

Understanding Your Wound Care Team

Defining Unidisciplinary, Multidisciplinary, Interdisciplinary and Transdisciplinary Team Models

By Pamela Scarborough, PT, DPT, MS, CDE, CWS, CEEAA

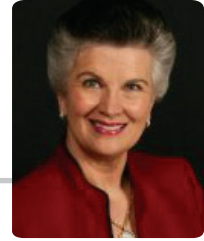


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Understanding Your Wound Care Team:

DEFINING UNIDISCIPLINARY, MULTIDISCIPLINARY, INTERDISCIPLINARY AND TRANSDISCIPLINARY TEAM MODELS



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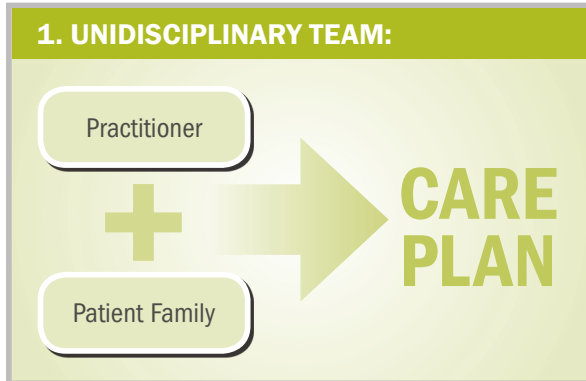
Some of you learned about health care team models in school; some of you have been around long enough to see these health care team terms evolve and be accepted into clinical practice. Let's look at the different team models; you decide which best describes the model in which you currently work. Also, think about which model would best serve your patients, you and your colleagues, and your practice setting. Consider, as best you can, what these models mean in the emerging health care system, which will soon be mandated by the federal government. Note that these definitions cross professions.

These concepts are generally the same for other professions, such as law, the performing arts, higher education and the health care research and care delivery professions in which we work. These terms have distinctly different meanings, yet they are often used interchangeably. Keep in mind that in the context of these different team models, we are all focused on providing patient-centered wound care.

Ask yourself, “Which kind of wound care team do I work in? Is it unidisciplinary, multidisciplinary, interdisciplinary or transdisciplinary?” After answering this question, read further and see if you have the same answer later. See the figures for a visual representation of these health care team delivery models.

TEAM MODELS IN HEALTH CARE

1. UNIDISCIPLINARY TEAM:



1. UNIDISCIPLINARY TEAM: The health care provider works with the patient to establish a care plan. There is no input from other health care professionals. This model often works well in primary care in the absence of complex and chronic health issues. This model is challenging for the lone practitioner because one health care provider does not have all the tools and knowledge necessary to care for a person with a chronic wound in the face of the multiple co-morbidities that often contribute to and accompany these wounds.

2. MULTIDISCIPLINARY TEAM:



2. MULTIDISCIPLINARY TEAM: Team members work independently to accomplish discipline-specific goals. Each discipline approaches the patient from its own perspective but stays within its boundaries. This team model consists of sharing information and making decisions based on that information; however, team members may not directly communicate with other team members regarding care planning. In this model, team members often lack a common understanding of issues that could influence interventions, because they usually do not participate regularly in team conferences, but rather provide their information via

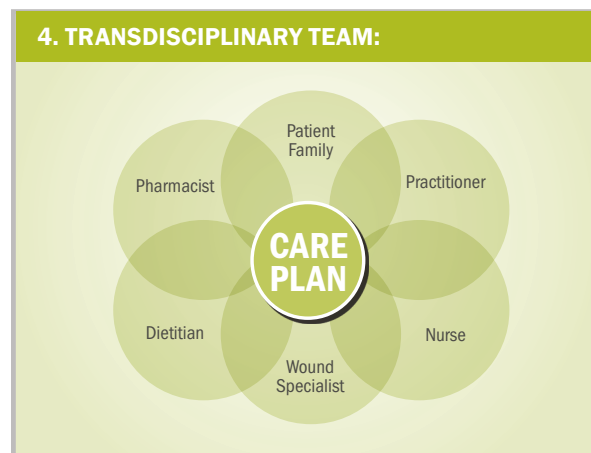
a charting system shared by the different disciplines. There may also be phone or written communication about a patient's situation, but true collaboration and decision making among the team members is absent. In this model, leadership is typically hierarchical. This model is often seen in large acute care settings in which representatives from each specialty addresses the patient's situation from his or her perspective, then dictates or writes a report and has it entered into the charting system for the other disciplines to read.

3. INTERDISCIPLINARY TEAM:



3. INTERDISCIPLINARY TEAM: The interdisciplinary team is distinct from the multidisciplinary team. Interdisciplinary approaches expand the multidisciplinary team through collaborative communication (rather than shared communication in a charting system) and interdependent practice. Members not only contribute their own profession-specific expertise, but also collaborate to interpret findings and develop a care plan. Team members negotiate priorities and agree by consensus. This is probably the approach to which most wound care

teams aspire. I have personally seen this model work very well in the rehabilitation arena, where the rehab team (PT, OT, ST), rehab nursing staff and physicians collaborate closely with the patient and family to come up with a plan to return the person to the greatest level of function possible. This is an excellent model for the wound care team.



4. TRANSDISCIPLINARY TEAM: According to multiple sources, the transdisciplinary team represents the highest level of collaboration. Transdisciplinary health care involves reaching into the spaces between the disciplines (see the Figure) to create positive outcomes through collaborative practice. The team then develops an applicable, shared, conceptual framework that transcends the individual discipline's perspective. In this model, the patient is truly at the center, driving the team. The transdisciplinary wound management approach provides comprehensive, holistic care, identifying all factors that may contribute to or affect

wound healing. Mutual respect for and understanding of each discipline represented on the team is essential. In this team model, "role release" occurs. Roles and responsibilities are shared, and there are few seams between the members' functions. This model is difficult to apply to health care but can be implemented under certain circumstances. In one team that is known to me, the nurse, physical therapist or physician may perform the sharp or low-frequency ultrasound debridement, which is usually considered the function of the physician in the outpatient wound clinic. Either the nurse, physical therapist or physician, depending on who is available, may choose and apply the appropriate dressings, and these activities fall within the scope of practice of all three disciplines. This situation represents one approach to a transdisciplinary wound care team.

The current thought is that the interdisciplinary and transdisciplinary approaches are more holistic and therefore represent the best care in general and best wound care specifically. In considering these definitions, it appears that the transdisciplinary team would be the most effective (to the extent allowed by the respective disciplines' scopes of practice and practice acts). Is this approach truly feasible in our current and emerging health care arena? As you consider your own professional context, do you see obstacles to taking this approach? If so, are they administrative, monetary or regulatory? And how can you work around and through these barriers to provide the best care for your wound care patients using the current models of care?

Understanding your own wound team model and how it functions will help in identifying these obstacles and collaborating effectively with other team members meet the common objective of healing the wound patient.

Pamela Scarborough is a physical therapist with more than 30 years of experience as a clinician, team leader and professional educator. Her clinical practice has included the settings of acute and long-term care, outpatient services, and home health. In addition to holding a license to practice physical therapy in the state of Texas, she is board certified as both a diabetes educator and a wound specialist.

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