

INTERNATIONAL EXPERIENCE OF OPERATION OF MULTIDISCIPLINARY TEAMS WITH PSYCHOSOCIAL SPECIALIZATION IN AMBULATORY CARE CLINICS AND POLYCLINICS

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Abstract: At the present stage of medical practice, focus on patients is the key to achieving the primary goal of a healthcare professional. In the system of medical and social care, an opinion was formed about the need for customer service cooperation since individual problems can only be solved by the joint efforts of different specialists working in the same team. An example of this approach is the outpatient psychosocial care that social and medical workers provide to old people with cognitive impairment. A multidisciplinary team is a group of specialists united to solve a problem according to jointly agreed principles.

Keywords: Psychosocial care, multidisciplinary team, old people, cognitive impairment, ambulatory care.

1 Introduction

The significance of the problem in question at the national level is due to changes in the modern demographic situation in the Republic of Kazakhstan associated primarily with the expressed processes of aging of the population. Currently, the proportions of people aged 65 years and older in Kazakhstan has exceeded 7%, thereby determining its inclusion in the group of “aging”

countries of the world. The proportions of the population of 60 years and older reached 11.2% by the beginning of 2015, with a predicted trend of further increase by mid-century to 25%. (1-2)

It is precisely in old age that vascular and primary degenerative diseases of the brain are most often diagnosed and lead to cognitive disorders of varying severity ranged from moderate to severe. Various aspects of this problem are of great interest to researchers in developed countries. The priority areas are the early diagnosis of the disease, the search for effective treatment options, as well as the solution of social and psychological problems associated with this ailment.

The main consequences of cognitive impairment in older people include impaired quality of life, loss of social functions, and ultimately home care addiction or hospitalization, which entails huge financial resources from the public health system.

2 Materials and Methods

In the system of general medical and social care, an opinion has been formed about the need for cooperation with social workers when caring for patients since individual problems can only be solved by the joint efforts of different specialists working in the same team. An example of this approach is the ambulatory psychosocial care that social and medical workers provide to old people with cognitive impairment.

A number of difficulties accompany a multidisciplinary approach. Sometimes experts disagree on the causes and solutions and set themselves different tasks. Good relations do not always develop between specialists, for example, due to differences in status, official authority, and language of communication. Multidisciplinary work requires effective decision-making, a clear distribution of roles and responsibilities. Therefore, a multidisciplinary team is a group of specialists united to solve a problem according to jointly agreed principles. It may include a general practitioner or internist, a nurse, a social worker and a medical psychologist (Figure 1).

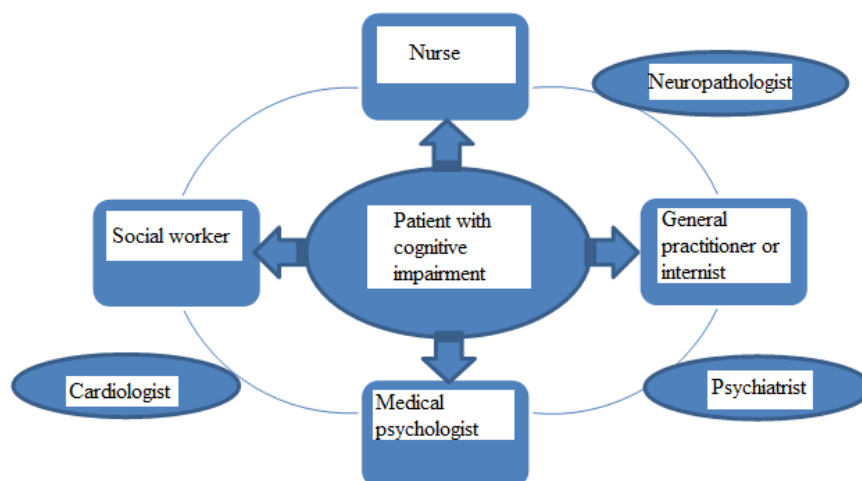


Figure 1. Example of Multidisciplinary Team Composition to Care for Old People with Cognitive Impairment in Ambulatory Care Clinics and Polyclinics

Various authors note that well-organized teamwork can free up the time of highly qualified doctors, and this will allow doctors to focus on caring for the most difficult patients. (3) We understand the multidisciplinary team of specialists as a group consisting of specialists of various professions, carrying out

activities based on the adoption of common professional values aimed at achieving an agreed goal based on complementarity, differentiation of joint and individual responsibility. (4) Given the multiplicity of factors affecting the effectiveness of the team, some researchers such as A. Grove (5) usually limit the number

of criteria by which effectiveness is evaluated. The authors as a whole distinguish two universal criteria:

- Productivity (most often the economic one expressed in the ratio of costs and achieved results);
- Satisfaction (with work, the membership of a professional group, etc.) understood as a comfortable state when working in a team.

In the studies of Western European and American authors, the focus of group work is on the results of joint professional activities, and in the works of Kazakh researchers - on interpersonal relationships, and above all their moral component. One of the most important characteristics of a multidisciplinary team as a highly organized working group is cohesion. Cohesion is the psychological unity of people in the most important issues of the life of the team, manifested in the attraction of participants to it, the desire to protect it and preserve it. Cohesion is due to the need for mutual assistance or support of each other in achieving certain goals, mutual emotional preferences, and awareness of the role of the collective principle when providing certain guarantees. The degree of cohesion depends on the size of the group, social homogeneity (with heterogeneity, groupings arise) of its members, success achieved, and the presence of external danger. In the studies of V.V. Avdeyev (6), it is shown that in close-knit groups, communication is closer and self-esteem is higher, but there are self-confidence, loss of criticality, a sense of reality, unanimity, a sense of invulnerability, and information filtering. The conditions ensuring socio-psychological compatibility of team members are:

- Compliance of personal capabilities of each member to the structure and the content of his/her activities, which ensures its normal course, lack of envy in relation to the successes of others;
- The proximity or coincidence of moral positions creating the basis for the emergence of mutual trust between people;
- The homogeneity of the main motives of activity and individual aspirations of team members contributing to better mutual understanding;
- The possibility of a real mutual complement and coherent combination of the abilities of each member in a single labor and creative process;
- A rational distribution of functions between team members, in which none of them can succeed at the expense of the other.

K. A. Bruffee distinguishes the following team advantages: higher job satisfaction than in an impersonal working group; more effective professional growth of the employee; faster and more effective organization of constructive feedback; more effective stress management; faster training; faster structural changes. (7) J. Brenn (8) points out that teamwork contributes to greater tolerance; it is better to build a corporate culture in a team. Therefore, the priority of the organization of work in teams in modern Western European studies is becoming obvious. S. N. Tidor (9) names 40 signs of an ideal team. We will name some of them that are of the greatest importance in the context of our study:

- The optimal distribution of functions;
- Vertical linkages and formalization of relations are minimized;
- Mutual openness and the free exchange of information;
- The prevalence of horizontal linkages over vertical ones;
- Complete interchangeability and complementarity due to wide professionalism;
- The dominance of motivation to achieve success and a willingness to take risks.

In order for the team formation process to go most efficiently, the process of psychological adaptation to each other must go through a group of specialists. It is important to emphasize that creating a comfortable psychological microclimate in a team is an interactive process that requires the participation of all team members and the time needed to complete it. Let us turn to the

stages of the formation of a multidisciplinary team. At the first stage (orientation), a search and formation of a psychological community between the team members occur, primarily through the mutual influence of team members on each other. The most important task for team management at this stage is to form a high level of psychological security in the team. If this happens successfully, the participants are actively involved in the work of the team, which significantly increases its effectiveness. The main elements in going through this stage are the following: the acquaintance procedure, the formulation of rules of conduct in a team and principles of work, the formation of trust in a team. At the second stage (differentiation), each of the team members decides for himself/herself the question of his/her own professional individualization in the team, how exactly will he/she strengthen the team. It becomes important for team members to emphasize differences in their views between them and to defend their point of view inside the team. The most important elements during this stage are the organization of communication in a team, the position of cooperation instead of competition, willingness to learn from each other. At the third stage (mature team), support and cooperation within the team expand and deepen, it begins to function as a single organism capable of developing common solutions and putting them into practice. The effectiveness of the team at this stage reaches its maximum level. The key issue for the team at this stage is maintaining a high level of interconnection between the participants, awareness of group autonomy and the pleasure of working together. Therefore, the analysis of team-building showed the following. Teams are a dynamically developing form of organization of joint professional activity. Western European history has almost a hundred years of organizing the work of teams, and during this period enormous experience has been accumulated in the field of team management, organizational, methodological and psychological-pedagogical conditions for their operation and development. The authors show that work in a multidisciplinary team makes it possible:

- To rely on a wider experience than the opinion of one specialist, to analyze the facts more deeply; use the most effective channels of information transfer, and save time;
- To show the efficiency of leadership in decision-making due to the flexibility of social relations within the team itself.

The tasks of forming and developing teams are increasingly becoming part of the practice of integrated medical, psychological, pedagogical and social assistance. (10) Modern multidisciplinary teams in the system of comprehensive social assistance and rehabilitation in psychiatry in Western Europe are a group of independent experts in various fields of knowledge, each of which is guided by a separate personal work plan and specific tasks. Specialists in this type of teamwork in concert but practically not together. According to A.B. Shmukler and O.V. Nemirinsky (11), in the phrase "multidisciplinary team" the semantic strength is attributable to both the word "multidisciplinary" and the word "team." The multidisciplinary team implies the work of specialists in different and, as a rule, related areas in it. For example, social workers, teachers, doctors, and psychologists. However, a simple combination of specialists with different competencies does not result in a team. In order to form a team, it is necessary, within the group, to reach an agreement on the goals (priorities), means (methods and approaches), and the role and responsibility of each team member. All this seems to us possible only in specially organized pedagogical conditions. The number of members of the group is important. As our practice shows, the number of multidisciplinary teams of more than 15 people is losing their synergistic properties. A multidisciplinary team is characterized by an emphasis on a certain order of interaction and on reaching an agreement.

3 Results and Discussion

At the present stage, employees without higher medical education, freeing up the time of clinicians, can successfully

perform most of the functions performed at the primary health care level. Therefore, primary care doctors spend about 17% of the time on providing preventive care, most of which could be delegated to other members of the multidisciplinary team. Primary care physicians spend about 37% of their time on the treatment of chronic diseases, and most of this time is education, lifestyle counseling and patient adherence. Trained team members who do not have a higher medical education can also successfully perform this. (12)

The multidisciplinary approach has found its application in a number of countries, for example, a study was conducted in Canada to find out how multidisciplinary medical teams help optimize the organization of care for elderly patients with cognitive dysfunctions. This study searched in Ovid, Medline, MEDLINE In-Process, and other non-indexed bibliographic databases using keywords such as "multidisciplinary or interdisciplinary help," "cognitive impairment," and "old people." Of the 4,554 articles submitted, 34 were suited, including the methodological base of Arksey and O'Malley. 29% of authors provided information on tools that inter-professional teams used to achieve positive results when working with old people. They emphasized the importance of communication, the availability of strategies and the mandatory organization of the educational process for staff in order to optimize inter-professional cooperation when working with old people having cognitive impairment. The review revealed gaps in knowledge about the processes that teams use to work together to care for old people with cognitive problems, and how to best take into account the interests of old people and their families for organizing teamwork. (13)

Another study by Canadian scientists revealed the nature of interdisciplinary work in medical organizations and their impact on the effectiveness of assisting old people and job satisfaction among health workers. Interviews were conducted in two medical organizations, where old people with cognitive impairments are registered. The analysis of interviews with 22 participants revealed satisfaction with teamwork and awareness about the factors of and obstacles to effective collaboration. The participants indicated that team relationships affected the assistance provided and job satisfaction. The participants also identified trust and cooperation, information exchange and a common goal as the most important factors for effective teamwork. In addition, the participants identified the importance of leadership since it has a stronger effect on the activities of the entire organization's teamwork. Researchers noted that additional studies are needed to understand the complexity of organizing collaboration given various factors that can affect the quality of care such as cultural and social differences, work in several organizations, etc. (14)

A number of authors believe that the increase in the number of cases of mental health disorders in the population has led to an increase in research interest in studying the direct effects of various factors on cognitive functions in old age. A study conducted in Croatia was aimed at determining the psychosocial patterns of age-related changes in cognitive function in the elderly. Prerequisites for age-related changes in cognitive function were age, education, socialization, and physical condition. The study revealed that intellectual, social and physical activity has a positive effect on cognitive function in old age. (15) This study showed that identifying factors that inhibit the occurrence of cognitive dysfunctions in old age is of great importance for public health in general and determines action plans for multidisciplinary teams including a sociologist, psychologist, general practitioner, and nurse.

Other researchers believe that multidisciplinary teamwork while improving patient safety, has not yet become common practice in most medical organizations. There is no clarity as to what teamwork actually means, with terms such as collaboration, coordination, and networking being used interchangeably. For example, in France, a study was conducted in which qualitative research of the activities of multidisciplinary teams carried out

over the past 20 years was analyzed. It was proven that full-fledged multidisciplinary teamwork was largely absent in the provision of medical care, and it was found that it was influenced by a number of factors such as organizational issues that impede inter-professional interaction, a representation of teamwork and leadership. In this connection, it was concluded that future strategies to optimize the work of multidisciplinary teams should include policies and structural changes for the development of health systems. (16)

Members of a multidisciplinary team must perform the following functions:

- A district doctor who coordinates the work of the team, assesses the problems and needs of elderly patients, prescribes and adjusts treatment, performs medical procedures, and, as necessary, involves teams of other specialists (psychiatrist, cardiologist, neuropathologist, etc.).
- A nurse who provides support to the patient and his/her family performs nursing procedures, teaches the patient's relatives the basics of caring for an elderly patient with cognitive impairment.
- A social worker who provides the patient and his/her family with access to legal and social services, assists in disability registration (preparation of documents and consultations), etc., helps the patient's family, provides family members with access to social services.
- A psychologist, who provides psychological assistance to the patient and his /her family members, advises team members and provides psychological assistance for them if necessary. (17)

When a team performs its functions, it is important to have an idea of the interaction algorithm of team members between themselves and with patients. Hence, key points that a multidisciplinary team should pay attention to are the following:

- Defined goals that need to be explicit, measurable and operational.
- A developed algorithm of interaction between team members during the provision of medical, psychological, and social support;
- High interdependence of team members and common interests;
- Mutual respect, high trust and mastery of teamwork skills;
- Clear awareness about and distribution of roles of participants in the process of support and treatment of patients;
- Individual responsibility of each specialist;
- Clear criteria for admission to treatment, discharge from hospital, frequency and options for medical interventions throughout the work with the patient;
- Effective professional and administrative support (meeting room, agreed time for regular meetings, materials, and equipment for presenting cases, decision registration system, presiding officer, professional requirement to attend meetings, medical and rehabilitation protocols enshrining types of treatment and care for patients);
- Interconnection including the type of communication (for example, instant messaging and informal face-to-face meetings of clinical team members) and processes (for example, feedback and conflict resolution);
- Training team members in their functions. (18-20)

Joint inter-professional work, to a greater extent, is developing as a mechanism for responding to the challenges of the healthcare system by reducing the cost of medical services, improving the quality of medical care, improving work and increasing the satisfaction of staff and patients in healthcare organizations. (21)

It is necessary to support the idea of managing some chronic diseases in primary care, the integration of general practitioners and other health professionals in multidisciplinary teams. Despite numerous discussions about patient-centered teamwork,

there is not enough practical information for primary care providers about how such teams function. There is a large amount of literature on the joint work of specialists in the industrial and military fields, and more recently, on teamwork in hospitals. (22)

4 Conclusion

Studies of the effectiveness of the organization of work of multidisciplinary teams in primary health care are ongoing in many countries at present. (23-25) International experience has repeatedly shown the effectiveness of multidisciplinary teams using the example of numerous studies, but, at the same time, these studies show that there are unfinished research questions. (26-27) There is a need to continue creating new methods and development models in this area in accordance with the specifics of each country. An important step towards implementing the State Health Development Program of the Republic of Kazakhstan "Densaulyk" for 2016-2019 is the integration of all health services for the needs of the patient in view of modernization and priority development of primary health care.

Currently, in the Republic of Kazakhstan, there are social workers and psychologists who participate in work with old and senile people. Nevertheless, problems remain with organizing the interaction between medical personnel, psychologists and social workers, while assisting elderly patients with cognitive impairment.

Therefore, an extension of the period of active longevity, the full social functioning of a person in adulthood and old age due to the complex interdisciplinary impact on the cognitive aspect of health is one of the urgent tasks of psychosocial care.

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