

Ten Questions about being an advanced practice physiotherapist

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1. Please describe briefly your job role and responsibilities

I work as a Paediatric Advanced Practitioner in Paediatric Neurology. I joined this team (NHS Lanarkshire) in 2004 with a view to developing an advanced practice role and achieved that in 2005/6. Over the years I have worked to improve the understanding and treatment of children with cerebral palsy and related conditions in line with evidence as it develops. There has been a strong teaching element; teaching physiotherapists, occupational therapists and speech and language therapists. I have developed a joint assessment tool, promoted multi-disciplinary working with therapists and now with medics. I run a physiotherapy led Botulinum Toxin injection service and have promoted working with a local Paediatrician and now Orthopaedic Consultant to improve the outcome for these children.

2. Please describe briefly your career pathway so far

I have always been interested in neuro – I started very early in Stroke Rehab, then into spinal cord injury at a time when more people were surviving with incomplete lesions. I was fortunate to work alongside Sue Edwards and learn from her and others about improving movement. I then moved into paediatric neurology and after completing the Basic Paediatric 8 week course joined the team at Bobath Centre, London. I taught on the 8-week course and after five years moved to Glasgow to set up Bobath Scotland. I worked at Bobath Scotland heading up the therapy team there for 8 years. I now work in the community with a mixture of urban and rural populations and mixed socio-economic groups.

3. Have you completed any postgraduate education courses relevant to your role?

I have completed the 8 week course twice and taught all aspects of the course which has been really relevant to my role in Lanarkshire. I have undertaken different university level modules to

allow me to inject Botox, analyse quality of available evidence and produce a research project. Other than that my courses have been clinically based.

4. What have been the challenges in achieving advanced level practice?

I am very lucky working here I had nothing but support for developing and progressing in this role. I think it has been useful for the children and families by giving a stronger link with the Paediatricians, Orthopaedic Consultants and other AHP groups.

However, it is essential to maintain a high level of self-motivation for change and to critically address the weaknesses within the service openly. As in all diverse groups, differing management structures influence how children with cerebral palsy are treated. This makes joint working challenging and without the expertise of the wider multi-disciplinary team no one person or team can fulfill all the needs of the children. Getting that balance between challenging the status quo and improving the service is a fine balance.

5. What advice would you give to a new graduate keen to develop as an advanced practice level physiotherapist?

You need to have a clinical passion to see possibilities in the client group you are working with. Negotiation skills are critical – have a passion, a direction and stick with it. Keep poking your nose into all aspects thinking outside the box. In the early days it's helpful to have a mentor who can challenge you, be an ear, and give you courage to carry on.

6. What personal qualities/characteristics are important to have for your role as an advanced practice physiotherapist?

An ability to understand what level other people are working at and a drive to develop their skills. Never to know everything – that is unrealistic and ends up in an ivory tower. Drive, passion, and a lack of fear around your clinical knowledge. See a gap in other people's knowledge and provide training to address it with groups of people because it is never just one person who doesn't understand.

7. How to do measure your effectiveness as an advanced practice level physio?

I ask myself this all the time and I am not sure how to do that. My colleagues would maybe tell you better. I audit my work annually – referrals, types of children referred and see what is missing from that. I also regularly ask parents for their feedback and, where appropriate, the children themselves.

8. Where do you see yourself in 5 years?

Retired. I am currently working to succession plan my role to make it possible for other people to carry on even if they do not have an advanced practice physio carrying it out.

9. What type of CPD activities do you do at this level?

A real mixture of on the job work with colleagues, meetings with physio, OT, SLT and medics and relevant courses. I still teach loads both in-house and externally. Video analysis of children's treatment on a regular basis with colleagues helps me assess how effectively I have treated a

child. Joint meetings with medics on an annual basis for discussion of cases, journal club. The Scottish Physiotherapy Injector's group also meet 3 times a year to maintain effectiveness.

10. What would be your three top tips to an experienced Physiotherapist keen to develop as an advanced practice physio?

- Get a supportive manager who allows you to develop a clinical service with a good understanding of the impact that you are trying to achieve and an ability to challenge you when you are stuck.
- Then keep knocking on doors to ask questions about what's happening and have a clear vision how you would improve things.
- Finally, listen to what others are saying.