

LETTER TO THE EDITOR

HOW DO WE DEFINE MULTIDISCIPLINARY REHABILITATION?

Jan-Rickard Norrefalk M.D.

From the Department of Rehabilitation Medicine, Pain Unit, Huddinge University Hospital, Division of Rehabilitation Medicine, Karolinska Hospital, Stockholm, Sweden

Teamwork is one of the most fundamental factors in rehabilitation medicine. Different professions, assessments and evaluations are brought together to obtain a holistic view of the patients' problems. This allows realistic rehabilitation measurements to be taken and realistic objectives to be set in order to obtain the best possible outcome.

There is, however, ongoing confusion in the vocabulary on a national and international level. In the correspondence between clinics and departments the confusion is obvious. The use of different expressions to describe the rehabilitation teams, are no less confusing at rehabilitation conferences or in literature.

The term "multidisciplinary team" has been given the following definition: "This refers to activities that involve the efforts of individuals from a number of disciplines. These efforts are disciplinary-orientated and, although they may impinge upon clients or activities dealt with by other disciplines, they approach them primarily through each discipline relating to its own activities" (1).

Taking the above definition into account, a "multidisciplinary team" could be a group of specialist (consultant) physicians from different medical specialties, such as anaesthesiology, neurology, rheumatology, orthopaedics, psychiatry, orofacial specialists, geriatrics, neurosurgery, oncology, paediatrics, pharmacology and rehabilitation medicine. This is a group of highly qualified specialists who meet to discuss, for example, pain management for patients with severe pain problems. The members of each discipline will be working towards their own individual goal for the patient and in general there is little overlap between the team members.

However, the term "multidisciplinary team" is also used to describe a team consisting of many different professions working in the field of rehabilitation medicine. In addition to a specialist physician in rehabilitation medicine these kinds of team can include paramedic disciplines, e.g. physiotherapists, occupational therapists, psychologists, social counsellors (social workers), nurses, speech therapists and medical secretaries.

Some groups of specialist physicians have seen the need for paramedic competence in their groups and have involved these disciplines in their meetings. Now, is that also a "multidisciplinary" group?

Some clinics, departments and countries have tried to solve the confusion in the vocabulary by calling the rehabilitation teams "interdisciplinary". "The interdisciplinary team individuals do not only require the skills of their own disciplines, but also have the added responsibility of the group effort on behalf

of the activity or client involved. This effort requires the skills necessary for effective group interaction and the knowledge of how to transfer integrated groups activities into a result, which is greater than the simple sum of the activities of each individual discipline. The group activity of an interdisciplinary team is synergistic, producing more than each individually and separately could accomplish" (1).

Driller (2) provided that the interdisciplinary approach "involves timely and anticipatory communications, engaging in interactive problem solving, and ability to translate technologic findings to people who are untrained in the techniques that are used."

In the co-operation within the interdisciplinary team 2 different patterns have been described (3):

- In "coordinated interdisciplinary teams" mutual goals are set and the individuals from each profession attempt to work on these goals in their individual sessions.
- In "integrated interdisciplinary teams" mutual goals are worked on in joint treatment sessions with members of different professions (specialist physician in rehabilitation medicine with a paramedic team) participating in the sessions.

The team meetings are built on an exchange of ideas, discussions, reporting and recording and goal setting for the patients until the next meeting. All the team members have equal status and the decisions are made by the team. This is a common way to work in rehabilitation medicine, for example with patients suffering from long-term non-malignant pain, and in neurological rehabilitation.

In a "transdisciplinary team" all borders are broken between the individual professionals. "In this approach, one member of the team acts as a primary therapist, with the other members feeding information and advice with regard to management through a single primary person" (2). This can be useful when the patient's condition means it is difficult to tolerate a shift in therapists, e.g. for patients with severe head injuries.

Other expressions used are "multidimensional" and "multimodal" teams. No clear definition could be found that explains either of these expressions.

What terms and vocabulary can we agree on?

If rehabilitation medicine, nationally and internationally, does not use the same vocabulary to explain their team construction and if we cannot agree on using the same words, how can we ever explain to others what we are doing? How can we

communicate if we use words that have a different meaning to different people? How can they know what rehabilitation they should take part in, sponsor or what kind of programme they should buy?

Would it be more relevant to use the expression “multi-professional team” or even “multiprofessional rehabilitation team”?

Such a team could consist of members from different professions working together with the aim of giving a certain patient the best possible outcome of the rehabilitation interventions. The number of members and the professions represented could be composed to meet the need of each patient, the facilities and the different programmes offered at each rehabilitation centre or unit.

In order to achieve our objectives, any of the above-mentioned teamwork definitions could be used or combined. If we were to include the word “rehabilitation” in the agreed definition, there would be no doubt about the kind of team to which we are referring.

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