RESILIENCE IN OUR INTERDISCIPLINARY CLINICAL TEAM CONDITIONS and PROPERTIES

Ellen Tveter Deilkås, MD PhD
Wenche Størk, RN
Gry Elisabeth Steen, RN
Sissel Bardosen, Occupational therapist
Siri Tveitan, Social worker
Aina Paulsen, Physiotherapist
Laila Gullerud RN, Manager
Rehabilitation department,

Akershus University Hospital (public),

Population in catchment area: 500,000, elderly proportion expected to rise to 50% by 2030.
Muscular dystrophy

Stroke
Our interdisciplinary team
Purpose is to ensure
- Quality of life
- Hope
for our patients

– considering biological factors, psychological factors and social factors
Conditions that promote resilient properties in our interdisciplinary clinical team?
Planning session

- 30 minutes
- Whole team present
- Go through document of referral and patient history
- Anticipate patient needs
- Complete timetable
Timetable

We coordinate with the team’s resources and plan the sequence of professions according to what we predict is patients concerns
Capacity

Four patients per day
Each patient is assigned to a three hour program of consecutive consultations with single and/or several team members.
Briefings

Team members brief each other between consultations so that the patients don’t have to repeat addressed concerns.
Challenge

Difficult to predict what concerns patient wants to address in our consultations.
Woman 55 years

Married. Unemployed.
Stroke, partial paresis in right arm and leg, obesity, nevropatic pain in right leg. Control.

Initial plan:
Physiotherapist checks out paresis and neuropathic pain, before patient comes to see physician and nurse together.

Patients situation:
Almost fainted during balance testing and informs physiotherapist that she almost faints and nearly falls several times a week. Neuropathic pain is well controlled by medication.

Ajustment of plan:
Nurse measures othostatic blood pressure before consultation with physician. Blood pressure 80/40 mmHg. Patient has oedema and pain in left (not stroke affected) leg.

Result
Patient was hospitalized for possible blood clot in the left leg, and lungs.
Man 50 years

Office worker, married.
Stroke 6 months ago, no physical impairment, but left sight impairment (homonymous hemianopsia) initially after stroke. Referred to an ophthalmologist at a different hospital. We did not know result.

Control after stroke and considerations regarding driving.

Initial plan:
Occupational therapist could test cognitive driving skills after patients consultation with physician.

Patients situation:
Still had sight impairment. Driving was therefore not legal. Patient wanted to start working. Needed help with transport to work.

Adjustment of plan:
Consultation with the social worker to apply for subsidised taxi drives, instead of testing cognitive skills with the occupational therapist.
What properties contribute to team’s ability to adjust plans to patients concerns?
Trust

Trust makes it is easier to be flexible
What contributes to trust?

• Planning and prioritizing our schedule together gives opportunity to reflect and develop common understanding, ethical and professional priorities and goals. A mindset which rubs off on new team members.
What contributes to trust?

• Some team members have worked in the team for more than ten years and experienced and learned
  – the value of each others judgment in patient care.
  – to value competencies from other disciplines
  – that suggested adaptations are proposed in the patients interest
What contributes to trust?

The experience that we share the same goal:

“what matters to our patient, and not what is the matter with our patient”. 
Discussion

Is trust a property of the system or of individuals?
Discussion

What contributes to trust in a health care system?
Proposed conclusion

Trust is a property that may develop in relations between individuals in a system that facilitates

1. Arenas for dialogue
2. Continuity in relations
3. Ethical reflections on common purpose