



My Experience of a Leadership Placement

What did I think back then?



What is a leadership placement?!



What if I miss out on clinical skills?



Working with patients is my favourite part of being a physio, I don't want to miss out on that!



Can I really be a leader?



It's a novel skill that would be good for my professional development.



It is very current and may help improve my confidence



Effects of COVID-19



Sussex Community
NHS Foundation Trust

Delirium

- Longer term, fluctuating delirium is not common in younger patients, but possible in 20-25% of older patients (up to 6/12 in some cases)
- Delirium is likely to be worse in those with dementia.

Insomnia

- May be an ongoing issue for up to 60% of patients for 6/12+

Neurology

- Some evidence emerging of increased incidence of neurological difficulties including stroke, ADEM and Guillain Barre.

Mild Cognitive Difficulties

- Up to 25% of patients may have difficulties for up to a year with memory, attention, information processing and thinking and reasoning.
- Problems may not be noticed until return to normal activities such as driving, work or education
- Potential impact on social, family and work
- Patients scoring <26 on MoCA when d/c from hospital should be followed up at 2-3 months

Mental Health

- Up to 40% may have ongoing anxiety issues
- Up to 30% may suffer with depression
- Up to 20% may have PTSD symptoms
- Alcohol use can worsen impact
- Issues may be ongoing 2 years post hospital d/c

Oral Care

- Risk of damage to teeth and surrounding soft tissues following intubation
- ↑ incidence of dry mouth and throat

Voice

- Changes to voice tone and pitch
- ↓ ability to speak for long periods (tiredness)
- Issues with dysphonia and language processing
- ↑ incidence of longer term communication difficulties

Lungs

- ↑ Breathlessness impacting on activity
- Some patients will need oxygen support at home for a time
- Chronic cough, lasting > 8/52
- ↑ risk of thrombo-embolic disease (blood clots) and pulmonary arterial hypertension
- ↑ incidence of long term lung damage - pulmonary fibrosis, bronchiectasis

Muscle Strength

- Up to 50% of patients have significant muscle weakness
- This deconditioning and its impact ↑ with age
- ↓ in functional abilities, mobility and balance
- ↑ risk of falls in elderly population

Pressure Ulcers

- ↑ risk due to deconditioning, reduced muscle bulk, peripheral neuropathies and poor nutritional status
- Areas at risk:
 - Feet
 - Heels
 - Sternum - due to prone positioning treatment regime
 - Hip bones
 - Face - due to long term use of CPAP +/- O2 face masks

Footcare

- ↑ risk of peripheral limb ischaemia due to cardiac complications
- ↑ risk of distal neuropathies = ↑ risk of foot ulceration

Dysphagia

- ↑ numbers of patients with swallowing difficulties, particularly in those with significant generalised muscle weakness following COVID-19
- Patients may have difficulty with eating, drinking or swallowing medication
- Shortness of breath may make eating, drinking and swallowing more difficult

Heart

- Up to 12% of patients may have an acute MI
- ↑ incidence of heart failure and heart arrhythmias in recovered patients

Impaired Activities of Daily Living

- Wide ranging impact possible on personal care, driving, shopping, work and social activities
- Increased support may be needed for some patients in the short and long term

Nutrition

- Loss of appetite and interest in eating may impact on diet and weight, as may longer term loss of sense of taste and/or smell
- ↑ incidence in type II diabetes
- ↑ requirements for insulin therapy
- ↑ requirements for nutritional supplements
- Potential malnutrition in obese patients following severe COVID-19 infection

Fatigue

- Fatigue reported by many patients post-COVID-19
- Fatigue likely to be more extreme and longer lasting than for other severe illnesses
- Up to 10% may go on to develop chronic fatigue
- Advice and early management of fatigue is essential to reduce incidence of such long term impact, and should be individualised for each patient

**Identify need early,
signpost and refer for help.**

Resources are available on The Pulse

[The Pulse > Patient Care > Rehabilitation Resources](#)



What if I miss out on clinical skills?

✓ Virtual Assessments

✓ Holistic Approach

✓ MDT collaboration

✓ Onwards referrals

✓ Problem Solving

✓ Clinical Reasoning

✓ Self-Management/
Shared Decision Making

What are the challenges?



Being comfortable in the uncertainty



Offering the best that you can with limited resources



Lack of evidence base



The virtual world

So what can we do when we don't have all the answers?



Listen to their story



Validate their symptoms



Be their advocate



Commit to learning...
and then educating



What about leadership?

Creating a positive environment



Climate for change



Approachability and trust



Giving opportunity for voices to be heard (and advocating when they are not)



Welcoming healthy challenge



Open to change



Acknowledging positivity



Leading by example

Diminishing Hierarchy

- Eliminating pedestals
- Narrowing gaps between roles/bands
- Valuing all roles – “what do you think?” but listening to the answer
- Shared decision making
- Empowering those who may not feel like “leaders”
- Advocating for those who aren’t heard



Being
comfortable
with being
uncomfortable



Problem solving



Flexibility



Honesty in not knowing



Collaborating



Willingness and commitment to
learn



Being innovative

Why does this all matter in clinical practice?

- ✓ Good leadership → Better morale → Better patient care
- ✓ Everybody has something to offer at all levels
- ✓ Facilitates a 'psychologically safe' workplace where people are comfortable to express ideas, thoughts and concerns
- ✓ Works to eliminate unconscious bias
- ✓ The “knock on effect”

“I realise we are all leaders in our day to day working and personal lives with colleagues, patients and family”.

“As a consequence, I now have an OT student spending the day with me next week who is on placement with another team”.

What did I think back then?

All of the above!

There are so many non-clinical skills you didn't realise you needed!

I still miss patients... but it's possible to have both! Good patient care starts from here.

Anybody can be a leader at any level!



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THANK
YOU!