

Reflection Placement 1:

For the purpose of this reflection, I will be guided by a model of reflection detailed by Driscoll (1). This will be guided by the structure of “What?”, “So What?” and “What now?”

On my first week of placement with an MSK outpatient service, I witnessed a couple of incidents that really stuck with me and highlighted how important the correct communication skills are for a physiotherapist. The week consisted of shadowing clinicians, discussing cases and contacting peers and supervisors remotely, without being able to have the luxury of face to communication. What I experienced was clinicians demonstrating really clear and effective communication skills with their patients and indeed with us. One standout moment that highlights the importance of a physiotherapist communication skills was in a physio line clinic. The patient in question was attending clinics as she had chronic low back pain. It was clear from the duration of injury and results of xrays /MRI's that the patient pain wasn't being caused by tissue damage as it had far exceeded the duration for tissue to heal. I thought, this is quite a difficult situation – a patient with a long-term issue, with the root of the problem quite difficult to pinpoint. The physio then asked some really important questions around anxiety/depression, how the patient was coping and about their beliefs about the problem. Very quickly a better picture was forming with the patient feeling down, having numerous stresses in her life, being overweight, not exercising and having negative beliefs about her pain and not ever getting any better. I instantly saw the value in research conducted by the likes of Caneiro et al(2) and O Sullivan et al (3) in relation to the biopsychosocial model of pain and patients negative believes about their back pain. It really

opened my eyes to the value of treating the patient as a whole and not just their physical condition. This needs to be the approach taken or else there is a risk of patients becoming 'stuck' in the healthcare system without making any major progress. The physio then went on to explain a little bit about back pain and how a number of things can actually make it worse such as fear of moving and being hypervigilant. He went on to describe the benefits of exercise for improve an individual's function by strengthening a number of structures but also the analgesic effect of exercise. He also explained time frames and that pain may not completely go away but the patient can get back to a higher level of function.

I thought the level of detail of the explanation and the simplicity of the language was really effective and something that I can definitely practice on moving forward. Roberts and Bucksey (4) describes the importance of what is said and how it is said to the patient in order to build a successful report with them and in turn get better adherence to treatment. I can now see that appropriate communication is up there with any other element of the assessment in terms of outcome for the patient. So, to summarise the biggest thing I have taken from my first week – to treat the patient as a person not a case – and the importance of good communication skills as a physiotherapist.

What enhanced my learning was being able to discuss the case with the physio after and get his views on it. He talked about a number of contributing factors to the back pain. As students we were able to ask about his clinical experience in low back pain and whether this type of presentation was common for him. Discussing information and listening to discussions during daily rounds has been said to be a valuable method for acquiring information as a physiotherapist (5). It made me

think, discussions are invaluable as you get to see the views and opinions of many different people which can differ greatly from that of your own. It really helps to be able to prepare yourself to handle similar clinical cases if you have witnessed it managed appropriately. I was also able to go and read some articles on LBP after the clinic and indeed on communication which made me take more from the clinic in terms of the experience sticking with me and bring it into my own future practice

This event has allowed me to take a number of things into future practice. In future with patients, I will not just query the physical symptoms the patient is experiencing but also keep an eye out for any signs of co-morbidities and life events that may be contributing to the patient's dysfunction and pain experience. I will actively listen out for signs of red flags and risks for low adherence to treatment. Because if we can help to modify some of these factors, we may have already improved outcomes for our patients. This highlights the importance of nonverbal communication skills like looking at the patient's body language and their mood. Secondly, I have taken communicating with the patient in a language that is appropriate to them. I can do this by not using overly medical terms and explaining anything that is complicated/appears unclear to the patient. This can also be done by allowing time at the end for any questions the patient may have regarding anything you have covered. If patients are smothered with medical terms and statements that are complex/hard to understand – their pain experience may be made worse, they may become more fear avoiding and they also may become less adherent to any intervention. By making things easy for the patient to understand, empathizing with

them and showing them that they matter, I feel we as physios can have a really positive impact on their lives and improve outcomes.

Reference list:

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