

SPIRIT
(Charity No 1059381)

Spirit Ref No.	
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Report following Sponsored Visit

Date of Report	19 September
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Details of Sponsored Person		
Name		Title:
		Occupational therapist from Jordan

Details of Visit	
Place visited	
Name: Midland Centre for Spinal Injuries Robert Jones and Agnes Hunts Orthopaedic Hospital Oswestry Country: UK	
Date of visit 1 June to 1 September 2009	
Purposes of visit observer ship in MSCI to update my knowledge in different aspect of SCI.	

Summary Report of visit

Rehab processes	What Was observed?	What can be applied?
Patient assessments - outpatient - inpatient	-Full assessment of the patient in: -OT, physio, orthotics, hand clinic. -home visit assessment. -cushion and wheel chair assessment. -gait assessment. -Full assessment in all aspect of patient life (medical, social, communication). -Discharge assessment. -follow up assessment.	-start organization and use new type of assessment. -improve assessment methods. -use different type of assessment that help us to improving the treatment plan.
Goal-setting	-the important of goal setting for team, patient, and family. -how its help in determent the appropriate treatment planning. -every one in rehabilitation team knows where the patient in rehabilitation process is.	-introduce the concept of goal setting to my team in SCI unite in Jordan. -start to doing the goal setting in Jordan.
Acute management	-first assessment from all team member. -the highly qualified staff members and good experience in (skin care, bladder and bowel management, positioning, tracheotomy care).	-introduce the methods of acute management in Jordan.
Rehab management - Physiotherapy	-acute management and positioning. -mobilization program, strengthening and balance exercises.	-introduce the different methods uses in physio.

<p>- Occupational therapy</p>	<ul style="list-style-type: none"> -wheel chair and cushion assessment. -wheel chair skills training. -respiratory exercise. -recreation activates. -patient education program. -good team planning and working. -good communication between team members and patients. -full assessment for the patient. -put short term and long term goals. -start treatment plan. -strengthening muscles. -learning and practicing new technique for activity of daily living. -organization the day/week and month schedule. -home visits. -learn the patient how they use special computer adaptation and computer skills. -use the O.T flat to learn the patient how he can deal with home situation after injury, and assessed if the patient can living independently. -splint: make different type of splint and pressure gloves. -car transferring. -shower chair assessment. -help the patient to choose appropriate modification equipment. -passive and active fine movement exercise. -hand clinics O.T. -orthopedic O.T. 	<ul style="list-style-type: none"> -start doing the recreation activist with patients. -start using new type of purposeful assessment. -improving the communication with different team members. -use new different activity for muscle strengthening and fine movement. -start doing the home visit. -change the way of organization work process. -use new computer adaptation and skills. -use different type of splints I see it here. -use type of car transferring that I learned here.
<p>- Prosthetics-orthotics: ORLAU</p>	<ul style="list-style-type: none"> -gait analysis. -different type of assistive device. -the contracture correction device. -use Para walker with different type of patients. -new measurement method by using leaser. -full assessment. -use electrical stimulation to improve the patient gait. -use new designing in assistive devices. 	<ul style="list-style-type: none"> -introduce all of these works to my team in Jordan.
<p>Nursing care</p>	<ul style="list-style-type: none"> -acute management. -skin care. -positioning. -good communication. -infection control and screening protocol. -highly qualified nursing team. 	<ul style="list-style-type: none"> -introduce all of these works to my team in Jordan.
<p>- Medical management</p>	<ul style="list-style-type: none"> -full and complete assessment. -skin care management. -bladder and bowel management. -surgical and rehabilitation management. 	<ul style="list-style-type: none"> -introduce all of these works to my team in Jordan.

Management of long-term consequence and complications	-good management to: -skin problems. -spasticity. -Bladder and bowel management. -hand problems. -contractures.	-introduce all of these works to my team in Jordan.
Resettlement	-good planning and communication. -connecting with local care agencies and social services to achieve an appropriate house conditions for the patient before his discharge. -home visit with O.T and plan necessary modification trans house.	-introduce all of these works to my team in Jordan.
Long-term follow up	-Long term follow up of the patient condition and problems in the out patient clinics.	
Patient education	-good and full program to help the patient to understand what the SCI means and the conditions associated with injury. -it's covered all patient questions. -different team members share with these lectures.	-introduce all of these works to my team in Jordan. -start patient education program in Jordan.
Document	-documentation of all medical procedures during in patient treatment and follow up. -all team members has separated document. -these documents make rehabilitation processes more easily.	-start improving the type of documents.
Human resource development	-in service training provided.	
Building & Environment	-very good healthy environment and accessible facilities for dispelled patient.	
Resources	-everything needed for patient treatment in general is available.	
Please state anything that you hoped to achieve on your visit but did not management to achieve.		

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Date received	
Trustees Notes	
Payment	Amount.....
	Date