Analysis of patient-physiotherapist interaction in orthopaedic outpatient setting - Project Do-RE No. 13DPD6_124565

Researc	h	Team	•

Veronika Schoeb, MHA

HECVSanté, Filière Physiothérapie, Lausanne - HES-SO

Liliane Staffoni, MSc

HECVSanté, Filière Physiothérapie, Lausanne - HES-SO

Dr. Ruth Parry

Senior Research Fellow, School of Nursing, University of Nottingham, UK

Dr. Alison Pilnick

Associate Professor and Reader, School of Sociology, University of Nottingham, UK

Partner organisation:

Jean Lambert, physiothérapeute-chef

Département de l'Appareil Locomoteur, CHUV, Lausanne

Peter Timmers, physiothérapeute indépendant, Rolle

Daniel Goldman, physiothérapeute indépendant, Lausanne

1

Progress of project

Recruitment – 33 patient-physiotherapist interactions recorded

- 14 patients filmed treated by 2 physiotherapists in private practice
- 17 patients filmed treated by 6 physiotherapists in hospital-based outpatient clinic
- 2 patients filmed treated by 2 students (2nd and 3rd year) in hospital-based outpatient clinic

Out of the 33 patient-therapist interactions recorded (over 150 individual filmed physiotherapy sessions) only one session was technically problematic. If the good quality of recording stays this way we estimate that 50 video-taped patient-physiotherapist interactions will be enough to get conclusive results. The initial need to recruit 60 patients were based on fear that some of the interactions might not be useful due to technical problems of the equipment (see letter in response to Do-RE dated 6 April, 2009 - regarding "drop-outs").

Still to recruit

- 3 patients in hospital-based outpatient clinic (scheduled in August 2010)
- 6 patients with physiotherapist in private practice (September/October 2010)
- 5 8 patients treated by students (October-December 2010)

Summary of main results

Preliminary results

Structure of analysis

- a) The research group watched all videos to select sequences for analysis. There are many interesting observations concerning goal setting activities and treatment proposals that can be summarised as follows:
- How consultations are started how sequences in physiotherapy interactions are opened
- Practices to use a collaborative approach (e.g. direct questioning of "goals") and their consequences (e.g. difficulty answering those questions)
- Challenges to use a collaborative approach
- What are the cognitive demands for physiotherapists: flexibility of adjusting to patient (e.g. even though pain is not the main reason for visit, physiotherapists fall back to inquire about pain)
- b) We also investigated further the purpose of agenda-setting and the role of both participants during this activity. It can be seen as a basis for negotiation and interests us particularly in regards to goal setting and treatment proposals. The main questions

that have been raised so far are the following:

- How do patients express themselves in agenda-setting?
- Collaborative agenda-setting
 - What are the assumptions built in the goal setting question?
 - O patients feel that they are competent to give their opinion? (e.g. in our data: "you are the expert")
- c) Another focus of analysis is related to the fact that patients are invited to talk about their goals and expectations. Literature in medical interaction (Peräkylä, 1995) describes interactional patterns when patients are allowed to talk. We will investigate this question further with the understanding that physiotherapists might have a different approach to patients than physicians.
- What are the consequences of letting patients speak and how does it happen interactionally?
 - o What happens when physio uses "open" approach: "Tell me your troubles"
- d) A final focus of analysis is how physiotherapists summarise their initial evaluation.
- Explicit vs. implicit treatment proposal
 - Summary at the end of investigation (history-taking and physical examination) according to PT
 - o If summary is during treatment session how is treatment proposal justified?
 - o How much room for negotiation?

In summary, we see many interesting features in the recorded patient-physiotherapist interactions and preliminary results are promising. Our findings might contribute to a deeper understanding of professional practice and provide insight into how patients and professionals interact in a specific institutional context.

Contribution of FNS employees

Veronika Schoeb: project leader, preparation and negotiation with partner organisations, obtained ethical approval, collect and transcribe, data workshops and preliminary analysis

Liliane Staffoni: data collection, data workshop, and preliminary analysis

Ruth Parry: data workshops, and preliminary analysis

Alison Pilnick: data workshops, and preliminary analysis

Modification of research plan

Patient recruitment

- In the submitted proposal we planned to recruit 60 patients in order to have 50 acutal patient-physio interactions that are useful (from a technical point of view). So far only one interaction out of 33 was not useful due to insufficient quality of recording.
- However, patient recruitment has been slightly slower in hospital-based outpatient clinic than expected. It was originally planned to have data collection finished at the end of June 2010 but will now be finished by the end of August 2010. The reasons were due to full schedules by participating therapists:
 - One participating physiotherapist on maternity leave
 - o Another participating physiotherapist on sick leave
 - o One participating physiotherapist reassigned to supervisory position
 - o High staff turn-over puts pressure on outpatient schedule
- We also encountered some problems to include 10 patients treated by students. First of all, the involvement of students when treating ambulatory patients was slightly more difficult than anticipated:
 - o Supervisors have to be present at all times
 - o Students treat only few ambulatory patients
 - Short clinical placements (Period 1: Mid-October December, Period 2: February Mid-April)
 - o Some students did not consent to participation

Plan: to contact the second-year students on clinical placements commencing in October and invite them to participate.

• Data collection in private practice was delayed due to the use of only one camera. It was not possible to film on two sites at the same time.

Plan: video-tape 6 patients in private practice in September 2010

Data analysis

As data collection moved slower than expected we used some of the available time to transcribe and analyse the data already collected and to draw interesting findings (see previous section). We were also able to share the preliminary findings with colleagues and researchers here in Switzerland as well as in the UK.

Three different workshops (February 2010, June 2010, July 2010) as well as several Skype discussion within the research group (November 2009, January 2010, April 2010) were organised with competent researchers where data was analysed and discussed. Those workshops are very common in Conversation Analysis and help refine the analysis.

Presentations and accepted abstracts (see annexes)

- Points de rencontre autour de la question : « Quelles sont vos attentes par rapport à la physiothérapie ? » Invitation Journée scientifique du RéSar, Lausanne, 11 May 2010
- Goal setting in musculoskeletal physiotherapy: a conversation analytic approach British Sociological Association's Medical Sociology Group – Durham, UK, 1 – 3 September 2010