ELSEVIER

Physiotherapy

Physiotherapy 99 (2013) 95–100

Debate Article

Physiotherapists in emergency departments: responsibilities, accountability and education

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Abstract

Emergency physiotherapy roles have evolved within the UK and are increasingly being adopted in Australia in response to a need for greater workforce flexibility and improved service provision to meet growing patient demand. This paper discusses the need for the physiotherapy profession to develop evidence-based regulatory, ethical and educative frameworks to keep pace with the changing clinical environment and service delivery in emergency departments.

Definitions of Emergency Physiotherapy as either advanced practice or extended scope of practice are identified, and the implications for both regulation of practice and education are highlighted. Suggestions for education in areas of clinical skills, ethical understanding and legal and professional knowledge are highlighted as important areas to support physiotherapists moving into this area of practice.

Keywords: Physiotherapy advanced practice; Extended scope; Professional ethics; Physiotherapy education

Physiotherapists apply specialised knowledge and skills in clinical reasoning and treatment in clinical settings from emergency departments to long-term chronic care [1]. Two key features of physiotherapy practice, are high level clinical reasoning [2,3] and a capacity to respond and evolve to changes in societal expectations of healthcare delivery. These features are driving the profession to move beyond building individual professional autonomy and towards partnerships with others in health systems, to meet the changing needs of patients and health delivery models [1,4]. This paper focuses on the changing role and implications of physiotherapists in the emergency department setting.

Within Australia 'Emergency Physiotherapy' (EP) has been defined as a clinician working in an acute hospital emergency department (ED) managing patients with acute and sub-acute musculoskeletal conditions either autonomously or in conjunction with other medical staff [5]. In the United Kingdom, over the last decade, a demand driven push to modernise the National Health Service (NHS) and increase workforce flexibility has facilitated the emergence of the EP role [6]. In Australia, patients presenting in EDs have increased by 5% per year since 2003 with 77% being less or non-urgent conditions [7]. This increasing demand has been recognised as unsustainable, requiring new and innovative methods of service delivery to meet the needs of the presenting population [8]. One such innovation is physiotherapists in the ED health team.

Emerging evidence suggests EP is a viable option for patients with less urgent conditions such as, soft tissue injuries, minor fractures and mobility and balance problems [5,9–11]. EP enables release of medical staff for more critical interventions [12], fewer stops in the patient journey [13], reduced patient waiting time and cubicle occupancy times [14], higher patient satisfaction ratings for EP's compared to other medical professionals and nurse practitioners [12,14] and more efficient assessment and management [13]. Professional benefits include improved retention of senior

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0031-9406/$ – see front matter
http://dx.doi.org/10.1016/j.physio.2012.05.003

physiotherapy staff due to creation of career pathways into advanced practice and extended scope roles [6].

However the EP role has been driven by a political need to reduce waiting times rather than to improve patient outcomes, therefore systematic evaluation of patients' perspectives of the role or how to best educate physiotherapists in this role has been limited [15]. While there has been no reporting of adverse incidents [6], and some evidence that EPs are at least equivalent to hospital medical staff with respect to screening for and identifying significant injuries and making appropriate referrals to outpatient clinics or specialists [12], long term safety and effectiveness has not been thoroughly investigated. It is possible, for example, that evidence of higher patient satisfaction associated with EP, may be explained by decreased waiting times rather than physiotherapy interventions, and time benefits may have resulted from introducing an additional employee into ED, not specifically an EP [12]

This paper addresses three questions arising from the EP role: (1) how does EP fit within the broad skill set and scope of contemporary physiotherapy practice?; (2) how does EP fit within current regulatory frameworks guiding practice?; (3) what level of education and experience is required to support EP?

In this paper, we aim to stimulate discussion around these questions by describing EP within Australia and how it differs from traditional physiotherapist/patient treatment encounters. We then discuss implications of EP for professional regulatory frameworks, and how EP roles should trigger the physiotherapy profession and academics to ensure curricula keeps pace with and effectively underpins the landscape and conditions of the clinical workplace.

Overview: the development of physiotherapy in Australian Emergency Departments

Historically, the ED is defined as "the dedicated area in a public hospital that is organised and administered to provide emergency care to those in the community who perceive the need for or are in need of acute or urgent care" [16, p. 199]. In Australia, EDs are legally required to provide basic health care, 24 hours a day regardless of the patients ability to pay and whether their need represents an emergency or not [17]. There is no restriction to the number of people presenting to an ED and there is a legal and ethical responsibility for all patients to be seen [18]. There is an increasing and uncapped demand for emergency care. The quality of ED care is threatened through delays in diagnosis and treatment, increased risk of medical errors, a reduction in quality of care and an increased likelihood of poor patient outcomes [19] which is further exacerbated by an increasing focus on point of care testing and treatment interventions within ED followed by outpatient management to accelerate patient turnover and reduce hospital admission rates [8]. Thus a re-evaluation of traditional clinician skill sets and skill mix is required [20].

EP as a subset of contemporary physiotherapy practice

In Australia EP has focused on two key roles which are subsets of assessment, diagnosis and clinical reasoning skills [3] care coordination and soft tissue injury specialisation [5]. In care coordination, physiotherapists use their clinical reasoning skills to screen, assess and refer patients to prevent unnecessary hospital admissions [5]. This includes acting as a secondary contact practitioner to assess suitability for discharge with respect to mobility status and falls risk, following referral by medical staff [13]. It also encompasses independent assessment and treatment in areas such as vestibular, cardio-respiratory, neurology and musculoskeletal conditions [5]. This role uses what Christensen *et al.* [21] refer to, as high level autonomous clinical reasoning capacity, applied to the specific needs emerging from different models of health care delivery, in this case the emergency setting.

In soft tissue injury specialisation, EPs act as musculoskeletal injury specialists (also referred to as primary contact physiotherapists or EP practitioners) who assess, diagnose and provide specialist clinical services [5,22]. While assessment and diagnosis are common to all physiotherapy roles, the musculoskeletal injury specialist is responsible for an expanded task set that includes requesting and interpreting radiology; applying plaster; managing minor wounds and fractures; assessing analgesia needs, and referring to other medical and allied health disciplines and applying an expanded range of therapeutic interventions [5,9].

EP also presents as a distinctive work environment. The traditional practices of diagnosis, assessment and discharge planning are conducted in a time pressured multi-disciplinary environment, where team relationships must be developed quickly rather than being built over time, and where responsibilities and referrals are fast tracked [23]. In this setting, team relationships are less hierarchical and physiotherapists independently contribute diagnostic, management and discharge planning information. [5].

In Australia, one important and still unresolved debate about EP is whether it represents an extension of the core scope of physiotherapy practice, or whether it is a form of advanced practice requiring an advanced level of already established physiotherapy clinical skills [5,13]. This debate has important implications for defining standards of care and associated educational preparation.

The *scope of practice* of physiotherapy in Australia is defined as the rules, regulations, boundaries and context within which a qualified practitioner with appropriate training, knowledge and experience may practice in a specifically defined field [24,25]. Professional scope is determined by legislation and standards whilst individual scope is determined by organisational policy, culture, individual competence, knowledge and skill [25]. *Advanced practice* involves applying clinical skills, reasoning, knowledge and experience in