Multidisciplinary Teamworking Indicators of Good Practice

Valerie Wilson and Anne Pirrie

The establishment of new community schools in Scotland has focused attention on the need for members of different professional groups to work together effectively for the benefit of pupils and young people. This paper, based upon a recently completed literature review for the Scottish Executive Education Department and earlier research commissioned by the UK Department of Health, draws together the factors which support and inhibit multidisciplinary working in order to provide a guide to good practice.

Classrooms are beginning to 'open-up' in schools throughout the UK. Teachers may no longer find themselves working alone or exclusively with members of their own profession, but may also be in multidisciplinary teams composed of classroom assistants, nursery nurses, learning support auxiliaries, educational psychologists, community educators, health and social workers, and parent volunteers.

However multidisciplinary working is not a new concept: members of some professions already work in the company of others and have done so for many years (Jones, 1986; Huebner & Gould, 1991; Mackay, 1992; Poulton & West, 1993; Pringle, 1993). What is new is the assumption that disparate professional groups will do more than just perform their own discrete professional activities in a shared work space (Hugman, 1995; Mathias & Thompson, 1997). The new emphasis is on working together to deliver a co-ordinated, some would argue integrated, service to end-users, be they pupils in schools, members of the community, or patients in the Scottish Health Service. As the prospectus to mark the launch of the New Community Schools initiative in Scotland puts it:

> New Community Schools will bring together in a single team professionals from a range of services. Improved co-ordination of existing services is not enough to achieve the fundamental improvement in children's lives which the Government is seeking. This will require radically new approaches. (Scottish Office, 1998, p.4)

In our review (Wilson & Pirrie, 2000) we set out to identify published sources of information on multidisciplinary teamworking; and to draw out the implications for policy and practice in Scottish education. Here, we draw on our findings to explore four main questions of interest to practitioners, especially those tasked with implementing new ways of team working:

• what is multidisciplinary teamwork?

• what appears to support multidisciplinary teamwork?

• what inhibits its development? and finally

• what are the implications for educational practice in Scotland.

WHAT IS MULTIDISCIPLINARY TEAMWORK?

What does the term 'multidisciplinary teamworking' mean? At first glance, it may seem obvious that the definition is members of different professions working together. And yet it becomes only too apparent from the literature that it is far from a clear concept. The terms 'multidisciplinary' and 'interdisciplinary' are often used interchangeably. Leathard (1994) identifies the various prefixes ('multi' and 'inter') and adjectives ('disciplinary' and 'professional') which researchers and practitioners use. She refers to this as a 'terminological quagmire' (p6) and it is this which must be clarified before multi-disciplinary teamworking can be fully understood or implemented successfully.

In our earlier research (Pirrie *et al*, 1997, 1998, 1999) we suggested that the distinction between 'inter' and 'multi' is based upon three dimensions. These are: numerical; territorial; and epistemological. It would be all too easy to dismiss these distinctions as academic and fail to see the relevance to professionals who are attempting to work together to deliver a 'client-focused' service in different settings. For example, how many professions must be present before a team is truly multiprofessional? this is a question which is central to understanding multi-disciplinary teamworking. Many argue that the difference between 'inter' and 'multi' is largely numerical. 'Inter' working appears to involve two professions only (Carpenter, 1995), but becomes 'multi' if more than two groups are involved. By way of illustration: the working relationship between a nursery teacher and nursery nurse would be interdisciplinary; whereas a primary school teacher, classroom assistant, nursery nurse, learning support teacher and parent volunteer could form a multidisciplinary team.

Beyond numbers, a question of professional territory?
For some researchers the difference between 'multi' and 'inter' is more than just a numbers game. Issues of territory and professional boundaries impact on multidisciplinary working. As one of the focus group participants in our earlier research (Pirrie *et al*, 1998) put it, 'interdisciplinary … it's like you are crossing into another space …'. The dangers of associating professions with territories are all too obvious. Members of different professions 'are likely to have a basic consensus about fundamental values, which they may express and reinforce … and about which they seldom debate' (Bailey, 1977, p.213).

It is clear from the literature that 'putting people together in groups representing many disciplines does not necessarily guarantee the development of a shared understanding' (Clark, 1993). Early research at Moray House College of Education by McMichael and Gilloran (1984) showed that shared teaching with no opportunity for joint working in teams created 'hostile stereotyping'. Our evidence from case-study work of multidisciplinary learning echoes these findings (Pirrie *et al*, 1998). In our study, trainee nurses sharing lectures with medical students or students in training for professions allied to medicine, who followed a common first year course with nurses, did not appear to develop an enthusiastic approach to multidisciplinary working with other members of the health care team. Often they sat in segregated groups and expressed concerns about the lack of opportunities to consolidate their own sense of professional identify.

Is there then an extra ingredient which turns a group of professionals from different disciplines into an effective working team? One of our respondents suggested that, 'it's [interdisciplinary] like a sort of metadiscipline within which there are disciplinary threads that can be allocated to conventional boxes'. We have argued (Pirrie *et al*, 1998) that this distinction is epistemological, dependent as it is not just on a blurring of professional boundaries but also on the creation of a new way of working. As Nolan (1995) explains, 'interdisciplinary care, although not denying the importance of specific skills, seeks to blur the professional boundaries and requires trust, tolerance, and a willingness to share responsibility' (p.306).

Our focus group members believed there was a strong association with the notion of interdependence which went beyond merely working in the same physical space and entailed a shared purpose. The result, as one of our respondents expressed it, was to 'get something that's more than the sum of its parts, you get something different, a metaperspective'.

WHAT ENCOURAGES MULTIDISCIPLINARY TEAMWORKING?
From the published literature and from our earlier research, we identify a number of factors which encourage the development of multidisciplinary teamworking. These include some or all of the following.

Personal commitment
It is difficult to overestimate the contribution of committed individuals, or 'champions' to the success of multidisciplinary teamworking. Respondents in both our earlier research projects on multidisciplinary education (Pirrie *et al*, 1998) and organisational learning (Wilson *et al*, 1996) made it clear that some of the commitment to this way of working had been forged from experiences in practice. Team leaders and supporters were usually able to draw upon a wealth of experience and professional networks built up over the years and 'push' for change in their own institutions. Team members who did not have 'a particular disciplinary axe to grind', who perceived themselves to be 'a bit of a hybrid' and welcomed 'eclecticism' were seen as crucial elements for a multi-disciplinary approach.

Personal commitment was demonstrated in the way multidisciplinary teams were led in our earlier studies. The role of 'hands-on clinicians' was often identified as an important element in creating a learning culture (Wilson *et al*, 1996; Wilson & Pirrie, 1999). Members of multi-disciplinary teams were encouraged to ask questions as they saw good clinicians practise their skills. This role of 'player manager' was, as one consultant put it, central to his vision for his team. The presence of these 'player managers' produced tangible benefits (Wilson *et al*, 1996). Staff believed that in such teams 'everybody has a fair idea of what is best practice'. In addition, staff were not expected to move unsupported beyond their developing levels of competence.

A common goal
It is now generally accepted in the management literature that successful organisations develop a shared vision of the organisation's future with their staff. Evidence from our study of learning organisations highlighted the role which vision plays. In practice, developing a shared vision and working together to make it a reality can be laborious and time-consuming. A respondent to our earlier research believed that to be really successful, 'you have to have a group of people with a vision … you have to have people who are as aggressive as me to bulldoze … to take people through' (Pirrie *et al*, 1998, p.32).

We found that in departments/ teams where a strong vision was evident, respondents described the increased confidence and inspiration to learn which resulted from the example set by committed clinicians. This in turn had a 'domino effect' on the rest of the staff. Working closely with other staff gave senior clinicians opportunities to share their vision, and the role of 'hands-on clinicians' was often identified as an important element in creating a common learning culture.

Clarity of roles and communication
Multidisciplinary teamworking does not require all members of staff to perform the same roles but role clarification is essential. Respondents to our earlier

research (Wilson *et al*, 1996) describe how by allocating and rotating team roles, forming what one practice manager referred to as 'a sort of roles and responsibilities matrix', staff motivation was maintained. Another described how he firmly believed that, 'after a period of time it is important to move on and pass the role on to someone who is coming to it 'fresh'' (p.21).

But teams' roles are rarely static and in our research reference was made to ways of introducing innovative team work. Extending the boundaries of her profession, a hospital-based midwife alluded to the development of 'group-practice midwifery'. This entailed changing established roles and team membership as a group of seven midwives assumed responsibility for 'three hundred women from conception to the tenth post-natal day', territory previously inhabited by their medical colleagues.

Models of professional development suggest that members of professions develop by reflecting on their practice (Schon, 1983). This can be encouraged by team members sharing insights with others. Significantly, in our 1996 study, 'feedback on performance' were words rarely used. A variety of euphemisms was preferred: a 'chat', 'various comments', 'talk together', and 'doing well' all appeared. Despite these semantic variations, there is unanimity on the value of feedback. Staff at all levels appreciated informal feedback. A number of respondents echoed the sentiments of one midwife that '[feedback] is very important to me. I like [team members] to tell me I'm doing it well and I try [to improve] if I'm not doing things well' (p.23).

Institutional support

Work teams usually exist within an institutional framework which may be supportive of multidisciplinary teamworking. Our respondents (Pirrie *et al*, 1998) believed that the degree to which they enjoyed support from their organisation varied considerably. Some institutions were described as 'vaguely supportive' of multidisciplinarity; in others staff were generally unsure of the degree to which their institution supported their endeavours. This is especially potent if there is no evidence that the policy-making centre of the organisation supports multi-disciplinary teamworking.

It is not surprising that respondents perceive traditional organisational structures as a barrier to multi-disciplinarity. Many organisations operate departmental structures, and attempts to introduce matrix management based upon functional divisions present challenges. Some have experimented with ad hoc cross-functional task groups, especially in the newer oil and information technology industries, but the public sector appears reluctant to explore these options.

WHAT INHIBITS MULTIDISCIPLINARY TEAMWORK?

While the above factors may support multidisciplinary teamworking, it was also evident that the development of multidisciplinary teamworking can be inhibited.

Logistics

Respondents to our research (Pirrie *et al*, 1998) highlight the logistical requirements associated with multi-disciplinarity. Many comments relate to specific problems arising from organising and delivering courses involving several professional groups and staff from more than one department. One suggested that the biggest problem was 'actually getting people together'. (p.37). As another respondent put it, 'you really need to be doing problem-solving together' if multidisciplinary working is to be effective. This too presents its own problems in respect of accommodation, resources, library and IT facilities.

The role of professional bodies

The primary functions of a professional body are to safeguard professional standards and to ensure that education and training are appropriate to that purpose. Some also have a wider remit to take account of issues regarding public safety. Professional associations usually guarantee professional standards through accreditation of professional competence. In practice, there is little liaison between different professional bodies, some of whose members may work in proximity to each other with the same client groups; this has led to the growth of unsynchronised validation cycles and profession-accreditation of competence.

Attitudes of team members

We suggest that multidisciplinary teamworking requires mutual understanding between professions. Good communication is only one aspect of multidisciplinary interaction. A recurring theme from our research was that staff who work together develop an awareness of each other, begin 'breaking down barriers' and develop an 'appreciation of strengths and weaknesses' (p.23) of team members. In addition, there is the recognition that individual professions may not hold a monopoly of the knowledge base to deal effectively with the user-group.

WHAT ARE THE IMPLICATIONS FOR EDUCATION?

First, we conclude that there is very little evidence regarding the efficacy of multidisciplinary teamworking in educational settings. We have, therefore, utilised evidence arising from our own and other studies in related social policy areas of health and social care. We readily admit that situation-specific factors may account for some of the findings but believe that, in the absence of better matched studies, they provide some useful pointers to issues which need to be addressed in the education sector.

Second, it is now apparent that the Scottish Executive is committed to fostering social inclusion and has announced ambitious targets (Scottish Executive, [1999]). We think that multidisciplinary teamworking will be one way of addressing complex cross-cutting social issues as members of different professional and occupational groups, including education, work towards the social inclusion targets.

Third, we believe that leading and managing multidisciplinary teams requires increased skills and sensitivity. Evidence from successful teams in healthcare provides us with the model of the 'player manager' who is able to develop and lead teams drawn from different professional groups. Appropriate models for education now need to be developed and evaluated.

Fourth, we found that roles in multidisciplinary teams were rarely static. Teams worked best when roles were clarified, when role extension and rotation were included, and members were provided with feedback on their performance. Training in multidisciplinary teamworking is required if team members are to function effectively together.

Fifth, research indicated that resources influence the way teams work. Further work on the relationship between physical space, its utilisation and teamworking is required. And finally, we still do not know whether multidisciplinary teams in education will be more effective at raising standards than traditional ways of organising staff. If policy is to be underpinned by evidence, then further study of this topic is required.

Raising standards and fostering social inclusion are continuing challenges facing schools. We believe it is unlikely that either can be achieved by teachers working alone. We have aimed here to provide guidance as to the skills teachers will require to support multidisciplinary teamworking and also as to the pitfalls to avoid.

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