

**Interdisciplinary Teams:  
“How’s that working for you?”**

Michelle Nichols, MS, CGRS

Over the past four years since the inception of the Guidelines for Recommended Practices in Animal Hospice and Palliative Care<sup>1</sup>, we’ve heard from member-providers of the International Association of Animal Hospice and Palliative Care, or IAAHPC, that they’ve been facing challenges in their efforts to implement the interdisciplinary team model into their practices. At the same time, we’ve also heard from them about benefits of teamwork to animal patients and their families. In the delivery of services in hospice and palliative care for animals, our Group perceived that the importance of teamwork deserves considerable reconsideration to add to these anecdotal claims.

In order to do so, the Study Team conducted a survey, “Use of Interdisciplinary Teams in Animal Hospice and Palliative Care Providers,” using Email using Survey Monkey™ during in September-October. We sought to reveal the challenges, benefits and other matters we’d heard that member-providers encountered while modeling their interdisciplinary teams (IDT) so their practices would in accordance with the IAAHPC Guidelines.<sup>1</sup> Further, if providers had not engaged an IDT for their caregiving clients, what stood in their way? The International Association of Animal Hospice and Palliative Care (IAAHPC) feels it’s worthy of our time and energy to confront these issues and work with fellow animal hospice and palliative care (AHPC) member-providers who share the same goals, values, and purposes for the betterment of the animal patient and his or her family.

This Survey and presentation comprises Phase I of this Teamwork Project. This presentation will: 1) review the IDT and its purposes, 2) report results and discuss trends in the survey “Use of the Interdisciplinary Team by Animal Hospice and Palliative Care Providers,” and 3) on the basis of the result findings and cited literature, propose options for implementing a

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<sup>1</sup> August K, et al. Guidelines for Recommended Practices in Animal Hospice and Palliative Care (2013, r.2017) [www.iaahpc.org/resources-and-support/practice-guidelines](http://www.iaahpc.org/resources-and-support/practice-guidelines).

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teamwork approach into the practice of hospice and palliative care for animals. The Survey and presentation Phase I of this Teamwork Study. Phase II will include a Panel Discussion and Forum directly to follow this presentation, followed up by focus groups and the opinions formulated within an “IAAHPC Member Thinktank.” The Teamwork Study will culminate in recommendations to the IAAHPC’s 2018 Practice Guidelines Revision Task Force.

Those in the Study Group were IAAHPC members and included: 1) a hospice consultant and grief-bereavement counselor and the presenter, 2) a bioethicist, academician, and advisor, Dr. Jessica Pierce, and 3) Certified Pet Loss Professional, market researcher, and advisor, Dr. Sandra Grossman. Their Group set out to discover the bases of these issues and explore the practicality within the context of their professions, skill sets, length of time in the field, as well as the pursuit and interest in pursuing Animal Hospice and Palliative Care Certification for veterinarians and veterinary nurses through the IAAHPC.

Teamwork in the healthcare setting started in the 1980s as, “the collaboration of two or more providers working with the caregiving family to accomplish shared goals across settings to achieve coordinated, high quality care.”<sup>2</sup> By the time of the 2000’s, the concept of teamwork was even further refined by the American Institutes of Medicine when they published, “Core Principles and Values of Effective Teamwork in Healthcare Settings.”<sup>2</sup> Besides their stated goals, they further discussed the increasing complexity of unidisciplinary, multidisciplinary, or transdisciplinary, and the distinctions between those and interdisciplinary teamwork. We will discuss the implications of this hierarchy as it relates to AHPC and its growth.

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<sup>2</sup> Mitchell PH, et al. Core principles & values of effective team-based health care. Discussion paper, Institute of Medicine, Washington DC. [www.iom.edu/tbc](http://www.iom.edu/tbc).

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The principles of health-based teams include: 1) shared goals, 2) clear roles, 3) mutual trust, 4) effective communication, and 5) measurable processes and outcomes. For decades, human palliative care principles have called for the healthcare team to create a plan of care to support the family’s physical, emotional and spiritual needs. The literature has described team collaboration as “a process leading to the attainment of specific goals not achievable by any one team member alone,”<sup>3</sup> or simply put, “the strength of the team is greater than the sum of its parts.” Modeled after human palliative and hospice care, the principles of teamwork in its counterpart for animals has been described in support of the physical, emotional and social needs for the animal<sup>4</sup> and for his/her caregiving family and were integral in the 2013 IAAHPC Recommended Guidelines for the Practice of Animal Hospice and Palliative Care.<sup>1</sup>

This presentation will review the human healthcare teamwork model and compare to that for animals, as described in the American Animal Hospital Association's 2016 Practice Guidelines for End-of-Life Care. The “Use of IDTs by Animal Hospice and Palliative Care Providers” Survey was administered over Survey Monkey during September-October, 2017. There was a 31% response rate, for a total of 145 respondents taken from 450 IAAHPC membership pool. Respondents were about 80% veterinarians, 7% veterinary nurses, and 10% family services providers to include licensed mental health professionals, grief-bereavement support providers, and spiritual care providers. We also asked about what “other professional services for animals and their families” they were offered. Further identifying information was collected such as veterinarians’ practice type and years in the field. We also asked how many veterinarians were in pursuit or due to complete AHPC veterinary certification.

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<sup>3</sup> Wittenberg-Lyles M, Oliver DP. The power of interdisciplinary collaboration in hospice. *Progress in Palliative Care*. 2007.

<sup>4</sup> Bishop, G, et al. IAAHPC-AAHA End-of-Life Guidelines (2016)  
[https://www.aaha.org/graphics/original/professional/resources/guidelines/2016\\_aaha\\_iaahpc\\_eolc\\_guidelines.pdf](https://www.aaha.org/graphics/original/professional/resources/guidelines/2016_aaha_iaahpc_eolc_guidelines.pdf)

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65% of respondents had reviewed the Practice Guidelines from the IAAHPC and 55% from the American Animal Hospital Association<sup>4</sup> (AAHA). Almost 90% of respondents were both aware that the Guidelines from these institutions recommended engaging an IDT in the delivery of AHPC services, and indicated that they understood the implications of an IDT approach. The remaining respondents either: 1) were unfamiliar with those recommendations, or 2) did not realize what the recommendations meant to their AHPC practices. These data informed us that the vast majority of our members had reviewed Practice Guidelines and have a keen understanding about the implementation of them. Future studies to determine the following would be interesting: 1) their description of an IDT, and 2) their understanding of the Guidelines and implications for practice. Clarification of these important concepts would be considered on the 2018 Guidelines revision.

52% of respondents had engaged an IDT in delivery of services, called the YES Respondents, and just slightly fewer than 48% of them had not engaged an IDT (NO Respondents).

Of the 66 NO Respondents, almost 70% of them believed that an IDT would be useful in their practice. 85% of the NO Respondents felt that, if it was easier to engage an IDT, it could potentially be efficacious to pets and their people. When asked what stood in their way, about 41% of the NO Respondents indicated that they hadn’t enough information about how to engage an IDT. 34% indicated they didn’t know providers to whom they could comfortably refer. 31% of the NO Respondents cited budgetary constraints, such that either the provider or their client did not/could not pay for additional AHPC-related service providers. There were 18 open-ended “other comments.” Much lower rated choices were, “I don’t see a need because I offer all these services,” “it takes too much time to *create* an IDT,” and “it takes too much time to work *within* an IDT.”

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These results informed us that the NO Respondents were considerably interested in learning about how the IDT could work in their practices and revealed that if they knew more, they felt that the teamwork model would likely be useful in their AHPC practice. The second highest rated reason they had not implemented the IDT was because they didn’t have a good familiarity with trusted providers to whom they could comfortably refer. Even though they had not used the IDT model with their caregiving clients before, they felt significantly optimistic about its effectiveness and indicated a strong desire to learn how to use it in their work with families.

Our Study Group was interested in learning more about the benefits and challenges in AHCP providers’ work within an IDT. Of the 69 providers who’d said that they’d engaged an IDT before, the YES Respondents, their most commonly cited challenge was ‘budgetary matters,’ or “clients are unable or resistant to paying for the additional services I’ve recommended.” Poor communication with clients on their own and then within the provider-team members were cited as the next two common challenges: “Clients don’t always see the benefit and it’s not always easy to explain,” and “Communication among IDT members is challenging.” Twenty-six of the YES Respondents, or approximately 43%, had “Other” open-ended comments. Less common answer choices seemed to be a reflection of whether or not providers had found effective and trustworthy team members.

It wasn’t surprising that the most commonly-cited obstacle to IDT care was the cost associated with adding additional members to the team. What was interesting though, was that providers also reported such difficulties conveying the potential benefit(s) to the companion animal or their caregiving family. The fact that these providers reported further communication challenges within the care team perhaps indicates a need

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for more information, tools and systems that can be used to implement the IDT into AHPC.

Those who had indicated that they had utilized an IDT, the YES Respondents, were queried about the benefits they’d experienced in a team-based approach and then, to what degree in general. The YES Respondents’ most commonly cited benefits were strongly related: 1) 86% said that, “Team Collaboration helps me provide a better service,” and 2) the answer choice, “Team Collaboration has enhanced the caregiver experience” was cited by 55% of the YES Respondents. Almost 51% of the YES Respondents said that, “Sharing the work with team members contributes to my continued well-being and work satisfaction.”

The strong desire of AHPC providers’ to improve their services and positively influence families’ experience speaks to the altruism so characteristic of the IAAHPC member-providers who practice hospice and palliative care for animals and their caregiving families. Fewer AHPC providers were interested in increasing referrals than they were in improving the quality of their services. Just as importantly, these member-providers were dedicated to the satisfaction and well-being of the pets and the people they serve, as well as acknowledging their commitment to job satisfaction and their own personal well-being.

Where should we start in addressing the important issues we confront and work toward enjoy the rewards of teamwork for our animal patients and clients, and in our practices? One of the highest response rates came in to the open-ended question, “What, if anything, could IAAHPC do or provide that would make working with an IDT easier?” Over one-third of those surveyed, to include the YES Respondents and the NO Respondents, referred to the need for: 1) education and awareness to referring providers, 2) educational tools for caregiving clients, 3) development of teamwork systems, and 4) identification of qualified and trained providers (or offering

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training to interested providers.) Out of the 36, there were just 2 comments related to budgetary issues.

We will next review a research study indicating that knowledge of AHPC as an option is low, yet interest in animal end-of-life care is high<sup>5</sup>. Another study has shown us that caregiving families in primary practices want more to feel a sense of caring and compassion by their primary veterinarians than any one factor alone measured in the study, and yet, over 80% of clients reported they had received no psychosocial support following the death of their pet<sup>6</sup>. The last study<sup>7</sup> will report and the related editorial<sup>8</sup> will state that better supporting caregivers in their pet’s end of life can decrease the caregiver burden improving the quality of life for the animal and enhancing the wellbeing of the veterinarian and his or her staff.

With a greater understanding of the healthcare-based teamwork model and the insights from the “Use of Interdisciplinary Teams in Animal Hospice and Palliative Care” Survey, attendees will leave this presentation with a better appreciation of how teamwork can be applied in their own practices. The presenter hopes to inspire them to return to their communities with a mission to bring increased awareness to pet parents, information and resources to partnering practices, and through enhanced communication, fully realize the benefits of teamwork in animal hospice and palliative care.

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<sup>5</sup> Heuberger RA, Pierce J. Companion-animal caregiver knowledge, attitudes and beliefs regarding end-of-life care. *Journal of Applied Animal Welfare Science* 20:4 2017.

<http://dx.doi.org/10.1080/10888705.2017.1231483>.

<sup>6</sup> Grossman S, Freedman E. End of life care/Pet Loss Study: Important insights into a client’s perspective and the impact it has upon your practice. (2016) Unpublished manuscript.

<sup>7</sup> Spitznagel MB, Jacobsen DM, Cox MD, Carlson MD. Caregiver burden in owners of a sick companion animal: a cross-sectional observational study. *Veterinary Record* 2017 doi. 10.1136/vr.j104295

<sup>8</sup> Goldberg K. Exploring caregiver burden within a veterinary setting. *Veterinary Record*.

<http://doi1136/vr.j4156>