
**INTERDISCIPLINARY HEALTH CARE TEAMS:
PROCEEDINGS OF THE FOURTEENTH ANNUAL CONFERENCE**

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HEALTH CARE TEAM = ? = HEALTH CARE TEAM

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Background

The word "interdisciplinary" is frequently attached to the term "health care team". However, there is uncertainty as to the common understanding of these terms when they are used together. Based on a cross-sectional review of the geriatrics literature from 1982, 1986, and 1990 (1) we conclude that, in the geriatrics literature, the word team was used freely without definition and with many assumptions. The terms "multidisciplinary" and "interdisciplinary" were frequently used as descriptors with little distinction between terms. There was a trend to perform outcome studies based on team as independent variable with no description of criteria or conceptualization. Results of the study from the geriatrics literature raised the question of how the health team literature depicted teams.

Methods

We received the proceedings from the Interdisciplinary Health Care Team (IHCT) Conferences for the years 1981-1991 (2-11) to tally the numbers of papers presented in each of those years. We were interested in the characteristics that writers assigned to "team". The authors jointly established criteria for review of the papers from the years 1982 (3), 1986 (7), and 1990 (11) as those years corresponded with our review of the geriatrics literature. Proceedings from the year 1984 (5) were also available and were included in the review. The established criteria allowed us to categorize and compare information in the papers and to compare the purpose of a paper with a paper's portrayal of the team. The review of the papers was a shared task and disagreements were jointly resolved. Categories generated for the review were as follows:

Gender of the first author The number of papers with females as first author and the type of report presented by those papers.

Country of focus Whether the team(s) portrayed in the papers were based in the United States or other countries.

Type of study Whether a paper was based on a research study, was descriptive of an approach or program, or was both.

Focus of paper Whether a paper focused on process, structure, outcome, the philosophy of health care teams, or any combination of these themes.

Type of outcome If the paper focused on outcome was it on patient, learner, or team outcome? Patient outcome was identified when observation of behavioral change in patient(s) was noted. Learner outcome was identified when the paper focused on an educational outcome for an activity. Team outcome was identified when the paper had implications for how teams should function and operate or the data led logically to a conclusion regarding teams or to suggestions for team instruction or performance. In descriptive papers where the focus was process and structure, we coded learner outcomes when the author described them.

Target audience for the paper Whether the paper was directed primarily at physicians, social workers, nurses, allied health professionals, administrators, or professionals from multiple disciplines.

Educational intent Whether the paper highlighted a particular disease, addressed general health care issues, discussed discipline specific knowledge, or focused on increased collaboration between disciplines.

Team type Whether the team(s) described were interdisciplinary (showing evidence of interdependence and collaboration), multidisciplinary (showing no evidence of collaboration), unidisciplinary (representing one discipline), or whether the team type was not evident from the description.

Organizational base for the team Whether the team(s) discussed in the papers were directed by an acute care, chronic care, community agency, or university setting.

Years of team's tenure The actual number of years a team had been in existence.

Type of care delivered by the team Whether the care described was short term (consult or assessment lasting less than three months), ongoing primary care (assessment and follow-up greater than 3 months), or was not specified. This item referred to the type of care that was either delivered by the team as described in the paper or recommended as the type of care that a health care team should deliver).

Team leadership Whether the leadership recommended by the author or demonstrated by the team was primarily provided by the physician, social worker, nurse, coordinator or committee, or whether team leadership was not specified or mentioned.

Results

The number of papers published in the Proceedings of the IHCT Conferences for the years 1981-1991 averaged 30 per year with a range of 23 in 1990 to 37 in 1985 (Table 1). We reviewed 33 papers from 1982, 24 from 1984, 34 from 1986, and 23 from 1990. The results of the reviews follow.

TABLE 1
Papers presented at the Interdisciplinary Health Team Care Conferences
1981-1991

YEAR	NUMBER
1991	30
1990	23*
1989	32
1988	27
1987	33
1986	34*
1985	37
1984	24*
1983	28
1982	33*
1981	24
TOTAL	325

* Years reviewed

Gender of first author In each of the years reviewed, a majority of first authors were female (Figure 1). There appeared to be no relationship between type of study and gender of first author.

Country of focus The only year where teams from outside the United States presented or discussed was 1982.

Type of study Descriptive papers appeared to dominate the IHCT Meetings (Figure 2). In 1982 approximately 60% of papers used some research methodology. In the other three years research papers averaged about 40 percent of the total per year (Figure 3). While some papers had a strong research focus, in many the research was hidden and the methodology not well described. Many of the "research" papers did not conform to standards for scientific reporting. Conclusions were often reached without adequate information to determine the quality of the process used.

Figure 1
Gender of First Author

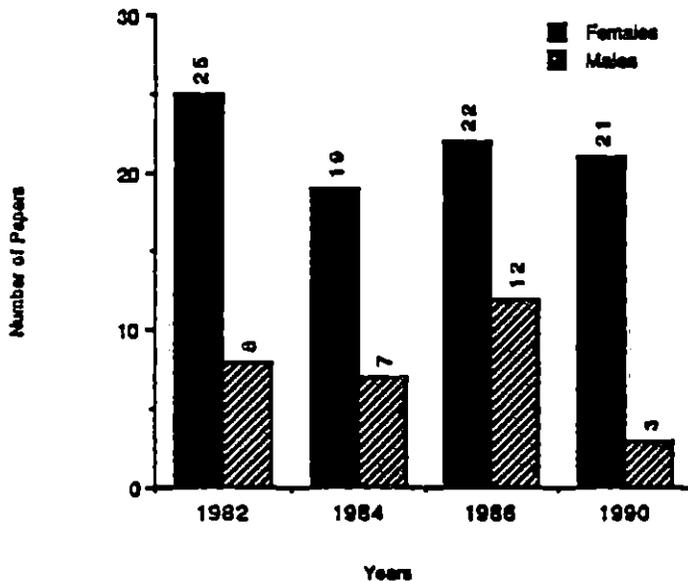
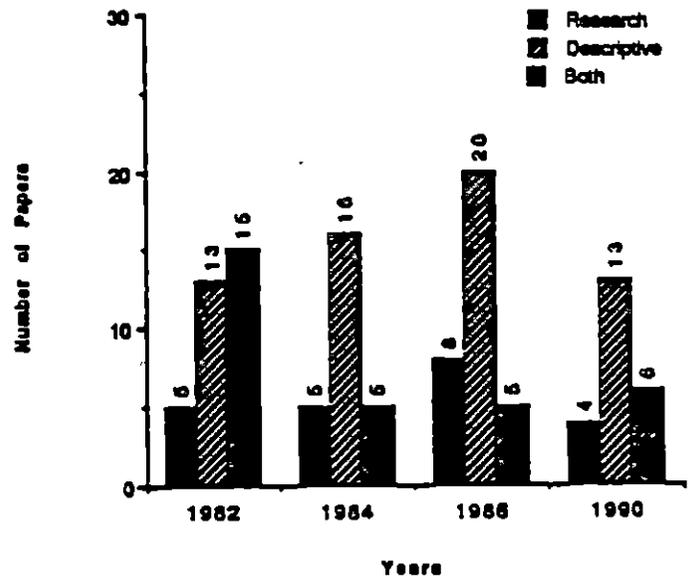


Figure 2
Focus: Research vs Descriptive



Focus of paper (Figure 4) Despite the fact that most papers were not research oriented, at least half of the papers in any given year discussed some type of outcome. The discussion of process was prominent in all years. Philosophy of teamwork was included in many of the 1982 papers but was omitted in subsequent years.

Figure 3
Papers using Research Methodology

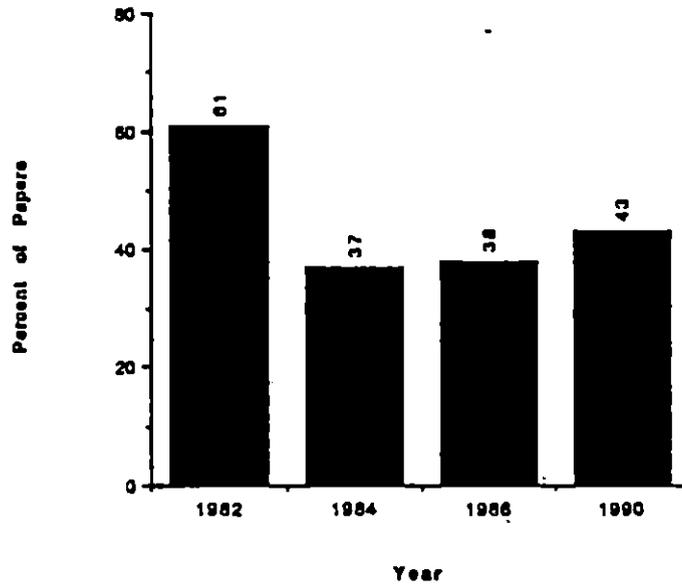
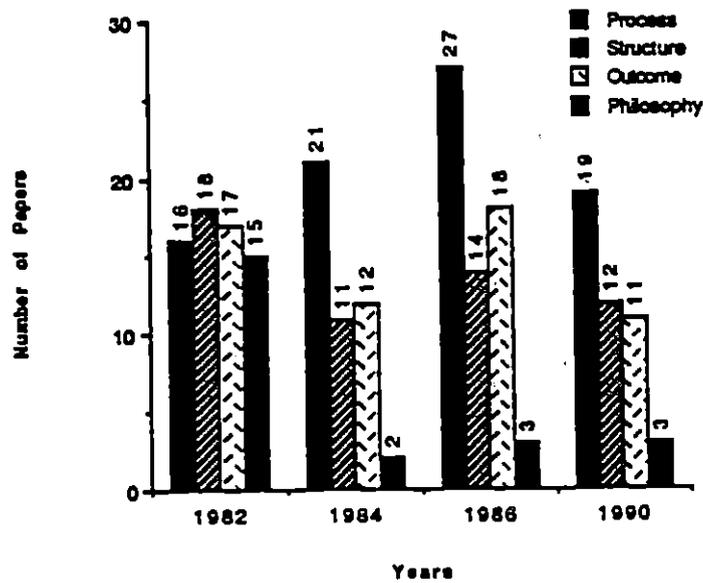


Figure 4
Focus of Paper



Type of outcome Most outcomes were team related (Figure 5). However for each year studied, Learner outcomes increased proportionally to team outcomes.

Target audience for the paper (Figure 6) Papers were most often directed at all disciplines. Some papers in each year were either solely or additionally directed at selected other professions such as administrators in 1984.

Figure 5
Type of Outcome

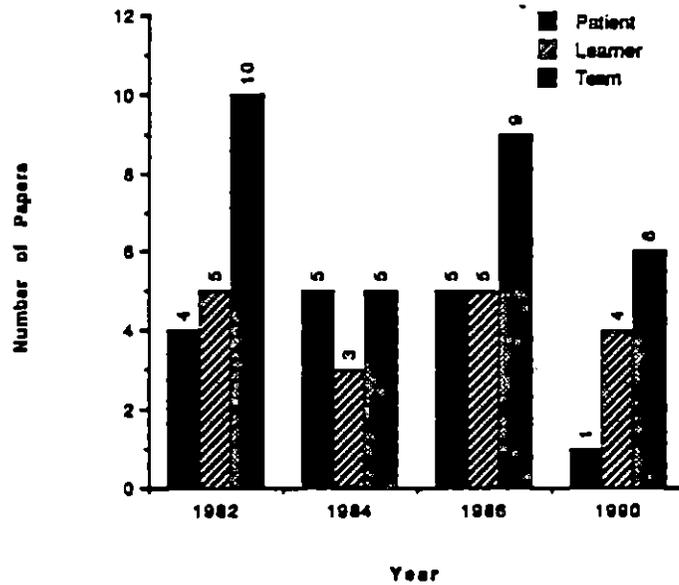
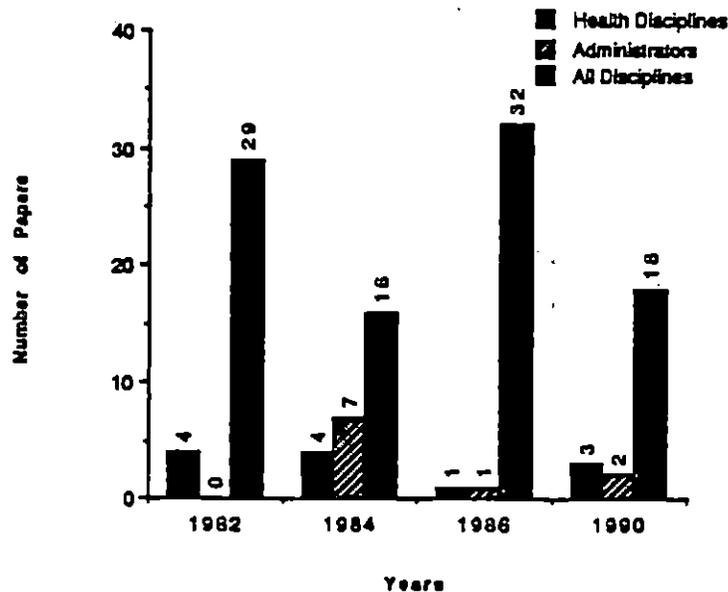


Figure 6
Target Audience



Educational intent In each year the primary educational intent was to foster increased collaboration between disciplines (Figure 7). However, as a percentage of the total, the intent of increased collaboration appears to have decreased during the past 10 years.

Team type (Figure 8) For the years 1982 and 1984, several papers identified characteristics of both interdisciplinary and multidisciplinary. Otherwise the papers were singular in the way they portrayed teams. In each year reviewed, the percentage of papers identifying teams as interdisciplinary generally increased. In each year other than 1990 papers describing multidisciplinary teams were a significant percent of the total. Additionally, even in the most recent year studied, twenty-six percent of the papers did not identify the type of team that was the focus of the paper.

Figure 7
Educational Intent

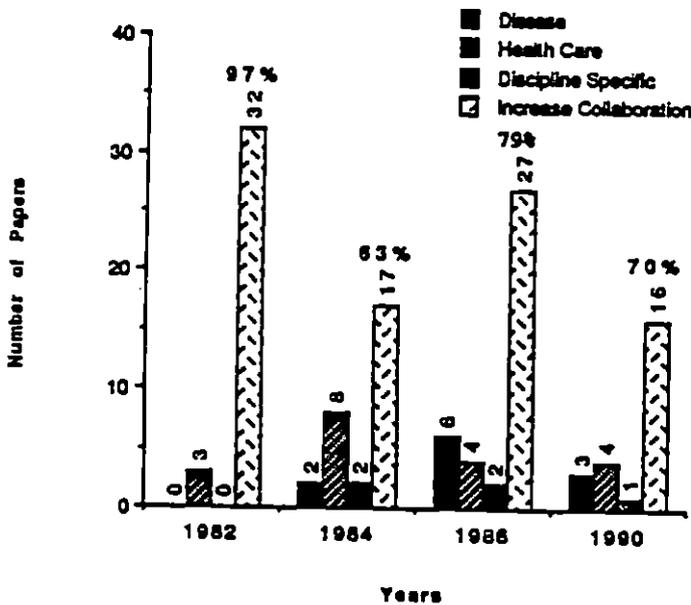
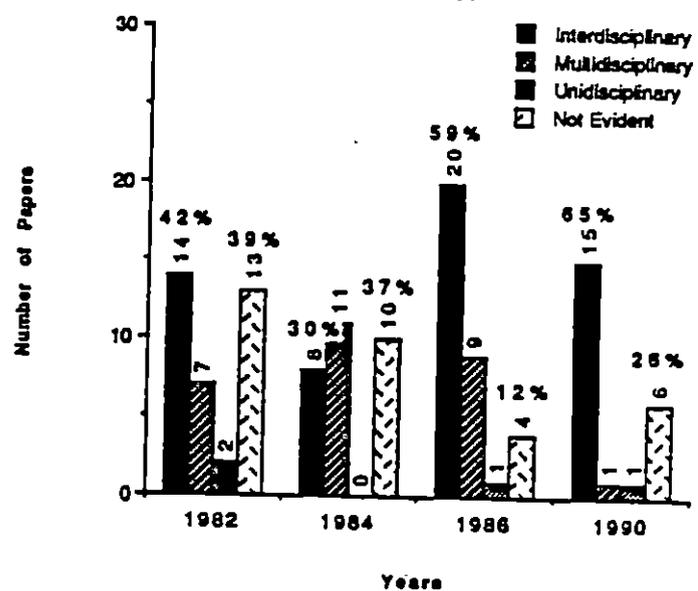
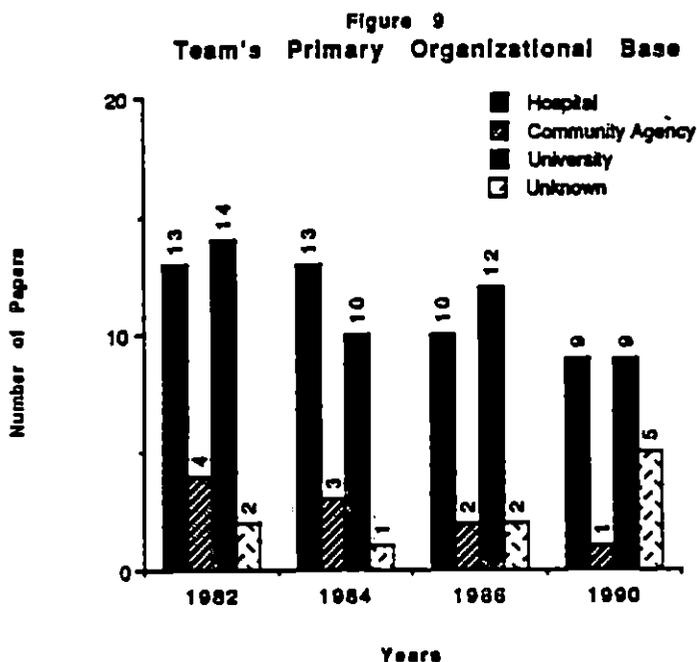


Figure 8
Team Type



Organizational base for the team (Figure 9) Hospitals and universities were the most common organizational settings for the teams portrayed in the papers. Nursing homes and community agencies were collapsed into one category as few teams claimed them as their primary organizational base.

Years of team's tenure Few papers gave any indication of the amount of time a team had been in existence, i.e., nine in 1982, one in 1984, zero in 1986, and four in 1990. Tenure of teams ranged from 1 to 30 years.



Type of care delivered by the team (Figure 10) The number of papers reporting on the type of care delivered by the teams was low and decreased for each year reviewed.

Team leadership (Figure 11) Leadership was rarely addressed.

Figure 10
Type of Care

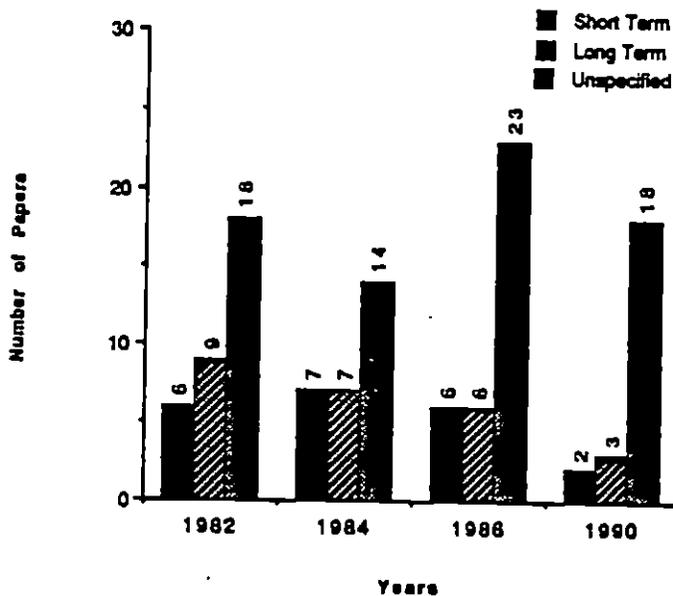
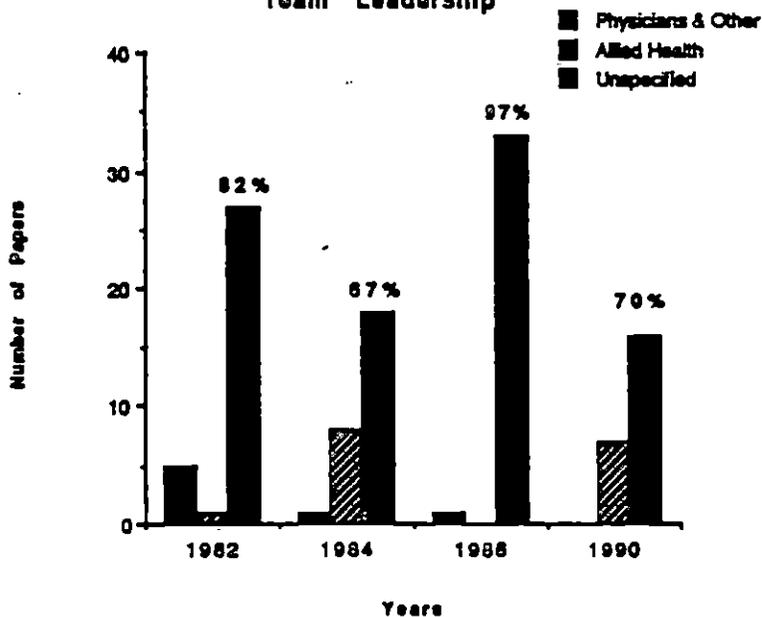


Figure 11
Team Leadership



Discussion

Female first authors were predominant in these papers appearing at least as likely as males to engage in research and not just descriptive pieces. Perhaps this reflects the fact that females dominate two of the health care fields most apt to use teams, i.e., pediatrics and geriatrics. The results of this review also provide some interesting observations and comparisons with our previous review of the geriatrics literature as it related to health care teams.

There were distinct differences between the IHCT Conference papers and the geriatrics literature. In 1990 almost half of the Journals in the geriatrics team literature originated in countries other than the United States. It is therefore very striking that none of the IHCT papers since 1982 portrayed teams from anywhere other than the US. One should ask the question, "What is this conference missing?"

In the geriatrics literature the percentage of research articles appeared to be increasing. In the IHCT Conference papers the percentage of research presentations was highest in 1982 and appeared stable in each year reviewed at around 40% of the papers reviewed. Team and learner outcomes dominated the IHCT papers where patient outcomes represented a majority of outcome variables in the geriatrics literature.

In the IHCT papers, hospitals and universities appeared equally as the primary organizational base for teams. In the geriatrics literature the hospital represented the primary organizational base for teams.

The type of patient care was variable or unspecified in the IHCT papers. However, in the geriatrics literature the type of care being reported and studied was increasingly short term care.

The largest difference in the two bodies of literature appeared to be in the description for team type. In the IHCT papers there was an increase in the percentage of papers identifying teams as interdisciplinary (42% in 1982; 30% in 1984; 59% in 1986; and 65% in 1990). In the geriatrics literature in which the authors were increasingly physicians, there was a decrease in the percent of papers identifying teams as interdisciplinary (40% in 1982; 32% in 1986; and 17% in 1990).

There were also distinct similarities between the IHCT and the geriatrics literature. While increased collaboration appeared to represent a constant of the papers presented at this conference, the intent of increased collaboration decreased during this period both in the IHCT papers and in the geriatrics literature.

The issue of team leadership was ignored in both the IHCT papers and in the geriatrics team literature was that a team is a team is a team. Conceptual understanding of teams is still very tenuous. Even in the IHCT papers, authors often used the term "multidisciplinary" in describing interdependent collaborative teams and vice versa, using the term

"interdisciplinary" when describing a work group. It would be helpful if there was agreement of accepted descriptors for different types of health care teams. The term "interdisciplinary" has traditionally been applied to this conference and is used extensively in other health care literature. However, it is often used interchangeably with the term "multidisciplinary" or the term "health care team" in both bodies of literature.

So, why do we continue to use the term "interdisciplinary" and what does it mean when we use it? Is an interdisciplinary team one end of a continuum of task group, unidisciplinary team, multidisciplinary team, and interdisciplinary team? In this scenario, the team's ability to function well in a given situation is dependent on where the team is at in a linear developmental process. Team function also depends on how team members can form and engage with other types of groups to address problems relevant to the team. If the interdisciplinary team is on one end of a continuum, we need accepted universal descriptors for different types of health care teams.

Or, is interdisciplinary team a continuous but dynamic concept which entails a non-linear developmental process? If interdisciplinary team is a dynamic concept, we need specification of variables to be studied in health team research including variables related to type of team, type of care, organizational base, team leadership, team structure, and team process. It would be important to describe any variables that encompass the dynamic fluctuations of team development and engagement with other groups, including the depth of the team's culture. If we could more clearly specify the variables related to level of health team function, we might free ourselves of the terminology "inter", "multi", "uni", "trans", and "pan" disciplinary-- all terms that are not well understood, nor commonly used, even after all of these years of health care team activity. To clarify these team variables, it is necessary to describe the teams about which we write. No, Virginia, A team is not a team is not a team.

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