



Practice Notes:

The Inter-professional Team – Asset or Encumbrance?

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Practice Notes is designed as an educational tool to help Ontario social workers, social service workers, employers and members of the public gain a better understanding of recurring issues dealt with by the professional practice department and the Complaints Committee that may affect everyday practice. The notes offer general guidance only and members with specific practice inquiries should consult the College, since the relevant standards and appropriate course of action will vary depending on the situation.

COLLABORATIVE PRACTICE

Social workers have a long history of collaborative practice, dating back to the early 1900's when they were introduced into Massachusetts General Hospital to work collaboratively with physicians to address social conditions that interfered with treatment.¹ Collaborative practice in medical care spread throughout the 1960's and 1970's and interest in interdisciplinary education for interdisciplinary practice grew through the 1980's. Social work practice has been characterized by conferring, cooperating and consulting with colleagues of one's own and other disciplines.² In addition the curriculum of social work and social service work educational programs typically includes course material and often practice experience in group dynamics and group work. This background uniquely prepares social workers and social service workers to function effectively on teams.

Indeed many College members work as part of an inter-professional team. While many are employed in hospital or community health settings, teams providing services to other populations also exist. For example, a psychotherapy clinic for women who are trauma victims may function with therapists from various disciplines who provide support and consultation to one another in carrying out this complex and emotionally demanding work. The recent proliferation of Assertive Community Treatment Teams (ACT teams) is another example. This approach provides comprehensive treatment, rehabilitation and support to individuals with serious and persistent mental illness such as schizophrenia. In addition to social workers,

occupational therapists, psychiatrists and nurses, ACT teams include substance abuse specialists, vocational specialists and peer specialists.³

Recently there has been a renewed interest in inter-professional practice. The Health Professions Regulatory Advisory Council (HPRAC), in its 2009 report to the Minister of Health and Long-Term Care on Mechanisms to Facilitate and Support Inter-professional Collaboration, made recommendations aimed at breaking down barriers to inter-professional collaboration among health colleges and their members. As a result, the Health Professions Procedural Code, a schedule to the *Regulated Health Professions Act, 1991* (RHPA), was amended to include new objects for the health profession colleges governed by that legislation. In addition to the object "to promote inter-professional collaboration with other health profession Colleges", the following was added:

"To develop, in collaboration and consultation with other Colleges, standards of knowledge, skill and judgment relating to the performance of controlled acts common among health professions to enhance inter-professional collaboration, while respecting the unique character of individual health professions and their members."⁴

While the OCSWSSW is governed by the *Social Work and Social Service Work Act, 1998* (SWSSWA) and not the RHPA, and OCSWSSW members therefore are not considered members of a health profession college, members of the OCSWSSW will soon be authorized to perform the controlled act of psychotherapy in compliance with the SWSSWA, its regulations and by-laws. The RHPA provisions establishing psychotherapy as a controlled act and authorizing its performance by members of the College, as well as companion legislation related to certain health profession Acts, have not yet been proclaimed in force. When they are, they will permit the controlled act of psychotherapy to be provided by members of both the OCSWSSW and certain RHPA colleges. So it is expected

that the OCSWSSW and its members will be affected by this new emphasis on inter-professional collaboration.

THE CHALLENGES OF TEAM WORK

The Regulatory Framework

Team work is thought to optimize the effectiveness of the contributions of each of its members and ultimately enhance the outcomes for the recipient of services. Members who work on teams may nevertheless from time to time, encounter conflicts or challenges. Consider the following:

A social worker who works in a community health centre reports to his team that a client disclosed to him that she is having a sexual relationship with her dentist. The team believes that he has an obligation to report this matter to the Royal College of Dental Surgeons of Ontario. He is unsure.

As previously mentioned, social workers and social service workers are regulated under the SWSSWA, while physicians and other health professionals are regulated under the RHPA. Under the SWSSWA, members of the OCSWSSW are required to report to the College, if, in the course of their practice, they obtain reasonable grounds to believe that a registered social worker or social service worker has sexually abused a client. Members of the College do not have a mandatory reporting obligation in regard to health professionals regulated under the RHPA. By contrast, all health professionals regulated under the RHPA must report to the appropriate regulatory body when they have reasonable grounds, obtained in the course of practising their profession, to believe that another professional regulated under the RHPA has sexually abused a client. This obligation exists even when the reporter is a member of a different health profession than the alleged abuser. In this scenario, while the social worker does not have a mandatory reporting obligation, his colleagues regulated under the RHPA would need to review their own reporting obligations regarding the client.

Team Culture

Each team has its own culture characterized by behaviours and beliefs, which are undoubtedly shaped by the unique features of the professional training, personality and interpersonal style of the individuals who make up the team. Over time, however, teams may become complacent and cease to analyze and appraise their practices and emerging issues.

A social worker is hired to fill a maternity leave on a team that specializes in treating a chronic

debilitating disease. Many patients of this clinic are prescribed a new medication which is cost-prohibitive and not covered by most drug plans. In her orientation by her team members, the social worker is shocked to learn that the usual practice is that if a patient does not have a favourable response to the medication and therefore discontinues it, he or she is asked to provide the unused medication to the clinic staff for distribution to other patients. Her colleagues believe that patients are quite willing to help other patients obtain a drug which may be inaccessible to them and feel the practice is beneficial to their patients.

Troubled by this practice and apprehensive about challenging her team, the social worker sought consultation with the professional practice leader. Together they reviewed the standards of practice, identifying those that were relevant to the situation, and strategized about how to bring forward her concerns. As a person new to the team, she was successful in putting forth a fresh perspective and engaging her colleagues in a discussion and examination of the ethical issues involved in their practice. Her colleagues ultimately valued her drawing their attention to their practice, which had become complacent and lacking in critical appraisal.

A Team Divided

Periodically, issues may arise on a team evoking strong but opposing views by team members. These situations frequently relate to ethical conundrums, with no easy answer.

A young woman with a diagnosis of schizophrenia and who is pregnant discusses the treatment of her illness with her psychiatrist. She elects to discontinue her medication for the duration of her pregnancy. Sometime later, the patient's family discloses to the social worker in confidence that they have been secretly slipping the medication into the young woman's food. The team is stunned by this revelation but there is no consensus about the seriousness of the family's actions or the course of action the team should take. The team is divided about whether the family's confidence should be broken in the interests of the patient's right to know what is occurring. Team discussions are highly charged.

Social workers and social service workers can play a vital role in helping their team resolve such issues. As stated in the Standards of Practice, it is critical that "College

members are aware of their values, attitudes and needs and how these impact on their professional relationships with clients.”⁵ As such, social workers and social service workers can assist their team in setting aside their personal feelings and identifying the contentious and competing issues. Discussing possible courses of action and likely consequences can also assist a team in coming to agreement about how to proceed. College members are encouraged to seek consultation with a professional practice leader, manager, trusted colleague or the College’s professional practice department to optimize their own effectiveness in these situations. While teams may be able to navigate such discussions of thorny issues on their own, it may be worthwhile to enlist a consultant outside the team if an impasse is reached. Some settings employ an ethics adviser who might be called in to assist though other neutral parties can also be helpful.

CONCLUSION

The roots of collaborative practice stretch back over a hundred years and today many social workers and social service workers work on interdisciplinary teams, serving various populations. There is currently a renewed interest and new emphasis on the benefits of inter-professional collaboration.

While it is inevitable that conflicts on inter-disciplinary teams will arise from time to time, this may be seen as a healthy tension which, if dealt with constructively, can lead to improved outcomes for clients. The educational background and skill set of social workers and social service workers position them uniquely to play a critical role in identifying key issues and resolving team conflicts. Social workers and social service workers have skills in assessment, evaluation of interpersonal problems and conflict resolution, as well as an acute awareness of the importance of issues such as confidentiality, self-determination and dual relationships, all of which can be valuable contributions to the team. As always, when faced with a dilemma, College members are encouraged to review the Code of Ethics and Standards of Practice for guidance and to consult as appropriate.

⁴ *Regulated Health Professions Act, 1991, Schedule 2, Health Professions Procedural Code.* www.e-laws.gov.on.ca

⁵ *Code of Ethics and Standards of Practice, Second Edition 2008, Relationship with Clients, interpretation 1.5*

Please note that any references to the College’s Standards of Practice in this article refer to the second edition of the Code of Ethics and Standards of Practice. To access the most current Code of Ethics and Standards of Practice, visit the [College website](#).

This article was published in October 2010. On December 30, 2017, the following provisions related to the controlled acts of psychotherapy were proclaimed into force:

- **in the Regulated Health Professions Act, 1991 (the “RHPA”), setting out the controlled act of psychotherapy and authorizing members of OCSWSSW to perform it in compliance with the Social Work and Social Service Work Act, 1998 (the “SWSSWA”), its regulations and bylaws.**
- **in the SWSSWA, permitting OCSWSSW members who are authorized to perform the controlled act of psychotherapy to use the title “psychotherapist”, in compliance with certain conditions.**

¹ Bailey Germain, C. (1984). *Social Work Practice in Health Care.* The Free Press, Collier Macmillan Publishers

² *Ibid*

³ *Ontario Program Standards for ACT Teams, Ontario ACT Association website:*
http://www.ontarioactassociation.com/ontario_standards