Why we should stop talking about multidisciplinary teams

There was once a multidisciplinary team that was asked to assess and describe an elephant. Each member of the team met with the elephant over a period of weeks (because they all had different waiting times) and then finally met up to report back on what they felt were the key characteristics. The medics described a strong heart and chest (like a wall), the dietitian said the elephant was overweight, the physiotherapists described strong legs (like tree trunks), the occupational therapists described a highly functional trunk (like a snake) that could be used in different ways and the psychologist, psychiatrist and psychotherapist all came up with different psychological formulations. And to this day they still have not been able to describe the elephant as a whole.

Any discussion around effective multidisciplinary team working must begin with a conversation about why we need to stop talking about multidisciplinary teams and start talking about "interdisciplinary" teamwork. These terms are often used interchangeably by healthcare professionals, despite fundamental differences between the two approaches.

Both terms refer to several different disciplines, which in principle work together. A multidisciplinary group, for example, may work as a group or a team (although not always), but each team member develops individual care goals using their own expertise. In a team with a doctor, nurse, occupational therapist, physiotherapist, dietitian and psychologist, you could end up with six different plans, all developed independently from each other.

In marked contrast, interdisciplinary teams follow teamwork guidelines and benefit from the expertise of each healthcare professional, creating an integrated treatment plan with shared goals. This integrated intervention depends on each expertise, with an overall picture of direction of travel (Nancarrow et al, 2013).

There is no question that we need the involvement of "multi" disciplines, particularly when we are caring for young people and their families living with chronic health conditions; however, the model should be interdisciplinary. Interdisciplinary teamwork is more efficient, enables individualised and patient-centred care and ultimately increases quality and safety. It is also important that children, young people and families are part of the team and are invited to participate in a shared decision-making process about their care (NICE, 2021).

Interdisciplinary process

The first stage of this process is to think together about what potential issues are impacting on the young person's ability to live life to the full potential. Creating a shared understanding of what is happening is essential. It can be as simple as asking the young person what they think is happening in their life that they would like to be different. It is also important to check in with parents to see where they fit into the intervention and how the team can support them.

Creating a shared goal will help everyone ask who should or could be involved and what could they do to help. There may be different disciplines involved offering part of the overall intervention, but all the individual expertise is focused on a shared goal. And, finally, regular reviews of progress with the whole team make sure everyone is on track and heading in the right direction.

In this interdisciplinary model, no individual discipline would decide to stop seeing a young person or family without checking in with the group to see if this action would impact on the work of another team member. At its best, interdisciplinary teamwork is a perfect example of the "whole being greater than the sum of its parts". Welcome to the IDT! ■

Nancarrow SA, Booth A, Ariss S et al (2013) Ten principles of good interdisciplinary team work. *Hum Resour Health* **11**: 19

NICE (2021) *Shared decision making* (NG197). NICE, London. Available at: www.nice.org.uk/ng197 (accessed 22.09.21)

Deborah Christie
Professor of Paediatric and Adolescent Psychology, University College London Hospitals NHS Foundation Trust

Citation: Christie D (2021) Why we should stop talking about multidisciplinary teams. *Diabetes Care for Children & Young People* **11**: DCCYP080