

## ALIGNING INTERPROFESSIONAL EDUCATION AND COLLABORATION IN PRACTICE

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# A DIARY OF SOMEONE IN PRACTICE

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A diary of someone in practice who applies ICF in very small steps in the existing patient file and get experience of the reaction to this.

Hospital in Belgium where Claudia is working as a physiotherapist. It is a ward with a lot of changes in the past year. We will start with our fifth head nurse. The nursing staff is a team and the paramedical team. We are separated because we have a different head. The collaboration between the paramedical team (speech therapist, physiotherapist, occupational therapist) is very good. The changes in the nursing staff were big in the last year but now things all fall into place.

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- Hanze University of Applied Sciences, Groningen, The Netherlands
- JAMK University of Applied Sciences, Jyväskylä, Finland
- Moorheilbad Harbach Gesundheits- & Rehabilitationszentrum, Austria
- Rehabilitation Centre Revalidatie Friesland, The Netherlands
- St. Poelten University of Applied Sciences, Austria

Project number: 621428-EPP-1-2020-1-NL-EPPKA2-KA

Start date: Jan 1, 2021

End date: Dec 31, 2023

Co-funded by the  
Erasmus+ Programme  
of the European Union



Date: November 16, 2023

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## Diary of implementation of ICF

### Purpose:

*Monday 4th of October 2021*

Meeting with a part of the hospital team (nurses, caretaker, occupational therapist, physiotherapist, head nurse, director nursing, care manager). During this meeting the nursing staff told us that they don't collect a lot of informal information from the patients. The contact between the paramedical team with the patients is better than between the nursing staff and the patients. As a result of this **I started with an adjustment in the patient file**. I only have access to the physiotherapist file. I know that the paramedical team reads this file. The nursing staff and the doctors I am not sure, but I will find out depending on the reactions.

The purpose is to find information of the patients on a quickly and that it is clear. I will work with abbreviations for the different domains. A: activities IF: internal factors EF: external factors

### Context (year 2022)

In Belgium, there is a hospital where Claudia works as a physiotherapist. The ward in this hospital has undergone significant transformations over the past year. To begin with, we've welcomed our fifth head nurse. The nursing staff operates as a cohesive team, distinct from the paramedical team due to differences in leadership. However, there is excellent collaboration within the paramedical team, consisting of speech therapists, physiotherapists, and occupational therapists.

The past year has witnessed significant changes within the nursing staff, but currently, everything seems to be falling into place.

### Monday 4th of October

A meeting was convened with a segment of the hospital team, including nurses, caregivers, occupational therapists, physiotherapists, the head nurse, the director of nursing, and the care manager. During this meeting, the nursing staff expressed that they do not gather a substantial amount of informal information from the patients. They also highlighted that the paramedical team has a stronger connection with the patients compared to the nursing staff.

In response to this feedback, I initiated adjustments in the patient files. I currently have access to the physiotherapist's file, and I am aware that the paramedical team reviews this file. However, my knowledge of whether the nursing staff and the doctors do the same is uncertain, but I plan to ascertain this based on their responses.

The primary objective is to expedite the retrieval of patient information while ensuring clarity. I intend to employ abbreviations for various domains, such as A for activities, IF for internal factors, and EF for external factors.

### On Friday, 15th October,

I've been diligently maintaining this practice every day, although it seems to have gone unnoticed by others. I document the daily physiotherapy sessions, denoting 'A' for activities, 'EF' for external factors, and 'IF' for internal factors. I've also adopted a distinct approach for the initial intake. Thus far, no feedback or comments have been provided. I'm quite curious to see if my physiotherapist colleagues will eventually adopt this practice.

In the coming week, I'll be collaborating with another colleague, and that may shed light on how this approach is received.

On Friday, 22nd October,

This week, my colleague was on holiday, so I collaborated with another physiotherapist. I had anticipated a response from him, as I've been using the ICF when documenting treatments, just as he does. However, there hasn't been any reaction from the paramedical team. The entire multidisciplinary team has access to my files, but I haven't received any feedback. I must confess that I only refer to other files when I need information or if something isn't clear to me. Up to this point, nothing has changed, and I will continue to use the ICF when recording daily treatment activities.

This week, I was responsible for the Multidisciplinary Meeting, but I couldn't actively participate. Instead, I entered ICF-related information in the file that needs to be updated weekly, concerning the patients' condition and activities. Yet, I haven't received any responses or reactions to this.

I approached the social worker, who is around 50 years old, to participate in filling out the ICF, but unfortunately, she didn't accompany the specific patient's case. Instead, one of her colleagues with a temporary contract handled it. The social worker will complete the document based on the written record that her colleague entered into the system.

I haven't yet asked the occupational therapist for their input because I want to gauge their reaction independently and avoid prematurely revealing the reason behind my different file entries.

On Monday, 1st November,

I had to work for three days over the weekend. When you work on the weekend, it typically involves a different department. So, I took the opportunity to input my treatment documentation in ICF terms into the computer files. Various physiotherapists contribute to these files, so I expect that my approach will be noticed.

On Saturday, a colleague who only works on weekends noticed that I added an 'A' before the standard description of activities. She inquired if it was necessary to do so. I explained to her that I used this format because I adhere to the ICF standards. This way, if there's something specific that others need to know, which is different from the regular activities, it is clear to everyone. I mentioned that it wasn't mandatory, but it was my preferred method of recording information. However, she chose not to adopt the same method.

On Tuesday, 9th November,

Yesterday, I had a conversation with a doctor regarding a patient I had a question about. During our discussion, the doctor mentioned another patient, suggesting that she might not be able to return home due to a lack of engagement in certain activities. This surprised me because the patient in question was a 94-year-old lady who had been in the hospital for over two and a half weeks. She had been actively participating in walking, cycling, and exercises with us almost every day. While I understand my position in the hierarchy and maintain politeness, I felt compelled to share this story with you. The doctor seemed surprised when I mentioned the patient's level of activity. This incident serves as an example that supports my existing belief that our treatment records often go unread. We are required to document our treatments with patients every day, and I do so use ICF terminology. This documentation is primarily for insurance

purposes, allowing us to provide evidence of the treatment given in case of a dispute. However, it appears that doctors and other professionals do not regularly review our files.

I've completed my second weekend, but there has been no response from my colleague physiotherapist who also works in the same document.

Today, I prepared my first ICF schedule for a private patient in the doctor's practice. I am quite curious about the reactions I will receive. The patient is a nurse who is currently studying to become a speech therapist, so her input will be valuable to gauge if she recognizes the ICF approach. From the doctor, I do not expect much of a reaction, as it is not customary in Belgium to receive feedback from doctors.

I encountered some difficulty when entering data into the ICF, as I felt that the questions I had didn't always align perfectly with the schedule.

#### On the 10th of November,

Today, my colleague and I were having an evaluation session for our student physiotherapy. During the evaluation, the question arose: "Is the ICF known and used in practice by the student?" My colleague turned to me and said, "I don't know the ICF." This presented an opportunity for me to explain to her what I had been doing all along and the reasons behind it. I elaborated on the diary and the potential significance if someone were to examine our files. She confirmed my belief that the ICF is not commonly utilized by other specialists in the multidisciplinary team. As the student was not present at that moment, I plan to inquire about her knowledge of the ICF and her thoughts on it next Thursday. It's worth mentioning that my colleague was supportive of my approach. I'm eager to see if she will adopt it in the future and look forward to finding out soon.

#### On Thursday, 11th November,

I presented my report, including the ICF scheme, to my patient, who is both a nurse and currently in training to become a speech therapist. She immediately recognized the ICF scheme and, when I inquired further, she mentioned that she was familiar with it due to its use in the education of speech therapists. However, she couldn't recall encountering it during her nursing education. This situation seems to be consistent with other recent nursing graduates who started working at the hospital, as they also do not seem to be familiar with the ICF scheme.

I discussed the ICF scheme with my patient in more detail, and she found it clear and understandable. She also mentioned that her background as a nurse and healthcare worker was an internal factor that positively influenced her recovery. She said that it was a valuable addition because she wasn't certain if she had conveyed this information to the specialist on her own.

#### On Monday, 15th November,

My patient had an appointment with the specialist today. She knew I was very curious about the specialist's reaction, so she made an extra effort to draw their attention to the report and handed it over with the pages open, making it necessary for them to read it. She handed the report to the assistant, who promptly commented, "nice report!" This was a pleasant surprise since, typically, there is no feedback regarding the report's content when it's handed over. Even though she didn't see the report in the specialist's hands, usually, the assistant provides a brief overview based on what the patient mentioned. It was heartening to hear the comment on the "nice report!"

#### On Tuesday, 16th November,

Writing the report in ICF format remains a genuine challenge, taking more time than the usual method. In the hospital, time is always limited, which makes it a bit more straightforward. Today, I'm working on two reports, and I hope that with more practice, it will become easier. I'll also include them in the diary so you can observe how I construct them. I need to ensure that everything fits on one page since doctors often don't have the time to read lengthy reports.

#### On Friday, 19th November,

Yesterday, I had a conversation with my student at the hospital about the ICF. In Belgium, physiotherapists are required to work with the ICF for their internship reports. The student was familiar with the ICF schema. In our patient interviews, we often address ICF-related topics, particularly related to participation and activities, external factors like the home situation, and previous medical conditions. There's a wealth of information that we collect. Initially, the student didn't see the connection when we discussed these topics in non-ICF terms. However, when I probed further and asked if we inquire about functions and activities such as climbing stairs, she acknowledged that we did. But when it came to participation, she was hesitant, noting that we don't ask about hobbies or extracurricular activities. It was only when I mentioned tasks like going to the supermarket as a form of participation that she realized it was covered in our questions. So, she recognized that we were essentially using ICF concepts, even if not in the official format.

I also posed the question that had been on my mind: whether it would be beneficial to incorporate the ICF into our multidisciplinary meetings. She wasn't entirely sure about it, partly because the social worker was unfamiliar with the ICF. I suggested that the social worker could learn about it, but she remained uncertain about whether it would be a valuable addition.

Regarding my previous update, my colleague has not yet altered the way we document patient information in the files. So, there hasn't been any success in that regard thus far.

#### On Tuesday, 23rd November,

It's unfortunate to report that things have been exceptionally quiet. There hasn't been much to discuss because, regrettably, nothing significant has transpired. I've been diligently documenting my treatments in the hospital daily, including writing evaluation files for the doctors. However, when time is limited, I revert to my previous writing style. I've already composed three of these evaluations in ICF terms, but there has been no response. Not that I anticipated a response, but the silence is noticeable.

#### On Tuesday, 30th November,

My grandmother is currently in the hospital on the same floor where I work as a physiotherapist. My colleagues asked me to attend a multidisciplinary meeting to gain insights into her health and the treatment process. While I was there to discuss my grandmother's case, it was also my first time participating in such a meeting at the hospital. The meeting took two hours to address 24 patients, and I couldn't help but feel that it was a considerable waste of time. With proper preparation and clear communication guidelines, it could have been completed in just 45 minutes. I thought that the ICF might be a useful tool in these meetings, but I'm not currently in a position to make that suggestion. Towards the end of the meeting, feeling somewhat bored and frustrated, I spoke to the new head nurse and advised her to consider making some changes to improve the efficiency of the multidisciplinary meetings.

#### On Tuesday, 1st February,

There has been no input from my colleagues regarding my approach to writing daily reports. They have not adopted the method. I'm contemplating the idea of conducting a focus group with the interprofessional team on the floor where I work. However, in reality, I have reservations about its feasibility. The current atmosphere on the team is not conducive to such initiatives; there seems to be a lack of cohesion and teamwork. The only feasible option at the moment might be to discuss it with the head nurse, although she is currently under a great deal of stress. I've been at the hospital for 1.5 years, and she is my fourth head nurse during this time. I have a sense that she may not be staying long, so she might perceive it as extra work and an additional burden. Nonetheless, I'll make an effort to inspire her and see how it goes.