



Interdisciplinary Team Communication

“Two heads are better than one.” This old saying is particularly important when discussing the development of care plans to meet the needs of residents in long term care. “Cognitive diversity” is the discussion of alternative ideas from different disciplines to solve problems. With the implementation of the MDS 3.0 this topic is of particular importance. Translating “resident voice” into a person-centered care plan will require some effort and lots of communication. At the end of a workshop that I recently facilitated, entitled *The Psychosocial Perspective of MDS 3.0*, a closing comment by a participant summarized perfectly the message to all of us. “This means we will have to communicate more and share with the team.”

The activity professional serves as a vital member of the interdisciplinary care team (IDT). Yet, in discussions with activity professionals about their role in IDT meetings and the collaboration at these meetings, some challenges have been raised. Some of the comments included:

- “I don’t feel that what I say counts. My perspective is not always heard.”
- “There is minimal team discussion about activity involvement issues.”
- “I am usually quiet and don’t say much.”
- “I feel a little uncomfortable. I don’t always know what the medical terms mean.”

The care plan is the roadmap that guides the staff about how to help the resident everyday. The care conference is the forum to design and communicate these strategies. A quote from the RAI Manual (Chapter 1) reinforces the importance of communication; “Nursing homes have found that involving disciplines such as dietary, social work, physical therapy, occupational therapy, speech language pathology, pharmacy, and activities in the RAI process has fostered a more holistic approach to resident care and strengthened team communication.”

Residents respond differently in different situations. It is important to confer with the team to successfully build on strengths of the resident. The perspective of the activity professional is being seen with increasing value due to the current emphasis on person centered care and quality of life. The role of the activity professional can be strengthened by developing strategies to effectively communicate within IDT meetings. Professional communication is vital including preparation and practice (rehearse or role play). Developing communication that is focused and specific to accurately discuss activity related needs is a skill that can be improved. As you plan for the next interdisciplinary meeting, consider the following approaches:

Prepare

Bring organized notes, resources that may be needed, relevant issues and questions. If the resident is not available, be prepared with resident quotes.

Discuss

- The interests or preferences that have been identified for this resident.
- The types of pursuits that this person has enjoyed throughout their lifetime.
- Specific routines and schedules that are important to the resident
- Specific activities and social patterns that are important to the resident



The Activity Professional's Role on the Interdisciplinary Care Team

- How the resident is involved in the preferred activities and routines

Remember that face to face communication about care issues is likely to generate two- way dialogue and problem solving when addressing resident care issues. Keep comments “outcome based.”

Identify

- Barriers or obstacles that prevent the resident from engaging in prior pursuits, (physical limitations, endurance, sensory limitations, cognitive or emotional barriers, or environmental obstacles)
- Negative psychosocial outcomes such as mood, behavior or feelings of self
- Reduced involvement in preferred habits or routines
- Decreased social involvement or engagement
- Attitudes towards activity involvement

Share

- Your observations and experiences about the resident and listen intently to the perspectives of other team members.
- Approaches that will help support the resident's previous involvement patterns or interests
- Adaptations that may be required for involvement
- The level of assistance that is required for active engagement during involvement
- New interests that may have been identified since the last review
- Strengths of the residents such as family support or positive social skills

Ask

- Ask for clarification of information if you do not understand. Consistently learn the meaning of terms and conditions that you do not fully understand. Look them up soon after the meeting. Keep a medical dictionary accessible.
- Ask how the information being discussed might impact activity involvement of the resident (fatigue, dizzy, embarrassment, pain etc.)
- Ask if there is anything that you need to be aware of/risks or precautions to take during activity participation.

Decide

A plan of action that will address the underlying cause (s) for the issues or needs that have been discussed. The RAI describes this as “crafting the **“how”** of resident care.”

By being prepared, communicating in a specific manner, using professional language and an outcome-based approach, the dialogue between the activity professional and other disciplines can be strengthened. The value of the services performed by the activity department will be enhanced and the activity professional will grow in confidence. The increased discussion from different perspectives helps to provide both quality of care and quality of life to the resident.