

# ROLE OF MULTIDISCIPLINARY TEAM MEMBERS\*

## ▶ ABOUT THIS ACTIVITY

🕒 **Time:** 30 minutes

➔ **Objectives:** By the end of this session, participants will be able to:

- List 3 roles peer workers share with other team members
- List 4 unique roles of peer workers

★ **Training Methods:** Small Group Activity, Large Group Discussion

✓ **In This Activity You Will...**

- Ask participants to reflect on the unique tasks that members of multidisciplinary team perform as well as commonalities (5 minutes)
- Fill out matrix on newsprints (15 minutes)
- Share matrices with the class (10 minutes)

✂ **Materials:**

- Newsprint - Team Roles (one per table)
- Handout & Answer Key - Team Tasks
- Handout- New York Times Article- Drug Users' Hard Lessons Become Tools to Teach Doctors (optional)
- Tape
- Flip chart and easel
- Markers
- Eraser

🔪 **Preparation:**

- Prepare newsprints
- Prepare handouts

## Instructions

1. Introduce session and define the term *multidisciplinary team*.
2. Earlier we talked about what makes peers unique. Now we are looking at what Peers share with other team members.
3. Instruct participants that they are going to do an exercise on defining the role of multidisciplinary team members. Explain to participants that understanding the role of co-workers is essential for a multidisciplinary team to work well together.
4. Break into small groups.
5. Give each table group a *team roles* newsprint.
6. Explain that each group should ask one person to be secretary and that each group should make a list of tasks for each multidisciplinary team member. Remind participants that some tasks will be shared and some will be unique to that team member.
7. *Remind participants that we have already spent time on the peer's role so they should do that quickly and then spend most of their time on the other team member's roles.*
8. After 15 minutes ask the small groups to stop.
9. Ask the groups to present their lists. Put a star next to common tasks.
10. Discuss different assignment of tasks between the groups.
11. Ask participants to comment on tasks that are shared by different

\* This module comes from the Comprehensive Peer Worker Training, Peer Advanced Competency Training (PACT) Project Harlem Hospital Center, Division of Infectious Diseases, 2008.

# ROLE OF MULTIDISCIPLINARY TEAM MEMBERS

## ▶ TRAINER'S TIPS

- Share skills and tasks with other team members regardless of degrees.
- Highlight commonalities as well as what makes peers unique and what have in common.
- Explain to participants that understanding the role of co-workers is essential for a multidisciplinary team to work well together.

team members (“listen to patient concerns”) as well as tasks that are unique to peers or medical personnel. Mark shared tasks among all job titles with asterisks using colored markers. Then emphasize unique tasks for peers.

12. Hand out answer key.

## Summary

- Re-state the main knowledge points of the session
- Wrap up the discussion

\* This module is part of the online toolkit Building Blocks to Peer Success. For more information, visit [http://www.hdwg.org/peer\\_center/training\\_toolkit](http://www.hdwg.org/peer_center/training_toolkit). This module comes from the Comprehensive Peer Worker Training, Peer Advanced Competency Training (PACT) Project Harlem Hospital Center, Division of Infectious Diseases, 2008.

# ROLE OF MULTIDISCIPLINARY TEAM MEMBERS

## SESSION NEWSPRINT

### MULTIDISCIPLINARY TEAM TASKS

Peer	Supervisor	Physician	Nurse	Social Worker	Case Manager

# ROLE OF MULTIDISCIPLINARY TEAM MEMBERS

## SESSION HANDOUT #1 of 2

### MULTIDISCIPLINARY TEAM TASKS ANSWER KEY

Peer	Supervisor	Physician	Nurse	Social Worker	Case Manager
Counsel	Counsel	Counsel	Counsel	Counsel	Counsel
Advocate	Advocate	Advocate	Advocate	Advocate	Advocate
Listen to concerns	Listen to concerns	Listen to concerns	Listen to concerns	Listen to concerns	Listen to concerns
Motivate	Motivate	Motivate	Motivate	Motivate	Motivate
Empower	Empower	Empower	Empower	Empower	Empower
Advise	Advise	Advise	Advise	Advise	Advise
Refer	Refer	Refer	Refer	Refer	Refer
Identify barriers	Identify barriers	Identify Barriers	Identify Barriers	Identify Barriers	Identify Barriers
Educate	Educate	Educate	Educate	Educate	Educate
Follow-up	Follow-up	Follow-up	Follow-up	Follow-up	Follow-up
Escort	Help with emergency	Help with emergency	Escort	Escort	Escort
Help with emergency	Manage Staff	Help with emergency	Help with emergency	Help with emergency	Help with emergency
Show how to take meds	Administrate	Show how to take meds	Show how to take meds	Incr. client self esteem	Incr. client self esteem
Incr. client self esteem		Discharge	Discharge	Discharge	Discharge
Identify with client		Diagnose	Diagnose	Help with entitlements	Help with entitlements
Navigate		Vital signs	Vital signs		
		Examine	Review MD's Orders		
		Prescribe			
		Order Labs			

# ROLE OF MULTIDISCIPLINARY TEAM MEMBERS

## SESSION HANDOUT #2 of 2

**The New York Times**  
nytimes.com

April 2, 2006

### **Drug Users' Hard Lessons Become Tools to Teach Doctors**

By LUKE JEROD KUMMER

Marlana Reed and Geraldine Westcott were huddled in the corridor of a hospital in the Bronx one recent morning, wrangling over who would be in charge of heroin and who should cover crack. After agreeing, they entered the conference room and sat at the head of a long table.

Five first-year doctors on the other side focused the attentive stares they seemed to have honed in medical school.

"I know you all know about drugs through the books," said Ms. Reed, whose face, prone to girlish grins, belies her 48 years. "But we're here to tell you the real deal from the street." So began the seminar.

In the Albert Einstein College of Medicine's residency program at Montefiore Medical Center, substance abuse training may include lessons from those with firsthand experience. Since January, three pairs of patients, called Peer Educators, have come monthly from among five methadone clinics in the Bronx to lead 90-minute courses for internal medicine interns through a program called Project Grow (Giving Resources and Options to Women).

"In med school, we get the chemical mechanisms of what drugs do to the body and how to treat it," said an intern, Dr. Svetlana Korenfeld. "You can read about drug abuse, but if you've never seen it the way it really is, you won't recognize it."

Dr. Hillary Kunins, Grow's founder, and Dr. Melissa Stein, who coordinates the interns' substance abuse education, also attend the sessions to add information from a physician's standpoint. But the Peer Educators provide nuances that statistics and medical jargon miss. For instance, in a recent seminar, Dr. Kunins mentioned that crack smokers face an increased risk of hepatitis C from sharing pipes.

Ms. Westcott explained: "Say if you're in a hurry to get that hit. The glass might pop and you cut the skin, or you burn your mouth because the stem is too short."

A crack binge, she added, often results in scorches on smokers' thumbs, from use of cheap lighters.

One intern, Dr. Alexander Han, said he was clueless about such things — despite having treated many substance abusers in his first months of practice. "When I look back, they definitely did have a lot of skin chafing," he said. "I wasn't too sure what it was, and so I let it be. Burn marks in the mouth? I'd never thought to look for that."

In 2000, Dr. Kunins began directing a methadone clinic in the Bronx and fretted that though her patients were at risk for health problems like H.I.V., they often

# ROLE OF MULTIDISCIPLINARY TEAM MEMBERS

## SESSION HANDOUT #3 of 3 (cont.)

avoided medical care besides their once-a-day methadone stop. A few years later, she founded Grow, offering H.I.V. risk-reduction education, counseling and escorts to doctor's appointments. She knew, however, that the patients still faced a medical culture that speaks a different language than they do and is not well equipped to serve them. With Dr. Stein's help, she began organizing seminars to bring women from Grow to instruct interns so they can better understand drug-related health issues.

The course material strays from the curriculum the doctors have seen before. The Peer Educators lecture and field questions on street lingo, how to find and use drugs, and what being high and withdrawal are like. "How long does crack last?" asked Dr. Christina Tseng, an intern.

"That first hit is tremendous," Ms. Westcott said. "After that, you just chasing it until the money is gone."

Dr. Tseng wondered what a doctor could have done to help them stop using. "Don't be judgmental, because a drug user figures everybody's watching anyway," Ms. Reed said, adding that users are not likely to ask for help outright. "You gotta kind of read in between."

In many of Ms. Reed's seminars, she explains how heroin can be bought in abandoned buildings. "There are these

holes in the wall, and you put your hand in the hole and they put the stuff in your hand," she said. "The last time I put my hand in that wall, somebody put cuffs on it from the other side."

In more than 20 years of using drugs, Ms. Reed said she experienced incredible highs. But memories of the lows — including being arrested and fearing for her baby after using drugs during pregnancy — will not go away even though she has not used heroin for more than a decade.

Now, she gains satisfaction from her tumultuous history by sharing valuable information with doctors who have spent many of their years in classrooms.

"It makes me feel good to know something they don't," Ms. Reed said. "Today, that is my high."

According to Dr. Kunins, Grow's main purpose is to give these women the tools to care for their own health. "But they have this expertise, and if they can transmit that to the doctors," she said, "then we can improve the system."

Dr. Kunins and Dr. Stein say what distinguishes their program from similar ones that connect drug users with clinicians is that these women assume the role of expert.

"We don't present the participants as patients, we present them as teachers," Dr. Stein said. "They often don't share personal experience very much. It's a different dynamic than the testimonial model."

Grow provides its Peer Educators with a \$20 stipend and transportation to seminars. The interns are getting a deal, too, said Dr. Richard Saitz, the president of the Association for Medical Education and Research in Substance Abuse.

## ROLE OF MULTIDISCIPLINARY TEAM MEMBERS

### SESSION HANDOUT #3 of 3 (cont.)

“Learning factual information from someone who is an expert on their own disease would be something that they will remember for a long time,” Dr. Saitz said from his office at Boston University, where he works to raise substance abuse awareness among health professionals.

Not only is this kind of training rare, Dr. Saitz said, but substance abuse training for residents is also lacking over all. He cited a broad, government-financed survey, published in 2000, with more than 1,200 residency program directors responding. Only 56 percent required substance abuse training of any kind.

Dr. Saitz believes that number is too low. “There’s no word for educational malpractice,” he said, “but to not train people in drug abuse when you’re training them for H.I.V. or Hep C reduction is ridiculous.”

And that is where Ms. Reed and Ms. Westcott are making a mark. “Unless the patient was specifically admitted for overdose or withdrawal,” Dr. Han said after the seminar, “I would usually just ask routinely, ‘Do you smoke, use alcohol or drugs?’ and then move on. Now I think we know a lot more questions to ask.”

Ms. Reed said that she hoped her students would use their new skills with care. After all, she said with a grin, “If I go to a doctor and they have more street knowledge than I do, I might feel a little shaky about that doctor.”

[http://www.nytimes.com/2006/04/02/nyregion/02montefiore.html?\\_r=1&oref=slogin](http://www.nytimes.com/2006/04/02/nyregion/02montefiore.html?_r=1&oref=slogin)