The role of the therapist in Acute medicine

Jennifer Willis
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

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

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 v 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
- Liaising with SAM nurses
- Regular meetings
- Consultation via Delphi study
  - Sept 2016-April2017
- 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 v enhanced skills
- Dual responsibility and signatures
- Ability to be selective and flexible

http://www.acutemedicine.org.uk/what-we-do/allied-health-professionals/

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