International Association of Physical Therapists Working with Older People

Newsletter 2 April 2002

This newsletter is to update everyone on the background and the progress being made to establish an International Association of Physical Therapists working with Older People.

Summary of progress so far
In Yokohama in 1999 an exploratory meeting of those interested in setting up an International Association was called during the WCPT Conference. A shadow committee was formed and a steering committee elected to take the idea forward. The objectives of such an Association would be to foster international co-operation, encourage high standards, facilitate communication and assist WCPT member organisations develop/further develop “special interest groups” relating to older people. The first task for the steering group is to arrange the inaugural meeting at which the Constitution, Logo and Committee will be agreed. This will be held on 10 October 2002 in Birmingham, UK immediately preceding the 2002 CSP Congress. An established group can then seek recognition by WCPT. Such Subgroup recognition would bring the advantages of an established international network. In addition, the opportunity to link into the four yearly WCPT cycle would be cost effective for international delegates. If established in Birmingham in 2002, the International Association can apply for WCPT recognition if it is composed of six or more member organisations, from at least two WCPT regions. The Association must also be active and relevant. The next meeting of the WCPT Executive Committee is March 2003 and the next WCPT General Meeting is June 2003 in Barcelona.

Message from the steering group chairman
I hope that the first Newsletter and application form for the above Association, has filtered through the system and reached the Special Interest Groups relating to those “Physiotherapists working with Older People”. Further copies are available from the editor.

If an interest group is to be established in time to be accepted at the WCPT General Meeting immediately prior to the 14th International WCPT Conference in Barcelona, Spain, we must be seen to be operational during this calendar year. We are arranging a one-day meeting on Thursday 10th October 2002 in Birmingham, UK, immediately prior to the Annual Conference of The Chartered Society of Physiotherapy, which commences the next day. On the 10th all countries which have submitted a membership application form to the Treasurer can be represented by a voting member nominated by their Special Interest Group (all other delegates would be welcome but not eligible to vote). A full Agenda will be available in advance. Countries should submit the names of delegates to me by 31 July 2002, indicating which is the voting delegate.

It is also planned that time should be allocated for free papers to be presented with participating countries being encouraged to present a paper on the services provided within their region. Research papers are also encouraged. Abstracts should be submitted to myself prior to 30th June 2002. It should be noted by delegates that no honorarium, fee or payment of expenses will be provided for presentations.

I look forward to meeting you in Birmingham in 2002 and Barcelona in 2003. Planning for both your personal arrangements and those for the International Association should be taking place now if we are to be seen as fully operational.

Olwen Finlay
Main Feature

TEAMS – the sum of the parts is greater than the whole.

Margaret Hastings MBA, BA, FCSP

Team working in healthcare originated in the specialty of geriatric medicine through the vision of Dr Marjorie Warren in 1946 (Williams, 1999), who ensured that future generations of health care professionals would recognise that old age is not a disease and that illness in old age is remediable. This article will consider some of the implications for physiotherapists of working as part of the inter-disciplinary team within rehabilitation of the older person.

Why team working is essential in Rehabilitation of Older People

Team members have to work together with a common purpose to achieve a consistent quality of service within the resources available. The common goal of rehabilitation has been defined by Baker et al (1977) as an “enabling process in which societies, communities, agencies and professionals meet the social, psychological, physical and economic needs of the disabled person through knowledge, skill, respect, understanding and agreement.” Thus a rehabilitation team must share values; have the necessary skills & competencies; understand teams objectives; and work effectively towards team goals within agreed timescales. The delivery of effective rehabilitation of older people today involves many more individuals than healthcare professionals. The move from institutional care to care at home in the western world shares the care between healthcare workers, family carers, social care departments, housing partnerships, local communities and voluntary bodies. This mix of organisations encompasses different cultures, hierarchies and abilities to work effectively together. It is well recognised that cultural change in organisations takes many years to happen (Cameron and Quinn, 1999). Thus it is not surprising that barriers blocking changes in public policy occur, often denying the older person their right to appropriate care in the place of their choice.

The role of Physiotherapy in the rehabilitation team for older people

The prime purpose of Physiotherapy is to restore activity and independence and prevent injury and illness (CSP, 1999). Physiotherapists are the movement specialists within the rehabilitation team, their key role being to identify and address impairments in movement and balance. The WHO International Classification of Impairment, Disability and Handicap 1999 identifies :-

- **Impairment** – loss or abnormality of body structure or of physiological or psychological function
- **Activity (Disability)** – something a person does, ranging from very basic, elementary or simple to complex.
- **Participation (Handicap)** – the nature and extent of a person’s involvement in life situations in relationship to impairments, activities and contextual factors.

Physiotherapists will be involved primarily in treatment directed towards the restoration of movement following impairment and managing the consequences of residual impairments to increase function that will facilitate activity and encourage participation. This involves intervention strategies aimed at prevention, restoration and maintenance aimed at maximising health and well being. Rehabilitation of and with older people will take place in a variety of settings from home to acute hospital care and will involve a number of different teams and stages of rehabilitation dependent on the older person’s physical, psychological and social care needs. Therapists will belong to a range of different care teams at any one time and need to address their ability to work within different team dynamics to ensure effective delivery of rehabilitation to and with the older person.

What is a team?

Definitions of a team vary from a group of people working together, to a specific number of people who share their expertise, organising themselves purposefully to accomplish shared goals. Characteristics of a team are described by Caird et al (1994) as :-

- Having two or more members.
- Members contribute their skills within interdependent roles towards shared goals.
- Team identity is distinct from individual members' identities.
- There are established methods of communicating within the group and with other teams.
- The structure is explicit, task and goal oriented, organised and purposeful.
- The effectiveness of the team is reviewed periodically.
Rehabilitation requires a range of competencies and expertise not available from any one individual. It also requires staff from different agencies e.g. health, social, voluntary and private, to work together. The tasks and goals set by the team could not be achieved by individuals alone due to time and resource constraints, and no individual can possess all the relevant competencies, capabilities, breadth of ideas and experience. The supportive nature of working in a team which is coping with unique complex issues should not be underestimated. Team members will provide different levels of input at any one time dependent on need. The strongest teams are those where input is truly reciprocal and not measured against a balance sheet—equity of input rather than equality. The skills required for effective team working can be learned and developed to ensure that the sum of the parts of the team is greater than the whole. Above all it involves trust, knowledge and effective communication skills. A well-managed team will work effectively and efficiently ensuring that resources (mainly costly professional time) are used appropriately. There will be transfer and sharing of skills to ensure patients’ needs are met and that service provider and service user time is not wasted.

The team goals and objectives must be clear to all team members. Where objectives are unclear, opportunity for dominance between semi-professions exists and Reed (1993) has identified subtle power playing, particularly between nursing and physiotherapy. Different philosophies of care between curing and caring can lead to a misunderstanding of the goal for a particular patient, resulting in conflict between professional groups. For successful team working, members will have to contribute their skills and expertise to the team's goals. Not all members will be natural team players, although they may have the necessary client based skills. In a career in rehabilitation, especially with older people, these interpersonal skills are essential and can be acquired where there is a genuine desire to learn.

Changing Models of Care Delivery

The traditional acute care based model of rehabilitation of older people is changing towards intermediate care / community provision. Membership of multi-disciplinary rehabilitation teams is continually changing due to variations in contracts, personnel, management structures and needs of the care group. The sharing of roles within a team and the recognition of each other’s competences are valuable components of team working. Professional codes of conduct require members to practice only the skills they have been taught and demonstrate clinical competence in these skills.

Concern over professional liability for shared skills, increasing demands for therapists within an ageing population, a shortage of professional staff, the increased use of generic workers, and the development of a rehabilitation therapist role raises questions about the long term viability of the specialist physiotherapist in elder rehabilitation. The future may look very different.

Teams are the most effective way of delivering rehabilitation for, and with, older people. As professional resources become scarcer, new ways of delivering the rehabilitation aims will have to be developed. Co-ordination of care is essential to achieve effectiveness, efficiency and value for the older person and their carers. The changing needs and expectations of older people who are users of the service will challenge the skills of service providers to deliver acceptable care standards. Sixty years on, Dr Warrens’ leading edge developments in geriatric medicine through team working and rehabilitation, continue to be of value to address the changing needs and attitudes of society, requirement for evidence based care and access to a wide range of competent skills. The delivery of rehabilitation for the older person is constantly changing and support of true inter-disciplinary teams ensures that professionals committed to meeting the needs and expectations of older people will continue to commit their professional time to this specialist area.

References:


Chartered Society of Physiotherapy (1999) The difference is Physiotherapy, Here’s the evidence ... for Healthcare Commissioners No.1. Chartered Society of Physiotherapy, London

Hawker M (1974) Geriatrics for Physiotherapists and the Allied Professions. Faber, London,


Williams B (1999), History of Geriatric Medicine in the United Kingdom. AGILITY – Commemorative 21st Anniversary issue AGILE – Physiotherapy with Older People, Chartered Society of Physiotherapy, London.

Margaret Hastings is Head of Physiotherapy for Lomond & Argyll Primary Care Trust in Scotland, UK.
Report from the Steering Group Treasurer

As of 1 March 2002 five countries had applied to be members of the International Association of Physical Therapists Working with Older People---Germany, Ireland, Slovenia, United Kingdom and the United States. To be considered as a Sub Group at least two of the WCPT regions must be represented and six countries demonstrating they are working together. We would like to see countries representing Asia as well to be charter members of this new organisation.

Membership fee is one US dollar per five members of a country's special interest group. We have our own account which is being managed for us by the Section on Geriatrics, American Physical Therapy Association (APTA). Checks should be written out to the “Section on Geriatrics - International Association”. This assists the APTA in keeping the accounts straight!

Please mail all membership applications and fees to Nancy Prickett, Treasurer to the address listed below.

Nancy Prickett

IAPtwoa Meeting 10 October 2002
The one day seminar in Birmingham will cost £15 per person. Travel and accommodation costs are the responsibility of individuals and their Association. Further information from Olwen Finlay.

CSP Congress 2002 Birmingham, UK
This will be held from 11-13 October. Watch the CSP website (www.csp.org.uk) or contact the events unit by e-mail (events@csphysio.org.uk). The cost of this conference is £160 for “early bird” applications, £185 for those participants registering during the summer and £215 for late applications. The Conference and Visitors Centre in Birmingham (Telephone 0121 665 6115) can provide information on accommodation. Prices vary from £30 per night in bed and breakfast accommodation to approximately £120 in four and five star hotels.

WCPT Conference 2003 Barcelona, Spain
This will be held from 7-12 June 2003. To add your name to the list to receive the Call for Abstracts and registration material please send an e-mail to 14thcongress@wcpt.org. The call for abstracts is also on the WCPT (www.wcpt.org) and Spanish Association (www.aefi.net) websites. Further information about the congress and registration material will be added as it becomes available.

Steering Group Members
Chair---Olwen Finlay, 24 Sion Road, Landsdown, Bath, Avon BA1 5SG, UK
Treasurer---Nancy Prickett, 300A Campus Drive RR APT, 30 Mount Holly, New Jersey 08060, USA
Editor---Amanda Squires, 46, Elephant Lane, London SE16 4JD, UK

Next edition details.
Copy date for the next edition is December 2002. The steering group will act as the editorial board and the editor retains editorial rights. Maximum length for a “feature” article is 1,000 words. In addition we would welcome short pieces of news of 200 words from each WCPT region and contributions from the Steering Committee as relevant. Contributions should be in English language and WORD format with references in Harvard Style