

Health Professionals Survey Results

As of November 25, 2013

n = 67

2. Country of Practice:

Australia	8
Belgium	1
Canada	1
Denmark	1
Greece	1
India	4
Ireland	1
Israel	3
Luxembourg	1
Netherlands	1
New Zealand	1
Nigeria	1
Pakistan	1
Registered in UK but currently living in the US	1
Saudi Arabia	1
Singapore	1
Spain	1
United Kingdom	5
United States	29

3. Years of clinical experience:

1. 0-1 years	3%	(2)
2. 2-4 years	8%	(5)
3. 5-7 years	8%	(5)
4. 8-10 years	10%	(6)
5. More than 10 years	72%	(48)

4. I am practicing as a:

1. Clinical psychologist	3%	(2)
2. Genetic counselor	0%	
3. Neuropsychologist	3%	(2)
4. Nurse	32%	(21)
5. Nutritionist/Dietician	3%	(2)
6. Occupational therapist	6%	(4)
7. Physiotherapist/physical therapist	17%	(11)
8. Psychiatrist	3%	(1)
9. Recreational therapist, including adaptive sports	0%	
10. Speech language hearing swallowing therapist, including cognitive therapy	6%	(4)
11. Speech language hearing swallowing therapist, without cognitive therapy	3%	(2)
12. Social worker	2%	(1)
13. Other:	23%	(14)

Other responses:

- Certified Clinical Research Nurse Coordinator
- Clinical Counselor (2 responses)
- Clinical pharmacist
- Consulting for Abbott on Duodopa project in the US. Parkinson's Specialist nurse for 13 years
- Family Nurse Practitioner
- Neurologist (3 responses)
- Nurse Practitioner (4 responses)
- Physician Assistant
- Speech-Language Pathologist addressing swallowing, language, cognition, etc.

5. My professional education:

1. Formal technical training, diploma12% (8)
2. University degree26% (17)
3. Master's degree30% (20)
4. Doctoral degree32% (21)

6. My professional responsibilities are (select one that is closest)

1. 25% clinical care: 75% research and/or education28% (18)
2. 50% clinical care: 50% research and/or education20% (13)
3. 75% clinical care: 25% research and/or education25% (16)
4. 100% clinical care.....15% (10)
5. Other (specify):12% (8)

Other responses:

- 100% research
- 100% research and/or education
- 50% Clinical, 50% Managerial
- 80% clinical care 20% work for patient and professional associations
- 85% clinical 15% education
- as above
- Education
- Program Development
- research on my time

7. My research roles include: (select all that apply)

- Read the research literature75% (50)
- Supporting role in research.....69% (46)
- Leadership role in research.....48% (32)

8. My clinical practice is:

1. Inpatient clinic2% (1)
2. Outpatient clinic.....24% (15)
3. Movement disorders.....52% (33)
4. General Neurology10% (6)
5. Pediatric Neurology 0%
6. Other:13% (8)

Other responses:

- also dementias and outpatients clinic
- Both Inpatient and Outpatient
- Care home
- consulting
- in general Neurology clinic but also on Parkinson's Interdisciplinary team
- Inpatient rehabilitation hospital
- mix
- Parkinson's Disease
- Psychology
- Self management patient education
- visiting clinical areas as Consultant only at present

9. I am a member of The *Movement Disorder Society*:

- Yes: 40% (27)
- No: 57% (38)

No response: 3% (2)

If no, please select reason(s):

Lack of awareness of the Society	12%	(8)
Society is too specialized.....	0%	
Membership is too expensive	15%	(10)
I do not qualify	0%	
Other:.....	9%	(6)

Other responses:

- cost
- I have submitted waived dues application, awaiting reply
- I will be joining
- Just hadn't thought about it previously - am exploring membership now
- Membership expired, not yet renewed
- plan to be a member
- will consider it

10. I have access to the *Movement Disorders* journal: Yes: 75% (49) No: 25% (16)

11. I have easy access to the Internet: Yes: 96% (64) No: 0%

MULTIDISCIPLINARY TEAM

These questions relate to a clinical care model in which various professionals communicate and work together to meet the needs of their patients/families and care providers.

12. I am a clinician who _____ in a multidisciplinary team: (select all that apply)

Has worked in the past	33%	(22)
Plans to work in the future.....	6%	(4)
Currently works	70%	(47)
Has never worked; please skip down to EDUCATIONAL NEEDS	2%	(1)

13. My multidisciplinary team includes: (select all that apply)

Clinical psychologist	31%	(21)
Genetic counselor	18%	(12)
Neurologist	75%	(50)
Neuropsychologist.....	46%	(31)
Nutritionist/Dietician.....	37%	(25)
Nurse	69%	(46)
Occupational therapist	60%	(40)
Other	16%	(11)
Physiotherapist	63%	(42)
Psychiatrist	30%	(20)
Recreational therapist, including adaptive sports	4%	(3)
Speech language hearing swallowing therapist, including cognitive therapy	42%	(28)
Speech language hearing swallowing therapist, no cognitive therapy	25%	(17)
Social worker.....	57%	(38)

Other responses:

- audiologist, physical therapist, pharmacist, nurse practitioner
- Cardiologist
- Exercise Physiologist
- Geriatrician
- MD
- Neurosurgeon (2 responses)

- psychiatrist/physical medicine and rehabilitation MD
- Physical Therapist
- Sex therapist
- Sexologist
- Special education professional
- Special education teachers

14. The following professionals direct the work of my multidisciplinary team: (select all that apply)

Administrator in health care management.....	9%	(6)
Advance practice nurse.....	22%	(15)
Clinical psychologist.....	6%	(4)
Genetic counselor.....	0%	
Neurologist.....	61%	(41)
Neuropsychologist.....	4%	(3)
Nutritionist/Dietician.....	1%	(1)
Occupational therapist.....	18%	(12)
Physiotherapist.....	22%	(15)
Psychiatrist.....	6%	(4)
Recreational therapist, including adaptive sports.....	0%	
Speech language hearing swallowing therapist, including cognitive therapy.....	10%	(7)
Speech language hearing swallowing therapist, no cognitive therapy.....	1%	(1)
Social worker.....	12%	(8)

15. In my opinion, multidisciplinary teams are: (select all that apply)

Only possible in an inpatient setting.....	7%	(5)
Only possible in an outpatient setting.....	9%	(6)
An unaffordable ideal.....	6%	(4)
Only possible in an academic setting.....	6%	(4)
Not supported by the clinical settings in my country.....	7%	(5)
Useful concept to provide high standard of care.....	81%	(54)
Useful concept for the following reasons:.....	20%	(13)

Reasons:

- 1) The total impact of the Team of 3 disciplines collaborating is greater than the sum of individual disciplines, particularly in the LSVT Treatment Protocol for Parkinson's disease. 2) The probability of very creative and effective synergistic problem solving is greatly increased with the implementation of a multidisciplinary team approach.
- Best management of complex chronic illness is not possible with a single practitioner. Patient centered interprofessional care is preferable.
- Designed to support the individual and their families.
- Give best care available to the patient and the family exchange between disciplines and professional growth
- High standard of care, improved patient outcomes, improved patient satisfaction, reduction in clinician burnout, improved provider satisfaction, increased referrals
- However, with the economy as it is and the focus on productive (billable) time, it's increasingly difficult to staff the team concept in the outpatient setting.
- improved patient outcomes
- Is the only way I can imagine where so many different disciplines can teach each other their perception on managing the same pathology. Moreover in a multidisciplinary team the patient can take part in his/hers own treatment where in my opinion is the most important link.
- More efficient; better communication between professionals; better care for patients.
- Movement disorders patients require an interdisciplinary team because the issues are not frequently not only neurologic in nature but also psychiatric. Since these are progressive disorders, they also require PT/OT/speech/nursing support. Since these are sometimes genetic disorders but always present issues that affect the entire family, social work is also pivotal.

- None of the above. Such teams are useful for patients, instructive for staff, cost-effective models of comprehensive care.
- open communication; quality care provided by experts in each area; learning from each other
- Provides integrated holistic care for the patient and their careers. Facilitates communication.
- the disease is multi-faceted requires multi-discipline approach in order to provide best care
- the more multidisciplinary and coordinate the approach and the intervention, the more benefits for the subjects. We understand some problems the patients have to carry out our rehabilitation treatment because of medical problems treated by other discipline, that we could not be aware of previously. So, also is good for our personal training.

EDUCATIONAL NEEDS

16. If a teaching course were to be conducted in my country, translation to my native language would be required for colleagues in my discipline. Yes: 27% (18) No: 72% (48) No response: 1% (1)

If yes, please indicate the language to be translated into:

- English (11)
- French
- Greek
- Hebrew
- Hindi

17. On average, I have access to movement disorder lectures or training sessions ___ times a year.

1. 0 14% (9)
2. 1-5 62% (40)
3. 6-12 12% (8)
4. 12-18 6% (4)
5. More than 18 6% (4)

18. In my opinion, the following educational topics would be useful for colleagues in my discipline in my country of practice:

- DBS for movement disorders; Assessment of movement disorder patients using recognized rating scales; Investigation and diagnosis of movement disorder conditions
- 1) How LSVT BIG and LOUD impact the treatment outcomes in Parkinson's disease for long lasting results.
- a holistic approach which views impact of disease not just on patients but on family system The impact on children
- adherence strategies in the cognitively impaired population, new/investigational therapies, common intolerances in the PD population (drug/disease interactions)
- Anatomy Of Brain(Basal ganglia) Akinetic rigid syndromes Pathological Clues to cause M.D.
- Applications of biochemical research to dietetic practice
- assessment of depression; assessment of anxiety evidence-based treatment of depression and anxiety
- Basic knowledge of Movement disorders and role of the Multidisciplinary team
- Botox training for APNs
- botulinum toxin use and the new drugs
- Bowel and bladder dysfunction
- cerebral palsy, Parkinson disease, tremor
- Greater role of genetic counseling. Cognitive assessment for OT Physio of atypical parkinsonism
- how multi-disciplinary care models work how cost-effective these models are
- How to build and work within a team, clinical flow models, reimbursement, and critical analysis of research.
- How to develop interprofessional teams
- How to integrate interdisciplinary teams into everyday practice? Economic impact of these teams on practice?

- I can only speak for the UK, but in my experience because of the PD Nurse Specialist Assoc and a number of university courses there is a lot of education available for nurses to improve their knowledge and practice in the management of Pd and related disorders. What is missing is more Multidisciplinary education and research.
- Malnutrition risk; nutrition impact factors present in patients/clients with movement disorders
- Medication management in PD Factors that influence QOL in PD Cognitive deficits n PD
- Motor disorder management Effects of exercise in Parkinson's disease
- Motor learning, Task specific practice, and high intensity training
- Motor Speech Disorders
- movement disorder for paediatrician
- Multidisciplinary aspects of working in Parkinson's
- Multidisciplinary work thanks to a team
- Neuropsychiatry Movement Disorder specifically Parkinson's, Dystonia, Tremor Disorders, Tourette syndrome
- Neuropsychological rehabilitation
- New treatment options for Parkinson's disease or other movement disorders. Case studies in Movement Disorders
- Non-motor aspects of PD Differential effects of medication on motor and non-motor symptoms Effect of DBS on speech symptoms
- nurse related issues: mood, sleep, bladder, bowel, motivation
- Nursing assessment Medications discussion forum
- Ongoing topics on PD & related disorders
- Pain in PD, managing dyskinesia in PD
- Pathophysiology, Rehabilitation, Management, Assistive devices, Quality of life
- Practical treatment techniques for people with Parkinson's Research update in Movement disorders Gait analysis and rehabilitation for people with Parkinson's Treatment of other parkinsonisms (eg. PSP, MSA)
- Psychosocial aspects of movement disorders Evidence-based non pharmacological treatment of comorbid psychiatric conditions
- PT and OT strategies for patients; medicinal facts and realities; surgical options; genetics for dummies
- Recent Advances in all Movement Disorders
- Rehabilitation of movement disorders (including Parkinson's disease, Essential Tremor, Huntington's disease, Dystonia); topics including background, assessment tools, and evidence-based intervention.
- Role of rehab professionals, esp speech therapy and occupational therapy for functional cognitive interventions
- role of speech language pathologist in treatment of speech and swallowing disorders associated with movement disorders
- speech and swallowing disturbances of patients with PD
- stopping a nihilistic attitude towards patients with Parkinson's disease
- The intersection of neurology and psychology
- The public health perspective of movement disorders.

19. In my opinion, the major barriers in providing educational programs to my colleagues in my country are:

- Need for funding from health care employers 2) Need for additional funding from Foundations that support the research and educational efforts of Health care Professionals to the public and to colleagues within health care professions.
- Access to patient population due to limited referrals from neurologists. However, I enjoy great working relationship with the movement disorder neurologists at Rush University Medical Center (Drs. Goetz's group) and I am specialized in evaluating and treating speech and swallowing problems in patients with various movement disorders and my research is on PD speech, HD swallowing.
- Affordability and being allowed the time off of work to attend.
- cost factor
- Costs to nurses, nurses seem to find it much harder to obtain sponsorship the doctors.
- departmental budget constraints
- Educational options that speak directly to the needs of practitioners are lacking. Cost is also a barrier.
- Few barriers except finances and creating a priority for education.
- finding a time everyone can attend; financial support
- Funding for courses and study time

- high cost of the training , non availability of text books,
- I am told by colleagues the biggest problem presently is the economy and therefore there is little to no study leave available so individuals are expected to attend courses in their own time.
- I don't think there is any barrier
- knowledge resources to apply information once learned secondary to service delivery model
- Lack of awareness of comorbidity Lack of movement disorders specialist to collaborate with non MD health professionals, i.e., refer patients Same as above for primary care physicians
- Lack of awareness, Distance to travel
- lack of education lack of formal training in management of movement disorders lack of finances, especially for managing costs of medicines , physiotherapy
- Lack of experts in the field Lack of funding of continuing education for public sector employees
- lack of funding
- Lack of interest specifically in this population
- Lack of International Faculty Support.
- lack of knowledge, cost
- Lack of Movement disorders nurse specialists
- limit movement disorder specialists
- Low population density
- Money and protection of their activities
- No barriers (time can be problematic but no a barrier)
- No cover for staff when they leave for study purposes
- Perception of Managers - Specialty is Not important, they are not interested as People with Chronic disorders have too many problems, too EXPENSIVE to provide care - do not give so much money,
- Sponsorship/Time to attend
- The doctor-centered structure of the Greek National Health Service, which doesn't give enough motives of professional development to the rest health professionals.
- The health system professionals will to participate
- There has been no health professions effort such as this in Movement Disorders thus far. Most educational programs controlled by MD's.
- They do not know that nutrition is pertinent to movement disorders - don't think they have a role
- Time
- Time
- time
- Time factors: most professionals are working harder, with little time off for travel to educational programs
- time, resource
- Time, space and funding.
- Unavailability of Funds to arrange Conferences and workshops on M.D.

20. When I consider the educational needs of my discipline in my country, I would like to see The Movement Disorder Society provide:

- A more visible presence through a national advertising campaign funded by the various Foundations and Organizations with such movement disorders as Parkinson's, Stroke, TBI, MS, Down's syndrome and Cerebral Palsy. 2) Increased educational opportunities in the various regions of the US to allow health care professionals to learn more about the latest research in the study and treatment of movement disorders, as well as share their ideas and experiences.
- education on psychiatric comorbidity 2. Benefit of mutidisciplinary care 3. benefit of cognitive behavioral treatment for comorbid conditions
- A chance for me to publish!
- -Access to contemporary research on movement disorders -Full scale seminars on motor disorder management through exercise and everyday activities
- advocacy for the role of multidisciplinary teams as best practice
- articles, sessions at conferences

- Basic management skills and subsequent Refresher courses
- broaden the scope of professionals who can provide care and effective treatment for coping with movement disorders; evidence-based treatment
- Certification in Movement Disorders for Nursing and other health professionals.
- Courses aimed at AHPs or more courses open to AHPs joining the doctors and nurses on their courses
- Delivery of the main concept of Movement Disorders
- Fellowships in advanced centers of Movement Disorders for Neurologists interested in MD.
- Financial Support
- Greater encouragement of publications from speech and language therapists/pathologists. Provision of grants specifically for research in area of speech and swallowing
- If the International Congress of the Movement Disorder Society occurs in the US again, it would be beneficial for them to register with the state (and possibly nearby bordering states) to be certified as continuing education units for disciplines requiring continuing education for licensure (ex: Illinois Physical Therapy Association)
- increased range on online teaching courses with certification for using rating scales in movement disorders (like the MDS-UPDRS course)
- Increased support for nursing specializing in movement disorders.
- information about the need of multidisciplinary and expert team
- Information directed for non-physician caregivers.
- Interdisciplinary courses to help us all to understand the other professionals' roles and what we each bring to the table.
- International multidisciplinary focus group of professionals in counseling, nursing, genetics and rehabilitation, who enrich and broaden the scope of care, management and research initiatives in movement disorders
- Internet based-course aimed at nurses
- Lecture series towards an Advanced Nurse Practice cohort
- More education to neurologists so that they are aware as how a well-trained speech language pathologist can help evaluating and treating speech and swallowing problems in patients with movement disorders to improve quality of life of these patients. In some cases, a good speech and swallowing evaluation may also help with an early diagnosis such as separating MSA or PSP from IPD.
- More inclusion of health professionals in every aspect of the society, from scientific programming, to grant opportunities, to educational opportunities to clinical practice.
- More MDT focused education sessions at their conferences. A reduction in fees is a great start but now we need to increase membership of the MDS
- more online education
- movement disorders teaching especially to general medicine consultants , general practitioners, a lot of ayurvedic and homeopathic practitioners
- multi-disciplinary exposure at the meeting on several days
- Online education/self directed learning packages
- Online training either at certificate / diploma/ master level for health professional from developing nations like Nigeria.
- Opportunities for allied health disciplines to provide educational presentations to other clinicians.
- professional expertise & understanding to cultural factors
- regular courses and affordable courses to run these courses around the world set up the team that will go around the world, spend some time in each country, have the support/key people in each country to assist with the setting up the courses
- see 18
- Since the MDS is providing access and excellent programs, the only change would be to enrich the programs with all the disciplinary approaches.
- Some regular like annually educational session on movement disorders in the USA--since I am new to movement disorders any movement disorder topics would be helpful.
- Support for design of cutting edge educational options.
- the various topics "from head to toes" on PD and also videos on regular basis either online or as podcast
- Topics presented by expert midlevel practitioners to include ARNP and Pass from both the academic and community based centers
- workshops that are interactive

21. My additional comments are:

- As discussed at the nurse network meeting nurses are a valuable resource in care of movement disorder patients and benefit from attending and being involved in the delivery of sessions at the MDS.
- awareness campaign for pediatrician & psychiatrist & general physician
- For some reason all of the interdisciplinary training programs do not include pharmacists. There is also not an Icon for us on the web page. I'm not sure if it is rare to be part of the interdisciplinary team or not, but I do know of other pharmacists involved in the care of this population.
- I am a member of the MDS and feel it is doing wonderful work. However I was unaware of it until I started my own research in PD
- I am looking ahead to join the online program on movement disorders
- I am very excited that the movement disorders society is beginning to recognize that other professionals outside of physicians care deeply about and have a lot to offer these patients.
- I hope to be in contact with more social workers, especially from other countries
- It is good all allied health staff including RNs are able to log on the MDS website to learn or read PD and related articles to enhance our knowledge.
- On of the biggest problems for me and other nursing colleagues is the high cost of attending the MDS Congress each year. I would also like to see Health Professionals integrated more into the main programme of the MDS congress as speakers so that some sessions are more multidisciplinary
- Thank You for providing this website and survey as a means of increasing and improving the dissemination of information about movement disorders.
- Thanks for asking the questions that are pertinent to midlevel practitioners.
- We have man power and Good professionals but due to limited resources, we can not arrange Workshops and conferences on M.D.

22. I have visited this Health Professional Working Group Web page: (select all that apply)

For the first time	58%	(39)
More than once	34%	(23)
Have encouraged my colleagues to visit	18%	(12)
Do not think MDS is the appropriate host for such a working group.....	0%	

23. I have a suggestion or question for which I would like a response.

- Could you contact the Belgian Association Francophone Parkinson for collaboration about multidisciplinary project (jmy.vdh@frre.fr)
- Hi carol, hope you received my email regarding social work role! (Jennie jenniep@tasmc.health.gov.il)
- I have observed that in India, a lot of patients with Parkinson's disease never receive medicines just because of a nihilistic attitude. Many times the patients only consult a general practitioner who starts low doses of DA/ levodopa and never increase (drsoahamdesai@yahoo.com)
- I want to arrange Workshop or conference on M.D., but due to limited resources, I am unable to do so. would this society help me to arrange conference on M.D. (sharafatali78@yahoo.com)
- I will be happy to offer my assistance to the group since this is the area of my clinical expertise and my research is focused on PD. My current research is supported by the Michael J. Fox Foundation for Parkinson's Research. (emily_wang@rush.edu)
- I would love to have any information you have on pharmacists' involvement in interdisciplinary care of the PD population. I am always looking for ways to expand and improve my practice. What working group would be most appropriate for pharmacists? (gkamm@utnet.utoledo.edu)
- interactive session with experts ...from abroad (drvgo99@yahoo.co.in)
- there should be advanced courses for Neurologists who are interested in Movement disorders in form of fellowships of 3-6 months durations (sumankushwaha@gmail.com)
- Tot consider professionals who work in developing countries with the variety of different Health systems (mariela@pt.lu)
- When is the online course on Movement disorder commencing? (olawuwo2001@gmail.com)

- Who would I need to contact within MDS to organize a group of interested MDS members to have an organizational meeting for a local group in Ft.Collins, CO? Sincerely, Bob Waldchen, PT (rwaldchenpt@yahoo.com)

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