



Understanding Interdisciplinary Team Working in Geriatric Medicine

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Definition of MDT working

*« A dynamic process involving two or more health professionals with **complementary** backgrounds and skills, sharing **common** health **goals** and exercising concerted physical and mental efforts in assessing, planning, or evaluating patient care. This is accomplished through interdependent **collaboration**, open **communication** and **shared decision-making**. This in turn generates value-added patient, organisational and staff outcomes »*

Traditional multidisciplinary approach



- Oncology (rectal cancer, prostate, melanoma)
- Palliative care
- Cardiovascular disease management (HTA)
- Endocrine disorder (Diabetes, obesity)
- Neurology (multiple sclerosis)
- Psychiatry
- Highly specific care (tracheostomy)
- Improving safety culture

New multidisciplinary models in geriatric medicine



CGA



Falls

Examples



Delirium



Drugs

Necessity of MDT working ?

- Increasing old, frail and **complex population** with chronic diseases
- Increasing **complexity of skills and knowledge** to provide comprehensive care
- Increasing specialization and **fragmentation** of disciplinary knowledge
- Emphasis in **countries' policy documents** on multi-professional MDT work
- Increasing need of **continuity of care** within the move towards **continuous quality improvement**



Multidisciplinary Team (MDT) is the « Engine Room » of Geriatric Medicine

Graham Ellis, Age and Ageing 2019

Potential benefits of a multidisciplinary geriatric program at hospital

Table 1. Key Elements and Illustrative Features of the Intervention Program.

KEY ELEMENT	ILLUSTRATIVE FEATURES
Prepared environment	Carpeting, handrails, uncluttered hallways Large clocks and calendars Elevated toilet seats and door levers
Patient-centered care	Daily assessment by nurses of physical, cognitive, and psychosocial function Protocols to improve self-care, continence, nutrition, mobility, sleep, skin care, mood, cognition (implemented by the primary nurse and based on the daily assessment) Daily rounds by the multidisciplinary team, led by the medical and nursing directors with the primary nurse, social worker, nutritionist, physical therapist, and visiting-nurse liaison
Planning for discharge	Early, ongoing emphasis on the goal of returning home Assessment of plans and needs for discharge by a nurse at the time of admission Early involvement of a social worker and home health care nurse, if indicated
Medical care review	Daily review by the medical director of medicines and planned procedures Protocols to minimize the adverse effects of selected procedures (e.g., urinary catheterization) and medications (e.g., sedative-hypnotic agents)

Core principles of MDT meetings around the world

- Establish **patient-centred goals**
- Cover the main domains of **CGA**:
 - Medical problems, functional ability, nutritional status, cognitive or psychiatric health and social aspects
- Have representation from **key disciplines**
- Bring opinions together **openly**
- Agree an **overall aim** and next steps time frames
- **Allocate responsibility**
- Reconvine to revisit **progress** on a regular basis
- **Communicate outputs** from the MDT meeting

Principles of effective MDT working

Based on behavioural evidences from cancer,

In order to be effective and functional, you need:

- **Centrality of the patient's needs**
- **Respect of colleagues**
- **Common critically values**
- **High level of skills**
- **Good processes**
- **Good leadership**
- **Good governance in documenting action plans**

What is reported from CGA Trialists?

- 13 trialists (over 29) from the CGA Cochrane review 2017
 - MDT meeting is important to the CGA process
 - Both intervention and control group included physiotherapists and nurses
 - MDT meetings are reported in 6/13 trials
 - Other important components:
 - Clinical leadership: CGA
 - Speciality expertise-the geriatrician
 - Plans tailored to the patient's need
 - Allow an integrated approach (needs, goals and therapy)
 - Evidences are different between CGA wards and mobile CGA teams

Definition of conceptual models of team-working

Multi-disciplinary teams: individual assessment, separate but inter-related roles, maintaining their own disciplinary boundaries

Additive process

Inter-disciplinary teams: members are as a whole; lead to joint service plan; discipline-specific base (functional assessment)

Integrative process

Trans-disciplinary teams: share roles and goals; sharing skills; acquire new skills from other disciplines

Blended process

Effective team working: the Big 5 model

1. Team leadership

= Shared, regularly articulated vision and shared values

2. Team orientation

= Enabling, supportive and inclusive model

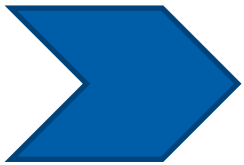
3. Back-up behaviour (mutual support amongst team-members)

= Being open to feedback, mutual respect and psychological safety

4. Mutual performance monitoring

5. Adaptability

Mechanisms supporting those 5 elements:



1. Mutual trust (related to skills, integrity and kindness)

2. Shared mental models (each other's roles)

3. Closed loop communication

Key Non-Technical Skills in Healthcare

Social skills	Cognitive skills	Personal resource skills
Communication	Situational awareness	Stress management
Leadership	Decision-making	Workload management
Teamwork	Mental readiness	Fatigue management

- Good correlation with technical skills!
- Training will improve outcomes
 - EX: perioperative care, surgical team training (108 Veterans Affairs Hospitals-USA)
 - Reduction of mortality of 18% (compared to 7%)
 - Neily J, J Am Med Assoc 2010; 304:1693-700



« ***Simulation-based training prior to practicing is an ethical imperative*** »

How to enhance MDT working in modern geriatric medicine ?

- **Skills**
 - Curriculum team training-simulation centers
 - Engage the patients into the training design
 - Use a leadership framework to identify leaders for MDT
- **Processes**
 - A good space
 - Record decision-making
 - Improve communication
- **Values**
 - Foster patient-centredness
 - Share values formally
 - Analyse adverse events

The 2025 Big G Geriatrician: defining job roles to guide fellowship training



- Complexivist
- Consultant
- Health system leader and innovator
- Functional preventionist
- Educator for Big G and little G providers

115 geriatricians - USA

The future in medicine


- **Big data** and machine learning
- **Mobile devices**
- **Internet for everything**
- **Population-based healthcare**
- The **individual** as a consumer and decision-maker
- Drive toward the **lowest cost**



Attributes of a good interdisciplinary team: a systematic review in 2013

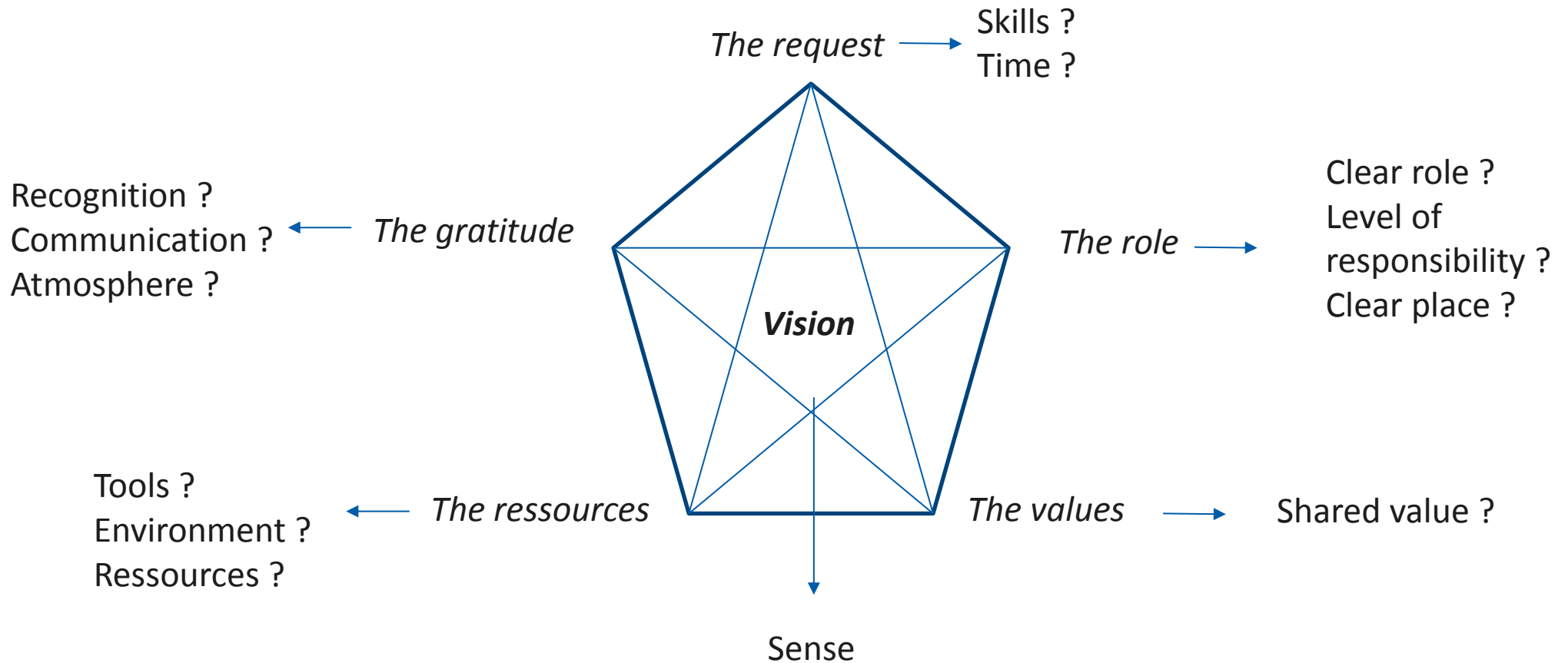
- Evidences from community rehabilitation and intermediate care services (CRAICS)
- 101 studies (1994-2009)
- Workshops in 11 CRAICS, 253 staffs

Ten principles of good interdisciplinary team work

- 
1. Positive leadership and management attributes
 2. Clarity of vision
 3. Supportive team climate
 4. Individual characteristics that support MDT work
 5. Respecting and understanding of roles
 6. Appropriate skill mix
 7. Communication strategies and structures
 8. Personal rewards, training and development
 9. Appropriate resources and procedures
 10. Quality and outcomes of care

How to take care of your team ?

A diagnostic tool, The Ginger's Pentagram-1981



What's the place of Emotional Intelligence (EI) ?

Types of Human Intelligences

1. Linguistic Intelligence
2. Logic Intelligence
3. Kinaesthetic Intelligence
4. Spatial Intelligence
5. Musical Intelligence
6. Interpersonal Intelligence
7. Intrapersonal Intelligence



Definition of Emotional Intelligence (EI)

*Concept created by Peter Salavoy and John Mayer
Popularized by Daniel Goleman in 1996*

Emotional Intelligence (EI) is the ability to :

1. Recognize, understand and manage our own emotions
2. Recognize, understand and influence the emotions of others
3. Being aware that emotions can drive our behavior and impact people positively and negatively
4. Learning how to manage those emotions – both our own and others – especially when we are under pressure

The 5 Components of EI (D Goleman-2000)

1. Self-Awareness
2. Self-Management
3. Social Awareness
4. Empathy
5. Relationship Management

1. Self-Awareness

- **knowing our internal states**, preferences, resources, and intuitions
 - **Emotional Awareness**: Recognizing one's emotions and their effects.
 - **Accurate Self-Assessment**: Knowing one's strengths and limits
 - **Self-Confidence**: A strong sense of our capabilities

2. Self-Management

- Managing ones' internal states, impulses, and resources
 - **Emotional Self-Control**: Keeping disruptive emotions/impulses in check
 - **Transparency**: Maintaining integrity, acting congruently with one's values
 - **Adaptability**: Flexibility in handling change
 - **Achievement**: Striving to improve or meeting a standard of excellence
 - **Initiative**: Readiness to act on opportunities
 - **Optimism**: Persistence in pursuing goals despite obstacles and setbacks

3. Social Awareness

- To handle relationships and awareness of others' feelings, needs, and concerns.
 - **Organizational Awareness:** Reading a group's emotional relationships
 - **Service Orientation:** Anticipating, recognizing, and meeting customers' needs

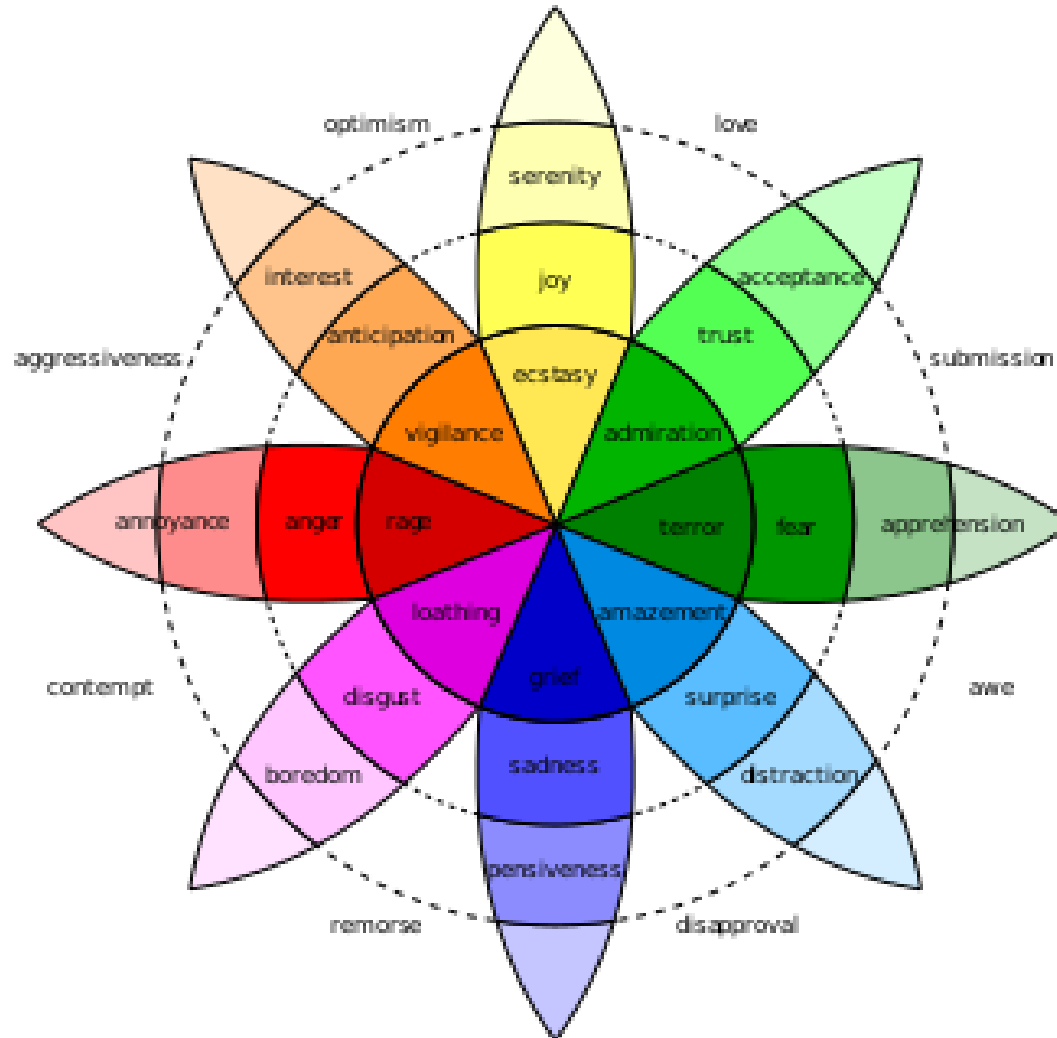
4. Empathy:

- Taking an active interest in other's concerns, needs and perspectives

5. Relationship Management

- To induce desirable responses in others
 - **Developing Others:** Sensing others' development needs and boosting their abilities
 - **Inspirational Leadership:** Inspiring individuals and groups
 - **Change Catalyst:** Initiating or managing changes
 - **Influence:** using effective tactics for persuasion
 - **Conflict Management:** Negotiating and resolving disagreements
 - **Teamwork & Collaboration:** Working with others toward shared goals. Creating group synergy in pursuing collective goals

Emotion ?



Human needs



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Important needs in our work ?

- Need of actions
- Need of a clear identity and membership
- Need of good relations
- Need of progression
- Need of gratitude or thankfulness
- Need of attainment

Current weaknesses in the hospital world

- Economic transition and constraints
- Communication barriers
 - High level of indirect communication
- Hospital network reform
- Lack of mobilizing project
- No place for emotional expression
- Confusion between levels of relationships
 - Hierarchical, functional and inter-personnel levels



Consequences of a lack of EI

- Psychosomatic diseases
- Imposing decisions with few explanations
- Submission or opposition behaviors
 - To few appending opinions and solutions
- Non-adherence behaviors
- Rumors and denunciation
- Higher rate of rules and regulations

Demonstrated benefits of integrating EI at work

- Higher level of motivation
- Higher level of satisfaction at work
- Better mental and physical health
- Better resistance to stress
- Lower rate of burn-out
- Lower level of turnover in the enterprise
- Better leadership



Improved performance !

How to implement EI at work ?

- Sharing a common project
- Improving communication skills
- Implementing a positive management and culture
- Promoting differences to promote innovation
- Promoting improvement and adaptations to changes

Sharing a common project

Improving communications skills

How improving our communication skills ?

- Distinguish a speech and exchange, discussion and sharing opinions
- Desire a growing relationship
 - Respecting our limits
 - Allow development of potentials
- Accept 4 axes of communication
 - You can ask
 - You can give
 - You can receive
 - You can refuse
- To promote equity during communication
- To promote a creative exchange where the two persons are at the end the winners



How promote a creative relationship ?

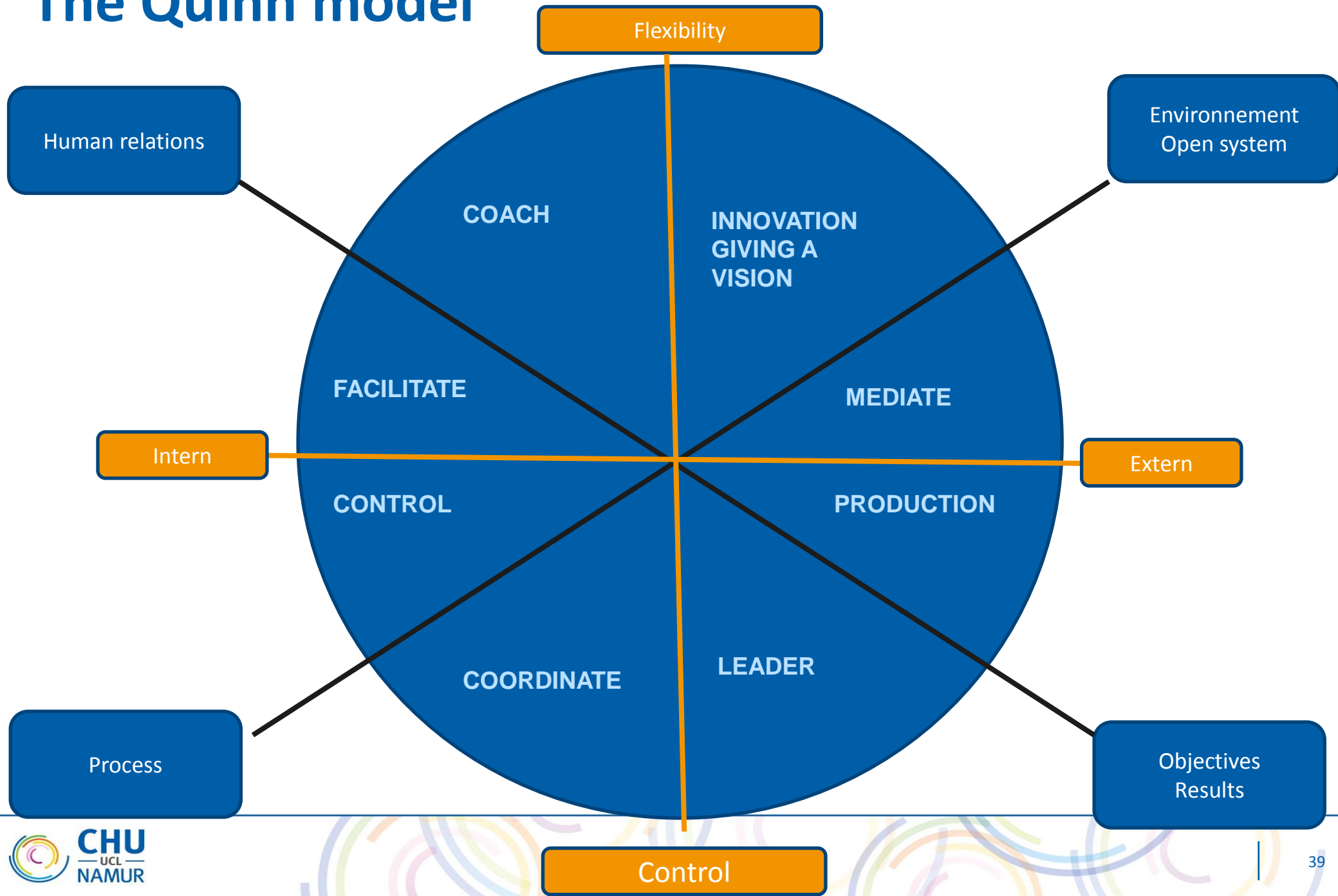
- Express your needs and your vision/opinion
- You have a sense of responsibility of your part of the relation (our part of the scarf)
- Be able to listen and understand the needs and the vision of the other person
- Reformulate the expression of the person
- Exchange about what is the common vision
- Communicate about what are your differences and assess impact
- Validate an agreement in order to add a new added-value or a positive objective
- Accept to be influenced by the other with respect to your own main values
- Be able to run away if no agreement is found

Toward a creative relationship

- Exchanging is not the same as expressing
- Allow the expression of feelings and emotions
- Try to respect a steady state in the relation
 - I can ask, I can give, I can receive and I can refuse
- Respect the other person for his own and not for what you would like he should be
- Use open sentences like « I invite » or « suggest »
- Use the « I » and avoid the « You or We » expression
- Distinguish facts, feelings, assumptions and ideas
- Avoid value judgement
- Be careful with evidences
- Try to give a positive dynamic to your relations
- You are also responsible of the relation

Implementing a positive management and culture

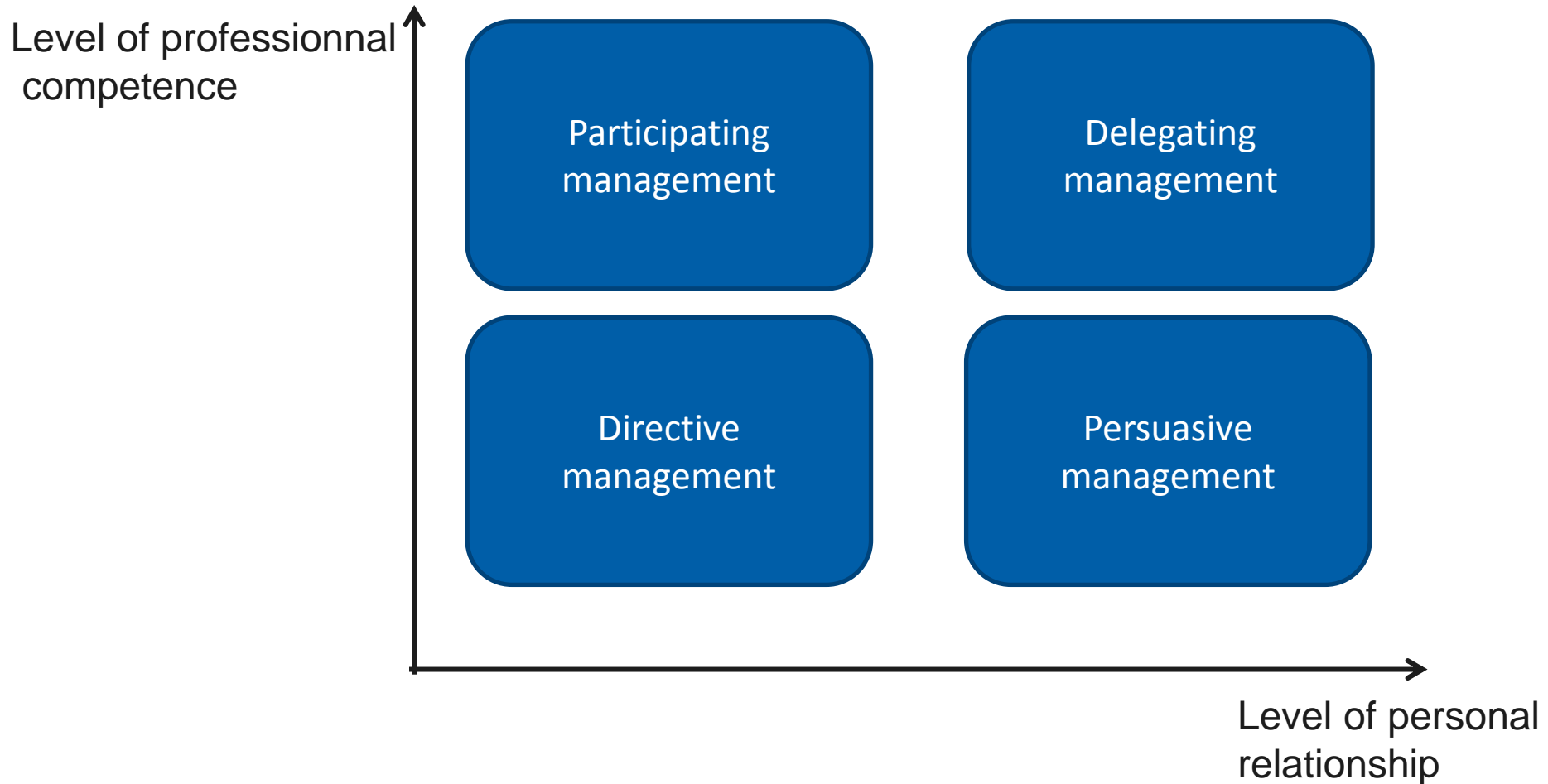
The Quinn model



7 Tips for the manager in order to improve creative relationships

1. Need of a common project
A strategic vision, Clear objectives, Common values and organization, indicators
2. Need of individual objectives and assessing results using EI
3. Promote autonomy and direct relationships (transversal structures)
4. Define your management with your team
5. Use coaching
6. Develop yourself and accept your imperfections
7. Legitimacy related to the evaluation of the collaborators

Position of the manager



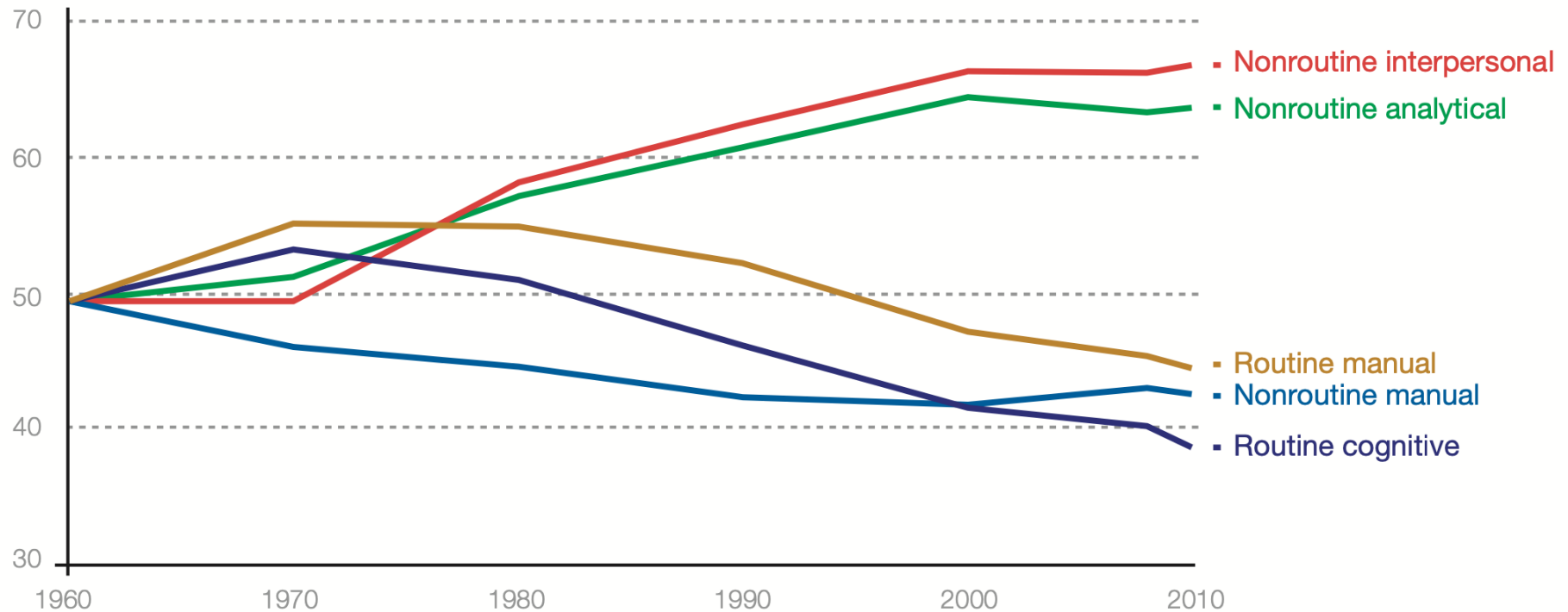
The 4 Tolteques advices of Don Miguel Ruiz

1. Your speech must be perfect
= Avoid criticism, insults, irony, blackmail,...
2. Don't react personally
= Reaction of others are not against you but are defence reactions
3. Avoid assumptions and use assertion if you describe your needs
4. Try to do your best

Promoting differences to promote innovation

Exhibit 1: The labour market increasingly demands higher-order skills

Tasks by percentile for the US economy, 1960-2009



Note: The starting point of the chart has been indexed to 1960.

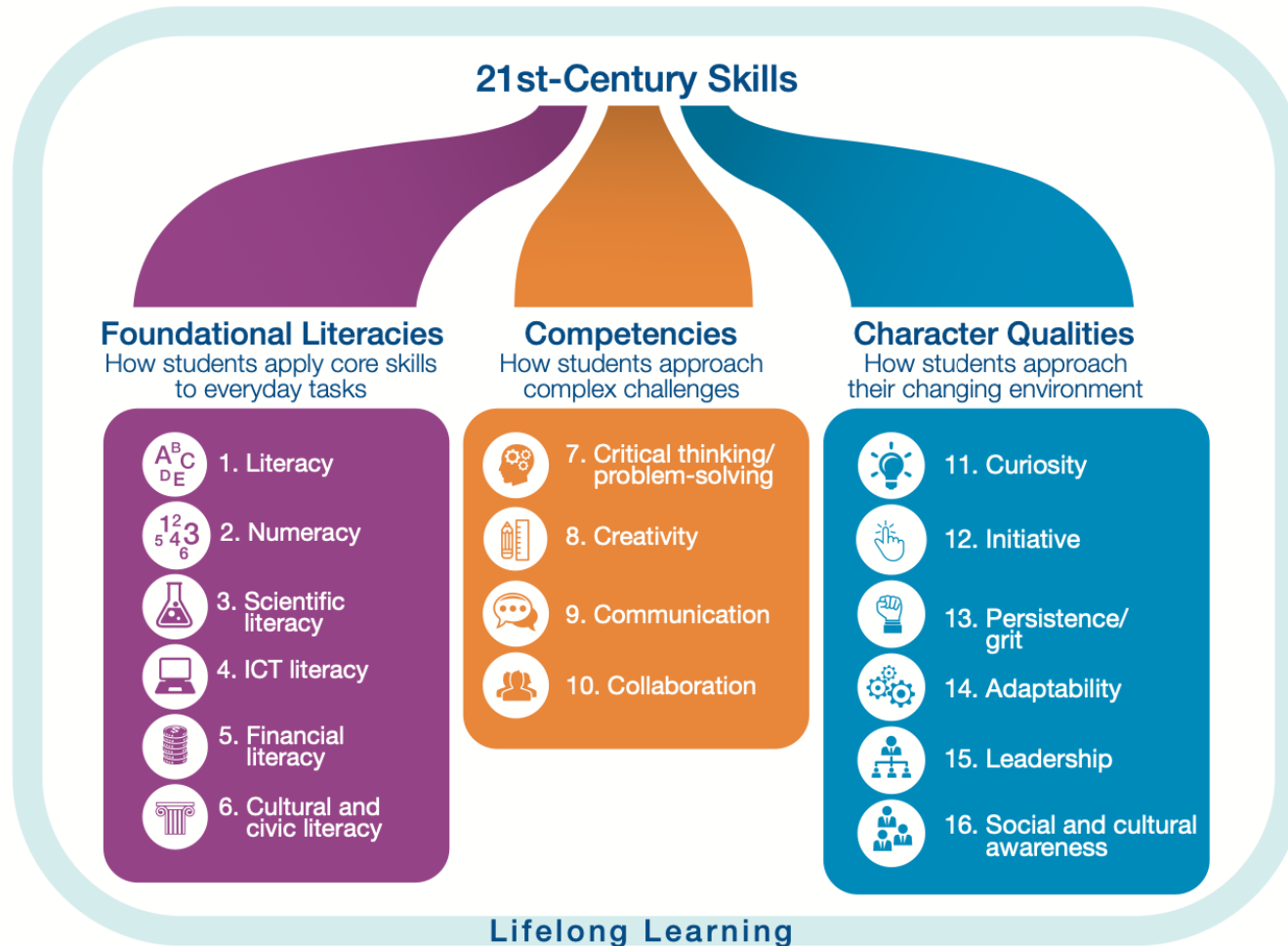
Adapted from Levy, Frank and Richard J. Murnane. "Dancing with robots: Human skills for computerized work." Third Way NEXT. 2013.

(<http://content.thirdway.org/publications/714/Dancing-With-Robots.pdf>) Data provided by David Autor at MIT and updated from the original 2003 study by Autor, Levy and Murnane.

New Vision for Education

Unlocking the Potential of Technology

Exhibit 2: Students require 16 skills for the 21st century



3 New Vision for Education

Key emotional competences in the future at work


1. Complexe problem-solving capacity
2. Innovation, curiosity and initiative
3. Communication and collaboration
4. Flexibility and persevering
5. Leadership
6. Cultural and social interests

Promoting improvement and adaptations to changes

Evaluating the quality of interaction between medical students and nurses in a large teaching hospital.

- “The quality of interaction between medical students and nurses during third-year clinical rotations is poor, which suggests that medical students are not receiving the sorts of educational experiences that promote optimal physician-nurse collaboration. Medical students and nurses experience different levels of psychological distress, which may adversely impact the quality of their interaction”.

Twelve tips to promote a feedback culture with a growth mind-set: Swinging the feedback pendulum from recipes to relationships

Subha Ramani^a , Karen D. Könings^b, Shiphra Ginsburg^{c,d} and Cees P. M. van der Vleuten^b

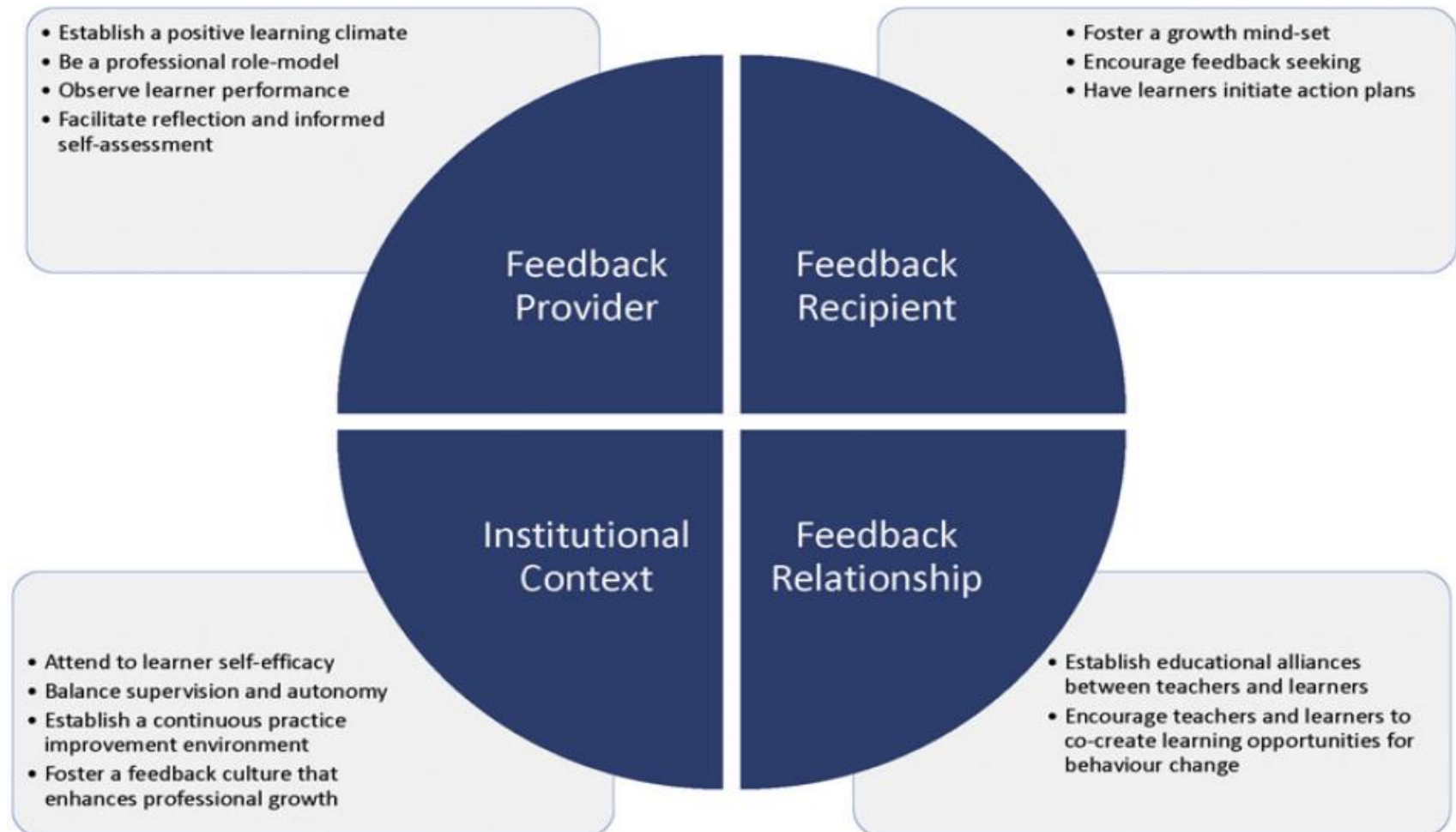


Figure 1. Establishing a feedback culture with a growth mind-set: strategies from multiple perspectives.



To read more

- Daniel Goleman: L'intelligence émotionnelle, Intégrale; Editions J'ai Lu 2014
- Magali Mounier-Poulat et Solenne Roland-Riche,: 100 règles d'or du management positif et heureux; Editions Larousse Poche 2017
- Kotsou Ilios: Intelligence émotionnelle et management, Edition de boeck
- Daniel Eppling et Laurent Magnien: Quel Manager êtes-vous ? Edition Eyrolles
- Christian Poitié et Jacques Salomé: Oser travailler heureux, Edition Le livre de poche
- Patrice Ras: Gestion des conflits, Edition Jouvences



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