Position Statement on Interdisciplinary Team Training in Geriatrics: An Essential Component of Quality Health Care for Older Adults

Partnership for Health in Aging Workgroup on Interdisciplinary Team Training in Geriatrics*

Interdisciplinary team training (IDT) is an important component of ensuring quality geriatric care delivery, which can be complex and time intensive, requiring coordination of many medical, psychosocial, and therapeutic interventions and professionals. The Partnership for Health in Aging (PHA), a loose coalition of more than 30 organizations representing healthcare professionals who care for older adults supported by the American Geriatrics Society, identified IDT training in geriatrics as a priority area in addressing the geriatrics workforce shortage described in the 2008 Institute of Medicine report, *Retooling for An Aging America: Building the Health Care Workforce*. A PHA Workgroup on Interdisciplinary Team Training in Geriatrics was convened to review the literature focused on geriatrics IDT training and to develop a position statement that would inform and influence groups involved in the development and expansion of academic and continuing education programs in IDT training, including professional associations, credentialing and licensing bodies, accreditation organizations, and university administrators. There are significant challenges to expanding the development and implementation of geriatrics IDT training for health professionals, and such training will be successful only with substantial and sustained advocacy from the above professional groups. *J Am Geriatr Soc* 62:961–965, 2014.

Key words: interdisciplinary; team training; geriatrics education

The rapid growth of the older population poses unique challenges for the U.S. healthcare system. Geriatric care can be complex and time intensive, and many medical, psychosocial, and functional challenges must be addressed simultaneously. For treatment to be effective, it must be carefully coordinated. The use of an interdisciplinary team (IDT) is an accepted and well-developed model of care coordination. IDTs have been successfully implemented in a variety of settings and have been shown to improve healthcare outcomes.

Interdisciplinary team training is already integrated into the curricula of some professional training programs, including programs in dentistry, geriatric medicine, hospice and palliative medicine, nursing, social work, pharmacy, and psychology, but formal education in working in IDTs remains inadequate in most professional training programs.1,2 In addition to being trained in discipline-specific aspects of geriatric care, all healthcare professionals must be trained to work in a well-functioning IDT to provide optimal care for older adults.3

The Partnership for Health in Aging (PHA) endorses all efforts to support and implement IDT training in geriatrics, including expansion of programs funded under Title VII of the Public Health Services Act: the Geriatric Education Center (GEC) interdisciplinary training programs and the Geriatric Academic Career Awards (GACAs), whose recipients are required to provide training in clinical geriatrics, including IDTs.

This position statement is addressed to those groups that can influence the development and expansion of academic and continuing education programs in IDT training, including professional associations, credentialing and licensing bodies, accreditation organizations, and university administrators. Because of the significant challenges to expanding the development and implementation of IDT training for health professionals, such training will be successful only with substantial and sustained advocacy from the above professional groups. This position statement emphasizes the urgent need for interdisciplinary teamwork as an essential educational component for all health professional trainees working with older adults.

THE IMPORTANCE OF IDTS IN PROVIDING QUALITY GERIATRIC CARE

Regardless of the care setting, the complex health problems of older adults often require the expertise of multiple health...
professionals and care coordination among the entire team of health professionals, direct-care workers, and family and other caregivers. When healthcare providers work independently, care can be unduly fragmented and fail to address the older person's overall needs. For example, an individual's multiple health problems might be properly diagnosed, with appropriate treatments chosen, but the individual might also have cognitive and psychological problems that impede his or her understanding of those treatments, be unable to ambulate and perform activities of daily living, or lack the proper physical environment and adequate social support to live successfully at home. In an IDT, all of these needs can be addressed proactively and simultaneously, with providers working together to accomplish common goals and produce a well-conceived, comprehensive care plan.

Geriatrics training, care delivery models, and healthcare professionals' roles are evolving in response to changes in healthcare financing and delivery. In this environment, a flexible approach to geriatric IDTs may be required, based on each individual's health problems and needs. Some teams may involve only those disciplines specific to a particular task, with larger teams reserved for the most-complex, frailest older adults.

EVIDENCE SUPPORTING THE EFFECTIVENESS OF IDTS

According to evidence in the scientific literature, using an IDT in the care of older adults can lead to better continuity and quality of care, better health outcomes, and lower costs. Other benefits of team care include enhanced communication among healthcare providers, greater patient safety, better care of common chronic illnesses, better medication adherence, fewer adverse drug reactions, preservation of function, and fewer hospital readmissions. In a recent systematic review, multidimensional home assessment programs were shown to reduce disability burden in older adults, although the effect on decreasing nursing home admissions has not been consistent in all patient groups. In the hospital, numerous randomized clinical trials support comprehensive geriatric assessment as an important tool for evaluating the needs of frail elderly inpatients and for determining appropriate interventions. Interdisciplinary care has likewise been demonstrated to be useful in the outpatient setting, as well as in skilled nursing facilities.

THE IMPORTANCE OF IDT TRAINING IN GERIATRICS

Interdisciplinary team training programs can improve learners' knowledge and attitudes about aging, geriatric care, team skills, interprofessional communication, and the benefits of IDT collaboration. Although healthcare professionals are often required to work in team environments, most have not had sufficient opportunities to learn with, from, and about other healthcare professionals. Geriatrics interdisciplinary training should occur throughout the learning spectrum—from students in the health professions to postgraduate trainees to actively practicing professionals—and in all disciplines involved in the care of older adults.

Many organizations, including those that oversee health professional training program requirements and accreditation, have made explicit recommendations for expanded education and training for interdisciplinary teamwork. Among the organizations and institutions that endorse, and in some cases require, training and experience working in IDTs are the Accreditation Council for Graduate Medical Education, the American Academy of Hospice and Palliative Medicine, the American Association of Colleges of Nursing, the American Geriatrics Society, the American Psychological Association, the American Society of Consultant Pharmacists, the Association of American Medical Colleges, the Council on Social Work Education, the Department of Veterans Affairs, the Institute of Medicine, and the Joint Commission.

IDT TRAINING GOALS AND CURRICULUM

To function well as members of an IDT, professionals in training must develop an understanding of the rationale for a team and learn the skills to work collaboratively with other professionals in diverse clinical settings, including the hospital, clinic, nursing home, and home. This understanding is contingent upon having sufficient hands-on experience through role playing and working within an IDT as it actively solves problems.

Ideally, all members of an IDT will have sufficient didactic and clinical training to enable them to:

- Understand their respective roles and responsibilities on the team
- Establish common goals for the team
- Agree on rules for conducting team meetings
- Communicate well with other members of the team
- Identify and resolve conflict
- Share decision-making and execute defined tasks when consensus is reached
- Provide support for one another, including the development of leadership roles
- Be flexible in response to changing circumstances
- Participate in periodic team performance reviews to ensure that the team is functioning well and that its goals are being met
- Research indicates that training programs providing education in these essential areas are successful in enhancing the function and effectiveness of interdisciplinary geriatrics teams.
and significant challenges. For IDT training to be successful—to be developed, implemented, and sustained over time—these challenges must be recognized and addressed at multiple levels. Based on the literature, some factors necessary for its success are given below.

BACKGROUND ATTITUDES AND EXPERIENCE WITH TEAM CARE AND TRAINING

Different health professions have differing beliefs about the importance and value of providing team care. Nursing, social work, and other professions have traditionally been the most supportive of IDTs, and medicine has been less so. Addressing this challenge may require better advocacy by medical professional associations, accreditation and licensure organizations, and educational administrators regarding the importance of interdisciplinary teamwork for physicians, as well as other healthcare professionals—for example, by sponsoring forums on the value of IDT, issuing policy statements and new regulations, redesigning educational programs, or identifying and networking with IDT champions within these organizations.

DIFFERENT DEGREES OF FACULTY SUPPORT AND STUDENT PARTICIPATION

Related to the previous factor, faculty and students from some disciplines are much more involved in and committed to interdisciplinary training than others; again, medicine is generally the least supportive. In addition to the strategies previously presented, expanded efforts by professional associations and accreditation and licensure organizations in the promotion of IDT may be required. The development of an IDT steering committee to oversee the program and model effective interdisciplinary collaboration may also be helpful.

LEVEL OF TRAINING OF STUDENTS AND TRAINEE EXPECTATIONS

It is important to match the level of student disciplinary education and experience in the IDT educational setting; otherwise, the participants will not value the contributions of different professions equally. Similarly, unfavorable student perceptions of the relevance and importance of the IDT experience may undermine its value. Carefully matching student level of education and experience and effective modeling and mentoring of interdisciplinary teamwork attitudes and skills by faculty can be used to address these factors.

IMPORTANCE OF TRAINING CONTEXT

Certain settings, such as hospitals, may reinforce the hierarchy of health professions, with medicine usually being the most influential. In contrast, other settings—such as home care—may provide for more-meaningful clinical contributions from all disciplines. Recognition of the importance of context may require the development of new training settings that are less hierarchical and more collaborative, with shared leadership across participating health professions.

IMPORTANCE OF INSTITUTIONAL AND FINANCIAL SUPPORT FOR IDT TRAINING

Research has shown that one factor essential for the development and sustainability of geriatric IDT training is institutional and financial support, in educational and practice settings. The 2008 Institute of Medicine Committee on the Future Health Care Workforce for Older Americans recommends that “Payers should promote and reward the dissemination of those models of care for older adults that have been shown to be effective and efficient...including reimbursement for services that are not currently covered, e.g., IDTs.” Effective IDTs require financial and in-kind resource support, as well as the involvement of the organization’s critical academic and administrative personnel. Recognition and rewards that value and sustain geriatric IDTs are integral components of institutional support. The inclusion of all of these types of financial and institutional support is essential to IDT training and quality geriatric care.

SUMMARY

IDTs are essential components of an integrated and comprehensive care system for older adults in the United States. Recent calls for expanded training in teamwork for all healthcare professionals working in geriatrics have grown in number and urgency. Historically, training in higher education academic and continuing education settings has not been sufficiently responsive to these demands.

To address this gap, a wide variety of organizations—including professional associations, credentialing and licensing groups, and accreditation bodies—should rapidly and significantly increase their advocacy efforts in support of IDT education. Only through such a coordinated effort will the U.S. healthcare system be able to rely on a growing cadre of healthcare professionals who have the necessary education in geriatrics and teamwork to be able to provide the best care for the nation’s rapidly growing older adult population.

ACKNOWLEDGMENTS

Workgroup Members and Affiliations: The Partnership for Health in Aging Workgroup on Interdisciplinary Team Training in Geriatrics includes Marcos Montagnini, MD, FACP (Chair): VA Ann Arbor Healthcare System, GRECC, University of Michigan, Ann Arbor, MI; Robert M. Kaiser, MD, MHSc (Co-Chair): Washington, DC Veterans Affairs Medical Center, George Washington University School of Medicine, Washington, DC; Phillip G. Clark, ScD: University of Rhode Island, Providence, RI; Melanie A. Dodd, PharmD, PhC: University of New Mexico College of Pharmacy, Albuquerque, NM; Carol Goodwin: American Geriatrics Society, New York, NY; Vyjeyanthi S. Periyakoil, MD: VA Palo Alto Health Care System, Stanford University School of Medicine, Stanford, CA; Dee Ramsel, PhD, MBA: VHA National Center for Organization Development, Medical College of Wisconsin, Milwaukee, WI; Sandra E. Sanchez-Reilly, MD, AGSF: South Texas Veterans Health Care System, The University of Texas Health Science Center at San Antonio, San Antonio, TX; Todd P. Semla, MS, PharmD: Northwestern University Feinberg
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cal Center, Portland, OR; and Antonette Zeiss, PhD; Depart-
ment of Veterans Affairs, VA Central Office, Wash-
ington, DC. Li-Chia OngChansanchai, MPA, provided additional research and administrative support.

Conflict of Interest: The editor in chief has reviewed the conflict of interest checklist provided by the authors and has determined that the authors have no financial or any other kind of personal conflicts with this paper.

Dr. Dodd has received grant support from MedEd Portal Interprofessional Educational Collaborative Collection and a 10% salary release from Donald W. Reynolds Foundation Next Steps in Physician’s Training in Geriatrics Grant.

Author Contributions: All workgroup members contributed to the concept, design, and preparation of the manuscript.

The workgroup has also developed an Annotated Bibli-
ography on Geriatrics and Gerontology Interdisciplinary Team Training which is available at http://www.americ-

Sponsor’s Role: On behalf of the Partnership for Health in Aging, American Geriatrics Society, staff partici-
pated in the final technical preparation and submission of the manuscript.

The following Partnership for Health in Aging (PHA) member organizations reviewed a preliminary draft of this paper and have endorsed this position statement:

Alliance for Aging Research; American Academy of Home Care Physicians; American Academy of Nursing—
Expert Panel on Aging*; American Association of Colleges of Pharmacy; American Association for Geriatric Psychiatry; American Association for Long-Term Care Nursing*; American College of Clinical Pharmacy; American Dental Association; American Geriatrics Society; American Occupa-
tional Therapy Association; American Physical Therapy Association; American Psychological Association; American Society of Consultant Pharmacists; American Society of Health-System Pharmacists; Association of State and Territorial Dental Directors; The Hartford Institute of Geriatric Nursing*; Gerontological Society of America; National Association of Directors of Nursing Administr-
adion in Long-Term Care*; National Association for Geriatrics Edu-
cation; National Association of Geriatric Education Centers; National Association of Professional Geriatric Care Managers; and New York Academy of Medicine/Social Work Leadership Institute. The following PHA member organizations are supporting organizations for this position statement: American Dietetic Association; American Speech-Language-Hearing Association.

*Member, Coalition of Geriatric Nursing Organizations.

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