

Taking on a supporting role

Physician associates assist doctors with diagnosing and treating patients. Tamsin Newton Snow looks into this emerging role

A new professional known as a physician associate is helping doctors to spend more time with their patients.

Physician associates work under medical supervision and are trained to recognise, diagnose and manage common conditions. Most are science graduates who then undertake the two-year physician associate programme based on the medical training model. The curriculum is split equally between the classroom and placements, concluding



Physician associates spend half their two-year training on placement

with a university exam and a national exam.

The UK Association of Physician Associates manages a voluntary register of physician associates and members must undergo a one-day assessment every six years to ensure they

remain competent. Failure to pass in more than three attempts leads to removal from the register.

University of Birmingham senior lecturer in the physician associate studies postgraduate programme David Leonard says there are 30 students



HCA Julie Williams-Smith, who appears in the workbook video

Paul Carr describes a training workbook used to help healthcare assistants learn essential skills

Better prepared for stroke care

Stroke units across the UK employ untrained healthcare assistants (HCAs) to assist with nursing care.

These HCAs often undertake activities such as washing, dressing and feeding patients. Many have no prior knowledge of stroke or the needs of stroke patients, but are expected to help therapists with patient rehabilitation.

Inspired by my consultant colleagues, I developed a workbook to help HCAs learn the essential skills and competencies of stroke care.

All HCAs in the stroke unit were offered the opportunity of training using the eight-module workbook (see box) and monthly teaching sessions to supplement self-directed learning.

Twelve of the 15 ward HCAs took part in the training. They completed questionnaires before starting the modules and on completion.

Before starting, most said they had no previous training in stroke care, but on completion they said they felt more confident in treating stroke patients and had

Physician associates: the numbers

| | |
|----------------------------|--------|
| Total UK | 200 |
| Total United States | 80,000 |
| Working in NHS trusts | 35 |
| Working in GP practices | 30 |
| In training 2015 | 150 |
| Projected in training 2016 | 300 |
| Source: HEE | |

enrolled on the 27-month course, but this figure could triple next year.

Originally from the United States, where the physician associate role was created, Dr Leonard says: 'The role is a fantastic opportunity for science graduates to work in the NHS, but there is a need to educate the existing workforce and patients about the role.'

RCN assistant head of nursing Stephanie Aiken says the college supports a flexible workforce, but cautions: 'New roles should be accompanied by investment in

understanding their impact for patients and the workforce.'

Matthew Bishop is a physician associate on a neurosurgery ward at Queen Elizabeth Hospital Birmingham. He gained a BSc in health studies before training for this role.

'I am supervised by a consultant and work mostly with patients with spinal conditions,' he says. 'On admission, I check patients for allergies and comorbidities, examine blood results and order more tests if necessary. Post-operatively, I look out for complications, infections and other problems and write discharge papers.'

'My nurse colleagues appear to value physician associates and we are certainly not trying to tread on anyone's toes' **NS**

Tamsin Newton Snow is a freelance journalist

RESOURCES

UK Association of Physician Associates
www.ukapa.co.uk

Workbook modules

- ▶ Brain anatomy
- ▶ Causes of stroke
- ▶ Nursing care
- ▶ Occupational therapy
- ▶ Physiotherapy
- ▶ Speech and language therapy
- ▶ Dietetics
- ▶ Infection prevention and control

increased knowledge of stroke rehabilitation therapies.

They also felt more confident in communicating with patients with aphasia, and said they better understood therapists' instructions regarding positioning of patients, especially during mealtimes.

The workbook has been a useful tool in training previously

untrained staff on the stroke unit. Clinical knowledge of stroke, and practical skills and multidisciplinary working have all improved.

Stroke units across the country could benefit from a similar workbook approach to training healthcare and therapy assistants and, ultimately, improving the care of patients **NS**

Paul Carr is a physiotherapy technical instructor in the stroke unit, Croydon University Hospital

RESOURCES

Link to video of staff talking about the workbook
<http://youtu.be/aRGBHnA5wFY>
Stroke Association
www.stroke.org.uk

REDUCING YOUR RISK OF BACK INJURY AT WORK

Quick guide on staying safe

Many patient-care activities performed by healthcare assistants involve lifting, turning and moving patients. These activities can cause back strain and even contribute to chronic back injuries.

To limit the risk of injury, follow these tips on how to care for your back:

- ▶ **Use body mechanics** Always lift from a squatting position, with your feet shoulder-width apart and back locked in a straight position. Remember to use this method in everyday tasks.
- ▶ **Strengthen your core** Incorporating about 30 minutes of core-strengthening exercises, such as yoga or Pilates, into your daily routine can help to protect your back from injury. Other exercise, such as swimming and walking, can also help improve your core strength.
- ▶ **Use mechanical aids** Even simple resources such as sliding sheets can protect your back from injury. Ask for help to lift patients; if possible, ask for the patient's assistance too.
- ▶ **Think it through** Make sure that the working area is clear and that you have all the necessary tools ready and accessible before beginning the task. If you need to turn to complete the action, turn your entire body rather than just your back. Ensure the bed is at waist height so you do not have to bend to complete the action.
- ▶ **Everyday ergonomics** The right shoes are invaluable in supporting and protecting your back. Choose shoes with lumbar support and cushioning.

Preventing back injury is vital to workplace health. Incorporating these simple principles into patient care activities can keep your back healthy.

Nicola Davies is a writer and work psychologist

NHS Choices back care tips

www.nhs.uk/Livewell/Backpain/Pages/Topbacktips.aspx

RCN moving and handling guidance

tinyurl.com/RCNBackcare