# introduction :

Myself - software engineer, injured five years

Talk about what or how? Easy?

Rehabilitation and education, adaptation

measure of success

support channels (care, technology, health)

loss of autonomy and health risks

infrastructure and awareness, signals

end of introduction, move onto main points

 teaching/learning techniques

 Health and lifestyle,

 Automation and technology

Main points:

teaching techniques:

 evaluation of patient receptivity,

 tuning of detail to target audience

 Confidence in advice,

 pushing boundaries,

 reduce periods of inactivity,

lifestyle and health:

 gaining top-level view by connecting information provided through different sources,

 interrelations between lifestyle and health,

 lifelong consequences,

 mental and physical development,

technology and automation:

 verbal independence as a starting point

 assistive technology, IT

 software is automation

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 I want to talk about rehabilitation and what helped me learn. Rehabilitation can be seen as an educational journey through an adjustment to a new situation.

If we talk about SCI rehabilitation and how to measure success we probably imagine a successful outcome as an individual who is organised and educated enough to sustain a healthy and functional life, in other words to be healthy enough to pursue their life aims.

In order to pursue my life aims I have various channels of support; naturally when I am talking about learning to cope with a spinal injury, I will be inclined to focus primarily on directing and getting the most out of personal care because of my extreme lack of mobility. My other main focuses are assistive technology which facilitates critical non-human independence enabling and health, without which there is no independence.

I quickly learned that because having a spinal injury indicates some form of loss in the body's autonomous faculty, health risks. In order to avoid the degradation of physical health, the lost autonomous function has to be replaced by manual intervention. I continue to learn about the elegance and complexity of the human system and how to avoid health problems through close monitoring of unusual and sometimes subtle signals. Acute awareness and continuous educational is important in order to maintain a healthy body without all the usual physical safeguards, you can't afford to underestimate the effort required. It requires a constant awareness.

# teaching techniques:

##  evaluation of patient receptivity,

Rehabilitation is mostly about education, after physical health has been stabilised. Before someone can learn about their new circumstances and how to adjust, they need to be physically well enough to do so.

 The point this illustrates the importance of being able to judge how receptive a rehab patient is. It was important to me that staff were able to gauge whether important advice was going to be received well and remembered or better left for another time. I appreciated being asked if I wanted to talk and not just being talked at but at the same time feel there were lots of unused opportunities to learn when resources were unavailable. Often the barriers to education were simply lack of physical material, available staff or access to a computer.

##  tuning of detail to target audience

I am probably more curious than your average patient, I benefited greatly from patient senior staff explaining treatment causes and consequences. Having a greater understanding of my treatment and physiological progress gave me confidence and trust in my physical progression. It also made me aware ofmistakes and gaps in my treatment, this could well have had a detrimental effect on my rehabilitation if gone unchecked. It is obviously important to tailor the level of detail to the audience to avoid over or under loading which may stifle learning in one way or another.

##  Confidence in advice,

 specialist care and advice increases self-confidence

##  judgement of necessary sensitivity,

## push the boundaries to reduce self pity

##  reduce periods of inactivity,

# lifestyle and health:

##  top-level view, connecting information through different sources,

##  interrelations between lifestyle and health,

##  lifelong consequences,

##  independence from family as well as fostering family support

##  mental and physical development,

##  Maslow's principle

# technology and automation:

##  verbal independence as a starting point

 verbal independence and then substituting lost physical autonomy with autonomy in personal assistance through specialised personal training and tailor-made environmental and behavioural customisations

##  care paradigms, levels of dependency

##  assistive technology, IT

##  software is automation

# Conclusions:

You could ask whether you obtain Education through rehabilitation or rehabilitation through education, I would argue that it is more of a cyclical nature and therefore not a one-way process.

 will have diagram in a cyclical representation of rehabilitation and education

Examples of this are as follows :

 gaining physical strength through nutritional therapy (rehabilitation) in order to learn how to transfer to a wheelchair (education) the biggest barrier to progress is uncertainty

TITLE: Interdisciplinary learning and training: lessons for us all

AIM: Foster a learning culture in spinal cord injury care in order to improve both patient and staff experience

LEARNING OUTCOMES:

By the end of the conference delegates should:

- Increase their awareness of how they can learn

- Increase their awareness of how they can help others (patients / staff) to learn

- Have identified three key actions to take away to improve practice

specific sessions:

User speaker – someone who can talk about “my rehabilitation as an educational journey” – including how they learned as a patient, and what made the difference to that, especially in terms of the staff skills/competencies/approaches.

45-60 minutes including interaction and Q & A, from 9.30am.

Accessible onsite accommodation will be provided and all costs will be covered by MASCIP.

Several keynote speakers from education and health fields.

Workshops:

– what should an effective education programme for patients seek to achieve? (and anything on how?)

- What should an effective education programme for SCI staff seek to achieve? (and anything on how?)

Mixed discipline groups identifying key learning outcomes / skills that are vital to be developed

Stop listening don't you