

Working together: Giving our clinicians the skills to provide best clinical practice in Parkinson's disease

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Introduction

Parkinson's disease (PD) is a neurodegenerative disorder caused by a lack of the neurotransmitter dopamine in an area of the brain called the substantia nigra. It affects around 84,000 Australians with a range of motor and non-motor symptoms which can significantly impact their quality of life. A Ramsay Health Care (RHC) Specialist Matter Expert Panel (SMEP) in neurology was tasked with ensuring RHC clinicians are providing best practice in managing people with PD. The project aims were:

1. Gain qualitative and quantitative data from allied health and nursing staff at RHC sites on their level of knowledge and skills in working with people with PD.
2. Gain an understanding of current PD specific services and resources at all RHC sites for gap analysis.

Methods

1. Complete a literature search using electronic databases.
2. Survey clinicians at all RHC sites offering rehabilitation to compare clinicians' skills and knowledge against discipline-specific checklists.

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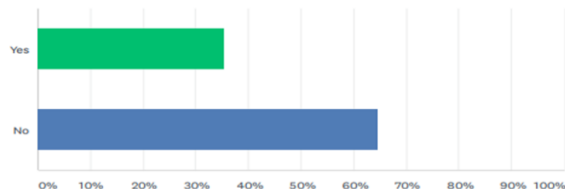
Results

Literature search results:

- Early intervention likely contributes to slowing of disease and motor symptom progression.
- A multidisciplinary team approach to care leads to better patient outcomes.
- Health care professionals delivering care to people with PD require specialist training

Survey responses:

- 239 respondents from 25 sites (83% of applicable RHC sites).
- Representation from all allied health (AH) disciplines and nursing.
- 66% of respondents had worked with people with PD between 5 and 10 years.
- 65% of responders did NOT meet all criteria of the discipline-specific checklists.
- >80% had NOT completed PD specific training/education in the past 12 months.
- Of those that completed PD specific education/training in the past 12 months, 63% completed <5 hours.
- 66.5% were unaware of, or did not have, PD-specific resources at their site.
- 88% of respondents were interested in being linked in with another RHC site for provision of mentoring/education/resource support as required.



Clinicians meeting all criteria contained in the profession-specific checklist



Conclusions

1. Funding was allocated by the RHC National Rehabilitation Executive to provide increased opportunities and access for multi-disciplinary professional development specific to PD.
2. A PD Site Advocate Network has been formed for inter-site professional connectivity and education, with representatives from 26 RHC sites.
3. Repeat survey in 12 months to measure changes in AH and nursing staff knowledge and skills in managing people with PD.

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