

# **INTERPROFESSIONAL COLLABORATION DURING MULTIDISCIPLINARY TEAM MEETINGS IN GERIATRIC REHABILITATION: AN OBSERVATIONAL STUDY**

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## **Introduction**

Interprofessional collaboration (IPC), which involves healthcare professionals from different professions collaborating with patients and informal caregivers, is essential for the provision of high-quality person-centred geriatric rehabilitation. In multidisciplinary team meetings (MDTMs), where patients' condition, goals, and treatment are discussed and evaluated, IPC is essential. However, there is a lack of knowledge about essential factors that influence IPC during MDTMs in geriatric rehabilitation.

## **Objective**

This study examined the factors affecting IPC during MDTMs, including the participants' perceptions of IPC during the MDTM.

## **Methods**

The research is a naturalistic observation study of 41 participants during seven MDTMs in four geriatric rehabilitation facilities in the Netherlands. After the MDTM, participants were asked to rate their overall satisfaction with IPC during the MDTM, specifically the aspects of, collaboration, organisational conditions, and communication, using a Visual Analogue Scale (VAS).

## **Results**

For IPC to be effective during MDTMs, time management, clear procedures, and a chair who has effective leadership abilities are necessary. Furthermore, healthcare professionals need to be actively participating by sharing information, asking clarifying questions, and not adopting a wait-and-see strategy. Currently, it is not standard practice in geriatric rehabilitation to constantly involve patients and informal caregivers during MDTMs. Nonetheless, it is essential for providing person-centred rehabilitation. Participants' VAS scores were 8.0

(median; IQR 7.3-8.9) for collaboration, 8.0 (median; IQR 7.1-8.5) for communication, and 6.6 (median; IQR 5.8-8.0) for MDTM conditions. However, the participants of the MDTMs identified areas for improvement, such as having adequate time to prepare for meetings and communicating clearly about different tasks and establishing an agreement on common goals.

### **Conclusion**

Effective leadership and communication among the participants enhances IPC during MDTM. Being inactive and adopting a wait-and-see strategy during the MDTM hampers IPC and thereby potentially hinders optimal person-centred care. To establish effective MDTMs for high-quality person-centred geriatric rehabilitation, participants, including patients and informal caregivers, must be involved, accept responsibility, and collaborate with the chair.

### **Keywords**

Interprofessional collaboration, geriatric rehabilitation, multidisciplinary team meetings, influencing factors.