#TEXT1001AG Code A PhysioAsst #CODENC Excellent continuity of care from Ward Physiotherapy to the community - step down facilities, stroke club. #ENDCODE #CODENC Relatives and patient involved in planning for physiotherapy including watching gym activities. Maintained regular contact with relatives. #ENDCODE **#CODENC** Training excellent. Much more extensive, apparently than that available to other members of staff. Joint training with all nurses - under community enabling scheme. #ENDCODE #CODENC Team working good. Attends ward meetings. Involved in care meetings including where physio inappropriate in particular patients. **#ENDCODE** #CODEE10 8 years. Trained on job. Help in outpatients and District. Now working orthopaedics. Sees patients on Daedalus and at home. #ENDCODE #CODEE10 Running step-down groups to the community. Meets once a month - tea dances etc, one man attending Yoga class. **#ENDCODE** #CODEE10 Admission - seen by Physio - see ??? then physio arranged. Assessment not done with nurses. Physic can be done in groups or singly according to preference of patients. Meets all the family. Strongly describes realistic role. She regards contact with patients as important. **#ENDCODE** #CODEG1 Admission - seen by Physio - see ??? then physio arranged. Assessment not done with nurses. Physic can be done in groups or singly according to preference of patients. Meets all the family. Strongly describes realistic role. She regards contact with patients as important. #ENDCODE #CODEG2 Admission - seen by Physio - see ??? then physio arranged. Assessment not done with nurses. Physic can be done in groups or singly according to preference of patients. Meets all the family. Strongly describes realistic role. She regards contact with patients as important. #ENDCODE #CODEG2 Relatives are encouraged to go to the gym. Go with patients on Home Trial visits as required to observe patient care/exercises. Used to work closely with Ots who used to have their own office at GWMH. #ENDCODE #CODEE1 Over 5-6 months more demented patients on Daedalus. Got number ??? but less strokes. Get Acutely ill patients - physios can support that they are "not for rehab". Not ????? - not retained rehab ward. #ENDCODE

#CODEE10 Admission - seen by Physio - see ??? then physio arranged. Assessment not done with nurses. Physic can be done in groups or singly according to preference of patients. Meets all the family. Strongly describes realistic role. She regards contact with patients as important. #ENDCODE #CODEI3 Has done NVQ3. Haslard in-house training and aggressive behaviour training, wound training, CPR, 6 week course in counselling and community OT relative. #ENDCODE #CODED8 Relationship with staff MDT twice weekly. #ENDCODE #CODEI7 Joint training all Nurses manual handling. Joint training with community friendship services. Redevelop team work. 2 CEs because getting patient home. #ENDCODE #CODEK2 Doing risk assessment MDT. More apprehensive about CHI #ENDCODE

Document1 Created on 31/10/00 18:21 2