



SOLUTIONS GROUP 2

MULTIDISCIPLINARY CCC TEAM- BUILDING

S4CCC Guideline Series 2025 //

Inclusive Approaches, Lasting Change



CONTEXT

What Do We Mean by “Multidisciplinary CCC Team-Building”?

Comprehensive Cleft Care (CCC) depends on the coordinated efforts of diverse health professionals—such as speech therapists, surgeons, anesthesiologists, orthodontists, pediatricians, nutritionists, nurses, and psychologists. Team-building refers to the process through which these professionals learn to collaborate effectively to improve patient outcomes.

Why Is Team-Building Important?

When cleft professionals work well as a team:

- Patient-centred care improves
- Resources are used more efficiently
- Health systems are strengthened
- Communication within the team and with families is enhanced

Barriers in LMIC Contexts Include:

- Lack of dedicated clinical space
- No electronic medical records
- Inadequate compensation for team members
- Shortages of trained specialists (e.g. speech therapists, orthodontists)

How Were These Recommendations Developed?

A diverse group of 10 cleft professionals engaged in a three-month research sprint, including a global survey completed by 113 professionals from 34 countries. The resulting recommendations were presented and refined during the March 2025 S4CCC Conference.

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“Being volunteers, sometimes professionals do not have the time to provide comprehensive care.”

Oral Health Professional, Dominican Republic

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#1

RECOMMENDATION #1

Toward the development of sustainable and effective delivery of CCC, we must collaborate effectively, plan meticulously, and engage the wider health system.

Essential components include:

- a) Compliance with local healthcare regulations
- b) Functional and suitable working space
- c) Adequate equipment and supplies
- d) Means and methods for recruiting, training, and retaining skilled staff
- e) Building strong partnerships with community healthcare providers to improve accessibility and ensure continuity of care

Rationale

Advice from Respondents:

- Build partnerships and collaboration with local hospitals
- Cultivate collaboration, respect, and trust between team members
- Adhere to protocols for effective delivery of service while ensuring equity
- Establish a teamwork dynamic and internal referral system
- Coordinate with government institutions
- Remunerate staff to reinforce team stability and commitment
- Involve community stakeholders (e.g. traditional leaders, religious leaders)



“Administrative support is VERY IMPORTANT... so providers can concentrate on patient care and do not have to worry about day-to-day operations, fundraising, marketing, data management, etc.”

Orthodontist, Philippines



#2

RECOMMENDATION #2

Identify and address barriers as a team

Multidisciplinary team care in low- and middle-income countries (LMICs) faces numerous challenges, but addressing the following key priorities will improve care:

- a) Allocating dedicated clinic space for joint patient consultations
- b) Appointing a team leader with strong leadership abilities
- c) Offering adequate support for providers to foster retention

Rationale

Cleft care teams often work in **fragmented systems** with **limited resources**, making it essential to identify and address barriers collaboratively. A team-based approach ensures that challenges such as lack of dedicated clinic space, leadership gaps, and provider burnout are tackled holistically rather than in isolation.

Establishing shared clinical space enables coordinated, patient-centered care; appointing a capable team leader strengthens communication and accountability; and supporting providers through training, recognition, and fair compensation helps retain skilled professionals. When teams work together to remove systemic obstacles, they create a more **sustainable, efficient, and effective** model for delivering comprehensive cleft care.



"...Referrals between the team's specialties is very important, prioritizing which area is most important in care when starting the patient's treatment and then holding periodic meetings between team members to evaluate cases"

Speech Professional, Argentina



#3

RECOMMENDATION #3

Invest in the skills of the Team Leader

CCC Team Leaders should demonstrate skill in the following areas:

- a) Resource management
- b) Program planning
- c) Team dynamics
- d) Advocacy and community engagement

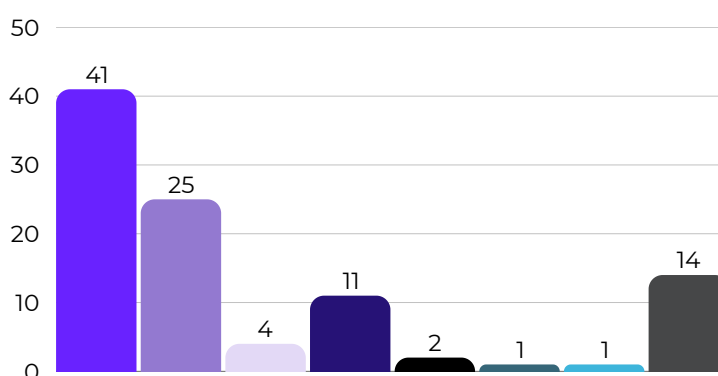
Rationale

Effective leadership is vital to the success of Comprehensive Cleft Care (CCC) programs, particularly in low-resource settings. A CCC leader's clinical competency does not mean that they will have leadership skills to effectively manage a CCC team. Often a CCC leader is chosen based on their discipline (e.g. surgery) or gender, not based on their leadership aptitudes.

Proficiency in resource management ensures that limited supplies, funding, and personnel are used efficiently. Strong program planning skills help structure care delivery across disciplines and over time, ensuring continuity and measurable impact. Understanding team dynamics fosters collaboration, accountability, and morale within multidisciplinary teams. Finally, advocacy and community engagement are essential for raising awareness, reducing stigma, mobilizing support, and connecting families to care. These leadership skills can be fostered through professional development opportunities.

What discipline best matches the discipline of your CCC team leader?

- Plastic surgery
- Oral maxillofacial surgery
- Anesthesiology
- Orthodontics
- Speech and Language Pathologist
- Pediatrics
- Nursing
- Social work
- Dietitian / Nutritionists
- Psychology
- Other



“The surgeon does not necessarily have to be the leader of a team. His or her role is no more important than that of the other specialists on the team.”

Speech Professional, Argentina



#4

RECOMMENDATION #4

Demonstrate Open Communication and Value Every Perspective

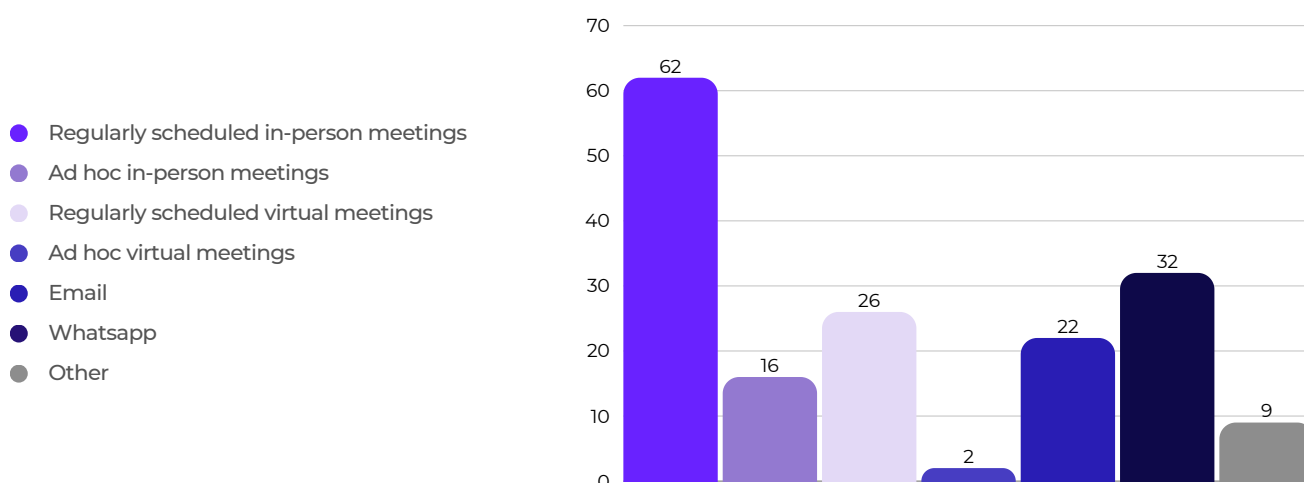
A structured approach to team-building —such as **regular team meetings** and a **dedicated space** for discussion—supports open dialogue and coordinated care. Inclusive teams make better decisions, especially when navigating **complex cases** with limited resources.

Rationale

Comprehensive Cleft Care (CCC) depends on effective collaboration across multiple specialties. When leaders foster open communication and actively seek input from all team members, it promotes true multidisciplinary decision-making—essential for delivering high-quality, patient-centered care.

In LMIC settings, **cultural or institutional hierarchies** may prevent some voices from being heard, but valuing every perspective helps create an inclusive, respectful environment where all feel empowered to contribute. This strengthens team cohesion, improves motivation and retention, and reduces burnout.

Which modality do you use?



#5

RECOMMENDATION #5

Prioritize addressing essential resource gaps for CCC

In LMICs, funding gaps often prevent access to timely surgery, speech therapy, oral health and ongoing care. Building financial partnerships (with NGOs, governments, or private donors) enables CCC teams to serve more patients, sustain services, and reduce out-of-pocket costs for families.

Engaging families, local leaders, and community health workers ensures better follow-up, earlier referrals, and culturally appropriate care. It also strengthens local ownership and long-term sustainability.

Rationale

Starting and maintaining effective CCC teams requires **monetary resources**. It is equally important to build **partnerships** with the community and other stakeholders that guarantee the sustainability of the work.



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“...Securing resources to support both hospital and community care, along with establishing patient support networks, will enhance accessibility and provide vital emotional support for families”

Speech professional, Ethiopia



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Concluding Thoughts:

These recommendations are intended to be applied in LMIC contexts – whether a CCC team is just beginning, or the team’s work is being deepened. One important element that came up repeatedly is the role of the CCC leader. Currently, there are not many opportunities to develop leadership competencies for this position, yet it has great influence in the success of a team. Skills like Program Management or Communications are currently learned “on the job”.

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Resources:

Click to access the following

- [Roundtable Video](#)
- [Stoller, J. \(2021\). Building Teams in Health Care. Chest.](#)
- [Nancarrow, S. et al. \(2013\). Human Resources for Health.](#)
- [Wei, H., Horns, P., Sears, S., Huang, K., Smith, C. & Wei, T. \(2022\) A systematic meta-review of systematic reviews about interprofessional collaboration: facilitators, barriers, and outcomes, Journal of Interprofessional Care, 36:5, 735-749, DOI: 10.1080/13561820.2021.1973975](#)

