Kompetencer og indsatser i det tværsektorielle samarbejde inden for psykiatri og rehabilitering

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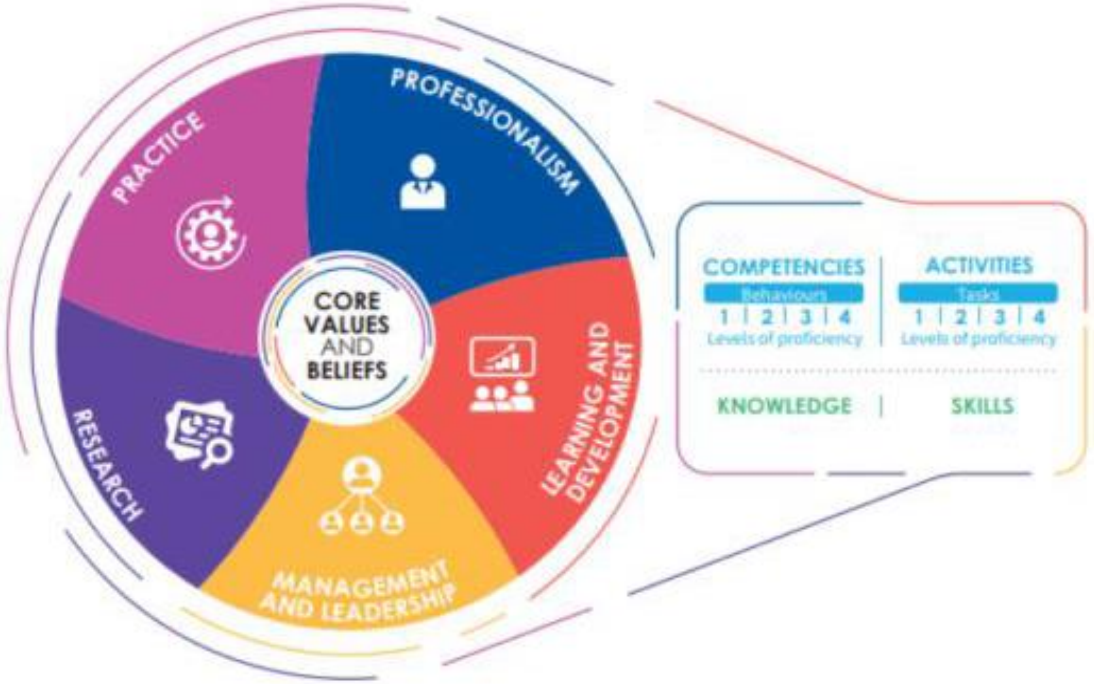
Hvilke kompetencer er nødvendige for at arbejde med rehabilitering

https://www.who.int/teams/noncommunicable-diseases/sensory-functions-disability-and-rehabilitation/rehabilitation-competency-framework

I hvidbogen 2022 præsenteres modellen



PRACTICE

Kompetencer og aktiviteter relateret til interaktion mellem rehabiliteringsmedarbejder og den person og deres familie. Kompetencer og aktiviteter omfatte de nødvendige til etablere passende arbejdsforhold, vurdering, planlægning, at levere interventioner, kommunikation og beslutningstagning

PROFESSIONALISM

Kompetencer og aktiviteter relateret til professionel integritet, samarbejde, sikkerhed og kvalitet af pleje, som muliggør ydelsen af en professionel rolle

LEARNING AND DEVELOPMENT

Kompetencer og aktiviteter vedr. den faglige udvikling af rehabiliteringsmedarbejder selv og andre. Kompetencer og aktiviteter inden for dette domæne involverer professionelle udvikling, undervisning og læring

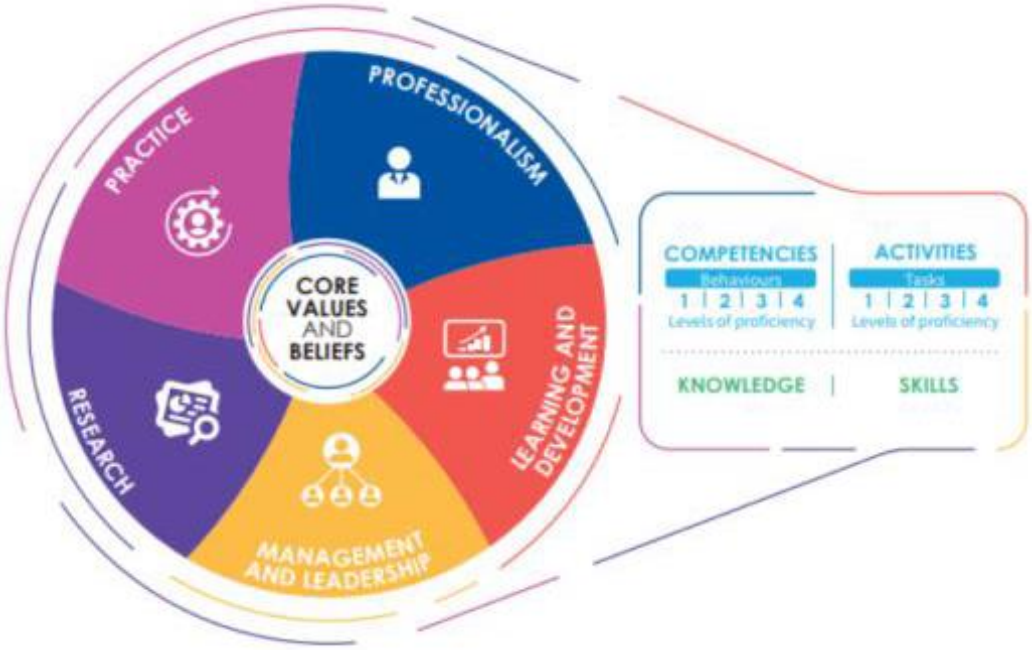
RESEARCH

Kompetencer og aktiviteter relateret til generationen, formidling og integration af rehabiliteringsforskning

MANAGEMENT AND LEADERSHIP

Kompetencer og aktiviteter relateret til teamwork, strategisk tænkning, ledelse, service udvikling og evaluering samt ressourcer og ledelse

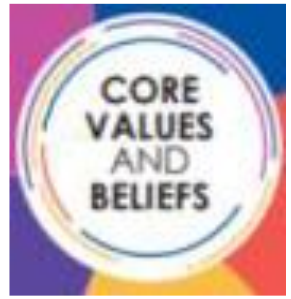
Nødvendige kompetencer



Afhænger af de opgaver(activities) vi hver især har i vores arbejdsfunktioner.

Hvordan kan vi bruge modellen

Core Values - kerneværdier



- **Medfølelse og empati**

Rehabiliteringsarbejdere søger at forholde sig til og reagere med forståelse til en person og deres families oplevelse.

- **Følsomhed og respekt for forskellighed**

Rehabiliteringsarbejdere behandler alle mennesker lige og retfærdigt, uanset race, etnicitet, alder, køn, kønsidentitet, seksuel orientering, handicap, tro eller økonomisk status; de søger at yde omsorg, der er respektfuld og acceptabel.

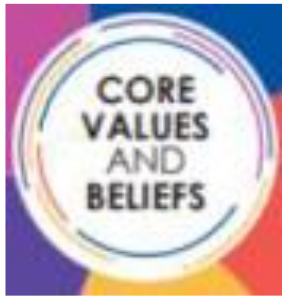
- **Værdighed og menneskerettigheder**

Rehabiliteringsarbejdere anerkender hver enkelt persons iboende værdi, respekterer deres værdighed og fremmer deres menneskerettigheder.

- **Selvbestemmelse**

Rehabiliteringsarbejdere søger at give valgmuligheder og fremme selvbestemmelse for hver person.

and beliefs - DET VI TROR PÅ I fht. REHABILITERING



- **Funktion er centralt for sundhed og velvære**; det er integreret i, hvordan en person indgår og deltager i meningsfulde aktiviteter og livsroller.
- **Rehabilitering er person-/familiecentreret**; den er orienteret omkring personens specifikke behov og mål og deres familie.
- **Rehabilitering er samarbejdende**; det kræver samtale, undersøgelse, rådgivning med og aktiv involvering af personen og deres familie.
- **Rehabilitering bør være tilgængelig for alle, der har brug for det**; det bør integreres i hele plejens kontinuum for alle med funktionsnedsættelse, som oplever aktivitetsbegrænsninger og deltagelsesbegrænsninger.

Praksis

PRACTICE (P)

The Practice domain encompasses competencies and activities related to the interaction between the rehabilitation worker and the person requiring rehabilitation and their family. Competencies and activities necessary for establishing appropriate working relationships are included, as are assessment, planning, delivering interventions, communication, and decision-making.

PRACTICE PROFICIENCY LEVELS FOR REHABILITATION WORKERS

LEVEL 1

- Works with frequent direction and guidance
- Follows protocols or prescriptions to provide rehabilitation interventions
- Supports the implementation of rehabilitation plans
- Has an introductory level of relevant knowledge and skills that are applied when working with people with basic needs and their families.

LEVEL 2

- Works with regular direction and guidance
- Follows prescriptions and adapts protocols to provide rehabilitation interventions
- Makes minor decisions regarding rehabilitation plans
- Has a working level of relevant knowledge and skills that are applied when working with people with basic needs and their families.

LEVEL 3

- Works with occasional direction and guidance
- Prescribes rehabilitation interventions
- Makes decisions regarding rehabilitation plans
- Has an advanced level of relevant knowledge and skills that are applied when working with people with complex needs and their families.

LEVEL 4

- Works autonomously
- Prescribes rehabilitation interventions
- Makes decisions regarding rehabilitation plans
- Has a specialist level of relevant knowledge and skills that are applied when working with people with highly complex needs and their families.

Kompetencer

COMPETENCIES	BEHAVIOURS			
The rehabilitation worker:	**Level 1**	**Level 2**	**Level 3**	**Level 4**
C1. Places the person and their family at the centre of practice	C1.1 Supports the person and their family to be active partners in their rehabilitation, including decision-making			
	C1.2 Seeks support to adapt practice towards the desired outcomes of the person and their family, responding to their needs, preferences, goals and circumstances		C1.2 Adapts practice towards the desired outcomes of the person and their family, responding to their needs, preferences, g circumstances	
	C1.3 Seeks support to recognize and address barriers to the person and their family's engagement in rehabilitation, including their ability to access services		C1.3 Recognizes and addresses barriers t the person and their family's engagemen rehabilitation, including their ability to ac services	
C2. Establishes a collaborative relationship with the person and their family	C2.1 Builds and maintains a positive rapport with the person and their family, characterized by confidence, empathy and trust			

COMPETENCIES	BEHAVIOURS			
The rehabilitation worker:	**Level 1**	**Level 2**	**Level 3**	**Level 4**
	C2.2 Recognizes and minimizes power imbalances within the person–practitioner and family relationships, and promotes the person's autonomy			
	C2.3 Maintains ethical boundaries with the person and their family			
	C2.4 Recognizes and acknowledges the attitudes, beliefs, and feelings of the person and their family		C2.4 Explores and validates the attitudes, beliefs, and feelings of the person and their family	
C3. Communicates effectively with the person, their family, and their health-care team	C3.1 Recognizes the communication needs and practices of the person and their family, such as those related to age, education, culture, health condition or language			
	C3.2 Adapts communication to frequently encountered needs and practices, including through the use of interpreters, assistive technology, and relevant accommodations	C3.2 Adapts communication to a range of needs and practices, including through the use of interpreters, assistive technology, and relevant accommodations	C3.2 Spontaneously adapts communication to a range of needs and practices, including through the use of interpreters, assistive technology, and relevant accommodations	C3.2 Spontaneously adapts communication to complex needs and practices, including through the use of interpreters, assistive technology, and relevant accommodations
	C3.3 Speaks clearly and concisely, using terminology and language appropriate to the person and their family			
	C3.4 Actively listens, including using, interpreting, and responding appropriately to body language			
	C3.5 Manages the environment to support effective communication, taking into consideration noise, privacy, comfort and space			
C4. Adopts a	C4.1 Seeks support	C4.1 Identifies	C4.1 Considers	C4.1 Considers

Aktivitet/ arbejdsopgaver

ACTIVITIES	TASKS			
Activities and tasks include:	**Level 1**	**Level 2**	**Level 3**	**Level 4**
A1. Obtaining informed consent for rehabilitation	A1.1 Providing basic explanations of what may be involved in the person's rehabilitation, including potential benefits and harms, in the context of routinely delivered interventions		A1.1 Explaining what may be involved in the person's rehabilitation, including potential benefits and harms and alternative options, and the rationale supporting these	
	A1.2 Clarifying the understanding of, and expectations for, rehabilitation of the person and their family			
	A1.3 Confirming consent according to legal and/ or organizational policy, seeking support in situations when the person's cognitive or legal capacity to consent is unclear		A1.3 Confirming consent according to legal and/or organizational policy	
A2. Documenting information	A2.1 Following documentation processes to clearly and accurately record rehabilitation information			
	A2.2 Securely storing documentation containing the person's information			
A3. Conducting rehabilitation assessments	A3.1 Obtaining a basic health, environmental and personal history, clearly relevant to the needs of the person and their family		A3.1 Obtaining a comprehensive health, environmental and personal history, which reflects an in-depth understanding of the scope and complexity of determinants of health and well-being	
	A3.2 Observing whether a person may be at a risk of harm to themselves and/or others and seeking support to respond appropriately		A3.2 Assessing whether a person is at a risk of harm to themselves and/or others and implement protection strategies where appropriate	
	A3.3 Conducting routine and basic assessments of body structures and functions according to protocols and/or direction	A3.3 Independently conducting routine and basic assessments of body structures and functions	A3.3 Independently conducting assessments of body structures and functions, adjusting for specific factors, such as age, language, culture or impairment	A3.3 Independently conducting advanced and specialized assessments of body structures and functions, adjusting for specific factors, such as age, language, culture or impairment

Faglig viden der knytter sig til den praktiske opgave

- Karakteristika, fordele, udfordringer og kulturelle aspekter af klientcentreret praksis
- Kulturelle faktorer og overbevisninger, der påvirker holdninger og adfærd over for sundhed, sygdom og omsorg
- Kulturelle faktorer, overbevisninger og adfærd, herunder rehabiliteringsarbejderens egen, som påvirker kommunikation, beslutningstagning og ønskede resultater for rehabilitering
- Socioøkonomiske, kulturelle, historiske og politiske determinanter for sundhed og ulighed
- Eksterne faktorer, der påvirker en persons engagement i rehabilitering og andre sundhedsydelser, herunder deres tilgængelighed, tilgængelighed, acceptabelhed og kvalitet
- Yderligere behov hos sårbare befolkningsgrupper for at få adgang til og engagere sig i sundheds- og rehabiliteringstjenester
- Juridiske og etiske rammer vedrørende beslutningstagning, rettigheder og behandling af uarbejdsdygtige personer
- Faktorer, der potentielt påvirker, og metoder til at bestemme, en persons sundhedskompetence
- Potentielle kommunikationsbarrierer relateret til sprog, syn, hørelse, kognition eller sundhedskompetence og tilgange til at administrere disse
- Metoder til at engagere en person og deres familie i deres rehabilitering og styrke dem i beslutningstagning
- Måder at bevare værdighed og privatliv under vurderinger og interventioner
- Juridisk- og kompetencebaseret praksis
- Principper for sikker manuel håndtering og dynamisk kropsholdning
- etc.....

PROFESSIONALISM (PM)

The Professionalism domain encompasses competencies and activities that support rehabilitation service delivery and the ongoing well-being of rehabilitation workers. Competencies and activities are therefore related to professional integrity, collaboration, safety and quality.

PROFESSIONALISM PROFICIENCY LEVELS FOR REHABILITATION WORKERS

LEVEL 1

- Delivers an assigned workload with frequent direction
- Manages a consistent flow of work
- Contributes to administrative and reporting requirements
- Has an introductory level of relevant knowledge and skills that are applied to confined responsibilities

LEVEL 2

- Manages own workload with regular direction
- Manages a mostly consistent flow of work
- Contributes to administrative and reporting requirements
- Has a working level of relevant knowledge and skills that are applied to a mostly confined workload

LEVEL 3

- Manages own workload with occasional direction
- Manages a fluctuating flow of work
- Takes responsibility for administrative and reporting requirements
- Contributes to new and innovative systems
- Has an advanced level of relevant knowledge and skills that are applied to a workload with a range of responsibilities

LEVEL 4

- Independently manages own workload
- Manages an unpredictable and fluctuating flow of work
- Takes responsibility for a range of administrative and reporting requirements
- Initiates and leads new and innovative systems
- Has a specialist level of knowledge and skills that are applied to a workload with a range of complex responsibilities

LEARNING AND DEVELOPMENT (LD)

The Learning and Development domain encompasses competencies and activities related to the professional development of the rehabilitation worker specifically, and of others. Competencies and activities within this domain relate to professional development, teaching, and learning.

LEARNING AND DEVELOPMENT PROFICIENCY LEVELS FOR REHABILITATION WORKERS

LEVEL 1

- Provides peer support within own team
- Learns through observation and prescribed and structured education and training
- Manages own professional development plan, with support
- Has an introductory level of relevant knowledge and skills that are applied to personal and peer learning and development

LEVEL 2

- Provides supervision to others, with support
- Contributes to education and training programmes/courses
- Seeks out learning opportunities
- Manages own professional development plan, with support
- Has a working level of relevant knowledge and skills that are applied to the learning and development of themselves and others

LEVEL 3

- Provides supervision to others
- Undertakes teaching activities among peers, students and colleagues, with support
- Manages own learning and development and assists others with theirs
- Has an advanced level of relevant knowledge and skills that are applied to the learning and development of themselves and others

LEVEL 4

- Oversees supervision within the team or service
- Initiates and leads education and training programmes/courses
- Manages own learning and development and oversees that of others
- Has a specialist level of relevant knowledge and skills that are applied to the learning and development of themselves and others

MANAGEMENT AND LEADERSHIP (ML)

The Management and Leadership domain encompasses competencies and activities relating to teamwork, strategic thinking, service development and evaluation, and resource management.

MANAGEMENT AND LEADERSHIP PROFICIENCY LEVELS FOR REHABILITATION WORKERS

LEVEL 1

- Contributes to the operation and development of the team
- Contributes to resource procurement and allocation
- Has an introductory level of relevant knowledge and skills that are applied to informal leadership among their peers

LEVEL 2

- Contributes to the operation and development of the team
- Contributes to resource procurement and allocation
- Has a working level of relevant knowledge and skills that are applied to allocated leadership responsibilities among their peers

LEVEL 3

- Provides direction in the operation and development of the team and service
- Manages resources procurement and allocation with distant support
- Has an advanced level of relevant knowledge and skills that are applied in a range of leadership responsibilities among peers and colleagues

LEVEL 4

- Oversees the operation and development of the team and service
- Oversees and manages complex resource procurement and allocation
- Has a specialist level of relevant knowledge and skills that are applied in a range of leadership responsibilities across the service and or system

RESEARCH (R)

The Research domain encompasses competencies and activities related to the generation, dissemination and integration of rehabilitation research.

RESEARCH PROFICIENCY LEVELS FOR REHABILITATION WORKERS

LEVEL 1

- Applies evidence to practice by using guidelines and protocols in decision-making
- Uses personal and peer experience to appraise evidence for best practice
- Has an introductory level of relevant knowledge and skills that are applied in their closely guided participation in research activities

LEVEL 2

- Applies evidence to practice by using guidelines, protocols, and other sources of evidence in decision-making
- Uses personal and peer experience to appraise evidence for best practice
- Has a working level of relevant knowledge and skills that are applied in their guided participation in research activities

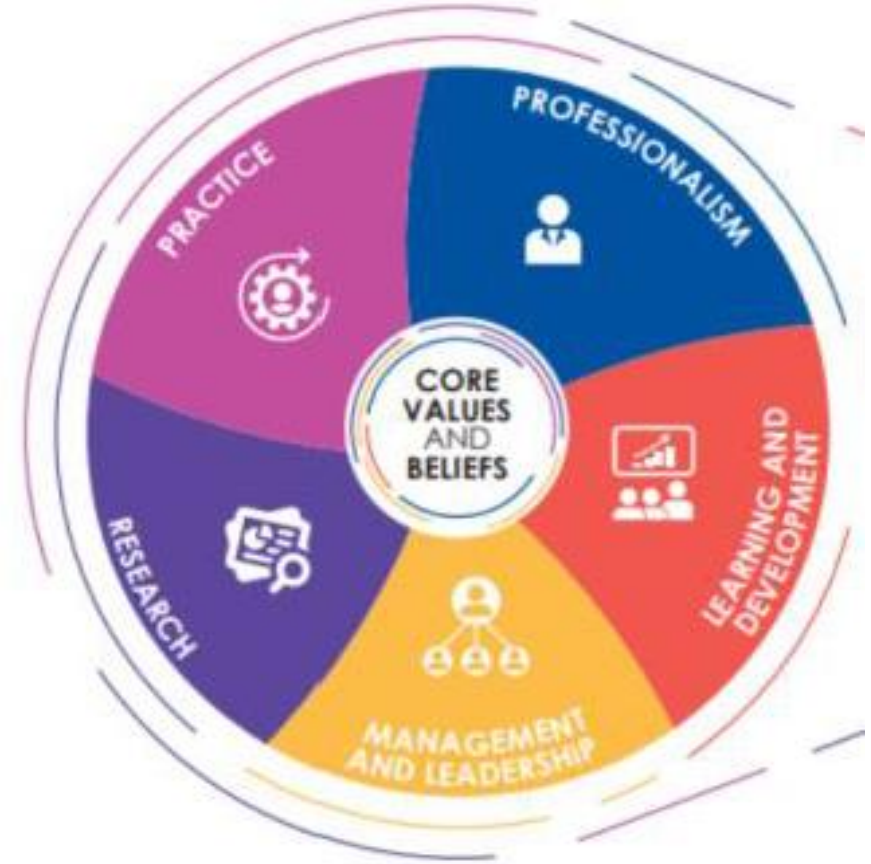
LEVEL 3

- Applies evidence to practice by drawing on evidence and experience in complex decision-making
- Interprets and incorporates a range of research methodologies to appraise evidence, with support
- Contributes to evidence dissemination
- Has an advanced level of relevant knowledge and skills that are applied in their participation in research activities

LEVEL 4

- Applies evidence to practice by drawing on a range of evidence and experience in complex decision-making
- Interprets and uses statistical and other analytical methods to appraise evidence
- Disseminates evidence through a variety of platforms and networks
- Has a specialist level of knowledge and skills that are applied through the initiation and oversight of research activities

Hvilke kompetencer, arbejdsopgaver og faglige viden har I i jeres afdeling?



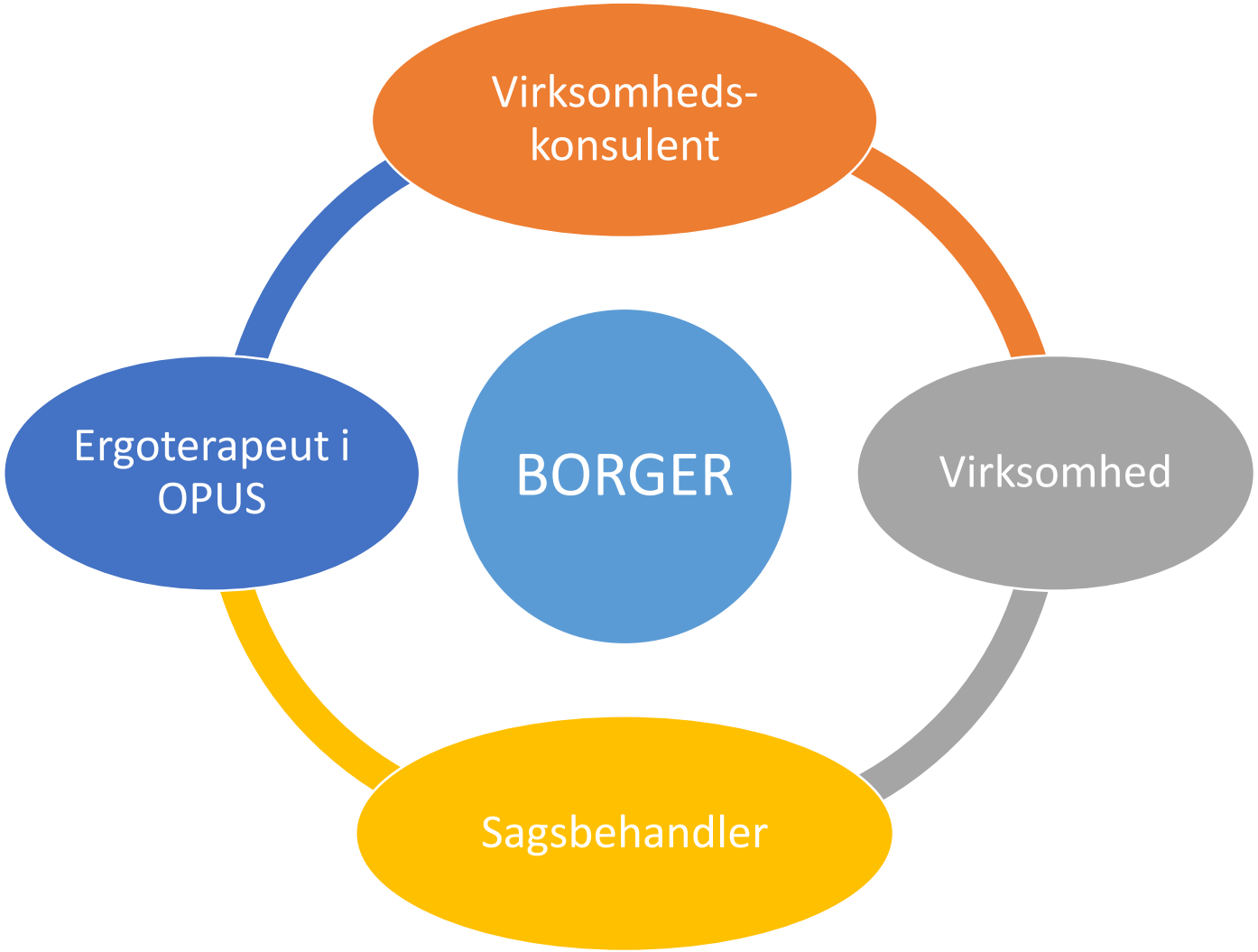
Eksempel

Forebyggende beskæftigelsesindsat for unge med ny-diagnosticeret skizofreni

Birthe Bruun Olsen, special-ergoterapeut, MR, Aarhus Universitetshospital
Lisbeth Ørtenblad, Seniorforsker, DEFACTUM
Ole Mors, Professor, Aarhus Universitetshospital
Christiane Gasse, Institut for Klinisk medicin, Aarhus Universitet
Ditte Lammers, Psykolog, Aalborg Universitetshospital
Mathilde Ryborg, RN, Aalborg Universitetshospital

Funding: Danske Regioner og Region Midtjyllands sundhedsvidenskabelige forskningsfond

MORFEUS


Virksomheds-
konsulent
Ergoterapeut i
OPUS
BORGER
Virksomhed
Sagsbehandler

Praksis

- Viden
  - Diagnosespecifik viden
  - Samfundsmæssige forhold
  - Socioøkonomiske, kulturelle og politiske forhold, der påvirker sundhed og tilknytning til arbejdsmarkedet
  - Arbejdsevne vurdering
  - Metoder til at engagere patienter og virksomheder
  - Arbejdspladser

- Færdigheder
  - Udvise empati
  - Verbal og non-verbal kommunikation
  - Motivere
  - Praktiske retningslinjer

Professionalisme

- Viden
  - Formidling af beskæftigelsesrettet indsats internt/eksternt
  - Samle sundhedsprofessionelle i teamet

- Færdigheder
  - Arbejde som projektleder
  - Samarbejds- og kommunikationsevner

Læring og udvikling

- Viden
  - Efteruddannelse
  - Tværsektorielle sektorer og samarbejdspartnere
  - Virksomheder og arbejdsgange

- Færdigheder
  - Undervise/kommunikere med ledere fra virksomheder

Ledelse og lederskab

- Viden
  - Motivere og engagere medarbejdere
  - Forskellige ledelsesstile

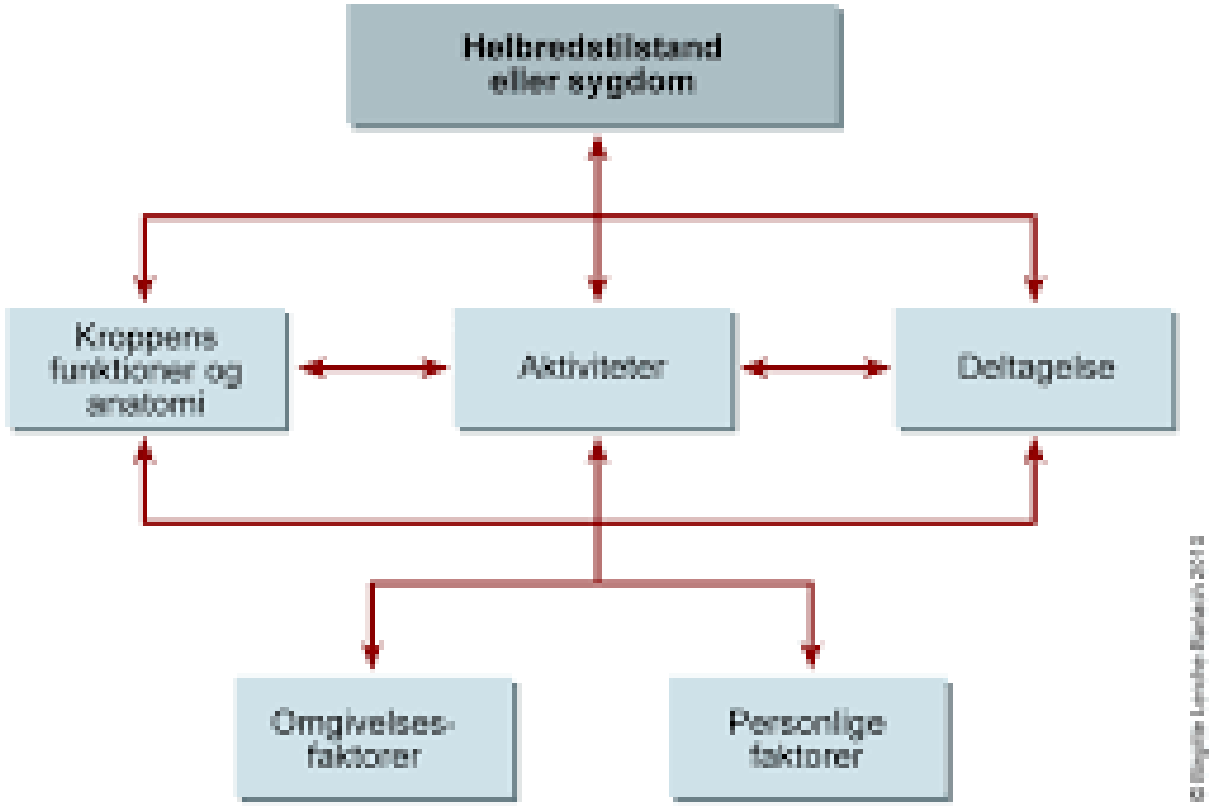
- Færdigheder
  - Motivere andre
  - Samarbejdsevner

Forskning

- Viden
  - Beskæftigelsesrettede indsatser
  - Patienters behov
  - Forskningsmetoder (styrker/begrænsninger)
  - Implementering af evidens i praksis

- Færdigheder
  - Indhente, læse og forstå forskningsbaserede undersøgelser
  - Kritisk vurdering af evidens
  - Præsentation af evidens
  - Innovativ

ICF- modellen



Hvidbogens 7 rehabiliteringskompetencer

Den professionelle skal kunne

- 1. Tage udgangspunkt i den biopsykosociale model
- 2. Arbejde som et fuldt og lige medlem af ethvert tværfagligt team
- 3. Arbejde på tværs af organisatoriske og geografiske grænser i samarbejde med andre professionelle og teams
- 4. Anerkende, acceptere og håndtere usikkerhed og kompleksitet hos personen i rehabilitering og tilbyder langvarig kontakt med personen, hvis det er nødvendigt
- 5. Anvende vidensbaserede generiske rehabiliteringsinterventioner
- 6. Anvende fagspecifik ekspertise til at hjælpe personen og understøtte processer i teamet
- 7. Tage udgangspunkt i de processer, der indgår i rehabiliteringsprocessen: vurdere personens behov, sætte mål, udarbejde (sammen med andre) en rehabiliteringsplan sammen med personen og evaluere indsatsen. Alle processer forgår i samarbejde med personen og eventuelle pårørende.

Gruppearbejde