The importance of multidisciplinary approach in the development of rehabilitation

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Objectives

• Show the benefits of a multidisciplinary rehabilitation team
• Identify possible team members
• Identify some challenges of a multidisciplinary team in resource-limited communities
• Give suggestions on how we can build up functionally effective multidisciplinary rehabilitation teams in resource limited settings
• Share the experience of Banso Baptist Hospital
The following terms are used interchangeably in this presentation to mean the same thing:

- Multidisciplinary
- Interdisciplinary
- Transdisciplinary
Rehabilitation

• “Is a set of measures that assist individuals, who experience or are likely to experience disability, to achieve and maintain optimum functioning in interaction with their environments” (WHO, 2011)

• Enables people with limitations in functioning to remain in or return to their home or community, live independently, and participate in education, work and civic life.

• It is a process of active change by which a person living with a disability acquires the knowledge and skills needed for optimum physical, psychological and social function.
• Most healthcare professionals agree that teamwork provides comprehensive patient care and better functional outcomes for patients.
• Multidisciplinary refers to the fact that many different disciplines work together toward a common goal.
• Rehabilitation employs all measures aimed at reducing the impact of disability and handicap and improving quality of life.
• Rehabilitation is a repetitive active, educational, problem solving process focused on a patient's behavior (disability), with components including assessment, goal setting, intervention, evaluation
International Classification of Functioning, Disability and Health (ICF)

- The ICF, is a classification of health and health-related influences from …
  - BODY FUNCTIONS
  - BODY STRUCTURES
  - ACTIVITIES AND PARTICIPATION
  - ENVIRONMENTAL FACTORS

- This is because a person’s functioning or his disability occur in a context
ICF: Interaction of Concepts

Health Condition (disorder/disease)

- Body functions & structures (Impairment)
- Activities (Limitation)
- Participation (Restriction)

Environmental Factors

Personal Factors
Aim of Rehabilitation measures:

- Prevention of the loss of function
- Slowing the rate of loss of function
- Improvement or restoration of function
- Compensation for lost function
- Maintenance of current function.
• UN Standard Rule 3 specifies, "States should ensure the provision of rehabilitation services to people with disabilities in order for them to reach and sustain their optimum level of independence and functioning" (UN, 1993).

• Article 26 further states that services
  – must begin at the earliest possible stage,
  – should be based on multidisciplinary assessment of individual needs and strengths
  – and should include provision of assistive devices and technologies.
What are the challenges today?

• The WHO/World Bank World report on disability (2011) cited prevalence data indicating that approximately 15% of the world's population has a disability
• This means that the number of persons living with disabilities is increasing
• Gaps exist at the levels of provision, access and quality of rehabilitation especially in Africa.
• Some gaps include:
  – Services may not be available at all
  – The available services maybe inaccessible
  – Accessible services may be of poor quality
• Governments (and stakeholders) need to be guided on developing and strengthening rehabilitation services within existing health systems.
• Rehabilitation can contribute to reducing poverty through improving functioning, activity levels and participation.
• Transdisciplinary rehabilitation may be carried out by health professionals in conjunction with specialists in education, employment, social welfare and other fields.

• Team member-involved depends on many factors, including patient need and facility resources.
Rehabilitation can be provided in a range of settings

- Acute care hospitals
- Specialized rehabilitation wards
- Homes
- Prisons
- Educational institutions or residential settings
- etc

- Longer-term rehabilitation may be provided within community settings and facilities such as primary health care centres, rehabilitation centres, schools, work places or homes.
• A multidisciplinary rehabilitation team …
  – Should have relevant knowledge and skills
  – Works together towards common goals for each patient
  – Involves the patient (family and care givers) with the aim to maximize the patient’s participation in his or her social setting and minimize the pain and distress they experience

• Such a rehab team can resolve most of the common problems faced by their patients
The benefits of teamwork

• Diverse knowledge and skills are brought together
• Quicker decision making results.
• Professional collaboration eliminates or reduces service in parts
• Overall cost maybe cheaper for the patient and the service its self is cost efficient.
• Professionals see clients and their families as whole persons, not as parts of a whole (e.g., mouths, brain, arms, legs).
Benefits continued

• Appreciation of other disciplines allows professionals to accommodate larger functional goals and integrated interventions, instead of working on isolated tasks.
• Patients and families find it easier to communicate with a cohesive team, rather than numerous practitioners who work in isolation.
• It is also less overwhelming if information related to intervention is synthesized across disciplines, rather than presented separately from each practitioner.
Drawbacks to teeming.

- Much time can be spent by team members in communicating and meetings. Less time for individual tasks.
- Additional costs of a team conference or rounds.
- Personnel shortages in most resource limited rehabilitation professions (Melvin, 1989).
- Some team members are threatened by the notion of giving up some of their autonomy to the group effort.
- There maybe lack of confidence and trust in the opinions and decisions of individuals from other disciplines.
Drawbacks continued

• The respective roles and contributions to the team may clash and may … destroy a functioning team (Rothberg, 1981).

• Who is or should lead the team?

NB. In spite of these economic and professional factors, the interdisciplinary approach can improve the delivery of services to patients since all team members are working toward common goals and not in isolation.
Multidisciplinary rehab team members

- Patient
- Patient’s Family
- Medical Officer
- Surgeon
- Physical Therapist
- Speech/Language Pathologist
- Occupational Therapist
- Clinical Social Worker
- Dietitian
- Pharmacist
- Orthotist
- Prosthetist
- Chaplain
- Palliative care
- Rehabilitation Nurse
- Education authorities
- Employer
- Social welfare/Government
- other fields.
• In resource poor contexts it may involve non-specialist workers – for example, community-based rehabilitation (CBR) workers in addition to family, friends and other community members/groups.

• Rehabilitation personnel must see the Government (Ministries of Health and Social affairs) as part of the team
Practical approaches for teams

• Each discipline approaches the patient from their own perspective- working in conjunction with each other, but act autonomously.

• Members contribute their own profession specific expertise, but collaborate to interpret findings and develop a care plan.

• Members share knowledge, skills, and responsibilities across traditional disciplinary boundaries in assessment, diagnosis, planning and implementation, but need to be more flexible about their roles and responsibilities.
Helpful ideas/steps to follow

• Take note of, and make use of the presence of other disciplines around you
• Initiate discussions with them and set up a referral system
• In treatment planning, seek input from the other member disciplines, negotiate priorities and agree by consensus.
• Patient needs should remain your focus as you seek input from others
What makes a quality Rehab Service

• Service dictated by clients needs
• Early comprehensive assessment and goal setting
• Interventions to maximize function, activity and participation (Maximizing independence)
• Multi-disciplinary case conference
• Multi-disciplinary management
• Links back in to community services
Summary

• Effectively functioning teams are essential for delivering effective services to children and adults with disabilities, as well as their families.

• As important as it is for professionals from different disciplines to work closely and cooperatively together, efficient team functioning is often difficult to achieve.

• Administrators must allow time for the team to plan, practice, and critique their work together, while simultaneously encouraging a sharing of information and skills.
Summary continued

• When team leaders and team members commit their time and professional expertise, the results have been shown to be effective.

• Henry Ford summarizes the challenges and benefits of teamwork concisely: “Coming together is the beginning, keeping together is progress, working together is success.”

• This great dream doubtlessly requires government involvement and policy
The experience in Banso Baptist Hospital (BBH)

• We are not yet there. We are on the way
• Services available include medical doctors, general surgery, orthopedic services, ENT, PT, CBR, vocational training, Palliative care, special needs, nutrition therapists, prosthetic workshop, social workers,
• We network, refer and counter refer and do advocacy via CBR and social workers
• We do community services individually and also as combined teams
Other sources

• An Interdisciplinary Approach to Stroke Rehabilitation Rob Simister David Ferrier Stroke rehab Unit The National Hospital for Neurology and Neurosurgery September 2008

• Strathalbyn District Health Service: How a Multidisciplinary team Works? By Merridy Chester (Clinical Services Coordinator) and Brett Webster (Advanced Clinical Lead OT)

• Interprofessional teamwork in medical rehabilitation: a comparison of multidisciplinary and interdisciplinary team approach Mirjam Körner Department of Medical Psychology and Sociology, Medical Faculty, University of Freiburg, Freiburg, Germany


• Our Services: Rehabilitation - Gold Coast Rehabilitation John Flynn Private Hospital Rehabilitation Unit

• Multidisciplinary approach to multi-trauma patient with orthopedic injuries

• John A. Bach, MD 1, John J. Leskovan, MD 1, Thomas Scharschmidt, MD 2, Creagh Boulger, MD 3, Thomas J. Papadimos, MD, MPH 4,5, Sarah Russell, MD 4, David P. Bahner, MD, RDMS 3,5, Stanislaw P. A. Stawicki, MD 1,5

• Team Approaches: Working Together to Improve Quality By Camille Catlett and Anita Halper

• CONCEPT PAPER WHO Guidelines on Health-Related Rehabilitation (Rehabilitation Guidelines) December 2012