Patient Impact Case Study – Non Medical Practitioner

Role: Non-Medical consultant in a comprehensive stroke centre. I assess patients at the front door, make clinical decisions which may include thrombolysis and decisions for intra-arterial thrombectomy (IAT decisions are ultimately taken by the interventional neuroradiologist). I assess referrals from wards within the hospital, triage TIA referrals and have an outpatient follow up clinic.

I have a leadership role within service development both within the trust and regionally. I support education opportunities for the service and supervise ACPs and support the stroke specialist nurse team. I highlight patients for our research trials also.

Background: BSc Physiotherapy, MSc Advanced Clinical Practice, Non-medical Prescriber

Benefits: Having worked clinically across the pathway I have a hollistic knowledge of stroke care but can also draw on clinical experience from having worked in a range of areas in both inpatients and the community. I have developed my medical knowledge to do the role but am always aware of my scope of practice, making me comfortable to ask for help when I assess that I do not have the skills to manage a situation.

I can speak about the patient journey bringing in all aspects of care (medical, physical, cognitive, psychological) as my role bridges the disciplines.

From a leadership point of view although my strongest professional understand will always sit with therapy, I have developed knowledge of the working practices of the different professions which is often the cause for communication errors and can therefore help support this.

I can act as a constant within the team.

Limitations: I am not a doctor replacement, but again that is not my role. I will always have aspects that I cannot do and will need to seek help from colleagues.

Patient case study: 60-year-old right occipital parietal ICH patient, post evacuation and craniectomy. Seen on Critical care, still intubated but not sedated.

PMH: Undiagnosed hypertension

SH: Previously fully independent

Asked to see as on the stroke outlier list, asked by family for an update on her care.

I was able to discuss broad aspects of this patients care due to my knowledge and experience. The family did not fully understand the cause of the stroke, or the intervention completed, not because this hadn't been explained but because it was explained at a time when they were unable to fully process this.

I was able to talk them through the surgery and the next steps for removal of the breathing tube. Discussed the mechanism of the stroke and how undiagnosed blood pressure would cause the bleed in line with anatomy and physiology knowledge. Was able to relieve their feeling of guilt about the blood pressure with knowledge that would have been asymptomatic. Able to discuss pharmacological management of blood pressure due to NMP knowledge.

Able to discuss VTE prophylaxis and that in this case it is not straightforward, explaining in lay terms the risks and benefits and the actions agreed by the team.

With my background I was able to discuss the rehab journey, exceptions and management of set-backs also.

I was able to discuss and answer the family's questions - the advantage of my background and role being that I can address a broad range of subjects and questions as a "one stop shop" this should enable the family to feel involved and have an awareness of what has happened, why and what will happen next but also allow individual disciplines to focus on treatment rather than having repeated conversations, saving time but enhancing the quality of the patient and family's experience.