

Where Do I Sit? The Role of the Gerontologist on Interdisciplinary Teams

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The premise of interdisciplinary teams assumes that no isolated discipline can meet the multiple, complex care needs of patients, particularly that of older adults. Reflecting this, definitions of interdisciplinary team work emphasize it as a dynamic, clinical process — involving two or more health professionals with complementary backgrounds and skills — sharing common health goals and exercising concerted effort in assessing, planning, or evaluating patient care. Interdependent collaboration, open communication, and shared decision making across disciplines facilitate these processes, generating value-added patient, organizational, and staff outcomes.

Interdisciplinary teams have grown in importance due to the increasing complexity of skills and knowledge required to provide comprehensive care to patients and the resulting increasing specialization within health professions. But the primary catalyst? An aging population with a larger number of patients experiencing more complex, diverse health needs than ever before.

Interdisciplinary Teams in Geriatric Care

Interdisciplinary teams are essential to the delivery of quality geriatric care, particularly to chronically-ill, community-dwelling folks. Compared to usual care, interdisciplinary models demonstrate better cost effectiveness as well as better patient outcomes, including reduced patient readmissions, increased social engagement, and improved cognitive functioning. But how well team members — including geriatricians, geropsychologists, social workers, nurses, and pharmacists — can collaborate with each other appears to moderate the effectiveness of these teams. For example, the greatest reductions in hospital readmission rates tend to occur when physicians, nurses, psychologists, and social workers report satisfaction with their professional relationships on the team.

What predicts that satisfaction? Open communication across disciplines, flexible decision-making, and most importantly, clearly defined role expectations and appropriately specified goals within those expectations. With the latter two left unaddressed, role competition and pesky turf issues inevitably arise.

Reducing Conflict: Clarifying the Role of the Gerontologist

So, what exactly can the gerontologist add to an interdisciplinary team without inciting ugly territory-based rifts? The inherently multidisciplinary nature of gerontology differentiates it from other forms of applied clinical practice and can sometimes leave its disciples in sticky professional situations.





In many respects, the competent gerontologist must also be a competent physician, pharmacist, dietician, and physical therapist without actually being the physician, pharmacist, dietician, or physical therapist. To apply these competencies and add value without stepping on toes, gerontologists on interdisciplinary teams can differentiate themselves by:

- Providing education to team members, patients, and other stakeholders about normative (vs. pathological) aging and the bi-directionality of physical and mental health in later life;
- Considering and contextualizing the roles of cohort and culture in patient conceptualization;
- Offering mental health services such as cognitive and depression evaluations, as well as capacity assessments;
- Consulting with physicians and other health care professionals about ways of adapting assessments, clinical environments, and patient interactions to optimize performance among older adults;
- Managing and resolving conflicts on the team, and
- Helping the team to identify, manage, and resolve caregiving issues as needed or appropriate.

While nearly doubling adult life expectancy is an unquestioned triumph of the 20th century, gains in longevity have introduced clinical complexities that require diverse skills and perspectives to be brought to the table. Gerontologists, no doubt, have a seat at that table. The question is, and will continue be: where, exactly, do they sit?

