

# Case Study: Physician Associates in Rehabilitation Medicine at Hull University Teaching Hospitals

## Introduction:

Anthony Cosgrove is a Physician Associate working in Rehabilitation Medicine at Hull University Teaching Hospitals. He works alongside consultant Dr Abayomi Salawu and his team providing continuity of care to patients on a specialist rehabilitation ward. Tony works as part of the multidisciplinary team and helps rehabilitate patients with complex needs, for example, following acquired brain injury and other neurological conditions. Find out more about his role below.

## Q&A with Anthony Cosgrove (PA)

### 1. Background

Tony Cosgrove - Physician Associate in Complex Rehabilitation Medicine at Hull University Teaching Hospitals Trust. As part of my role I have rotated through: Urology, Emergency Medicine, Rehab Medicine, and the Acute COVID wards.

I originally trained as a Biomedical Scientist, and practiced at the York District Hospital, before moving to research management at Rotherham General Hospital.

I graduated from the Hull York Medical School in 2018 as part of the first cohort of HYMS-taught PAs, and since September 2020 I have taken a post as Physician Associate Graduate Tutor at HYMS [whilst working on the ward where I had my first placement] – talk about full circle!

### 2. What attracted you to rehabilitation medicine?

In my first year of the PA course I was placed on the Rehab ward, and it sparked an interest in the long-term effects of clinical decision-making by shining a light on patients emerging from the Acute pathways.

Rehab Medicine is a real Multi-Disciplinary Team, where all members of the ward are able to contribute – I truly feel there are no other specialties like it. Personally, I find the role to be incredibly rewarding, as each day is filled with patient victories.

### 3. What do you do on a day-to-day basis?

While there's a weekly framework, no two-days are the same! Rehabilitation requires a General Medicine mind-set where, we not only routinely follow-up and investigate the presenting complaint, we troubleshoot new issues as they arise or are uncovered from the history – so there's lots of reading!

Generally, I am ward-based, providing clinical cover as part of the team with my GP-ST & Registrar colleagues. My role covers: clerking, day-to-day examinations and management, involvement in patient & family meetings for goal-setting, ward rounds, contributing to MDT meetings, and liaising with our wider teams to optimise management.



#### **4. What is the best part about your job?**

I'd honestly have to say that it's the satisfaction of seeing the progress patients make, not just physically, but cognitively, and occupationally. We are fortunate to provide a service that promotes safe community reintegration or placement to maximise our patients' outcomes.

#### **5. Are there any challenges to being a PA and how have you overcome them?**

There are the usual challenges, such as prescribing & ordering imaging, which can cause personal frustration when there is a clear plan to enact. However, it's our close team-working that means these issues are mitigated through job-sharing and team discussion.

#### **6. How do you see your role as a PA developing in the future?**

That is a difficult question! It's already changed so much since I've become involved with our research activities, but I hope that as my role develops further I will be able to contribute to both our patient in-reach Acute Rehabilitation team and our outpatient follow-up clinics.

Ultimately, I think the biggest changes will come after PAs are regulated, and I can begin to provide a greater level of support to the ward through higher-level autonomy.

### **Q&A with Dr Salawu (PA supervisor)**

#### **1. Background**

Abayomi Salawu, Consultant in Rehabilitation Medicine and Lead Clinician for Rehabilitation Medicine service at Hull University Teaching Hospital NHS Trust. I am also the Network director of rehabilitation for the Humber, Coast and Vale. In addition to clinical practice, I am actively engaged in medical education with research interest in use of technology to enhance rehabilitation.

#### **2. How did you hear about Physician Associates?**

Initially from colleagues working in the US. Later when HYMS advertised that they are setting up a PA training programme, I volunteered as one of the tutors.

#### **3. What made you want to employ a PA in your department?**

My experience as a tutor in the 1st 2 cohorts of entrants into the PA programme showcased the immense potential of the PA cadre in the clinical workforce

#### **4. Where does the PA fit into your team?**

An integral member of the multidisciplinary team and fully integrated into the clinical, academic and research programmes of the service.

#### **5. How has the PA benefitted your department?**

Complex rehabilitation offers a massive opportunity to explore the biopsychosocial aspect of clinical care which is not possible on acute ward environments. The vast range of clinical conditions seen in patients in the rehabilitation service ranging from surgical through medical



and psychiatric offers an enriched learning environment to the PA. The pace of work allows them gain valuable experience without being overwhelmed with fire-fighting interventions.

**6. What advice would you give to anybody thinking about employing a PA?**

To go for it. The versatility that the PA brings to the workforce means they can be employed in all aspects of clinical practice including laboratory medical sciences.

