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Team conferences in paediatric rehabilitation: organization, satisfaction and aspects eligible for improvement

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To assess current satisfaction with paediatric team conferences in the Netherlands and identify aspects eligible for future improvement, an open-response questionnaire was sent to a representative of each paediatric rehabilitation setting in the Netherlands. Questions were asked regarding the organization and effectiveness of current team conferences and aspects eligible for improvement. Furthermore, rehabilitation professionals of these settings were asked to fill in a structured questionnaire on their satisfaction with the team conferences (the satisfaction measure, SM).

Two types of team conferences are distinguished, namely (1) evaluative conferences and (2) urgent problem conferences. In the open-response questionnaire, all representatives ($n = 20$) indicated that they find the team conferences effective. Rehabilitation professionals ($n = 165$) are only moderately satisfied, as indicated by the scores on the SM (scores range from 2.99 to 3.78 on a scale from 1 (= very dissatisfied) to 5 (= very satisfied). All but one representative identified aspects of the conference that they would like to improve. Representatives recommended improvement of (1) the preparation of the conference by using a clear and uniform structured report form ($n = 8$), (2) the conference itself by concentrating on major discussion points and treatment goals ($n = 10$), and (3) the outcome of the conference by formulating interdisciplinary treatment goals ($n = 7$).

Results indicate that there is a need and also possibilities for improvement of team conferences in paediatric rehabilitation.

Teamkonferenzen in der pädiatrischen Rehabilitation: Organisation, Zufriedenheit und Verbesserungsansätze

Um die derzeitige Zufriedenheit mit pädiatrischen Teamkonferenzen in den Niederlanden zu beurteilen und verbesserungsfähige Punkte herauszustellen, wurde ein Fragebogen mit offenen Fragen an einen Vertreter jedes pädiatrischen Rehabilitationszentrums in den Niederlanden gesandt. Es wurden Fragen zur Organisation und Effektivität der aktuellen Teamkonferenzen und verbesserungsfähigen Punkten gestellt. Außerdem wurden die Mitarbeiter dieser Rehabilitationseinrichtungen gebeten, einen strukturierten Fragebogen zu ihrer Zufriedenheit mit den Teamkonferenzen auszufüllen (satisfaction measure, SM).

Es wurden zwei Arten von Konferenzen unterschieden, nämlich 1) Beurteilungskonferenzen und 2) Konferenzen aus dringendem Anlaß. In dem Fragebogen mit offenen Fragen geben alle Vertreter ($n = 20$) an, daß sie die Teamkonferenzen effektiv finden. Die Mitarbeiter der Rehabilitationszentren ($n = 165$) sind nur mittelmäßig zufrieden, wie aus den SM-Scores hervorgeht (die Scores reichen von 2,99 bis 3,78 auf einer Skala von 1 (= sehr unzufrieden) bis 5 (= sehr zufrieden). Alle außer einem geben Punkte der Konferenz an, die sie verbessern möchten. Die Vertreter empfehlen eine Verbesserung 1) der Vorbereitung der Konferenz durch Verwendung eines klaren, einheitlichen, strukturierten Berichtsformulars ($n = 8$), 2) der Konferenz selbst durch Konzentration der Konferenz auf wesentliche Besprechungspunkte und Behandlungsziele ($n = 10$), und 3) der Ergebnisse der Konferenz durch Formulierung von interdisziplinären Behandlungszielen ($n = 7$).

Die Ergebnisse zeigen, daß sowohl eine Notwendigkeit als auch Möglichkeiten zur Verbesserung der Teamkonferenzen in der pädiatrischen Rehabilitation bestehen.

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Intérêt des Colloques en Rééducation Pédiatrique: Organisation, Critères de Satisfaction et Paramètres à Améliorer

Pour évaluer l'intérêt des colloques en rééducation pédiatrique aux Pays-Bas et préciser les paramètres à améliorer, un questionnaire ouvert a été envoyé à un représentant de chaque centre de rééducation pédiatrique des Pays-Bas. Les questions posées concernaient l'organisation et l'efficacité des colloques actuels et les paramètres à améliorer. En outre, les professionnels de la rééducation de ces centres devaient remplir un questionnaire structuré sur leurs critères de satisfaction relatifs aux colloques (mesure de satisfaction, MS).

Deux types de colloques ont été distingués: (1) les colloques d'évaluation et (2) les colloques d'urgence. Dans le questionnaire ouvert, tous les représentants ($n = 20$) ont indiqué qu'ils trouvent les colloques utiles et efficaces. Les professionnels de la rééducation ($n = 165$) sont, en revanche, modérément satisfaits, comme le montrent les scores de MS (compris entre 2,99 et 3,78 sur une échelle de 1 (= très insatisfait) à 5 (= très satisfait). Tous les représentants sauf un ont précisé les paramètres à améliorer: (1) préparer le colloque grâce à un formulaire descriptif clair, cohérent et structuré ($n = 8$), (2) concernant le colloque lui-même, se concentrer sur les points de discussion majeurs et les objectifs thérapeutiques ($n = 10$), et (3) clore le colloque en formulant les objectifs thérapeutiques interdisciplinaires ($n = 7$).

Ces résultats montrent l'intérêt des colloques en rééducation pédiatrique et les besoins et possibilités d'amélioration.

Reuniones de Equipo en El Campo de La Rehabilitación Pediátrica. Organización, Satisfacción y Aspectos Susceptibles de Mejora

Para valorar la satisfacción actual con las reuniones de equipo sobre rehabilitación pediátrica en los Países Bajos e identificar los aspectos susceptibles de mejora en el futuro, se envió un cuestionario de respuestas abiertas a un representante de cada uno de los centros de rehabilitación del país. Se hicieron preguntas sobre la organización y eficacia de las reuniones de equipo actuales y sobre aspectos susceptibles de mejora. Además, se pidió a los profesionales de la rehabilitación de estos centros que cumplimentaran un cuestionario estructurado sobre su satisfacción con dichas reuniones (valoración de la satisfacción, VS).

Existen dos tipos de reuniones: las de evaluación (1) y las relativas a problemas urgentes (2). En el cuestionario de respuestas abiertas, todos los representantes ($n = 20$) indicaron que las reuniones les parecían eficaces. Por su parte, los profesionales de la rehabilitación ($n = 165$) sólo se sentían moderadamente satisfechos, tal y como indican las puntuaciones de la VS [rango de puntuaciones de 2,99 a 3,78 en una escala de 1 (= muy insatisfecho) a 5 (= muy satisfecho)]. Todos los representantes menos uno señalaron aspectos de las reuniones que les gustaría mejorar. Los representantes recomendaron mejorar: (1) la preparación de las reuniones, mediante el empleo de un formulario de recogida estructurado uniforme y claro ($n = 8$), (2) las propias reuniones, que debían centrarse en los principales puntos de discusión y en los objetivos del tratamiento ($n = 10$), y (3) el resultado de las reuniones, que debían consistir en la formulación de objetivos de tratamiento interdisciplinarios ($n = 7$).

Los resultados indican que las reuniones de equipo sobre rehabilitación pediátrica deben y pueden mejorarse. *International Journal of Rehabilitation Research* 23:227-232 © 2000 Lippincott Williams & Wilkins.

Keywords: pediatric rehabilitation; team approach; team conferences

Introduction

In rehabilitation medicine a variety of disciplines work together to address the comprehensive needs of the patient. Together these specialists form a team. An integrated team approach in which all team members work together towards collaborative goals is considered to be superior to an approach in which individual members merely work towards their own goals (Melvin, 1980). To work as an integrated team, team members have to interact with each other in order to formulate collaborative goals for the patient's treatment. Consequently, communication is essential in this approach (Rothberg, 1981; Melvin, 1989; DeLisa *et al.*, 1993). For this reason, team members regularly meet in a formal setting, the team conference. However,

problems regarding team conferences are frequently reported (Pearson, 1983; Jelles *et al.*, 1995).

Recently, our department started a project to improve the team conferences in Dutch paediatric rehabilitation. To support the project a national study group was formed. All 30 pediatric rehabilitation settings in the Netherlands were invited to appoint a representative. These representatives were surveyed about the current team conferences and the aspects of the conferences eligible for improvement. In addition, a sample of rehabilitation professionals working in the settings of these representatives were asked about their satisfaction with the team conferences. The purpose of this article is to describe the outcomes of this survey, which offered a starting-point for the national study group.

Methods

Representatives

Along with the invitation for the paediatric rehabilitation settings to delegate a representative to the national study group, an open-response questionnaire was sent, which the representatives were requested to complete. When the representative worked in more than one paediatric rehabilitation department within the setting, he or she was asked to complete the questionnaire for each department separately.

The open-response questionnaire asks questions regarding the organization and the effectiveness of the current team conferences. In addition, the questionnaire asks which aspects of the team conferences the representative would consider eligible for improvement. The aspects mentioned by the representatives were classified according to the three phases of the conference: (1) preparation of the conference; (2) the conference itself; and (3) the outcome of the conference. The categorization was checked by an independent researcher.

Professionals

During the first meeting of the study group, the representatives were asked to distribute a structured questionnaire, the Satisfaction Measure (SM), among a convenience sample of 10 rehabilitation professionals of various disciplines working in their setting with either children (0–18 years) or their parents. The SM contains 12 statements concern-

ing the team conferences (Table 2). Each statement is to be judged for the specific situation of the professional on a five-point scale ranging from 1 (= very dissatisfied) to 5 (= very satisfied). Before use, the SM was tested on comprehensibility, relevance and completeness by seven rehabilitation professionals who were not included in the study sample.

Results

POPULATION

Representatives

The open-response questionnaire was completed by representatives from 20 paediatric rehabilitation settings (2/3 of the total number of 30 settings). Seven of the non-responding settings ($n = 10$) were not interested in participating in the national study group for several reasons. Some representatives filled in the questionnaire for more than one department within their setting. Finally, the data of 20 respondents representing 28 departments from 20 settings were available for analyses.

Professionals

The SM was distributed by the representatives among a convenience sample of 10 rehabilitation professionals of various disciplines in each of the 20 settings. In total, 165 professionals filled in the SM. Among the responding professionals there were 45 physical therapists, 36 occupational thera-

Table 1. Team conferences in paediatric rehabilitation (data from 20 respondents, representing 28 departments of 20 settings)

	Mean $\pm$ SD	Number of departments
SCHEDULED EVALUATIVE CONFERENCES		
I		
Scheduled evaluative conferences with parents		20
Frequency (per patient per year)	3.7 $\pm$ 3.9	
Duration of 1 conference (in minutes)	28.3 $\pm$ 12.0 ^a	
Additional evaluative conferences without parents ¹		14
Frequency (per patient per year)		
structural	2.5 $\pm$ 1.7	8
ad hoc		6
Duration of 1 conference (in minutes)	24.3 $\pm$ 8.7 ^b	
II		8
Scheduled evaluative conferences without parents		
Frequency (per patient per year)	4.2 $\pm$ 1.8	
Duration of 1 conference (in minutes)	15.0 $\pm$ 4.2 ^c	
URGENT PROBLEM CONFERENCES		
Frequency (per department per week)	0.9 $\pm$ 0.2 ^d	
Duration of 1 conference (in minutes)	41.3 $\pm$ 0.3 ^e	

¹A subset of departments that have scheduled evaluative conferences with parents has additional conferences without parents. ^aData are available of 17 departments, 3 departments did not indicate the duration; ^bdata are available of 11 departments, 3 departments did not indicate the duration; ^cdata are available of 7 departments, 1 department did not indicate the duration; ^ddata are available of 13 departments; ^edata are available of 8 departments, 5 departments did not indicate the duration.

Table 2. Professionals' satisfaction ($n = 165$) with the evaluative conferences: mean score and standard deviation (SD) on the satisfaction measure (SM)

Question		$\bar{x}$	SD
1	The treatment goals are attuned to the perceived problems of the child	3.57	0.70
2	The team conference follows a standard procedure	3.46	0.79
3	An interdisciplinary goal is formulated on which the treatment of the child is based	2.99	0.88
4	Information is exchanged during the team conference	3.78	0.72
5	The formulated treatment goals are executed	3.65	0.63
6	During the team conference an overview of problems of the child exists or emerges	3.70	0.76
7	The team members are sufficiently informed preceding the team conference	3.64	0.87
8	All team members (parents included) contribute equally to the formulation of the treatment goals	3.20	0.90
9	The extent to which treatment goals were achieved is evaluated in the next team conference	3.22	0.90
10	The team conference is understandable and relevant for all team members	3.63	0.64
11	During the team conference, agreement arises concerning the goals of the treatment	3.56	0.81
12	The treatment goals are understandable and relevant to all team members	3.69	0.64

Score: 1 = very dissatisfied; 2 = dissatisfied; 3 = not dissatisfied; not satisfied; 4 = satisfied; 5 = very satisfied.

pists, 23 speech therapists, 16 social workers, 15 child psychologists, 14 group leaders, and 16 physicians. Respondents had an average of 9.0 years of experience in rehabilitation (standard deviation (SD) = 7.0 years).

ORGANIZATION OF TEAM CONFERENCES

Table 1 shows some characteristics of the team conferences. Two types of team conferences can be distinguished, namely (1) scheduled evaluative conferences regarding the treatment of an individual child and (2) urgent problem conferences in which

any of the children can be discussed if immediate attention is required, such as in the case of illness or problems in the family situation.

The scheduled evaluative conferences differ between departments in frequency and duration (Table 1). Furthermore, 20 departments invite parents for these conferences, while eight departments do not invite parents. Evaluative conferences, during which parents are present, take longer than conferences without parents (28.3 (SD = 12.0) and 15.0 (SD = 4.2) minutes per patient per year, respectively). Most of the departments inviting parents during the evaluative conference also have

Table 3. Aspects of the team conferences, identified by the representatives ($n = 20$), eligible for improvement

Aspect of the team conference	Frequency of mentioning
<i>Preparation of the conference</i>	
- The structure of the written reports is clear and uniform	8
- Team members have the written reports several days before the conference	4
- All team members have read the written reports before the conference	4
- The needs of the parents and/or the child have been identified before the conference	1
<i>The conference itself</i>	
- The conference concentrates on major discussion points and treatment goals	10
- All team members are present during the conference	6
- Team members possess the skills to run a discussion	6
- All team members, including parents, participate during the conference and their contribution is considered equally	4
- Goals of the previous period are evaluated to check the appropriateness of the treatment	3
- Evaluative conferences are organized at scheduled intervals, at a suitable hour and for a proper duration	2
- Team members use a common language that is comprehensible to all team members	1
<i>Outcome of the conference</i>	
- The team has formulated specific interdisciplinary goal(s)	7
- The treatment goals have been formulated as specific, measurable goals so that they can be evaluated	5
- The team members have a shared vision regarding the major problem(s) of the patient	2
- The treatment goals have been attuned to the needs of parents and child	1

additional evaluative conferences without parents ($n = 14$).

SATISFACTION WITH CURRENT TEAM CONFERENCES

Representatives

In the open-response questionnaire all representatives indicated that the team conferences in their department are at least reasonably effective.

Professionals

The outcomes on the SM of the rehabilitation professionals are shown in Table 2. The mean scores range from 2.99 ($SD = 0.88$) for interdisciplinary goal setting to 3.78 ($SD = 0.72$) for information exchange during the team conference. The outcomes indicate that the professionals are only moderately satisfied with the current team conferences.

ASPECTS ELIGIBLE FOR IMPROVEMENT

All but one representative identified aspects of the conferences that they consider eligible for improvement (Table 3). The most frequently mentioned aspects to be improved are the following: (1) a clear and uniform structure for the written report ($n = 8$) for the *preparation* of the conference; (2) the concentration of the conference on major discussion points and treatment goals for the *conference itself* ($n = 10$); and (3) the formulation of specific interdisciplinary goals ($n = 7$).

Discussion

SATISFACTION WITH CURRENT TEAM CONFERENCES

All representatives judged their evaluative conferences to be at least reasonably effective. Rehabilitation professionals are not dissatisfied with the current conferences. These findings are not in conformity with the 'bitterness about the functioning of teams' as suggested by Rothberg (1981), p. 408. However, we cannot exclude that answers of the representatives and the rehabilitation professionals could be biased as a result of selective non-response or social desirability.

ASPECTS ELIGIBLE FOR IMPROVEMENT

Despite the general satisfaction of both representatives and professionals, all but one representative identified aspects of the conferences that they consider eligible for improvement. The improvements mentioned by the representatives are reported in the literature as basic requirements of the interdis-

ciplinary team approach (de Wachter, 1976; Darling and Ogg, 1984; Davis *et al.*, 1992).

Preparation of the conference

Representatives indicated that the preparation of the conference could be improved by using a structured report format. One of the factors that endangers the interdisciplinary approach is that professionals report far too much (disciplinary) information (Jelles *et al.*, 1995). A structured format forces the professionals to write down only relevant information. Therefore, a structured format will facilitate the writing and the reading of the team members (four representatives mentioned this specific aspect) also.

The conference itself

The conference should concentrate on major discussion points and the treatment goals of the following period. Like the use of a structured format, a pre-arranged structure of the conference is expected to limit the exchange of irrelevant information. For a team conference to be effective and efficient, both written and oral information must be relevant and compact. In addition, for an effective and efficient conference, information should be comprehensible (Jelles *et al.*, 1995). The use of a common language, mentioned once in this survey, helps team members to understand the information of others. Comprehensible information is also expected to improve the participation of the team members in the conference (de Wachter, 1976; Darling and Ogg, 1984; McGrath and Davis, 1992).

Outcome of the conference

The main aim for team conferences is formulation, attunement and adjustments of goals (Jelles *et al.*, 1995). Goals should be interdisciplinary, specific, and measurable. Only if goals are formulated appropriately can goal setting serve as an effective tool to increase interaction in a team and to decrease duplication of efforts (Kreger and Whealon, 1981; Galasso, 1987; McGrath and Davis, 1992; Schut and Stam, 1994).

Common goal setting implies attunement between different disciplines. Moreover, common goal setting implies attunement to the needs of the parents and the child as well. Although this aspect was mentioned only twice in this survey, this aspect deserves some attention. Attunement to the parents and the child requires that the team seek to understand the needs of the parents and the child

within their own system (Haas, 1993; Purtilo and Meier, 1993).

IMPLEMENTATION OF THE SUGGESTIONS OF THE REPRESENTATIVES

The results of this study will be incorporated in the project to improve team conferences in paediatric rehabilitation. A communication instrument will be developed that provides an outline for the written report format and for the structure of evaluative conferences. In addition, the instrument is intended to facilitate the formulation of interdisciplinary and specific, measurable treatment goals.

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