



The Impact of Occupational Therapy and Physiotherapy Assessment with Pre-Operative Neuro-Oncology Patients

Jenny Hunt, Specialist Occupational Therapist- Neuro-Oncology, NuTH

Background

- Neuro-oncology patients often present with very complex neurological symptoms and deficits leading to diagnosis. For most patients, a formal diagnosis will be made following neurosurgery to biopsy or de-bulk the tumour.
- Myself and my physiotherapist colleague identified a need for pre-assessment of certain patients awaiting neurosurgery, as it was found that these patients often had complex discharges and a longer hospital stay.
- Criteria for pre-assessment (not exclusive); Complex social scenario/not coping at home prior to surgery, pre-op limb deficit/mobility issues caused by tumour, pre-op cognitive impairment caused by tumour, those with tumour close to eloquent areas where surgeon feels neurology may be compromised, those that the surgeon/nurse specialist are especially concerned about.
- During pre-assessment we are looking at mobility/power/sensation, cognition, emotional/behaviour, social scenario, frailty and any other concerning symptoms.
- I was awarded a Trust Internship to explore patient experience, a requirement of which is to lead a project using Group Concept Mapping (GCM).

Aims

- Gather feed back on the Occupational Therapy (OT) and Physiotherapy (PT) pre-assessment service.
- Within the pre-assessment service we wish to identify what is most important to patients, and rate it against how we perform.
- Use findings to further develop the therapy service within the neuro-oncology service.
- Continue professional learning and development.

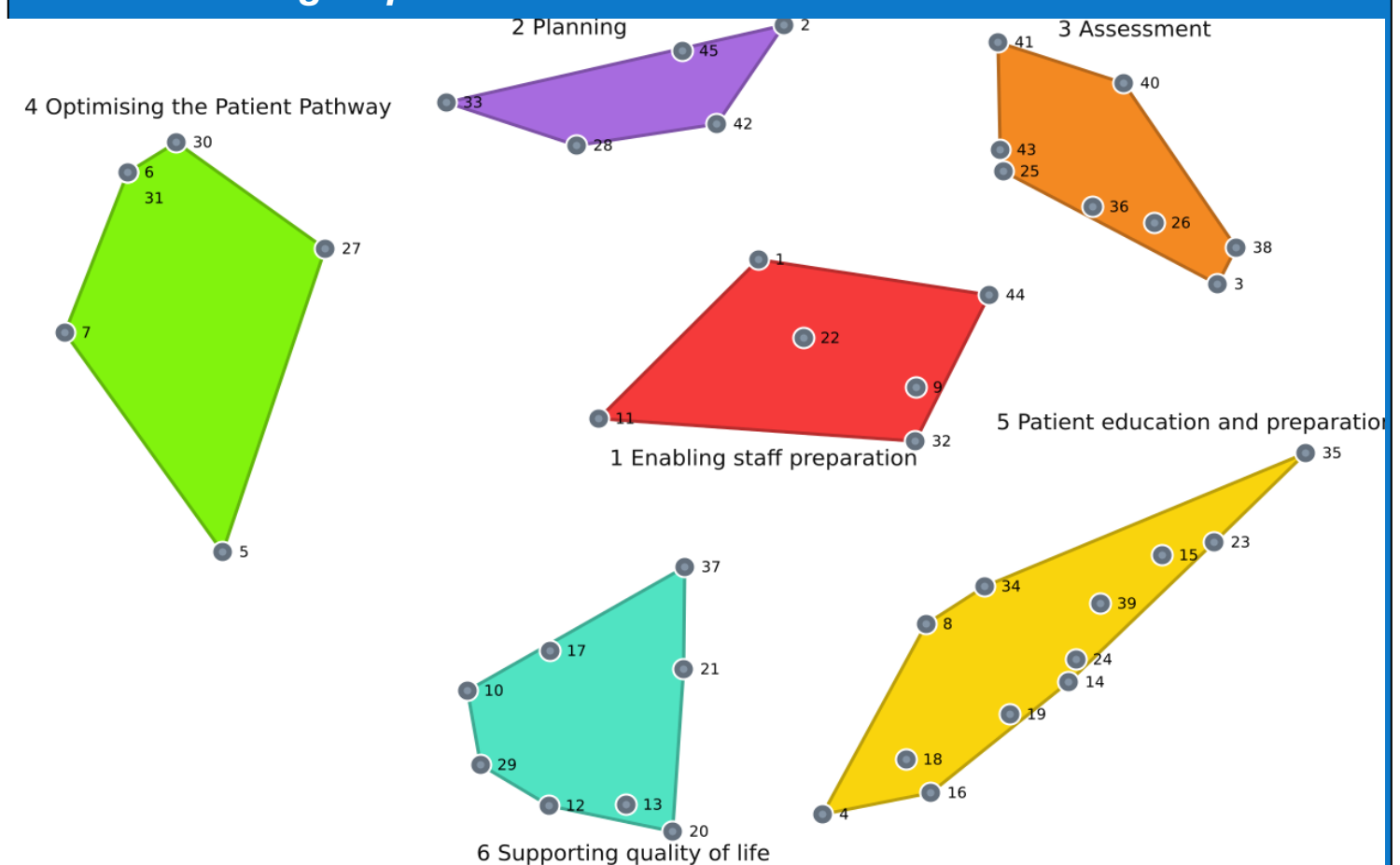
Methods

- Data was gathered over a period of approximately 6 months.
- Data collection included qualitative feedback from patients and other healthcare professionals/member of the multidisciplinary team (MDT).
- The data was gathered using the Group Wisdom platform. GCM is a mixed methods approach and helps to transform qualitative information into quantitative data, which can be easier to understand and interpret.

Results

- Over a 6 month period participants were asked to complete several steps. First, they were asked to provide statements in response to the following focus prompt;
“Being assessed before your operation by the neuro-oncology Occupational Therapist and Physiotherapist is important because...”
- There were 45 statements in total (once duplicates were removed). Participants were then asked to sort the statements into groups with similar statements, and rate each statement in terms of importance to the patient/service, and also in terms of performance (how they felt we currently perform in that particular area).
- I then used the data to create ‘concept maps’ which can be seen on the right side of this page.
- The sample was relatively small and consisted mostly staff and a small number of patients.

1) Cluster map: each numbered point is a statement, the colour clusters show grouped statements.



The closer each statement is to another, represents similarity between the statements (as interpreted by participants).

2) Go Zone map- demonstrates how important participants rated each statement against how well they feel we perform.



The yellow box contains the statements that were rated highest in importance, but lowest in performance- these are our areas for improvement.

Recommendations and Conclusion

- Overall feedback was very positive, every participant felt that the service was beneficial. Although, GCM may not be the best tool for this patient group.
- Areas for development include; facilitating speedier discharges, preparing patient for what to expect (from an OT/PT perspective) following surgery, further discussion with surgeons following our assessment to help inform the surgical decision making process.

References and Acknowledgements

- Kane, M. & Rosas, S. (2017). *Conversations about group concept mapping: Applications, examples, and enhancements*. Thousand Oaks, CA: Sage Publications.
- Kane, M. & Trochim, W.M.K. (2007). *Concept mapping for planning and evaluation*. Thousand Oaks, CA: Sage Publications.

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