

## Physiotherapy Report Ghana Trip June 2007

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### Inpatient and Outpatient Physiotherapy

Generally the physiotherapists do not attend the ward to see the patients. Patients are expected to attend the physiotherapy gym. If they are unable to attend or choose not to then they do not receive physiotherapy. During my 2 weeks I found several patients who had not been seen and were unaware of the physiotherapy gym, also I found several patients on traction who were not receiving physiotherapy input.

For patients to be seen by the physiotherapist, the doctors have to write in the medical notes. If they do not write this in, then the patients do not get seen, this is how the traction patients were missed. Physiotherapists will only see patients that the doctor has requested physiotherapy for, they will not see patients on their own initiative in case it back fires.

Having discussed this with the physiotherapists and explaining the importance of bed exercises for traction patients, and talking to one of the doctors, asking them to refer all appropriate patients to physiotherapy, I hope that the inpatient service will improve. Since my return home I have had contact with one of the physiotherapist who reported they had been seeing patients on traction.

From my observations on the ward, I feel that the wards and patients would benefit from a nurse visiting and working along side the resident nurses. They would be able to teach on the job. I found that post-operative drains were still in days after their operation. The doctors could help though if they wrote in the notes drain out 24-48 hrs etc. I also found no regular observations were being taken, they would have to wait for plaster room to apply traction and there was some evidence of poor positioning and pressure management.

The biggest thing that surprised me was that only one orthopaedic ward round happened per week. It was very rare for me to have seen a doctor on the ward, apart from the ward round on a Tuesday which can take up to 5 hours! Therefore orthopaedic patients admitted after Tuesday would not be seen until the following week.

I found that during the ward round all three physiotherapists would attend. They reported that Tuesday they do not see patients – in or out patients. They reported they all attend the ward round to learn from the doctors.

To make the physiotherapists time more efficient, I suggested that 1 physiotherapist could attend the round and write down which patients are for physiotherapy and any interesting facts from the doctors. Another physiotherapist can then complete the discharges, patients only get discharged on a Tuesday on the doctors say so. This leaves the last physiotherapist to start treating the inpatients that are unable to attend the gym. This would make the rest of the week quieter for them and allow Tuesday afternoon for teaching and team meetings.

I found this very hard to implement with the physiotherapists.

I also found very poor operation notes; there were no clear post-op instructions for nurses or physiotherapist.

## Outpatient Physiotherapy

Very busy, patients will just turn up and sit and wait. Also have the patients from the ward attending.

Generally all 3 physiotherapists will be seeing patients all day. Have been spending approx 20-30 minutes per session with patients.

Biggest issues for them which leads to it being so busy are:

1. Inappropriate referrals from the doctors – but the physiotherapists are unaware of what is and isn't appropriate.
2. The referral will state how many treatments the patient requires, therefore they will continue to see the patient for the set number regardless if the patient needs it or not. They won't go against what has been written a) because the patient may complain and b) the doctor has written it.
3. Reluctant to give patients HEP (Home Exercise Program) and responsibility for their problem. Previous physiotherapists have left handouts and lots of information however this is not being utilised.

Limited awareness of treatment options therefore important to continue with the teaching when out there, I have told the physiotherapists I will email information to them on request.

### Summary

After lots of discussions with the physiotherapist, it was clear that there were several factors that affected the service. Some of these factors are out of the physiotherapist control i.e. referrals from doctors.

On asking them, if they found the UK physiotherapists attending beneficial they reported yes. However, the previous suggestions were not being implemented, on asking why not they reported they are too busy!

I found change very hard to suggest let alone implement. Seems there is some conflict between 2 physiotherapists too, which means that they do not work as a team, therefore no teaching or team meeting were happening on our absence.

### Recommendations on leaving

1. To see patients on traction at least 2 times a week
2. Not all 3 of them attend the ward round, to try my suggestion and email me if have any problems
3. Try and give out handouts (HEP) and encourage patients to take responsibility for their problem.
4. Try and have team meetings and teaching. Try and deal with the conflict between the 2 physiotherapists and work as a team.

It was agreed that when the UK physiotherapist arrives that they will concentrate on the patients operated by the UK team, assist the resident physiotherapists if requested and continue with the teaching program on a Tuesday afternoon, topics being emailed to us.