
C1: Wheelchair provision education and training in low and lower middle income countries: A Scoping Review

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Learning objectives:

1. To highlight the importance of wheelchair provision education and training.
2. To understand the key factors influencing the delivery of appropriate education and training in low and lower middle income countries
3. To consider key recommendations to work toward a sustainable approach to wheelchair provision education and training within context.

Session description:

Purpose

Provision of an appropriate wheelchair to meet individual needs as a basic human right is complicated, given the multifaceted dimensions to be considered within context. The global research agenda for improving access to high quality affordable assistive technology endorses human resource development and education as a priority. Given this, there is a need to identify education and training available to personnel in the field and identify where gaps exist, to develop a sustainable and cohesive system. This paper presents the findings of a scoping review of education and training available within low and lower middle income countries (LLMIC), to ascertain education priorities.

Method

A scoping review collating scientific and grey literature between 1993 and March 2017 was conducted. This included online databases, manual searches and key stakeholder advice. Content analysis organised the literature retrieved and extracted key themes.

Results

The importance of education and training in LLMIC is recognised, with significant efforts being made by the World Health Organisation (WHO) and nongovernmental organisations (NGO) to deliver

education programmes in some countries, along with the development of a credentialing test. However, evidence suggests a lack of uniformity in availability and delivery of training programmes. There is a diversity of personnel involved in wheelchair provision, with inconsistencies within different contexts, occupational therapists for example are not clearly recognised as key personnel in many LLMIC. Government commitments to address this at a policy level appears to be lacking.

Conclusions

Who takes overall responsibility for wheelchair provision needs to be established, as the multitude of personnel perspectives impacts on consistency and sustainability. Pilots, sights, delivering and credentialing 'appropriate wheelchair' (as defined by the World Health Organisation 2008) provision education and training should be considered. Research measuring outcomes of education and training and transferable skills could be built into programme delivery structures.

Content references:

1. Gartz R, Goldberg M, Miles A, Cooper R, Pearlman J, Schmeler M, Jonassen Bittman S, Hale J. Development of a contextually appropriate, reliable and valid basic Wheelchair Service Provision Test, Disability and Rehabilitation: Assistive Technology 2017; 12:4, 333-340.
2. Kirby R L, Cooper R A. 'Applicability of the Wheelchair Skills Program to the Indian context', Disability & Rehabilitation 2007; 29(11-12): 969-972.
3. Sumner E, O'Connell C, Macalpine B. Wheelchair Donation in a Low-resourced Setting: Utilization Challenges and Benefits of Wheelchairs Provided through a specialized seating programme in Haiti, Journal of Rehabilitation Medicine 2017; 49:178-184.
4. Toro ML, Eke C, Pearlman J. The Impact of World Health Organization 8-steps in wheelchair service provision in wheelchair users in a less resourced setting: a cohort study in Indonesia, BMC Health Service Research 2016; 16:26.
5. World Health Organisation *Guidelines on the provision of manual wheelchairs in less resourced settings*. Geneva: WHO; 2008.

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6. World Health Organisation *Global priority research agenda for improving access to high quality affordable assistive technology*. Geneva: WHO 2017 [cited 2017 March 3]. Available from:
<http://apps.who.int/iris/bitstream/10665/254660/1/WHO-EMP-IAU-2017.02-eng.pdf>

C2: An Internationally Recognized Wheelchair Service Professional Credential: A Pilot Study

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Learning objectives:

Upon completion of the session, the audience should be able to:

1. Identify the ISWP and describe its overall goals and objectives.
2. Understand the importance of training, education, and certification in wheelchair service provision.
3. Apply the certification and its relevance to various populations engaged in basic wheelchair services.

Session description:

Credentialing in health professions upholds standards of care by ensuring practitioners have met and maintained education and training criteria (1,2,3). Until recently, there was no internationally recognized credential available for professionals engaged in basic wheelchair service provision. Therefore, the International Society of Wheelchair Professionals (ISWP) developed an evidence-based Wheelchair Service Professional (WSP) certification accessible to a global audience who provides services to wheelchair users at the basic level. The previous Wheelchair Service Provision Basic Test (WSPBT) was expanded from a knowledge certificate upon passing to a certification by including an additional test domain in ethics and professionalism and by requiring minimum training qualifications. A prep-course was also developed as a reference for trainees in preparation for the expanded WSPBT. The cohort of trainees recruited who met both the education and training requirements, participated in and completed the prep-course, and passed the expanded WSPBT became the first to be certified by the ISWP as Wheelchair Service Professionals (WSP). The results of the pilot indicate that earning this credential will be beneficial for the professional development of

relevant rehabilitation professionals as well as ensure a do no harm service to wheelchair users. The target population for the credential includes volunteers, students, interns, and entry-level clinicians and is a pathway for additional professional credentials in rehabilitation and disability services. Parallel to ISWP's mission, the credentialing in basic wheelchair services of the populations previously mentioned will promote standardization of the wheelchair sector globally and contribute to the best technology and services being rendered to wheelchair users around the world.

Content references:

1. Duckett SJ. Changing hospitals: the role of hospital accreditation. *Social Science & Medicine* 1983;17(20):1573-1579. doi:10.1016/0277-9536(83)90102-8.
2. Frencher SK, Ryoo JJ, Ko CY. Emerging importance of certification: Volume, outcomes, and regionalization of care. *Journal of Surgical Oncology* 2009;99:131-132. doi:10.1002/jso.21183.
3. Kaplow, R. The value of certification. *AACN Advanced Critical Care* 2011;22.1:25-32.

C3: Motivation Australia: 10 years of strengthening Mobility Device Services in the Pacific

Lauren Flaherty, OT
Ray Mines

Learning objectives:

1. Share key learning points from developing integrated mobility device services in the Pacific Region.
2. Reflect on the evolution of the mobility device service provision sector in developing countries, and the impact of global processes and partnerships.
3. Reflect on how the change in approach, guidelines and training have improved best practice in mobility device service provision in international development.

Session description:

Many lessons have been learned since the foundation of Motivation UK in 1991, and Motivation Australia (MA) in 2007 through working with a variety of Pacific Region and global partners.

In that time we have seen the gradual shift to people with disabilities being at the centre of the process, having an active role in advocating for their right to mobility (20, CRPD), health (25, CRPD), rehabilitation (26, CRPD), rather than being treated as the passive recipients of welfare and charity. Consensus of the international community has created global guidelines and standards relating to services in developing countries including: Convention on the Rights of Persons with Disabilities (CRPD, 2006); WHO Consensus Conference On Wheelchair Provision (2006); WHO Guidelines on the Provision of Manual Wheelchairs in Less Resourced Settings (2008); Joint Position Paper On The Provision Of Mobility Devices In Less-Resourced Settings (2011); WHO Wheelchair Service Training Packages (2012-2017); and the push towards increasing use of AT through the WHO's Global Cooperation on Assistive Technology (GATE) project.

In the next decade, countries will be caught in the rising tide of diabetes and other non-communicable diseases that is sweeping through our region. Pacific

nations with scarce resources are already struggling to meet the health / rehabilitation needs of their small island populations.

MA in collaboration with our local partners, continue to work towards integrating the provision of wheelchairs, walking aids, prosthetics and orthotics by trained personnel, as an appropriate, cost effective, sustainable response to the Pacific context. MA is strategically expanding our scope to integrate Assistive Technology more broadly into our programmes.

Building the capacity of the workforce using sector standards for training and education from WHO and ISPO is a more sustainable pathway to improved Assistive Technology services and better outcomes for people with disabilities, NCDs and the frail aged.

Content references:

1. United Nations (2006) Convention on the Rights of Persons with Disabilities (UNCRPD). www.un.org
2. World Health Organization (2008). Guidelines On The Provision Of Manual Wheelchairs In Less Resourced Settings. Geneva
3. World Health Organization (2011). Joint position paper on the provision of mobility devices in less-resourced settings. Geneva
4. World Health Organization (2012 / 2013 / 2015 / 2017), Wheelchair Service Training Packages (basic / intermediate / managers / stakeholders / training of trainers). Geneva.

C4: WHO Wheelchair Service Training Packages: Lessons from implementation

Lauren Flaherty, OT
Ray Mines

Learning objectives:

1. Share key learning from utilising the WHO Wheelchair Service Training Packages (WSTP) in different settings, including in developing country contexts.
2. Understand how the WTSP has influenced global wheelchair service provision.
3. Understand how the WSTP can enhance wheelchair service provision in countries with a higher level of training and more resources.

Session description:

The WHO Wheelchair Service Training Packages (WSTP) were written with developing country contexts (less resourced settings) in mind, focused on solutions that can be implemented with limited resources, funding and time.

It has now been five years since the first WSTP training package was launched. In that time, the training packages have been used to train wheelchair service personnel, increase understanding of managers to support service provision and raise the awareness of stakeholders about the need for appropriate wheelchair service provision.

This session will look to answer: What have we learned? How has the training package been utilised in less resourced settings? What impact has the WHO approach had on wheelchair service provision in less resourced settings? How can the training packages support wheelchair service provision in countries with a higher level of training and more resources?

Content references:

1. World Health Organization (2008). Guidelines On The Provision Of Manual Wheelchairs In Less Resourced Settings. Geneva
2. World Health Organization (2012). Wheelchair Service Training Packages, basic level. Geneva.

3. World Health Organization (2013). Wheelchair Service Training Packages, intermediate level. Geneva.
4. World Health Organization (2015). Wheelchair Service Training Packages, managers and stakeholders. Geneva.
5. World Health Organization (2017). Wheelchair Service Training Packages, training of trainers. Geneva.