



British Association of Prosthetists and Orthotists

GUIDELINES FOR BEST PRACTICE

*No 2: Communication
and Teamwork
(Orthotics and Prosthetics)*

BEST CLINICAL PRACTICE IN ORTHOTICS AND PROSTHETICS

General Guidelines

The following guidelines are intended to reflect current best practice in clinical orthotics and prosthetics in order that the individual practitioner achieves and maintains the highest standards of professionalism and effectiveness in patient care. They are intended to be a general guide to recommended professional behaviour in all routine daily employment activities.

Your professional body has a vital role in setting and promoting standards that must have quality at their core. With healthcare standards subject to continuous quality improvements these guidelines will undergo monitoring and periodic revision.

The British Association of Prosthetists and Orthotists (BAPO) is committed to the following quality principles in professional practice:

- The pursuit of evidence-based practice.
- Involvement in quality improvement processes (e.g. clinical audit).
- Professional development programmes which reflect clinical governance principles.
- Dissemination of (evaluated) good practice ideas and innovations.
- The systematic learning of lessons for clinical practice from patient complaints.
- The promotion of universal validated clinical guidelines and their systematic controlled implementation.

BAPO, in liaison with appropriate bodies, will approve the development of the guidelines to produce national or local standards. The Association may also issue individual Guidelines or Recommendations on specific areas of prosthetic and orthotic practice.

These guidelines are critical to current arrangements which allow BAPO to build on and strengthen the existing system of professional self-regulation.

This document is subject to revision by the Professional Affairs Committee of BAPO and enquiries regarding its contents should be addressed in the first instance to its chairperson.

Other Guidelines in this Series:

1. The Role of the Prosthetist/Orthotist
2. Communication and Teamwork
3. Clinical Records
4. Assessment and Review
5. The Clinical Environment
6. Clinical Effectiveness

Communication and Teamwork (Orthotics and Prosthetics)

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1. Statement

The British Association of Prosthetists and Orthotists (BAPO) supports the view that communication and teamwork are essential elements of every patient/professional encounter.

2. Introduction

The aim of this document is to provide not only practising clinicians, but also prosthetic/orthotic students, other professionals and patients with an understanding that teamwork between prosthetists/orthotists, technicians and healthcare professionals facilitates the most effective and appropriate patient care. BAPO recommends that the practitioner is familiar with the requirements of the NHS Patient's Charter and Children's Charter and the User's Charter (Empower). The guidelines are based upon a number of key recommendations which BAPO believes should underpin best clinical practice. They are designed to help the practitioner reflect upon their current practice and how to improve it for the benefit of patients.

3. Working with Patients and Carers

The patient is acknowledged and respected as an individual and conduct should include the following:

- 3.1 The prosthetist/orthotist should introduce him/herself to the patient, along with any other persons present, e.g. chaperone, nurse, etc., and explain his/her role in the management of the patient's condition
- 3.2 Patients are addressed by the name of their choice
- 3.3 Informed consent to treatment is obtained from the patient, or where appropriate, the parent, guardian or carer. In particular, where physical contact of any kind is necessary, then this is explained in advance and permission always requested
- 3.4 The prosthetist/orthotist gives the patient his/her undivided attention wherever possible
- 3.5 Courtesy, respect and consideration are shown by the prosthetist/orthotist at all times
- 3.6 Privacy and dignity are respected at all times
- 3.7 The prosthetist/orthotist responds appropriately to language and communication difficulties
- 3.8 The prosthetist/orthotist respects and responds to cultural differences
- 3.9 The prosthetist/orthotist uses discretion when discussing all aspects of clinical care with the patient
- 3.10 Treatment goals as agreed by the multidisciplinary team are discussed with the patient and regularly re-assessed

- 3.11 The patient should be provided with relevant written, oral, and/or video information related to their treatment. All written information provided for the patient should be clear, concise and in plain, unambiguous language
- 3.12 The patient receives appropriate written information, to include:
- Appointment system
 - Transport
 - Advice on use and care of the prosthesis/orthosis supplied
 - Local policy regarding treatment by supervised students

4. Working with Children

In communication with a parent, guardian or carer the following conduct should be observed:

- 4.1 Contact is made at the earliest opportunity and the prosthetist/orthotist will ensure that the parent, guardian or nominated responsible adult is present during the treatment of minors
- 4.2 The role of the prosthetist/orthotist in the care plan is explained and agreement sought, giving choices wherever possible
- 4.3 The prosthetist/orthotist will involve the child in the treatment process as much as possible
- 4.4 Meetings, visits and treatment sessions are arranged as appropriate
- 4.5 Relevant written, oral and/or video information is provided
- 4.6 Courtesy and consideration is shown by the prosthetist/orthotist
- 4.7 The prosthetist/orthotist responds to language and communication difficulties
- 4.8 The prosthetist/orthotist respects and responds to cultural differences
- 4.9 The prosthetist/orthotist is aware of local child protection procedures

5. Working with the Healthcare Team

- 5.1 Communication with other prosthetist/orthotists promotes continuity of effective patient care and ensures the best use of available clinical expertise. In particular:
- 5.1.1 There is a written referral system to other clinical specialists
- 5.1.2 The referral system is regularly reviewed
- 5.1.3 The procedure for the transfer of patients and their prosthetic/orthotic management is agreed
- 5.2 Prosthetist/orthotists should work as members of the multidisciplinary team caring for the patient and the following conduct should be observed:
- 5.2.1 Relevant information is communicated promptly and clearly within the team
- 5.2.2 Prosthetist/orthotist goals are consistent with the team goals

- 5.2.3 Relevant information is sought promptly from within the team
- 5.2.4 There is a system for written communication with other members of the team
- 5.2.5 Operational policies exist for the following:
 - Cross referral to other professionals within the team
 - Discharge
 - Transfer of patients
- 5.3 For all team members there should be evidence of participation in:
 - Case conferences
 - Ward rounds
 - Individual patient care meetings

6. Working with Technical Staff

- 6.1 Good communication links should exist between prosthetist/orthotists and technical staff to ensure the appropriateness, specification and quality of the prosthesis/orthosis. Similarly, good communication links should ensure any modifications required are as intended
- 6.2 The prosthetist/orthotist provides the technical staff with the necessary clinical and technical information in order to produce the prosthesis/orthosis
- 6.3 Where appropriate, the prosthetist/orthotist provides the technical staff with a suitably modified cast
- 6.4 The prosthetist/orthotist has overall responsibility for the fabrication of the prosthesis/orthosis
- 6.5 The prosthetist/orthotist ensures technical staff are kept up to date with new approaches to treatment, materials and manufacturing processes
- 6.6 Where relevant, the prosthetist/orthotist includes technical staff in appropriate departmental meetings and training sessions.

7. Further Information

We hope that you have found these guidelines helpful and that they will aid your own assessment of your current practice. Further information is available from the BAPO Secretariat. This guidance is regularly reviewed and we welcome your comments.

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Glossary of Terms

The following definitions are taken from international standard **ISO 8549-1 : 1995**

- **prosthesis: prosthetic device:** Externally applied device used to replace, wholly or in part, an absent or deficient limb segment. (Note: It includes any such device having a part within the human body for structural or functional purposes.)
- **orthosis: orthotic device:** Externally applied device used to modify the structural or functional characteristics of the neuro-muscular and skeletal systems.
- **prosthetics:** Science and art involved in treating patients by the use of *prostheses*.
- **orthotics:** Science and art involved in treating patients by the use of *orthoses*.
- **prosthetist:** Person who, having completed an approved course of education and training, is authorised by an appropriate national authority to design, measure and fit *prostheses*.
- **orthotist:** Person who, having completed an approved course of education and training, is authorised by an appropriate national authority to design, measure and fit *orthoses*.
- **prosthetist/orthotist:** Person who, having completed an approved course of education and training, is authorised by an appropriate national authority to design, measure and fit *orthoses* and *prostheses*.

Note: State registration in the UK requires the practitioner to be registered with the Council for Professions Supplementary to Medicine.