

How a Team Delivers Care Without Gaps

Why is cleft care delivered by a coordinated team, and how does that team keep an 18-year plan from developing gaps?

CARRY FORWARD

A repaired cleft still needs surveillance because speech, hearing, teeth, airway, and growth can change later.

10-YEAR TAKEAWAY

A cleft team works when specialists share one plan, one record, and clear ownership across time.

Cells differentiate	Development sculpts	Cells move	Development can go wrong
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1. Observe the analogy before naming the biology



Illustration: An orchestra needs a shared score and a conductor

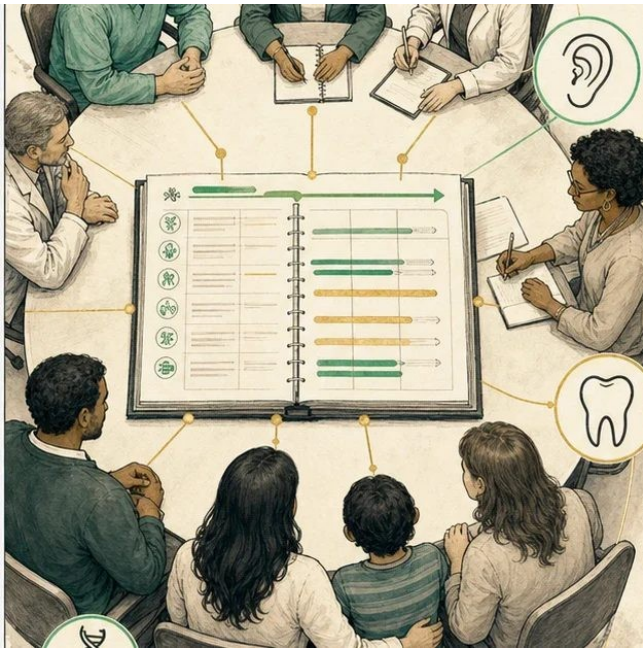
- 1. What happens if each section uses a different score?
- 2. Does the conductor replace the specialists?
- 3. How does the group know who enters next?

2. Turn observations into rules

- 1. Rule 1: Keep one shared plan. Explain it in your own words.
- 2. Rule 2: Preserve specialist expertise while coordinating timing. Explain it in your own words.
- 3. Rule 3: Name who owns the next action and handoff. Explain it in your own words.

Where the analogy stops: Care is a partnership with the patient and family, not a performance controlled by one person. The analogy models coordination.

3. Map the rules onto the biomedical example



Biomedical teaching illustration: Coordinate many specialists around one child

Analogy step	Biology step	How the relationship stays the same
Shared score	Shared longitudinal care plan and record	
Instrument sections	Surgery, speech, hearing, dental, genetics, psychosocial care	
Conductor cues	Coordinator tracks timing, ownership, and handoffs	

4. Use the case evidence

ID	Finding supplied in the case	Why it matters
D19-E1	Mateo has three follow-up actions due in different clinics within six months.	Uncoordinated scheduling creates a risk that one action will be missed.
D19-E2	The speech finding affects surgical planning, and hearing status affects speech interpretation.	The specialists' decisions depend on each other's evidence.
D19-E3	The family asks for one contact person and one written plan.	Coordination must be visible and usable to the family.

5. Make the clinical decision

You are the cleft team coordinator closing the conference. Before the meeting ends, every next action needs an owner, date window, and handoff.

- A. Publish one shared action list with named owners and a family contact
- B. Let each clinic contact the family separately
- C. Record only the surgery plan

Decision. Choose the coordination plan and show where each evidence item changes the plan.

Claim ceiling: You may assign ownership and sequence. You may not make a specialist's clinical decision without that specialist and the family.

Claim. State the choice you can defend.

Evidence. Use these labeled IDs: D19-E1 + D19-E2 + D19-E3.

Reasoning. Explain why the evidence supports the claim and stays inside the claim ceiling.

6. Reduce the lesson to one lasting idea

Take-home. A cleft team works when specialists share one plan, one record, and clear ownership across time.

1. Why is a list of specialists not yet a coordinated team?
2. What four items belong in every handoff?

Glossary

Term	Plain-English definition
multidisciplinary team	A lesson term defined by the surrounding model and case evidence.
coordinator	A team member who organizes a patient's many appointments and specialists, keeping multidisciplinary cleft care running smoothly.
continuity of care	Keeping a patient connected to the same coordinated care team over time, so treatment stays consistent across many visits and years.
handoff	The careful transfer of a patient's care and information from one clinician or team to the next so nothing important is missed.
longitudinal care	Ongoing medical care that follows a patient over many years through changing needs, rather than a single one-time treatment.
care plan	A written, organized strategy describing a patient's health needs, goals, and the specific treatments and steps the care team will follow.

Next lesson unlock

We answered how the team holds it all together: shared records, a coordinator, and continuity across 18 years. That completes the machinery of Mateo's care. So now, with everything from his first newborn exam to his lifelong team in hand, we can finally ask the biggest question of all: what is Mateo's complete clinical story, and what, after eighteen lessons of evidence, is his actual diagnosis?

The journal links on the lesson page are optional. Everything required for this guided-notes set is already supplied here and in the case file.