

Collaborative Clinical Education: Acute Care

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**Robert J. Werner PT, GCS
PT since 1984
Acute care since 1989
Back-up CI 1993 to 2000
Full Time Clinical Instructor since 2000**

Bias:

- **I love Clinical Education**

Acute Care PT Clinical Ed 3:1 model

- Advantages of 3:1
- 3:1 – essentials
- Supervisory support - productivity
- Prepare or perish!
- Orientation – all together now
- 1st patient – start in unity
- Patient care – SPT-CI, SPT-SPT, SPT
- Communication- pager, clipboard

3:1 model – balancing act



Advantages of 3:1 model

- **Teach it once and 3 can learn**
 - **They help each other (physical assist)**
 - **They help each other with questions
(instead of only the CI)**
- They help each other problem solve
(another SPT had patient with that diagnosis)
Productivity of 3:1 is higher than only a PT.**

3:1 essentials

- CI has NO patients Each student has their own patients, and I am responsible for all of them, but I have NO patients of my own.
- Students appropriate for the 3:1 model are in there terminal affiliations. NOT their first.

Supervisory support

- Mayo Clinic/ St Marys Hospital,
- 1-Domitilla Acute Care
- Collaborative Clinical Education for PT students for over 30 years, my clinical education in 1984 used this model. "It's always been done that way".

Supervisory support

- Weeks 1 & 2 we are "extra help" on Domitilla 5,6 medical
- Weeks 3,4,5 we replace one staff on Domitilla 5,6 medical
- Weeks 6,7,8 we replace two staff on Joseph/Alfred 7 ortho

Supervisory support

- Productivity Goals for each SPT:
 - end of week one – 6 units billable
 - End of week two- 8 units billable
 - End of week three- 10 units billable
 - End of week four – 12 units billable
 - End of week five- 14 units billable
 - End of week six 16 units billable
 - End of week seven – 18 units billable
 - End of week eight – 20 units billable (20 units is goal for our staff acute care PTs)

Supervisory support

- Productivity Guidelines for each SPT:
 - end of week one – 6 units billable (8 units)
 - End of week two- 8 units billable (9.7 units)
 - End of week three- 10 units billable (13.3 units)
 - End of week four – 12 units billable
 - End of week five- 14 units billable
 - End of week six 16 units billable
 - End of week seven – 18 units billable
 - End of week eight – 20 units billable (20 units is goal for our staff acute care PTs)

Prepare or perish!

- Advanced planning
 - chairs/desks/computers?
 - effects on staffing?
 - seeing patients where?
 - Clinical Education Manual?
 - Email info to review before?

Orientation – all together now

- **Advantages:**

- discuss it once for 3 to learn
- if they have questions later, they ask each other first (just like staff PTs do)

1st patient start in unity

We all formulate an eval template

(each creating a third of it)

- We all read the real patient's history and discuss (each telling a third of it)

We divide up the verbal history in thirds

We divide up the PE in thirds

All write it up- one in real history, other 2 mock Hx.

CI reviews all 3 and provides individual feedback and they make improvements.

Patient care progression

- Examination of patient in bed observed by CI until competent, then they perform it independently.

Since most of the exam is routine, this occurs rapidly.

- Each patient's interventions are observed by CI until safe and competent, then independently.
- SPT&CI, then SPT&SPT(one leads, one assists), then SPT solo.

Minnesota State Law

- In August of 2005, the Minnesota Law pertaining to the practice of PT was updated. Among the changes was wording which states:
- ***“the physical therapist shall have direct contact with the patient during at least every second treatment session by the student physical therapist”.***

Minnesota State Law

- See patient every session, every other session, all of session, part of session? Judgement of CI.
- How do you see a portion of every other session?
 - All patients are in close proximity (Dom 5&6, later Alfred/Joseph 7)
 - See a portion of the session – not all
 - If patient is available, SPT pages CI with room number (5-295) and CI comes as soon as able. New patients they wait for CI, continuing patients SPT begins).

My acute care safety rules

- My acute care safety standard is:
- Rule #1 – the CI is to be present when a patient stands for the first time.
- Rule #2 – the CI is to be present when a patient does stairs for the first time.
- Rule #3 – the patients heart rate and O2 sats are to be taken each session – before activity and within 5 seconds after activity. Other vitals like rate of perceived exertion, pain scale, and BP might also be indicated.

Communication

- CI has pager – numeric or text
- Each SPT has pager – numeric or text
- All 4 of our desks are in close proximity
- All of our patient rooms are in close proximity
- Clipboard to communicate when evaluations and hospital summary info is ready to be co-signed.

Ideal CI for 3:1 model

- Experienced with patient type
 - ortho-trauma, medical, etc
- Experienced at facility
 - documentation, policies
- Experienced in Clinical Ed
- Motivated to succeed

Conclusion: you can do it!

