

CHIROPODIST/PODIATRIST:

Dorothy: I'm Dorothy Keane; I'm a consultant radiographer here at South Tyneside District Hospital. My role as a consultant radiographer involves image interpretation, education, audit and research and improving services for patients so it's a leadership role.

I'm Barbara the radiographer; I'm going to x ray your ankle.

Many people think the traditional role of the radiographer is that they press a button and take a picture and really that they're technicians. What we've done in radiography as a profession is extend the role of the radiographer. There's many ways this has been done, there's role extension into image interpretation where radiographers actually interpret the x-ray as well as take the x ray. There's role extension into CT and MRI roles, into ultrasound where radiographers are actually decision makers, they're not technicians and they play a much bigger part in a patient's pathway.

Radiographers who report on x-rays gain a postgraduate qualification, what we've done in this hospital is further enhance the role of the radiographer so they can write an opinion on an image, so that's an provisional interpretation, this has dramatically improved the diagnosis of fractures in the emergency department.

HP's talk to one another and we feel really passionately about what we do, we all enjoy our jobs, and we all want to make things better for patients. And because we're friendly, because we talk to one another, we talk about the patient, we look at different pathways, how can we make it better for this patient.

Podiatrist: Is it painful at all?

Patient: Can be

Vicki: My name's Vicki Jackson I'm a diabetic specialist podiatrist here at South Tyneside Primary Care Trust. The impact that diabetes has on a patient's foot is quite significant, they have vascular system that means their vessels down to their extremities gets blocked so their blood flow isn't one hundred per cent. Also they have neurological concerns where they can't feel pain, so the ability to feel something they've stood on or kicked something, or their shoes too tight they are unable to feel that, so they are can often get ulcerations or breakdown on the foot, which if they can't feel certain things then this develops into possibly osteomyelitis.

We've asked podiatrists to come along and talk to radiographers so they can teach radiographers about the different conditions. One of the results of that is that we talked about how we could make a better pathway for patients with certain conditions in podiatry.

A Charcot foot is where there's a trauma to the foot because there's a nerve sensation gone to the foot, there's a dislocations, and possible fractures to the foot, and the foot can actually collapse we need to get that patient seen quite quickly.

Dorothy: What we're doing is trying to intervene, trying to pick this condition up really quickly, get the right professional involved and they can provide the treatment that will hopefully save the foot.

Podiatrist: I've got a type 2 diabetic with a problem with his first toe, he's not a Charcot but I'd quite like you to have a look, thanks Dorothy, thank you.

Vicki: It's much more rewarding as a practitioner, because it's all about preventing things happening within the diabetic foot, so if we can prevent something happening and it's a far better outcome for the patient, for the quality of life for the patient and for us as a practitioner.

Dorothy: Because we work daily with the patients we're hands on, we talk to the patients, we know what their problems are, we know what they want, we know that they want a speedy recovery; we know they want a quick diagnosis. That's put us in an ideal position to be able to talk to our colleagues in other allied healthcare professions to be able to improve pathways.

Vicki: For an allied professional we have a much higher skill and knowledge within these conditions so we should be the driver within this force, because we know how to treat the patient, we know how to get a good quality outcome for the patient and that's very very rewarding as an allied healthcare professional.

Dorothy: The quality of patient care has improved, the speed of diagnosis has improved which has impacted on waiting times in a positive manner and the staff feels valued