# Primary Vocational Case: Nina Christou

Nina Christou

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**Additional SF/CS Notes:**

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**Nina Christou: Health History**

Case Authors: Carol Jewell [cajewell@acu.edu.au](mailto:cajewell@acu.edu.au); Eli Chu [elichu@acu.edu.au](mailto:elichu@acu.edu.au) (and et al)

**Client Details**

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| --- | --- |
| **Name** | Nina Christou |
| **Date of Birth** | 23/4/[TBA] (49 years old) |
| **Address** | [insert address] |
| **Health Insurance** | Nil |
| **Work Injury Claim Number** | M\_003604 |

**Medical / Surgical History**

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| --- | --- |
| **Presenting Condition/**  **Current Presentation** | **Presenting Condition:**   * Sustained a partial tear of supraspinatus tendon with surrounding inflammation three months ago on [TBA date]. * The injury site was treated with an injection of corticosteroids the day after the injury on [TBA date]. * Physiotherapy has been provided once a week for the last three months. * Diagnosed with a right rotator cuff injury. * Has been off work for three months. * GP has recommended graded return to work with modified duties.   **Current Symptoms:**   * Decreased active range of motion of right shoulder because of pain and muscle spasm:   + - Abduction: 80 degrees     - Flexion: 100 degrees     - Extension: 30 degrees     - Internal rotation 90 degrees     - External rotation 90 degrees * Pain occurs on movement when: raising arm; bringing arm around to the back; and, lifting objects (described as a dull ache deep inside the shoulder). * Right arm weaker than left arm, Right grip strength 10 kg, Left 23 kg). * Pain is usually worse at night and is disturbing her sleep.   + Pain rating (where 0 is no pain and 10 is worst pain):     - During interview: 6/10.     - At Rest: 4/10.     - Worst: 8/10 (when trying to lift items more than 3 kg). * Can do most things (except for anything that involves lifting her right arm above shoulder level to the front or side). * Has particular difficulty: washing and combing hair; and, doing up back zip. |

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| --- | --- |
| **History of**  **Presenting Condition** | **Trajectory of injury:**  **Initial symptoms:**   * Her right shoulder had been niggly over the last three months. * She noticed twinges of pain when lifting and reaching for books on the shelf three months prior to the injury. * Has felt soreness and increased tightness of the shoulder quite often after a full day’s work. * The niggling pain usually settled down with pain relief (ibuprofen) and rest. * Injury was sustained when she was moving a heavy trolley of books with a colleague three months ago on [TBA date] (Her colleague tripped as they were turning around a corner and the trolley veered off course. She tried to stabilise the trolley and it tugged on her shoulder when she was in an awkward position. * She felt her right shoulder pop when it happened. * She initially felt severe pain shooting from the upper shoulder (both in front and in back) down the arm toward the elbow. * She initially had difficulty moving her arm (in the full range) because of pain and muscle spasm. * The injury caused a partial tear of supraspinatus tendon.   **Visited GP:**   * Visited her GP a day after the injury as the pain was so severe that she couldn’t sleep. * Her GP made the diagnosis of right rotator cuff injury and gave her an injection of corticosteroids to settle down the inflammation. * Her GP also sent her off for an MRI to determine the extent of the damage. * The MRI showed a partial tear of supraspinatus tendon with evidence of surrounding inflammation. * The GP subsequently referred her to a Physiotherapist.   **Physiotherapy:**   * Has been seeing a physiotherapist once a week for the last three months.   **Recently:**   * Residual pain, weakness and restricted range of movement. * Pain is characterised by a deep ache inside the shoulder and bothers her most when:   + She tries to move her arm above her shoulder.   + At night when she is sleeping. * She still has difficulty reaching her arm above shoulder level (to the front or side). * She has particular difficulty washing her hair, combing her hair and reaching behind her back to dress herself. * She saw her GP last week who has recommended a graded return to work with modified duties. * Her GP recommended that she should not lift, push or carrying with her right arm. |
| **Past Medical / Surgical History** | * Asthma (was very poorly as a child). * Non-Insulin Dependent Diabetes Mellitus (managed by diet) |
| **Allergies** | Hay fever |
| **Medications** | * Non Steroid Anti-Inflammatory Drugs PRN (as required) e.g. Ibuprofen up to 600mg per day. * Ventolin inhaler as required (PRN). |
| **Tobacco** | Non smoker |
| **Alcohol** | 1-2 units per week |
| **Illicit Drugs** | Nil noted |

**Family**

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| --- | --- |
| **Living Arrangements** | Lives with her husband (Wal) and their two children in a large suburban 4 bedroom two storey house Her mother (Elena) has been living with them since her husband died two years ago. |
| **Relationship Status** | Married to Walden Christou (Wal) (53) who works as an Accountant in the city. |
| **Children** | They have two children: George (17) named after his grandfather and Andrea (15). They are both at High School. George is in his final year at school. |
| **Mother** | Her mother Elena moved in with them two years ago when Nina’s father passed away. She is in her 70’s and is still relatively fit and well. She has been doing a lot around the house since Nina’s injury. |
| **Father** | Her father (Georgio) died suddenly of a heart attack at age 76. |
| **Siblings** | Nina was an only child (although she has a lot of cousins). |
| **Responsibilities** | Nina enjoyed housework (when she had the time. She liked to keep her house meticulously clean and liked to do things her own way at home. Her mother would always start the evening meal preparation. |

**Psycho-Social**

|  |  |
| --- | --- |
| **Affect** | * Has been feeling down since the injury because of the pain. * Is frustrated with current limitations. * Gets very anxious when her routines are disrupted. * Uncertain, indecisive and anxious about returning to work. |
| **Activity** | * Has had a relatively busy lifestyle juggling full time work and parenting roles. * Is fully involved in her children’s activities. * Does do a lot of driving and running around for the children. |
| **Relationships** | * Her family is her main focus. * She does have a good group of friends that live locally. * Has made friends mostly through the children’s activities. * Has been under a lot of stress with the restructure at work. * Wants to be fully fit before going back to work. |

**Employment**

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| --- | --- |
| Occupation | Library Technician (on and off for 19 years). |
| Employer | [TBA] Library (in the city e.g. State Library or ACU library). |
| Shift | Regular shift from 7.30 to 3.30 Monday to Friday.  Occasional evening shift (1pm to 9pm). |
| Work Duties | **Core Responsibilities:**   * Provide effective access to library collections and resources. * Maintain the organisation of library materials. * Provide library services in response to the information needs of library users. * Other duties as required.   **Job Demands:**  Physical: Lifting boxes, pushing heavy book carts, repetitive typing to update library systems and spending a significant amount of time standing and walking around the library.  Environmental Conditions: first point of contact for library users. Located in an open area office and must spend a considerable amount of time in the library where there are constant interruptions and distractions.  Sensory Demands: Must spend long hours in intense concentration of both a technical and an interpersonal nature. Must be especially adept at listening to and understanding others from a variety of cultural backgrounds. Must spend long hours on the computer which requires a great deal of attention to detail.  Mental Demands: stemming from the need to communicate with others on a regular and ongoing basis. |

**Orders / Plan**

* Monitor and manage pain (G.P/NDT).
* Referral to Health Enhance Vocational Service for a graded return to work program (G.P/NDT).
* Continue physiotherapy treatment and prescribed exercise program (PT).
* Develop graded return to work program (OT)

**TBA: Simulated Patient (Nina Christou) Briefing**

**Synopsis:**

Today you are attending Health Enhance, a return-to-work organisation. You are being interviewed by second-year Occupational Therapy students with the view to developing a return-to-work plan for you. You are a 49 year old Library Technician who had a right shoulder rotator cuff injury three months ago on [TBA date]. You have been working for [TBA] Library for the last 9 years. The Library has undergone a significant restructure within the last year. This has involved an intensive period of shifting, organising and relocating off all of the holdings.

The injury occurred when you and a colleague were moving a heavy trolley. It resulted in a partial tear of supraspinatus tendon on [TBA date]. You had an injection of corticosteroids the day after the injury and have been seeing a Physiotherapist once a week for the last three months. Last week you GP recommended a graded return to work and referred you to Health Enhance Vocational Rehabilitation Service.

You are visiting Health Enhance, a return-to-work agency. Part of the return-to-work plan includes an interview by Occupational Therapy students (supervised) on placement at Health Enhance. This is the reason for today’s visit.

**Opening the scenario:**

The students may choose to start the scenario in various ways. Some common beginnings include:

* “Before we get started with discussing your return to work plan can you tell me a little bit about yourself?”
* “Tell me about yourself”

By using this opening the student is conveying the desire to know the SP on a personal level and uses this approach to begin to build rapport. The SP should respond to this invitation by telling the student a few details in his/her own words. Such responses could include:

* **Occupation (or former occupation):** You have been working as a Library Technician for 19 years. Your first job was at a council library, you worked there for 6 years full time up until you had George. You then worked in [TBA] hospital library part time for 4years until both children were at school. You then went to work for this [TBA library] full time for 9 years
* **Family life:** You live with you husband and your two teenage children. Your mother moved in a couple of years ago when your father died.
* **Something you enjoy doing:** You don’t have much spare time but you do love to read and listen to music.

**Opening Statement:**

Examples of the questions a student might pose to indicate the SPs “opening statement response” are:

* *“What can I do for you today?”*
* *“How can I help you today?”*
* *“Why did you come to the clinic today?”*
* *“How are you doing today?”*

This is an open-ended way of starting the scenario. The SP should respond to this approach by using the following statement:

When asked how you are:

* “…cautiously hopeful…” “…beginning to feel better…”,”… beginning to do more every day…”.

If the students ask you to elaborate then you can go on:

* “…alright when I can do things in my own time and I am not trying to rush…”
* “…know I won’t be able to do all of the things I used to do at work…”
* “…frustrated as I am a hard worker and I like to be busy but this (point to right shoulder) is really holding me back…”
* “…worried that the team will think that I am not pulling my weight….”
* “…find it difficult to assert myself …”
* “…my job is important to me and I just don’t want to let people down…”

If the students explore your comments further and if you trust them, you begin to reveal your concerns about your condition and returning to the workplace.

You are very **anxious** about returning to work and you are **worried** about hurting yourself again. Your family are happy for you to stay at home and you don’t know what to do.

**Physical Description:**

* Female.
* Appearance is neat and informal.
* Wearing a loose top that is easy to put on.
* Wearing hair down (if it is long).
* Wearing flat shoes.
* Residual pain weakness and restricted range of movement in your shoulder.

**Description of Affect and Behaviour:**

* Quiet demeanour.
* Uncertain, indecisive and anxious about going back to work.
* Frustrated with current limitations.
* Every now and then adjust the position of the right arm and rub the right shoulder to ease the pain.
* Very cautious about moving and positioning the right arm if asked to.
* Anticipate pain if anyone touches or handles the right arm.
* Like being in a regular routine.

**Description of current problem:**

*The SP may use his/her own words instead of the exact scripted text. SPs know it is important that the content is the same.*

Over the past few months the right shoulder was niggly. There were twinges of pain when lifting and reaching books off the shelf at work. There was also soreness and increased tightness of the shoulder quite often after a full day’s work. The niggling pain usually settled down with pain relief (ibuprofen) and rest.

*Trajectory of injury:*

* the injury occurred three months ago on [TBA date] when you and a colleague were moving a heavy trolley.
  + The colleague tripped and the trolley veered off course.
  + I tried to stabilise the trolley from an awkward position and the force of the trolley rolling away tugged on my right shoulder.
  + My right shoulder pop when it happened.
  + Initially there was severe pain shooting from the upper shoulder (both in front and in back) down the arm toward the elbow.
  + The injury caused a partial tear of supraspinatus tendon.
* At the time it was difficult to move the right arm because of pain and muscle spasm.

Visited GP:

* Went to the GP a day after the injury as the pain was so severe it wasn’t possible to sleep.
* The GP diagnosed a right rotator cuff injury and gave me an injection of corticosteroids to settle down the inflammation.
* Had an MRI that showed a partial tear of supraspinatus tendon with evidence of surrounding inflammation.
* The GP referred me to the Physiotherapist.
* The GP thinks it is a good time for me to return to work with part time with modified duties to start with.

Physiotherapist:

* Have been going to the PT once a week for the last three months. They have been working on “mobilising” the right shoulder and have provided exercises for me to do at home. This treatment has improved things a bit. The PT is encouraging more use of the right arm in dressing and housework.

Surgery: Not indicated at this point.

In- patient rehabilitation: Not applicable.

*Location, quality and severity of the problem:*

Frequency of the problem:

* Using right arm within pain free range (within body space and immediately in front).
* Still difficult to reach above shoulder level to the front or side.
* Particularly difficult reaching behind the back.

Factors that precipitate or bring on the problem:

* Washing and brushing my hair.
* Reaching around to the back to do up my zip.
* Doing up my bra.
* Lifting up the pots and pans.
* Pulling the curtains.
* Hanging out the washing.
* Being on the computer too long.

Current Pain:

* Pain is characterised by a deep ache inside my shoulder and is most bothersome when trying to move the arm above the shoulder.
* Pain is a problem at night because it hurts when I toss and turn. This wakes me up most nights.
  + Pain rating (where 0 is no pain and 10 is worst pain):
  + During interview: 6/10
  + At Rest: 4/10
  + Worst: 8/10

**Past Medical History:**

Type II diabetes (well controlled with diet).

Asthma.

Past illnesses or hospitalizations:

* No past illnesses or hospitalisations.

**Family Medical History:**

* Father (Georgio) died suddenly of a heart attack at age 76.
* Mother is relatively fit and well although she does have high blood pressure.

**Present Life**

*About yourself*

Date of Birth 23/4/ [TBA] (Age 49yrs)

* An only child (although spent a lot of time with cousins during frequent visits to Greece).
* Did well at school and went straight on to do a Diploma in Library Information Services.
* Married young and moved to the suburbs.
* Had a relatively busy lifestyle juggling full time work and parenting roles.
* Have been working as a librarian for 19 years (and working in this current job for 9 years).
* Don’t need to work but enjoy being a Library Technician and get on well with the people at work.
* Enjoy work but the family has always been the main priority.
* Want the children to do well and help them with their schoolwork as much as possible.
* Drive to work.

*About your family*

**Father (Georgio):**

* Father has always been protective (being an only child).
* He died two years ago (have very fond memories though).

**Mother (Eleni)**:

* Very close to mother.
* She has been amazing although she is a bit overprotective (“….She hasn’t let me do very much around the house since the injury…”).
* Mum is cooking the family meals and doing the washing and ironing.
* Mum wants to do everything for me (it is our culture).
  + “… I am worried that Mum is taking on too much around the house and that she really doesn’t want me to go back to work…).
  + “…She means well and I really appreciate everything she does. However, I know you need to assert myself more with her and do more…”.

**Husband** (Walden Christou, known as Wal)**:**

* Met Wal (husband) through a family friend while studying to be a librarian.
* He had just started his first job after completing his Accounting degree.
* He is a good man who is a good provider.
* He works very long hours and never complains.
* He is a great fan of the footy.
* He said I don’t need to go back to work if I don’t want to.

**Children:**

* George is 17 and I am very proud of him. He does very well at school and has just won a debating award at school. This is his final year at school so he is studying hard. He has a lot of friends that come and go. I take him to rugby and cricket practice on the weekend. He wants to go to University to do an engineering degree.
* Andrea is 15. She is quiet like me. She is also doing well at school. I take her to the drama club and the gymnastics club on Wednesday nights and Saturday mornings.

**Living Arrangements:**

* Living with Wal (husband) and two children in a large suburban 4 bedroom two storey house. Wal works long hours in the city as an Accountant. Mum (Elena) also lives with us.

**Social activities:**

* Don’t have much time for social activities.
* Have very good neighbours.
* Have made some good friends through the children.
* Social activities generally rotate around the family.
* Do a lot of driving and running around for the children.
* Have a family holiday once a year.

**Daily activities:**

I Like to keep busy and am doing most of the easy things. I am very pedantic and I like things to be just right. I would like to do more at home although Mum steps in to do things when she sees how difficult it is.

* Dishes – Can do hand washing (except pots and pans). Have difficulty loading the dishwasher. The rest of the family are doing this.
* Cooking – Mum does most of the cooking now. I am helping with some of the preparation although I can’t lift the heavy pots.
* Shopping –I need help lifting the shopping in and out of the car. I have been taking Mum or the children with me to help.
* Cleaning bathroom – Cleaning surfaces (especially the shower and bath) is very difficult because of the extended reach and circular motion required. The family are doing this at the moment.
* Washing clothes –Mum helps with this.
* Hanging out clothes – Unable to hang out the washing, Mum does this now.
* Ironing – Usually sets off the pain so do as little as possible. Mum will do what is needed.
* Cleaning floors –Have avoided cleaning the floors and doing the vacuuming because it has set off the pain in the shoulder.

**Work Life:**

Work in the library involves quite a lot of physical activity:

* Employed at [Insert organisation name and suburb] as a Library Technician.
* Regular shift from 7.30 to 3.30 Monday to Friday. Occasionally have evening shifts (1pm to 9pm).
* Work in an area with a staff of about [TBA].
* The restructure and reorganisation of the Library has been stressful.
* My manager’s name is [Insert name], Library Manager. They have been my manager for as long as I have been employed at [Insert organization name].
* Have really enjoyed my job but have found the physical aspects of the job getting harder because of my niggly shoulder. This has bothered me for the last few months.
* This injury has really set me back and I am frustrated because I like to pull my own weight.
* Really want to get back to work but I want to make sure I am as fit as possible before I go back.
* I usually drive to work (have power steering).

*Duties include:*

Core Responsibilities:

* Manage the information desk (2hrs per shift).
* Provide back up for the information desk (2hrs per shift).
* Manage interlibrary loans.
* Process resources (reference books, journals etc.) for placement on shelf.
* Put resources back into their classified space on the shelves.
* Help library users locate the information or resources they are looking for.
* Search external database programs.
* Enter cataloguing data into the library's automated system.
* On my feet about 70% of my day, the other 30% is at a desk or computer.
* Do a lot of lifting, carrying and transporting of resources.

*Previous employment history:* Library (in the city e.g. State Library or ACU library).

* Have been working as a Library Technician for 19 years.
* My first job was at a council library, I worked there for 6 years full time up until I had my first child (George).
* Worked in [TBA] hospital library part time for 4years until both children were at school.
* Then went to work for this {TBA library] full time for 9 years.

**Educational Background**

* Completed high school qualifications.
* Diploma Library Information Services.

**Healthcare**

*Personal Habits*

* Tobacco: Never smoked
* Caffeine: Daily
* Alcohol: 1-2 units per week
* Drugs (Illicit): Nil - Never

Medications

* Ibuprofen up to 600mg PRN
* Ventolin inhaler PRN

*Exercise*

* Nil formal

*Diet*

* No special requirements

**Other miscellaneous Information**

Right handed

**HOW THE SP SHOULD RESPOND TO DIFFERENT INTERVIEWING STYLES**

Students who use a lot of medical jargon: You are curious and get side tracked about what they know about the condition. Ask them to explain what they mean. “What do you know about this type of injury, will it get better?

Students who ask many questions at once: You should answer either the first or the last question and tell the student the information related to just that part of the question. You might also apologise stating that you are not sure what is being asked and you become indecisive.

You do become a little agitated if students repeatedly ask complex questions, or several questions at once.

Students who ask open-ended questions: Openly and freely answer their questions entirely. You are eager to tell the story and will unless cut off by the student.

**You may have to answer questions using IMPROV.**

**Interview Skills Checklist**

At the end of each interview, please provide feedback on the students’ interview skills using the Interview Skills Checklist provided (Appendix A)

**Nina Christou: NTD (GP) Briefing**

**1. Title**

Name: Dr [Insert name]

Position: GP

Southern Cross Medical Centre

Contact: [Insert contact number]

Appointments:

[Insert date] [Insert time]

[Insert date] [Insert time]

**2. Summary/Overview:**

You are the NTD (GP) for TBA at Southern Cross Medical Centre.

You are being interviewed today by second-year occupational therapy students who are developing a return to work plan for your patient Nina Christou. Nina is 49 years old and is employed full time as a Library Technician in [TBA Library]. She works full time from Monday to Friday from 9am to 5pm.

AS the NTD (GP), the main purpose of the call is to clarify whether the worker is ready to return to work, clarify work restrictions on the certificate of work capacity you provided. **Please** make sure you indicate on the form whether the students had clarified the work capacity of Nina.

**3. Student objectives:**

* Establish rapport with you NTD (GP) during the interview.
* Conduct an effective telephone interview with the NTD (GP).
* Clarify work capacity and work restrictions.

**4. Setting:**

You are at your GP practice and you need to get to your urgent appointment. The OT Clinician has called you at your busy surgery. Your time to speak is therefore quite brief.

**5. Affect/behaviours:**

* You are a little impatient, possibly terse.
* You are constantly reinforcing that you don’t have a lot of time.
* You are a very busy person.
* You would *really* like the students to get straight to the point.
* Frequently interject with “is there anything else?”

**6. Opening lines/questions/prompts**

* “This is Dr [Insert name] speaking how can I assist you?”
* "I am sorry to do this to you, but can we make this brief? I have an urgent appointment unexpectedly arise which I need to go to in a few minutes".

**7. NTD (GP)’s ideas, concerns and expectations of the interaction.**

*Ideas*

* The rotator cuff tear was relatively small and should heal well with careful management.
* Nina does need to do more and should be using her right arm more in activities.
* It is important that she use the Ibuprofen before the pain gets too bad.
* It important that my orders are adhered to.
* **The orders are:**
* No lifting or carrying above 2 kilograms.
* No reaching above shoulder height.
* No pulling or pushing of the trolley.
* Limit static and repetitive arm activities (e.g. using computer for less than 20 minutes at a time).
* That she has regular breaks.

*Concerns*

* Nina is limiting what she does more than she should because of the pain.
* Nina will probably be anxious about going back to work although she will probably do well once she gets back into it.
* She will need to learn to assert herself in the workplace so she doesn’t end up doing things that she shouldn’t at work.

*Expectations*

* Students should clarify work capacity and work restrictions.

**8. Patient’s history of the problem:**

* Prior to the injury Nina had mentioned her shoulder was niggly.
* The niggling pain usually settled down with pain relief (ibuprofen) and rest you recommended.
* She has noticed twinges of pain when lifting and reaching books off the shelf at work.
* She has felt soreness and increased tightness of the shoulder quite often after a full day’s work.

*At the time of the injury:*

* She initially heard a popping noise
* Then she felt severe pain shooting from the upper shoulder (both in front and in back) down the arm toward the elbow.

*Visited GP:*

* She came to see me the day after the injury.
* She had difficulty moving her arm (in the full range) because of pain and muscle spasm.
* The injury caused a partial-thickness tear of supraspinatus tendon and there was surrounding inflammation.
* I treated the injury site with an injection of corticosteroids three months ago on [TBA date].
* The MRI scan confirmed my diagnosis (partial-thickness tear of supraspinatus tendon with surrounding inflammation).

*Private community physiotherapist:*

* Attending PT once a week.

*Surgery:* Not indicated.

*In- patient rehabilitation:* Not indicated.

*Current Pain:*

* Pain occurs on movement (described as a dull ache deep inside the shoulder).
* Pain is usually worse at night and is disturbing her sleep.
* Pain rating (where 0 is no pain and 10 is worst pain):
  + During interview: 6/10
  + At Rest: 4/10
  + Worst: 8/10

*Current Function:*

* She is managing her personal care.
* She is getting quite a bit of help at home.
* She needs to start doing a bit more activity at home.

*Sleep:*

• Sleep is certainly disturbed by pain.

* Her anxiety and low mood is causing some sleeplessness; I am keeping an eye on this.

*Psycho-Social:*

* She has always been known as a bit of a worrier.
* She gets very anxious when her routines are disrupted.

*Mood/Belief:*

* She has been feeling down since the injury because of the pain.
* She is frustrated with her current limitations.

**9. Patient’s past medical history:**

*Medications:*

* Non Steroid Anti-Inflammatory Drugs PRN (as required) e.g. Ibuprofen up to 600mg per day.
* Ventolin inhaler as required (PRN).

Past illnesses

* Type II diabetes (well controlled with diet).
* Asthma.

1. **Family Medical History:**

* There is a family history of heart failure on the paternal side.
* Her mother is fit and well, her family have a high prevalence of high blood pressure and stroke.

**11. Patient’s family history:**

* She lives with her husband (Wal) and their two children George (17) and Andrea (15).
* Her husband works long hours in the city as an accountant.
* They live in their own large suburban 4 bedroom two storey house.
* Her father died 2 years ago.
* Her mother (Elena) now lives with them.

**12. Patient’s social information (work, lifestyle, habits)**

* She was working full time as a Library Technician.
* She drives to work.
* She has been relatively busy juggling full time work and parenting roles.
* She is fully involved in her children’s activities and does a lot of running around for them.
* Her family is her main focus.

**13. Considerations in playing this role including wardrobe, makeup and challenges: N/A**

**Nina Christou: (Physiotherapist) Briefing Notes**

**1. Title**

Name: [TBA]

Position: TBA

Health Enhance Hospital

Contact: [Contact number]

Appointments:

[Insert date] [Insert time]

[Insert date] [Insert time]

**2. Summary/Overview:**

You are a private practice Physiotherapist at Midtown Medical Centre who has been working with Nina Christou following her rotator cuff injury [TBA] weeks ago. Nina is 49 years old and is employed as a Library Technician. You have been seeing her once a week for the last three months. You are being interviewed today by second-year occupational therapy students who are developing a return to work plan for Nina.

Nina works as a Librarian Monday to Friday from 7.30 to 3.30. She does occasional shifts from 1pm to 9pm.

The main purpose of the call is to:

* Clarify the progress Nina has made in Physiotherapy.
* Get an indication of Nina’s current functional status.
* Identify whether further physiotherapy treatment is required.
* Find out what the Physiotherapy recommendations are for her return to work plan.

**3. Student objectives:**

* Establish rapport with the physiotherapist during interview.
* Conduct an effective telephone interview with the physiotherapist.

**4. Student (clinician) task:**

* Conduct a telephone interview with the purpose of: clarifying Nina’s current functional status and her progress in Physiotherapy; and, determining what further Physiotherapy treatment is required.

**5. Setting:**

You are writing up notes in your outpatient clinic between patient appointments. Your next patient is due to attend shortly. Your time to speak is therefore quite brief.

***Specifically for the simulated Physiotherapist:***

**6. Affect/behaviours:**

* Down to earth, pragmatic and professional.
* Optimistic and upbeat about Nina’s potential for recovery.
* Don’t have much time as you are expecting you next patient to arrive shortly so you want the Occupational Therapy students to be direct and to the point.

**7. Opening lines/questions/prompts:**

“This is [TBA], Physiotherapist speaking, how can I assist you?”

**8. Physiotherapist’s ideas, concerns and expectations of the interaction:**

**Ideas:**

* The partial tear of supraspinatus tendon is relatively small and should heal well with careful management.
* The aim of physiotherapy is to improve range of movement and muscle function (by restoring shoulder mobility and stability). This includes:
  + Early Injury Protection (Pain Relief & Anti-inflammatory Tips).
  + Regain Full Shoulder Range of Motion.
  + Restore Scapular Control.
  + Restore Normal Neck-Scapulo-Thoracic-Shoulder Function.
  + Restore Rotator Cuff Strength.
  + Return to Work.
* Her pain rating during physiotherapy over the last few weeks has been between 6-8 /10 on the Pain Scale.
* Her range of motion has improved although she still has difficulty:
  + Reaching her arm above shoulder level to the front or side.
  + Reaching behind her back.

**Concerns:**

* She needs to take Ibuprofen an hour before physiotherapy sessions to manage the pain.
* She is limiting what she does more than she should because of the pain.
* She relies a lot on her mother to do things.
* She needs encouragement to do more at home.
* It will be good for her to start getting back to work.

**Expectations:**

* She is ready for a graded return to work and this should include:
  + No lifting or carrying above 2 kilograms.
  + No reaching above shoulder height.
  + No pulling or pushing of the trolley.
  + Limit static and repetitive arm activities (e.g. using computer for less than 20 minutes at a time).
  + That she has regular breaks and she incorporates her prescribed exercises.
* The plan for ongoing Physiotherapy is once a week for the next 2 months with a plan to reduce to fortnightly then monthly sessions over the following 3 months. Treatment will include some task specific work and some work hardening e.g. different stages of reaching.

**9. Patient’s past medical history:**

* She is on Non Steroid Anti-Inflammatory Drugs PRN (as required) and usually takes them before each session.
* She hasn’t had any difficulties with her asthma in the sessions.

1. **Family Medical History:**

* There is a family history of heart failure on the paternal side.
* Her mother is fit and well.

**11. Patient’s family history:**

* She lives with her husband (Wal) and their two children George (17) and Andrea (15).
* Her husband works long hours in the city as an accountant.
* They live in their own large suburban 4 bedroom two storey house.
* Her father died 2 years ago.
* Her mother (Elena) now lives with them.

**12. Patient’s social information (work, lifestyle, habits)**

* She was working full time as a Library Technician.
* She drives to work.
* She has been relatively busy juggling full time work and parenting roles.
* She is fully involved in her children’s activities and does a lot of running around for them.
* Her family is her main focus.

**13. Considerations in playing this role including wardrobe, makeup and challenges:**

* Professional telephone voice: friendly but clear and decisive.

*Nina Christou*

*Physiotherapy Home Exercise Program*

|  |  |  |  |
| --- | --- | --- | --- |
| *Exercise* | *Repetitions* | *Frequency* | *Equipment* |
| *Cross over arm stretch* | *4 each side* | *3 x day* | *None* |
| *Passive internal rotation* | *4 each side* | *3 x day* | *Light stick* |
| *Passive external rotation* | *4 each side* | *3 x day* | *Light stick* |
| *Sleeper stretch* | *4 each side* | *3 x day* | *None* |
| *Standing row* | *3 sets of 8 each side* | *3 days a week* | *Theraband* |
| *Ext. Rotation (arm abd. 90 degrees)* | *3 sets of 8 each side* | *3 days a week* | *Theraband* |
| *Internal rotation* | *3 sets of 8 each side* | *3 days a week* | *Theraband* |
| *External rotation* | *3 sets of 8 each side* | *3 days a week* | *Theraband* |
| *Elbow flexion* | *3 sets of 8 each side* | *3 days a week* | *Theraband* |
| *Elbow extension* | *3 sets of 8 each side* | *3 days a week* | *Theraband* |

*Physiotherapist [TBA] Date [TBA]*

***(Ref: www.orthoinfo.org )***

**Nina Christou: Manager Briefing**

**1. Title**

Name: [TBA Insert name]

Position: [TBA Insert organisation name and suburb]

Contact: [Insert contact details]

Appointments:

[Add appointments]

**2. Summary/Overview**

You have been the manager of the [TBA library Insert organisation name and suburb] for 15 years. You manage [TBA] staff. You are being interviewed today by second-year occupational therapy students who are developing a return to work plan for one of your employees Nina Christou. Nina is 49 years old and is employed as a Library Technician in the Library you manage. Nina has been employed in this role for 9 years and you have known her all of this time.

Work shifts:

* Monday to Friday from 7.30 to 3.30 (with occasional shifts from 1pm to 9pm).

The nature of the interview today is to:

* Gain your perspective of the situation as Nina’s manager (i.e.: tasks required to perform her role).
* Explore with you the flexibility and options available for a return to work plan.

**3. Student objectives**

* Establish rapport with the manager.
* Conduct an effective telephone interview with the manager.
* Confirmation of worksite visit.

**4. Student (clinician) task (including briefing for trainee)**

* Conduct a telephone interview with the purpose of developing a return-to-work plan for your employee Nina Christou.

**5. Setting**

* Your office in the Library.

**6. Your affect/behaviours:**

* Firm but fair.
* Co-operative (because you need Nina back at work).
* Supportive but worried about the possibility of re-injury.
* Professional (and a stickler about process, policy and procedure).
* Don’t have a lot of time because of staff shortages.

**7. Opening lines/questions/prompts:**

"I am sorry to do this to you, but can we make this brief? “…I have to get to an important budget meeting in a few minutes…” ".

**8. Manager’s ideas, concerns and expectations of the interaction:**

*Ideas*

* Concerned that Health Enhance will take delay Nina’s return to work.
* Keen to have Nina back at work as she is a very skilled Library Technician and a hard worker.
* Concerned that she pushes herself too much and she will need to pace herself.
* Anticipate that she will not be able to do the same degree of lifting or carrying.
* Want her back full time although can be persuaded to have her back part time.
* Prepared to make any workplace accommodations required although want specific measurable goals with Nina’s return to work plan.
* Open to discussing ways her duties could be modified.
* Have clear policies about manual handling that all staff must adhere to.

*Concerns*

* That Nina is getting more anxious about returning to work the longer it takes for her to get back to work.
* That she won’t be able to work full time for a while.
* That that she might hurt herself again.
* That she will be limited with what she can lift and carry.
* That she does need to assert herself and set some limits on what she does physically as the team do take advantage of her good nature.
* That Nina understands that she must be clear with me about what she can and can’t do at work.
* That she does get very anxious when her routines are disrupted.

*Expectations:*

* A clear indication of when Nina will return back at work.
* An clear idea of the sorts of changes that are being considered for Nina’s return to work.
* For Nina to be honest about how she is managing and tell me if she is having difficulty.
* Some advice on how tasks that involve lifting, carrying and repetitive activity can be modified or eliminated.

**9. Patient’s history of the problem:**

* Prior to the injury Nina had mentioned her shoulder was niggly.
* I told Nina to be careful and pace herself.
* Nina and her colleague were working within the manual handling guidelines (with two people transporting books with the trolley) when the accident was caused by a slip.
* The first aider provided immediate treatment.
* The injury looked really bad when it happened.
* She has had three months off work since it happened.
* I understand that she is using her arm more now although the pain is still bothering her.

**10. Employee’s past medical history**

* Up until now she has taken very little leave.
* She occasionally takes time off with her asthma.

**11. Employee's family history**

* She is married with two children.
* Her father died a couple of years ago.  
  Her mother moved with them when her father died.
* Her family is very important to her.

**12. Patient’s social information (work, lifestyle, habits)**

* Nina has been working there full time for the last 9 years.
* She talks about her family a lot.
* She is very involved in her children’s activities.
* She gets on well with everyone and has a good group of friends.

**13. Considerations in playing this role including wardrobe, makeup and challenges:**

**14. Interview Skills Checklist**



[TBA] AUSTRALIAN CATHOLIC UNIVERSITY

POSITION DESCRIPTION

POSITION INFORMATION

POSITION TITLE: LIBRARY TECHNICIAN (LENDING SERVICES)

FUNCTIONAL UNIT: [TBA] CAMPUS

LIBRARY ORGANISATIONAL UNIT: LIBRARY

CAMPUS: VARIOUS

NOMINATED SUPERVISOR {TITLE): CAMPUS LIBRARY MANAGER

CURRENT CLASSIFICATION: HEW4

EMPLOYMENT TYPE FULLTIME.

REMUNERATION & BENEFITS: A range of generous conditions of employment and entitlements are provided to staff some of these include: generous leave conditions; flexible working conditions; comprehensive Staff Development Programs; salary packaging benefits as a rebate able employer; reward and recognition programs.

Superannuation: The University will contribute an amount equivalent to

9% or 17% of your gross annual salary to superannuation dependent on salary level, length of appointment or age.

DATE DEVELOPED/ REVIEWED FEBRUARY [TBA] 2014

**POSITION PURPOSE**

Provide support to the Lending Services Coordinator to ensure the prov1s1on of a timely and effective Lending Service to the students and staff of the campus especially with the provision of access to online course materials and readings. The incumbent is also involved in a range of activities such as:

• Providing high quality service to students, staff and visitors and members of the public at the library service desk

• Maintaining the Course Reading and Restricted Loan collections

• Providing an Inter Campus Loans service to students and staff

• Receiving and supplying hardcopy interlibrary loans to and from other libraries.

**POSITION RESPONSIBILITIES**

Maintains Online Readings service which locates, scans, adds and maintains documents and links for online units.

Provide service at the Service Desk.

Other tasks as required by the Library especially to back-up colleagues during periods of absence, altered priorities, etc. e.g.

• Inter Campus Loans and/or Inter Library Loan service

• Course Reading service

• Unit outline checking

• Serial check-in

• Endprocessing of books, journals and AV items for shelf ready state.

**SELECTION CRITERIA Essential**

1. Diploma in Library and Information Studies eligible for Library Technician membership of Australian Library and Information Association.

2. Demonstrated ability to learn about new resources and impart knowledge to clients and peers within a short timeframe.

3. Capacity to apply high level interpersonal, customer service advocacy and negotiation skills, including an ability to resolve differences with peers/colleagues/customers.

4. High level written and verbal communication and presentation skills.

5. Ability to work independently as well as collaboratively in a range of workplace settings.

6. A strong team ethic both within one's own workgroup and when engaging with other workgroups.

7. Display initiative and reliability and conscientiously support and adapt to change.

8. Demonstrated ability to use an automated library system fully.

9. Applicants should demonstrate commitment to the specific mission and Catholic ethos of the institution, to cultural diversity and ethical practice principles, and demonstrate knowledge of equal employment opportunity and occupational health and safety, appropriate to the level of the appointment.

**Desirable**

1. Academic library experience.

Additional Information about ACU and working at ACU can be obtained from our website <http://www.acu.edu.au/careers>

**Nina Christou: OT Activities & Props**

**Sub-groups**

* Students in each sub-group will observe actual workers (who have the same job as Marie) performing work activities in the workplace that are included in the job description of an **Instrument Technician Grade One**.
* Each sub-group may observe some out of all the work tasks pertaining to the job description of an **Instrument Technician** depending on the time of the visit. Combined, three sub-groups should observe most of the critical duties of the client’s job.

|  |  |  |
| --- | --- | --- |
|  | **Observed tasks in an OT department/university facility**  **With client** | **Activities in workplace**  **Without client** |
| **Sub-Group A** | Observe functional use of arm for reach and bilateral task e.g. taking coat off, carrying handbag. Observe any protective behaviour. | Workplace – Library  Each sub-group to consider a selection of the following:   * Environment * Work process * Job demands * Special skills required * Equipment * Access * Manager’s attitude * Work culture * Staff parking and amenities |
| **Sub-Group B** | Observe functional use of arm for reach and bilateral task e.g. taking coat off, carrying handbag. Observe any protective behaviour. |
| **Sub-Group C** | Observe functional use of arm for reach and bilateral task e.g. taking coat off, carrying handbag. Observe any protective behaviour. |

**Sub-Group A**

|  |  |
| --- | --- |
| **On campus requirements**   * Coat * Pen * Paper | **Off campus requirements**  Library |

**Group B**

|  |  |
| --- | --- |
| **On campus requirements**   * Pen * Paper | **Off campus requirements**  Library |

**Sub-Group C**

|  |  |
| --- | --- |
| **On campus requirements**   * Pen * Paper | **Off campus requirements**  Library |

|  |  |
| --- | --- |
| **Occupational Therapy Referral Form** | **UR:**  **Surname:** Christou  **Given Name: Nina**  **DOB: 23/4/[TBA] (49 yrs old) Sex:** F  **Address:** [insert]  **Claim No.:** M\_003604 |

|  |
| --- |
| **Provider name:** Health Enhance Healthcare **Provider no.** 043  **Provider address:** [Insert address]  **Telephone:** [Insert contact number] **Email address: s:** [RTW@Healthenhance.com.au](mailto:RTW@Healthenhance.com.au) |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| |  | | --- | | **WORKER DETAILS** |   **1. Worker’s name:** Mrs. Nina Christou  Date of Birth: 23/4/[TBA]\_\_ Telephone Number: \_\_ [TBA]  Claim Number**:** M\_003604 Insurer: QBE Date of Injury: [TBAInsert date]  Injury Type: Right rotator cuff injury  Worker’s Address: [TBA], [Insert suburb]\_\_\_\_\_\_\_\_\_\_\_ State: \_**[Insert]**\_ Postcode: **[Insert]**  Pre-Injury Job Title: Senior Librarian\_\_\_\_\_ Pre-Injury Work Hours:\_**38 hours/week**  Ceased Work Date:\_\_**[TBA] \_\_**\_ Current Work Status \_\_\_\_**Fulltime**  RTW date (if applicable):\_\_\_ **[TBA]** \_\_ Current Hours of Work (if applicable):**[TBA]** \_**hours/week**  **REFERRAL DETAILS**  **2. Referring source:**   * Treating medical practitioner   ❑ Insurer on behalf of employer (authority attached)  ❑ Employer  ❑ Conciliation and Review  **Referrer details:**  Referrer name: **Dr [Insert name]** Organization: \_\_\_\_ **Southern Cross Medical Centre**  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  State: \_\_\_\_\_\_\_ Postcode: \_\_\_\_\_\_\_  Telephone: **1800 326 987** Mobile: **[Insert contact number]**\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **3. Service request:** | | | | |
|  | * ***OES (Old Employer Service) Assessment***   ❑ ***NES (New Employer Service) Assessment***  **I have discussed this referral with:**   * **Employer**   ❑ **Treating Medical Practitioner** | **or** | ❑ ***Specific service: (please indicate)*** *(See over for further description)*  ❑ Functional Capacity Assessment  ❑ Ergonomic Assessment  ❑ Job Demands Assessment   * Workplace Assessment   Other: |  |
| * I have discussed this referral with the worker and they are in agreement.   Referrer’s Name: **Dr [Insert name]** Referrer’s Signature: **Dr [Insert name]** Date: [Insert date] | | | | |
| |  | | --- | | **EMPLOYER DETAILS** |   **4** Company Name: **[Insert organisation name]**  Address: \_\_\_\_\_\_\_\_\_**[Insert address]**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_ Postcode:  Contact Name: **[Insert name]**  Telephone: \_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  | | --- | | **TREATING MEDICAL PRACTITIONER DETAILS** |   **5.** Dr’s Name: **Dr [Insert name]** Practice Name: \_\_\_\_\_ **Southern Cross Medical Centre**  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  State: \_\_\_\_\_\_\_ Postcode:  Telephone: **1800 326 987** Mobile: **[Insert contact number]\_** Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |

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| --- |
| **6. Section to be completed by vocational rehabilitation provider:**  Has a vocational rehabilitation programme previously been undertaken with you or another provider? Yes ❑ No❑  Interpreter required? ❑ Yes ❑ No Date of worker’s last recurrence: \_\_\_\_\_  Referral Type: ❑ Assessment ❑ Specific Service Date referral received:  Did this current referral proceed to assessment/specific service? Yes ❑ No❑ If **No** please indicate: ❑ 1st Schedule Redemption ❑ 2nd Schedule Settlement ❑ Common Law Election    Other Costs incurred: |
|  |
|  |

**Rehabilitation Provider: Please enter details into the Online Rehabilitation application within 28 days of receipt of referral and   
retain copy on worker’s file**