

Student supported seated exercise groups

Introducing a new placement model to enable student supported exercise groups: driving stroke recovery



University Hospitals Sussex
NHS Foundation Trust

Introduction

An opportunity arose for University Hospitals Sussex NHS Foundation Trust to take part in a project reviewing a community integrated delivery model designed to reduce hospital associated deconditioning in stroke patients.

An aim was to demonstrate the impact of NHS Services working collaboratively with the voluntary sector to achieve better health outcomes for residents. This involved patients recovering from stroke and at risk of deconditioning attending twice-weekly seated exercise groups. In collaboration with other NHS Trusts in Sussex these activity sessions were livestreamed across other units and wards allowing multiple participants and accessibility.

One major barrier to UHSussex implementing this group was staffing. This led us to think of ways we could overcome this barrier and from discussion with a local University sports students were highlighted as a cohort that could support the group and meet their learning outcomes.

Governance

Governance considerations

- Sports students are not covered under the Education Funding Agreement.
- Sports students do not complete statutory & mandatory training, enhanced DBS and Occupational Health clearance as part of their academic course.
- Course content reviewed to consider any potential gaps in knowledge.

Actions to enhance governance

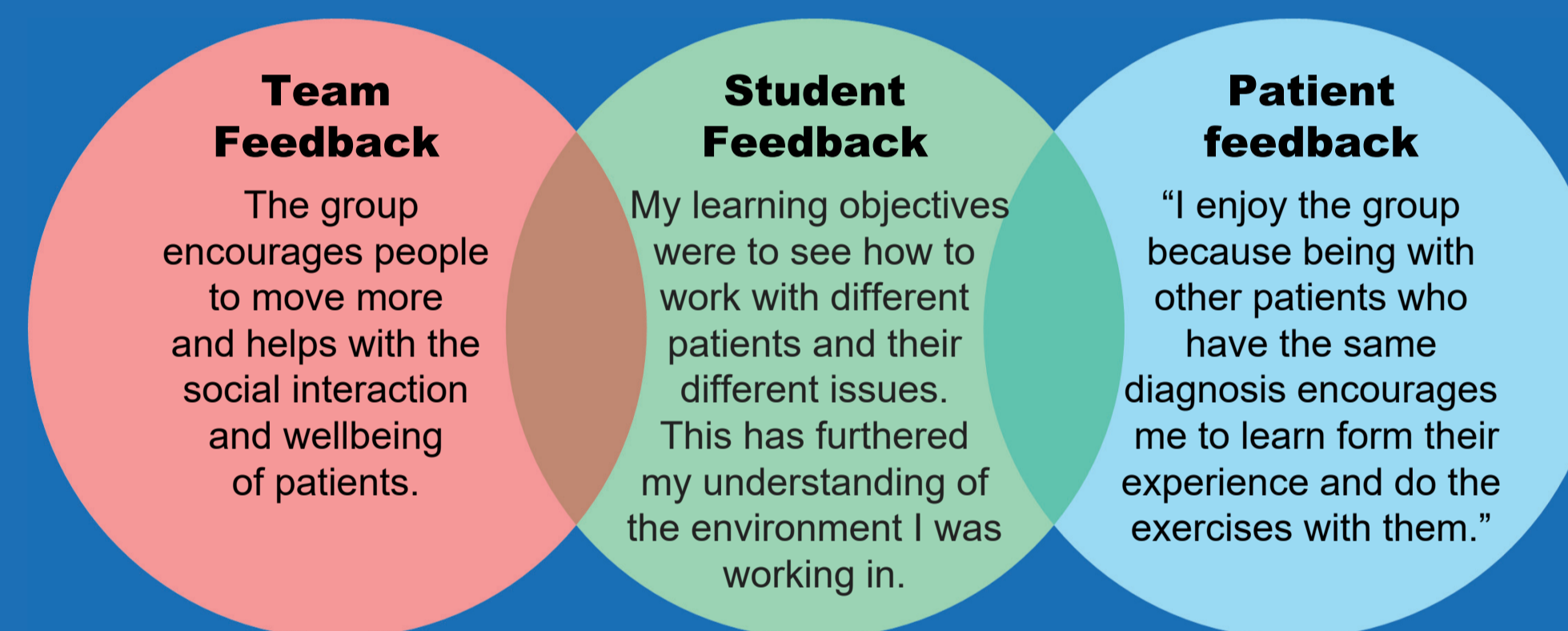
- Honorary contracts completed with support from HR.
- Occupational Health clearance, DBS Check and mandatory training completed.
- Quality audit completed specifically for sports students.
- Internal organisational risk assessment.
- CV process for selecting relevant students.
- Students completed pre-placement neuro specific training.
- Placement induction completed including clear and specific scope of practice.

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The group

- Runs Monday and Thursday 2-3pm in the Therapy Gym. The group is live streamed from the Irvine Unit via MS Teams.
- Number of patients: This varies depending on the acuity of the patients and suitability for the group. Minimum would be 2, max we have had is 6.
- Number of staff: 1 rehab assistant, 1 qualified therapist, 2 sports students.
- Exercises include basic chair-based exercises which can be graded to support everyone to participate.



Outcome and next steps

Challenges

- In the acute setting, patient acuity varies which can impact on the number of appropriate participants for the group.
- Programme is not patient specific.
- Arranging governance of sports students was time consuming which led to delays with them starting.
- Governance and sign-off from the Trust for the group was a lengthy process.
- Paperwork pre and post group is a time implication and impacts recruitment of patients to the group.
- Exercises can be gone over quickly – hard for patients and staff to keep up.
- No clear internal process for post group assessment which impacts data collection for outcomes.
- Cognitively impaired patients who could not provide informed consent to appear on screen were unable to participate, despite likely benefiting from the group.

Benefits

- Sports students motivate patients in the group.
- Sports student support with pre group paperwork including consent forms, information about the group and mood screens, this saves time for the qualified therapists to focus on other tasks.
- Instructor receptive to feedback and this has helped develop the group and patient experience.
- High impact on patients' well-being and social interactions.
- Energy of instructor lifts the mood of patients.
- Different approach to exercise from therapy which is a good change.
- Opportunity to refer on to groups available in the community and highlight to patients what is available once discharged from hospital.
- Opportunity to network and build connections with community teams.
- Supports students' learning and development.

What's Next?

Aim to roll out the model of using sports students to other specialty areas. A key priority would be the frailty wards focusing on preventing deconditioning in older patients. We also feel the model could be used across the medical and surgical wards too.

Actions

- To review the possibility of adding an addendum to the Education Funding Agreement for sports students, eliminating the requirement of honorary contracts.
- Consider how to use sports students in other groups outside Active Sussex.
- Consider exploring other students including exercise physiologists.
- Develop standard operating procedures.