



Multi-Disciplinary Teamworking in a Hospital Setting

The distinction between team-based and non team-based approaches to patient care was examined in a study of five paediatric renal units in different European countries. Although each of the units described themselves as “teams”, two broad organisational approaches could be distinguished.

In the more traditional model, patients and their families are seen by the medical consultant who decides whether they should then be referred to other professionals such as dietitians, clinical psychologists or social workers. These referrals could involve patients and their families in multiple visits to the hospital, often with significant gaps. Eventually, the consultant will receive reports on the patient from the other professionals and will use them to make a diagnosis and prescribe treatment on the basis of his or her own judgement. In many cases the consultant and the other professionals will be located in different parts of the hospital or even on different sites and will meet only rarely. Separate patient notes will be kept by each professional so there is no integrated case history.

In the much rarer team-based model each professional group is located within a common area, at least on relevant clinic days. Depending on the case history all the relevant professionals will be present at the consultation, or will be available for referral shortly afterwards. The different professionals will confer on the spot and ensure that the patient leaves with the benefit of an integrated diagnosis and treatment plan. Clinic sessions are followed by case meetings at which both the medical and psycho-social aspects of each patient’s condition will be considered. Diagnosis and prescription are therefore a continuously negotiated process based on high levels of mutual trust and understanding between the different professions. For patients and carers this provides a relatively seamless route through the different aspects of care. The different professional groups (including doctors) involved in the team-based model each reported enhanced levels of job satisfaction compared with their previous experience of more traditional approaches. In part this reflected improved clinical results generated by the more effective pooling of expertise; in part it grew from a sense of mutual support and sharing between team members. Nurses and other professionals commented on their ability to use competencies to the full in a team setting, enjoying higher levels of discretion and respect. Interaction between professionals in a team environment also generates high levels of innovation in terms of service improvement and team development. The team was also a potential (though largely untapped) resource as a “dialogue structure” to promote wider employee engagement with corporate strategy.

Significantly, although the team-based model demonstrated tangible patient benefits, there was no hospital-wide strategy to adopt the approach as the norm for clinical work organisation.

Indeed, the wider organisational environment in which the paediatric renal unit existed acted as a significant constraint on teamworking, particularly because of:

- limited control over budgets;
- tension between vertical line management based on professional groups and team accountability;
- limited ability to recruit its own membership (team members were often recruited by line managers without wider involvement);
- the lack of corresponding team practices in related parts of the hospital (for example ward staff) leading to broken lines of communication;
- poor information technology support, preventing the creation of integrated, multi-professional case notes.

At corporate level the hospital's understanding of team principles was limited and there was little evidence of central support to develop the team further or to avoid innovation decay. Stronger support was required for non-medical staff in developing teamwork competencies including facilitation skills; arguably this should eventually lead to a separation in roles between *medical* leadership and *team* leadership in order to reinforce open dialogue and extended participation.

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