Summary key words: patient, role, question, medical, working, ward, supportive, mdt, physio, challenging, therapist, explored, feel, experience, neurosurgery, physicians, team, acp, rehab, further explanation

Interviewer: All right, so today is the 25th of November. And I've got one participant here. And he's gonna introduce himself and then we're gonna start with the questions.

Participant: So my name is…. I'm an advanced clinical practitioner in neurosurgery, my background is physiotherapy.

Interviewer: Okay, thank you very much. So I'm going to start with the first topic with five questions. So the first one is professionally speaking, how do you identify yourself?

Participant: as an advanced clinical practitioner, again, with a background of physio.

Interviewer: Thank you very much. So while you are at work, performing tasks, do you question yourself? Who am I? And what else can I do? Either way, please provide further explanation of your answer.

Participant: It's been quite an evolving process over the last couple of years, obviously, coming from and not as medical backgrounds, the majority of ACPs from the physio side, there's been certain aspects that I found more challenging. Yes, I've questioned myself a lot of particular one of them's medication and prescribing, and I'm in the process of getting my prescribing approved. So we'll see how that comes in the next few weeks once I get permission. The other side of it is medical knowledge, medical understanding, it's a very different way of working with the patients in a way I feel the background in physio side of it, I developed an awful lot more relationships and closer relationships with neuro rehab patients, because I was seeing them over duration of weeks, months, seeing the progressions, spending a lot of time with the family as well from the medical side of that find that do not get as much patient consults on if I do it's to be a little bit more unpleasant in terms of your investigations turns your test normally going and taking bloods off them doing examinations, which some aspects are not always the nicest.

Interviewer: Thank you very much. Do you encounter inter professional barriers in either way, please provide further explanation of your answer.

Participant: So I think amongst the ACPs, we are very close and supportive of each other.

Interviewer: Oh, sorry, inter. So it's not between ACPs but in between all the other colleagues,

Participant: okay. So I think in terms of working with the medics as well, the medics are very understanding they are very supportive as well of our learning and our education from the medical side of it. From the nursing staff, I think the nurses are very appreciative of having us on the ward as well, we almost become a little bit of a first contact from there as we are familiar. From the medics, a lot of us have worked with the neurosurgery from the ACP team for many, many years. So we are quite familiar to the nursing team and you almost build that rapport and that trust, working with the AHPs I think that is exactly the same as the nursing side I think almost become a point of contact for all members of the AHP teams, whether that's pharmacists, dieticians, orthotists, physios or OTs. And they all come and have a little chat with you is almost a point of contact. Because as I say, I think your experience and

presence in the ward counts for a lot. Were some of the new junior doctors that no disrespect to them. But on four month rotations is quite challenging to develop that rapport is closest someone that's been there for years.

Interviewer: Thank you very much. So and then the other question is do you encounter intra professional barriers between ACPs? In either way, please provide further explanation to your answer.

Participant: The short answer no, I the ACPs are very, very supportive. On the ACPs that I've come in contact with across different specialties as well. I've been very supportive as well, I feel that this is almost a ...because it's a very new and evolving role rather than saying, Oh, we are we all have very, very different experiences. And I think, again, from some of the conferences that we've done, particularly neurosurgery or so Southampton have a very large base of ACPs from that side of it. And a lot of the support is almost just the evolving role. And it's all there isn't compared to say earlier in the career that competitive for jobs, you already have the job, your training, you are going to reach the same level at the same point. So I think it's a lot more supportive than it is competitive, which is very contagious.

Interviewer: Thank you very much. And what what are the defining features of advanced practice? And I'm not meaning the pillars, the four pillars? What do I mean is?

Participant: I did. Yeah,

Interviewer: What do you think personally, subjectively, what are the defining features of advanced practice?

Participant: I mean, as you said, we're all aware of the four pillars of our practice. But I think one of the main bits is the familiarity and support you provide tthe ward. And as I say, you develop that trust and rapport within that as a main bit for the nurses that they will come and talk to you about things that may not be really important, but they'll run past and then your junior nurses will run past what you might classes want silly questions, which, in all honesty, on most are most likely the most important. So I think one of the main bits is your support from your education, your teaching, and also your experience and imparting that experience on the more junior stuff. And then from the other side of it, being with more senior nursing again, you become a point of contact for them if there are any problems in the world that they cannot manage.

Interviewer: Thank you very much. Now we can go to the second topic. So do you feel supported by the trust in reaching your potential and goals? And in either way, please provide further explanation of your answer.

Participant: I think the trust's awareness of ACPs it's it's almost one of those scenarios where ACP is very advantageous for the healthcare. Therefore, they're utilised by the trust, how much awareness the trust actually has of the role and almost senior executive level, I think that's very minimal. Because again, it's if you're not working the role, I think it's very hard to read about the role or and understand the role. So in terms of supporting from the trust, I think that being able to access, this is the main support, and then it goes down to so more junior levels of stuff like the line managers, who again, give you the opportunity to explore that based upon what they feel your best

for, for the team. So I think from that aspect, it's very, very supportive from that. The local team that I'm in as well is also very supportive for any issues that I bring to them. And it's very close knit personal friendly team rather than just purely work colleagues. So I think from that side, it's it's exceedingly supportive.

Interviewer: Thank you very much. And describe a change you noticed during the transition from your former role to the ACP role.

Participant: Autonomy on seniority, I think, are some of the main bits that you become a point of contact. And that can be across multiple wards. If you're working on outliers, it can be just for that ward. But even still, you become almost a senior point of contact for 32 patients, which is a little bit surreal from that, because it's never been scenario, it's always been, well, we work as a physio team. If you don't know the patient, one of your colleagues will from that. So from that side of it, it's it's been very challenging being, as I say, point of contact or point of care for all the patients need to be familiar with more, and when you're working on that ward.

Interviewer: Okay, thank you very much. And what psychological challenges is someone likely to face when taking on a new role?

Participant: Developing familiarity in the role, I'd say almost your job description, and where it is you draw the line for tasks that you do as well. So, for example, things like Bloods and cannulation. It's, depending on the ward, it's been one of those where it's either doctors jobs, nurses job, what's the ACPs job? And I think working together, it can be an MDT job from there as well. So that it's not always this is your job, you must do that. From that. And just becoming that role. It's almost your responsibility as well, where what it is that you do in this job role, are they one of the main bits has been discussing and talking to some more experienced ACPs about how it is the manager on what it is that they determine are the ACP jobs and roles on the award from that?

Interviewer: Okay, thank you very much. And that's it for these topics. So we've got the third topic. So do you feel being recognised as a clinician by the medical team? In either way, please explain further.

Participant: So, as approved, you mentioned the medics all are very supportive and appreciative of us, we have the experience within the specialist area, they have the medical experience, which we are holding hands up and say lacking. So things like abdominal assessments, cardiac assessments, ECGs, that are quite challenging, specific things to do that if you haven't done them repetitively, then it takes a little bit of time, months, years of practice to become more familiar with that, like everything. So in the medics guidance from that side of it from that, and we also guide them on, say more specialist services. So for my example, things like ongoing rehab, so where we do the referrals to, what it is that they're waiting on for more therapeutic side of it, because that's been my specialty, right.

Interviewer: So you feel you are recognised?

Participant: Yes, yeah.

Interviewer: Okay, and how do you feel In questioning physicians decisions.

Participant: I think that's something that comes with your experience. And as you progress it was, it will be something that when I initially got into this role, I would not question a physician's medical decision because I do not have the knowledge or the background experience to be able to question though, if it was something that was more knowledgeable, then I would question more about that from there, as the training has progressed, and I've become more familiar and more comfortable and more knowledgeable within this area, and within the medical aspects, then I feel more comfortable questioning them on that side of it.

Interviewer: And how do you describe your relationship with physicians?

Participant: Close. It's team working. As a said I thing, one of the key aspects is, medicine is very competitive. If you're in an SHO role, and trying to get a training number, competitive against your colleagues is huge. Us being ACPs from a different discipline, we are not in competition with them for anything. So it's, again, a relaxed, friendly atmosphere, we work together for the benefit of the patients in the ward and in the MDT as a whole.

Interviewer: Thank you very much. And how would you feel in suggesting care options to physicians.

Participant: The same as questioning, very comfortable, again, based on our experience in the role and in the specialty, we may have more knowledge around the advice from that side of things from there. Whereas again, from so more medical treatments aren't options, the physicians I feel would be more appropriate to suggest those options from there. So again, as I say, I think it's a discussion and an MDT working approach to it. Obviously, if you're discussing these things with a more senior level for a consultant and specialist in neurosurgery, you didn't, you may have to take different tack for it, because there will be a reason why this consultant is requesting this that may be outside your scope of practice or your understanding. So it may be a case of more discussing and questioning for your learning rather than questioning to advise the treatment, it's more again for your progression so that if this happens again, in future, you know why this decision is being made? I think that, again, the physicians are very comfortable doing that with us.

Interviewer: And we've got the last topic. So how do you describe your role to others?

Participant: A number of ways. So the job title doesn't really mean a lot to anyone that's outside the trust or healthcare. So I'm a physio it's doing a master's to be a comparable to a doctor who's not a doctor. So it's a very wordy way to describe it from there. And I think that you just need to explain it like that, because otherwise people do not understand what the job role is that you do.

Interviewer: Okay, perfect. Thank you very much. And do you ever question yourself if you are seen as credible by people? If so, what made you think so?

Participant: Oh, yeah, always it's a little bit imposter syndrome with this. So you go from, as I say, being a physio to ther week later doing medical jobs, with the levels of training, but the experience wise has been minimal. So I think it's been a very evolving role for me personally, in terms of how to act in terms of how to action things on the ward and work with the nurses and patients.

Interviewer: Thank you very much.

Interviewer: And how would you feel in questioning other AHPs' decisions?

Participant: Again, saying I think you have to question the role doesn't really matter rather question of decision or feel that if you have a valid reason that a practitioner's or clinician's decision is not appropriate, or in the best interest of the patient, I think that has to be questioned. And that doesn't matter whether you're in AHP, ACP, if you have some issue there, then at least it's discussed. And then a box is drawn around it, and it's crossed off. If there's any other issues with that I think that needs exploring further, again, it's very easy to say that this is an MDT, but the patients at the centre, and that's gets forgotten a lot of the time from there. But you always have to remember that you are here for the patient, not for your ego, or for your team working or for anything like that. So it's got to be in the best interest of the patient. So I think it's good to question anyone if you feel that there's a problem.

Interviewer: Okay, good. I think the next question probably you've answered it already. But I need to ask it, How would you feel in suggesting care options to all the allied health practitioners?

Participant: Comfortable. I think that, again, working closely from a therapy background, I understand more than my colleagues about that. And I think that if there's, if there's an issue with them, then yes, questioning you you have to question AHPs from there. You may not like the answer, it may be an answer that you already knew. But at least then you've explored the options and disseminated to the medical side of the team as well. So that they understand why therapies are taking this decision from that all the AHP sorry, not just the therapist,

Interviewer: and the last one, and how would you describe your relationship with them with the AHPs?

Participant: I think within neurosurgery can be challenging. There are, there's an awful lot of patients that require long term rehab that trauma brain injury (TBI)are challenging to a patient's level of cognitive, deficit. So it takes a lot of time for the therapist to accurately assess the patient. And unfortunately, from a medical side of it, that is not sometimes as clear. So I think the common frustration is that the medics get frustrated with the therapist or taking time, whereas the therapists are almost a safety net that we need. From the medical aspect we can we can say that patient's medically fit, but at the end of the day, we're not assessing their condition. After TBI, you do not know the actual extent of the TBI until it's been explored until there's been a period of recovery until there's . So you're out of the acute phase of the injury. So I think the therapists are essential. But it's challenging because they almost feel that we're having a go at them non constructively about why is this patient here? What are we doing? Why are we doing this? And from their side, I can see why the frustration comes from asking all these questions their role, when we don't have an experience of their role, what it is that they're exploring. And I think that that's one of the key aspects that, particularly neuro, we need to work on to almost have a little bit of a better relationship and an overall MDT working side of it because it becomes a little bit of frustration and friction between the two teams. And that's not again, beneficial for the patient at the end of the day. From there. I

think that if you were a little bit more open and honest and questioning decisions from both parties a little bit better, this may build more relationships and better relationships. However, of course, there are a lot of external factors like this, like rehab beds like staffing, like onwards referral, like community services, all of these have knock-on effects onto the relationship between the practitioners and the therapists. Because if we could get all our patients to rehab centres as quickly, then it will be a lot more acute service rather than sitting on potentially 25% of our bed base is rehab only. From that side of it for a medical acute service it's not ideal, but then again because of challenges which are out of our control, it's a difficult situations to be

Interviewer: That's it! you're done.

Participant: Thank you very much.

Interviewer: No, Thank you