

## Chapter 3: Selecting Team Members

### Selecting the Multidisciplinary Team Members

#### Getting Started

Your community will want to think about who is going to participate in the MDT. Who is invited to serve on the MDT will depend upon the needs and resources of the community and the purpose of the MDT.

Do not expect to have all the players at the table to begin with. Admittedly, some professionals may be more difficult to recruit than others. Rather, your community may want to begin with agencies enthusiastic about starting an MDT and build momentum from there. In fact, when the MDT is starting out, it is preferable to have a small group of dedicated individuals to build the foundation. Over time, the needs of the MDT will become apparent and the existing MDT can strategically invite professionals to fill those gaps.

Once you have established a core group of team members, consider creating working groups to tackle aspects of MDT formation that fall within the professional domain and interest of your members. For example, your legal representatives will likely want to be involved in working through confidentiality concerns. Other team members may take a special interest in developing the mission and objectives. Utilize the talents, interests and training of team members to form the foundation of your MDT.

#### Potential Core Members

- Adult Protective Services (APS)
- Aging services network personnel
- Geriatricians/physicians
- Law enforcement
- Prosecutors (District Attorneys)
- Psychologists/neuropsychologists
- Victim-witness advocates/victim service providers

See Toolkit item: Description of Professionals Who Might be on an MDT and Contribution to the MDT.

#### Professions

There is a multitude of potential members for your community to consider.<sup>i</sup> The Toolkit item: Description of Professionals Who Might be on an MDT and Contribution to the MDT, provides a comprehensive list of potential MDT members, definitions of each profession, how each profession makes a unique contribution to the MDT, followed by an example supplied by Lifespan. Strategically discuss how the needs of the community match a particular profession. Consider asking some professionals to serve as a consultant-as-needed rather than being a formal MDT member.<sup>ii</sup>

## Desirable Characteristics

At the same time, your community may want to discuss the individual characteristics that might work best on an MDT, as not everyone is equally well suited to serve on an MDT.<sup>iii</sup> Think ahead and strategically about criteria for membership on the MDT. For example, your community may want to discuss:<sup>iv</sup>

- Length and type of relevant experience
- Personality factors (e.g., social skills, the ability to work as a team member<sup>v</sup>)
- Belief in the team model
- Degree of commitment
- Identifiable agency barriers

### Limit Membership

As community partners perceive the benefit of this model, more partners may want to join, potentially increasing the size of your MDT. Your community will want to think carefully about who needs to be on the MDT rather than who wants to be on the MDT. In addition, studies find that an MDT of moderate size perform best (Vander Vegt & Bunderson, 2005).

## Recruitment

### Generic Recruitment Document

Many communities use a recruitment document (a written handout) to give to potential MDT members. Potential MDT members may be unfamiliar with an elder abuse MDT and will need to be educated about the purpose and goals of the MDT. Although a mission statement may not have been adopted at this point, share your community's vision for the MDT and other pertinent information with potential members. Some suggestions include:<sup>vi</sup>

- Why is the MDT being developed?
- What are the benefits of an MDT?<sup>vii</sup>
- How is the MDT going to be developed?
- What work/documents/reports have been completed?
- Who is involved at this point?
- Where is the MDT going to be located?
- How is the MDT going to be funded?
- When will the MDT start?

Also in the document, consider describing any qualification requirements for MDT representatives.<sup>viii</sup> Outline the MDT's expectations and requirements for being an MDT member.<sup>ix</sup> Be honest about the time commitment,

philosophical commitment, and other issues that define the MDT to avoid disappointment later. Some of this information will be contained in the Memorandum of Understanding (MOU). Some considerations for discussion include:

- Length of commitment (e.g., 2-year rotation)
- Time commitment (include travel and meeting times)<sup>x</sup>
- Mandatory meeting requirements
- Outside-of-meetings time commitment
- Confidentiality requirements
- MDT training requirements
- Participation requirements for an MDT evaluation
- Data submission requirements for case tracking

### **Personalized Recruitment**

There is basic information each potential MDT member will need. However, recruitment may need to be tailored to each profession. Your community may want to discover what would be most attractive to a profession and target your recruitment efforts accordingly.

### **Including Management in Recruitment Strategies**

The importance of organizational support for MDT membership cannot be understated.<sup>xi</sup> Without the commitment of management and rewards for participating on the MDT, it will be challenging for MDT members to participate on the MDTs.<sup>xii</sup> Therefore, as part of your recruitment strategy, your community may want to discuss ways to target recruitment efforts at management, especially for those organizations whose management structure is unfamiliar with MDTs.<sup>xiii</sup> Encourage organizations to place value on team performance as part of performance evaluations that more typically evaluate individual performance.<sup>xiv</sup>

### **Recruitment Meeting**

Your community may want to consider holding a recruitment meeting (see Toolkit item: Sample Recruitment Invitation, for an example of a flyer) that will bring together potential MDT members. Recruitment may be enhanced when both individual and group efforts are made.

### **Recruitment will Remain Periodic**

All MDTs experience turnover for various reasons or realize a knowledge gap that needs to be filled. Therefore, the MDT will need to develop policies and procedures related to recruitment and selection of new members.

Recruitment of an MDT member is potentially disruptive, but can be perceived as bringing a fresh perspective.<sup>xv</sup> Regardless, recruitment of a new MDT member must be a “team” decision. Consider the following protocol:

- Identify the MDT’s gap/need
- Identify a potential member

- Present a short biographical sketch on the potential member, discuss the potential member, and vote on nominating the potential member
- Provide the potential member with a recruitment document (as described above)
- The MDT Coordinator (or designee) should extend an invitation to the potential member to meet with the MDT for a mutual “look see” (this is an opportunity for the candidate and the MDT members to exchange questions and information)
- At the next meeting, vote on the potential member (assuming interest)

### **New Member Orientation Meeting**

New member orientation meetings may need to be held periodically when there has been sufficient turnover, or annually,<sup>xvi</sup> but should utilize face-to-face meetings.<sup>xvii</sup> Provide new MDT members with a binder of relevant materials to refer to during orientation. During orientation:

- Describe the history of the MDT
- Discuss the mission and vision statement
- Describe the organizational structure of the MDT
- Discuss the contributions of each agency’s representative
- Define terms
- Discuss and review policies and procedures
- Describe the process of referral, intake, and follow-up
- Describe client eligibility criteria
- Describe channels of communication
- Describe how cases are investigated (joint, home visits)

### **Summary**

There is an expansive array of professionals who might serve on an MDT. However, be judicious to begin with by inviting four to six individuals to serve on the MDT. Develop a memorandum of understanding that will be signed by all agencies. As the MDT matures, consider the MDT’s needs and who might best fill those needs, and develop new member recruitment documents and/or hold recruitment meetings.

## Learn More: Becoming a Team

The MDT will be comprised of a range of professionals, referred to as expertise diversity or distributed expertise. Distributed expertise is defined as collective competence spread across systems that is drawn upon to accomplish specific tasks. It requires MDT members to both recognize what others can offer the team (coordination of competences) and what they themselves can offer to the team (their distinct competences) (Swallow et al., 2014). It should be acknowledged that expertise diversity holds the potential for greater innovation by combining existing knowledge in an innovative way (Disis & Slattery, 2010), but also conflict (Moreland et al., 1996; Ratcheva, 2009).

In addition to expertise, MDT members may differ in experience. Less experienced team members may benefit from the experience and established social networks of more experienced colleagues. Conversely, more experienced members may benefit from the creativity and up-to-date knowledge of their less experienced colleagues (Kearney & Gebert, 2009). However, there is some evidence that more experienced MDT members perceive the MDT slightly less useful to them compared to their less experienced colleagues (Jackson, 2012).

It is a complex task to unify the diversity of expertise represented on the MDT into a cohesive whole (Johansson et al., 2010; Sheppard & Zangrillo, 1996). Institutions represented on the MDT have different rules, regulations, policies, target populations, budgets, methods of supervision and evaluation, cultures, and operational language (Keyton & Stallworth, 2003).

Initially, team members may focus on what they can uniquely contribute to the team (their own expertise) (Ratcheva, 2009). Over time, that expertise diversity must be transformed into cohesive team that focuses on the team's goal(s) by promoting relationships among MDT members and commitment to the team (Levi, 2014). Social relations often form the foundation for the team's ability to perform well, with teams characterized by high levels of cohesion and good social relations performing the most effectively (Levi, 2014).

The MDT must develop their own organizational climate distinct from those of the individual agencies to achieve a successful integration (Fleissig et al., 2006). This is best accomplished through face-to-face interactions. In California, APS and financial institution employees met face-to-face, got to know and trust each other (sometimes referred to as relational capital) (Ratcheva, 2009), and the program grew from there (Malks et al., 2003).

Because establishing and maintaining trust among the MDT members is foundational to a well-functioning MDT (Curseu & Schrujjer, 2010), team building exercises and trainings are recommended (see Chapter 7).

Conflict is a part of any relationship, including relationships among MDT members. However, the success of the MDT depends on managing, not eliminating, conflict. Allowing conflict to surface in the beginning of the team's development allows team members to learn how to manage conflict, that their relationship with the MDT will not be permanently damaged, and instills in them a confidence for dealing with conflict that will allow the MDT to deal more effectively with conflict in the future (Levi, 2014).

## Endnotes

- <sup>i</sup> Du Mont, J., Kosa, D., Macdonald, S., Elliot, S., & Yaffe, M. (2015). Determining possible professionals and respective roles and responsibilities for a model comprehensive elder abuse intervention: A Delphi consensus survey. *PloS one*, *10*(12), e0140760. doi:[10.1371/journal.pone.0140760](https://doi.org/10.1371/journal.pone.0140760); Heisler, C. J. (2012). Elder abuse and the criminal justice system: An uncertain future. *Generations*, *36*(3), 83-88.; Nerenberg, L. (2003). *Multidisciplinary Elder Abuse Prevention Teams: A New Generation*. Washington, DC: National Center on Elder Abuse. [http://www.ncdhhs.gov/aging/adultsvcs/EldAbs\\_complete.pdf](http://www.ncdhhs.gov/aging/adultsvcs/EldAbs_complete.pdf) Retrieved February 22, 2017, at [http://www.vdh.virginia.gov/content/uploads/sites/18/2016/04/EldAbs\\_complete.pdf](http://www.vdh.virginia.gov/content/uploads/sites/18/2016/04/EldAbs_complete.pdf); Nerenberg, L., Davies, M., & Navarro, A. E. (2012). In pursuit of a useful framework to champion elder justice from California's Elder Justice Coalition: Lessons in coordination, collaboration, and advocacy. *Generations*, *36*(3), 89-96.; Teaster, P. B., Nerenberg, L., & Stansbury, K. L. (2003). A national look at elder abuse multidisciplinary teams. *Journal of Elder Abuse & Neglect*, *15*(3-4), 91-107.; doi:10.1300/J084v15n03\_06; Schneider, D. C., Mosqueda, L., Falk, E., & Huba, G. J. (2010). Elder abuse forensic centers. *Journal of Elder Abuse & Neglect*, *22*(3-4), 255-274. doi:10.1080/08946566.2010.490137; Wiglesworth, A., Mosqueda, L., Burnight, K., Younglove, T., & Jeske, D. (2006). Findings from an Elder Abuse Forensic Center. *The Gerontologist*, *46*(2), 277-283. doi:10.1093/geront/46.2.277 See also, The University of California – Irvine's Center of Excellence. *Elder Abuse Forensic Center Team Biographies* retrieved from [http://www.elderabuseforensiccenter.com/pdf/eafc\\_teambios.pdf](http://www.elderabuseforensiccenter.com/pdf/eafc_teambios.pdf)
- <sup>ii</sup> Nerenberg, L. (2003). *Multidisciplinary Elder Abuse Prevention teams: A New Generation*. Washington, DC: National Center on Elder Abuse. [http://www.ncdhhs.gov/aging/adultsvcs/EldAbs\\_complete.pdf](http://www.ncdhhs.gov/aging/adultsvcs/EldAbs_complete.pdf) Retrieved February 22, 2017, at [http://www.vdh.virginia.gov/content/uploads/sites/18/2016/04/EldAbs\\_complete.pdf](http://www.vdh.virginia.gov/content/uploads/sites/18/2016/04/EldAbs_complete.pdf).
- <sup>iii</sup> Levi, D. J. (2014). *Group dynamics for teams*. (4th ed). Los Angeles, CA: Sage.
- <sup>iv</sup> Conroy, C., & D. E. Logan. (2014). Pediatric multidisciplinary and interdisciplinary teams and interventions. In M. C. Roberts, B. S. Aylward, & Y. P. Wu (Eds.), *Clinical Practice of Pediatric Psychology* (pp. 93-108). New York, NY: Guilford.
- <sup>v</sup> Lamb, B. W., Taylor, C., Lamb, J. N., Strickland, S. L., Vincent, C., Green, J. S. A., & Sevdalis, N. (2013). Facilitators and barriers to teamworking and patient centeredness in multidisciplinary cancer teams: Findings of a national study. *Annals of Surgical Oncology*, *20*(5), 1408-1416.; Levi, D. doi:[10.1245/s10434-012-2676-9](https://doi.org/10.1245/s10434-012-2676-9); Levi, D. J. (2014). *Group dynamics for teams*. (4th ed.). Los Angeles, CA: Sage.; Ratcheva, V. (2009). Integrating diverse knowledge through boundary spanning processes – The case of multidisciplinary project teams. *International Journal of Project Management*, *27*(3), 206-215. doi:[10.1016/j.ijproman.2008.02.008](https://doi.org/10.1016/j.ijproman.2008.02.008)
- <sup>vi</sup> Russell, L., & Walker, R. (March 2014). *Making stone soup: Creating interagency cooperation to reach seniors*. Workshop presented at the American Society on Aging, San Diego, CA, March 10 – 15.
- <sup>vii</sup> Chapter 1 of this Guide provides a list of benefits associated with an MDT.
- <sup>viii</sup> Reilly, B. A., Trahan, C., Hazelett, S., Istenes, N., Cafalu, C., & Dyer, C. B. (n.d.). *Guidance manual for: Medical professionals forming an interdisciplinary elder mistreatment team*.
- <sup>ix</sup> For an example, see Reilly, B. A., Trahan, C., Hazelett, S., Istenes, N., Cafalu, C., & Dyer, C. B. (n.d.). *Guidance manual for: Medical professionals forming an interdisciplinary elder mistreatment team*.

<sup>x</sup> Fleissig, A., Jenkins, V., Catt, S., & Fallowfield, L. (2006). Multidisciplinary teams in cancer care: Are they effective in the UK? *The Lancet Oncology*, 7(11), 935-943. doi:[10.1016/S1470-2045\(06\)70940-8](https://doi.org/10.1016/S1470-2045(06)70940-8)

<sup>xi</sup> Lamb, B. W., Taylor, C., Lamb, J. N., Strickland, S. L., Vincent, C., Green, J. S. A., & Sevdalis, N. (2013). Facilitators and barriers to teamworking and patient centeredness in multidisciplinary cancer teams: Findings of a national study. *Annals of Surgical Oncology*, 20(5), 1408-1416.; doi:[10.1245/s10434-012-2676-9](https://doi.org/10.1245/s10434-012-2676-9); Levi, D. J. (2014). *Group dynamics for teams*. (4th ed.). Los Angeles, CA: Sage. (p. 268).

<sup>xii</sup> Levi, D. J. (2014). *Group dynamics for teams*. (4th ed.). Los Angeles, CA: Sage.

<sup>xiii</sup> Levi, D. J. (2014). *Group dynamics for teams*. (4th ed.). Los Angeles, CA: Sage.

<sup>xiv</sup> Levi, D. J. (2014). *Group dynamics for teams*. (4th ed.). Los Angeles, CA: Sage. (p. 307, 311-320).

<sup>xv</sup> Levi, D. J. (2014). *Group dynamics for teams*. (4th ed.). Los Angeles, CA: Sage.

<sup>xvi</sup> Reilly, B. A., Trahan, C., Hazelett, S., Istenes, N., Cafalu, C., & Dyer, C. B. (n.d.). *Guidance manual for: Medical professionals forming an interdisciplinary elder mistreatment team*.

<sup>xvii</sup> Reilly, B. A., Trahan, C., Hazelett, S., Istenes, N., Cafalu, C., & Dyer, C. B. (n.d.). *Guidance manual for: Medical professionals forming an interdisciplinary elder mistreatment team*.