

Dementia Champion Case Study

Susie Fraser, Advanced Specialist Orthotist, NHS Greater Glasgow & Clyde.

Susie Fraser is one of the Cohort 7 Dementia Champions programme participants who will be graduating on 15 March in Edinburgh.

Can you tell me a bit about yourself and your current role?

I'm an Advanced Specialist Orthotist. Orthotists are registered healthcare professionals who specialise in assessment of the whole body for biomechanical problems. Orthotists are supported in their professional role by clinical assistants, technical and administrative staff.

In my role, it's important to maintain knowledge of a wide range of specialties such as musculoskeletal, diabetes, neurology (neuromuscular manifestations e.g. stroke) and rheumatology.

I have a personal and professional interest in working with older people. I previously worked at the New Victoria Hospital in Glasgow and visited weekly the Mansionhouse Unit, which was a Medicine for the Elderly centre that included rehabilitation assessment and continuing care wards.

I am currently based at Gartnavel General Hospital in Glasgow and most people come to see me at an outpatient clinic, although I do also see some people who are inpatients.

How would you describe your experience of the Dementia Champions programme?

I enjoyed the programme very much but at the same time found it challenging, and unlike anything I had done before. At the start of the programme I found it difficult to see the relevance for me, but this changed following an interactive session where the tutors simulated what it could be like to have dementia and colleagues on the course had to put an arm gaiter onto me. Prior to this I felt the focus of my role was

very scientific, dealing with biomechanics and physical function, and not necessarily considering the psychological aspects nor taking a fully whole person view.

The taught aspects and resources provided on the programme were very good, and I especially liked all the interactive sessions at the University. One session allowed us to engage with family members and carers and I found this very enlightening. It was also particularly constructive to meet colleagues from other health professions including social services and get a different perspective, as well as to meet people with dementia. I contacted the local Alzheimer Scotland Co-ordinator who was very helpful when it came to arranging my community visit to the Dementia Café for my assignment. She also welcomed me to two further community visits – to a singing group and a film group.

What have been the most positive aspects of the programme for you?

For me the most positive aspects have been the knowledge and practical skills I've acquired. Learning more about the policy context was very useful and the options people with dementia have for models of ongoing care, as their dementia journey progresses.

I learned how to approach, initiate interactions and conversations with a person with dementia as well as better ways to fit, for example, a cervical collar to a person with advanced dementia who has fractured their spine. I also learned about consent procedures and policies and as a result of the lectures I attended and the reading I did. This gives me greater confidence in this area.

Another positive aspect was the opportunity to share ideas with colleagues on the programme, especially in social services, nurses working in acute (e.g. surgical specialities / orthopaedics) and elderly care wards, NHS24 and other Allied Health Professions (AHP's). An excellent feature was the very wide range of roles represented on the programme.

What are your plans for taking forward learning from the programme?

I wish to put into practice what I have learned so it can enhance any orthotic care I provide. I would also like to pass my learning on to Orthotic colleagues, especially the 20 departmental clinical staff across Greater Glasgow and Clyde, as the course presented evidence that better knowledge leads to better care. Where appropriate,

this could include staff from other disciplines as well, especially when we may be jointly working with a patient.

So far I've hosted an Awareness Session for clinical, assistant, technical and administrative staff, with a good cross representation from each of the teams in attendance. The level of knowledge about dementia among staff in the department varies considerably, so this has encouraged me to try to raise the knowledge level so everyone has a more consistent degree of understanding and confidence in the subject. We also carried out a care area evaluation and from this, I developed a list of positive actions. Most of the ongoing work will be with the clinical and assistant teams.

What do you consider to be your key successes so far?

I've developed a list of positive actions to take forward for the department. I call it my '5-Point Plan':

1. Include carers and family in consultations all of the time rather than most of the time.
2. Create and evaluate new signage for the clinic on one of the department sites.
3. Improve staff knowledge of support services in the hospital or community for people with dementia, their family and carers.
4. Embed the Promoting Excellence framework within the work of the department including training for staff and incorporating it into their personal development and performance discussions.
5. Develop orthotic specific resources through the Dementia within Orthotic Care Working Group.

What changes have you brought about?

I've set up the Dementia within Orthotic Care Working Group. It consists of four orthotists and five lay members. Our lay members include people with dementia or carers of people with dementia. The first meeting will take place in May this year.

The process of setting up the working group and recruiting lay members has itself involved learning - about logistics and the need for other support services. This learning will be shared with the wider orthotic team.

Longer term the plan is to recruit additional lay members to the group in order to achieve a core number, to give the working group longevity and to achieve optimal representation.

The working group members will be responsible for the development of Orthotic specific resources to aid understanding and choice. These might include booklets with photographs of various orthoses (brace or splint) or colour swatches for footwear, etc.

The resources could be for staff, carers, and family as well as for people with dementia. They may include things like guides to help explain how to use, put on or wear an orthosis (device like a brace or splint). Where the evidence is clear, we may agree on a specific type of orthosis with the patient, but often the evidence is less clear and so we would try to give them options that may help with pain or function. To allow an informed choice having samples maybe helpful as well as tools to ascertain the goals they may have for their treatment. Conducting a person-centred assessment helps determine their needs and informs the development of a treatment plan. This may then lead on to custom designing, manufacturing or advice given in relation to their presenting problem and treatment. Developed resources could then be shared with other Orthotic departments and where relevant other professions.

The working group has exciting challenges ahead.

Further information

What is an Orthotist?

<http://www.ahpadvancedpractice.nes.scot.nhs.uk/media/253575/what%20is%20an%20orthotist.pdf>