

BARRIERS AND FACILITATORS OF INTERDISCIPLINARY CARE IN WOUND MANAGEMENT

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Consider the following scenario;

A patient being treated for a venous leg ulcer has demonstrated a consistent improvement in the healing rate of his ulcer. Based on the surface reduction it is anticipated that the ulcer will be healed in the next few weeks. At his last visit to clinic he became verbally aggressive towards staff and refused to continue with the planned management. Further exploration revealed he lived alone, he only left his flat to attend clinic and purchase food. He stated that he is "existing" not living.

It is obvious that healing this patient's ulcer is low on his priorities. In fact it is counterproductive for him socially. If care is to be based on patient need as suggested by the principle of interdisciplinary care then the focus of his management will need to change. But how easy would it be to implement this change? This case study will be used to examine common barriers and facilitators to interdisciplinary care. Aspects such as motivation of the clinician, effective communication strategies, involvement of the patient and family, and remuneration options will be discussed.