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Lifelong Learning Programme

Leonardo da Vinci

Interdisciplinary Team Working

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Community Rehabilitation in Neurology Training Programme

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Presented educational materials were developed in 2008-2010 with support from European Union funds as a part of the Leonardo da Vinci project titled: Community Rehabilitation in Neurology Training Programme

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Aims

To explore

- The dynamics of team working
- The challenge of community based team work
- The impact of inter-disciplinary work

Method

- Review evidence
- Examples of teams in practice
- Case examples

Team models and dynamics

(Wood 2003)

Multi-disciplinary

- Professionals working with a patient often independently of each other
- Specific goals within each discipline
- Distinct roles and functions within team
- (Some) coordination within team and meetings
- Common final goal of best outcome for patient

Team models and dynamics

Inter-disciplinary

- Holistic, patient centred
- Depends on communication and coordination
- Blurring and sharing of roles within team
- Negotiation of priorities and responsibilities
- Shared goals
- Education within team; inter-professional awareness and understanding

Team models and dynamics

Trans-disciplinary

- Integrated assessment
- Unified treatment approach
- Blurring of inter-professional boundaries
- Incorporates patient and family into treatment plan
- Neuro-behavioural unit

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Inter-disciplinary team: organisational issues

Team identity and allegiance

- Professional accountability and support
- Organisational accountability and support

Commitment to

- meeting,
- shared education,
- prioritising patient centred goals
- flexibility and new ways of working

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Case example: multi to inter disciplinary

Susan, 23 years old

- Left hemisphere stroke, right hemiplegia, expressive dysphasia
- Transferred for intensive rehabilitation
- Initially good progress
- Withdrawn, refusing to go to therapy
- Question of depressive illness

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Community

"The effectiveness of neurological rehabilitation is increasingly being judged in terms of ***social outcome***, ... this means that our work is ultimately directed towards **community reintegration**, a task that of necessity, incorporates a variety of skills and where the importance of specific disciplines shifts as the evolution of recovery takes place."

Wood R 2003

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Health Service Review

*Care that is **fair, personalized, effective and safe***

"we will provide the same standards of care to all individuals and their families in all settings..."

Darzi, 2008

Team examples

Regional Disability Team

- Vision, 25 years ago
  - From experience and evidence
- School-leavers up to 25 years
- Evolved, in response to developments in rehabilitation, increasing evidence and awareness of need and limitations
- Local to Regional responsibility

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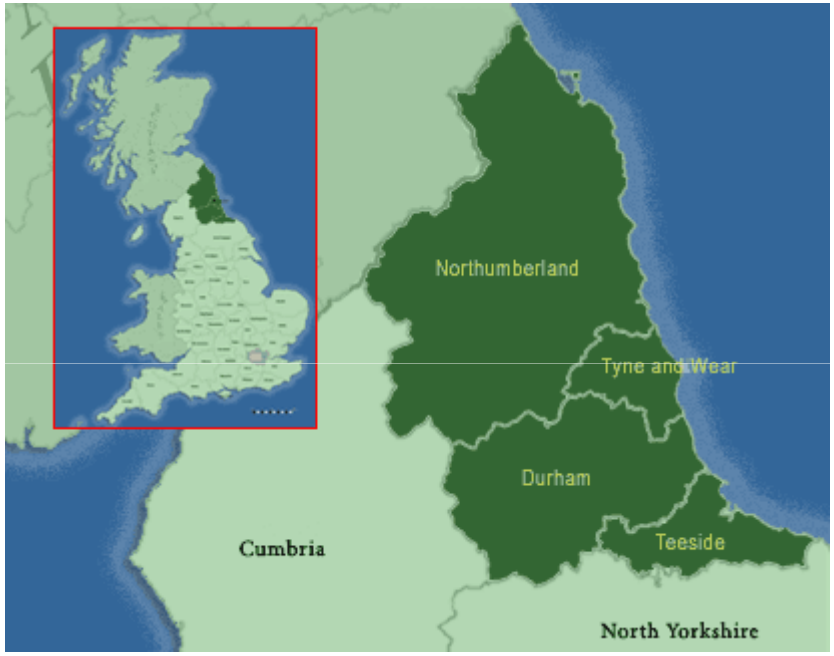
Regional Disability Team



The team now sees patients who not only live in Newcastle, but throughout the North-East of England. This encompasses areas of dense urban population such as Newcastle, population approx 260,000 and areas of sparse rural population such as Northumberland, population approx 300,000

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The North-East of England

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The Regional Disability Team (RDT)

The team currently consists of:

- 2.6 Physiotherapists
- 1.0 Occupational therapists
- 1.0 Rehabilitation technical instructor
- 0.2 Podiatrist
- 0.2 Neuro-psychology
- 0.2 Counselling
- 0.2 Rehabilitation Consultant
- 1.0 Administration
- \+ 0.2 Orthotist - private company

Community MS Team

Community MS Team

- Vision, 15 years ago
- Developed for Newcastle as a m/d team
- Now serves the larger area; i/d team
- Pro-active through “Getting to Grips Course”
- Active engagement with community palliative care team to provide effective “end of life care”

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Virtual Community Team

North Northumberland MS Team

- Response to geographical location
- Locally based specialist nurse
- Supported by
  - Local community rehabilitation team and specialist Newcastle based team
  - Continence service from primary care
  - Hospital base from acute Trust

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North Northumberland Community MS Team

- Dependent on phone and email
- Efficient use of time when in clinic together
- Trust
- Sharing of roles
- Understanding of how other professionals assess and approach treatment
- Patient centred

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Palliative Care & Neurological Rehabilitation Initiative

- Newcastle based
- Vision – to improve end of life care for our patients with MS
- Recognition of skills
- Educational approach through joint meetings, working group, case by case discussion and learning opportunities
- Inter-disciplinary team around individual patient

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NSF for Long Term Conditions 2005

"People in the later stages of long-term neurological conditions are to receive a comprehensive range of palliative care services when they need them to **control symptoms**; offer **pain relief** and **meet their needs** for **personal, social, psychological and spiritual** support, in line with the **principles of palliative care**"

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Education

- **End of life care strategy** 2008
  - "Strategic Health Authorities will wish to consider how **training** can best be commissioned and provided to ensure that relevant staff have the necessary **competencies**".

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Case History

What patients say to us

"I want to get to the shops and do my own shopping"

"I want to take my daughter to school"

"I want to keep working, earning a living"

Going to the shops

What might the problems be?

- Fatigue
- Pain, spasticity
- Continence
- Cognition
- Anxiety
- Combination

Case History: advanced MS

Sarah, 55, SP MS

- 1996 Referred for **rehabilitation**
- 2000 widowed, new symptoms, difficulties with personal care. **Care package**
- 2005 disease progression
- What was important to Sarah?
- Involve community palliative care team
- “she feels everything is under control”

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Summary: Inter-disciplinary Teams

- Common vision and Team identity
- Person centred approach to goal setting
- Willingness to teach and to learn from each other
- A willingness to apply these principles in working with other teams
- Excellent communication

"Good face to face communication between health and social care professionals and patients and carers is fundamental to the provision of high quality care."
(NICE 2004)

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