***Pauline’s explanation of how the exchanges with Russian professionals working with neurologically disabled patients started ad evolved.***

* **1988 First visit to Leningrad with our Assoc. British Neurologists for joint Conference with Russian neurologists.** The aim was to meet with Russian neurologist and to find out what they had been doing in the past years. Whereas before the Revolution Russian neurologists led the world, we had heard nothing of their activities after that.

*The aim was not achieved because of the language barrier, a poor translator and inablity to meet with Russian colleagues even at lunch, because in Vasilisky Hotel in which conference took place, lunch was only for foreigners.*

*However, my husband and I, in the ‘foreign currenc6 bar met with a neurophysiologist (Larisa Andreeva wishing to visit the UK, and during several subsequent exchange visits I continued my search*

* **1992 Four years later, I first walked into the Neurological Dept PSPSMU- Prof AAS** was away at that time, so , I met Prof VM Kazakov who asked two intelligent young neurologists ,Dima Rudenko and Natasha Totalian to present cases- both spoke good English . It was clear that the general approach to neuro patients in Russia was v similar to that in UK At the end of this informal meeting VMK explained that , following the fall of Communism, and the end of Soviet era, although; overseas links were no longer strictly limited and monitored, it had become even **more difficult to obtain any non-Russian neurological ;publications and Professor Kazakov asked for help to do this.**
* **1993** in answer to this request **the Neurological International Partnership Programme NIPP** was set up with Prof. Donald Silberbeg in the USA under the World Federation of Neurologists and with the backing of the Assoc. British Neurologists.In this Programme over 300 partnerships worldwide were established, linking a department in a country with free access to neurological literature with one in a country with no such access, The former partner had a responsibility to provide, as far as possible, the literature required by the latter, Twenty such links were made with Neurological Departments in Russia one of which was with PSPFMU ,

* **1995 I noted i) That in PSPFMU despite a large number of English language current neurological texts and journals arriving, there was no change in neurological practice.** This was because few doctors read them as few could read and understand English freely, and they saw no need to know what was happening in other countries. ,These texts therefore remained unread in the professor’s office or in the library, as many of those I sent probably still lie.

**ii) that the British Government Department for International Development (DFID) had set up a Know How Fund, in which grants could be obtained to arrange exchanges aimed at improving access to useful knowledge in health or social care in a number of countries including Russia and the FSU**

By this time, I was trusted by the neurological staff , had attended neurological ward rounds and noted that the major difference in practice between the UK and Russia was that in Russia they were not using the two principles which had been introduced during the last part of my working life.. and had made the greatest impact on improving outcome. These were i) those of **Evidence Based Medicine..I.e....** as far as possible using methods and treatments only once they had been shown to be effective by Randomised Controlled Trials , thus not wasting money on ineffective drugs and treatments , and avoiding their side effects, and ii) instead of each specialty individually assessing the patient and deciding on their management, , pooling all the results of all these assessment in **Multidisciplinary Team Meetings and jointly coming to decisions about future management , and setting goals go be achieved in a set time. .**

Iii seemed that Russian colleagues would easily pick up any innovations of medication and equipment,. However, introducing changes in nursing for example in nursing practise, such as mobilising patients as soon as possible after stroke, would be achieved only if staff involved had witnessed hat such practice ad seen good results , and if they were given the skills and equipment to be able to do this. Mutual understanding both in the UK and in Russia of the details of how practice differed in the two countries was required . This could best be done by using KHF and subsequently other funding so that professional staff could be shadows for a period with their professional colleagues in the other country., and stay long enough to be able to judge the effect of these differences in care. A summary of these activities drawn up in 2003 will be sent. With this document.

NB **Please note the exchanges continued after 2003 until Covid and subsequent events stopped them.**

Although exchanges continued e.g. with nurses, and with continued attendance each year of 3 or 4 UK professional specialists to read lectures at the Annual Neurorehabilitation Conference in Moscow run by Prof Galina Ivanova Chief Rehabilitologist in Russia , the main focus of the exchanges during these years was with **clinical neuropsychologists** focusing on

1. **Introducing developments of Luria’s approach in neuropsychology to CNPs** in visits to UK of Clin Psychologists from several institutes in St Petersburg, and one from Nijhny Novgorod for up to two weeks, to attend a special course for them at the National Hosp for Neurological Disorders, and to observe CNPs in practise in London.
2. **`Teaching clinical psychologists to become clinical neuropsychologists**, regular visits to Russia of leading UK CNPs UK CNPs including those who ran training courses for CNPs in UK This led to the setting up the Prof Elena Isaeva Head of the Psychological Department in PSPFM of a new post Diploma Course to train CPS to become CNPS. UK teachers gave lectures in this new course in 2017/18 & 19.
3. **Neuropsychological rehabilitation.** The last day of the new Post Diploma course was devoted to CNP rehabilitation and open for all CPs to attender. After initial resistance the ‘new’ holistic’ approach to CNP rehab i.e. helping the patients with acquired cognitive disorders to achieve their personal aims in life despite their cognitive disorder as opposed to exclusively treating the brain disorder, was enthusiastically embraced.

All the changes in practice which occurred following the exchanges were introduced by Russian professional staff who selected what was appropriate for them to use and changed their practice.

Although the majority of the professionals involved in the exchanges were clinical staff, when it was decided in 2000 to attempt to extend MDT care into the community for patients after discharge from hospital, administrative staff from Committee of Health in St Petersburg, the Primorsky District and a polyclinic were included,

In 2007 such a service was set up in the Primorsky District and subsequently shown to be effective.