

NEUROLOGICAL PRACTICE ACROSS THE GLOBE

Professional Issues Forum

28 July 2006

WFOT 2006 Congress

Professional Issues Forum Feedback

On the final day of the 2006 WFOT Congress, Occupational Therapists working in the area of Neurological Practice were provided with the opportunity to participate in facilitated discussions on issues related to challenges, developments and trends in practice, research and education and areas of interest within the broad banner of Neurological Practice. The Professional issues forum not only provided an opportunity for sharing of ideas, skills and resources but also created an avenue for social and professional networking both locally and globally.

The Neurological Practice Forum was co-facilitated by Jo Siketa from Epworth Hospital and Rachael Crean from Austin Health- Royal Talbot Rehabilitation Centre, two clinicians working in Melbourne, Australia. Delegates from around Australia attended the forum with representation from most states and a number of international delegates from places such as Denmark, Canada and United Kingdom. At the commencement of the session all delegates were invited to introduce themselves to the group, identifying their clinical area, current interests, challenges and highlights in practice or research and what they would like to contribute and generate from the forum.

A wealth of topics for discussion was generated by the delegates indicating the enthusiasm, passion, and commitment to high performance that exists within the profession in the field of Neurological practice. The group nominated four main topics to further explore in small group discussions.

These included:

- The role of Occupational Therapy in the acute Neurology setting and the challenge to integrate and emphasise occupation.
- The implementation of the National Stroke Guidelines into clinical practice, exploring the challenges and successes of this process and how to bridge the gap between evidence and practice.
- The use of standardised assessment versus observation of occupational performance, what are clinicians doing?
- The issues related to the transition between paediatric and adult services, from hospital settings back into school and what resources are available to support clients and clinicians working with this population.

In addition to the ideas and material generated from these discussions, an outcome of the forum has been the development of an international email list serve as well as the informal networks and contacts that have developed through participation in the forum. For those that are interested in participating in an international neurology list serve can do so as follows:

Email Louise Gustafsson at l.gustafsson@uq.edu.au with "subscribe" in the subject box and Louise will add them to the list. In future, depending upon the use and development of this list serve we may approach WFOT to incorporate support of this list serve through their website.

We would like to thank all those participants who networked and shared their ideas during the forum and hope that we can build our networks via the list serve.

Rachael Crean, Occupational Therapist, Royal Talbot Rehabilitation Centre
Jo Siketa, Occupational Therapist, Epworth Hospital

NOTES from the NEUROLOGICAL PRACTICE PIF held at WFOT 2006

Comments during introduction:

- Narrow gap between research and practice
- Diversity in practice
- Working with other OTs and clients
- Change
- Lack of knowledge
- Develop expertise
- Diversity of neurological practice
- Stroke guidelines into practice
- Contact with other OTs
- Political influence in work
- UL rehabilitation
- Private hospital – isolation
- Keeping updated – EBP
- Networking
- What goes on in neurology
- Knowledge
- Perspective
- Dysphagia
- What are OTs doing
- Exchange ideas
- Bring occupation into hospital setting
- Absorb information – competence as a new graduate
- Cognitive rehabilitation
- Political changes
- Access to inpatient rehabilitation for acute patients or better community follow up
- Challenge of mixing TBI patient and CVA patients in same environment – age, presentation
- Implementation of national Stroke Guidelines (Australia)
- ICF development
- Community reintegration
- Occupation – particularly recreation
- Support for rural and isolated therapists
- Reduce fragmentation
- Client centered therapy and barriers
- Biomedical model as a barrier
- Case management - dealing with reality check once patient is home
- Implementation of National Stroke Guidelines
- Intensive care – integration of services
- Accommodation – lack of housing
- Lack of support re: funding
- issue of adolescence

- lack of education support – TBI
- motivational interviewing
- contextual frameworks
- innovative and individualized treatment
- EBP

FOUR TOPICS SELECTED FOR DISCUSSION

- **OT IN ACUTE SETTING AND INTEGRATION OF OCCUPATION**

- Discussed Danish National Guidelines – Phase 1 acute, Phase 2 national Centre address the most severe clients, Phase 3 long term care (in home rehabilitation also available)
- Discussed similarities and differences between Danish and Western Australian models/structure of rehabilitation for neurological clientele
- Discussion of acute setting: management of tracheotomy and swallowing in acute, posture and seating, environmental controls, PTA - Westmead (OT) Danish – occasionally administered by psychologist, GOAT, Ranchos los Amigos, SMART, WHIM, Rappaport
- Functional scales – FIM, EFA (early functional abilities), observational assessment used in some centres, more standardized measures used reactively on discharge if assessment of function required, FIM used in Denmark to determine LOS, discussion of ICF – Canadian
- Discussion of process for families and client, COPM is it used? No other standardized measures used to elicit meaning. Risk level discussed. Interventions tailored toward safety for discharge
- Functional assessment – PADL and occasional DADL. Home assessments and CADLs
- Cedar Court (Australia, Vic) proposal for a designated ADL room for assessment as well as allowing support to families with caring
- AMPS used in some settings

- **IMPLEMENTATION OF STROKE GUIDELINES**

- National Stroke Foundation
- Collaborative (looked at international guidelines) most up to date
- Engage stakeholders from beginning (difficulty with A&E, nurses & drs)
- 2 sets guidelines – acute and rehab – looking at future to integration
- 45 rehab guidelines – identify – adherence /compliance and non compliance
- PT school credential OTs to carry out FES – if its an issue in your service
- Look at non compliance areas
- Stroke association/brain injury/NSF info – education
- Stroke survivors pamphlet available from NSF, they're currently working on 'self management in stroke'
- Meet with representative of each professional area, disseminate guidelines for review (need rehab consultant on board)
- Constraint induce therapy, limited resource required to start work in neurology
- Equipment – hoists, FES, biofeedback
- American DVA website – buy vs hire (based on usage)
- Bankstown Protocols: willing to share, Lidcombe hospital – practical how to's

- Think about guidelines and get work groups going at your workplace, there are lots of people already integrated guidelines who can support you (engage professionals at all levels)
- **FUNCTIONAL/STANDARDISED ASSESSMENTS**
 - Current use – limited standardized, mainly observed
 - Issues related to current tests – AMPS, COPM, FIM, ACLS
 - Needs for assessment: occupation based, occupational competence, self efficacy, control/fatigue issues
- **TRANSITION ISSUES**
 - Working in the community there are packages for clients who are 65 years plus, but no access for younger clients who are non compensable – they are considered as accommodated and having to write them as 'homeless' (negative label) to be able to access services/supports
 - Lack of communication between services
 - Records transferred from primary to secondary schools do not occur
 - Needs to be a resource tool for schools to understand issues for children – adolescents
 - Don't know what is currently out there for ABI
 - Access education centres based at hospitals – education units
 - Considering roles that are part of transition – study – tertiary study/work/TAFE. There is not a well coordinated and planned process for clients
 - Who considers leisure access for clients – particularly as maintaining friendships and developing leisure interests occur during the phase of growing up
 - Consider current resources and websites – what is out there e.g. BIAQ (brain injury Queensland website).
 - What other resources do OTs know about that have been useful??? – develop a resource list.