

Sufficient time is essential for group discussion. Allow approximately 15 minutes for group discussion between clips, and a total of approximately 45 minutes for each patient case.

Participants will learn by observing the video clips, identifying learning moments and discussing the pros and cons of the specific interdisciplinary team approaches. Each case is designed to highlight one aspect of team care.

- Case #1** Who and What Are Involved in Team Meetings?
- Case #2** How Teams Work Together
- Case #3** Support for Team Members
- Case #4** Problem Solving as a Team

The learner will have the opportunity to discuss each case as it relates to the interdisciplinary team interaction and tracking to goals.

PATIENT CASE #1 – MR. APPLETON

Who and What Are Involved in Team Meetings?

At the end of each clip, the Tutor should pause the recording for a short group discussion based on the questions suggested below:

Clip One / Part One - Suggested Topics for Discussion

A break here could be used to discuss the team dynamics.

Identify each member's role.

Who is the leader?

Each person has unique knowledge and his or her own goals for the hospitalization:

- Nurse: concerned about pain
- Resident: wants to know that the patient has the correct clinical diagnosis
- Case manager: wants to take the appropriate steps to discharge
- Social worker: trying to get the family members to meet

How was the interchange between the team members?

Identify non-verbal communications between team members

List the critical information about the patient that has been communicated thus far

How did the team work together to move forward with missing information?



VIDEO CLIP ONE / PART ONE



VIDEO CLIP ONE / PART TWO

PATIENT CASE #1 – MR. APPLETON

Clip One / Part Two - Suggested Topics for Discussion

A break here can be used to demonstrate delegation of plans for each team member in the near future.

Social worker: contacts the family, organizes patient's talk with his wife via phone

Nurse: evaluates bladder function

Physical Therapist: evaluates patient's mobility

Resident: initiates consult for mood evaluation

Case Manager: investigates placement options

How would you evaluate the conference in terms of:

- Effective patient care?
- Interaction between team members?
- Organization and leadership?

PATIENT CASE #2 – MR. JAMES

How Teams Work Together

At the end of each clip, the Tutor should pause the recording for a short group discussion based on the questions suggested below:

Clip Two - Suggested Topics for Discussion

A break here can emphasize that the presence of all disciplines in the discussion assists in keeping sight of all issues.

What types of detail or specific information does each of the professions need?

- Attending, Resident and Nurse: all focused on the medical details, although the nurses need immediate answers and the attending is being evasive
- Physical Therapist and Social Worker: simultaneously thinking about logistics of discharge and psychosocial needs of the patient

How do you move forward when there is uncertainty?

Were the Attending Physician's answers precise enough?

Was he in control of the situation?



VIDEO CLIP TWO



VIDEO CLIP THREE / PART ONE

PATIENT CASE #3 – MR. WILKINS

Support for Team Members

At the end of each clip, the Tutor should pause the recording for a short group discussion based on the questions suggested below:

Clip Three / Part One - Suggested Topics for Discussion

A break here could be used to discuss how a team performs to support each other in difficult decision making situations.

How does the team navigate conflict?

What happens when there is no resolution? What is the appropriate intervention?

What needs to be discussed at the conference in order to move the case forward, and what can be handled outside the meeting?

How do you handle unresolved issues?

Clip Three / Part Two - Suggested Topics for Discussion

A break here could be used to discuss what happens when the issue(s) remain unresolved.

How do you arrive at consensus?

PATIENT CASE #4 – MR. JIMENEZ

Problem Solving as a Team

At the end of each clip, the Tutor should pause the recording for a short group discussion based on the questions suggested below:

Clip Four / Part One - Suggested Topics for Discussion

A break here could be used to illustrate the team coming together in order to get past “no.”

What seems to be the major issue facing the team?

Who would be expected to take the lead in this situation?

How would the other team members help in problem solving?

How can the leader facilitate orderly and respectful discussions?

Clip Four / Part Two - Suggested Topics for Discussion

A break here could be used to illustrate that all disciplines are needed in this discussion.

Case Manager: explains complexity of transport and payment issues

Doctors: explain readiness for patient discharge

Physical Therapist: discusses safety of the final plan

Without this meeting, this plan would have taken several hours to accomplish with one person (most likely) spending tremendous amounts of time gathering the necessary people and information, possibly resulting in a discharge delay.

- Functioning on different levels of knowledge, what did one profession know that others did not?
- What do you do with members who are not paying attention?
- What is the benefit of team care in this case compared to traditional care?



VIDEO CLIP FOUR

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