# FROM "MULTIDISCIPLINARY" WORKING INTO "INTERDISCIPLINARY" WORKING (056)

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**Rationale:** Exercise therapy is very important for hospitalised burn patients. But much as important is that exercises therapy, instructions and information is given unambiguously by physical therapists and other disciplines involved like nurses and occupational therapists. And just as important is the motivation of the burn patients themselves and the responsibility they take for exercising.

In the clinical setting it turns out that the various disciplines involved in mobilisation and exercise communicate differently and therefore the type of exercises and instructions are different. Furthermore, the different disciples are not very knowledgeable as far as the aims and methods of other disciplines with regard to rehabilitation are concerned. Finally, when patients are not engaged in setting their own rehabilitation goals and not informed properly, they tend to feel less responsible and put less effort in attaining goals.

Therefore, it is most important that in a clinical setting there is clarity about one another's (in between disciplines) knowledge, expertise and tasks, there is uniformity in rehab exercises with unambiguous communications and instructions and patients have more responsibility and control regarding the goals of rehabilitation.

**Methods:** Patients with extensive burns and/or multifunctional problems, are discussed weekly, at a fixed time by the disciplines who are involved in exercise therapy and mobilisation in these patients, usually the physical therapists, the occupational therapists and the nurses. The health care workers together with the patients establish which goal(s) they want to achieve in the coming week. The goal(s) are then documented and so are clear for all people involved. Evaluation takes place every week. Depending on the results, goals can be carried over to the next week, or they can be upgraded.

**Results:** Results until now are very positive: there is more involvement from all disciplines and from the patients to achieve the goals set. The various disciplines have more insight into one another's tasks and are supportive of each other in achieving the goals. It is not only working "multidisciplinary" but really "interdisciplinary". Everyone involved now knows exactly the capacity and performance level the patient is on. The patient himself knows what to expect and receives unambiguous treatment. There is a lot of enthusiasm from the disciplines for working together like this.

**Conclusions:** When there is insight into each other's knowledge, expertise and tasks, when disciplines join their tasks and work together and with the patient towards the goal(s) the patients stands for, there is more enthusiasm, more motivation and more sense of responsibility to achieve these goals and work together in a "rehabway".