

# *Principles of an interprofessional collaborative approach to Long Covid rehabilitation*

**Eileen McKinlay**

**University of Otago, Centre for Interprofessional Education**

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# — An interprofessional approach to Long COVID: ongoing symptoms/consequences

Fatigue, fever, dry cough, tiredness, rash, aches, joint, muscle or stomach pains, sore throat, nausea, vomiting, diarrhoea, anorexia, weight loss, conjunctivitis, visual disturbances, headache, loss of taste or smell, shortness of breath, chest

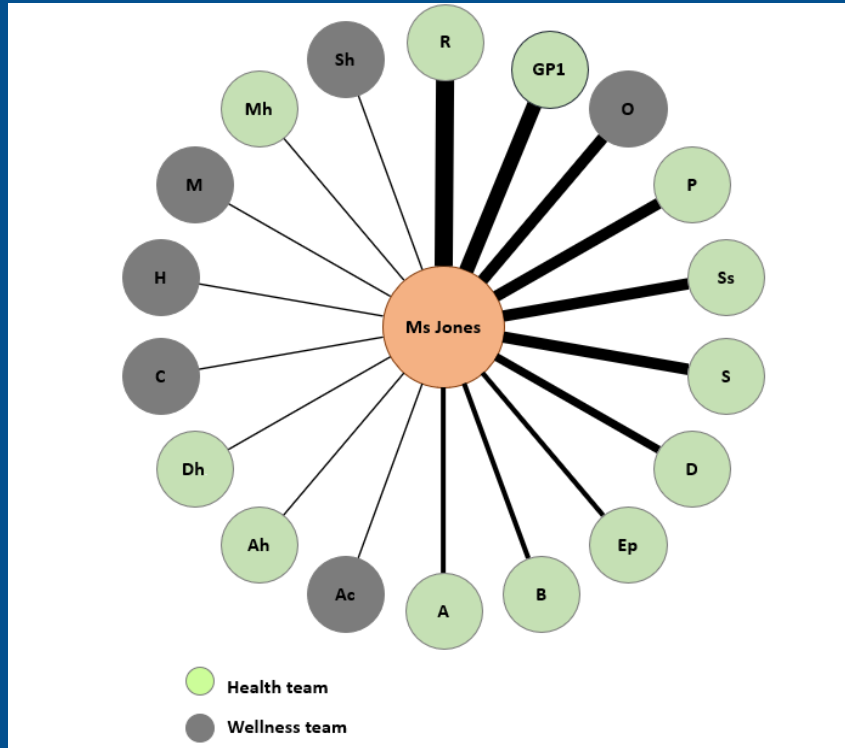
pain/pressure, palpitations, loss of speech or movement, cognitive blurring, sleep problems, pins and needles, tinnitus, ear ache, nasal congestion, dizziness, anxiety, depression.....

# An interprofessional approach to Long COVID: who may be involved

audiologist, BradCliff practitioner, cardiac sonographer, chiropractor, clinical physiologist (respiratory & cardiac), community health worker, counsellor, dental professional, dietitian, drug and addictions counsellor, educator/teacher, exercise physiologist, fofo massage, general practitioner/specialist doctor, health coach, health improvement practitioner, interpreter, kaiawhina, massage therapist, medical laboratory scientist, midwife,

mirimiri practitioner, music therapist, neurophysiology technician, nurse, nurse practitioner, nutritionist, occupational therapist, optometrist, osteopath, paramedic, pharmacist, physiotherapist, podiatrist, psychologist, psychotherapist, rehabilitation counsellor, rongoa practitioner, social worker, speech & language therapist, spiritual guide, tohunga, traditional Chinese medicine practitioner, whanau counsellor, workplace advisor

# Ms Jones – 55 encounters with 18 providers in 12 weeks



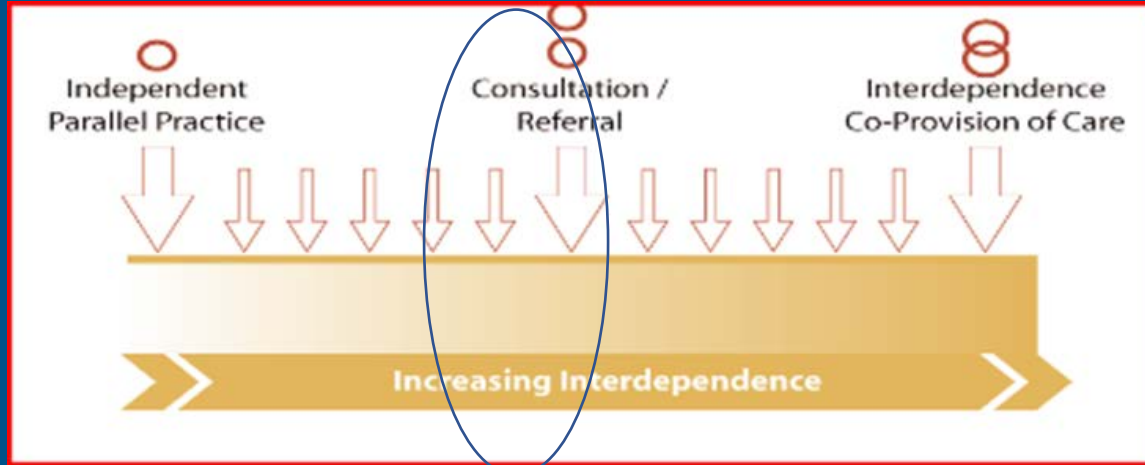
Accident and emergency  
Acupuncturist  
After-hours clinic  
Breast clinic  
Counsellor  
Dental hygienist  
Dentist  
Exercise physiologist  
General practitioner  
Homeopath  
Masseuse  
Ministry of Health  
Osteopath  
Pharmacist  
Rehabilitation clinic  
Sleep clinic  
Sleep specialist  
Spiritual healer

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**Interprofessional collaborative practice** is an **active and ongoing partnership** often between **people from diverse backgrounds with distinctive professional cultures** and possibly representing **different organisations or sectors**, who work together to **solve problems or provide services**.

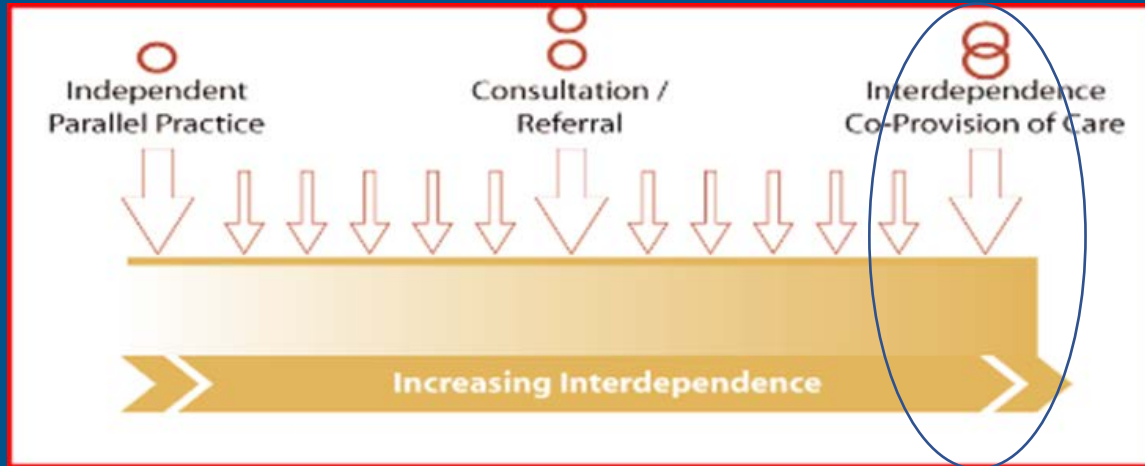
*Morgan et al., 2015*

# the spectrum of collaboration...



Oandasan et al; 2006.

# the spectrum of collaboration...



Oandasan et al; 2006

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# Principles

1. Collaborate when the needs of a person with Long COVID are complex
2. The collaboration will likely involve primary/secondary/intersector professionals
3. Successful collaboration between professionals involves building trust, understanding and relationships (whakawhanaungatanga)
4. Decide the rules of engagement
5. Agree on the process of making shared decisions
6. Appoint a key worker – not necessarily the ‘clinical’ leader
7. Use an IT platform to share information but also aim to talk (Zoom)
8. Set up an interprofessional care plan in which the person (and their whanau) can access/contribute
9. Decide when and how to evaluate progress and also the process of collaboration
10. Always consider, will equity be diminished or increased



# References

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Oandasan I, Baker G, Barker K, et al. Teamwork in healthcare: promoting effective teamwork in healthcare in Canada. Ottawa, Ontario: Canadian Health Services Research Foundation; 2006.

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