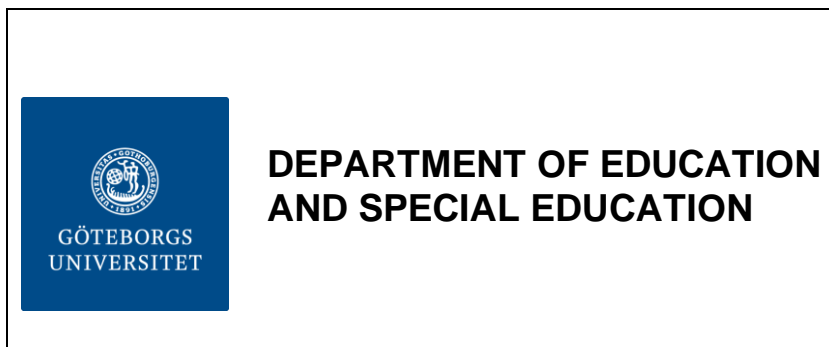




*an eu curriculum for
visual disabilityEs
RehabilitatOrs*



Multidisciplinarity and evidence-based approach – role-play simulation

Inger Berndtsson

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Table of Contents

INTRODUCTION.....	3
PERFORMANCE OF THE ROLE-PLAY SIMULATION.....	4
STEP 1:.....	4
CASE-HISTORY	5
STEP 2:.....	6
STEP 3:.....	6
STEP 4:.....	6
References.....	8

INTRODUCTION

This learning material supports the lesson plan *Implementation of evidence-based rehabilitation in everyday work*. The learning output addressed in this lesson plan is LO15-A-1 “Know the principles of evidence-based health sciences disciplines and practice and apply them in everyday work, also using the main evidence databases”. The lesson plan consists of five activities, where this learning material relates to Activity 4. In Activity 1 the students are introduced to the library and the common databases where they can find up to date knowledge and evidence about specific methods used in rehabilitation and habilitation work; related to the field of medicine or rehabilitation, or to the field of special or inclusive education. Activity 2 focuses on how it is possible but also needed to gain knowledge from interprofessional expertise, and Activity 3 focuses on how it is possible to gain knowledge from a user-centered perspective, focusing on the lived experience of the persons with visual impairment or blindness. All three activities should be seen as integrated and as a preparation for the Activity 4.

The importance of establishing a solid foundation for rehabilitation activities and methods, while also ensuring cost-effectiveness, is crucial. However, how can we determine the effectiveness of the methods we use? To address this concern, evidence-based rehabilitation has been developed, drawing inspiration from evidence-based medicine. “EBM [evidence-based medicine] is the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients. The practice of evidence-based medicine means integrating individual clinical expertise with the best available external clinical evidence from systematic research” (Sackett in Willman, et.al., 2011, p. 20). It is said that evidence-based medicine or rehabilitation should be based on a scientific approach, it should also be knowledge-based and use results and knowledge from scientific research. Here it is important to take advantage from research results from both quantitative and qualitative research. Working with evidence-based rehabilitation means combining evidence with clinical knowledge, but also with the patient’s conditions and wishes (Berndtsson & Kroksmark, 2008; Law & MacDermid, 2013).

Evidence could be perceived as both an *approach* and a *process*. As an approach there should be a willingness to apply the best available scientific evidence for support and decisions. Healthcare professionals should have a scientific approach and interventions should be based on science and proven experience. When working with evidence as a process, it involves systematic searching of research literature to find available evidence, critically reviewing and interpreting it and using it as a basis for decisions. In the actual lesson plan knowledge and teaching are directed to rehabilitation both as an approach and a process, even though working on evidence as an approach can be expected to be the most common strategy in the multidisciplinary team [MDT].

It should also be addressed that although evidence is more commonly derived from quantitative research and methods (De Vaus, 2001), qualitative research and methods (Taylor & Bogdan, 1998) should also be given attention. However, it should be noted that results from various methods should be evaluated in accordance with the methodology and methods used in the research under review.

Consequently, this learning material focuses on the integration of evidence-based research into the MDT and the combination of this approach with multidisciplinary expertise, as well as the perspective of the visually impaired person (VIP). This is exemplified through a role-play scenario that allows for exploration and critical analysis.

PERFORMANCE OF THE ROLE-PLAY SIMULATION

Activity 4 is based on a role-play simulation and structured in four main steps. For the organisation of this activity a classroom and smaller rooms for each of the student groups are needed. Students are invited to discuss the topic: “How to integrate various kinds of knowledge in the MDT”, with reference mainly to scientific knowledge and evidence, professional skills and experience, and VIP’s needs and preferences. Note that there is a direct connection to the activities 1–3 performed earlier. The total amount of time for this activity is 2 hours. 15 minutes for STEP 1, 30 minutes for STEP 2, 60 minutes for STEP 3, and 15 minutes for STEP 4.

STEP 1:

The students are divided into groups of 4–7 people. Each member of the group is invited to choose a role among the ones listed below. In each group there should be a variation of professions. When the students select a profession for the role-play, they should, if possible, choose their own or a similar profession. Together the group should represent as many of the professions in a multidisciplinary team [MDT] as possible, such as VDR, occupational therapist, optician or optometrist, ophthalmologist, specialist nurse, special needs teacher, social counsellor or physiotherapist.

Here follows short descriptions of the usual tasks performed by each profession related to vision rehabilitation and habilitation. The descriptions are in accordance with ISCO *International Standard Classification of Occupations* where each occupation comes with an occupational profile. The profiles contain a description and definition of each occupation.

<https://esco.ec.europa.eu/en/classification>

VDR Visual Disabilities Rehabilitator – (this profession is not listed in ISCO). The VDR is described as a professional who manages the physical, mental and sensory rehabilitation services for people with visual disabilities, under the framework of a new transdisciplinary, user-centered and ICT-based approach. The VDR is supposed to develop, implement, and monitor the global rehabilitation interventions of the visually disabled user of any age, assuring the best level of quality of life and autonomy through empowerment, communication, learning, mobility and orientation, and daily life skills. The new VDR can be employed both in the public and private sector, in residential, semi-residential or outpatient healthcare facilities. The VDR will be able to collaborate with the other members of the rehabilitation team and informal carers (oMERO Project, Intellectual Output 1, 2021).

Occupational therapist – assists individuals or groups who have occupational limitations due to diseases, physical disorders, and temporary or permanent mental disabilities, in regaining their ability to perform daily activities. They provide treatment and rehabilitation to enable them to actively participate in society, to live their lives according to their wishes and to perform those activities that are meaningful to them. Occupational therapists often work in public health and social care services.

Optician – helps to improve and correct an individual's vision. They fit glasses lenses and frames, contact lenses, and other devices according to the specifications of the individual. Their scope of practice varies according to national regulations, and they might operate according to prescriptions provided by a specialised doctor in ophthalmology or an optometrist in the countries where requested.

Optometrist – examines and tests eyes to identify abnormalities, visual problems, or disease. They prescribe and fit lenses such as glasses and contacts and offer advice on visual problems. They may also refer patients to a medical practitioner. Their scope of practice and title varies according to national regulations.

Specialised doctor/ophthalmologist – prevent, diagnose and treat diseases depending on their medical or surgical specialty.

Specialist nurse – promote and restore people's health and diagnose and care within a specific branch of the nursing field. Examples of such specialist nursing jobs include but are not restricted to; community health nurse, pediatric nurse, public health nurse, rehabilitation nurse, and school nurse. Specialist nurses are general care nurses prepared beyond the level of a nurse generalist and authorised to practice as specialists with specific expertise in a branch of the nursing field.

Special needs teacher – teach physically or mentally handicapped children, young persons or adults, or those with learning difficulties or other special needs. They promote the social, emotional, intellectual and physical development of their students. Tasks include: assessing students' abilities and limitations with regard to intellectual, physical, social and emotional impairments; employing special educational strategies and techniques during instruction to improve the development of sensory- and perceptual-motor skills, language, cognition and memory; teaching academic subjects, practical and self-help skills to students with hearing, sight and other impairments; conferring with students, parents, head teachers and other relevant professionals involved in the students' care to develop individual educational plans designed to promote students' development. Examples of the occupations classified: teacher of the sight impaired.

Social counsellor – provide support and guidance to individuals in the field of social work, to help them solve specific problems in their personal life. It involves addressing personal and relationship issues, dealing with inner conflicts, crisis moments such as depression and addiction, in an attempt to empower individuals to achieve change and improve their life quality.

Physiotherapist – are autonomous health professionals who are responsible for developing, maintaining or restoring motor function and movement throughout the lifespan using evidence-based practice. They relieve pain and treat or prevent physical conditions associated with injury, disease or other impairments. Physiotherapists empower patients and their carers to manage the condition outside clinical settings.

When the students have selected a profession to be played, the case-study below will be distributed on a paper to each student. They will have approximately 10 minutes to read the document and get prepared for the role-play in the group. The instruction to the students is to read the document and relate the case-history to the chosen profession and reflect on relevant rehabilitation tasks in relation to the life-situation described in the case.

CASE-HISTORY

Maria is a 30-year-old woman. She lives with her husband and two children outside a bigger city in Europe. They moved there five years ago when their daughters were young. Their house has a big garden with lots of plants. The house is quite old, and they have started to renovate parts of it. It is big enough so the girls can have their own rooms, and both Maria and her husband have their own offices on the second floor. However, the house is located on the countryside and buses to the city are infrequent. They have one car in the family.

Maria previously worked as a nurse assistant but has now begun her nursing education at the university in the city. Both daughters have attended kindergarten, but the oldest one is going to start school next semester. The kindergarten is located near their house, but the primary school is located halfway to the city. Maria's husband is an ICT consultant. He travels extensively throughout Europe. While they don't have any relatives nearby, they do have some good old friends

Maria has been diagnosed with retinitis pigmentosa some years ago, but lately she has noticed greater problems with seeing in darkness. She has also noticed that her visual fields seem to have shrunk. Still, it is possible for her to drive the car, but she worries about if she is allowed to do so. She has also noted problems with finding her way in darkness, related to various settings. Her visus 6–8 months ago was: H: 0,15 and V: 0,5.

She worries a lot about her current situation and future, particularly concerning her children and the support they need as they are still quite young. She has also begun having difficulties with reading the university literature. She is also worried about her possibilities to perform the practical tasks at the nursing program, but also in the future as a nurse.

Task: Read the case history and reflect on possible problems that Maria faces in her everyday life. What kind of problems can you identify today? What problems do you identify for the future, related to her vision impairment and family situation? What do you recommend for her rehabilitation, in relation to your profession?

STEP 2:

In this step the students should arrange an MDT meeting. The task is to discuss Maria's case; identify her problems and suggest relevant rehabilitation activities, taken into consideration the various professions and knowledge in the team. The group decides by themselves which one of them shall lead the meeting. Each group has 30 minutes to plan rehabilitation activities for the presented case, discussing as if they were part of an actual MDT.

The role-play also includes discussions on how to integrate various kinds of knowledge in the MDT, with reference to scientific knowledge and evidence, professional skills and experience, and VIP's needs and preferences.

The result of the MDT discussions is to develop an *individual rehabilitation plan* for Maria. The group should also be prepared to present their results to the whole class.

STEP 3:

Each group takes 10–15 minutes to present their ideal approach to multi-professional integration of competencies and knowledge to the whole class. Students are invited to discuss and reflect on how the various professions can contribute to the case and how various forms of knowledge and information can be integrated in the rehabilitation planning. The discussion is open to all classmates, who can also ask questions. The teacher act as a moderator for the discussions. In total, 60 minutes are allocated for this step.

STEP 4:

This is the final step of the role-play session. Together with the students the teacher reflects on and summarises the most important skills learned and highlights the topics that have been addressed and learned through this activity.

The teacher could also introduce questions on what kind of knowledge is relevant to discuss and use in a case like Maria's. Except the evidence-based literature, references

could be made to the work of Bengtsson (1993), where he talks about *distance* as a possibility and puts forward three forms of distances in order to get knowledge about practice. Distancing is described as a tool for gaining knowledge about one's own practice or the practice of the MDT, so we can learn from it, relate to it, and make it possible to teach about professional practice.

The first path, among the three, involves self-reflection on our own practice, as explored in Step 1. Self-reflection allows us to create a sense of distance from ourselves.

In Step 2, shared reflections occur within groups playing the MDT (Multidisciplinary Team) roles. Bengtsson draws parallels between this process and dialogue. In this case, the distancing is introduced through the involvement of another person, such as a colleague.

As a final point, scientific research is presented as a means to gain insights into practice. Through scientific research, the distancing often occurs through the perspective of a stranger, typically in the third person. Steps 3 and 4 provide an opportunity to reflect on this aspect and discuss the evidence discovered in the literature.

Furthermore, the class-wide discussion could explore the possibility of learning from professionals and VIPs' own experiences, integrating them as a complement to the evidence-based approach, particularly in a case like Maria's.

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