**So if you could just tell me a little bit about the background about you about your role how things have been for you with covid?**

My role now or before covid?

**Tell me about your role before covid and what you’ve been doing since**

My job title is Clinical Specialist Physiotherapy so Band 7, I work and based in a DGH for the health board. I’ve been doing it for probably about 5 years. My role is split so for 12 hrs of the week I work in elective orthopaedic clinic and a fracture clinic with a specific orthopaedic surgeon, running my own clinic programme for IT knee pain and list them for knee surgery. I see the post-operative wound care, post-operative thrombolysis care you know and post op x-rays and discharge them, so that works quite well alongside with the consultant so the only ones the consultants really see is complex knees and consenting but we’ll work alongside each other so if I’ve got any problems he’s there, if he wants me to come in with him and work with a patient it works quite well. So how he explained it to doctors who haven’t got physio we’re working as a middle grade, cos it’s consistently with the same person so nobody rotates and we know how each other works we know each other’s strengths really so that’s that job, and I also work in the fracture clinic, so same knee injuries really is what we specialise in and shoulders so we see like traumatic knee injuries and we decide if they need MRI’s or knee reconstruction and then my other job is 20.5hrs working in A&E as ………. Practitioner from the point of view of seeing minor injuries, so you come in, if you’ve fallen down a few steps, banged your head, laceration to your forearm, twisted your ankle, I’m able to assess you, diagnose you, give you an x-ray, give you some analgesia and treat you and discharge you without seeing the doctors really. I work at the soft tissue clinic for A&E as well for non fractures you know to make sure the soft tissue is rehab’s properly and fractures get back to full recovery really and I sign post them if they’re not getting better and refer them to physio for rehab or signpost them for further imaging or to specific consultant clinic, so that’s my job.

**That sounds like a lot of trauma orthopaedic surgery that kind of thing is that right?**

Yes that’s it is more, I do the elective side so the knee and hip replacements you know I do that routinely but my passion, if you ask what I enjoyed about my job it’s post-op wound care, it’s the trauma assessing, diagnosing what’s wrong with them, figuring out then we give them a plan, then working with the orthopaedic surgeon, surgical plan, and that’s what I like, and that’s what makes me tick I suppose and I think it’s taken a long time in my career to get there, I’ve been qualified nearly 20years but yes that’s what I like

**And so what have you been doing since covid**

So in covid it’s completely changed really it was highlighted that me and another colleague, two of us work as physios on band 7 but still are not just following a script you know, they soon recognised that we, so we done the mandatory triage in part B in A&E they’ve got to learn certain systems part of that is competency triage so we were redeployed with senior band 7 nurses to triage in a separate A&E so I …………. really in the red and green zone so red was obviously the covid and the green was everything else so that was max fax, ENT, vascular, surgical teams, gynaecology, orthopaedic, minor injuries all that and our role really was work within that remit of triaging these patients, so it is way out of my normal script but because I would normally only deal with the orthopaedic minor injuries, now I was dealing with dental abscesses who was prescribed antibiotics and facial swelling and struggling to swallow that type of, you know quite significant change. My hours changed as well, so normally I would work 9-5 Monday to Friday, a little bit over, sometimes ……… my colleague and I we were covering 7 days a week it 8-8 between the two of us, so with the nursing as well supplement you know, there was a couple of nurses as well, so yes we were just triaging. So normally I would take quarter of an hour to see a patient and asking how what’s wrong how did you do it. Now I’d sort of say right why are you here, quickly say where else have you hurt, nothing right ok do a set of obs you know it was literally you had to get them out in 5 minutes and into triage, they can go there, they can go straight to this. Because the triage hub was more like a sidekick, ENT accepted straight away, max fax see max fax could they go into minor injuries, as another part of trauma we’d send them there. So yeah so I had to learn a lot of new skills very quickly really and to speak to staff members I’ve never spoken to like I’ve never needed to speak to max fax SHO before and ENT and injuries I needed to check and I’d be ok what does that look like ok talk me through it ok no he hasn’t got one of them so yes

**Wow so it sounds like there’s been a lot of changes**

Yes I did it for 4 months and it came to a point where we were thinking we need to start taking bloods, I’d got hold of my Union, professional standards and say can a physiotherapist take bloods, they said yes, you’ve got competencies, you’re not interpreting the bloods but you’re actually just taking it as a clinical skill and that’s where we were at and we actually going right let’s get taught that but never got told that before it happened.

**And so you’re back so how is it now, for want of a better expression of the new normal, so how is it working now, what are you doing?**

So now the A&E have gone back so A&E has gone from not red and green to fully incorporated so minor injuries is closed so we’ve gone back to our old role of A&E seeing all these minor injuries so I’m doing that, I’m back in my fracture clinic which is once a week and then the two elective clinics orthopaedics is not reinstated, we’re not doing anything routine so I’ve been redeployed to doing starting a pilot called the virtual fracture clinic. So basically what that is so basically triage with the consultant in the morning, there’s a couple of us doing it and then deciding do they need to come in and if they do need to come in to fracture clinic which ones are relevant or can they be rung up by myself or by my colleague and explain to them what the injury is what type of fracture they have and basically keep the sling on for 2 weeks and get it reviewed after that, you know here are the exercises that you can do, send them a leaflet through the post and discharge them without them coming in so basically do like a virtual fracture clinic on them. So that’s been running all of July and it’ll be all of August and they’re going to have to decide what they’re going to do in September really.

**How have you found that?**

I’ve enjoyed that cos that will work really well with my A&E role, there’s a couple of other people that have been doing it with me. One of the girls is exactly the same as me, she’s enjoyed it but the other two ladies have really struggled because they’re hand therapists and doing it for 15-20 years and they’re not doing ankle injuries, they’re not doing knees so they’ve found it hard. For me, because it’s what I do, I feel comfortable doing that really. What I’m finding hard though is my 12hr shifts, I’m still on them and now that life is going back to normal, I lose a bit, my family I’m shattered, I get up at 6 6.30 I’m out of the door by 7.15, I finish my shift at 9 but it never is on time so 9.30 and by the time I get home and have a shower it’s 10.15. You know you’ve got to get to sleep cos you have to get up at 6 so I do three in a row of them and by tomorrow I know I’m going to be absolutely zonked

**If you’re not used to that, you’ve not been doing that**

Well normally the nurses don’t do three 12 do three 12 hours in a row, they’ll only do 2. They’re only supposed to do 2 in a row. The normally don’t do three 12 hours straight, you know and I have chosen to do that now, I get it out of the way so then I can have 4 days off with my family but I am I feel physically, I am mentally actually struggling a bit now you know it’s been nearly 5/6 months now doing that

**I can’t believe how long it’s been you know when you look back it’s been nearly 6 months**

I know I’ve booked holidays 2 weeks’ end of August and I do feel that I need it

**Yeah you’ve got to look after yourself. So you’ve given me loads of changes there, it sounds like you’re doing loads of stuff, the only thing I would pick up, I have one small question. In terms of your fracture clinics what are you using to do those is it telephone or is it online?**

Yes, so it’s telephone, so this morning we had 28, so I’m just thinking back, there was 28 on the minor injuries and then our main A&E here. So we sit down with the consultant and look at the cas cards the casualty cards and the x-rays and we devise a plan so of those 28 about 6 of them were virtuals, so that meant he was happy for me to ring them and discuss like they were like torus fractures in children or head fracture or displaced elbow in an adult on a child, we had first metatarsal fracture undisplaced in an elderly 94yr old you know, we shouldn’t bring those patients in with covid being around. So then just plan and the rest of them 22 of them were like one week, two days you know do they need to come back in one week to the fracture clinic, do they need specialist shoulder clinic, you know do they need to come in for surgery this afternoon type thing. So the plan and then I went to admin and then gave them that job and they were ringing and sorting them out and then I came in the room and just literally rang the patient and there’s a script that I follow, you know say who I am and why I’m ringing, the diagnosis, the plan with the parent or with the patient and then I write them a letter, dictated letter to the GP and to them explaining our conversation and I attach a little leaflet if it’s a common condition and they have that and at the bottom it says they’ve got access to fracture clinic up to 6 months after the injury anyway so if they felt like in 4 weeks they weren’t getting any better they could ring in and request a face to face or a phone call again

**Ordinarily then would those patients come in and physically see you**

Normally they’d come in yes. They’ve never run this sort of triage before, they’ve done it with the Registrar before but the Registrar, they’re brilliant but they don’t get the support from the consultant. So what I mean is the Registrar decide oh I want that person to come this afternoon to see Mr so and so’s clinic, the consultant will say who agreed this you know. Orthopaedic surgeons can be quite pernickety so the consultant doing it to a consultant, there has not been any backlash from it they’ve not challenged it you know cos a consultant’s name’s on it that they’ve triaged it it’s been well accepted

**That sounds great, that’s good, sounds exciting. You’ve given a load of changes there, but if you just think about over the last 6 months, if you could just pick one of those changes that’s most significant to you**

Are you talking personally or professionally?

**This thing about this is that it’s your story so it could be a change in your life or someone you work with, it could be a change in yourself or your attitude the way you feel about yourself or what you do. It could be a change in the way the organisations worked, it could be change in the way other people work or relate to you so the important thing is it’s a story. What we’re doing with this information is we’re taking it to the Regional Partnership Board who are senior managers in Health and Social Care to inform future strategy. We’re also taking it to another service recovery route who understand what’s working, so any insight you can give will be useful**

So what I’d say is from a professional point of view, I’ve found it challenging for want of a better word, challenging to get certain people to appreciate a physio could do that role, do you see what I mean? So the title of having a physiotherapist that is very alien, they weren’t looking at the skills that one person had so I had, so I’ve worked with consultants for so many years and developed a relationship with them and said oh god yeah, you know there was no question, when you look on paper, for example antibody testing, I’ve worked in this environment in the front line position, everybody around me from consultants, nurses to matron, everybody recognised me in frontline staff, when it came to accessing antibody testing oh no the physios aren’t allowed to have it they’re not frontline. So because of that stigma of that professional title rather than discovering what that person did at that job so I found that challenging.

**Do you think that’s true of allied health professionals in general?**

Yes I do feel like well physios why do they do that they’re supposed to walk patients and massage you know that’s the stigma we have and why, and even if I say to a patient I’m a physio they’ll say oh God am I not seeing a doctor no and then once they realise oh actually she knows what she’s talking about really well the stigma goes, I find it’s much harder to sort of, it’s that doctor thing isn’t it, nurses I’m sure have the same thing, oh I didn’t see a doctor I saw a nurse. It’s the same thing, we have more of an uphill battle really to gain the patient’s trust in the sense of get them to if it’s not broken, convince them it’s soft tissue injury and you can walk on the ankle and they go oh my God I don’t believe you, it’s that sort of thing but on a positive note you know I have learnt to try different things, is definitely gone, virtual fracture clinic set up in a week, we were up and running we’d been trying to do it for 2 years, so that’s been absolutely fantastic. I think my skills, from a clinical point of view, the competencies that you have to do it’s like well no, you had to give it a go, there’s no like, 30 competencies and do a reflection on it, we’ve had it, give it a go, the doctor watches you, you watch one with the doctor, did it yeah off you go and so it’s really made you think cos that’s how the doctors learn, that’s how they learn and because it’s a professional title you know oh god you shouldn’t be doing that, oh god be careful you don’t get sued. Is that going in the right direction?

**Yes definitely it is interesting, cos when I worked in project management I worked on a step down ward, so I worked on a setting up a step down ward for rehab patients or post-op orthopaedic rehab patients and it was great and I really understand and respect the work that OHP’s do. You know those therapy roles are really crucial in a patient’s recovery aren’t they. But absolutely as someone you could have more experience more patient contact working with orthopaedic patients than the general doctor coming in might, who’s coming into the emergency department, I guess it’s expectation isn’t it really?**

You’re right it is expectation and my nursing colleagues that I work with Advanced Nurse Practitioners they’re exceptional you know I couldn’t fault them really. They’ve taught me so much about wound care burns, bite, stings, they’re the ones who’ve taught me. My suturing has been done with them really. The doctors have been brilliant in I don’t want to skip away from that cos I think it’s important to recognise it, the feeling I had when it happened was I felt like I was driving to work and I felt like this massive, and I’m not an anxious person, I felt this massive gut wrenching fear. I didn’t know what to expect and it was eerily quiet everywhere and I mean and we were being like updated about brace yourself it’s going to hit it’s going to hit in waves, you know what I mean, and you’re going to have to choose, people are going to be in the corridor, they’re going to pass away in the corridor. We were getting all this imaging, we can just see A&E just being rammed and people on the floor and you were just driving and you felt like you were going to war. I know that’s quite dramatic. I remember my family felt that feeling that everybody else is staying at home, staying safe, staying indoors but you go in with a little flimsy mask to the abyss and you just didn’t know each day what you were going to find cos it was so changing, you know you’d one process, one door was open the next day they’d change and they were locking that and every day how am I going to get to the changing rooms it was so ever revolving and that was draining mentally in the beginning, the change was so quick and rapid, now it’s so much better but at the beginning I think I was more mentally exhausted from the not knowing and the change really and I think that’s everybody you know I’ve spoken to a lot of people and they’ve said that they felt that, and couldn’t sleep you’d be worrying, you wake up and you don’t know why you were waking up it was weird really.

**I think even if those things didn’t happen, they happened in your mind didn’t they, you’re preparing yourself for it, you still felt those range of emotions**

It’s bizarre I’ve never felt that ever in my life and I don’t want to feel that ever again, especially when you’ve got small children as well and they were like oh my god. It was all on the news everywhere wasn’t it and they were you know oh my god mum you’re going to die, you’re going to work and you’re going to die and they were crying. But that’s the time of thing of you were having and you were oh god should I move that you know all that oh god but now, now is actually a good time to do this sort of research cos you can reflect on it. If you’d have asked me 4 months ago I would have cried and I’m not a crying person you know I’m not an emotive person but now you can be quite reflective on it and go oh god yes! You feel like you’ve achieved something.

**We may come back, with permission, cos I don’t think you know covid hasn’t necessarily gone away has it**

No I think that’s very true and knowing what may be a second wave and how that is going to affect people, cos I’ve not had time off you know and some of my staff are burnt out or they’re ill or they have illnesses and had to self-isolate. I think I self-isolated once right at the beginning cos my little boy had tonsillitis and that was when they were you know that’s when ………for weeks and they weren’t testing anybody were they so that I’ve been lucky that I’ve been in and been well so it’s good.

**It’s good, it’s been really nice to chat to you you’ve given me lots of information about changes that are really interesting, so what I’ll do is I’ll get this transcribed and I’ll send this over to you. If you can think of anything else you want to add or if you think oh no I want to take that out that’s fine and we will be sending a report out. If your feedback is used in the report we’ll send that to you and we will also let you know if your particular one is discussed as well in Regional Partnership Board, we may also re-contact you again if we want to kind of find out a little bit more about the work that you’ve been doing. Is that alright?**

Is it confidential or?

**It’s anonymous**

Ah right yes

**If there was anything there, if you started to look at it and if there was anything in there where you thought Oh I could be identified and I’m not sure I want people to know that, you know, you don’t have to consent to that being shared, but I’ll send you a copy of what is being shared so that you know beforehand is that alright?**

Yes, brilliant.

**Thanks for your time I appreciate you’re busy.**