

# Interdisciplinary Dementia Care

**Definition:** Interdisciplinary: "any program which juxtaposes, applies, combines, synthesizes, or integrates material from two or more disciplines" <sup>(1)</sup>

## Interdisciplinary Teams: Why Bother?

There are real-world issues and problems that are broader than any single discipline can address, and dementia care is one of these.

Clients with dementia and their caregivers often present with situations that are extremely complex and fraught with a tangled array of physical, mental, emotional, social and environmental care needs at several levels.

So, do we need interdisciplinary teams for dementia care? You bet!

Evidence<sup>1, 2</sup> shows that effective interdisciplinary teams (as opposed to multidisciplinary<sup>1</sup>) are able to pool and integrate their collective discipline knowledge to problem-solve complex situations.

Dementia care is one such real-life complex situation. When professionals from different disciplinary backgrounds come together to compare, contrast and combine their specialized disciplinary knowledge, concepts, and tools or rules of problem-solving and decision-making, the resulting understanding is much greater than the sum of the parts of any one discipline.

The key feature of interdisciplinary practice is valuing<sup>3</sup> what each discipline brings to the table. That is, each discipline is a valid source of knowledge in its own right, and makes a valuable contribution to the discussion at hand.

The appreciation and use of this combined knowledge to generate new ways of thinking and a deeper understanding of the problems faced by the client and family can lead to the synthesis of new knowledge and ultimately to innovative approaches<sup>4</sup> to care.

Formal learning<sup>5</sup> about interdisciplinary practice characteristics with case-based or applied clinical strategies<sup>6</sup> can assist the movement from traditional "silo" multidisciplinary teams towards integrated interdisciplinary-based practice.

Seeking clinical opportunities for two or more disciplines to come together in the interests of better dementia care is a good start to creating interdisciplinary best practice.

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## References:

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<sup>2</sup> Keough ME, Field TS, Gurwitz JH (2002). A model of community-based interdisciplinary team training in the care of the frail elderly. *Acad Med*, 77(9):936.

<sup>3</sup> Williams, BC, Reminton T, Foulk M. (2002). Teaching interdisciplinary geriatrics team care. *Acad Med*, 77(9):935.

<sup>4</sup> Morgan DG, Crossley M, Kirk A, D'Arcy C, Stewart N, Biem J, Forbes D, Harder S, Basran J, Dal Bello-Haas V, McBain L. (2009). Improving access to dementia care: development and evaluation of a rural and remote memory clinic. *Aging Ment Health*;13(1):17-30.

<sup>5</sup> Sievers B, Wolf S. (2006). Achieving clinical nurse specialist competencies and outcomes through interdisciplinary education. *Clin Nurse Spec*, 20(2):75-80

<sup>6</sup> Hayward KS, Kochniuk L, Powell L, Peterson T. (2005). Changes in students' perceptions of interdisciplinary practice reaching the older adult through mobile service delivery. *J Allied Health*, 34(4):192-8

<sup>1</sup> Multidisciplinary refers to the approaches that "involve the simple act of juxtaposing several disciplines, but no systematic attempt at integration or combination." Multidisciplinary efforts are often problem centered. While each discipline makes a contribution to the overall understanding of the issue, it is primarily in an additive fashion. The results are frequently confusing because each specialist is speaking her/his language, using her/his particular concepts and focusing on her/his aspect of the problem.

Source: <http://www.imir.org/2004/3/e22/>