



ARN Association of
Rehabilitation Nurses

World Health Organization
Rehabilitation 2030: Call to Action –
ARN Response
2021 Florida State ARN Conference

Michele Cournan DNP RN CRRN ANP-BC, FNP, FARN
Stephanie Vaughn PhD, RN, CRRN, FAHA, FARN

ANCC Accreditation Statement



The Association of Rehabilitation Nurses (ARN) is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation (ANCC-COA).



Association of **Rehabilitation Nurses**

Speaker Disclosure Statement

Michele Cournan DNP, RN, CRRN, ANP-BC, FNP, FARN is a Director of Clinical Services at Sunnyview Rehabilitation Hospital in Schenectady, New York.

Stephanie Vaughn PhD, RN, CRRN, FAHA, FARN is a Professor, Emeritus at California State University, Fullerton and a PT Rehabilitation CNS at Encompass Health Rehabilitation Hospital of Tustin (CA)

No off-label use will be discussed.

Dr. Vaughn is a member of the International Continence Expert Forum(ICEF) sponsored by Hollister, Inc.

Association of **Rehabilitation Nurses**

Learning Outcomes

Upon completion, the participants will:

1. Discuss the WHO Rehabilitation 2030 program and ARN's involvement in the development of the Rehabilitation Competency Framework (RCF)
2. Highlight the implementation of the Rehabilitation Competency Framework and how this is assisting in the development of rehabilitation around the world

Association of **Rehabilitation Nurses**

Rehabilitation 2030-Call to Action

Why is this so Important?

Prevalence

- All = 2,366,148,316
 - Musculoskeletal Disorders = 1,596,649,206
 - Neurological Disorders = 296,277,078
 - Stroke = 88,327,005
 - Alzheimer’s Disease/Dementia = 45,364,775
 - Sensory Impairments = 649,151,912
 - Mental Disorders = 181,442,646
 - Chronic Respiratory Diseases = 155,073,573
 - Cardiovascular Diseases = 42,787,394
 - Neoplasms = 14,368,164

Association of Rehabilitation Nurses

Rehabilitation 2030-Call to Action

There are significant unmet needs for rehabilitation across all world regions, and in some countries more than 50% of people who require rehabilitation services do not receive them.

Kamenov K, Mills JA, Chatterji S, Cieza A. Needs and unmet needs for rehabilitation services: a scoping review. *Disabil Rehabil*. 2019 May;41(10):1227-1237

Association of **Rehabilitation Nurses**

Rehabilitation 2030-Call to Action

❑ Rehabilitation Guide to action for countries:

❑ Phase one – Assess situation

❑ Phase two – Develop a rehabilitation strategic plan

❑ Phase three – Establish monitoring, evaluation, and review processes

❑ Phase four – Implement the SP

Association of **Rehabilitation Nurses**

Rehabilitation 2030-Call to Action

Phase three – FRAME

- Follow the two steps of the Framework for Rehabilitation Monitoring and Evaluation (FRAME) to establish a monitoring framework for the strategic plan and an evaluation and review process
- Use the Rehabilitation Indicator Menu (RIM) to guide selection of indicators, then identify baselines and targets

Rehabilitation 2030-Call to Action

Phase four - ACTOR

- Follow the two steps of the Action on Rehabilitation (ACTOR) guidance to establish the recurring implementation cycle
- Build capacity of rehabilitation governance and leadership to improve implementation of the rehabilitation strategic plan over time

Association of **Rehabilitation Nurses**

Rehabilitation 2030-Call to Action

Overview of the Model – competency based approach

- Competencies with associated activities are organized in **five** domains:
 - Rehabilitation practice
 - Professional practice
 - Education and development
 - Leadership
 - Rehabilitation Research



Association of **Rehabilitation Nurses**

Rehabilitation 2030-Call to Action

- **Rehabilitation Practice – Domain 1**
 - C1. implements a client-centered approach to practice
 - A1. Obtains informed consent
 - C2. Establish a therapeutic relationship with clients and families
 - A2. Identifies vulnerable clients and implements safeguarding

Association of **Rehabilitation Nurses**

Rehabilitation 2030-Call to Action

Rehabilitation Practice – Domain 1 (cont.)

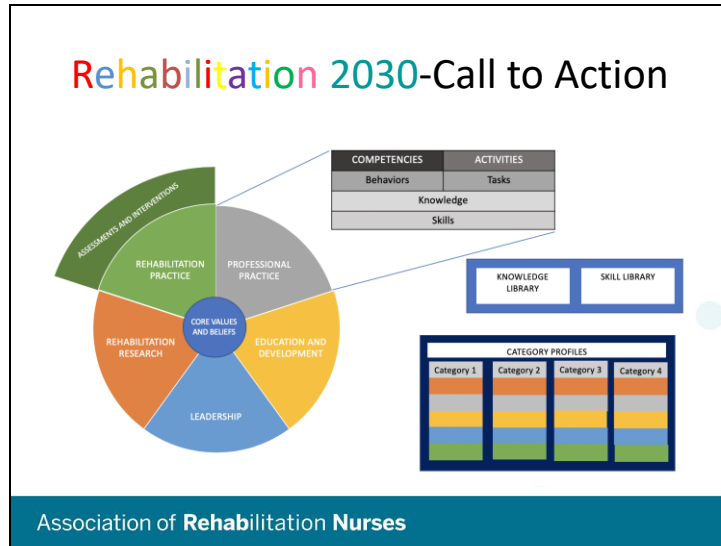
- C3. Motivates and engages the client to participate in rehabilitation
 - A3. Documents client information
- C4. Communicates effectively with the client, the family, and the healthcare team
 - A4. Performs assessment of structure, function, etc.
- C5. Adopts a systematic approach to decision-making
 - A5. Formulate a rehabilitation management plan
 - A6. Refers client and family to individual providers and/or services beyond their scope
 - A7. Implements rehabilitation interventions
 - A8 Monitors goal attainment
 - A9. Discharges from care, ensure appropriate continuity

Rehabilitation 2030-Call to Action

- ☐ Within each domain, **proficiency** is reflected through the use of **four categories**, describing different contexts of working relevant to each domain's topic (degree of accountability and/or autonomy).

Competencies and activities are also described across the categories by description of behaviors (competencies) and tasks(activities)

Association of **Rehabilitation Nurses**



Rehabilitation 2030-Call to Action

- Our contribution as CRRNs was to add to each aspect of the RCF development including the visual representation of the framework
- We reviewed various drafts of the domains, competencies, activities, and tasks, and are currently developing the knowledge and skills section
- While in Geneva the two technical work groups combined and in smaller groups (4-8) we fine-tuned the **assessment and specific interventions for bladder and bowel functioning, swelling, respiration, and skin care for two target (stroke and amputation) health conditions.**

Association of **Rehabilitation Nurses**

Rehabilitation 2030-Call to Action


Example:

- Defecation and urination functions
 - Intervention target – urination functions
 - Health condition – Stroke
 - Assessment
 - Specification (intervention)
 - Assessed by trained personnel using a structured functional assessment
 - Assess impact of underlying neurological disease

Association of **Rehabilitation Nurses**

Rehabilitation 2030-Call to Action

- Defecation and urination functions
 - Intervention target – urination functions
 - Health condition – Stroke
 - Measurement
 - Specification (intervention)
 - Measure PVR by ultrasound
 - Measure urinary flow rate
 - Use portable scanner



Association of **Rehabilitation Nurses**

Rehabilitation 2030-Call to Action

- ❑ Defecation and urination functions
 - ❑ Intervention target – urination functions
 - ❑ Health condition – Stroke
 - ❑ Education
 - ❑ Specification (intervention)
 - ❑ Offer persons with neurogenic urinary tract dysfunction, family members, and carers specific information and training
 - ❑ Inform and discuss implications of continence dysfunction with patients (clients), carers, and family
 - ❑ Provide education about management

Rehabilitation 2030-Call to Action

- Defecation and urination functions
 - Intervention target – urination functions
 - Health condition – Stroke
 - Self-management training
 - Specification (intervention)
 - Stroke survivors and carers should be made aware of the availability of generic self-management programs and be supported to access such programs
 - A collaboratively developed self-management plan may be used to harness and optimize self-management skills

Association of **Rehabilitation Nurses**

Rehabilitation 2030-Call to Action

Future Implications for ARN

- Continued work with WHO technical working group to complete framework and disseminate (2020-2021)
- Educational products
- Adapting the WHO RCF to a Specific Context*
 - The health and demographic profile of the population
 - Sociocultural–political context
 - The needs and preferences of key stakeholders

Association of **Rehabilitation Nurses**

Rehabilitation 2030-Call to Action

Future Implications for ARN (cont.)

Developing a Curriculum-based on a Contextualized Rehabilitation Competency Framework

Traditional education	Competency-based education
Learning objectives focus on what the learner should know	Learning objectives focus on what the learner should be able to do
Focuses on the process of education	Focuses on the objectives of education
Curriculum largely shaped by what has been taught in the past	Curriculum largely shaped by the competencies needed by the population
Implicitly links the health needs of the population to the content of the curriculum	Explicitly links the health needs of the population to the competencies required of learners

- Consultation with other countries (i.e. Canada)
- Other ideas??

Association of **Rehabilitation Nurses**



Slide 31





Rehabilitation 2030-Call to Action



Association of **Rehabilitation Nurses**
