

#OTalk Transcript

Healthcare social media transcript of the [#OTalk](#) hashtag.

Tue, April 19th 2022, 8:00PM – Thu, April 21st 2022, 6:00PM (Europe/London).

See [#OTalk Influencers/Analytics](#).



Louise Clark [@louiseclark15](#)

We're privileged to be joined tonight by fantastic colleagues who I had the luck to present with at UKSF on this topic- Welcome to [#OTalk](#) Psychologists [@Dr](#) and [@StrokePsych](#) and Neuro OT specialist [@willchegwidden](#)



Louise Clark [@louiseclark15](#)

Hi everyone. Louise here with the rest of the [@RCOT_NP](#) stroke forum [@NicoleCWalmsley](#), [@JenniferNCrow](#), [@YmchwilStroc](#), [@SarahBr43983025](#) & [@RowenaPadamsey](#). Welcome to our [#OTalk](#) tonight on joint working for psychological care



#OTalk [@OTalk_](#)

[#OTalk](#) handing Over to you [@louiseclark15](#) for the start of our fab evening [#OTalk](#) !!!! <https://t.co/da50zZQQkI>



#OTalk [@OTalk_](#)

[#OTalk](#)



Louise Clark [@louiseclark15](#)

[#OTalk](#) Let's get going with question 1 for some context setting- What are the challenges in delivering comprehensive psychological care after stroke? [@RCOT_NP](#)



#OTalk [@OTalk_](#)

[#OTalk](#)



Cat Ford [@StrokePsych](#)

RT [@louiseclark15](#): [#OTalk](#) Let's get going with question 1 for some context setting- What are the challenges in delivering comprehensive psychological care stroke? [@RCOT_NP](#)



#OTalk [@OTalk_](#)

Q1. [#OTalk](#)



Louise Clark [@louiseclark15](#)

Hello everyone- Happy Easter! I hope you've all got some chocolate next to you to fuel your frantic tweet typing. Say hi if you're there and a special hello to a psychology colleagues joining us tonight. Say hi too- don't be shy [#OTalk](#)



Eirini Kontou [@DrEiriniKontou](#)

RT [@louiseclark15](#): We're privileged to be joined tonight by fantastic colleagues who I had the luck to present with at UKSF on this topic- Welcome to [#OTalk](#) Psychologists [@DrEiriniKontou](#) and [@StrokePsych](#) and Neuro OT specialist [@willchegwidden](#)



Rowena Padamsey [@RowenaPadamsey](#)

[@OTalk](#) Resources are a massive issue for establishing and sustaining services [#OTalk](#)



Jennifer Crow [@JenniferNCrow](#)

Psychologists along the entire pathway are rare and other MDT staff may have some of the skills required to provide support but lack confidence [#OTalk](#)



Louise Clark [@louiseclark15](#)

[@RowenaPadamsey](#) [@OTalk](#) Absolutely. In relation to tools and measures or staffing levels Rowena? [#OTalk](#)



Sherlyn [@sherlynmelody](#)

[#otalk](#) I'm lurking tonight 🙋🏻

**Dr Jenny Preston MBE** @preston_jenny

It's often a dilemma knowing exactly where the boundaries are between and across professions #OTalk

**Andrew Bateman** @Prof_A_Bateman

RT @JenniferNCrow: Psychologists along the entire pathway are rare and other MDT staff may have some of the skills required to provide support but lack c #OTalk

**Cat Ford** @StrokePsych

@JenniferNCrow What could we do to help increase confidence #OTalk

**Rowena Padamsey** ❤️ @RowenaPadamsey

@louiseclark15 @OTalk_ Certainly staffing levels- psychology establishment is severely limited in our acute service and I'm sure this is not just a local issue

**Jennifer Crow** @JenniferNCrow

In the acute end of the pathway psychological care often receives lower priority than the obvious physical challenges that are keeping people in hospital #OT



#OTalk @OTalk_

@preston_jenny Please Can you expand/ give examples @preston_jenny #OTalk

**OPSYRIS** @OPSYRIS1

RT @JenniferNCrow: In the acute end of the pathway psychological care often receives lower priority than the obvious physical challenges that are keeping hospital #OTalk

**RCOT Neuro Practice** @RCOT_NP

@JenniferNCrow A valuable resource. I work in a service without any psychology at all currently so it tends to fall to OT. We really miss the opportunity partic those complex patients. Also hard to balance with our other elements of therapy to really be able to do it well #OTalk

**Andrew Bateman** @Prof_A_Bateman

@louiseclark15 @RCOT_NP #OTalk when "psychology" is owned by a profession perhaps that creates a barrier to other professions developing competenc

**Rowena Padamsey** ❤️ @RowenaPadamsey

@louiseclark15 @OTalk_ Also establishing levels of competence and confidence in mdt approach to psychological care is hard to maintain #OTalk

**Louise Clark** @louiseclark15

A valuable resource. I work in a service without any psychology at all currently so it tends to fall to OT. We really miss the opportunity particularly for those cc patients. Also hard to balance with our other elements of therapy to really be able to do it well #OTalk

**Dr Jenny Preston MBE** @preston_jenny

I think sometimes occupational therapists feel slightly nervous about using assessments or interventions in case psychology colleagues may wish to access of their wider formulation. Trying to avoid duplication #OTalk

**Ms Rachel Booth-Gardiner** ❤️ @OT_rach

Sorry I'm late, what have I missed #OTalk

**OPSYRIS** @OPSYRIS1

RT @DrEiriniKontou: Clinical Psychologists working in stroke services - join tonight's discussion #OTalk @DONBPS @OPSYRIS1

**Eirini Kontou** ❤️ @DrEiriniKontou

@JenniferNCrow Absolutely @JenniferNCrow - a challenge for the whole MDT and clinical psychologists working in one part of the stroke pathway #OTalk

**Louise** @Louisepenny87

@louiseclark15 @RCOT_NP Access to psychologists can be limited in community hospitals and community settings. There can often be vacant posts #OTa



#OTalk @OTalk_

@OT_rach Hello!!! #otalk

Louise Clark @louiseclark15

@SarahBr43983025 @JenniferNCrow Are OT advocating well for psychology do you think? We've got a key role in helping to identify the need and reach ou



and supervision too. Are we submitting business cases? Or are the posts going unfilled? [#OTalk](#)



Sarah Broughton [@SarahBr43983025](#)

[@DrEiriniKontou](#) [@JenniferNCrow](#) In my experience it is hard to access psychology in the acute phase and long waiting list in outpatients. [#otalk](#)



Louise Clark [@louiseclark15](#)

Time flies when there's so much to talk about. Time for Q2: What are the overlaps & differences between OTs & Psychologists when thinking about mood and cognition? (In practice, training, approach?) [#OTalk](#) [@RCOT_NP](#)



#OTalk [@OTalk_](#)

[#OTalk](#) Q2. [@louiseclark15](#)



Jennifer Crow [@JenniferNCrow](#)

This is a really interesting point [@Prof_A_Bateman](#) as an experienced therapist I have never thought of this but I can see how a more junior therapist in the field might think that [#psychology](#) belongs to psychologists [#OTalk](#)



Louise Clark [@louiseclark15](#)

[@preston_jenny](#) We'll be thinking about this a bit more in the next question. You're right though- although I'd guess with the need often fairly significant there is a room at the table for us both (and other members of the team too). Is it about communication and negotiation? [#OTalk](#)



Dr Jenny Preston MBE [@preston_jenny](#)

In our case we definitely support the need, but there is a real lack of psychologists on the ground [#OTalk](#)



Ms Rachel Booth-Gardiner [@OT_rach](#)

RT [@louiseclark15](#): Time flies when there's so much to talk about. Time for Q2: Time flies when there's so much to talk about. Time for Q2: What are the overlaps & differences between OTs & Psychologists when thinking about mood and cognition? (In practice, training, approach?) [#OTalk](#) [@RCOT_NP](#)



#OTalk [@OTalk_](#)

[#OTalk](#) q2. <https://t.co/ObTvYQldqN>



OPSYRIS [@OPSYRIS1](#)

RT [@louiseclark15](#): Time flies when there's so much to talk about. Time for Q2: Time flies when there's so much to talk about. Time for Q2: What are the overlaps & differences between OTs & Psychologists when thinking about mood and cognition? (In practice, training, approach?) [#OTalk](#) [@RCOT_NP](#)



Louise Clark [@louiseclark15](#)

[@RowenaPadamsey](#) [@OTalk_](#) Sadly the [@SSNAPaudit](#) post acute audit showed similar in the community pathways so certainly not just a local issue [#OTalk](#)



Cat Ford [@StrokePsych](#)

[@Prof_A_Bateman](#) [@louiseclark15](#) [@RCOT_NP](#) Does it help to think in terms of psychological support after stroke, rather than psychology, with professional level amount of training and experience in this? [#OTalk](#)



Eirini Kontou [@DrEiriniKontou](#)

Important to highlight value of psychological care early on and impact on physical outcomes [#OTalk](#)



Dr Jenny Preston MBE [@preston_jenny](#)

I think it is also about knowing and feeling confident about when it absolutely needs to be a psychologist [#OTalk](#)



Shirley Thomas [@DrShirleyThomas](#)

RT [@louiseclark15](#): We're privileged to be joined tonight by fantastic colleagues who I had the luck to present with at UKSF on this topic- Welcome to [#OTalk](#) Psychologists [@DrEiriniKontou](#) and [@StrokePsych](#) and Neuro OT specialist [@willchegwidden](#)



Cat Ford [@StrokePsych](#)

RT [@DrEiriniKontou](#): Important to highlight value of psychological care early on and impact on physical outcomes [#OTalk](#)



Eirini Kontou [@DrEiriniKontou](#)

RT [@StrokePsych](#): [@Prof_A_Bateman](#) [@louiseclark15](#) [@RCOT_NP](#) Does it help to think in terms of psychological support after stroke, rather than psychology, with professional level amount of training and experience in this? [#OTalk](#)

**Louise @LouisePenny87**

@louiseclark15 @RCOT_NP Some staff can feel that psychological care is better to be addressed further along the pathway so there can be a reluctance to right support #OTalk

**Dr Jenny Preston MBE @preston_jenny**

I like to think of it less as overlaps/differences and more about collaboration. Both professions bring their own unique perspectives which are all essential for formulation #OTalk

**Louise Clark @louiseclark15**

@Prof_A_Bateman @RCOT_NP That's a really helpful reflection Andrew. Psychological care opens up the discussion slightly more? #OTalk

**Rowena Padamsey @RowenaPadamsey**

@OTalk OT approach is viewing how mood and cognition impact on participation in everyday activities, person centred approach #OTalk

**Cat Ford @StrokePsych**

@preston_jenny It can be helpful to have opportunities to check out when a psychologist is needed like MDT mtgs with ClinPsy/Neuropsych - or pathways that #OTalk

**Dr Jenny Preston MBE @preston_jenny**

@louiseclark15 Communication is key but so is an understanding of the information that the whole team needs to know #OTalk

**Jennifer Crow @JenniferNCrow**

@preston_jenny Yes that is an excellent way of viewing things and both professions enhance and provide unique perspectives that hopefully lead to more h #OTalk

**Dr Jenny Preston MBE @preston_jenny**

I think that is a really helpful point #OTalk

**Louise @LouisePenny87**

@louiseclark15 I worry that when psychological care has a tendency to fall to the OT, the service that OT then provides becomes more diluted. Staffing ratios reflect this additional role #OTalk

**Louise Clark @louiseclark15**

@preston_jenny Definitely. I think sometimes there can be a nervousness about who is 'allowed' or more qualified to do those assessments too. #OTalk

**Cat Ford @StrokePsych**

@preston_jenny I agree, shared interprofessional formulation of the impact of stroke is very helpful #OTalk

**#OTalk @OTalk_**

@miriambetz1990 Hi @miriambetz1990 a transcript will become available of the #otalk on our website

**Dr Jenny Preston MBE @preston_jenny**

And of course not forgetting that the 'real' skill is not in the administration of the 'test' but in the interpretation and application of the findings to real life #OTalk

**Rowena Padamsey @RowenaPadamsey**

@louiseclark15 @OTalk thinking about the wider mdt, so many things have turned into tick box exercises- need to start with education and understanding to simple tools to get conversation going #OTalk

**Eirini Kontou @DrEiriniKontou**

For me it is more about how we work together and complement our competences. #teamwork #OTalk

**Louise Clark @louiseclark15**

@preston_jenny So there's something really important in there about pathways ensuring the most appropriate use of psychology resource especially where With OT's skills and knowledge re cognition and mental health, we are well placed to competently manage some aspects #OTalk

**Nicole Claire Walmsley @NicoleCWalmsley**

Agreed. Depends on the individual organisation too #OTalk

**Cat Ford @StrokePsych**

RT @DrEiriniKontou: For me it is more about how we work together and complement our competences. #teamwork #OTalk

Louise Clark @louiseclark15



@Louisepenny87 Do you think it's an additional role, or one we're well placed to manage and should be part of what we do? You're right though, it's difficult levels and what else we're involved in [#OTalk](#)



Jennifer Crow [@JenniferNCrow](#)

Different organisations definitely haven't different ways of working and at times 'rules' about who can do what sadly this moves the patient away from the care delivery [#OTalk](#)



Louise Clark [@louiseclark15](#)

[@preston_jenny](#) So true Jenny! We talked a lot in UKSF about interprofessional formulation and different ways of achieving this in busy teams [#OTalk](#)



Dr Jenny Preston MBE [@preston_jenny](#)

Completely agree. We also have some very helpful guidance developed by our Neuropsychologists that are invaluable in helping me to decide on the correct pathway. Just knowing the difference between Psychology and Neuropsychology is really important [#OTalk](#)



Louise Clark [@louiseclark15](#)

Q3) How should we work together from assessment through to intervention and evaluation to make the best of resources and skills to deliver what the patient needs? [#OTalk](#) [@RCOT_NP](#)



Cat Ford [@StrokePsych](#)

RT [@louiseclark15](#): Q3) How should we work together from assessment through to intervention and evaluation to make the best of resources and skills to deliver what the patient needs? [#OTalk](#) [@RCOT_NP](#)



#OTalk [@OTalk](#)

Q3 [#OTalk](#) <https://t.co/IVFaZ2epcJ>



Eirini Kontou [@DrEiriniKontou](#)

I work in an inpatient unit and it is hard to meet the demand. Short stays and low staffing levels of psychology - always need to prioritise and work collaboratively



Louise [@Louisepenny87](#)

[@louiseclark15](#) I think it is both a key part of what we do, but does require (sometimes considerable) time, skill and confidence. Depending on how the MDT works collaboratively and staffing resources, it can be a real challenge to manage all the demands of the OT role [#OTalk](#)



Nicole Claire Walmsley [@NicoleCWalmsley](#)

share assessment findings and make a joint plan [#OTalk](#)



Louise Clark [@louiseclark15](#)

[@DrEiriniKontou](#) Agreed. I do think some acknowledgement of where our approaches differ can help too, especially for junior staff in understanding some of the challenges on the ground. OT approaching things through function is an example [#OTalk](#)



Rowena Padamsey [@RowenaPadamsey](#)

[@louiseclark15](#) [@RCOT_NP](#) [#OTalk](#)



Louise [@Louisepenny87](#)

[@SarahBr43983025](#) [@DrEiriniKontou](#) [@JenniferNCrow](#) Service gaps where waiting lists occur can be really problematic in psychological care, often leaving limited access to specialist support, and risking deterioration [#OTalk](#)



Cat Ford [@StrokePsych](#)

[@Louisepenny87](#) [@louiseclark15](#) Challenges managing multiple competing demands could also make it trickier to provide psychological support [#OTalk](#)



Kate Halsall [@Kate43758656](#)

A good understanding and appreciation of what each profession brings to the table is always a good start 😊. It's good when all can clearly articulate their contributions within care plans and formulation [#OTalk](#)



OPSYRIS [@OPSYRIS1](#)

RT [@louiseclark15](#): Q3) How should we work together from assessment through to intervention and evaluation to make the best of resources and skills to deliver what the patient needs? [#OTalk](#) [@RCOT_NP](#)



Dr Jenny Preston MBE [@preston_jenny](#)

For me it is about shared formulation. If we get this bit right then the rest falls more naturally in place as each profession can identify where they can make their difference with the person [#OTalk](#)



Rowena Padamsey [@RowenaPadamsey](#)

[@louiseclark15](#) [@RCOT_NP](#) Don't forget to use the [#OTalk](#) in your comments! 😊



Jennifer Crow [@JenniferNCrow](#)

Joint sessions are invaluable to discuss strategies to support mood and cog issues. We are lucky [@StrokeImperial](#) to have the psychology staffing to allow them to support HASU pts often lose out [#OTalk](#)

Eirini Kontou [@DrEiriniKontou](#)



@preston_jenny Could not agree more! Important to dedicate resources and offer training to think about how mood or cognitive screens can inform rehab an setting [#OTalk](#)



Louise @LouisePenny87

[@louiseclark15](#) [@RCOT_NP](#) Share findings, work together to hypothesise and plan, implement and review intervention, and share with the wider MDT [#otal](#)



Cat Ford @StrokePsych

[@NicoleCWalmsley](#) Collating assessment findings and joint planning should also reduce duplication and ensure care is holistic and patient-centred [#OTalk](#)



Louise Clark @louiseclark15

[@NicoleCWalmsley](#) I like the sound of formation meetings where OT & psychology look at interpretation of findings together (function and standardised asse and make a plan of approach, how that will be carried out (by who) and how it'll be evaluated. Supervision/ treatment planning [#OTalk](#)



Jennifer Crow @JenniferNCrow

[@MauraScanlonPsy](#) and I are exploring how best to identify our HASU patients that would benefit from referral to our post stroke cognitive clinic [@drjkwan](#) [@F_Geranmayeh](#) [#OTalk](#)



Louise Clark @louiseclark15

[@preston_jenny](#) Yes!! :-)) Who is the right person, at the right time for that particular patient, goal or intervention. Not about OT do this and Psychology do the



Eirini Kontou [@DrEiriniKontou](#)

[@LouisePenny87](#) [@SarahBr43983025](#) [@JenniferNCrow](#) Limited availability of specialist clinical psychology or neuropsychology services across the pathwa stroke teams. [#OTalk](#)



Nicole Claire Walmsley @NicoleCWalmsley

Totally [#OTalk](#)



Rowena Padamsey [@RowenaPadamsey](#)

[@louiseclark15](#) [@RCOT_NP](#) Co-design of services and pathways [#OTalk](#)



Andrew Bateman @Prof_A_Bateman

[@sillyoldjen](#) [@JenniferNCrow](#) Doh, meant to tag this [#OTalk](#)



Louise @LouisePenny87

[@louiseclark15](#) [@NicoleCWalmsley](#) I've worked in a service that did this weekly with OT, neuropsychology and Neurorehab consultants. It allowed us to dee each situation, make a plan, share learning and review outcomes. Generally 1 hour each week and discussed 2 patients each week [#otal](#)



Cat Ford @StrokePsych

[@JenniferNCrow](#) [@MauraScanlonPsy](#) [@drjkwan](#) [@F_Geranmayeh](#) This sounds like it'd make a great service related research project for a trainee clinpsy o



#OTalk @OTalk_

[@NicoleCWalmsley](#) And who does the individual want to speak with [#communication](#) [#choices](#) [#OTalk](#)



Louise Clark @louiseclark15

[@JenniferNCrow](#) [@MauraScanlonPsy](#) [@drjkwan](#) [@F_Geranmayeh](#) Jenny tell us more about this- as this is a great example of how to ensure psychological identified even with a high flow and short LOS . A great example of working together [#OTalk](#)



Bikhwk0ps Digital Services @Bikhwk0ps

RT [@LouisePenny87](#): [@louiseclark15](#) [@NicoleCWalmsley](#) I've worked in a service that did this weekly with OT, neuropsychology and Neurorehab consultan us to deep dive in to each situation, make a plan, share learning and review outcomes. Generally 1 hour each week and discussed 2 patients each week [#ot](#)



Jennifer Crow @JenniferNCrow

We should not forget the vital role our SLT's play when combining post-stroke mood and cog issues with language problems [#OTalk](#) Any speechies in this ch



Louise Clark @louiseclark15

[@NicoleCWalmsley](#) For other services in the same boat of not having neuropsychology- we are looking at buying in sessions to support our OT's in this supervision/treatment planning as a starting point, to at least maximise what OT are currently doing whilst we await funded CP posts [#OTalk](#)



#OTalk @OTalk_

[#OTalk](#) time flies! We have about 15 mins left !!! <https://t.co/YhL0lrIaxk>



Eirini Kontou [@DrEiriniKontou](#)

Developing a shared understanding of presenting issues [#formulation](#) is a skill we use as clinical psychologists [#OTalk](#)

Andrew Bateman @Prof_A_Bateman



@sillyoldjen @JenniferNCrow And it's an important point too, we've exchanged tweets before I am sorry you experienced such pain and hurt, and for the purpose of [#OTalk](#) acknowledging that no interventions (including assessments) are entirely benign



Jennifer Crow @JenniferNCrow

[@louiseclark15](#) [@MauraScanlonPsy](#) [@drjkwan](#) [@F_Geranmayeh](#) We are trying to establish a pathway that gives those who have a so called 'minor' stroke into the stroke service for specialist assessment and onward referrals at about 6 weeks after discharge. Cog assessment 24 hrs post stroke is surely not ideal



Louise @Louisepenny87

[@louiseclark15](#) [@NicoleCWalmsley](#) This sounds like a great middle ground, if a service doesn't have access to psychology or has a vacancy for a period of



Kate Halsall @Kate43758656

[@JenniferNCrow](#) No but just been put in charge of developing posts. Such an important AHP profession in this field... Pretty hard to access psychological input when you can communicate what is within [#OTalk](#)



Louise Clark @louiseclark15

Final question! Q4) If you could do one thing in your workplace in the next month to improve psychological care and working together, what would it be? [#OTalk](#) [@RCOT_NP](#)



Nicole Claire Walmsley @NicoleCWalmsley

RT [@JenniferNCrow](#): [@louiseclark15](#) [@MauraScanlonPsy](#) [@drjkwan](#) [@F_Geranmayeh](#) We are trying to establish a pathway that gives those who have a so called 'minor' stroke a route back into the stroke service for specialist assessment and onward referrals at about 6 weeks after discharge. Cog assessment 24 hrs post stroke is surely not ideal [#OTalk](#)



Cat Ford @StrokePsych

[@louiseclark15](#) [@NicoleCWalmsley](#) This is a great idea - sessional clin neuropsych/specialist clinpsy supervision, consultation, training etc can help while making funded CP/CNP posts. [#OTalk](#)



Sarah Broughton @SarahBr43983025

[@Louisepenny87](#) [@louiseclark15](#) [@NicoleCWalmsley](#) We have a cognitive pathway for the inpatients which really helps. The OT and neuropsychology can help identify the issues, challenges and strategies. [#OTalk](#)



OPSYRIS @OPSYRIS1

RT [@louiseclark15](#): Final question! Q4) If you could do one thing in your workplace in the next month to improve psychological care and working together, what would it be? [#OTalk](#) [@RCOT_NP](#)



Louise @Louisepenny87

[@JenniferNCrow](#) [@louiseclark15](#) [@MauraScanlonPsy](#) [@drjkwan](#) [@F_Geranmayeh](#) Intervention needs to be in the right place at the right time. Flexible services can meet the varying needs of individuals much better than services that rigidly stick to criteria [#OTalk](#)



#OTalk @OTalk

Q4. [#OTalk](#) <https://t.co/D7M5o7dlAB>



Louise Clark @louiseclark15

[@Prof_A_Bateman](#) [@JenniferNCrow](#) The stroke forum and members of BPS are hoping to pull together the competency frameworks/a position statement to help guide practice supporting the MDT to deliver the stepped care or matched care models [#OTalk](#)



Cat Ford @StrokePsych

[@louiseclark15](#) [@NicoleCWalmsley](#) Is it also possible to collaborate / share ideas about ways to secure funding for CP/CNP posts? [#OTalk](#)



Cat Ford @StrokePsych

RT [@DrEiriniKontou](#): Developing a shared understanding of presenting issues [#formulation](#) is a skill we use as clinical psychologists [#OTalk](#)



Nicole Claire Walmsley @NicoleCWalmsley

make more time to meet to discuss and make plans. Such a challenge in a busy fast pace environment. But joined up working will always be better for the patients



Nicole Claire Walmsley @NicoleCWalmsley

RT [@louiseclark15](#): [@Prof_A_Bateman](#) [@JenniferNCrow](#) The stroke forum and members of BPS are hoping to pull together the competency frameworks/a position statement to help guide practice supporting the MDT to deliver the stepped care or matched care models [#OTalk](#)



Louise Clark @louiseclark15

[@JenniferNCrow](#) [@MauraScanlonPsy](#) [@drjkwan](#) [@F_Geranmayeh](#) Anything to say about agreeing local screening and assessment pathways? Timing is an important one- thanks for raising Jenny [#OTalk](#)



Louise Clark @louiseclark15

[@StrokePsych](#) [@NicoleCWalmsley](#) Absolutely! OT would love more psychologists to work alongside [#OTalk](#)



Cat Ford @StrokePsych

[@NicoleCWalmsley](#) And may save time ultimately? [#OTalk](#)

**Eirini Kontou** ❤️ @DrEiriniKontou

@Kate43758656 @JenniferNCrow Mood and cognition requires MDT approach. Joint working with SLT / OT is critical for delivering good quality care in strol

**Louise** @Louisepenny87

@louiseclark15 @JenniferNCrow @MauraScanlonPsy @drjkwan @F_Geranmayeh Many moons ago, the geographical sector I worked in did a training day packs so that all staff had the same training, used the same tools and had access to the same resources. Really helped us implement learning when we all had baseline knowledge #OTalk

**Louise Clark** @louiseclark15

@NicoleCWalmsley Is this a key role of MDT meetings? Or are they too fast paced and discharge focussed to get into that level of detail? #OTalk

**Cara Lawrence** @caralawrence

@louiseclark15 @StrokePsych @NicoleCWalmsley Cat I always loved working along side you. OT and psychologists working together for the patient #otalk

**Kate Halsall** @Kate43758656

@louiseclark15 @RCOT_NP Being new in my post and given the conversation, taking time to speak to psychology colleagues and really understand their role speciality. Also ensuring open pathways for them to learn about OT #OTalk

**Nicole Claire Walmsley** @NicoleCWalmsley

An option but MDMs are already too long and I wonder if we should meet before to present a joint plan? #OTalk

**Louise Clark** @louiseclark15

Does every team/pathway have regular team meetings where OTs and psychologists get to see each other? Do you know each other to have a cuppa with? confess you're not sure or ask for help when it's someone you know...#OTalk

**Dr Jenny Preston MBE** @preston_jenny

Perhaps that's part of the problem, maybe they need to be less discharge focussed and more focussed on the person 🤔 #OTalk

**Jennifer Crow** @JenniferNCrow

Our B5/6 training for OT/PT/SLT includes a session on psychological care and information on when and who to refer to the psychologists - this time round th presented jointly by one of our psychologists and an #OTalk @MauraScanlonPsy @StrokeImperial

**Eirini Kontou** ❤️ @DrEiriniKontou

@louiseclark15 @NicoleCWalmsley In services with low/inadequate staffing levels of psychology thinking how to maximise our contribution - eg offer consult and supervision to our stroke teams rather than 1:1 input. Trying to be flexible and creative. #OTalk

**Louise Clark** @louiseclark15

@NicoleCWalmsley @StrokePsych had a lovely example which doubled as patient education where the formulation and goals were made into a poster #OTalk

**Eirini Kontou** ❤️ @DrEiriniKontou

RT @SarahBr43983025: @Louisepenny87 @louiseclark15 @NicoleCWalmsley We have a cognitive pathway for the inpatients which really helps. The OT and neuropsychology come together to identify the issues, challenges and strategies. #OTalk

**#OTalk** @OTalk_#OTalk 📱 5 minutes left 📱 <https://t.co/p6yNUDEdn>**Cara Lawrence** @caralawrence

@louiseclark15 In the community it's been tough as we have been so virtual but we do have regular MDTs where we discuss patients. I often ask for advice from psychology #otalk

**Kate Halsall** @Kate43758656

It would be great to see this #OTalk

**Dr Jenny Preston MBE** @preston_jenny

I think my neuropsychology colleagues might be sick of the sight of me 😊 #OTalk

**Louise Clark** @louiseclark15

@preston_jenny I couldn't agree more. Challenging in a HASU, but certainly more possible in a rehab unit or community service. Such valuable time with everyone together. Should be so much more than a process exercise #OTalk

**Louise** @Louisepenny87

@louiseclark15 Unfortunately no psychologists in my current service, but the outpatient psychology service is only a phone call away and have always been there whenever I've called #OTalk

Rowena Padamsey ❤️ @RowenaPadamsey



@louiseclark15 @RCOT_NP Good question! Exploring how we can support the mdt further to consider starting conversations with stroke survivors and relat mood and adjustment [#OTalk](#)



Louise Clark @louiseclark15

Does every team/pathway have an agreed local screening and assessment pathway? Assessment is only the start, but often good for getting conversations who can do what, training needs and moving onto treatment [#OTalk](#)



Jennifer Crow @JenniferNCrow

Yes you make a good point [@MauraScanlonPsy](#) - just thinking of all the family support work you have done on our unit - does that get captured on SSNAP? [@StrokeImperial](#) [@SomaBanerjee73](#) [@drjkwan](#)



Louise Clark @louiseclark15

That's a great one Rowena. Sounds very achievable too [#OTalk](#)



Cat Ford @StrokePsych

[@NicoleCWalmsley](#) Are there ways to share info visually ahead of, or during, MDT mtgs (e.g. through shared formulation diagrams / summaries) so valuable time can be used to focus on key issues/questions? [#OTalk](#)



Glyn Blakey @saeboukglyn

RT [@louiseclark15](#): [@Prof_A_Bateman](#) [@JenniferNCrow](#) The stroke forum and members of BPS are hoping to pull together the competency frameworks/a statement to help guide practice supporting the MDT to deliver the stepped care or matched care models [#OTalk](#)



Cara Lawrence @caralawrence

[@louiseclark15](#) This sounds interesting. I think this is something I need to reflect on. Everything is so busy so easy for us to put that onto next month and it r happens [#otalk](#)



Cat Ford @StrokePsych

[@DrEiriniKontou](#) [@louiseclark15](#) [@NicoleCWalmsley](#) Could also collaborate across professions to put in business cases to better support psychological car [#stroke](#) [#OTalk](#)



Eirini Kontou [@DrEiriniKontou](#)

[@JenniferNCrow](#) [@MauraScanlonPsy](#) [@StrokeImperial](#) [#OTalk](#) delivering training is essential but a key challenge is for MDT members to attend. How do yc engagement? Also different skillset and competences among colleagues.



Dr Jenny Preston MBE @preston_jenny

We are testing that approach at the moment. I'm very much in favour [#OTalk](#)



#OTalk @OTalk

Excellent [#OTalk](#) tonight !!! Thank you to [@louiseclark15](#) and all colleagues who joined the discussion this evening. Transcript will follow, this is [@smileyface](#) out, Goodnight !!!!



#OTalk @OTalk

[#OTalk](#) 26th April 2022 – Outcome Measures used by occupational therapists in forensic and justice-based settings. <https://t.co/TZu6B5xHqi>



Louise Clark @louiseclark15

Thank you everyone for participating tonight. I think some of the usual [#OTalk](#) ers are knee deep in Easter eggs- but may pick up the thread in the coming d an eye out for more chat & the transcript. We'll let you know more about the joint work we have planned too!



Dr Jenny Preston MBE @preston_jenny

RT [@OTalk](#): [#OTalk](#) 26th April 2022 – Outcome Measures used by occupational therapists in forensic and justice-based settings. <https://t.co/TZu6B5xHqi>



Jennifer Crow @JenniferNCrow

Thank you [@louiseclark15](#) for once again leading a very interesting [#OTalk](#) with great questions to get the conversations going



North West RCOT @NW_RCOT

RT [@OTalk](#): [#OTalk](#) 26th April 2022 – Outcome Measures used by occupational therapists in forensic and justice-based settings. <https://t.co/TZu6B5xHqi>



Cat Ford @StrokePsych

[@caralawrence](#) [@louiseclark15](#) [@NicoleCWalmsley](#) Absolutely, I always value working with my OT colleagues - in clinical practice and training! I remember sessions and MDT mtgs with you, Cara. [#OTalk](#)



Kate Halsall @Kate43758656

[@louiseclark15](#) Yes, went to a great MDT meeting last week. Spent time having an in depth conversation about the service users with OT and Psychology b contributors to the conversation [#OTalk](#)



OPSYRIS @OPSYRIS1

RT [@louiseclark15](#): Thank you everyone for participating tonight. I think some of the usual [#OTalk](#) ers are knee deep in Easter eggs- but may pick up the thr coming days, so keep an eye out for more chat & the transcript. We'll let you know more about the joint work we have planned too!

**Louise Clark** @louiseclark15

@OTalk @smileyfacehalo Thank you @smileyfacehalo for your help and support tonight and to #OTalk for allowing the stroke forum to come back. Such a platform and a great gang behind the scenes. An interesting discussion with some fabulous colleagues. Happy Easter everyone and see you all soon

**Emily Suffield** @emilysuffield

Survived my first #otalk in ages but definitely forgot to tag all my comments 🙄 an interesting discussion around collaborative working with OTs and psychol stroke services, thanks all!

**Cat Ford** @StrokePsych

@caralawrence @louiseclark15 This is an important point. Providing psychological support online has been a big adjustment for all professions. #OTalk

**Dr Jenny Preston MBE** @preston_jenny

@DrEiriniKontou Hopefully it feels mutually positive and supportive 🤝 #OTalk

**Sam Pywell** @smileyfacehalo

@louiseclark15 @OTalk Superb #OTalk tonight well done !!!!!

**Cara Lawrence** @caralawrence

@StrokePsych @louiseclark15 @NicoleCWalmsley With had two lovely students from UEA which have been such a huge help. Do your trainees ever do rol placements (where the isn't a clinical psychologist in post) this is how some colleagues got there OT jobs #otalk

**Eirini Kontou** ❤️ @DrEiriniKontou

@louiseclark15 I started running a monthly group for OTs but hope that my colleagues know that can approach me at anytime - being available and building is the essence of MDT working #OTalk

**Cat Ford** @StrokePsych

RT @DrEiriniKontou: @JenniferNCrow @MauraScanlonPsy @StrokeImperial #OTalk delivering training is essential but a key challenge is for MDT members: How do you maximise engagement? Also different skillset and competences among colleagues.

**Louise Clark** @louiseclark15

@preston_jenny We would love to see some anonymised examples tweeted. I love visual representations. Helpful for the patient, family and MDT alike #OTalk

**Dr Jenny Preston MBE** @preston_jenny

I'm not sure how helpful they would be in an anonymised format as the detail is key. Let me check to see if the blank template would work as an alternative #OTalk

**Cat Ford** @StrokePsych

@caralawrence @louiseclark15 @NicoleCWalmsley With recent expansion of ClinPsy training numbers, roles in emerging placements may be possible if so supervise. Service related research projects by ClinPsy trainees may be helpful too. Worth talking to your local ClinPsy training programme about options #OTalk

**Eirini Kontou** ❤️ @DrEiriniKontou

RT @JenniferNCrow: @louiseclark15 @MauraScanlonPsy @drjkwan @F_Geranmayeh We are trying to establish a pathway that gives those who have a s 'minor' stroke a route back into the stroke service for specialist assessment and onward referrals at about 6 weeks after discharge. Cog assessment 24 hrs p surely not ideal #OTalk

**Eirini Kontou** ❤️ @DrEiriniKontou

@preston_jenny Diagrammatic formulations are very helpful tools, also for sharing with stroke survivors and their families as appropriate. #OTalk

**Dr Jenny Preston MBE** @preston_jenny

Do psychologists use a standard template for visual formulations ? #OTalk

**Dr Jenny Preston MBE** @preston_jenny

That's a really good point Jenny and absolutely right to point that out. Yes, the person is asked to consent to this information being shared within the team and they do not wish for it to be shared then it won't be #OTalk

**Dr Jenny Preston MBE** @preston_jenny

@sillyoldjen Just reading back my original tweet which was slightly misleading. I meant accessing the same assessments not accessing the results from the but hopefully I've covered that in my previous reply #OTalk

**Dr Jenny Preston MBE** @preston_jenny

Do you have any links to published examples? #OTalk

**Glyn Blakey** @saeboukglyn

RT @louiseclark15: Does every team/pathway have regular team meetings where OTs and psychologists get to see each other? Do you know each other to cuppa with? Easier to confess you're not sure or ask for help when it's someone you know...#OTalk

**Rowena Padamsey** ❤️ @RowenaPadamsey

@louiseclark15 Our psychologist is only ever a phonecall or email away...but we could definitely do better to sit down and discuss how we can improve our : #OTalk



Dr Jenny Preston MBE @preston_jenny
@sillyoldjen I completely understand #OTalk



Dr Jenny Preston MBE @preston_jenny
Thank you for sharing. These may be of interest #OTalk



David Wylie @wyliedpod
This x1,000 times over 🍷🍷🍷



Dr Jenny Preston MBE @preston_jenny
@sillyoldjen Thank you for making me think about and clarify this point #OTalk



Rowena Padamsey @RowenaPadamsey
@louiseclark15 @preston_jenny Agreed- this is the approach we have taken in our service to ensure our psychologists time is used well and for the benefit of patients with more complex needs #OTalk



Eirini Kontou @DrEiriniKontou
RT @preston_jenny: Completely agree. We also have some very helpful guidance developed by our Neuropsychologists that are invaluable in helping me to the correct referral pathway. Just knowing the difference between Psychology and Neuropsychology is really important #OTalk



Rowena Padamsey @RowenaPadamsey
@louiseclark15 @SarahBr43983025 @JenniferNCrow We have been working on a QI project to improve access to psychological care, in lieu of (essential) input OTs feel well placed to also push for improvements in services. Business cases being turned down consistently to date #OTalk



Eirini Kontou @DrEiriniKontou
RT @louiseclark15: @SarahBr43983025 @JenniferNCrow Are OT advocating well for psychology do you think? We've got a key role in helping to identify the reach out for support and supervision too. Are we submitting business cases? Or are the posts going unfilled? #OTalk



Deborah Murphy @Murphlemurph
Please vote for @OT_rach who very much deserves our support for this award. A fellow #OccupationalTherapist who contributes a significant amount to our with her involvement in #OTalk and @AbleOTUK



Rebecca Loo @RebeccaLoo
RT @OTalk: #OTalk 26th April 2022 – Outcome Measures used by occupational therapists in forensic and justice-based settings. <https://t.co/TZu6B5xHqi>



Dr Jenny Preston MBE @preston_jenny
Thank you @jonathanjevans that would be really helpful. If you have any online resources or references that you would be happy to share with #OTalk that brilliant too. Hope you are well.



Anna Braunizer (she/her) @ABraunizer
RT @Murphlemurph: Please vote for @OT_rach who very much deserves our support for this award. A fellow #OccupationalTherapist who contributes a significant amount to our community with her involvement in #OTalk and @AbleOTUK



Ms Rachel Booth-Gardiner @OT_rach
RT @Murphlemurph: Please vote for @OT_rach who very much deserves our support for this award. A fellow #OccupationalTherapist who contributes a significant amount to our community with her involvement in #OTalk and @AbleOTUK



Jessika Lack @JessikaLack_OT
RT @OTalk: #OTalk 26th April 2022 – Outcome Measures used by occupational therapists in forensic and justice-based settings. <https://t.co/TZu6B5xHqi>



Shirley Thomas @DrShirleyThomas
RT @DrEiriniKontou: Clinical Psychologists working in stroke services - join tonight's discussion #OTalk @DONBPS @OPSYRIS1



Sherlyn (she/her) @sherlynmelody
RT @Murphlemurph: Please vote for @OT_rach who very much deserves our support for this award. A fellow #OccupationalTherapist who contributes a significant amount to our community with her involvement in #OTalk and @AbleOTUK



Emma Garratt @Em_Garratt
@louiseclark15 @RCOT_NP Multiple - lack of Psychologists in many stroke MDTs (often across entire pathways), expensive roles to add into budget so arg business case can be hard work. Even if funding available, lack of people to fill posts. #OTalk



Samantha Shann @otsamantha
RT @Murphlemurph: Please vote for @OT_rach who very much deserves our support for this award. A fellow #OccupationalTherapist who contributes a significant amount to our community with her involvement in #OTalk and @AbleOTUK



Alison Sims @alison68525623
RT @Murphlemurph: Please vote for @OT_rach who very much deserves our support for this award. A fellow #OccupationalTherapist who contributes a significant amount to our community with her involvement in #OTalk and @AbleOTUK

**Glyn Blakey** @saeboukglyn

RT @Em_Garratt: @louiseclark15 @RCOT_NP Multiple - lack of Psychologists in many stroke MDTs (often across entire pathways), expensive roles to add so arguing business case can be hard work. Even if funding available, lack of people to fill posts. #OTalk

**Sue Parkinson** @MOHOspark

RT @preston_jenny: For me it is about shared formulation. If we get this bit right then the rest falls more naturally in place as each profession can identify w/ make the most difference with the person #OTalk

**Ciaran O'Hagan** @Ciaran_OT

@louiseclark15 @RCOT_NP Establishing a pathway for psychological care is important. Coming together to discuss findings & creating a formulation. Joint during functional assessments to review occupational performance & implementation of strategies that have been discussed in Rx sessions etc #OTalk



CAN Clinic & Research Group @CANxeter
@StrokePsych

**Eirini Kontou** @DrEiriniKontou

@Em_Garratt @louiseclark15 @RCOT_NP Inspiring the next generation of clinical psychologists working in stroke can be a challenge when staffing and skill limiting our capacity to offer specialist placements. Attracting trainees to stroke specialty to meet the demand is so important #OTalk

**Mary Booth** @MaryBoothOT

RT @Murphlemurph: Please vote for @OT_rach who very much deserves our support for this award. A fellow #OccupationalTherapist who contributes a significant amount to our community with her involvement in #OTalk and @AbleOTUK

**Alex -OT student (she/her)** @AlexandratheOT

As a #neurodivergent OT student I don't like the term 'Challenging/difficult behaviour' From my lived experience I know that often it's actually distress and unmet needs... #OTalk #ActuallyAutistic

**BAMEOTUK** @BAMEOTUK

RT @AlexandratheOT: As a #neurodivergent OT student I don't like the term 'Challenging/difficult behaviour' From my lived experience I know that often it's distress and unmet needs... #OTalk #ActuallyAutistic

**Becs-Lou (she/her)** @becs_lou

RT @AlexandratheOT: As a #neurodivergent OT student I don't like the term 'Challenging/difficult behaviour' From my lived experience I know that often it's distress and unmet needs... #OTalk #ActuallyAutistic

**Gwyneth Ataderie (She/Her)** @Gwyneth_OT

I completely agree. I have a lot of issues with this terminology and it's often used to describe how neurotypical people are processing the behaviour as opposed to the experience of the neurodivergent person.

**Jean Clare** @Clare15Jean

RT @AlexandratheOT: As a #neurodivergent OT student I don't like the term 'Challenging/difficult behaviour' From my lived experience I know that often it's distress and unmet needs... #OTalk #ActuallyAutistic

**LecturerMish** She/Her/Hers @LecturerMish

RT @AlexandratheOT: As a #neurodivergent OT student I don't like the term 'Challenging/difficult behaviour' From my lived experience I know that often it's distress and unmet needs... #OTalk #ActuallyAutistic

**Oonagh OT** @oonagh_jordan

RT @AlexandratheOT: As a #neurodivergent OT student I don't like the term 'Challenging/difficult behaviour' From my lived experience I know that often it's distress and unmet needs... #OTalk #ActuallyAutistic

**Emily Suffield** @emilysuffield

Not with a stroke patient but already put into practice today with joint planning session with OT/SLT/psychologist #OTalk

**HPOT** @Hol69419226

RT @AlexandratheOT: As a #neurodivergent OT student I don't like the term 'Challenging/difficult behaviour' From my lived experience I know that often it's distress and unmet needs... #OTalk #ActuallyAutistic

**Samantha McCabe-Hogan** @Samhog

RT @AlexandratheOT: As a #neurodivergent OT student I don't like the term 'Challenging/difficult behaviour' From my lived experience I know that often it's distress and unmet needs... #OTalk #ActuallyAutistic

**you're on mute Leo** @LeonoraOT

RT @AlexandratheOT: As a #neurodivergent OT student I don't like the term 'Challenging/difficult behaviour' From my lived experience I know that often it's distress and unmet needs... #OTalk #ActuallyAutistic

**Jodianne** @j_a_loyd

RT @AlexandratheOT: As a #neurodivergent OT student I don't like the term 'Challenging/difficult behaviour' From my lived experience I know that often it's distress and unmet needs... #OTalk #ActuallyAutistic

**Cassie Quinlan** @cassiqu

RT @AlexandratheOT: As a #neurodivergent OT student I don't like the term 'Challenging/difficult behaviour' From my lived experience I know that often it's distress and unmet needs... #OTalk #ActuallyAutistic

**Empowerment Passport** @EmpowermentPas1RT @AlexandratheOT: As a [#neurodivergent](#) OT student I don't like the term 'Challenging/difficult behaviour' From my lived experience I know that often it's distress and unmet needs... [#OTalk](#) [#ActuallyAutistic](#)**Bill Wong, OTD, OTR/L** @BillWongOTRT @AlexandratheOT: As a [#neurodivergent](#) OT student I don't like the term 'Challenging/difficult behaviour' From my lived experience I know that often it's distress and unmet needs... [#OTalk](#) [#ActuallyAutistic](#)**Luka (he/him)** @Luka_RitterRT @AlexandratheOT: As a [#neurodivergent](#) OT student I don't like the term 'Challenging/difficult behaviour' From my lived experience I know that often it's distress and unmet needs... [#OTalk](#) [#ActuallyAutistic](#)**Tori Lehr** @VicTORiously40RT @AlexandratheOT: As a [#neurodivergent](#) OT student I don't like the term 'Challenging/difficult behaviour' From my lived experience I know that often it's distress and unmet needs... [#OTalk](#) [#ActuallyAutistic](#)**Medoris Care** @medoriscareukTo all the Occupational Therapists out there that do such amazing work. Without you our microbead support cushions, pillows and hand grips would not find those that need and use them. Thank you for your dedication to improving the lives of so many. [#OTMonth](#) [#OTalk](#) <https://t.co/gOgUDZql3V>**Hannah Rachel Louise** @HanRachellouis3RT @AlexandratheOT: As a [#neurodivergent](#) OT student I don't like the term 'Challenging/difficult behaviour' From my lived experience I know that often it's distress and unmet needs... [#OTalk](#) [#ActuallyAutistic](#)**Thomas Hartigan** @thomashartiganRT @AlexandratheOT: As a [#neurodivergent](#) OT student I don't like the term 'Challenging/difficult behaviour' From my lived experience I know that often it's distress and unmet needs... [#OTalk](#) [#ActuallyAutistic](#)**april franco** @prilboRT @AlexandratheOT: As a [#neurodivergent](#) OT student I don't like the term 'Challenging/difficult behaviour' From my lived experience I know that often it's distress and unmet needs... [#OTalk](#) [#ActuallyAutistic](#)**Sophie Maynard** @SophieMaynard8@OTalk_ Shame I missed this one @RCOT_NP but will be having a look through the transcript [#OTalk](#)

Showing 1 to 226 of 226 entries

#OTalk cor

Free Analytics and Transcripts for #OTalk

200,000 Tweets

Symplur has over 200,000 #OTalk tweets going back to September 2011.

Get unrestricted access to all conversations with [Symplur Signals](#).



- Technology
- Simplur API
- Blog
- Simplur Vs The Competition
- Healthcare Social Graph
- Healthcare Hashtag Project
- Research
- Pricing
- Contact
- Login
- Privacy Policy
- Do Not Sell My Persc Information
- Website Data Collecti Preferences

REQUEST A DEMO

Join our mailing list →

© Simplur 2022