Unit 5: Interdisciplinary Collaboration – The Vocabulary of Health Professionals in Multi-Professional Teams

5.1 Health Care Teams and Team Collaboration – 138

5.2 The International Classification of Functioning, Disability and Health (ICF) – 139

5.3 Health Professionals and Attitudes toward Disability – 141

5.4 Assistive Devices – 143

5.5 Areas Covered in Rehabilitation Programmes – 146

5.6 Team Conference on an Inpatient Sub-Acute Stroke Unit – 148

5.7 Team Meeting for an IEP (Individualized Education Plan) in the USA – 152

5.8 Neurological Patient Admission to Hospital – Example of a Hospital Medical Ward Chart Note – 155
5.1 Health Care Teams and Team Collaboration

Working as a team in a health care setting has several benefits to health care, not only for the clients but also for the individual health professionals and the health care provider. Kouzes & Pozner (1987) define a “team” as “a group of equally important people collaborating, developing cooperative goals, and building trusting relationships to achieve shared goals”. Good communication, decision-making and problem-solving skills, networking and brainstorming are the staples of a team that delivers good care efficiently.

The expression “the sum is greater than the parts” applies to health care teams as well as it does to other type of group work. Each team member contributes his or her expertise to the team and, in sum, the client as a whole person – that is, not just the medical diagnosis or disability in isolation – is considered. In this unit you will specifically learn more about the World Health Organization’s (WHO) International Classification of Functioning, Disability and Health (ICF). The principles that underlie the ICF fit in nicely with the holistic approach to health care that teams provide.

The ICF is the WHO’s framework for health and disability (WHO, 2002). It provides a model for the way that daily functioning and disability depend on and interact with body function and structure, a person’s activity and his or her participation in society. Other contextual/environmental and personal factors may influence body function and structure, activity and participation and are also part of the ICF model.

The ICF has several uses at the individual (i.e., client), institutional and social levels. At the client level, for example, the ICF can be used to drive treatment planning (e.g., What treatments or intervention can maximize functioning? What intervention can be implemented that would maximize the client’s participation in society?) or to evaluate the outcomes of said treatments or interventions (e.g., How useful was the intervention?). Furthermore, it helps promote communication between all members of the health care team at various points along the continuum of care. Working together, the health care team can generate solutions or strategies that maximize a client’s function, activity and participation.

That said, teams generally meet on a regular basis to identify and set client goals or to discuss goal success and progress. In some facilities clients even actively take part in setting their own goals by attending “goal-setting meetings” with relevant team members. The actual structure, goal-setting and goal-attainment strategies that a team adopts depend very much on their philosophy and vary considerably from team to team. In general, teams function as one of three types: multidisciplinary, interdisciplinary or transdisciplinary.

In multidisciplinary teams assessment findings and goals are specific to the individual discipline. Team members achieve goals independent of each other and communicate either via direct or indirect means. The effectiveness of the team is the total sum of their individual efforts.