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Ethics, Laws, Professionalism and Management The Hybrid Edition





Essentials of Ethics, Laws, **Professionalism** and Management

for Physiotherapy Students

As per Physiotherapy Curriculum of All Universities of India and NCAHP, Ministry of Health & Family Welfare



Special Features

- · Authored, contributed, and reviewed by the senior subject experts
- An exclusive book on Professionalism, Professional Values, Communication, Leadership Skills & Ethics specifically designed for Physiotherapy students
- · 200+ Illustrations/Figures and Tables
- · Case Scenarios and Practical Examples covered
- Perfect amalgamation of Theoretical and Clinical aspects
- Ethical Principles and Bioethics included



Foreword



Neeta Vyas

Suvarna Ganvir



Essentials of Ethics, Laws, Professionalism and Management

for Physiotherapy Students

As per Physiotherapy Curriculum of All Universities of India and NCAHP, Ministry of Health & Family Welfare

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ISBN: 978-81-977500-1-4

First Edition: 2025

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Published by Satish Kumar Jain and produced by Varun Jain for

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It is my pleasure to write this foreword for the book "Essentials of Ethics, Laws, Professionalism and Management for Physiotherapy Students", a comprehensive resource that addresses the fundamental principles and practices essential for physiotherapy students to excel in their profession.

As the sphere of healthcare continues to evolve, the role of physiotherapists has become increasingly complex, requiring not only technical expertise but also a deep understanding of ethics, laws, professionalism, and management. This



book fills a critical gap in literature, providing students with a clear and concise guide to navigate the intricacies of physiotherapy practice. The author has done an outstanding job of integrating theoretical foundations with practical applications, ensuring that students grasp the significance of ethics, professionalism, and management in delivering high-quality patient care. The focus of the book is on real-world scenarios, and case studies included in the book will resonate with students, making complex concepts accessible and relatable.

Key features of this exceptional resource include:

- Comprehensive coverage of ethics, laws, professionalism, and management principles.
- Practical guidance on communication, documentation, and interpersonal skills.
- Emphasis on cultural competence, diversity, and inclusivity.
- Discussion of leadership and management strategies for effective practice.

This book will serve as an indispensable companion for physiotherapy students, educators, and practitioners seeking to refine their skills and stay abreast of best practices. I commend the author for her dedication to promoting excellence in physiotherapy education and practice.

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She is an exceptional teacher and avid researcher who has successfully guided more than 10,000 students for academic and research-related work. She has authored several books for Physiotherapy students and contributed to numerous chapters on various topics, like Biomechanics, Neurophysiotherapy, ICF, Neurological Assessment and Management.

In addition to her academic roles, she has been a key member working with the Board of Studies at Maharashtra University of Health Sciences for two terms and is currently working with two prime Universities in Maharashtra. Also, she is the Associate Editor of the VIMS Journal of Physical Therapy and the Journal of the Indian Association of Physiotherapists, and holds the position of Maharashtra State Coordinator for the Indian Association of Physiotherapists Women Cell.

Her commitment to research is showcased by the MUHS Long-term Research Grant for her innovation in patients with stroke and the various awards she has received at institute, state and national levels. She has been contributing to the field of physiotherapy education significantly since 1997 and continues to inspire with her dedication.

Preface

Books are the guiding stars for students to cross the ocean of curriculum. Hence, it is the task of an academician to write the books which are not available in the specific category. One such underestimated category is Professional Ethics and Management & Administration. Though the principles are common as that for any healthcare professional, students find it difficult to apply these principles to Physiotherapy profession and curriculum. Hence, it was thought to create this book so that students have a ready reference of Physiotherapy-related examples to the common principles of Ethics, Administration and Management.

This book is primarily meant for undergraduate students to understand the basic concepts of Physiotherapy-related Ethics, Laws, Administration and Management. Though it is a part of curriculum in many universities, a book dedicated to this topic was not available for students. Students have to refer to the material available on internet on various websites. However, students are not able to often pick up the correct information from a vast ocean of internet, and may end up beating around the bush or collecting unnecessary information. It is important to guide students and lead them toward the correct information to avoid misguidance. However, students struggled to find the quick solution to their problems.

This book consists of various chapters from history of Physiotherapy, current concepts of ethics to management and administration from a healthcare professional's perspective. Each chapter describes, in simple words, the concepts required from clinical, professional and researcher's point of view. Experts in field of Physiotherapy have contributed immensely to bring quality to the contents with bibliography and commonly asked questions.

I hope the undergraduate students will find this book useful to understand basic concepts and will be able to implement common strategies.

Suvarna Ganvir

Acknowledgments

We, at the outset, must thank Lord Ganesha for showering His blessings on us and turning the idea of writing a book into reality. We acknowledge Hon'ble Director MGM Trust **Dr S N Kadam** Sir for his unwavering support and having trust in the team. We thank all our patients for sharing their reports and from whom we continue to learn and grow. A very big thank you to our dear students who keep motivating us to innovate and create novel learning resources, our postgraduate students who helped us to collect the various investigations, and of course to all our teachers who instilled in us the spirit of sharing knowledge and creating a culture of learning.

We extend our special thanks to **Mr Satish Kumar Jain** (Chairman) and **Mr Varun Jain** (Managing Director), M/s CBS Publishers and Distributors Pvt Ltd for their wholehearted support in publication of this book. We have no words to describe the role, efforts, inputs and initiatives undertaken by **Mr Bhupesh Aarora** (Sr. Vice President – Publishing & Marketing (Health Sciences Division)] for helping and motivating us.

Our special thanks are due to Dr Divya Gupta, PT (Project Manager & Editorial Head-Physiotherapy) and Dr Apurva Chatterjee, PT (Content Strategist – Physiotherapy) for their valuable support, suggestions and advices that have helped us in refining the text and making it more comprehensive.

We sincerely thank the entire CBS team for bringing out the book with utmost care and attractive presentation. We would like to thank Ms Nitasha Arora (Assistant General Manager Publishing – Medical and Nursing), Ms Daljeet Kaur (Assistant Publishing Manager) and Dr Anju Dhir (Product Manager and Medical Development Editor) for their publishing support. We would also extend our thanks to Mr Shivendu Bhushan Pandey (Sr. Manager and Team Lead), Ms Surbhi Gupta (Sr. English Editor), Mr Ashutosh Pathak (Sr. Proofreader cum Team Coordinator) and all the production team members for devoting laborious hours in designing and typesetting the book.

Last but not least, we are thankful to our colleagues, peers, family and friends without whose support this book would not have been possible.

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Special Features of the Book

Learning Objectives in the beginning of every Chapter help readers

Chapter help readers understand the purpose of the chapter.

LEARNING OBJECTIVES

After the completion of the chapter, the readers will be able to:

- Understand and describe interprofessional communication.
- Explain the importance of effective interprofessional communication.
- Elaborate the key elements of interprofessional communication.

CHAPTER OUTLINE

- Introduction
- Definition of Communication
- Functions of Communication
- Components of Interprofessional Communication
- Importance of Effective Interprofessional Communication
- Communication Process

Chapter Outline gives a glimpse of the content covered in the chapter.

KEY TERMS

Key Terms are added in each chapter to help understand difficult scientific terms in easy language. Activeness: Active listening and feedback, which involve paying undivided attention to the speaker, maintaining eye contact, and asking open-ended questions to fully understand the message.

Clarity: The quality of being clear and straightforward in communication, avoiding unnecessary jargon and using simple language to ensure understanding.

The book is well illustrated with relevant colorful Figures, etc.

Responsibility

Components of interprofessional communication

Respect

Fig. 6.2: Components of interprofessional communication

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TABLE 7.2: Ethical principles

Ethical principles	Definition
Voluntary participation	The participants are free to opt in or out of the study at any point in time.
Informed consent	The participants are aware of the purpose, benefits, risks, and funding behind the study before they agree or decline to join the study.
Anonymity	The identities of the participants are unknown. Personally identifiable data is not collected for the study.

Numerous **Tables** have been used in the chapters to facilitate learning in a quick way.

Extra information related to the respective topic is covered under the **High-Yield Points** boxes.

High-Yield Points

Do's and Don'ts while interacting with patients

- Develop rapport with your patients. Call by their names.
 Collect some basic information regarding your patient's job and family.
- Extend your smile and be considerate toward your patients.
- Listen to patients complaints, carefully.
- Examine patient and spend some time in explaining the patient, his health condition and management protocol.

CASE STUDY

A 50-year-old female patient was diagnosed with prolapsed intervertebral disc. A busy physiotherapist planned for traction and dry needling as treatment. The patient's relatives wished to discuss the details and wanted to know about other treatment modalities. The physiotherapist, unwilling to spend further time toward counseling asked them to take the patient to someone else and refused to treat.

- Is the physiotherapist correct in carrying out his/her duties?
- Was it appropriate for the relatives to ask questions?
- What should be the ideal communication in this case?

Case Study demonstrates example(s) of specific clinical scenarios that are often encountered by Physiotherapists.

CB\$

Important takeaway points of respective chapters have been highlighted under Summary Boxes.

SUMMARY

- This chapter delves into the intricacies of professional conduct within the field of physiotherapy, a rapidly expanding medical specialty. It underscores the significance of ethical principles, adherence to institutional policies, and the maintenance of professional behavior in ensuring the well-being of patients and the integrity of the profession.
- Ethical foundations: At the core of this chapter is the exploration of ethical principles that serve as the bedrock of physiotherapy practice. These principles are not merely guidelines but essential standards that govern the interactions between physiotherapists and their clients, ensuring respect, dignity, privacy, and autonomy for all individuals seeking physiotherapy services.

BIBLIOGRAPHY

- Baggs JG, Schmitt MH. Collaboration between nurses and physicians. Image: The Journal of Nursing Scholarship. 1988; 20(3):145–149. [PubMed] [Google Scholar]
- Barr, H., Koppel, I., Reeves, S., Hammick, M., & Freeth, D. (2005). Effective interprofessional education: Argument, assumption & evidence. John Wiley & Sons.

Bibliography has been included at the end of every chapter to provide the students with additional readings on the subject.



STUDENT ASSIGNMENT

LONG ANSWER QUESTIONS

- 1. Discuss the key elements of interprofessional communication.
- 2. Describe the barriers of effective communication.

SHORT ANSWER QUESTIONS

- 1. Write about communication process.
- $2. \quad Mention \ the \ clinical \ implications \ of \ interprofessional \ communications.$

MULTIPLE CHOICE QUESTIONS

- 1. What is the primary goal of the SBAR protocol?

 - a. To standardize patient intake forms
 b. To ensure timely delivery of medications
 - c. To facilitate clear communication among healthcare providers d. To monitor patient vital signs
- 2. Which of the following is NOT a key element of interprofessional communication?
 - a. Clarity
 - c. Respect

b. Activeness d. Isolation

At the end of chapters, **Student Assignment**

section is given which contains practice questions and multiple choice questions to help students attain mastery over the subject.



Syllabus

(Based on Physiotherapy Curriculum of All Universities of India and NCAHP, Ministry of Health & Family Welfare)

SECTION A: ETHICS, LAWS, PROFESSIONALISM & VALUES

UNIT 1

- 1. Concept of morality, ethics and legality personal values—ethical or moral values.
- Ethical issues in physiotherapy practice: Professionalism, informed consent, confidentiality, sexual and physical abuse, social characteristics, and personal relationships, professional issues, client interest and satisfaction, confidence and communication, malpractice, negligence, rights of patients, liability and obligations.
- 3. Professional ethics in research, education and patient care delivery.
- 4. **Professionalism, professional values:** Integrity, objectivity, professional competence and due care, confidentiality. Core values—accountability, altruism, compassion/caring, excellence, integrity, professional duties, social responsibility, attitude and behavior—professional behavior professional accountability and responsibility, misconduct.
- 5. **Code of professional conduct:** Differences between professions and importance of team efforts relationship with patients, relationship with healthcare institutions, relationship with colleagues and peers, relationship with medical and other professional referral relationships.
- 6. Salient features of Helsinki declaration, ICMR code of ethics of research involving human subjects, Ethical principles of WCPT.

UNIT 2

- 7. Laws governing physiotherapy practice: AHCPCA, Consumer protection law, persons with disability act.
- 8. Professional indemnity insurance policy.
- 9. **Direct access:** Meaning and responsibilities. The consulting process. The skills of a good consultant trust in the consultant/client relationship ethical and legal issues in consultation.
- 10. Development of physiotherapy profession.

11. **Medical ethics versus medical law:** Definition—Goal—Scope. Malpractice and negligence—rational and irrational drug therapy. Autonomy and informed consent—Right of patients. Care of the terminally ill—euthanasia, organ transplantation. Medico legal aspects of medical records—medico legal case and type—records and document related to MLC—ownership of medical records—confidentiality privilege communication—release of medical information—Unauthorized disclosure—retention of medical records—other various aspects.

SECTION B: MANAGEMENT AND ADMINISTRATION

UNIT 3

- 12. **Introduction to management and administration:** Meaning, definition, scope, principles, elements of management relevance of management to physiotherapy practice. Strategic Management, conflict and stress management, time management, managing change and innovation.
- 13. **Planning:** Definition, nature, principles of planning, advantage and disadvantages, component of planning (objectives, policy, procedure, rules, methods, project, budget strategy), types of plan, process of planning, decision making. Planning tools and techniques.
- 14. **Organizing:** Definition, steps in organizing, types of organization, organizational chart hierarchy, authority, power, responsibility, accountability, delegation of authority, centralization, decentralization. Understanding groups and teams.
- 15. **Staffing:** Definition, functions. Manpower planning: According to organizational structure and needs. Recruitment training and development, appraisal remuneration.
- 16. **Controlling and monitoring:** Types of control, steps in control, process methods of control (management information system). Quality Management System (QMS), Quality Assurance (QA) and Quality Control (QC) inventory, store. Record keeping.

UNIT 4

- 17. **Directing:** Definition, nature, significance, principles of directing, elements of directing, function, supervision, communication, motivation, leadership.
- 18. **Finance:** Meaning, nature and scope of finance, financial goals, finance functions (investment decisions, dividend decisions, financial decisions), budgeting.
- 19. **Marketing:** Meaning, concept, important elements of marketing (product, price, promotion, physical distribution), branding, pricing, advertising, publicity, social marketing advocacy and sensitization.
- 20. **Quality assurance:** Establishment of standards, audit—financial audit clinical audit, total quality management.
- 21. **Setting of a physiotherapy service unit:** Organization of physiotherapy department. Entrepreneurship in physiotherapy practice: need, advantages and opportunities, challenges and barriers.

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Interprofessional Communication

Tushar Palekar

LEARNING OBJECTIVES

After the completion of the chapter, the readers will be able to:

- Understand and describe interprofessional communication.
- Explain the importance of effective interprofessional communication.
- Elaborate the key elements of interprofessional communication.
- Identify the barriers to effective interprofessional communication.
- Describe strategies to enhance interprofessional communication.
- Discuss and explain the clinical implications of interprofessional communication.

CHAPTER OUTLINE

- Introduction
- Definition of Communication
- Functions of Communication
- Components of Interprofessional Communication
- Importance of Effective Interprofessional Communication
- Communication Process

- Types of Communication
- Barriers to Effective Interprofessional Communication
- Strategies to Enhance Interprofessional Communication
- Protocols to Enhance Interprofessional Communication
- Clinical Implications

KEY TERMS

Activeness: Active listening and feedback, which involve paying undivided attention to the speaker, maintaining eye contact, and asking open-ended questions to fully understand the message.

Clarity: The quality of being clear and straightforward in communication, avoiding unnecessary jargon and using simple language to ensure understanding.

Collaboration: Openness to collaboration and shared decision-making, promoting teamwork and constructive feedback among team members.



Conflicting interests: Disagreements and strained interactions due to different priorities among professionals.

Electronic Health Records (EHRs): Digital records that keep patient information up-to-date and accessible, facilitating better communication among team members.

Interprofessional communication: The process of communication among various healthcare professionals to ensure effective patient care.

Interprofessional education: Training sessions to educate professionals on each other's roles, responsibilities, and communication styles.

Nonverbal communication: Communication through body language, facial expressions, eye contact, and gestures.

SBAR protocol: A framework (Situation-Background-Assessment-Recommendation) used to standardize communication among healthcare providers, ensuring clarity and consistency in patient handoffs.

Scheduled gatherings or meetings: Regular team meetings or huddles to discuss patient cases, share information, and resolve issues.

Secure messaging platforms: Tools that allow discreet and speedy communication among healthcare providers, adhering to privacy laws.

Simulation exercises: Training simulations that provide a safe environment for practicing cooperation and communication.

Standardized communication protocols: Protocols, like Situation, Background, Assessment, and Recommendation (SBAR), and Read-Back and verify, that ensure accurate and consistent communication.

Time constraints: The challenges posed by hectic schedules that can hinder in-depth communication among healthcare professionals.

Verbal communication: Spoken communication, including therapeutic conversations that can help patients feel more optimistic and hopeful.

Written communication: Documentation notes, progress notes, doctor orders, medication administration records, diagnostic reports, referral letters, and discharge notes.

INTRODUCTION

Communications refer to the meaningful exchange of thoughts, opinions or information between individuals belonging to any sector of healthcare. Effective communication within the healthcare setup fulfils the primary goal of healthcare, i.e., patient's well-being and also prevents conflict between individuals that is often encountered in recent times.

One of the most fundamental aspects of management is communication. With effective communication, a manager may plan ahead, make wise decisions, create a stable organizational structure, and even maintain strong relationships with his colleagues.

In order to achieve managerial and organizational performance, communication is crucial. Employees that have good communication skills are more engaged in their work and have a deeper comprehension of it. Organizational issues are also avoided by communicating information in a clear, accurate, and timely manner. In the absence of communication, staff members won't know what their peers are up to, what their objectives are, or how to evaluate their own performance.



DEFINITION OF COMMUNICATION

A mutually agreed-upon objective or direction is the focus of communication, which is a two-way exchange of thoughts, ideas, knowledge, and information. Few experts define it as the following:

According to Brown: "Communication is the transmission and interchange of facts, ideas, feelings or course of action."

According to Alien Louis A, "Communication is the sum of all the things one person does when he wants to create understanding in the mind of another. It involves a systematic and continuous process of telling, listening and understanding."

According to Ordway Tead "Communicating is a composite of information given and received, of a learning experience in which certain attitudes, knowledge and skills change, carving with them alterations of behavior, of listening effort by all involved, of a sympathetic fresh examination of issues by the communicator himself, of a sensitive interacting points of view, leading to a higher level of shared understanding and common intention."

FUNCTIONS OF COMMUNICATION

Communication in an organization serves the following purposes (Fig. 6.1):

- Control: Formal and informal communications act to control individuals' behavior in organization.
- **Motivation:** Communications clarify for employees what is to be done, how well they have done it, and what can be done to improve performance.

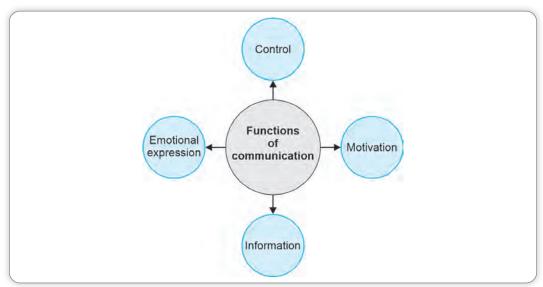


Fig. 6.1: Functions of communication



- Information: Individuals and groups need information to make decisions or to do their work.
- **Emotional expression:** Social interactions in the form of work group communications provide a way for employees to express themselves.

COMPONENTS OF INTERPROFESSIONAL COMMUNICATION

Interprofessional communication is essential in the healthcare field to achieve the best quality patient care. Improving communication can assist the healthcare team to perform better. This may be accomplished by education and training to develop a collaborative culture. Few components of interprofessional communication are displayed in Figure 6.2:

- Clarity: Information should be clear and straightforward.
- Activeness: Active listening and feedback are vital.
- **Respect:** Recognizing and valuing the contributions of all professionals.
- Collaboration: Openness to collaboration and shared decision-making.
- Responsibility: Owning one's role and understanding the roles of others.

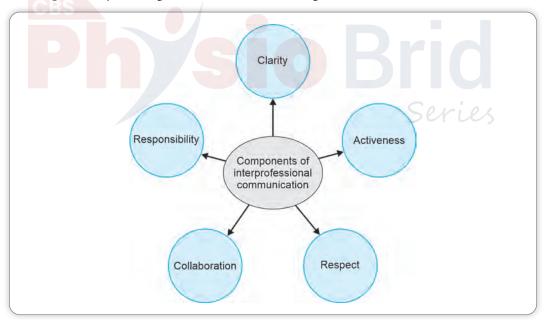


Fig. 6.2: Components of interprofessional communication

Clarity

As interprofessional communication is based on the transition of information, having clear and straightforward communication helps in avoiding any misunderstanding. It can be promoted using



simple language and avoiding unnecessary terminologies in the medical field. Having clarity is not only for the healthcare professionals but also for the patients which can be achieved by answering the queries or the questions they have and breaking down the complex information into smaller and simple parts.

Activeness

Activeness or active listening is an essential element to understand the patient's or speaker's message clearly. It involves paying undivided attention to the speaker, demonstrating that you are engaged in the conversation by maintaining eye contact avoiding interrupting in the middle and asking open-ended questions for a better understanding of the problem faced by the patient. Confirm your understanding with the patient; this fosters trust and ensures that important and small details are not left out.

Respect

In interprofessional communication, respect means valuing the inputs, contributions and expertise of each team member. Ensure using polite tone and professional language avoiding coarse language and behavior. Actively soliciting opinions from all team members and taking them positively, assist in creating the positive and collaborative environment in the organization.

Collaboration

This includes openness to collaboration and encourages team members to provide constructive feedback on their communication and performance and be receptive to constructive criticism. This aids in identifying areas for growth and nurturing a culture of continuous improvement.

Promote the importance of teamwork and coordination among all team members. Make it apparent that each member's contribution is important, and cultivate a sense of togetherness and common purpose.

Communicate and discuss the patient's health, treatment strategy, and goals with the rest of the team regularly. This keeps everyone on the same page and allows them to make shared decisions together.

Responsibility

Clarifying the roles and duties of one's role and roles of others include documenting the responsibilities and scope of practice of each team member.

Any changes in positions or responsibilities must be communicated as soon as possible. Encourage team members to seek clarification if they are unclear about their involvement in a



particular situation. Avoiding micromanagement and relying on team members to carry out their responsibilities play a vital role. Clarity enhances efficiency and reduces confusion by owning one's role and understanding the roles of others.

IMPORTANCE OF EFFECTIVE INTERPROFESSIONAL COMMUNICATION

When teams communicate well, they can establish an efficient system that provides excellent patient care as well as cultivates a pleasant work atmosphere. Patient empowerment is central to this approach, as interprofessional communication allows healthcare professionals to understand each other's roles, responsibilities, and perspectives, ultimately providing patients with the knowledge and support they require to make informed decisions about their own health.

By collaborating and sharing expertise, these multidisciplinary teams may provide a comprehensive approach to healthcare that considers all aspects of a patient's physical and emotional well-being. Interprofessional communication not only improves patient outcomes, but it also encourages professional development among all participating in the process. Few salient features of effective interprofessional communications are:

- Improve patient safety: Clear communication prevents errors and adverse events.
- Enhanced patient outcomes: Coordinated care results in better health outcomes.
- Team cohesion: Effective communication fosters a supportive work environment and promotes collaboration.
- Efficient use of resources: Clear directives and coordinated efforts can reduce redundant or unnecessary interventions.

COMMUNICATION PROCESS

The phases in the communication process are (Fig. 6.3):

- Idea formation
- Encoding
- Channel selection
- Decoding
- Feedback

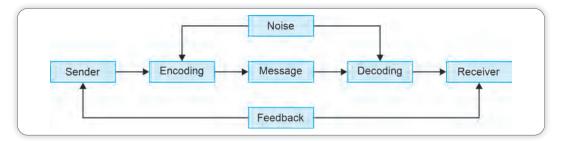


Fig. 6.3: Communication process





The sender is responsible for the first three phases in the communications process: (1) Idea formation, (2) Encoding, and (3) Channel selection. The receiver is then responsible for decoding and providing feedback.

As the name indicates, idea formation is the process by which an idea is generated. The sender may have a concept for a new product or activity that they want their consumers, stakeholders or constituencies to emulate.

The next step is to encode the data. The sender must use language that is understandable, appealing, and persuasive to the receiver. The notion is then expressed in words and/or graphics appropriate for that language. This stage may need substantial investigation to guarantee that the information is received as the sender wishes.

Interprofessional communication refers to the exchange of information, ideas or feelings between professionals from different professional backgrounds. In the healthcare setting, it often encompasses communication between doctors, nurses, therapists, pharmacists, and other healthcare professionals.

In this ever-evolving field of healthcare, with shifts in the society, population, new illness trends, personalized treatment options, and an increase in the number of specialized healthcare professionals, interprofessional communication plays an essential part in providing better quality services and satisfaction to patients.

Interprofessional communication is the ability of individual healthcare professionals to have an effective conversation with other professionals. This is a key competence that every healthcare professional needs to work effectively. Interprofessional communication is a collaborative approach, that enables an organization to become culturally competent to provide the best possible outcome for patients. The culture of a successful organization must include positive communication as a key component. There must be a clear definition of the leadership behaviors that will influence the culture of the organization. As a result of this strategy, staff members will have the support they need to fix the issues before they become serious.

Interprofessional communication is the best driver for effective interprofessional teamwork and collaboration. Interpersonal teamwork effectiveness depends upon the quality of communication among the different healthcare professionals.

TYPES OF COMMUNICATION

Communication in general or in healthcare terms is basically of two types verbal and nonverbal communication. It involves the implementation of various communication channels or modes. It plays an important role in healthcare when used effectively and empowers; builds trust, and educates on common health issues present in patient's practice. However, if it is used ineffectively it can create confusion, doubts and fear in patients leading to unhealthy lifestyle practices.

Good communication between health professionals as well as patients plays an important role in creating a positive impact on health outcomes. Effective practice is built on good communication,



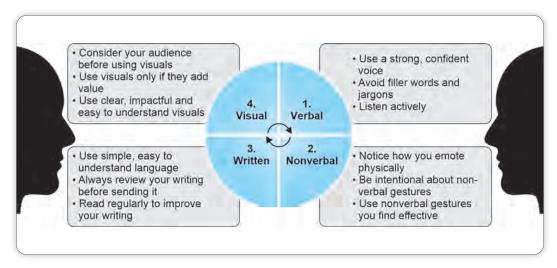


Fig. 6.4: Types of communication

which is a critical professional competency for quality assurance. In order to communicate effectively, one must take into account the context, the type of information being transmitted, and their interaction with technology, especially effective and efficient use of information and technology.

Interprofessional communication involves mainly verbal, written, visual and nonverbal communication (Fig. 6.4).

- **Verbal communication:** Verbal communication can be therapeutic; therefore a physiotherapist who affirms the patient's viewpoint or shows empathy may assist the patient in achieving greater psychological well-being, resulting in the patient feeling more optimistic, hopeful, self-worth and less scared with worry.
- Nonverbal communication: In the interprofessional environment, nonverbal communication
 entails meaning and interpretation given by body language such as facial expressions, eye contact,
 body position, and gestures. It is critical to be mindful of your body language and ensure that it
 corresponds to your spoken language. Such nonverbal acts can directly improve well-being by
 reducing worry or providing comfort.
- Written communication: In the interprofessional setting, documentation notes from a patient's file, such as progress notes, doctor orders, medication administration records, diagnostic reports, referral letters, and discharge notes, are frequently included in written communication. Faxes, emails, and more lately, texts, could all be used as examples.
- Visual communication: Visuals, such as photographs, drawings, charts, graphs, and diagrams, may be powerful tools for conveying health information. Visuals may make difficult material more understandable and appealing to the audience. They may also encourage written or spoken messages regarding wellness.



BARRIERS TO EFFECTIVE INTERPROFESSIONAL COMMUNICATION

Communication has several challenges. Often, the intended communication is disrupted, resulting in miscommunication and failure. Barriers to good communication can be linguistic, psychological, emotional, physical or cultural.

Hierarchical structures: Some professionals may feel inferior or superior, affecting open
communication. Junior members of the team may feel shy, fearful, and anxious to face the senior
which will lead to distancing and relevant inputs will not be given or missed unless a session on
ice-breaking and mingling scenarios is not considered.

Senior members may feel awkward having loud thinking talks in front of junior members due to various languages and jargon used should not be misinterpreted.

- Lack of understanding: It refers to not recognizing the roles or contributions of other professionals. Misunderstanding due to language barriers can occur leading to errors. The team must be acquainted with the roles and responsibilities assigned to them else there would be confusion and overlapping of work or duties. This will be chaotic and risky as important aspects of patient care might be ignored in such situation. Information, if shared inadequately, may lead to inability to make decisions for patient recovery. Premature decision-making is regarded as very risky. This may happen when a quick decision is demanded or pressured upon. Therefore, the team members need to be sufficiently firm to feel comfortable with the results of their deliberations.
- Cultural differences: Variances in professional or personal backgrounds.

Differences in communication styles and emotional stress among teams can be a barrier to effective communication which can lead to miscommunication, misunderstandings and misinterpretations.

- Time constraints: Hectic schedules can hamper in-depth communication.
 - Meaningful conversations can be missed due to lack of time and time pressures. Adequate training for the team is a must to include professional development.
- Conflicting interests: Different professionals might have varying priorities. It is the presence of
 disagreements, argumentation, nasty comments, and unresolved passive-aggressive displays of
 conflict. Member encounters strenuous atmosphere and feels uncomfortable, and usually, the
 atmosphere becomes suffocating.

STRATEGIES TO ENHANCE INTERPROFESSIONAL COMMUNICATION

In the healthcare industry as well as many other industries where cooperation is critical to success, interprofessional communication is vital. A smooth exchange of information between various experts is ensured by effective interprofessional communication, which improves patient care and decreases errors and inefficiencies. Few strategies which can be adopted are:

• Establish a collaborative culture and training: Offer interprofessional communication workshops and courses. Define the roles of each team member.





- Utilize effective communication tools and technology and team meetings: Use electronic
 health records, messaging apps, and other tools to foster communication. Regular interdisciplinary
 meetings to discuss cases and concerns.
- Standardize communication protocols
- Promote interprofessional education
- **Feedback:** Encourage an environment where professionals can provide and receive feedback without fear of retribution.

Establish a Collaborative Culture

Successful interprofessional collaboration is built on fostering a culture of open communication and teamwork. Important actions to create this culture consist of:

- Leadership: Good leaders set an example by exemplifying the importance of cooperation, communication and teamwork. Inspire leaders to set a positive example and foster a climate of mutual respect and trust.
- Training: Give professionals continual instruction in active listening, conflict resolution, and good communication strategies. They have a better understanding of the significance of their team responsibilities and how they can support efficient communication as a result. Also, offer interprofessional communication workshops and courses.
- Clearly defined roles and obligations: Outline and convey each team member's duties and obligations. By being clear, uncertainty is reduced and everyone becomes aware of his role in achieving the team's objectives.

Utilize Effective Communication Tools

Interprofessional communication can be greatly improved by effective communication tools. Think about putting these into practice:

- **Electronic health records (EHRs):** Keep patient records up-to-date and accessible by several team members using EHRs. Assure appropriate training to make efficient use of EHRs.
- **Secure messaging platforms:** Use secure messaging systems to facilitate discreet and speedy team communications. Privacy laws ought to apply to these platforms.
- Scheduled gatherings or meetings: Call frequent team meetings or huddles to talk about
 patient cases, share information, and resolve issues. These meetings should be brief and
 purposeful. Regular interdisciplinary meetings to discuss cases and concerns can be conducted.

Standardize Communication Protocols

Standardized communication protocols reduce the risk of misunderstandings and errors. Consider the following protocols:



- When handing over patients and conveying important information: Encourage the use
 of Situation-Background-Assessment-Recommendation (SBAR). The clarity of important
 details is ensured by this methodical approach.
- Read-back and verify: To ensure understanding, encourage team members to apply read-back
 and verify strategies. A receiving team member should read back a treatment protocol to ensure
 its accuracy.

Promote Interprofessional Education

Enhancing interprofessional communication can be effectively achieved through education. Use the following instructional techniques:

- **Interprofessional training sessions:** One effective way to educate professionals on one another's roles, responsibilities, and communication styles is to hold **interprofessional training sessions**.
- **Simulation exercises:** Professionals can practice cooperation and communication in a secure setting by using simulation exercises to imitate real-life events.

Foster a Feedback Culture

Constant improvement requires constructive criticism. Establish a space where team members can exchange comments without worrying about the consequences. Feedback on teamwork, communication methods, and individual performance may be included.

PROTOCOLS TO ENHANCE INTERPROFESSIONAL COMMUNICATION

Healthcare leaders and professionals discover different ways and methods to enhance interprofessional communication to reduce the risk and enhance the patient's overall experience. The following are the various communication protocols that are utilized to increase the consistency of more efficient and effective communication within a healthcare organization to improve overall patient care and patient satisfaction.

Situation-Background-Assessment-Recommendation

Situation-Background-Assessment-Recommendation is known as SBAR protocol by Cornell. In this, the effect and effectiveness of a paper-based and electronic-based SBAR protocol were measured from shift reports and interdisciplinary rounds. The data obtained and observed include report timings, report uniformity, information quality, paper handling, transcription times, and patient review times. The SBAR protocol is utilized to communicate the status of a patient's health to healthcare providers and has more consistent shift reports across the board.



Physiotherapist handover: Clinical handover entails more than just the transfer of knowledge, which is ineffective unless it leads to action that is suitable for the requirements of the patient—ensuring continuity of treatment which is extremely important. A successful clinical handover depends on efficient communication and teamwork among all the individuals involved in patient care, including the patient and his/her caretaker.

The goal of clinical handover is to make sure that the appropriate person or an individual receives pertinent, accurate, and up-to-date information about a patient's care, that essential action is taken, and that continuity of care for the patient is maintained. An unprofessional and irresponsible clinical handover causes resentment among professionals harming the camaraderie. The patient's preferences and decisions should be understood and supported. Patients, carers, and family members are key players in the transition of communication procedures. Patients often have valuable knowledge about their ailments as well as the factors that may influence their demands for continuous care. Patient involvement and communication during care transitions enhance patient outcomes; avoid negative events while receiving treatment, and lower readmissions to hospitals or day-care following discharge.

Clinical handover: Clinical handover must be prepared and scheduled with prior information to the reliever who has the same qualification or even more, also adept with the same treatment protocol that demands effective treatment skills, knowledge and no communication barrier with the patient, their family members and with the physiotherapist who used to treat the patient. The reliever

and the patient or patient's relative must give their consent to carry out the treatment till the previous therapist resumes his/her duty. No physiotherapist should decide the treatment protocol or dosage in the absence or on behalf of the reliever. The reliever must be respectful toward the patient's treatment goals and preferences. The physiotherapist must ensure that clinical handover results in the transfer of responsibility and accountability for care.

High-Yield Point

Clinical handover is more than the transfer of information, and is 'irrelevant unless it' results in action that is appropriate to the patients needs'—it is about maintaining continuity of care. Effective communication and teamwork between all the people involved in providing patient care, including the patient and their carer, are vital to ensuring effective clinical handover.

Interprofessional Communication Training Simulation

Interprofessional communication training simulation is a training method used in a variety of professional disciplines, most notably healthcare and education, to teach individuals how to communicate effectively and collaborate in interdisciplinary teams. Interprofessional communication training simulations are designed to increase teamwork, improve patient outcomes, and eliminate errors or misunderstandings that might occur when professionals from diverse backgrounds collaborate in the same environment. This helps the professionals to work effectively to deliver high-quality care and service to the patient in practice.





Acknowledge-Introduce-Duration-Explain-Thank

The "Acknowledge-Introduce-Duration-Explain-Thank" paradigm can assist healthcare providers in developing a caring and informed relationship with their patients, which can lead to improved outcomes and patient satisfaction.

This includes acknowledging the patient's presence and their concerns, introducing yourself with a warm smile and proper tone, informing them about the duration of the process, providing a clear explanation of their condition and different treatment options and what will be best for them in the simple language that they are familiar, and "thank approach" is showing gratitude for their trust and cooperation.

• CASE STUDY

A 50-year-old female patient was diagnosed with prolapsed intervertebral disc. A busy physiotherapist planned for traction and dry needling as treatment. The patient's relatives wished to discuss the details and wanted to know about other treatment modalities. The physiotherapist, unwilling to spend further time toward counseling asked them to take the patient to someone else and refused to treat.

- Is the physiotherapist correct in carrying out his/her duties?
- Was it appropriate for the relatives to ask questions?
- What should be the ideal communication in this case?

High-Yield Points

Do's and Don'ts while interacting with patients

- Develop rapport with your patients. Call by their names. Collect some basic information regarding your patient's job and family.
- Extend your smile and be considerate toward your patients.
- Listen to patient complaints, carefully.
- Examine patient and spend some time in explaining the patient, his health condition and management protocol.
- Record patient health information and current medical history carefully.
- Suggest investigations which are necessary and consultations with other specialist if condition of patient warrants so.
- Maintain confidentiality of patient's health information and record.
- Have patient written consent for any diagnostic, therapeutic or surgical intervention.
- Explain the patient regarding follow-up on discharge.
- Instruct all team members which include junior consultant and nursing staff who have been with you
 when you have examined the patient regarding management protocol so that patient receives timely
 intervention during follow-up.

CLINICAL IMPLICATIONS

Effective communication has following clinical implications:

• **Reduction in medical errors:** Effective communication can lead to a notable decrease in medical errors, benefiting patient safety.



- **Patient satisfaction:** Patients are more likely to feel content and informed when healthcare teams communicate efficiently.
- Professional satisfaction: Healthcare professionals feel more valued and satisfied in their roles
 when communication is effective.

Reduction in Medical Errors

Medical error prevention is critical for avoiding patient harm and improving overall patient outcomes. A meta-analysis of 73 systematic reviews indicated that a wide range of interventions could be utilized to prevent and reduce the occurrence of medical errors.

Process and administrative initiatives, as well as the usage of technology, were crucial in reducing medical errors (*Ahsani-Estahbanati et al.*)¹. Improving healthcare quality and ensuring patient safety is impossible without addressing medical errors that adversely affect patient outcomes. Effective interprofessional communication plays a crucial role, especially in the field of physiotherapy. By fostering collaboration and coordination among healthcare professionals, interprofessional communication not only enhances patient safety but also improves overall healthcare outcomes. In physiotherapy, clear and concise communication between physiotherapists and other healthcare professionals is vital for ensuring a comprehensive and holistic approach to patient care. This comprises the exchange of important patient information, the discussion of treatment strategies, and the coordination of interventions. Furthermore, by encouraging good interprofessional communication, physiotherapists can improve their own professional development and knowledge exchange, ultimately leading to better patient outcomes and a higher level of care (*Jacobson et al.*)².

Patient Satisfactions

Effective interprofessional communication in physiotherapy also has a big impact. Patients receive more comprehensive and coordinated care when healthcare experts from many professions collaborate and communicate efficiently. This results in higher patient satisfaction since their needs are met holistically, and they feel supported and involved in their healthcare journey. Furthermore, efficient interprofessional communication in physiotherapy reduces the possibility of misunderstandings or contradictory treatment plans, ensuring that patients receive consistent and appropriate care. Furthermore, by working together and sharing information, healthcare providers can discover any gaps in the patient's treatment plan and make required revisions. Not only does this improve patient outcomes, but it also lowers the likelihood of medical errors or adverse effects. Healthcare teams that collaborate can provide a seamless and integrated approach to patient care, improving efficiency and lowering healthcare costs.

Overall, good interprofessional communication in physiotherapy and other healthcare settings is critical for optimizing patient treatment and improving overall healthcare system performance (Geese and Schmitt)³.



Professional Satisfaction

Improved professional satisfaction is one of the clinical implications of interprofessional communication in physiotherapy. When healthcare workers communicate and interact successfully with one another, it can result in a more cohesive and efficient healthcare team. This can lead to higher job satisfaction for physiotherapists since they feel supported and respected as members of their multidisciplinary team. Furthermore, excellent communication can help to better patient outcomes, which can increase physiotherapist professionalism (*Burch and Tort*)⁴.

Furthermore, increased professional satisfaction might have a positive impact on total patient care quality. When physiotherapists are satisfied at work, they are more likely to give their patients careful and empathetic care. This can lead to a more positive and trusting relationship between the physiotherapist and the patient, which can lead to improved treatment adherence and overall patient satisfaction. As a result, greater patient outcomes and a higher standard of care are possible (*Boev, Burch and Tort*)^{4,5}. As a result, it is clear that improving professional happiness among physiotherapists benefits not just healthcare professionals but also has far-reaching implications for the well-being of their patients. When physiotherapists are happy with their jobs, they are more likely to stay in the field and continue to provide high-quality therapy. Patients gain significantly from this stability and continuity of care because they can form long-term relationships with their physiotherapists and receive constant treatment. Furthermore, when physiotherapists are satisfied in their profession, they are more driven to keep up with the newest research and breakthroughs, ensuring that patients receive the most effective and evidence-based therapies possible.

Finally, by prioritizing professional satisfaction among physiotherapists, the entire healthcare system can benefit, resulting in better patient treatment and outcomes.

SUMMARY

- Key elements of interprofessional communication are clarity: Using simple language and avoiding
 unnecessary medical jargon is crucial for ensuring that information is understood correctly by all
 parties. This not only improves communication among healthcare professionals but also enhances
 patient understanding and satisfaction.
 - Activeness: Active listening and feedback are essential components of effective communication.
 Paying undivided attention to the speaker, maintaining eye contact, and asking open-ended questions can help in fully understanding the speaker's message. Confirming understanding with the patient fosters trust and ensures that important details are not overlooked.
 - Respect: Recognizing and valuing the contributions of all team members is crucial for fostering a
 collaborative environment. Respect can be demonstrated through acknowledging each member's
 role and expertise, promoting a culture of mutual respect and trust.
- Challenges and barriers faced are time constraints: The fast-paced nature of healthcare can significantly hinder in-depth communication among professionals. Hectic schedules often lead to missed opportunities for meaningful conversations, which are crucial for effective teamwork and patient care. Adequate training and professional development are essential to mitigate these challenges, ensuring that teams can communicate efficiently despite time pressures.

Contd...





Conflicting interests: Different professionals within a healthcare team may have varying priorities
and goals, leading to disagreements and strained interactions. These conflicts can manifest as
argumentation, passive-aggressive behavior, and a tense work environment. Addressing these
issues is crucial for maintaining a cohesive team and ensuring that patient care is not compromised.

• Strategies to enhance communication:

- Electronic health records (EHRs): Leveraging EHRs can help keep patient records up-to-date and
 easily accessible by multiple team members. Proper training is essential to ensure efficient use of
 these systems, which can significantly improve communication and coordination among healthcare
 providers.
- Secure messaging platforms: Implementing secure messaging systems allows for discreet and speedy communication among team members. These platforms must adhere to privacy laws to ensure the confidentiality of patient information.
- Scheduled gatherings or meetings: Regular team meetings or huddles are essential for discussing
 patient cases, sharing information, and resolving issues. These meetings should be brief and
 purposeful, fostering a collaborative environment where all team members feel heard and valued.
- Standardized communication protocols: Protocols like Situation-Background-Assessment-Recommendation (SBAR) and Read-Back and Verify can reduce misunderstandings and errors by ensuring clear and consistent communication. These protocols help in systematically conveying important patient information, making it easier for team members to understand and act upon.

Additional strategies:

- Utilize effective communication tools and technology: Implementing tools like EHRs, messaging apps, and other communication platforms can significantly improve interprofessional communication.
 Regular interdisciplinary meetings and fostering a feedback culture are also essential for maintaining open and effective communication.
- Establish a collaborative culture: Good leadership, clear roles and responsibilities, and a supportive
 work environment are key to fostering a culture of open communication and teamwork. Encouraging
 feedback and promoting continuous improvement can further enhance the effectiveness of
 healthcare teams.

• Interprofessional education and training:

- Interprofessional education: Holding interprofessional training sessions is an effective way to
 educate professionals on each other's roles, responsibilities, and communication styles. These
 sessions help in understanding the importance of teamwork and communication, enhancing the
 overall efficiency and effectiveness of healthcare teams.
- **Simulation exercises:** Interprofessional communication training simulations provide a safe environment for professionals to practice cooperation and communication. These exercises help in improving teamwork, reducing errors, and enhancing patient outcomes.



REFERENCES

- 1. Ahsani-Estahbanati, Ehsan, et al. "Interventions to Reduce the Incidence of Medical Error and Its Financial Burden in Health Care Systems: A Systematic Review of Systematic Reviews." Frontiers, 11 July 2022, https://doi.org/10.3389/fmed.2022.875426.
- Jacobson, Ryan P., et al. "Can Patient-Reported Outcomes Measurement Information System®
 (PROMIS) Measures Accurately Enhance Understanding of Acceptable Symptoms and Functioning in
 Primary Care?" Journal of Patient-Reported Outcomes, vol. 4, no. 1, Springer Science and Business
 Media LLC, May 2020. Crossref, https://doi.org/10.1186/s41687-020-00206-9.
- Geese, Franziska, and Kai-Uwe Schmitt. "Interprofessional Collaboration in Complex Patient Care Transition: A Qualitative Multi-Perspective Analysis." Healthcare, vol. 11, no. 3, MDPI AG, Jan. 2023, p. 359. Crossref, https://doi.org/10.3390/healthcare11030359.
- Burch, Jane, and Sera Tort. "Can Interprofessional Collaboration Improve Professional Practice and Healthcare Outcomes?" Cochrane Clinical Answers, Wiley, Oct. 2019. Crossref, https://doi. org/10.1002/cca.2674.
- 5. Boev, Christine. "The Relationship Between Nurses' Perception of Work Environment and Patient Satisfaction in Adult Critical Care." Journal of Nursing Scholarship, vol. 44, no. 4, Wiley, Sept. 2012, p. 368–75. Crossref, https://doi.org/10.1111/j.1547-5069.2012.01466.x.

BIBLIOGRAPHY

- Baggs JG, Schmitt MH. Collaboration between nurses and physicians. Image: The Journal of Nursing Scholarship. 1988; 20(3):145–149. [PubMed] [Google Scholar]
- 2. Barr, H., Koppel, I., Reeves, S., Hammick, M., & Freeth, D. (2005). Effective interprofessional education: Argument, assumption & evidence. John Wiley & Sons.
- Burgener, Audrey M. "Enhancing Communication to Improve Patient Safety and to Increase Patient Satisfaction." The Health Care Manager, vol. 36, no. 3, Ovid Technologies (Wolters Kluwer Health), July 2017, pp. 238–43. Crossref, https://doi.org/10.1097/hcm.00000000000165.
- 4. Busari JO, Duits AJ. The strategic role of competency-based medical education in health care reform: a case report from a small scale, resource-limited, Caribbean setting. BMC Res Notes. 2015;8:13. [PMC free article] [PubMed] [Google Scholar]
- 5. Christensen C, Larson JR., Jr Collaborative medical decision making. Med Decis Making. 1993;13(4):339–346. [PubMed] [Google Scholar]
- 6. Clay-Williams R, Braithwaite J. Determination of health-care teamwork training competencies: A Delphi study. Int J Qual Health Care. 2009; 21(6):433–440. [PubMed] [Google Scholar]
- 7. Clinical Communication Skills for Medicine by Margaret Lloyd, Robert Bor and Lorraine Noble, Fourth Edition.
- 8. Communication Skills for Medicine by Margaret Lloyd and Robert Bor, Third Edition.
- 9. Communication Skills for the Health Care Professional: Concepts, Practice and Evidence by Gwen van Servellan, Second Edition
- 10. D'Amour, D., & Oandasan, I. (2005). Interprofessionality as the field of interprofessional practice and interprofessional education: An emerging concept. Journal of Interprofessional Care, 19(sup1), 8-20.
- 11. Deming WE. Out of crisis. Cambridge, MA: MIT Center for Advanced Engineering Study; 1982. [Google Scholar]
- 12. Fagin CM. Collaboration between nurses and physicians: no longer a choice. Acad Med. 1992;67(5):295–303. [PubMed] [Google Scholar]

Contd...



- 13. Flin R, Fletcher G, McGeorge P, Sutherland A, Patey R. Anaesthetists' attitudes to teamwork and safety. Anaesthesia. 2003; 58(3):233–242. [PubMed] [Google Scholar]
- 14. Frank JR, Snell LS, Sherbino J, editors. CanMEDS 2015 Physician Competency Framework. Royal College of Physicians and Surgeons of Canada; Ottawa: 2015. [Accessed April 16, 2017]. Available from: www.royalcollege.ca/portal/page/portal/rc/common/documents/canmeds/framework/canmeds_reduced_framework_e.pdf. [Google Scholar]
- 15. Frenk J, Chen L, Bhutta ZA, et al. Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. Lancet. 2010;376(9756):1923–1958. [PubMed] [Google Scholar].
- 16. https://courses.lumenlearning.com/suny-delhi-professionalnursing/chapter/communication/
- 17. https://journals.lww.com/healthcaremanagerjournal/fulltext/2017/07000/enhancing_communication_to_improve_patient_safety.5.aspx#:~:text=Communication%20is%20pivotal%20to%20health,care%2C%20builds%20relationships%20and%20understanding.
- 18. https://www.jhsci.ba/ojs/index.php/jhsci/article/download/1591/801/9982https://journals.sagepub.com/doi/full/10.1177/21649561211014107
- 19. https://www.physio-pedia.com/Effective_Communication_Techniques
- 20. Leonard, M., Graham, S., & Bonacum, D. (2004). The human factor: The critical importance of effective teamwork and communication in providing safe care. Quality and Safety in Health Care, 13(suppl 1), i85-i90.
- 21. O'Daniel M, Rosenstein AH. Professional Communication and Team Collaboration. In: Hughes RG, editor. Patient Safety and Quality: An Evidence-Based Handbook for Nurses. Rockville (MD): Agency for Healthcare Research and Quality (US); 2008. p. 1–14. Chapter
- 22. Reeves, S., Lewin, S., Espin, S., & Zwarenstein, M. (2010). Interprofessional teamwork for health and social care. John Wiley & Sons.
- 23. World Health Organization (2010). Framework for action on interprofessional education & collaborative practice. World Health Organization.



STUDENT ASSIGNMENT

LONG ANSWER QUESTIONS

- 1. Discuss the key elements of interprofessional communication.
- 2. Describe the barriers of effective communication.
- 3. Explain various strategies to improve interprofessional communications.
- 4. Analyze the significance of clarity in interprofessional communication.
- 5. Discuss the impact of cultural differences on interprofessional communication in healthcare. How can these differences be managed to ensure effective communication?

SHORT ANSWER QUESTIONS

- 1. Write about communication process.
- 2. Mention the clinical implications of interprofessional communications.
- 3. What are the various types of interprofessional communications?
- 4. Why is active listening considered crucial in interprofessional communication?
- 5. How can the use of electronic health records (EHRs) and secure messaging platforms improve interprofessional communication?

MULTIPLE CHOICE QUESTIONS

- 1. What is the primary goal of the SBAR protocol?
 - a. To standardize patient intake forms
 - b. To ensure timely delivery of medications
 - c. To facilitate clear communication among healthcare providers
 - d. To monitor patient vital signs
- 2. Which of the following is NOT a key element of interprofessional communication?

a. Clarity

b. Activeness

c. Respect

d. Isolation

- 3. According to the text, which of the following is a barrier to effective interprofessional communication?
 - a. Hierarchical structures

b. Cultural differences

c. Time constraints

d. All of these

4. The AIDET framework in healthcare communication stands for:

- a. Acknowledge, Integrate, Discuss, Evaluate, Train
- b. Acknowledge, Introduce, Duration, Explain, Thank
- c. Assess, Inform, Discuss, Educate, Thank
- d. Acknowledge, Inform, Discuss, Evaluate, Train

5. Which of the following is a strategy to enhance interprofessional communication?

- a. Utilizing secure messaging platforms
- b. Scheduling regular team meetings
- c. Standardizing communication protocols
- d. All of the above



ANSWER KEY

1. c 2. d 3. d 4. b 5. d

Essentials of

Ethics, Laws, Professionalism and Management for Physiotherapy Students

Salient Features

Learning Objectives in the beginning of every Chapter help readers understand the purpose of the chapter.

LEARNING OBJECTIVES

After the completion of the chapter, the readers will be able to

- Understand and describe interprofessional communication.
 Explain the importance of effective interprofessional
- communication.

Chapter Outline gives a glimpse of the content covered in the chapter.

CHAPTER OUTLINE

- Introduction
- . Definition of Communication
- Functions of Communication
 Components of Interprofessional Communication

Key Terms are added in each chapter to help understand difficult scientific terms in easy language.

KEY TERMS.

Activeness: Active listening and feedback, which involve paying undivided attention to the speaker, maintaining eye contact, and asking open-ended questions to fully understand the message.

Extra information related to the respective topic is covered under the **High-Yield Points** boxes.

High-Yield Points

- Do's and Don'ts while interacting with patients

 Develop rapport with your patients. Call by their names.
 Collect some basic information regarding your patient's job and family.
- Extend your smile and be considerate toward your patients.
 Usten to patients complaints, carefully.

The book is well illustrated with relevant Figures, etc.



Numerous Tables have been used in the chapters to facilitate learning in a quick way.

TABLE 7.2: Ethical principles

Ethical principles Definition Voluntary The participants are free to option participation the study at any point in time.

participation the study at any point in time.

Informed consent The participants are aware of the purpose, benefits, risks, and funding behind the study before they agree or decline to join the study.

Case Study demonstrates example(s) of specific clinical scenarios that are often encountered by Physiotherapists.

· CASE STUDY ·

A 50-year-old female patient was diagnosed with prolapsed intervenethrad lists. A busy physiotherapsis planned for fraction and dry needling as treatment. The patient's relatives wished to discuss the details and wanted to know about other treatment modalities. The physiotherapsis, unwilling to spend further time toward counseling asked them to take the patient to someone else and refused to treat.

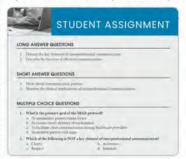
Important takeaway points of respective chapters have been highlighted under Summary Boxes.

SUMMARY

- This chapter delves into the intricacies of professional conduct within the field of physiotherapy, a rapidly expanding medical specialty. It underscores the significance of ethical principles, adherence to institutional policies, and the maintenance of professional behavior in ensuring the well-being of patients and the integrity of the profession.
- and the integrity on the protession.

 Ethical foundations: At the core of this chapter is the exploration of ethical principles that serve as the bedrock of physiotherapy practice. These principles are not merely guidelines but essential standards that govern the interactions between physiotherapists and their clients, ensuring respect, dignity, privacy, and autonomy for all individuals seeking physiotherapy services.

At the end of chapters, Student Assignment section is given which contains practice questions and multiple choice questions to help students attain mastery over the subject.



About the Author



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