

# Interdisciplinary Teamwork Among Specialty Clinics



Kendra Pasek, BSW, PPC Social Work Trainee  
University of Wisconsin Pediatric Pulmonary Center



## BACKGROUND

Healthcare institutions around the US have adopted a mission to provide care for patients based on interdisciplinary collaboration and teamwork. The functionality of an interdisciplinary team largely impacts the quality of care patients receive. In our very own MCHB institutions we pride ourselves on providing both care and training which promotes interdisciplinary practice. This type of practice is regarded as “standard” in our institutions but are we currently modeling this to maximum capacity? Literature shows that interdisciplinary teamwork and collaboration are practices that demands constant attention and redefining.

## PURPOSE

Assess individual team member’s personal views regarding collaboration and teamwork.

## METHODS

- Participating teams:
  - Pulmonary Clinic
  - Craniofacial Clinic
  - Diabetes Clinic
  - Newborn Follow Up Clinic
  - PPC (Pediatric Pulmonary Center) Grant Team
  - PATH (Pediatric Adolescent and Transgender Health) Clinic
  - Complex Care Program
  - Neuromuscular Clinic

(The survey was distributed electronically via SurveyMonkey)

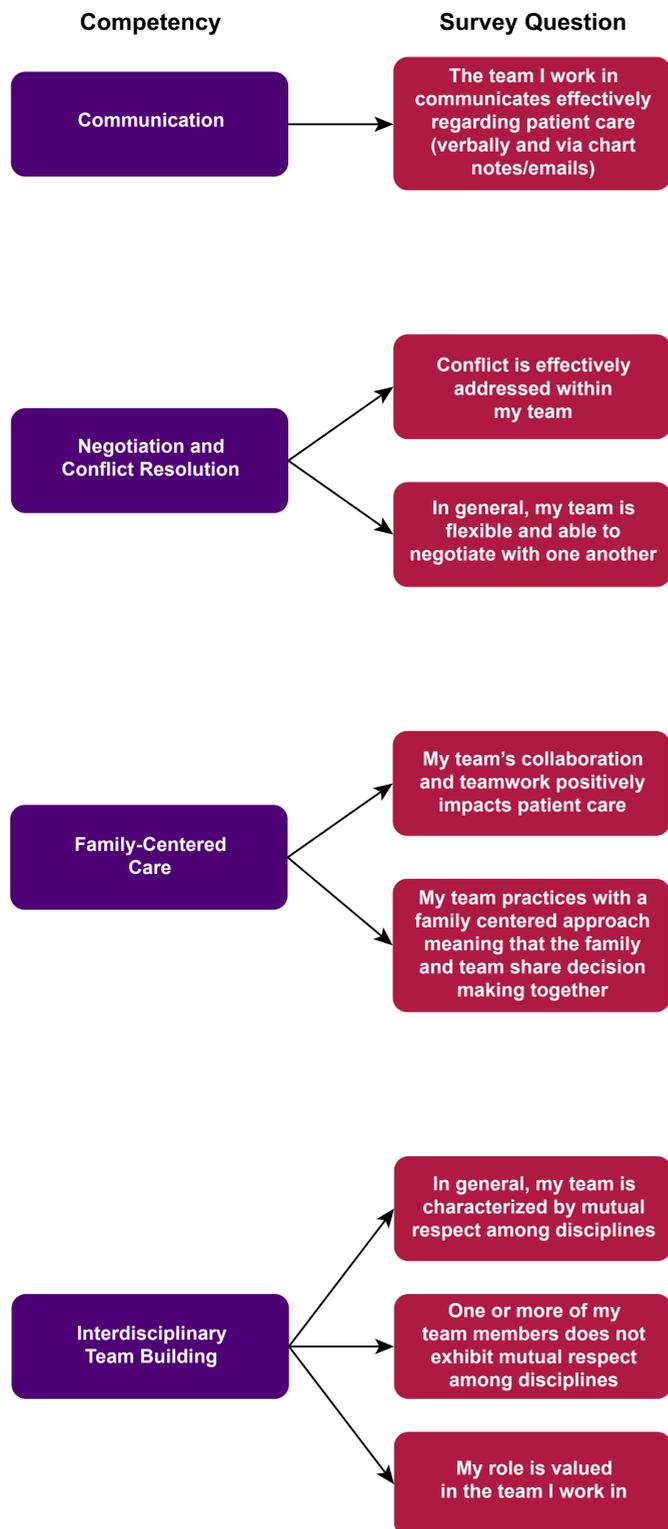
**Question Design:** Assess views in relationship to MCH leadership competencies

- Communication
- Negotiation and Conflict Resolution
- Family-centered Care
- Interdisciplinary team building

**Response Design:** Likert Scale and option to free text

Results were de-identified, sorted, and shared with each specialty team.

## UTILIZED MCH CORE COMPETENCIES



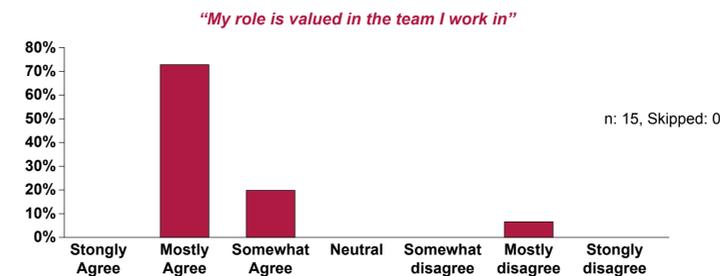
## RESULTS

Table 1: Frequency of Participants by Discipline

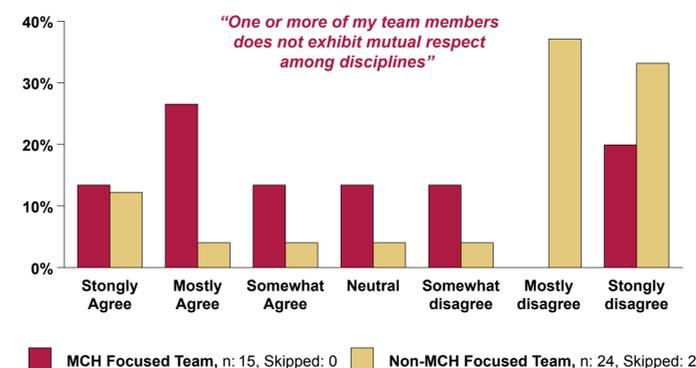
Discipline	Subjects (%) (n= 41)
Nutrition	2.44% (n=1)
Nursing	19.51% (n=8)
Medicine	17.07% (n=7)
Social Work	21.95% (n=9)
Reparatory Therapy	4.88% (n=2)
Midlevel Provider	12.20% (n=5)
Rehab Therapy	4.88% (n=2)
Other	17.07% (n=7)

(Response rate = 36%)

### MCH focused team’s strengths



### Comparison of MCH focused teams versus non-MCH focused teams



## CONCLUSION/DISCUSSION

- When considering interdisciplinary team building, responses from MCH focused teams were more evenly distributed in comparison to teams who have not adopted these competencies.
  - MCH focused teams are aware of competencies and expectations for each. These teams may then hold themselves to a higher standard in these areas.
- Participants from medicine and midlevel providers unanimously agreed to some extent that a mutual respect among disciplines existed while other various disciplines had at least one participant who did not feel this way.

## LIMITATIONS

- Some disciplines may not be accurately represented as a result of a low response rate specific to discipline.
- Questions were not mandatory on the survey allowing for participants to skip questions they did not care to answer.

## IMPLICATIONS FOR MCH PROFESSIONALS

- Access the MCH Navigator (an educational tool for professionals)<sup>1</sup>
  - Individuals can take a self-assessment to assessing knowledge of and skills in addressing the MCH Leadership Competencies<sup>2</sup>
  - Modules are available which includes a 5-minute background, 5 additional learning opportunities, 5 implementation strategies, and a 15-minute learning session with an expert from the field
- Additional resources including training sites and short-term programs are available

## ACKNOWLEDGEMENTS

This publication was supported in part by funding from the U.S. Health Resources and Services Administration, Maternal and Child Health Bureau, through grant number T72 MC 00008, the University of Wisconsin Pediatric Pulmonary Center

## REFERENCES

- MCH Leadership Competencies. (2016, December 1). Retrieved March 14, 2017, from <http://leadership.mchtraining.net/>
- Navigator, M. (n.d.). 5-Minute MCH Modules. Retrieved March 31, 2017, from <https://www.mchnavigator.org/5min/modules.php>