

## AHT Application Example Section 4

### Education and Promotion of specialism

#### Reflection on sharing of expertise

Please provide three examples of any two of the following:  
(250 words maximum each)

- In-service training planning and involvement
- Teaching to the wider MDT within the workplace or external to the workplace.
- Organisation of outside speakers
- Organisation of hand or profession related courses and teaching input
- Mentorship

Where possible provide **evidence** of the above e.g. programmes, feedback from attendees etc. should be **scanned and attached as a document “Evidence to support promotion of specialism” to the online application and cross referenced within this form.**

The assessors are looking for demonstration of learning within the last **5 years** in the examples given.

Include reflection and appraisal of what went well, what could be improved and changes for the future to your role and workplace.

#### **Example 1 (250 words)**

##### **Teaching to wider MDT**

Presentation on Pain management for inpatient Occupational Therapists

I was asked to present on pain management for the general ward OTs, as part of a training programme to develop general OT skills in the hand therapy sphere.

We attempted to keep it relevant and useful for ward OTs, so did not delve deeply into complex issues that hand therapists might face with outpatients, such as CRPS, but rather focussed on understanding the pain pathways, advocating for correct management on the ward and identifying when there is a problem and flagging it.

I feel that this went well but noted that we got limited interaction/questions afterwards. This may have been because the attendees were online, and so are less likely to ask questions, but it could also have been that the information was a lot to process at that time. We did provide contact details for attendees to ask questions at a later date, as a way to mitigate this. One improvement that we could have made was encouraging more interaction within the actual presentation.

Please see attached presentation and OT attendee feedback – Pain (Appendix 17)

### **Example 2 (250 words)**

#### **Organisation of Outside Speakers**

Organisation of the local Pain Team and Research experts to come present to the Hand Therapy Department

As part of the planning for our department's in-service training programme, I suggested that we reach out to local experts and request speakers to attend and present for the department.

Currently, my colleague and I have been in contact with the Pain Team at \*\*\*, as well as the research team to come and do a few presentations within our in-service sessions. Please see the In-service schedule with guest speakers stated, feedback from participants and personal reflection (Appendix 18).

### **Example 3 (250 words)**

#### **Planning and taking part in the departmental in-service training programme at \*\*\***

Since the beginning of this year, I requested to get involved with the planning and presenting of the programme to develop my knowledge and managing others.

I have recently presented a series on the PIPJ and splinting for PIPJ stiffness. I attempted to make them as interactive as possible, by incorporating a PIPJ model-making element within the anatomy video section, as well as by practicing the splints discussed in the second part of the presentation. I felt this went well and allowed the attendees to engage well with the information. However, I may need to factor additional time in the future to feel less rushed.

Please see the attached PIPJ presentation and feedback forms (Appendix 19 and 20)

### **Leadership and Management Skills**

Please provide three examples of any of the following:  
(250 words maximum each)

Experience in:

- Day-to-day management/organisation of caseloads within Hand Therapy services.
- Supervising other staff (building confidence) e.g. colleagues, students, support workers;
- Evaluation and audit/research pertinent to Hand Therapy.

Where possible **evidence and reflection** of the above e.g. programmes, feedback from colleagues etc. should be **scanned and downloaded as a document "Evidence to support Leadership and Management Skills" to the online application as appendices and cross referenced within this form.**

### **Example 1 (250 words)**

#### **Administration/organisation**

I play a supportive role for several administration and organisation tasks within our department day-to-day.

I often present the Monday morning huddle when our band 8a therapist is on leave, and have had responsibilities such as ensuring maintenance of electronic and splinting equipment and a weekly meeting with admin where-in we ensure that our departments diaries are filled and make adjustments where necessary (called 'Drumbeat'). I triage referrals for the department weekly – which often involves communicating with the referrer and making decisions about patient pathways prior to being seen in hand therapy. Please see attached rota, calendar and key (Appendix 21).

I was recently involved in updating the VFC guidelines for hand and wrist fractures and attended a clinical governance meeting to present the completed guideline. This has now been accepted and uploaded onto the internal web for use in the urgent treatment centres and for VFC. Please see attached document – Planning emails and Guidelines for Management of Wrist and Hand Fractures (Appendix 22)

### **Example 2 (250 words)**

#### **Supervision**

I am responsible for informal supervision of junior staff on a day-to-day basis, as we work closely in the same room for all clinics. My role as senior therapist is to be available for junior staff to ask questions and to step in and assist them to assess/treat their patient when necessary. On Mondays, Tuesdays and Thursdays I am the only senior therapist at the respective sites and am responsible for assisting from one (Monday) to four junior staff (Thursday) whilst maintaining my own patient load.

I have also been involved in training for new and rotational staff members when they enter the hand therapy department. Please see new staff induction timetables (Appendix 23) from the past year. I am also involved in student training within the department. Both allow me to develop teaching skills and managing colleagues. See reflection attached of recent supervision with a new staff member and student feedback (Appendix 24)

I have enjoyed the sharing of knowledge and guiding of others which builds my own personal confidence. It has also challenged me to understand communicating effectively, resolving conflicts and problem solving.

### **Example 3 (250 words)**

#### **Audits and Service evaluations**

I am currently involved in both an audit run by the orthopaedics department at \*\*\* as well as a multi-centre service evaluation run by \*\*\*\*\* NHS trust.

The audit is being performed on patients with CMCJ replacements, and we, as senior therapists, are responsible for pre-assessment and post-operative treatment. Please see protocol and my audit proposal (Appendix 25). I hope on completing this audit we will be able to develop an effective treatment protocol.

I am currently heading the service-evaluation at the \*\*\*\*\* site called PROj-ect – which seeks to investigate the occurrence of PIPJ fracture dislocations, the treatments used and the outcomes. Although the study needed an orthopaedic consultant for the PI, I am responsible for identifying the patients, collecting all of the data and inputting it onto RedCap.

Please see the attached agreement signed and reflection (Appendix 26).