Position Statement on Interdisciplinary Team Training in Geriatrics: An Essential Component of Quality Healthcare for Older Adults

Developed by the Partnership for Health in Aging Workgroup on Interdisciplinary Team Training – March 2011

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Introduction

The rapid growth of our older population poses unique challenges for the U.S. healthcare system. Geriatric care can be complex and time intensive, and many medical, psychosocial, and functional issues must be addressed simultaneously. For treatment to be effective, it must be carefully coordinated. The use of an interdisciplinary team (IDT) is an accepted and well-developed model for care coordination. IDTs have been successfully implemented in a variety of settings and have been shown to improve healthcare outcomes.

IDT training is already integrated into the curricula of some professional training programs, including programs in dentistry, geriatric medicine, hospice and palliative medicine, nursing, social work, pharmacy, and psychology. However, formal education in working in IDTs remains inadequate in most professional training programs.[1, 2] In addition to being trained in discipline-specific aspects of geriatric care, all healthcare professionals must be trained to work in a well-functioning IDT in order to provide optimal care for older adults.[3]

The Partnership for Health in Aging endorses all efforts to support and implement IDT training in geriatrics, including expansion of programs funded under Title VII of the Public Health Services Act: (1) the Geriatric Education Center (GEC) interdisciplinary training programs, and (2) the Geriatric Academic Career Awards (GACAs), whose recipients are required to provide training in clinical geriatrics, including interdisciplinary teams.

This Position Statement is addressed to those groups that can influence the development and expansion of academic and continuing education programs in IDT training, including professional associations, credentialing and licensing bodies, accreditation organizations, and university administrators. Because of the significant challenges to expanding the development and implementation of IDT training for health professionals, such training will only be successful with substantial and sustained advocacy from the above professional groups. This Position Statement emphasizes the urgent need for interdisciplinary teamwork as an essential educational component for all health professional trainees working with older adults.

The Importance of IDTs in Providing Quality Geriatric Care

Regardless of the care setting, the complex health problems of older adults often require the expertise of multiple health professionals, and care coordination among the entire team of health professionals, direct-care workers, and family and other caregivers. When healthcare providers work independently, care can be unduly fragmented and fail to address the older person's overall needs. For example, an individual's multiple health problems might be properly diagnosed, with appropriate treatments chosen, but the individual might also have cognitive and psychological problems that impede his or her understanding of those treatments, be unable to ambulate and perform activities of daily living, or lack the proper physical environment and adequate social support to live successfully at home. In an IDT, all of these needs can be addressed proactively and simultaneously, with providers working together to accomplish common goals and produce a well-conceived, comprehensive care plan.

Geriatrics training, care delivery models, and healthcare professionals' roles are evolving in response to changes in healthcare financing and delivery. In this environment, a flexible approach to geriatric IDTs may be required, based on each individual's health problems and needs. Some teams may involve only those disciplines specific to a particular task, with larger teams reserved for the most complex, frail older adults.

Evidence Supporting the Effectiveness of IDTs

According to evidence in the scientific literature, using an IDT in the care of older adults can lead to better continuity and quality of care, improved health outcomes, and lower costs.[4-6] Other benefits of team care include enhanced communication among healthcare providers, improved patient safety, improved care of common chronic illnesses, better medication adherence, fewer adverse drug reactions, preservation of function, and decreased hospital readmissions.[7] In a recent systematic review, multidimensional home assessment programs have been shown to reduce disability burden among older adults, although the effect on decreasing nursing home admissions has not been consistent in all patient groups.[8] In the hospital, numerous randomized clinical trials support comprehensive geriatric assessment as an important tool for evaluating the needs of frail elderly inpatients and for determining appropriate interventions.[9] Interdisciplinary care has likewise been demonstrated to be useful in the outpatient setting [5, 6, 10-12] as well as in skilled nursing facilities.[13, 14]

The Importance of IDT Training in Geriatrics

IDT training programs can improve learners' knowledge and attitudes about aging, geriatric care, team skills, interprofessional communication, and the benefits of IDT collaboration.[15-19] Although healthcare professionals are often required to work in team environments, most have not had sufficient opportunities to learn with, from, and about other healthcare professionals. Geriatrics interdisciplinary training should occur throughout the learning spectrum—from students in the health professions, to postgraduate trainees, to actively practicing professionals—and in all disciplines involved in the care of older adults.

Many organizations, including those that oversee health professional training program requirements and accreditation, have made explicit recommendations for expanded education

and training for interdisciplinary teamwork.[20] Among the organizations and institutions that endorse, and in some cases require, training and experience working in IDTs are: 1) the Accreditation Council for Graduate Medical Education,[21, 22] 2) the American Academy of Hospice and Palliative Medicine, [23] 3) the American Association of Colleges of Nursing,[24] 4) the American Geriatrics Society,[7, 25] 5) the American Psychological Association,[26] 6) the American Society of Consultant Pharmacists,[27] 7) the Association of American Medical Colleges,[28] 8) the Council on Social Work Education, [29] 9) the Department of Veterans Affairs,[30] 10) the Institute of Medicine,[31] and 11) the Joint Commission.[32]

IDT Training Goals and Curriculum

To function well as members of an IDT, professionals-in-training must develop an understanding of the rationale for a team and learn the skills to work collaboratively with other professionals in diverse clinical settings, including the hospital, clinic, nursing home, and home.[18, 33-36] This understanding is contingent upon having sufficient hands-on experience through role playing and working within an IDT as it actively solves problems.

Ideally, all members of an IDT will have sufficient didactic and clinical training to enable them to:

1) Understand their respective roles and responsibilities on the team
2) Establish common goals for the team
3) Agree on rules for conducting team meetings
4) Communicate well with other members of the team
5) Identify and resolve conflict
6) Share decision-making and execute defined tasks when consensus is reached
7) Provide support for one another, including the development of leadership roles
8) Be flexible in response to changing circumstances
9) Participate in periodic team performance reviews to ensure that the team is functioning well and that its goals are being met [20, 32, 37-39]

Research indicates that training programs providing education in these essential areas are successful in enhancing the function and effectiveness of interdisciplinary geriatrics teams.[15, 16, 20] A formal curriculum for team training has been developed by the Geriatric Interdisciplinary Team Training Program (GITT) of the John A. Hartford Foundation, a curriculum that includes both didactic materials and specific exercises to foster team development (see http://www.gittprogram.org). Additional IDT training materials and websites are sponsored by U.S. academic institutions and organizations, including the Bureau of Health Professions-sponsored Geriatric Education Centers (see accompanying *Annotated Bibliography on Geriatrics and Gerontology Interdisciplinary Team Training*).

Factors Necessary for the Success of IDT Training

Interdisciplinary training—whether in the academic or the continuing education setting—presents many common and significant challenges.[40-47] In order for IDT training to be successful—to be developed, implemented, and sustained over time—these challenges must be recognized and addressed at multiple levels. Based on the literature, some factors necessary for its success are given below.

1) Background attitudes and experience with team care and training. Different health professions have differing beliefs about the importance and value of providing team care. Nursing, social work, and other professions have traditionally been the most supportive of IDTs, and medicine has been less so.[45] Addressing this challenge may require better advocacy by medical professional associations, accreditation and licensure organizations, and educational administrators regarding the importance of interdisciplinary teamwork for physicians, as well as other healthcare professionals—for example, by sponsoring forums on the value of IDT, issuing policy statements and new regulations, redesigning educational programs, or identifying and networking with IDT champions within these organizations.

2) Different degrees of faculty support and student participation. Related to the previous factor, faculty and students from some disciplines are much more involved and committed to interdisciplinary training than others; again, medicine is generally the least supportive.[45] In addition to the strategies previously presented, expanded efforts by professional associations and accreditation and licensure organizations in the promotion of IDT may be required. The development of an IDT steering committee to oversee the program and model effective interdisciplinary collaboration may also be helpful.

3) Level of training of students and trainee expectations. It is important to match the level of student disciplinary education and experience in the IDT educational setting; otherwise, the participants will not value the contributions of different professions equally. Similarly, low student perceptions of the relevance and importance of the IDT experience may undermine its value. These factors can be addressed by the careful matching of students' level of education and experience, as well as effective modeling and mentoring of interdisciplinary teamwork attitudes and skills by faculty.

4) Importance of training context. Certain settings, such as hospitals, may reinforce the hierarchy of health professions, with medicine usually being the most influential. In contrast, other settings—such as home care—may provide for more meaningful clinical contributions from all disciplines. Recognition of the importance of context may require the development of new training settings that are less hierarchical and more collaborative, with shared leadership across participating health professions.

The Importance of Institutional and Financial Support for IDT Training

Research has shown that one factor essential for the development and sustainability of geriatric IDT training is institutional and financial support, in both educational and practice settings.[42] The 2008 Institute of Medicine Committee on the Future Health Care Workforce for Older Americans recommends that, "Payers should promote and reward the dissemination of those models of care for older adults that have been shown to be effective and efficient…including reimbursement for services that are not currently covered, e.g., interdisciplinary teams."[31] Effective IDTs require financial and in-kind resource support as well as the involvement of the organization's key academic and/or administrative personnel. Recognition and rewards that value and sustain geriatric IDTs are integral components of institutional support. The inclusion of all of these types of financial and institutional supports is essential to interdisciplinary team training and quality geriatric care.

Summary

IDTs are essential components of an integrated and comprehensive care system for older adults in the U.S. Recent calls for expanded training in teamwork for all healthcare professionals working in geriatrics have grown in number and urgency. Historically, training in higher education academic and continuing education settings has not been sufficiently responsive to these demands.

To address this gap, a wide variety of organizations—including professional associations, credentialing and licensing groups, and accreditation bodies—should rapidly and significantly increase their advocacy efforts in support of IDT education. Only through such a coordinated effort will the U.S. healthcare system be able to rely on a growing cadre of healthcare professionals who have the necessary education in both geriatrics and teamwork to be able to provide the best care for our nation's dramatically increasing older adult population.

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