Interview 5 – Physio

PC: Following the programme, how do you perceive role and responsibility amongst different professional staffing groups?

P5: I guess I haven’t changed in my ideas particularly about what the roles and responsibilities are and it just probably means that I feel more confident to fulfil my role within that network of people who are involved.

PC: And within the discussion format with the sessions, was there anything that surprised you from other groups?

P5: No I don’t think so, it was, it was really err, it built my confidence that everybody had skills and they were bringing them all to the case, cases that we were dealing with, erm, so maybe we have a better understanding now, but still, probably what it looks like is that if I was asked to do something, tasked to do something by another professional it would just give me extra confidence that I’d be able to do that and get the right outcomes for the patient.

PC: And so did they have an understanding then of your role?

P5: I think they did, but only because the different professionals, we’re managed by a erm therapist erm, you know, they’re seven, has those skills, so she has educated them through quite a number of years that she’s been managing them, so I think it was a special group. If you look at other groups that might not work in such a cohesive way you might find that that was an issue, but also I’ve worked with teams, you know, multi-professional teams for many years and in ward situations you see much more because you’re all, there’s only a curtain around the bed

PC: Absolutely, kind of a easier communication in a way

P5: In a way, yes

PC: So in terms of an awareness of pressure ulcers and erm, do you think everybody was equally as aware of them?

P5: They, at the table, and the people I had exposure to which wasn’t the whole group, yes it did feel that they were very aware of pressure ulcers and how they’re, you know what their roles were in it.

PC: So, would it be fair to say then, in terms of any change post programme, communication is is basically the same as it was?

P5: Ah no, that’s, that’s, that’s different and that was because of the personal contact we had. We’re both quite big teams and because geographically we don’t necessarily work from the same offices, that’s that easy to and fro of snippets of information is is much easier now because we’ve met face to face and we’ve had two quite intensive sessions of training and with the round table discussions you can be quite open with your peers, maybe that’s just me but…and so that helps with the, with the more subtle, so it’s not just a, the fax, the paper comes through, the email comes through, but they feel much more confident about picking the phone up and just discussing subtleties.

PC: So, one thing that came up erm last time in some of the interviews and a while ago when I did other interviews, was something about just an informal conversation, you know, being able to have an informal conversation in the corridor, in the break room, whatever, you know between colleagues, so do you feel that the programme maybe has helped inform that?

P5: Oh definitely, but it’s not, for me it wasn’t about that I didn’t have confidence in what other professionals knew or didn’t know, it was, it was just about the the more human aspects of it. The, the, that that interpersonal, because you’d met and know their names and could put names to faces.

PC: And creating a relationship then?

P5: Yes

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PC: So, just generally and your perspective really on this, do you think that confidence, attitudes or involvement in pressure ulcer prevention has changed? I know it’s only a week post, you know

P5: Yes, erm, gosh I don’t think I know enough to, to actually give an answer to that, I’m sorry

PC: That’s absolutely fine, okay, so you mentioned obviously there was an awareness of pressure ulcers?

P5: Yes, with the team or for me?

PC: Within the team, sorry yeah, around the table during the sessions. Did everybody see it as their responsibility or were there any kind of dissenting voices?

P5: I don’t think there were dissenting voices, there might have been some vacuums, some absence of comment, but as I say I think probably I was quite privileged at the tables that I sat at in those sessions. They were the more senior members of staff and the more experienced and I think that I would have expected the level of of knowledge and sharing that was going on around those tables. Now what I can’t vouch for is for some of the lower grades that maybe don’t have the confidence and skills in the first place, maybe they weren’t quite as verbal and that was how they showed their, their sort of knowledge gaps, but not, because the teams, we work so closely together anyway and and and work with your line manager so closely I, there was no dissent at the tables, but I would be surprised if there would have been. You’re working with healthcare professionals as well, we don’t tend to dissent very, it’s more, you know, the management, leadership type of courses where you, but in, in the training that you were leading I would expect a much more teamwork approach and so if if you dissented you probably would keep your mouth shut and actually just listen and have a, internalise it.

PC: Okay, What did you think in terms of the actual, the skill mix during the course?

P5: I thought that was very good, it, it’s, because you had, no, I think it worked because there’s there’s lots of experience and information and to bring from from all areas. The important thing was mixing up the professions, that was key erm, but you didn’t need anyone from higher up and you brought in the specialists which was fantastic.

PC: It wasn’t missing anybody, any other profession from your mind, you know, or anyone else you would work with?

P5: Erm, I hadn’t thought about it like that, erm, just because, it, it might have benefited, they would have been singletons so maybe difficult because it, we were all part of of the groups so we obviously felt with our peers that we were comfortable, if you come in as a singleton you probably wouldn’t be able to share as easily, but, yes if there’s anyone else out there I’m sure they would have benefited from that programme.

PC Okay, so moving on really to some of the more feasibility type questions if that’s alright?

P5: Yes

PC: Erm, first one, very generally, how did you find it?

P5: Useful enough to spend the time, because it was, it was quite time inte…two sessions to get all the team members erm out, was aware that erm, that there were you know people, we’d had to leave people anyway to cover erm, but but, two afternoons is is a lot of time.

PC: Yeah, and in terms of the format of that, you know having two afternoons, is that better or worse than a single day for example?

P5: Better, much better, but you, you risk not having the same people on both and that would, that would be a shame, erm, so that’s the benefit of having a day once you’ve got your teams there, their all there. Two afternoons allowed us to go away, certainly working with with my patients, having that chance to collaborate a little bit, having been tasked to do that. I’m very task orientated, yes, I will collaborate more, up I go, erm, so, so that’s err, that was a real strength and it gives you time to reflect from the first afternoon, then you come back and bring that, those reflections to the second afternoon.

PC: And so that time period, that four weeks, or roughly four weeks that it was between the two sessions, was that about the right amount of time or too long or too short?

P5: Well, it it, probably felt about right, any longer and when, when we were tested on on our knowledge, I would have forgotten what you taught us in the first session, and any shorter and it would, wouldn’t have had time to see the range of patients, but erm so.

PC: Were you able to do any joint working, collaborative working in that period?

P5: Yes, yes

PC: Perfect

P5, Yes, I think it did give me the confidence to go and talk to the erm tissue viability team, because she was there it wasn’t, it was one of her colleagues, but yes it, and speak knowledgeably and actually when he taught me and and gave the advice I could understand it because of what I had covered in the first afternoon, rather, so it arrived on a solid foundation, rather than arriving and going owwww I’m not quite sure what he means.

PC: Sure, perfect, okay. So do you think following the programme erm you and the team as a whole are more likely to consider a more collaborative approach to prevention?

P5: Within the small team that we were exposed to, yes, erm, but I think for the, for the more, you know, the lower grades, the more junior staff, that they’ll still look to their seniors first and that was, that was brought up I think in that second session, erm, but hopefully they’ll have more confidence to, to either you know ask their their seniors or go and then go sideways the other members of the multidisciplinary team, rather than going straight to the tissue viability or erm posture correction team.

PC: Yeah okay, during the group discussions on both days did it highlight anything that you weren’t aware of already?

P5: Err

PC: Or did anything come up that you weren’t aware of?

P5: Err, no I don’t think so, erm, it’s always nice to be exposed to the clinical advisory team, cause they’re probably not the most prominent team within the health, with xxxx xxxxxx, but erm you know, they do, they do try and raise their awareness so it it’s more, I I knew of them, but it was nice to see as you say names and faces.

PC: Absolutely, okay, very generic one, what elements of the programme did you like and what elements did you dislike?

P5: What I liked was, err, everyone in the same room, lots of chance to, to discuss and I thought the use of the clinical specialists was really good, you picked well because they also spoke very knowledgably. It was lively and interesting and entertaining, which is sometimes difficult when it’s the, the stuff that you’ve got to teach. What didn’t I like? Err, actually nothing, I thought it was, I used the words at the time, gold standard for training, it it’s also, makes us feel very special because we know we’re part of the research and that all feeds into it doesn’t it. Err, so so, with that overlaying it all it it did feel just a really cohesive, err, respectful, sharing group. I, I’m not sure whether you’ll be able to replicate that again, and I think that’s such a shame, and it was such a privilege to be on those two afternoons.

PC: Okay, so, sort of the same question in a way, slightly differently phrased. Would you change anything for the future, so if you could only take certain elements out of that, I suppose this is two questions, a, would you change anything for the future? And b, if you could take certain elements out, you know what were the best elements to pull out?

P5: Yes, yes, I suppose the, the idea of of spending an hour was it, talking about collaboration in a round table is is, it was great and has helped and informed the team, but that, was that a good use of all the people around the table. So that’s probably, the the the section that you would get as part of your first afternoon, because you’re all in the same room and you try and, and mix the tables up a little bit more erm so that you had, you gave the more junior, lower bands, more exposure to the 6s and 7s while they were having those discussions. Erm, and then you could maybe erm do do two swaps within that first session so that you you double mix the teams, don’t let us, so you’d have to come up with some erm, if you increased it by an hour you could fit in time to to to have that round table discussion, but after you’ve done the first bit where we discussed about tissue viability and then come back and discuss about collaboration within the same group, but make sure that that they were given err an A or B or you know a number and then you’d say oh the even numbers and then you’d say one to ten and eleven to twenty, something like that, so it would be, don’t let them make the choice.

PC: Okay, and so obviously you mentioned that the skill mix was okay erm, but in terms of the experience mix within those groups as well, obviously there were a few very experienced people there as part of the sessions, but I was also aware that there were some people who were fairly newly qualified as well, was there a reasonable mix in those groups from that perspective?

P5: In our group, yes, you’re, we’re very top heavy erm with therapy there’s, no that’s true, they were there weren’t they, erm, but they’re not, depends how you say newly qualified, you know, with the, with some of the team there were months, but I would have thought by the time you are getting to two to three years that they should have a decent amount of confidence, professional confidence and professional knowledge.

PC: Probably, in terms of the actual format on the days, so the first day and the second day, what did you think about it, you know the format change between the group work and the sometime a session from the front, you know, sometime a writing, how did that work for you?

P5: I thought it worked actually very well err, it’s a shame you couldn’t bring in any more practical, but I I don’t mind a bit of teaching and I don’t mind a bit of chatting around a table either, as long as you keep it mixed up and keep everyone’s brains engaged, there’s nothing worse than just being sat all the time.

PC: Okay, so erm, just post the programme and obviously we’re only a week now, erm, but do you, have you been able to perceive any kind of changes in anyway within the team, just in terms of mindset or attitude or involvement even?

P5: Only in myself and I haven’t actually managed to achieve that yet because one of the, the, and it wasn’t related to the patient caseload, but it was the importance of of coming down to work with people here at xxxxxx rather than being at the satellite office and unfortunately it hasn’t worked [laughs].

PC: It’s always logistics isn’t it.

P5: With the best will in the world err, so, but that was one of my personal goals that was highlighted to me when when we were in the room, was the importance of actually being physically on site.

PC: So the very last session, the kind of group discussion on the last day, err, there were, I asked you to think about the barriers and facilitators to collaborative practice. Were there any surprises there, was everybody coming up with the same sort of barriers and facilitators?

P5: Oooh, err, I can remember, not surprise, erm, just because I had my own and and there was a, we had quite big groups, I can’t remember, how many people were in each of the groups?

PC: seven

P5: Okay, so it was, it was really nice to hear from the different professions erm, I think probably what it did was, we all have the same barriers erm, but for some, some are more important and and and others are easy you know for the different, different professionals. I’ve not explained that very well…

PC: No, no I understand

P5: …with the use of hand signals, which of course come out later on the Dictaphone [laughs]

PC: I’ll have to keep those in mind when I transcribe

P5: Yes, but all, all the problems and and benefits in my working life were there on the paper, but but my list of priorities was slightly different from the others’ lists of priorities.

PC: And really I suppose finally, were there any further, any kind of comments that you had, anything that you would, I’ve actually already asked about anything that you would change, but just any further comments that you had on the programme?

P5: Yes, just going back to the fact that it felt like such a privilege to be part of it. The, it was nominally about learning about pressure care, but so much more came out of it and that’s really difficult to measure, but it, it’s around the team working and and so all all the mandatory training we go on, we don’t tackle in a team, a quite cohesive team like that, and that was the strength for me, it was getting us all together in a room and that’s where I think the difficulty will be rolling it out trust wide or to you know other health authorities. It’s about this, you must sell it as a concept whereby they pick the multidisciplinary team that will be involved and the structure, the career structure in xxxx xxxxxx is quite flat if you top stop it at a seven, you get a lot of people. I’ve worked in teams before where if you top stop it at a seven you won’t, you’ll hardly get anybody, so then you’d need to make sure that it was truly multidisciplinary erm and bring in you know, that they probably don’t even see that they’re a team that should be working together to tackle whatever the issue is with the patients, but getting it all into one room, being exposed to the people that can help and then having that chance to discuss.

PC: So if erm, I’m aware that that that the team that you’re in is a quite integrated team anyway, erm, but if there was a team out there, and I think this was one of the questions in that final group discussion, but if there was a team out there that were identified as not working collaboratively, you know they didn’t work together, they never spoke to each other kind of thing, do you think something like this format, for those who are identified, might work to bring the group together?

P5: The … reason I’m hesitating is because I want to say yes, but there’s a big but, because we were left at the tables, that the, I can’t remember what, what the facilitation, wasn’t that focused and I think that, that’s not a fault, that just because they didn’t need to do anything else, so you would need to pick, not just good educators, but good facilitators so when they sat at that round table they would pick up very clearly on who was, who was holding back, because if you’re looking a team that isn’t working collaboratively, there are deep, deep problems , and it’s not just, you can’t address it just by sitting them all around a table, so in that case facilitation of that, you might uncover something that that actually isn’t appropriate err in a group situation, they’re going to have to be quite smart and you know, I’ve led group discussions before and it’s been fine, but I’ve, if there starts to be any kind of aggression, you do oooh no.

PC: I think that’s err everything that I had and I think we’re roughly, yeah 26 minutes, so that’s great, thank you so much.

P5: No, thank you, it was erm, yeah no it was very good.

PC: I’m pleased you enjoyed it as well