

**POCKET
GUIDES**



PHYSIOTHERAPY PLACEMENTS

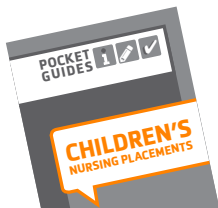
**Fiona Moffatt, Ben Bradley
and Laura Loeber**

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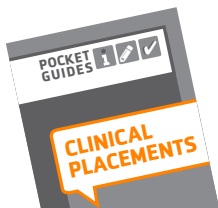


PHYSIOTHERAPY PLACEMENTS

Pocket Guides



"A very useful, well-written and practical pocket book for any level of student nurse preparing for clinical placement. This book is also a great resource for lecturers and mentors to have, to help students get the most out of their placement time." ★★★★★



"This is such a useful guide that has just the right amount of need to know info for student nurses on clinical placement, as well as loads of little tips scattered throughout. A must-have for student nurses on placements!" ★★★★★



"Full of everything you need to know as a student nurse on placement. Written by students for students. Helpful little references to help with abbreviations and common medications. A must for any student about to head on placement." ★★★★★



Forthcoming:



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PHYSIOTHERAPY PLACEMENTS

**Fiona Moffatt, Ben Bradley
and Laura Loeber**

University of Nottingham



Lantern

ISBN: 9781908625694

First published in 2020 by Lantern Publishing Ltd

Lantern Publishing Limited, The Old Hayloft, Vantage
Business Park, Bloxham Road, Banbury OX16 9UX, UK
www.lanternpublishing.com

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www.cla.co.uk

British Library Cataloguing in Publication Data

A catalogue record for this book is available from the British Library

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Typeset by Medlar Publishing Solutions Pvt Ltd, India
Printed and bound in the UK

Last digit is the print number: 10 9 8 7 6 5 4 3 2 1

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Acknowledgements

The authors would like to thank all the individuals who have contributed to the development of this book:

- The wonderful physiotherapy students of the University of Nottingham who have reviewed draft outlines and contributed to focus groups
- Sian Keane, Anna Lord and James Clayton for their direct contributions
- Kirsty Hyndes, Jackie Hollowell, Eleanor Douglas, Dr Leigh Campbell and Dr Roger Kerry
- The University of Nottingham Clinical Placement Team (past and present)
- Joss Moffatt for his IT skills

The publishers would like to thank Kirstie Paterson and Jessica Wallar, authors of *Clinical Placements*, the first in the Pocket Guides series, and Kath MacDonald, their editor, for permission to use some of the content from their book as well as the overall framework.

Abbreviations

Below you will find abbreviations used in this book. There is also space for you to create a list of further (approved) abbreviations that you encounter during placement. Familiarise yourself with locally approved abbreviations in your first few days of placement.

A&E	Accident and Emergency Department (also referred to as Emergency Department [ED] or Emergency Room [ER])
ABCDE	Airway, Breathing, Circulation, Disability, Exposure
ABG	Arterial blood gas
ACVPU	Alert, confused, responds to voice/touch, responds to pain, unresponsive
BE	Base excess
BEG	Beliefs, expectations, goals
BLS	Basic Life Support
BP	Blood pressure
COPD	Chronic obstructive pulmonary disease
CPD	Continuing professional development
CSP	Chartered Society of Physiotherapy
DH	Drug history
DVT	Deep vein thrombosis (You should also be aware of the acronym VTE – venous thromboembolism. This refers to the formation of a blood clot in a vein [DVT] which can dislodge and travel to the pulmonary arteries causing a pulmonary embolus [PE])
FAQ	Frequently asked questions
FEV ₁	Forced expiratory volume in 1 second
FVC	Forced vital capacity
HCO ₃ ⁻	Bicarbonate ions
HCPC	Health and Care Professions Council

HIV	Human immunodeficiency virus
HPC	History of present condition
HR	Heart rate
MDT	Multidisciplinary team
MND	Motor neurone disease
MRC	Medical Research Council
MS	Multiple sclerosis
MSK OP	Musculoskeletal outpatients
NEWS2	National Early Warning Score
NICE	National Institute for Health and Care Excellence
OA	Osteoarthritis
OT	Occupational therapy
PaCO_2	Partial pressure of carbon dioxide in arterial blood
PaO_2	Partial pressure of oxygen in arterial blood
PC	Present condition
PCC	Person-centred care
PEFR	Peak expiratory flow rate
PMH	Past medical history
PPE	Personal protective equipment
RA	Rheumatoid arthritis
ROM	Range of movement
RR	Respiratory rate
SBAR	Situation, background, assessment, recommendation
SH	Social history
SpO_2	Oxygen saturations
SWOT	Strengths, weaknesses, opportunities, threats
TILE	Task, individual, load, environment

Communicating with patients and carers

Communication is a core physiotherapy skill, which is critical for effective therapeutic interpersonal relationships and person-centred care. Effective communication is associated with significantly improved patient experience and reduced adverse incidents/complaints. It also has benefits for healthcare professionals – reduced stress, greater work satisfaction and improved self-confidence.



Effective communication checklist

✓	Always make a positive connection with your patient and their family. Introduce yourself and state your role, explaining that you are a student physiotherapist. Establish how the patient prefers to be addressed.
✓	Pay attention to your own (and the patient's) non-verbal behaviour – make eye contact and assume an open posture. If your patient is sitting or lying, adjust your position so that you are at the same level.
✓	Always explain what you plan to do and why – this will help put the patient at ease, manage expectations and begin the process of informed consent.
✓	Speak clearly and use terminology that is appropriate for your patient. Consider age, understanding, cognitive impairments and level of knowledge.
✓	Consider using open questions to gain more detailed information from patients and carers.
✓	Practise active listening: remove distractions; respond appropriately to the patient's body language; seek clarification where necessary; try paraphrasing/summarising the patient narrative to check your understanding; delay evaluation; maintain attention; listen for content and feelings.

✓	Deliver information in 'chunks' – this avoids overwhelming the patient and causing confusion. Always check that you have been understood, and correct any misunderstandings.
✓	Reflect on your communication, and analyse your strengths and weaknesses. Discuss these with your educator who can help you identify your communication development needs.

Barriers to communication are as follows:

PAIN AND FATIGUE

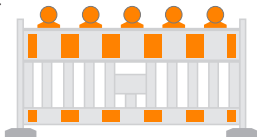
Prioritise the information needed and return once the patient has had opportunity to sleep or when their pain is better controlled.

FEAR AND ANXIETY

Reassure patients and provide a safe environment for them to discuss their experiences and concerns. Reassure them that there are no 'silly questions'.

TIME

Try to protect time to talk to your patients and minimise interruptions. If you are interrupted explain why you have to leave and when you will return.



ENVIRONMENT

Reduce background noise where possible, especially if your patient has hearing or cognitive impairments.

LANGUAGE

Avoid slang, jargon and ambiguous terms. Consider help from a translator for patients who are not fluent in English.

VALUES AND BELIEFS

Be aware that people have different sociocultural values and beliefs. Develop cultural competency.

The novice communicator

It is entirely natural to feel nervous when you first start to communicate with patients and relatives in your role as a student physiotherapist. Think of strategies to help you manage your anxieties so that the effectiveness of your communication is not adversely affected, and the patient has confidence in you.



Top tips

- Prepare! Know what you need to say to the patient and the purpose of your interaction.
- Collect any documentation or equipment that you might also need.
- Mentally rehearse the opening to your conversation – feeling fluent and articulate will make you feel more relaxed and put your patient at ease.
- Practise focal relaxation as you approach the patient – try some controlled breathing, push your shoulders down and stretch your hands open.
- There may be opportunity during your placement to spend time talking to patients and their families outside of a treatment setting – these are often opportunities to build your confidence.

Dealing with difficult situations

DO NOT attempt to answer patients' questions if you are not confident of the answer. Be honest with your patient and tell them that you don't know – but make sure you find the person who can deal with the situation.

DO be careful with your non-verbal communication, especially facial expressions. Try not to look shocked or disgusted if confronted with uncomfortable sights or disclosures – this can make your patient feel judged or uncomfortable.

DO remember that whilst family members can be very supportive and helpful, there may be times that you have to ask them to leave the room/area in order to protect patient confidentiality.

DO remember that bad news is any information which adversely affects your patient's view of their future. Using a communication model, such as SPIKES, can help you frame the conversation clearly, honestly and sensitively.

S	S etting up the interview: consider where, when, who should be present.
P	Assessing the patient's P erception: establish what the patient knows so far.
I	Obtaining the patient's I nvitation: find out how much the patient wants to know at this moment.
K	Giving K nowledge and information to the patient: diagnosis, treatment plan, prognosis and support.
E	Addressing the patient's E motions with empathetic responses: respond to the patient's feelings. Do not try to give further information if the patient is experiencing strong emotional reactions.
S	S trategy and S ummary: identify coping strategies and other sources of support. Reflect on your own emotions before you move on to your next patient.



Notes

Ali, M. (2017) Communication skills 1: benefits of effective communication for patients. *Nursing Times*, **113**(12): 18–19.

Baile, W.F. *et al.* (2000) SPIKES – a six-step protocol for delivering bad news: application to the patient with cancer. *The Oncologist*, **5**(4): 302–11.

HCPC (2013) *Standards of Proficiency for Physiotherapists* (online). Available at: bit.ly/HCPC-2