



Prifysgol Cymru
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SHSS4062 PDP

Client Perceptions & What if? Scenarios

Trawsnewid Addysg; Trawsnewid Bywydau
Transforming Education; Transforming Lives



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What makes a GOOD therapist?



I'm GREAT

He's
RUBBISH

Consider the new patient who has no experience of YOU?

- How will they feel coming to see you?
- What will they expect from you?
- What do they THINK makes you professional?

Consider the new patient who has no experience of YOU?

- How will they feel coming to see you?
 - **NEGATIVE:** scared, unsure, will it hurt? What will you do?
 - **POSITIVE:** excited, can't wait to start
- What will they expect from you?
 - **NEGATIVE:** don't hold much hope, probably won't do anything
 - **POSITIVE:** perform miracles, cure me in 1 session, make me feel better
- What do they THINK makes you professional?
 - **NEGATIVE:** not 'au fait' with Pt injury, following a textbook, didn't tailor anything to ME, conveyor belt, group sessions, poor facilities, matter of fact/blunt, intimidating/didn't want to upset them
 - **POSITIVE:** listened, explained, helped, encouraged, praised, interested in me, friendly, remembered me, caring, dedicated, skilled

What do your Patients THINK?

Item	Patients (n = 415) %
Practices in an ethical manner	93.7
Is honest	93.3
Discusses confidential information only with appropriate people	92.0
Has good hygiene (e.g., washes hands, wears clean clothes)	91.8
Refers patients to appropriate specialists when needed	90.9
Pays attention to the cleanliness and comfort of patient areas	90.7
Maintains the patient's privacy during exams	90.4
Listens carefully	90.3
Answers questions from patients and families	90.1
Physically and psychologically fit for practice	90.0
Works in the patient's best interest, regardless of personal gain	89.8
Maintains appropriate behavior with patients and families	88.7
Seeks help when needed	88.6
Pays attention to detail	88.6
Takes a genuine interest in the patient's health	88.2
Always gives best effort, regardless of circumstances	87.3

Shows respect for patients and families	87.0
Communicates clearly and effectively	87.0
Takes responsibility for own actions and decisions	86.6
Keeps patient and/or family informed and up to date	85.7
Follows up to ensure proper care	84.4
Discusses confidential information only in appropriate settings	83.9
Delivers appropriate care regardless of patient's personal characteristics	83.2
Communicates with other health professionals to coordinate care	81.8
Prepares before seeing the patient (e.g., reviews chart)	79.4
Explores the patient's needs and concerns	79.1
Is open to the patient getting a second opinion	78.9
Shows compassion and care	78.7
Involves the patient and/or family in decision-making process	78.5
Is approachable	78.3
Responds to phone calls, pages, and e-mails in a timely manner	*
Controls own emotions and maintains composure	*
Is personable and polite	*
Shows respect for physician colleagues	*
Greets patients appropriately	*
Tailors information to the patient's and family's needs	*

Green, M., Zick, A., and Makoul, G. (2009). Defining professionalism from the perspective of patients, physicians and nurses. *Academic Medicine*, 84 (5), 566-573

Item	Patients (n = 415) %	Nurses (n = 237) %	Physicians (n = 214) %
Communicates orders clearly and effectively [†]		93.1	79.8
Only documents work that has been done [†]		87.6	84.9
Maintains appropriate behavior with coworkers [†]		86.9	78.8
Serves as a patient advocate [†]		86.5	*
Shows respect for clinical and administrative staff [†]		85.9	*
Keeps current with medical literature [†]		85.1	*
Speaks respectfully about patients [†]		85.3	*
Demonstrates a team-player mentality [†]		84.1	*
Is willing to admit mistakes [†]		82.7	78.8
Admits when doesn't know something [†]		82.6	79.4
Uses resources effectively and efficiently to optimize patient care [†]		79.5	*
Is willing to report impaired physicians ^{†,*}		80.7	*
Answers questions from clinical and administrative staff [†]		80.2	*
Speaks respectfully about other health care providers or specialties [†]		80.3	
Shows sensitivity to different cultures [†]		79.7	*
Is willing to take action if physicians deliver substandard care ^{†,*}		78.4	*
Shows commitment to self-improvement and lifelong learning [†]		*	77.4

What does a client think makes a 'good' therapist ?

- **1. Communication ability**

- Interpersonal skills

- Listens, body language builds trust, demonstrates empathy, Asks appropriate questions, appropriately introduces him/herself, counsels patient, makes eye contact and speaks directly to the patient, receptive to what the patient has to say, demonstrates respect for the patient's point of view

- Therapist's manner

- Caring, friendly, inspires confidence, Supportive, considerate, patient, genuine, polite, has a positive disposition, non-judgmental, enjoys the job, not egotistical

- Teaching/education

- Gives clear explanations about the problem and treatment at an appropriate level, explains what he/she is doing and why during assessment and treatment, Uses visual aids and gives written information to help the patient understand the problem and treatment, provides feedback on a visit-by-visit basis, demonstrates exercises, gives specific instructions e.g. what to do and what not to do

What does a client think makes a 'good' therapist ?

- 2. Other attributes
 - Professional behaviour
 - Has appropriate skills and knowledge, is honest and knows his/her limitations, seeks further knowledge as required to help patients,
 - keeps up-to-date with the patient's current and past history, puts patient's needs first, dedicated and wants to be a Therapist,
 - communicates with others also working with the patient, suggests alternatives that might help the patient, keeps up-to-date with skills and knowledge, maintains confidentiality,
 - maintains a professional distance, treats each patient as an individual and appreciates differences between people e.g. physical, cultural
 - Organisational ability
 - Punctual, keeps detailed notes, reliable

What does a client think makes a 'good' therapist ?

- 3. Service provided
 - Diagnostic and treatment expertise
 - Provides self-help strategies e.g. a home exercise program and/or advice on what the patient can do for him/herself, follows up and actively involves the patient, provides an appropriate treatment to help the patient's problem e.g. pain relief, improve movement function
 - Provides a diagnosis, 'hands on' treatment, distracts the patient from their pain or problem
 - The environment
 - Creates a pleasant and welcoming environment within the therapy practice, the therapist puts the patient at ease during examination and treatment, the therapist is clean and hygienic
 - Convenience and accessibility
 - The patient can be seen when he/she needs help, ease of access for injured or disabled people, caters to individual needs and is flexible e.g. time allocation and payment means

Patient quotes from bad experiences

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- “When I was told it was posture that caused my problem at 60 years of age and it was too late to reform, but the problem was fixed by another physiotherapist.”
- “Being unsure of the treatment with insufficient explanation of the treatment being offered by the physiotherapist.”
- “I was given a mis-diagnosis of an ACL rupture and left with a feeling of ‘vagueness’ about the injury.”
- “One treatment that I got from a physiotherapist was pretty rough without any explanation of the treatment.”
- “I had one physiotherapist who was always interrupting treatment because of other activities, such as answering the phone and office work.”
- “Being given a 10-minute treatment, the same treatment I was giving myself at home.”

Bad experiences...

- I can recall a bad experience with one therapist I went to once. He got the whole of his upper body bouncing off my spine, you know manipulating and he was a fairly big man. I came out seeing spots, had a headache. I got in the car and drove home, broke into tears and I swore I'd never go back to him.
- “Being left alone in a room with a hot pack when I expected ‘hands on’ treatment.”
- “Feeling like I was on a production line, attached to machines with no personal touch by the physiotherapist.”
- “There was one therapist who treated me who had such a big ego, he seemed to think he was brilliant. Had an attitude, like “I cure people, aren't I great”. I presume you become a therapist because you want to help people get better, feel better, to improve his or her quality of life, not so you can tell everyone how brilliant you are. I feel this conceit and arrogance is unacceptable.”

What if scenario's...

A Side line physician is caring for a member of the opposing team: The player appears concussed. He performs a quick check but allows them to play on when they are obviously struggling: What do you do?

- A. Say nothing & do nothing: they are not part of your team
- B. Tell the referee you are concerned for the player
- C. Tell the physician you are concerned for the player
- D. Allow play to continue but report the physician to governing body after the game

You are part of a visiting team playing a fixture.
One of the home team is clearly knocked unconscious. The home Physio doesn't appear to have noticed. What do you do?

- A. Run on and manage the player as if they were your own
- B. Alert the home physio to the players injury
- C. Do nothing, continue to watch play and look out for your team
- D. Alert the officials, ask them to stop play and get this to call on the home physio

The physio has now seen the unconscious player but by the time they arrive on the field, the player is alert again. The physio allows the player to continue. What do you do?

- A. Tell the home physio that you disagree, that you think the player should have come off
- B. Tell the officials you disagree and that the player should have come off
- C. Do nothing, your responsible for your team
- D. Do nothing, but keep an eye on this player for the rest of the game and ask about him post match

The same player is knocked unconscious AGAIN in the second half. AGAIN he is allowed to continue playing. What do you do?

- A. Demand the player be removed from the pitch
- B. Tell the officials the players should now be removed from the pitch
- C. Say nothing, just look after your own team
- D. Make a sarcastic comment about what a big call the physio just made and tell him you wouldn't have made that call.

A player is playing their first game back after an ACL reconstruction. You have allowed them to play 20mins. You are now at the 30min mark with no sign of a substitution.

- A. Speak to the coach and tell him the agreement was for 20 minutes
- B. Run on the field and make the call for a sub
- C. Run on the field and ask the player how they feel
- D. Do nothing until half time

You are 70mins in to a game and your newly substituted prop is getting beaten in the scrum. Your coach has asked that you remove him from the field as 'injured' so that the previous prop can go back on

- A. At the next stoppage fake a blood injury to bring the player off
- B. At the next stoppage fake a peripheral injury and bring the player off
- C. Say NO and allow play to continue
- D. Pretend you can hear them over the mic's or that you can't get on the field to see the prop.

You are playing a game at your home ground when a spectator is taking ill with a suspected heart attack. What do you do?

- A. Go and attend to the spectator immediately, leaving the game without cover
- B. Deal only with the playing squad: you are there to cover the game NOT the crowd
- C. Ask someone else to cover the game and then you attend to the spectator
- D. Ask the game to be stopped so that you can deal with the spectator.

An away team arrives to your ground without first aid cover. One of your club officials has stated that you will happily cover them. What do you do?

- A. Say NO
- B. Say YES but only cover life threatening or potentially life threatening injuries
- C. Say YES but only deal with the pitch side element and pop in to the changing rooms to introduce yourself and ask for a brief medical history/status
- D. Say YES, arrange a time for them to be taped and strapped, have treatment, cover the game, treatment post match...

You are playing an international touring team at your ground. One of their players appears to suffer a neck injury but their medic does not use NEXUS as a clearing tool. They would like to spine board this player.

- A. Offer to help them, starting with NEXUS
- B. Provide them with the rigid collar, spine board and head hugger and call an ambulance for them
- C. Provide the equipment and offer to run your spine board protocol (i.e. YOU spine board them)
- D. Do nothing. They should use their protocol on their players

A player you have worked with during an 8 month injury is about to play their first game back for a club in a lower league. They have asked you to come in and tape them before the game as they do not want the lower clubs therapist to do it. What do you do?

- A. Turn up on match day out of the blue, enter the changing room, strap that 1 player with top quality tape and leave to watch the game in the stand
- B. Turn up before the rest of the squad arrive to strap the player
- C. Ask the player to meet you at another location to strap them
- D. Phone the club therapist in advance to ask if they would mind you strapping the player.
- E. Phone the club therapist in advance and ask them to meet you so you can take them through the players specific taping so that you aren't needed on match day

A previous player of yours, who is now playing for a different team wants you to treat them for an ongoing injury that hasn't been resolved by current therapist. What do you do?

- A. Say NO, they are no longer your player
- B. Say YES, you will treat them without the current therapists knowledge
- C. Say YES, but on the condition that the current therapists doesn't mind
- D. Say NO, but say that you would be more than happy to review the player and advise on treatment if you are asked by the current therapist.

National team players or players on loan are often screened in and out of their squad environments. The national team therapist screens one your players using a highly provocative test that aggravates an ongoing injury meaning they are not fit to play for you this weekend in BIG game. What do you do?

- A. Behind closed doors, liaise with the national therapist & ask them to treat them so that they are fit to play this weekend
- B. Behind closed doors, insist the player is returned to your environment for treatment. You know their injury history better and have fixed it before
- C. Behind closed doors, via your management team, ask for financial compensation for training and playing time lost
- D. Put a statement out in the press that the player won't be fit because he was injured by the national team therapist

One of your players seeks a consultation for an slow-to-resolve ongoing injury WITHOUT permission. The new therapist does the exact opposite of your rehabilitation, and post treatment the players pain has decreased significantly

- A. Continue with your treatment plan as per usual
- B. Ask the player to describe the treatment they received and try to replicate it: it obviously worked
- C. Ask the player for the therapists number and get their permission to request their treatment notes
- D. Ask the player for the therapists number and get permission to discuss the treatment and the therapists clinical reasoning behind the treatment

You are working with a group of under 18 players of the opposite sex. During away games you may have to use the same changing room to treat/strap/get players ready. What do you do?

- A. Refuse to work in the same changing room as minors
- B. Set yourself up in a separate area (such as the showers) so that you cannot see them change
- C. Set a time when you will be available to work (i.e. 1-1.30pm) and then leave the players to change outside of that time
- D. Carry on working in the changing room, regardless of the players: you are a professional and it doesn't bother you

You are in the changing rooms pre-game and you notice a player rule breaking (i.e. Taking a banned substance, wearing illegal protective equipment)

- A. Take the player to one side before KO and tell them to remove the equipment or withdraw from the game (drugs)
- B. Take the coach to one side and tell him what you saw
- C. Do nothing. It is none of your business
- D. Do nothing but give the players a talk next training session reminding them of the rules/regulations and get them to sign to say they understand

A number of your playing squad are reporting with similar soft tissue dysfunction following a change in conditioning programming.

- A. Sit down the S&C coach to find out exactly what the change is and why it has been implemented
- B. Give the S&C coach a list of players names who will not be taking part in the new programme
- C. Sit down with your medical and S&C staff to case-conference why these players are developing issues and what can be done about it
- D. Say nothing to the S&C coach, just treat the soft tissue dysfunction and make the players train

Your head therapists is keeping a close grip on a cluster of muscle strains. None of the players are doing well and you have a high re-injury rate. You completely disagree with the way they are treating and rehabilitating these players

- A. Ask your head therapist if you can take over these players for a short period of time (2 weeks) to see if you can make a difference
- B. Ask your head therapist for a case conference so that you can all come together with all your ideas
- C. Tell the therapist you disagree with their approach and tell them what you think is wrong and tell them that you are taking over their management
- D. Offer to review these players as a fresh set of eyes, so that you can review their work-ons for the next block of rehabilitation

A player tells you confidentially that they are leaving the club next year. They are due to have surgery at the end of the season but they would like the surgery brought forward so they'll be fit when they start with their new club

- A. Push for the surgery to be done NOW even though clinically they are fine to play
- B. Tell the coaching staff that the player is leaving but do not mention the surgery
- C. Push for the surgery to be done NOW explaining the new club to your medical director
- D. Allow the player to play on but exaggerate their symptoms so that the medical director decides on early surgery
- E. Encourage the player to tell the coach and explain the reasons for their early surgery

A colleague of yours has been overheard telling friends about the injury status of players in the local pub. This information is not in the public domain.

- A. Tell the colleague that you know they have been gossiping and remind them of their medico-legal obligations
- B. Tell the colleague that YOU have been questioned regarding an information leak and that you are sure its not you
- C. Tell your head therapist what you heard and ask for all medical staff to given a reminder regarding confidentiality in the next meeting
- D. Do nothing, its none of your business

A player has come to see you with a mysterious pain 3 days before an away game. You cannot find a diagnosis for the pain but the player is adamant they cannot play this weekend. The player had mentioned a while back they their best friends stag/hen do is this weekend.

- A. Organise an immediate scan: get to the bottom of the pain ASAP so that you can treat them effectively
- B. Organise an orthopaedic review ASAP
- C. Ask your head therapist for a second opinion: you must be missing something
- D. Tell the head therapist and coaching staff your suspicions regarding the player wanting a weekend off.

A new member of staff arrives to work inappropriately dressed. What do you do?

- A. Give them a verbal warning
- B. Take them to one side and give them a copy of the staff dress code
- C. Give them a written warning
- D. Send them home immediately to change and tell them to try again tomorrow
- E. Sack them on the spot

You are on an away trip and a medical colleague begins drinking the night before the game. At the management meeting they drink excessively and appear drunk

- A. Point out to them at the time that they are drinking too much
- B. Tell them the next morning that they shouldn't have drunk that much
- C. Tell them the next morning that they drank too much and remove them from the treatment lists and pitch side duty
- D. Do nothing. They are an adult

You are on an away trip and a medical colleague begins drinking with the players AFTER the game. By the end of the night they have to be brought home by some of the senior players

- A. Point out to them at the time that this is inappropriate behaviour
- B. Do nothing, it is after the game and they have the right to do what they want. The players are not our problem post-game
- C. Say nothing at the time but tell that it is not appropriate the next morning
- D. Make sure the coaching staff and medical director were aware of this and tell them you won't work with this person again