



# Promoting collaboration within an interdisciplinary team: Communication, connection, and critical thinking (CCC)

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The terms multidisciplinary and interdisciplinary are often used within the health care field, especially to support those with cancer, chronic illness, or pain, as well as mental illness and addiction concerns. There are numerous research studies throughout North America and worldwide that show working with a variety of disciplines to address emotional and physical symptoms can improve patients' quality of life and health outcomes (Cormican, 2023; Davidson et al., 2017; Riley & Masters, 2016).

Some of my most memorable experiences as a mental health clinician occurred with a multidisciplinary team – the Caring for my COPD team – within a community health setting. The Caring for my COPD team consisted of a respiratory therapist, kinesiologist, physiotherapist, occupational therapist, and registered dietitian along with myself as the registered psychotherapist. My regulatory college was enacted in that time, so I was also referred to as a mental health counsellor/clinician. The Caring for my COPD team provided tailored exercise and educational programming for individuals with chronic obstructive pulmonary disease (COPD). While many of my colleagues coordinated and delivered different exercise programming, I provided a variety of educational presentations including improving communication, relationship management, and dealing with symptoms of anxiety and depression. I also provided individual counselling and psychotherapy to patients of the program.

These experiences contributed to a deeper understanding of the impacts of chronic illness as well as broadened my perspective regarding the links between physical and mental health. For example, collaborating with the respiratory therapist led to learning about diaphragmatic and rescue breathing for individuals with COPD, the former approach which I was able to incorporate within my grounding exercises for program participants.

Another reason for my fond reflection of the time I spent with the multidisciplinary team centres on the professional relationships I developed with my colleagues and patients in the program. I noted an air of camaraderie within the health care environment. Individuals with chronic illness like COPD often experience different emotions, such as worry, sadness,

and anger, with their health and mobility changes. This can lead to challenges in interpersonal relationships and communication. However, within the Caring for my COPD program, the individuals were treated with respect and care, no matter what challenges they faced. As a result, greater respect led to improved communication and collaboration among the team and patients. While I left my role many years ago, I continue to maintain contact with many of my colleagues from that time. Our ability to collaborate and our communication skills extend past our work experiences.

Consequently, my reminiscing led to the idea of this Food for Afterthought piece. Upon further reflection of the theme focusing on the culture and identity of community safety and well-being professionals, I recognized that my former team emulated the characteristics of communication, connection, and critical thinking (CCC). The development of this acronym contributed to multidisciplinary communication.

Additionally, the acronym has developed at an opportune time in Canada, where we are seeing the development of more multidisciplinary/interdisciplinary programming to address health concerns among different populations. For example, in my province of Ontario, we currently have the Ontario Health Teams (OHTs) which are described as, “to organize and deliver services in local communities. They provide people with better connected and more convenient care” (Ontario Health, 2025, para. 1). They were created to help build bridges between “silos” of previous teams. In the Greater Hamilton Area, the OHT includes different school boards to assist in community partnerships and service delivery.

Similarly, there are different interdisciplinary teams within the policing and mental health fields, specifically the Mobile Crisis Response Teams (MCRTs) in Ontario. The MCRTs “help to de-escalate crisis situations at the scene, divert individuals from emergency departments whenever appropriate and support clients by connecting them to local services in the community” (Human Services and Justice Coordinating Committee, 2023, p. 9). A crisis worker may be a regulated health care worker, such as a registered nurse or a social worker, or the person may be an unregulated mental health care worker with

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relevant background and experience. These teams may also partner with Indigenous members or organizations to ensure culturally informed care. Whether it is an interdisciplinary health care team, a provincial health organization, or a mobile crisis team, the acronym CCC may be applied to assist in the end goal of patient/client care and collaboration.

## COMMUNICATION, CONNECTION, AND CRITICAL THINKING

CCC represents three concepts: communication, connection, and critical thinking. When read aloud, they appear as three separate entities, but within the acronym, they also complement and guide one another.

Communication is key. You have probably heard that statement at one point or another within your life. Its importance cannot be overemphasized within a multidisciplinary team – especially if those partnerships include health care, allied health, community organizations, and police. Generally, you will have similar overarching goals either in ensuring the patient/client is adhering to treatment, achieving goals, or you will be addressing acute or urgent situations – ensuring client's needs are met and they are safe. Based on my past roles and research, I recognize and understand that there are different communication styles and preferences among individuals and within different fields. However, learning about members of your team can assist in developing a communication approach. This perspective incorporates the idea of connection. For example, I have worked as a consultant with health care teams. They employ brief check-ins before shifts to connect/learn in a professional setting while learning about one another's communication preferences. The check-in may sound like, "How is your day so far?/what are you looking forward to on shift?" or it can focus on benefits and challenges, "What is going well so far during your week?"

When working with other teams, it is also helpful to review how your team generally introduces/discusses clinical cases, or patients/clients, or situations. Do you provide more of a clinical approach i.e., name, demographic information, or presenting issue? Or do you utilize more of a contextual approach i.e., this is the situation and here are options to address it.

Another consideration is to allow for different types of communication – written, verbal, and visual communication. With the check-in examples, people may prefer to use a visual aid in discussing how they currently feel (i.e., an emoticon or a figure). Understanding different types of communication also will encourage more inclusive environments.

Fostering inclusivity, respect, and support will lead to greater connection among different teams and team members. I consistently refer to the concept of respect – what does respect look like? I consider listening, understanding, and learning:

Listening to someone's experience, perspective, and ideas.

Understanding by acknowledging different journeys and historical injustices.

Learning by reflecting, learning, and growing throughout these experiences.

The next time you meet with your team members, reflect on the following: Am I listening to what is being said, or

am I immediately reacting? If it is the latter, remember to allow for others to communicate in the team. Or ask yourself, "Am I using language that gives space for everyone to participate?"

The next idea from CCC is critical thinking. As multidisciplinary team members addressing acute and chronic conditions as well as emergent situations, thinking critically will ensure that the main goal of patient care and safety is being met. Critical thinking also correlates with communication and connection – as you communicate about the situation, learning about the patient/client will help you to identify any areas of improvement and assist in aligning your roles with the client's goals. Another component of critical thinking is assessing all the information provided which, for some disciplines, may be challenging as they may feel pressured to immediately address a situation. Consider critical thinking – discuss with the team why/how additional information may assist in a situation. For example, if an MCRT is addressing a safety situation with a client who has a mental health issue – their first goal will be to ensure the client is safe, has a support system, and so on. Providing further information about their contextual history can enable providers to connect clients with tailored resources for post-care, rather than providing a general list of available community organizations.

The three Cs of communication, connection, and critical thinking benefit the overall goal of collaboration. Collaboration is often described in the literature and within systems as the goal of interdisciplinary and multidisciplinary teams. One of the main roadblocks I have encountered regarding collaboration among multidisciplinary teams is adaptability. It is easy to maintain the status quo than incorporate something new. Or a more colloquial statement rings true, "if it ain't broke, don't fix it." In my experience, I would challenge that thinking and consider another term: adaptability. How can you and your team become more adaptable? Consider that your career is a journey, not a destination. Embrace learning, curiosity, and growth. These ideas may mean engaging with new ideas, learning from your peers, or completing professional development. Also consider starting small as little steps will lead to greater differences over time.

As I reflected on my time as a member of a multidisciplinary team, I remember words that I often heard throughout the pandemic: "stronger together." We are stronger together when we work together, communicate respectfully, connect as a team, build rapport with our patients/clients, and critically consider the situations we address. So let us use CCC to ensure collaboration and move past our differences to ensure the common goal of patient/client care, support, and safety.

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