



ALIGNING INTERPROFESSIONAL EDUCATION AND COLLABORATION IN PRACTICE

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PATIENT JOURNEYS

A path with challenges that you do not need to walk alone!

This report is intended for all those interested in the patient's perspective on the person-centred care process within three European Rehabilitation Centres involved in the INPRO project. The patient journey was applied to explore the patient perspective. The patient journey explores the interaction between the patient and the healthcare providers from admission to discharge. Comparing patient journeys proved us with insight into essential elements to deliver quality care.

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1. Rationale patient journeys

By comparing interviews with patients, we try to identify what could be improved in the interprofessional care in three European Rehabilitation Centres involved in the INPRO project.

Patients provided us with insights into their journey from admission to discharge. The method we used is backward-looking, that is, it aims to discover, understand and meet the expressed needs of patients through reflective accounts.

The report of the patient journeys explores the perceptions of patients with respect to their experiences at the involved Rehabilitation Centres: Rehabilitation Centre Revalidatie Friesland (The Netherlands), Coronaria Rehabilitation and Therapy services (Finland) and Moorheilbad Harbach Gesundheits- & Rehabilitationszentrum (Austria).

1.1. Method

Between March 2023 and September 2023 seven patients were interviewed in their native language by three different local interviewers (Joost Hurkmans, Laura Mutanen and Christine Haumer). Written informed consent was obtained from all participants. Participation in the collection of the data was of course voluntary.

The common interview guide covers various topics related to the patient's journey, including the patient's illness, treatments they have undergone, their current functioning and challenges, and their advice for healthcare professionals. Some specific questions include asking about the clinical picture of their illness, their experience with different therapies, their functioning at home and work, their hobbies and social contacts, and their suggestions for improving healthcare.

The patients also shared their experiences with healthcare professionals and their experience with the interprofessional collaboration of professionals and students at the Student Run Interprofessional Learning Ward (SR-IPLW).

The seven interviews were transcribed verbatim and analysed inductively by the authors. The interview transcriptions were coded and any disagreement in individual coding was discussed until consensus was reached. The interviews were translated into English by the authors and shared with one of the authors (Katrien Colman) for a comparative analysis.

1.2. The common interview guide

Here you can find the English version of the interview guide that was used by all the three local interviewers for the seven interviews.

1. Can you introduce yourself?
 - a. Name
 - b. Age
 - c. place of residency
 - d. partner, children
 - e. occupation
 - f. Hobbies

2. Can you tell me about your illness
 - a. Clinical picture
 - b. Development (hospital, rehab centre, ...)
 - c. Disorders and disabilities (motor function, communication, cognitive functioning, etc.)
 - d. Consequences for daily life
3. Experience of the treatment in the rehabilitation centre
 - a. Therapies
 - b. SR-IPLW
 - c. Students
4. Functioning at this moment
 - a. At home
 - b. Work
 - c. Hobbies
 - d. Social contacts
5. Which challenges do you have now?
6. What would you advise health care professionals?

2. Introduction of the patient journeys

2.1. Dutch case studies

M. (D1: Patient journey 1 M vd M)

M. is a 57-year-old female who lives in Leeuwarden, the Netherlands. She was diagnosed with saddle thrombosis and Antiphospholipid Syndrome (APS). She was initially treated in a hospital in Alkmaar and Leeuwarden and then transferred to the SR-IPLW for rehabilitation. She experienced limitations in communication, swallowing, and motor skills, including left-sided paralysis. As a result, she had to adjust her work as a primary school teacher and move to a modified home. She now relies on mobility aids like a wheelchair, walker, and mobility scooter.

During her rehabilitation, M. underwent physiotherapy, speech and language therapy, activity therapy, occupational therapy, and swimming. She also took blood thinners as medication. M. had a positive experience with the SR-IPLW rehabilitation program, feeling supported and encouraged to become more independent. The presence of students during her rehabilitation also gave her confidence, and she judged their suitability for the profession using her own educational perspective. M. recommends a central point for patients to tell their story once instead of having to repeat it to each discipline.

Currently, M. lives in a modified house with a stairlift and adapted bathroom. She works as a teaching assistant for two days a week and enjoys swimming, reading, and playing games. Her social contacts remain intact, although she no longer hears from old colleagues. Overall, M. is satisfied with her rehabilitation experience and advises healthcare professionals and students to improve the process by minimizing the need for repeated storytelling.

A. (D2: Patient journey 2 AD)

A 24-year-old female patient named A. from Harkema, the Netherlands, recently graduated in midwifery but is currently seeking employment. She was diagnosed with a corona infection and developed long-covid/post-covid syndrome due to prolonged oxygen deprivation. A. spent 3 weeks in the hospital and then 8 weeks in rehabilitation at SR-IPLW. She experienced muscle weakness and limitations in motor skills, attention span, and cognitive functioning. A. managed to finish her studies with perseverance and now lives at home with her parents. Daily activities such as climbing stairs or driving a car are tiring, and reading a book is difficult. A. received various therapies during her rehabilitation, including psychology, occupational therapy, physiotherapy, pastoral care, social-cultural work, social work, and swimming. She appreciated the support and connection with the students in the rehabilitation centre, feeling like she had friends around her. A. learned the importance of self-management and communicating boundaries with therapists. Currently, she still struggles with stimuli sensitivity and physical fatigue. A's challenges include learning to ask for help, setting limits, and accepting her new limitations.

A. advises healthcare professionals and students to see the patient as a human being, connect personally, stimulate self-management, respect limits, and have empathy for the patient's situation.

N. (D3: Patient journey 3 N)

N. is a 35-year-old man who had a stroke caused by a congenital vascular anomaly. He spent time in the Intensive Care Unit and on a stroke ward in the hospital before undergoing 7 months of inpatient rehabilitation at the SR-IPLW. He now has limitations in his motor skills, including limited arm and leg movement, as well as mental constraints such as continuous headaches and difficulty focusing attention. He is currently unemployed but volunteers at a refugee organization.

N. had generally positive experiences with the therapies and care provided in the rehabilitation centre but felt limited in self-management and wished for more flexibility in his schedule and diet. He also felt locked in due to the coronavirus measures and wanted more explanation for certain restrictions. He appreciated the supervision of students and the opportunity to ask questions and discuss things with therapists.

At home, N. is working on ensuring peace of mind and managing himself in daily life. He continues with his fitness and voluntary work and lives with his parents due to financial implications of his disability. Caring for his youngest daughter is difficult, but he is getting better with time. The rehabilitation period has also provided personal growth for N.

N. advises health care professionals and students to continue with the current treatment and care provided by the rehabilitation centre. He suggests improving the therapeutic climate by focusing more closely on the individual and the underlying condition.

2.2. Finnish case studies

A. (F1: Patient journey 1)

The interview is conducted with A., a 29-year-old woman from Tampere, Finland. A. has multiple health conditions, including cerebral palsy (CP) disability, ADHD, atypical eating disorder, diabetes, atypical facial pain, and bowel disease. A.'s journey started from birth, where she was diagnosed with CP due to a medical error. She had rehabilitation sessions throughout her childhood and adolescence, involving a multidisciplinary team. Aino has also had multiple surgeries and attended adaptation training courses. Currently, she uses an electric wheelchair and requires assistance with most daily activities. A. has had mixed experiences with rehabilitation, feeling that emotional aspects were not adequately addressed. She also faced prejudice and misconceptions about CP and ADHD. At present, A. relies on support from her close network, and her main challenges include emotional coping, managing her disabilities in adulthood, and completing tasks due to ADHD. She advises healthcare professionals to consider her CP disability and other conditions when providing treatment and to treat her as an adult capable of making decisions.

J. (F2: Patient journey 2)

J., 59, from Nokia, Finland, is a former domestic appliance salesman on disability pension. His health struggles stem from neck surgeries in 2000 and 2016 for a herniated disc and bone spur, resulting in partial wheelchair use, irregular bowel movements, and an overactive bladder. Despite challenging everyday life, his mobility has improved slightly, walking up to 300 meters aided. A tear in his right shoulder's rotator cuff presents a new hurdle.

His treatment experiences were mixed; the hospital's rehabilitation in 2001 was initially unsuitable but later tailored to his needs. Physiotherapy, mental imagery exercises, and fascial manipulation have notably helped. While praising Coronaria's attentive approach during private physiotherapy in 2017, J. emphasized the fragmented nature of healthcare, urging a more holistic approach involving multidisciplinary teams.

Personal hygiene remains a struggle, especially in the narrow shower cubicle, and intimate matters like sexuality have been largely overlooked in healthcare discussions. His wife acts as his primary caregiver, managing household chores and his daily needs. J. underlined the significance of empathetic communication from healthcare providers, emphasizing the importance of understanding the patient's perspective and needs for better care.

2.3. Austrian case studies

F.J. (A1: Patient journey 1)

F. J., a 73-year-old retired material planner, recently underwent left knee endoprosthesis surgery. Prior to the operation, persistent knee pain prompted numerous doctor visits. Post-surgery, a rehabilitation centre helped restore his mobility. Initially, motor limitations hindered cycling and descending stairs. However, with tailored therapies addressing range of motion and strength, he progressed. Now, he navigates daily life without aid, free from previous restrictions.

The patient commends the diverse and personalized therapies at the rehabilitation centre. Individualized attention, including supervised student-led sessions, fostered his comfort and progress. While F. J. has resumed most activities, the fear of potential pain or injury restrains him from cycling, despite physical capability. He encourages therapists to maintain their attentive approach, emphasizing the effectiveness of personalized care in achieving patients' goals.

Reflecting on the interview, the patient's success underscores the importance of continuous therapy improvement and patient-focused care. The positive experience with student involvement highlights the effectiveness of integrating students into therapy sessions, but the patient's comfort might differ without a supervisor. Addressing his reluctance to cycle requires understanding and addressing potential psychological barriers, suggesting the need for tailored strategies to alleviate his apprehension.

V.B. (A2: Patient journey 2)

V.B., a 51-year-old nursing assistant, suffered an anterior cruciate ligament rupture, vertical rupture of the medial meniscus posterior horn, and grade III cartilage lesions. She experienced pain in her right ankle joint since March. After undergoing care in the hospital, she enrolled in rehab at Moorheilbad Harbach, where she experienced significant improvement in her knee and was able to put more weight on her leg. However, she still felt pain in her ankle joint and planned to consult her doctor for further evaluation.

V.B. praised the well-adapted therapies at the rehabilitation centre and had positive experiences with the students, who were eager and committed and received good guidance and supervision from the therapists. She expressed that she no longer had any restrictions in her daily life and work, as long as she wore good shoes. V.B. mentioned that she needed to overcome her fear of twisting movements in order to fully engage in her hobbies, particularly folk dancing, which she believed was now physically possible.

V.B. recommended that the therapists continue to provide competent and individualized care to all patients. She emphasized the importance of helping patients overcome their fear and anxiety of movement after treatment. V.B. also mentioned the importance of students learning through internships and appreciated the opportunity for students to gain practical experience.

Overall, V.B.'s patient journey highlights the importance of individualized goal setting and therapy processes, the value of interprofessional collaboration, and the satisfaction that comes from helping patients. There is a suggestion for future treatments to focus on reducing anxiety and involving all therapists, including psychologists, to support patients in overcoming their fear of movement.

3. Comparison of patient journeys

The Dutch case studies highlight diverse patient experiences in the Netherlands, emphasizing effective rehabilitation strategies and challenges faced during recovery. M. (D1) and A. (D2) both received extensive rehabilitation, dealing with motor limitations and positive social interactions during their treatments. While M. faced challenges in mobility aids, A. struggled with post-COVID symptoms and stimuli sensitivity. Both patients emphasize the importance of empathetic care and individualized therapy. N. (D3) encountered limitations in self-management during rehabilitation, highlighting the need for more flexibility and comprehensive explanations for treatment restrictions. Notably, the Finnish case studies depict Aino's (F1) lifelong struggles with multiple health conditions and discrimination, urging healthcare professionals to consider emotional aspects during treatment.

J.'s (F2) experience emphasized the fragmented healthcare system, underscoring the importance of holistic, multidisciplinary care. The Austrian patient journeys illustrate F. J.'s (A1) success in rehabilitation post-knee surgery, emphasizing personalized care and the need to address psychological barriers to achieve full recovery. V.B. (A2) also had a positive experience, stressing the significance of individualized treatment, overcoming movement fears, and involving psychology in patient care.

All the interviewees stress that the professionals and students not only need professional expertise, but most of all need to have a number of special qualities such as being empathic, supportive, compassionate and non-judgmental towards the patient. These patient journeys highlight also the importance of each patient's uniqueness, which asks for tailored care by an interprofessional team. Therefore, the team needs to communicate adequately and share relevant information within the team. Fragmented care is out of the question when person-centeredness is strived for.

4. Conclusion

These patients' journeys collectively emphasize the importance of person-centeredness, interprofessional rehabilitation, and the need for holistic care approaches to address various challenges during the rehabilitation process. Thanks to comparing the stories, we discovered that all three centers consider person-centeredness as essential and have their own interpretation of it. The students at SR-IPLW also take a distinct role in giving shape to person-centeredness.