

# 27.

## Report of Four Workshops on Multidisciplinary Teamwork

### WORKSHOP QUESTIONS

1. What are the advantages or disadvantages of multidisciplinary teamwork?
2.
  - a. Discuss whether the issue of confidentiality between interdisciplinary team members exists?
  - b. Whether the issue of confidentiality causes problems?
3. What kind of relationship should there be between parents and team members?
4.
  - a. Is a key worker necessary for the smooth co-ordination of multidisciplinary teamwork?
  - b. If yes, who should take on this role?
5. Should medical care for handicapped children be available within the community, through the C.D.A.U. and the School Medical Service?
  - a. Should these services be run by multidisciplinary teams?
  - b. Or through any other services?

All agreed and stressed that concept and organisation of multidisciplinary teamwork should be introduced in Malta. But teams should only be set up for specific purposes like for instance the team organised to work on **The Action Research Project** for and on the handicapped. This concept and structure should be applied throughout and between all the significant state services, e.g., Health, Education and Welfare. The resolution to present problems cannot be developed by single persons. The absence of such teams is a great concern to all parents.

It was suggested that the **Child Development Advisory Unit** being set up, should be responsible for the necessary teamwork in this field. The C.D.A.U. should make available its assessment services amongst others through school doctors, hospital doctors, family practitioners, special education personnel, the school psychologist and even if necessary on the request of individual parents. This system will do away with the present system whereby practitioners work in isolation, within various institutions and treat individual cases without consulting or teaming up with others. Participants insisted that at all levels, a quality communication network must be set up which must be enhanced by the use of language that is understandable by all.

It was also stressed that despite the proposed existence of the C.D.A.U., any existing service in schools should be continued and where necessary developed. The C.D.A.U. would rely on these supporting services to implement its recommendations. Greater involvement of all those concerned could be achieved in this way.

It was also suggested that these smaller groups (teams) could be set up in schools or other establishments so as to co-ordinate the results of any intervention by the professionals concerned. This team would be responsible for the regular review of the child's progress.

The concept of teamwork is new for Malta and efforts must be directed towards the development of alternative attitudes which must be conducive to positive teamwork. It is appreciated that the concerned professionals must make a psychological effort to overcome difficulties. The general public and the parents in particular, must be patient during this process.

The healthy concept of teamwork must be applied across the board and not applied in the case of projects. Participants remarked that Malta lacks qualified personnel who could undertake the necessary work in the shortest time possible. In answer to this statement others said that many children/persons are already being seen by various specialists. Teams **can** be organised involving staff already employed, i.e. a reorganisation and introduction of modern concepts and structures for present services. They will be able to initiate a lot of the required preparatory work. In the long run time and money will be saved. Teamwork is time-consuming but 'members' should realise the importance of this positive work and should develop a willingness

to make themselves available to meet these needs. G.P.'s, parents and teachers should also be included with other personnel working as a teacher. In an effort to avoid conflicts between professionals each role pertaining involved personnel must be clearly specified and responsibilities outlined, even those concerning teachers. This will avoid the temptation of some staff to shirk from their responsibilities.

Teams should be established:

1. to assess the children/persons,
2. to develop programmes (health education etc.),
3. follow-up of 1 and 2 above etc,

so as to have a comprehensive rehabilitation programme for the 'whole' person (i.e. the spiritual socio/psychological, psycho/medical educational etc. aspects of the person).

There is a great need to concentrate on developing the abilities of the children/persons rather than merely printing out the disabilities of the children/persons. Advantageous assets of teamwork would include:

- i. Shared learning between professionals, be they from the same discipline or otherwise;
- ii. The decisions taken will be in the light of comprehensive information collected regarding the child, the family and the community.
- iii. Different team members may put forward different aspects pertaining to the same problem.
- iv. Each team member may view the child's problem in a different way, although the ultimate objectives of the team members are the same.
- v. Team members may be of support to each other and work to pool resources.
- vi. Duplication of work and communication difficulties can also be overcome.

However, if the formation and function of the team is not well-planned, the team can fail to achieve its objectives. Very large teams serve only to lose sight of the information under discussion. Professional jealousy must be overcome. It was felt that the hospital doctor was not sufficiently involved in the longterm management of the disabled child. Specific teams did not exist to deal with specific problems. Parents were conscious of the difficulties encountered by them in hospital and elsewhere, e.g.:-

- a. interminable waiting for appointments;
- b. poor follow ups;
- c. lack of communication and interest by professionals.

Such situations very often forced the parents to seek help outside the hospital - a costly and often confusing affair. In this way, disabled children and others are lost along the way and the continuity of services with necessary intervention at the right time becomes a myth. During the discussions, it was noted that not all children who are

at risk are actually identified, let alone their development monitored.

Parents emphasised that they expect a truthful and honest diagnosis and prognosis of their child's condition with all important necessary details being passed on to them directly.

Following are 2 disadvantages highlighted, pertaining to the **Action Research Group team**:

1. **The completion of the assessment of children at Wardija is well overdue.**
2. **Parents fear that research priorities are overtaking those priorities concerning the continuing services. The latter should really be the prime aim. (i.e. continuing service).**

The following suggestions were offered:-

1. The team should tackle the cases according to the child's age and not according to the school as is being done at the present moment.
2. The multidisciplinary team efforts should be applied where help is needed most and not on assessment of the children according to the 'convenience' of the team.
3. The multidisciplinary team should start assessing children on the waiting list of each school.
4. Babies too should be given the necessary consideration.

Many participants asked:

'What will happen once the present assessments have been completed?'

'What programmes are being developed for the children?'

'What is going to happen about the recommendations being made?'

There is a possibility that these recommendations will be shelved away. To avoid this happening:

1. The services offered through the special schools, where so many of the children spend a greater part of their lives, should be upgraded.
2. At the present moment the special schools have a lack of essential prerequisites.
  - a. Trained/qualified teachers;
  - b. An adequate curriculum on each school;
  - c. Special equipment like books, visual aids, furniture etc.

As the special school services operate at the present moment, it is not possible for the recommendations made by the assessment team to be implemented.

In fact how really special are the special schools?!?

## **Keyworker**

It was agreed that a key team worker is necessary. This person's function would be to pass on information between parents and the team members and vice versa. It was generally established that the social worker should be the keyworker co-ordinating the team workers efforts. In reality there is a shortage of social workers, especially those qualified to work with handicapped children and their families. A lack of social workers often meant that parents did not get any support or adequate explanations about their child's condition. The onus of passing on relevant information to the parents does not rest solely on the social worker but their special skills are often seen as a big advantage, when dealing with problems of this nature. Thus, it was suggested that e.g. the school medical doctor or the teacher could carry out the role of keyworker. Professional workers are 'transitory' whilst parents remain constant in the responsibility of the care of their children throughout their lives. It was suggested that parents could be 'non-official' key workers.

## **Parents Participation**

It was fully agreed that the parents form an integral part of the multidisciplinary team. The contribution of the parents was considered to be essential by most people. Some parents were disappointed that they are not consulted. One major function of the team should be to pass on information. This passing on of information acts in many directions. The opinions of the parents cannot ever be overlooked or disregarded. These opinions and those of the specialists concerned may be very different. Important decisions that should be taken will need the co-operation of well informed parents who have been involved throughout the process leading to decisions. As to whether the parents should be present at every meeting of the multidisciplinary team (Case Conference), the group showed diverse opinions. Some said that it would be unethical for parents to be present, some felt that the parents should be present at every meeting while others felt that this would not always be wise. It was also suggested that some information would best be divulged to the parents outside the setting of a multidisciplinary group meeting, for the parents' sake. There must be mutual trust between the parents and the team members. The right environment and education of parents cannot be stressed enough.

Parents perceive themselves to be experts in their responsible role of bringing up and caring for their children, consequently their role is of prime importance. Some parents suggested that as happens in some countries like the U.S.A. and U.K. it is established at law that parents must be present during case conferences. Thus, each decision will be taken after unanimous agreement between the parents and concerned team

members. Some participants pointed out on the other hand that it is not always possible for the parents to actively participate because:

1. Some parents really couldn't be bothered;
2. There are some cases where the **parents themselves** are a part of the problem;
3. The attitudes, thoughts and aspirations etc. of the parents are very different (even conflicting) from the ideals upon which the team's work is based (i.e. cultural deficits).

In answer to the above, parents said:

1. For those parents who don't bother, that's their business.
2. But they do not feel that they should be left out if they are motivated to give a positive contribution.
3. Other parents said that they must be free to offer their opinions as and when they feel fit.

Parents insist that team members must move away from the present condescending attitudes towards them. The team members should co-operate with parents on a level of reciprocity with an exchange of ideas experience and guidance between them.

### **Confidentiality**

Confidentiality must exist and be respected. But at law, only doctors and priests are guaranteed the respect of this bond of confidentiality. There is a need for amendments to the law. **Clarification is needed here!**

Participants felt that confidentiality in all matters must be stressed at the onset of any team functions. Parents must be assured that the information passed on to the team will not compromise confidentiality. If this element of confidentiality does not exist, the confidence of the parents in the value of the team will be undermined. This would influence the outcome of the team's activities. It was noted by one group that parents themselves often used various personnel to pass on information to other parties. **In fact can absolute confidentiality be guaranteed?**

It was pointed out that parents are often grateful for the interest shown towards their child and they are very forthcoming with information.

One group pointed out that parents'/persons' permission should be sought before their particular case is discussed between others. *Regarding the issue of confidentiality, it was stressed that in the case of medical reports within a multidisciplinary team, the information should be shared by all for the benefit of the child.* Confidentiality and a common understandable language is one of the underlying factors of teamwork.

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