

*THE
TENTH ANNUAL
INTERDISCIPLINARY
HEALTH CARE
TEAM CONFERENCE*

PROCEEDINGS

September 15-17, 1988

Toledo, Ohio

Editors

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1989

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A META-ANALYSIS OF IMPERATIVE FOR RESEARCH ON INTERDISCIPLINARY HEALTH CARE TEAMS

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Introduction

Limitations of traditional medical systems to deal with complex health issues during the last two decades have prompted the use of interdisciplinary health care teams. Currently, much of the interdisciplinary health care team literature is descriptive in nature making it difficult to focus research imperatives. The purposes of this report include development of a systems research model to analyze the impact of interdisciplinary teams in health care and to define topics and questions for research on interdisciplinary teams by a meta-analysis of published reports.

Clearly there are both skeptics and advocates of the value of interdisciplinary teams. Skeptics note that the current literature has few and often inconclusive reports showing rigorous, scientific evaluations of the impact of health care teams (Heinemann and Tsukuda, 1986, p. 134). Skeptics cite problems concerning leadership, control, authority, coordination, and efficiency. Advocates of interdisciplinary teams appear equally committed to their assumptions and beliefs in positive outcomes of the team approach. As one advocate, Doctor T. Franklin Williams, director of the National Institutes on Aging, states it:

"...It is clearly impossible for any one profession to address adequately the full range of problems older patients often present, usually at times of crisis - medical or social. The rapid appearance of multidisciplinary geriatric assessment and consultative clinics and services in many settings, staffed with physicians, nurses, and social workers, all of whom are directly involved with the work-up and planning for the care of the patient and the family, together with the use of other consultants, all speak to the growing recognition of a team approach. To be a complete geriatrician means to be a team geriatrician."

A Systems Research Model

The complexities of interdisciplinary team care often confound systematic research designs and traditional methods. Heinemann and Tsukuda identified four broad areas of complexity that challenge and pose difficulties for researchers: "the geriatric population, itself; theoretical assumptions regarding our expectations of teams; definition of concepts and measurements of variables; and research design." They suggest future research needs to focus on inputs, processes and outcomes. These three components comprise a traditional systems model as shown in Figure 1. In addition, these three components need to be considered in the environment, or context, in which the interdisciplinary team functions.

A review of the literature identified numerous contexts in which inter-

disciplinary teams are prepared to practice and deliver care. Universities and their clinical affiliates as well as community settings are actively involved in preparation of practitioners to function in interdisciplinary teams. The contexts in which interdisciplinary teams function include but are not limited to geriatric settings in long-term care, psychiatric units, pediatric care units, rehabilitation institutes, diabetic care centers, chemical dependency programs, home-care, nursing homes, hospice centers, adult day-care and respite care settings.

Figure 2 graphically illustrates and defines the three systems components of input, process, and output. Input is defined as preparation to serve in an interdisciplinary team in terms of education and training. Process is defined as the interaction and activities of the team providing care in practice. Output is defined as the quality outcome of the teams efforts as measured in broad terms of team effectiveness and efficiency.

Materials and Methods

To identify imperatives for research on interdisciplinary health care teams, the meta-analysis technique was used. Meta-analysis, a research methodology for analyzing and integrating information from a collection of existing reports, was applied to the Interdisciplinary Health Care Team Symposia Proceedings.

The meta-analysis was conducted in two phases. In the first phase the reports, totalling 255 papers, were analyzed for inclusion under one of three categories as illustrated in the system research model: (1) input - education and preparation of the interdisciplinary team; (2) process - interdisciplinary teams in practice; and (3) output - measures of team effectiveness and efficiency. It should be noted that overlap between each of these three general headings is inevitable, hence a report could reasonably be categorized under more than one area.

The second phase of the study consisted of reviewing each article to identify specific recommendations for further research. This was accomplished by seeking answers to four questions: (1) which professions participated in the interdisciplinary team; (2) what variables were studied; (3) what were the general outcomes; and (4) what suggestions did the authors offer for additional research.

Results and Discussion

Each of the reports, categorized under the headings input, process, or output are listed in Tables 1, 2, and 3 respectively. Although space limitations preclude listing all the findings of the reports analyzed, Table 4 is an example of the responses to the four questions posed during the meta-analysis. As can be seen, individual reports often overlap more than one component of the systems research model. A variety of health professions were involved in the interdisciplinary teams in the studies. The variables studied were appropriate to the component of the model under investigation. All reports had some positive general outcomes, although not all clearly stated suggestions for additional research.

While studies of interdisciplinary teams have been conducted in a variety of environments or contexts, additional research should attempt to identify variables inherent in different settings that either promote or hinder the effectiveness or efficiency of interdisciplinary teams. Variables may include proximity to traditional care models and length of time the team has functioned, for example. These variables should be included as demographic factors when reporting studies on interdisciplinary teams.

The majority of citations reviewed under the input category described educational experiences, either at career-entry or through continuing education, and curricular content to prepare professionals for interdisciplinary team practice. Additional research needs to focus on faculty preparation to provide these educational experiences, replicated studies of student interaction during the learning experiences, cognitive gain regarding the process of interprofessional collaboration, shifts in attitudes as direct result of the interdisciplinary team educational experience, and development of uniform assessment tools to measure the learning experience. Research imperatives also include comparisons of the instructional effectiveness of different approaches, and the impact of interdisciplinary team training on practice. An example of the latter would be an assessment of the impact of enhanced training in team problem solving skills that could use the quality of patient plan assessments as the study variable to measure team interaction.

Reports under the process category, although largely descriptive also, prompt imperatives for research within teams, between teams, and teams working in different environments. Replication of existing studies using such variables length of hospital stay, use of medications, comprehensiveness of care, identification of new problems and diagnoses among patients, and patient discharge planning should be done. Additional research should include antecedent variables that predict team effectiveness, and characteristics of effective teams in practice using such variables as leadership, autonomy, and interaction. In addition, studies should be conducted within specific contexts to analyze the theoretical issues at the core of developing an interdisciplinary team.

Finally, reports categorized as outputs of interdisciplinary teams offer models for replication and study of variables assessing team effectiveness and efficiency. A number of reports cite assessment of patient satisfaction between team and non-team approaches. These deserve replication, or at least a consideration of this assessment in future studies. Similar to those variables noted under the process category, length of stay and patient discharge planning merit additional study. Future studies should also investigate readmission, functional status of patients served by team, and the quality of patient care plans developed by interdisciplinary teams.

Summary

The purpose of this report was to explore the need for systematic research on the impact of interdisciplinary teams and to suggest additional research needed. A systems research model was described followed by a meta-analysis of select reports to identify research imperatives. These results are of value to educators, practitioners and researchers for focusing a program of inquiry on the contribution of interdisciplinary teams in health care delivery.

References

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- Dienst, E.R.; Byl, N. "Evaluation of an education program in health care teams,": Journal of Community Health, 6:282-298, 1981.
- Heinemann, G.D.; Tsukuda R.A. "Evaluating the effectiveness of geriatric health care teams: Reexamining the issues," Interdisciplinary Health Team Care: Proceedings of the Eighth Annual Conference, pp. 133-142, 1986.

Rubenstein, L.Z.; Wieland, D.; English, P.; Josephson, K.; Sayre, J.; Abrass, I. "The Spulveda VA Geriatric Evaluation Unit: Data on four-year outcomes and predictions of improved patient outcomes," Journal of the American Geriatric Society, 32:503-512, 1984.

Williams, T.F. "Geriatrics: The fruition of the clinician reconsidered," The Gerontologist, 26:345-349, 1986.

FIGURE 1

The Systems Model

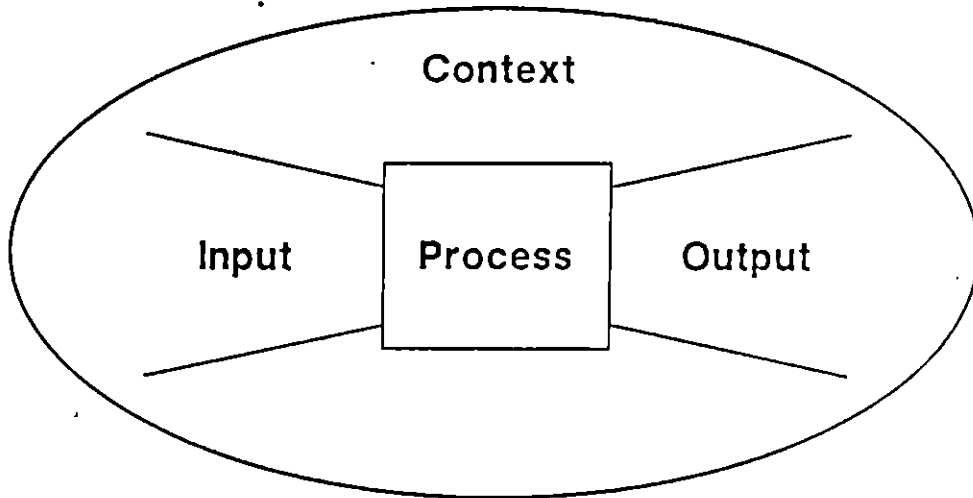


FIGURE 2

A Systems Research Model

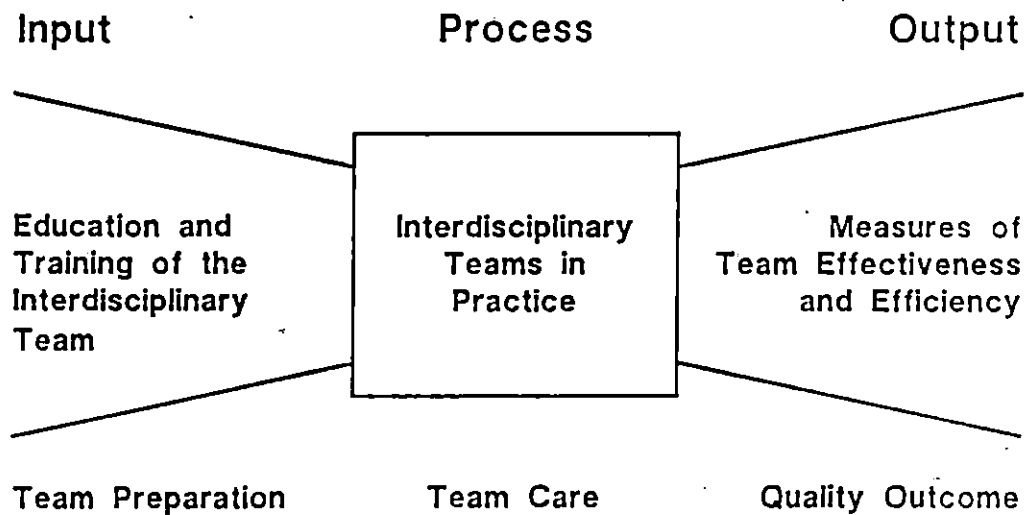


Table 1

Reports on Inputs: Education and Preparation of the Interdisciplinary Team

Author(s)	Title	Citation
Alex W, Wollstadt LD	Interdisciplinary Education with University of Illinois Medical and Nursing Students	Conf. 7, 1985 Pg. 356
Allen A, Burnett C, Casto RM, et. al	Course Methods Used in Interprofessional Education: The Academic Program of the Commission on Interprofessional Education and Practice at The Ohio State University	Conf. 4, 1982 Pg. 267
Anderson J, Carnevali GH, Smith E, et. al.	An Integrated Approach to Interdisciplinary Health Team Education	Conf. 1, 1979 Pg. 89
Backer B, Levitt J, Neuhaus R, et. al.	Undergraduate Education for Interdisciplinary Health Care Teams at Herbert H. Lehman College (symposium)	Conf. 4, 1982 Pg. 227
Bajnok I, Hams B	Educating Interdisciplinary Health Team Workers- The Evolution of a Program	Conf. 7, 1985 Pg. 333
Baldwin DC, Edinberg MA,	Student Team Training: Models for Faculty.	Inter. Health Team Training Pg. 29
Baldwin DC, Baldwin MA, Droes NS, et. al.	Some Considerations in Developing a Clinical Practicum for Interdisciplinary Student Health Teams	Conf. 1, 1979 Pg. 125
Baldwin DC, Baldwin MA, Dodson S, et. al.	Training Intercultural Health Care Teams: A Model for Recruitment and Service	Conf. 1, 1979 Pg. 147
Barker T	Training Alliances in Health and Education: An Interdisciplinary Approach to Addressing the Needs of Children with Handicapping Conditions	Conf. 6, 1984 Pg. 121
Berger R, Eisenman E, Neuhaus R, et. al.	The Development and Content of Curricula and Field Placements for Team Training in Primary Health Care at the Health Professions Institute.	Conf. 1, 1979 Pg. 109
Bersky AK, Dickens RN, Diberio JK, et. al.	Foundations of Interprofessional Teamwork: An Undergraduate Model	Conf. 7, 1985 Pg. 343
Billinger MJ, Ewart C	An Evaluative Study of a Health Team Development Intervention: Implementation Issues	Conf. 4, 1982 Pg. 479
Billups JO, Julia MC	Interprofessional Education for Team Practice-- Substance and System	Conf. 8, 1986 Pg. 182
Campbell LJ	Approaches to Staff and Student Interdisciplinary Team Training in a Geriatric Evaluation Unit	Conf. 3, 1981 Pg. 181
Campbell LJ	A Comprehensive Educational Training Model in Interdisciplinary Teams	Conf. 4, 1982 Pg. 55

Casto RM, Grant HK, Burgess-Ellison JA	Attitude Changes Among Students Engaged in Interprofessional Education: Further Results and Discussion	Conf. 8, 1986 Pg. 305
Casto RM, Nystrom EP, Burgess-Ellison JA	Interprofessional Collaboration: Attitude Changes Among Students Engaged in Interprofes- sional Education	Conf. 7, 1985 Pg. 201
Cervero RM, Rottet S, Townsend BE, et. al.	Evaluating the Effectiveness of an Interdisci- plinary Continuing Education Program	Conf. 7, 1985 Pg. 400
Ciurczak FM, Williams RR	Awareness Training: A First Step in Interdisci- plinary Health Team Building	Conf. 4, 1982 Pg. 295
Clark DA,	The Evolution of Interdisciplinary Education: College of Allied Health Professionals	Conf. 1, 1979 Pg. 49
Clausen R, Gerard R, Wright J	Some Considerations in Developing a Clinical Practicum for Interdisciplinary Student Health Teams	Conf. 1, 1979 Pg. 29
Clayton L, Lund DA	A Training Model for Increasing Team Excellence and Efficiency	Conf. 8, 1986 Pg. 19
Cohen F, Creason NS, Dan A	Measuring Views of Nurses and the Nursing Role by Medical Student who have had Planned Inter- disciplinary Education Experiences	Conf. 6, 1984 Pg. 237
Cohn M, Reynolds BC	The Development and Training of an Interdisci- plinary Faculty Health Care Team to Develop Educational Experiences for Students in Community Settings	Conf. 3, 1981 Pg. 81
Cooper EB	A Descriptive Analysis of Faculty Development Needs in Interdisciplinary Approaches to Health Occupations Education in Community Colleges	Conf. 4, 1982 Pg. 405
Czirr R, Gallagher D, Zeiss AM	The Use of Stress Ratings in Interdisciplinary Team Training	Conf. 6, 1984 Pg. 505
Donahue PA, Madigan HS	An Interdisciplinary Continuing Education Activity for Health Professionals	Conf. 4, 1982 Pg. 385
Dong B, Shore W, Icheou Y	Development of an Eight-Week Interdisciplinary Curriculum: A Descriptive Report	Conf. 4, 1982 Pg. 397
Donner G	Interdisciplinary Education Program for Community Health Care Professionals	Conf. 5, 1983 Pg. 345
Dunphy M	Evaluation of a Nutrition Education Program for Third Year Medical Students	Conf. 7, 1985 Pg. 401
Edinberg MA, Baldwin DC	Factors Affecting Student Team Experience	Sep. 6-8, 1976 Pg. 42
Eichorn SF	Faculty Training for Interdisciplinary Team Education	Sep. 6-8, 1976 Pg. 49

Ferguson DE	Curriculum Content and Educational Methodology for Interdisciplinary Education in Geriatrics at the University of Arkansas for Medical Sciences	Conf. 4, 1982 Pg. 319
Fournier MA, Steinman R	Learning Community Organization and Clinical Services: An Interdisciplinary Practicum with the Elderly	Conf. 4, 1982 Pg. 329
Greenstein R, Williams HC, Reichgott MJ	Training for Interdisciplinary Collaboration in a Veterans Administration Mental Hygiene Clinic	Conf. 4, 1982 Pg. 355
Inamasu M, Itano JK, Oishi N, etc.	Development and Impact of Student Interdisciplinary Oncology Teams	Conf. 5, 1983 Pg. 377
Ivey SL, Silverman D, Brown KS, etc.	A Teaching Model for an Interdisciplinary Health Care Team Course	Conf. 8, 1986 Pg. 203
Jacobsen M	Increasing Team Skills-An Evaluation of Program Effectiveness	Conf. 5, 1983 Pg. 403
Johnson JA, Mendelson MA, Moore MA	The Structure and Evaluation of an Interdisciplinary Rotation in Migrant Health	Conf. 7, 1985 Pg. 67
Kincaid BL	Cooperative Learning Strategies for Interdisciplinary Education (workshop)	Conf. 4, 1982 Pg. 451
Knightly DM	The Main Interdisciplinary Student Rural Health Teams Project	Conf. 1, 1979 Pg. 141
Lipetz MJ	A Metaanalyses of Interprofessional Education at the University of Illinois at Chicago	Conf. 8, 1986 Pg. 293
Mancini JC, Carter-Jessop L	A Method to Measure the Development of Team Skills	Conf. 4, 1982 Pg. 467
Mancini JC, Carter-Jessop L	Team Education and Research: A Theoretical and Operational Prototype	Conf. 3, 1982 Pg. 163
McFadden FO, Schubel C, Skoloda TE	Educational Programming in Geriatrics to Enhance Interdisciplinary Team Functioning	Conf. 7, 1985 Pg. 135
Stone HL	The Relationship Between Attitudes Regarding the Health Care Delivery System and Health Care Professionals and Knowledge Gains in an Interdisciplinary Advanced Cardiac Life Support Course in Community Hospitals in Southern Wisconsin	Conf. 7, 1985 Pg. 223
Thomas B, Wright W, Wright V	Evaluating Outcomes of an Interdisciplinary Training Program	Conf. 3, 1981 Pg. 183
Van Egmond EE	Evaluation of a Team Training Program	Conf. 6, 1984 Pg. 97
Van Egmond EE	Interdisciplinary Team Training: Students and Staff Learners, Group Process and Aging as Content	Conf. 5, 1983 Pg. 493

Wright K	Analysis of a Regional Medical University Proposal for Interdisciplinary Health Team Training in Denmark	Conf. 4, 1982 Pg. 29
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Table 2

Reports on Process: Interdisciplinary Teams in Practice

Author(s)	Title	Citation
Armstrong D	Collaborative Practice at Hartford Hospital	Conf. 6, 1984 Pg. 199
Baldwin DC, Edinberg MA	Levels of Interaction-Group Team and Organization	Conf. 1, 1979 Pg. 15
Baldwin DC, Dodson S, McIver K, et. al.	The Team Approach to Research on Interdisciplinary Health Care Teams	Conf. 1, 1979 Pg. 185
Baldwin DC	The British are Coming: Some Observations on Health Care Teams in Great Britain	Conf. 4, 1982 Pg. 201
Baldwin DC, Glover TW, McCoy ED, et. al.	Interaction on Health Care Teams	Conf. 1, 1979 Pg. 201
Baldwin DC, McCoy E, Thorton BC	Role Relationships on Interdisciplinary Health Care Teams	Conf. 1, 1979 Pg. 217
Baldwin DC, Dodson S, Thorton B	A Study of Patient Response to Student Interdisciplinary Team Care	Conf. 1, 1979 Pg. 235
Baldwin DC, Royer JA, Edinberg MA	Maintenance of Health Care Teams: Internal and External Dimensions	Sep. 6-8, 1976 Pg. 108
Balik B	Community Based Team Diabetes Program	Conf. 7, 1985 Pg. 309
Balloun A, Erickson RD, Hargraves E, et. al.	A Tripartite Interdisciplinary Approach to Psychiatric Treatment in a Short-Stay Setting	Conf. 4, 1982 Pg. 97
Berner Eta, Cotsonas J, PiTiberio JK, et. al.	Team Building and Team Care: An Experience for Health Professional Students	Conf. 7, 1985 Pg. 126
Boissoneau R	Matrix Management Issues with the Interdisciplinary Health Team	Conf. 6, 1984 Pg. 76
Clark CB	Formation and Utilization of an Interdisciplinary Geriatric Abuse Team	Conf. 4, 1982 Pg. 73
Clark CB	Geriatric Abuse Intervention Team	Conf. 3, 1981 Pg. 13
Clark PG, Sheehan JL, Spence DL	Toward a Theoretical Understanding of Interdisciplinary Health Team Care	Conf. 8, 1986 Pg. 67
Clark PG, Sheehan JL, Spence DL	A Service/Learning Model for Interdisciplinary Teamwork in Health and Aging: Some Implications for Theory and Practice	Conf. 8, 1986 Pg. 275

Cobb L, Greenwald NF	A Multidisciplinary Diabetes Evaluation and Learning Center	Conf. 4, 1982 Pg. 81
DeGregorio C, Carter-Jessop L, Lamb G	Interdisciplinary Practice Study	Conf. 3, 1981 Pg. 141
DiMatteo TE	Reaching Out to the Elderly Substance Abuser: An Interdisciplinary Model Involving Education, Early Intervention, Treatment, and Referral	Conf. 8, 1986 Pg. 111
Drinka TJK, Ray RO	A Conceptual Model for Interdisciplinary Healthcare Team Development and Survival	Conf. 7, 1985 Pg. 170
Drinka TJK	Interdisciplinary Health Care Teams: Internal Power Issues	Conf. 4, 1982 Pg. 195
Drinka TJK, Ray RO	Personality and the Perception of Power: Group Dynamics and Decisions in Interdisciplinary Geriatric Health Care Teams	Conf. 5, 1983 Pg. 259
Drinka TJK	The Weilding, Sharing and Relinquishing of Power and Control in Health Care Decision-Making	Conf. 6, 1984 Pg. 252
Edwards S	Interdisciplinary Research with Down Syndrome Children	Conf. 8, 1986 Pg. 102
Farrell M	Focused Team Analysis and Training: Geriatric Team Development at V.A.M.C.	Conf. 6, 1984 Pg. 209
Farrell MP, Heinemann GD, Schmitt MH	Organizational Structures of Health Care Teams: Impact on Team Development and Implications for Consultation	Conf. 8, 1986 Pg. 26
Feins ML, Zaenglein N, Groch-Juncker A	Interdisciplinary Team Functioning: Descriptive Analysis of a Home Healthcare Team	Conf. 4, 1982 Pg. 113
Fitzig C	Team Care Delivery Experience: An Analysis of Team Functions Via Case Reviews	Conf. 6, 1984 Pg. 155
Frampton SB	A Working Organizational Model for Interdisciplinary Health Team Care Delivery to School Age Children and Adolescents with Sickle Cell Disease	Conf. 6, 1984 Pg. 64
Garner H	Accepting and Managing Territoriality and Competition Among Helping Professionals: The Departmental Model vs. The Total Team Model	Conf. 5, 1983 Pg. 25
Gavin MR	Organizational Models and Issues of Practice: Team Care Delivery Experiences	Conf. 6, 1984 Pg. 71
Hernan JA, Mitchell RA	The Developmental Stages of an Interdisciplinary Geriatric Evaluation Unit Health Care Team as Influenced by an Educational Model	Conf. 7, 1985 Pg. 30
Hubbard EC	Social Climate and Practice Patterns of Interdisciplinary Health Care Teams	Conf. 3, 1981 Pg. 153
Hubbard EC	Interdisciplinary Health Care Teams: Professional Relationships and Practice Patterns	Conf. 4, 1982 Pg. 187

Iossifides IA	Interdisciplinary Health Care Teams in Greece: A Study	Conf. 7, 1985 Pg. 88
Inverson M, Mooty J,	A Collaborative Service and Educational Model: Teacher-Practitioners, Health Professional Students and Client-Patients Working Together	Conf. 4, 1982 Pg. 301
Kertesz J	Permeability of Individual Boundaries - A Critical Factor for Effective Functioning of Interdisciplinary Health Care Teams	Conf. 1, 1979 Pg. 23
Knight MT	A Hospital-Based Interdisciplinary Health Care Team Servicing Long-Term Needs of the Elderly: Development and Implementation of a Non- Traditional Model	Conf. 7, 1985 Pg. 120
Lambert MD	Role Strain and Confusion: Expanded Clinical Functioning Within an Interdisciplinary Team	Conf. 7, 1985 Pg. 386
Madsen MK, Gresch, AM Petterson BJ, et. al.	The Interdisciplinary Adult Neurogenic Clinic (a Pilot Project)	Conf. 8, 1986 Pg. 257
Merrill RB	Trends in Interdisciplinary Team Care	Conf. 3, 1981 Pg. 5
Monroe-Clay S	The Effect of Individual Characteristics on Team Member Knowledge, Performance, and Satisfaction	Conf. 7, 1985 Pg. 6
Monroe Clay S	The Influence of Formal Preparation for Inter- disciplinary Teamwork on Team Knowledge Level	Conf. 8, 1986 Pg. 170
Nichols L	Internal Role Stresses in Interdisciplinary Teams	Conf. 7, 1985 Pg. 369
Powers K, Robinson A	The Role and Function of an Interdisciplinary Team in a Home Hospice	Conf. 5, 1983 Pg. 175
Rappaport MB	Investing in Team Process: Programmatic Luxury or Mainstay?	Conf. 4, 1982 Pg. 371
Saxe L, Lake D	Evaluating Interdisciplinary Health Teams: Some Comments for Program Implementors	Sep. 6-8, 1976 Pg. 92
Schiller R	Evaluating the Impact of Interprofessional Education on Team Practice	Conf. 6, 1984 Pg. 78
Sobieszek B	Gender and the Social Psychology of Teams: A New Agenda for Research	Conf. 5, 1983 Pg. 563
Thomas B, Wright W Wright V	Interdisciplinary Alcoholism Training Program for Service Providers of the Elderly	Conf. 3, 1981 Pg. 119
Wuggazer N	Weekly Interdisciplinary Patient Care Rounds	Conf. 8, 1986 Pg. 127

Table 3

Reports on Outputs: Measures of Team Effectiveness and Efficiency

Author(s)	Title	Citation
Baldwin DC, McCoy E, Thorton B	A Study of Patient Response to Student Interdisciplinary Team Care	Conf. 1, 1979 Pg. 235
Barton AG, Gregson B, Reedy BLEC	A Review of British Experience in Teamwork for Primary Care	Conf. 5, 1983 Pg. 285
Birnbaum ML, Fryback DG, Kuska BM, et. al.	The Impact of Interdisciplinary Training in Rural Community Hospitals on Practice and Survival of Patients with Ischemic Heart Disease	Conf. 7, 1985 Pg. 287
Browne G	A Comparison of Two Examples of the Canadian Interdisciplinary Experience: McMaster Versus the University of British Columbia	Conf. 4, 1982 Pg. 19
Browne JA	Health Professionals' Participation at Hospital Ward Team Meetings and the Effect of that Participation on Patient Care Plans	Conf. 4, 1982 Pg. 135
Byl N, Dunst ER	Evaluation of an Interdisciplinary Health Team Education Project: Student Outcomes and Course Evaluations	Conf. 1, 1979 Pg. 245
Byl N, Dienst ER	Evaluation of an Interdisciplinary Team Health Care Outcomes	Conf. 1, 1979 Pg. 269
Farrell MP, Fortune M, Schmitt M	An Exploratory Study of the Functions of Health Team Rounds on the Medical and Pediatric Services of an Academic Health Center	Conf. 4, 1982 Pg. 167
Feiger SM, Schmitt M, Watson NM	Conceptualizing and Measuring Outcomes of Interdisciplinary Team Care for a Group of Long-Term, Chronically Ill, Institutionalized Patients	Conf. 3, 1981 Pg. 169
Fox SC, Suizzo CM	Impact of Interdisciplinary Health Team Care on the Well Being of the Elderly in Congregate	Conf. 7, 1985 Pg. 103
Gallagher D	A Comparison of Team Approaches to Patient Satisfaction and Geriatric Care	Conf. 4, 1982 Pg. 61
Green WP	Accountability and Team Care	Conf. 4, 1982 Pg. 215
Heinemann GD, Tsukuda RA	Evaluating the Effectiveness of Geriatric Health Care Teams: Re-Examining the Issues	Conf. 8, 1986 Pg. 133
Koeppel PR	Establishment and Evaluation of a Hospital/Community Based Geriatric Consult Team	Conf. 6, 1984 Pg. 59
Lane AL, Sanders SB	A Goal-Directed Analysis of the Effectiveness of the Interdisciplinary Team Approach to Health Care	Conf. 7, 1985 Pg. 386

Leiken A	Improving the Cost Effectiveness of Team Care	Conf. 6, 1984 Pg. 277
Merrill R	Team Impact on Patient Utilization of Health Sciences: An Israeli Experience	Conf. 4, 1982 Pg. 43
Paterson VS, Turner CH	Application of Donabedian's Patient Care Evaluation Categories to a V.A. Hospital Based Home Care Team	Conf. 8, 1986 Pg. 87
Phelan C	Evaluation of Nursing in a Family Practice Center: An Interdisciplinary Approach	Conf. 5, 1983 Pg. 161
Royer J	Evaluating the Team Approach to Health Care	Conf. 1, 1979 Pg. 173
Zeiss AM	Effects of Interdisciplinary Health Care Teams on Elderly Arthritic Patients	Conf. 6, 1984 Pg. 21

Table 4

Example Report of Meta-Analysis of Interdisciplinary Health Team Care Literature

Research Model Component(s)	Context	First Author	Professions Participating	Variables Studied	General Outcomes	Suggestions for Additional Research
Input/output	University	Byle	Medical, nursing, pharmacy, and allied health students	Values acquisition, comprehensiveness of services provided, patient satisfaction, team vs. non-team for patient outcomes	Increased number of patients treated and services provided, no difference between team and non-team patient satisfaction and functional outcomes	Impact of training students with a team experience, a follow-up study of students who have participated in teams.
Process	Academic health center	Farrell	Residents, nurses, social worker, dietitian, students	Relationship between collegiality and patient outcomes	Increased communication among disciplines	Degree of emphasis in socio-emotional needs, uncertainty about roles in groups, integration of disciplines.
Process/output	Long-term care institution	Fiegler	Nurse, physician, dietitian	Patient outcomes	Teams more effective than traditional approaches, some teams are more effective than others, physicians have varying degrees of effectiveness in teams	Replicate findings, determine antecedent variables that predict team effectiveness, study impact of teams, organizational context of teams.
Process/output	Geriatric setting	Gallagher	ITTG team	Patient satisfaction	Teams improved patient satisfaction and facilitated positive change	Validate patient satisfaction tool, investigate team functions.