THE ROLE OF THE THERAPIST IN ACUTE MEDICINE

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Society for Acute Medicine AHP rep
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KEY MESSAGES
- Why is acute medicine therapy a speciality?
- The national competencies for therapists in acute medicine
- Challenging traditional models of care of therapists in acute medicine

ACUTE MEDICINE AS A SPECIALITY

CASE STUDY
- Mrs X
- PC: fall & reduced mobility
- PMHx: Hypertension, anxiety, cataracts
- Unable to get collateral history as NOK details incorrect
- Lives alone with history of falls
- Bloods: Na 156, K+ 5.0, CRP 15, WCC 37, Creatinine 113
- Obs. stable
- Medical impression: UTI
- Medical plan: Home with PO ABx

CASE STUDY CONTINUED
Referred to therapist to assess suitability for discharge. Therapy intervention:
- Problem solving required to access collateral Hx
- Further Obs – identified postural drop;
- Cognitive Ax
- Functional Ax post IVF
Problems Identified & Recommendations made
Discharge plan actioned & Mrs X was discharged home

WHY IS ACUTE MEDICINE THERAPY A SPECIALITY?
- Minimal information at point of assessment
- Acute phase of illness / deterioration
- Broad variety of medical conditions
- Immediate decision making
- Risk assessment
- Problem solving
- Rapid discharge planning
- Deconditioning / functional deterioration
- ED / AMU environment
- Trans-disciplinary role
**Professional Skills**

<table>
<thead>
<tr>
<th>Professional</th>
<th>Occupational</th>
<th>Either PT or OT</th>
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<tbody>
<tr>
<td>Physiotherapists</td>
<td>Occupational Therapists</td>
<td>Either PT or OT</td>
</tr>
<tr>
<td>Level 1 respiratory physiotherapy intervention</td>
<td>Assessment of complex cognitive impairment</td>
<td>Basic gait and balance assessment</td>
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<td>Expert knowledge re NIV / Tracheostomy management</td>
<td>Assessment of acute delirium</td>
<td>Assessment for and provision of basic equipment</td>
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<tr>
<td>Complex gait and balance assessment and diagnosis</td>
<td>Assessment of ADLs</td>
<td>Assessment and provision of mobility aids</td>
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<td>Provision and fitting of braces and collars</td>
<td>Assessment as part of the MDT of capacity</td>
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<tr>
<td>Non-medical prescribing</td>
<td>Assessment of new or increased care packages</td>
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**Specialist or Extended Roles?**

- **Specialist Roles**
  - 4 areas of clinical practice
  - Work within own scope

- **Extended Roles**
  - Outside of original scope of practice
  - Role enhancement and/or role substitution

  (McPherson et al, 2006; Chartered Society of Physiotherapy, 2001)

**Standardising the Extended Roles**

- Engagement of professional bodies
- Consensus on core skills / extended skills
- Medical model extended roles vs therapy model
- Write competency document
- Standardise competency document
- Develop standardised training
- Develop evidence base for therapists in acute medicine

(McPherson et al, 2006)

**Writing the Competencies Process**

- Working group
  - Established Nov 2015
  - First met March 2016
- Defining competencies
- Identifying topics
- Reviewing current practice
- Liasing with SAM nurses
- Regular meetings
  - Consultation via Delphi study
  - Sept 2016-April 2017
- Document finalised for trial
  - May 2017
- Submitted to SAM council for review
  - August 2017
- Published via SAM
  - September 2017

**Considerations of Competencies**

- Variable services
- Flexibility within document
- Transferability across NHS Trusts
- Lengthy document – vast number
- Competency levels
- CPD appropriate
- Governance

**Summary of Competencies**

- Introduction
- 21 topics
- Core skills vs enhanced skills
- Dual responsibility and signatures
- Ability to be selective and flexible

CHALLENGING TRADITIONAL THERAPY MODELS

- Extended hours
- 7 day working
- Model of student education
- Model of team structure / supervision
- ACP route

WHAT IS NEXT?

- OT non-medical prescribing
- Full 7 day services
- Therapists with the Ambulance services
- Frailty therapy teams
- Who knows?

Thank you