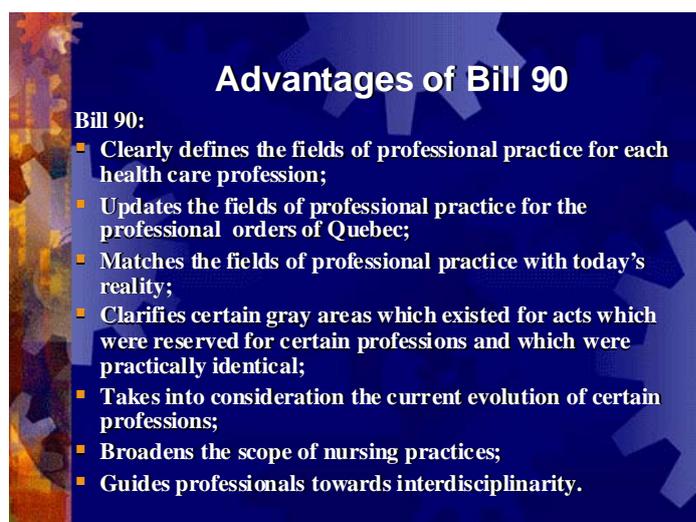


# Interdisciplinarity and the Therapeutic Nursing Plan

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The therapeutic nursing plan (TNP), like any other significant change or innovation in the nursing profession, deserves to be analyzed from every angle in order to exploit its full potential. The TNP affects the multidisciplinary team.



Our reflection first focuses on Bill 90, which clearly defines the scope and acts reserved for each field of professional practice. Bill 90 updates the scope of practice for each professional order in Quebec. Its objective is to offer a better reflection of today's world and the evolution of certain professions such as nursing. In effect, the scope of practice in the nursing profession has been broadened by this act.

## Recognition of multidisciplinary in health care

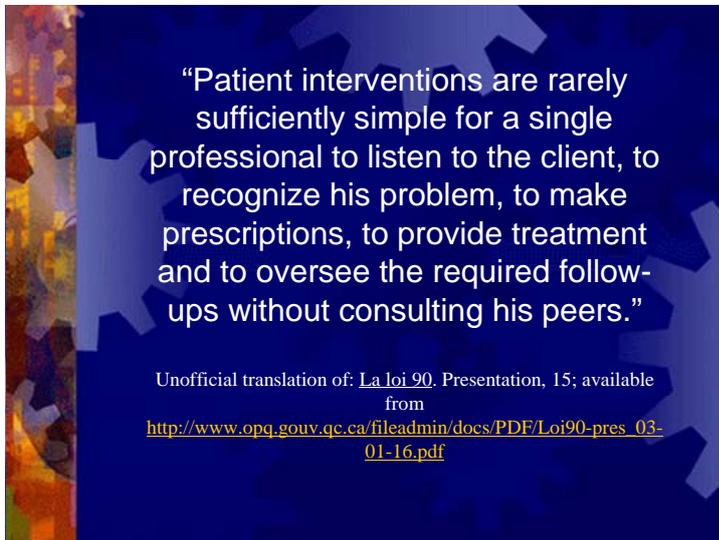
Bill 90 defines both the acts which are reserved and those which are shared. One of its advantages is that it has shed light on gray areas for certain acts which were both reserved and practically identical among the orders. For example, there are interventions in certain fields which are carried out both by nurses and nursing assistants. In the past, confusion arose. In addition, certain acts performed by nurses could literally be interpreted as being an illegal practice of medicine. The rules needed to be updated.

The presentation prepared by Jean-K. Samson on Bill 90 explains that “different competent professionals share certain acts which are reserved.” One of the best examples involves the administration of medications and substances, an activity shared by many professional orders, including nurses, nursing attendants, respiratory therapists, medical technicians, and so on. “Their intervention is determined by the objective of their profession.”<sup>1</sup> The document adds that “various professions have been authorized to take invasive specimens, medical treatment is widely shared, and certain professions are authorized to monitor patients and to adjust medicinal therapy.”<sup>2</sup>

<sup>1</sup> UNOFFICIAL TRANSLATION. Office des professions du Québec, *Notes pour la présentation de Jean-K. Samson, président à l'Office des professions du Québec*, 7; available from [http://www.opq.gouv.qc.ca/fileadmin/docs/PDF/Loi90-pres\\_03-01-16.pdf](http://www.opq.gouv.qc.ca/fileadmin/docs/PDF/Loi90-pres_03-01-16.pdf); Internet; accessed February 22, 2009.

<sup>2</sup> UNOFFICIAL TRANSLATION. *Notes pour la présentation de Jean-K. Samson, président à l'Office des professions du Québec*, 11.

Bill 90 is the effective recognition of multidisciplinary in medical care. The physician is no longer the only one calling the shots. The legislator justifies this change in the name of the “enhancement of efficiency and effectiveness of care by broadening the supply of professional services within the network, by offering greater flexibility in work organization within a context of labour shortages, by implementing a framework to encourage interdisciplinary work, and by eliminating certain restrictions to make optimal use of professional competencies.”<sup>3</sup>



Mr. Samson’s presentation of Bill 90 also explains that “patient interventions are rarely sufficiently simple for a single professional to listen to the client, to recognize his problem, to make prescriptions, to provide treatment and to oversee the required follow-ups without consulting his peers. Any health problem, even during a preliminary assessment, calls open a variety of competencies. The physician is entitled to make a diagnosis but will still often call upon the expertise of other professionals before making a

decision. The analyses and the ensuing results provide information which enables the physician to reach a conclusion regarding the condition of the patient. This fact encouraged legislators to allow complementarily and interdisciplinarity to play a larger role within the health care system. Bill 90 was drafted with the objective of providing a legal framework in which this intervention philosophy could be promoted.”<sup>4</sup>

### **Mandatory collaboration context**

Bill 90 created a context of interdependency and interactions among professionals dealing with the same clients. The presentation states that the bill creates “a context in which there is mature and properly understood collaboration among all care providers involved and in which the work dynamic centres on teamwork instead of rivalries.”<sup>5</sup> The optimistic principles outlined are interesting, but they fail to inform us as to how they are applied in the real world.

**Knowledge in health sciences is increasingly vast. No living person can claim to master these sciences as a whole.**

It is obvious that collaboration among care providers is required to improve the condition of the patient. Yet over time, certain habits are formed. Even though professionals are asked to work together on a general treatment plan, it is not uncommon for them to work in isolation of each other. A common observation is that nurses are more prone to communicate among each other in an intradisciplinary manner and that other professionals also work in isolation in their respective disciplines. In such a context, developing genuine collaboration is far from obvious.

<sup>3</sup> Ibid., 6.

<sup>4</sup> Ibid., 7.

<sup>5</sup> Ibid., 29.

That being said, Bill 90 is clear about this issue. Healthy, inter-professional collaboration remains the best means to offer optimal client services.<sup>6</sup>

### Terminological confusion

Even the terms we use are not always clear for us. There may be confusion. Some may even wonder how to qualify a group of professionals who interact together and who complement each other with a view to helping patients. Which term should be used? Is it multidisciplinary, pluridisciplinary, interdisciplinary or transdisciplinary teamwork? These terms need to be clarified. Even though some authors disagree upon the definition of these terms, it is worthwhile taking a closer look at them.

First, there is little interaction among individuals working within pluridisciplinary and multidisciplinary teams. These individuals have an understanding of the situation based on their field of expertise. They function on an individual basis. Specifically, a **multidisciplinary team** is composed of individuals from a variety of disciplines and who, acting by juxtaposition of methods; attempt to solve the same problem without engaging in significant interaction or relations with the other care providers.<sup>7</sup>

Disciplines exist because man, in his quest to understand the complex reality that surrounds him and unable to do so in a single question, resorts to multiple approaches.

Michel Develay, *De l'apprentissage à l'enseignement*. (Paris: ESF, 1992), 31.

The terms *multidisciplinary* and *pluridisciplinary* are commonly interchanged; however, their underlying logic differs. According to the *Larousse* dictionary, in French a **pluridisciplinary** organization involves many disciplines simultaneously. It is generally accepted that this term is more interactive, meaning that some disciplines do work together.<sup>8,9</sup> It might even be said that the nursing and medical professions are pluridisciplinary as they require close collaboration. As such, care providers are often grouped together within a multidisciplinary organization composed of doctors, nurses, physiotherapists, occupational therapists, etc.. The underlying assumption is that there exists sporadic interactions which are often based on friendly relations and limited professional

collaboration.

In the OPQ presentation of Bill 90, **interdisciplinarity** is used to qualify a common task carried out by members of various disciplines which generates different perspectives on a problem. It is stated that “efficiency and effectiveness [of care] are enhanced through professional supervision aimed at promoting interdisciplinary work.”<sup>10</sup> Organizing the activities of interdisciplinary teams is in itself a demanding task in which the underlying assumption is that there will be communication and active collaboration among team members. “It involves grouping competencies with a view to achieving a common objective. It involves working

<sup>6</sup> Ibid., 7.

<sup>7</sup> Julie Lavoie, M.A., social research laboratory, IRDPQ, "De la pluri, à la multi vers l'interdisciplinarité de l'approche-programme : L'expérience de l'Institut de réadaptation en déficience physique de Québec (IRDQP)," Institut universitaire en réadaptation et intégration sociale; available from <http://www.med.univ-rennes1.fr/sisrai/art/approche-programme.html>; Internet, accessed February 22, 2009.

<sup>8</sup> Lavoie, "De la pluri, à la multi vers l'interdisciplinarité de l'approche-programme : L'expérience de l'Institut de réadaptation en déficience physique de Québec (IRDQP)"

<sup>9</sup> Michel Develay, *De l'apprentissage à l'enseignement*. (Paris: ESF, 1992), 31.

<sup>10</sup> UNOFFICIAL TRANSLATION. *Notes pour la présentation de Jean-K. Samson, président à l'Office des professions du Québec*, 14.

together to build a new reality that is artificially fragmented by the compartmentalization of disciplines."<sup>11</sup>

### Term origins



*Penitents self-flagellating*, XIVth-century engraving; available from <http://upload.wikimedia.org/wikipedia/common>

The French term *interdisciplinarité* originates from *discipline*, a notion which appeared in 20<sup>th</sup>-century scientific textbooks. Ironically, this term originally designated a small whip used for self-flagellation and mortification.<sup>12</sup> Nowadays, the term discipline covers an organizational category which has enabled knowledge to evolve over the course of time. Boundaries among the various fields of knowledge were established linguistically and technically throughout their respective developments.

Knowledge used to be considered universal. Nowadays, knowledge is subdivided by field into specific categories. Each scientific category

focuses on a specific element of reality and develops a methodology to enhance and acquire its own precise, cutting-edge, and up-to-date knowledge of a given subject. This endeavour results in the compartmentalization (or specialization) of health care professions.

Compartmentalization can adversely affect patients. As society evolves, science develops and technology booms, knowledge sharing and dissemination as well as cross-disciplinary action become increasingly relevant. Dealing with conflicting ideas or opinions and concerted action are nowadays an unavoidable aspect of health care delivery. In the 21<sup>st</sup> century, it is unimaginable for all forms of knowledge to be grouped within a single discipline. Instead, many forms of knowledge can be applied to solve a common problem. Yet in no way should it be interpreted that specific fields of knowledge are disappearing.<sup>13</sup>

Also, the underlying notion of relationship and reciprocity in the prefix *inter-* is of interest in the organization of health care delivery. As such, interdisciplinarity is a modern concept, a successor to the division of labour and to the multiplication of disciplines. We are now in the process of crossing their boundaries and putting an end to their isolation and exclusivity.

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<sup>11</sup> UNOFFICIAL TRANSLATION. "L'approche interdisciplinaire Quelques notions clés," available from [http://www.lmg.ulg.ac.be/competences/chantier/contenus/cont\\_interdis.html](http://www.lmg.ulg.ac.be/competences/chantier/contenus/cont_interdis.html); Internet; consulted February 12, 2009.

<sup>12</sup> Edgar Morin, "Sur l'interdisciplinarité," Bulletin Interactif du Centre International de Recherches et Études transdisciplinaires, no. 2 (1994).

<sup>13</sup> "I do not see interdisciplinarity as simply a call for open borders between disciplines, so that cross-disciplinary borrowings are tolerated and even appreciated for the value they add to solving problems in one's home discipline. Rather, the persistent need for interdisciplinary solutions to disciplinary problems"

Steve Fuller, "Interdisciplinarity. The Loss of the Heroic Vision in the Marketplace of Ideas," available from <http://www.interdisciplines.org/interdisciplinarity/papers/3>; Internet; consulted February 13, 2009.

## **A new manner of working together**

Bill 90 offers health care professionals a new *modus vivendi*.<sup>14</sup> While not in the least diminishing the expertise of highly specialized medical professionals nor levelling out differences, the involvement of professionals from a variety of disciplines in finding a solution to a common problem ensures a better understanding of its dimensions.<sup>15</sup> The broader scope and case analysis therefore leads to a greater diversity of alternatives. The treatment and follow-up of the patient, determined through convergent, concerted and complementary action, results in a new approach to safety and general care. Furthermore, once assimilated, interdisciplinarity results in the acquisition of knowledge regarding the work and intervention methods of each professional involved in the team. Interdisciplinarity therefore helps professionals gain respect for the abilities of each member while pursuing common goals.

## **Added value**

Beyond the integration of members from individual disciplines, the added value of interdisciplinary work in a clinical environment is expressed by an increase in productivity. Team members must work in concert to assist the patient and to avoid duplicating tasks, overlapping and wasting time.

Recognizing interdisciplinary methods promotes, in the best interest of the client, the efficient use of cross-disciplinary expertise.

## **The challenge of services and team management**

The will to create effective and functional interdisciplinary teams must be accompanied by clinical and administrative procedures aimed at concerted action. Professionals must plan the necessary time to share essential information and make decisions. Planning must be articulated such that there are never staff shortages which would inevitably put patient safety at risk.

For managers, the challenge lies in planning the labour structure for each care unit while factoring in the professionals who are available to spend the time and energy required to respond to the needs of the patients.

In the current context of labour shortages in health care and social services and in order to achieve care provider-to-patient ratios which are compatible with safe delivery, any matter concerning the use of specialized resources requires a balanced, efficient and effective planning of personnel deployment.

## **Team conflicts**

Implementing interdisciplinarity, like all human relations, in a health care setting is easier said than done. The underlying assumption is that there will be open communication, listening and respect among all actors who each have unique skills and knowledge. Active and effective participation in the treatment plan requires solidarity, meaning that team work supersedes individualism as well as undue professional boundaries which may result in *disciplinary measures* or *sanctions* being taken against the members of other professions.

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<sup>14</sup> Modus vivendi : accommodement dans une relation, façon de vivre en accord.

<sup>15</sup> Ian Hacking, "The Complacent Disciplinarian"; available from <http://www.interdisciplines.org/interdisciplinarity/papers/7/>; Internet; accessed February 13, 2009.

The question remains: how are communications defined among professionals whose training, backgrounds, judgements, perspectives and procedures may differ? Everyday habits, the *every man for himself* mentality, and the hegemony of certain professions are often deeply rooted and difficult to overcome. Nonetheless, the success of the interdisciplinary team is highly dependant on group effort, openness and respect.

### **The nursing contribution**

Nurses may wonder how they can work in harmony in such a competitive, sclerotic environment, and how they can assume their place within an interdisciplinary team without offending others or being dominated by them. The interdisciplinary team is a shared

environment in which the basic condition of acceptance involves having undergone appropriate training and having acquired the skills required to become a credible, reliable, accountable and trustworthy member. As Mégie wrote, “[translation] interdisciplinarity can only function in the presence of highly qualified scientific and technical personnel and must be founded on the mastery of the disciplines involved.”<sup>16, 17</sup> In addition, it is easier to respect a person who is deemed to be an equal.

Nurses should not be afraid to assume leadership, to apply their knowledge in an all-encompassing therapeutic nursing plan which is comprehensive, well-written and a source of reference for other professionals. Sound clinical judgement, relevant assessment findings which factor in the various aspects of the patient's condition, and creative and well-targeted intervention proposals can only inspire trust. As Jean Nohain stated: “Success requires some knowledge, a little know-how and a great ability to make oneself known.”<sup>18</sup>

Just as in any other relationship, professionals can recognize their peers and demonstrate willingness to collaborate with them in order to develop close ties. It should be remembered that nurses are the professionals who see the patient most, other professionals usually being limited to sporadic interventions. As such, nurses are in a privileged position to share information, to cement relationships and to build the chemistry required for the efficient functioning of the interdisciplinary team. For example, it is relevant to ask other professionals: “What can we do, observe or be aware of regarding the patient being jointly monitored?” Nurses may request that these professionals intervene with certain patients. Nurses should take advantage of interdisciplinarity to learn about their analysis methods and acts of these professionals and focus on what they do to and the results that they obtain. In any case, individualism, often the result of an inferiority complex, should be cast aside.

The same principles should apply to the interdisciplinary team, as the latter is essential to care delivery and composed, among others, of nurses, auxiliaries and beneficiary attendants. Nothing can be achieved if consideration and respect for others fail to prevail within the team. The therapeutic nursing plan (TNP) is bringing about organizational changes which open the door for nurses to assume a new kind of leadership. Nurses must exercise their leadership in an

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<sup>16</sup> G. Mégie, "Interdisciplinarité et systèmes complexes," *La Lettre Chemin Faisant MCX-APC*, 39:20 (2001).

<sup>17</sup> I. Rinaldi Baud et H. Rey Hanson (2005). "L'interdisciplinarité, une pratique indisciplinée?" *Revue médicale Suisse*, no. 34; available from <http://titan.medhyg.ch/mh/formation/print.php3?sid=30658>; Internet; accessed February 13, 2009.

<sup>18</sup> Jean Nohain, lawyer and French author (1900-1981).



This may seem basic. The TNP is used to record the interventions of other professionals who are consulted by the care provider for priorities, problems or needs. As such, the TNP is at the crossroads of interdisciplinary interventions. In a sense, the TNP puts nurses at the forefront of the interdisciplinary team. It also recognizes a reality which has existed for a long time but which was not all-too-often ignored.

Inserting notes to the client's file not only has legal implications governing the accountability of the care providers involved, it also creates a new role for nurses within the interdisciplinary team. The mandatory relations among nurses and care providers are likely to encourage the former to express their professional points of view. The nursing obligation to record the interventions of other professionals paves the road for convergent action, meaning genuine interdisciplinary work.

### **Towards transdisciplinarity**

What about the future? Interdisciplinary collaboration among professionals is in the process of being implemented. Implementation will require some time because interdisciplinary work requires openness and concerted action at both the personal and professional levels, which is easier said than done. Over time, as job category rivalries are appeased and an agreeable work climate is instilled, the human and professional advantages of the TNP will become more obvious to both the patient and the care provider.

Perhaps maturity acquired in interdisciplinary work will pave the way for *transdisciplinarity*, which Basarab Nicolescu defines as concerning “that which is at once between the disciplines, across the different disciplines, and beyond all disciplines....” The integration process and overcoming professional<sup>23</sup> boundaries aims for the understanding of the complexity of different realities, in particular in our area of interest - health care. The term transdisciplinarity was coined by Piaget in 1970. Piaget hoped that once workers arrived at the interdisciplinary relations stage, the subsequent, superior stage would be *transdisciplinary*. As such, transdisciplinarity would not be confined to mutual interactions, but would position relations within a more global system.<sup>24</sup>

**Disciplinarity, multidisciplinary, interdisciplinarity and transdisciplinarity are like four arrows shot from but a single bow: knowledge .**

Basarab Nicolescu. *Manifesto of Transdisciplinarity*, translated by Karen-Claire Voos (State University of New York Press, 2002).

The term *transdisciplinarity* and its prefix *trans-*, which means “across/beyond” and “to the other side of” also semantically involves a sense transformation. That is precisely what transdisciplinarity requires. Transdisciplinarity also requires a common project; a common forward vision by all actors concerned, and openness to others and their knowledge. Achieving such balance is rare in itself. Transdisciplinarity is a step beyond interdisciplinarity, an evolution towards greater professional maturity which benefits the patient. And yet

<sup>23</sup> Basarab Nicolescu, *Manifesto of Transdisciplinarity*, translated by Karen-Claire Voos (State University of New York Press, 2002), p. 44.

<sup>24</sup> Basarab Nicolescu, *Manifesto of Transdisciplinarity* :

<http://74.125.47.132/search?q=cache:SGVcWEoAHkUJ:nicol.club.fr/ciret/english/visionen.htm+%22Nicolescu%22+%22four+arrows%22&hl=fr&ct=clnk&cd=2&gl=ca>

transdisciplinarity requires not only significant changes at the professional level; it also requires substantive human evolution.

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