

EDUCATION LEADERSHIP CONFERENCE

OCTOBER 6-8, 2006

CREATING A CLINICAL CURRICULUM

- Identify and share your present clinical education models
 - Post on flip charts around the room
- Identify the “traffic jams” in your present clinical education models
 - Post on flip charts around the room

- What do you expect on the CPI?
 - Post on flip charts around the room
- What is actually written on the CPI?
 - Post on flip charts around the room
- How do we provide feedback and support to the front line clinical instructors?

CLINICAL PERFORMANCE INSTRUMENT SAMPLES

Practices in a safe manner that minimizes risk to the patient, self and others.

Midterm score 85/100 on VAS

Comments: Student consistently provides safe care to patients, exhibited by close guarding techniques and consistent use of the gait belt. Student understands and incorporates the acute precautions on a consistent basis. Student consistently identifies safety concerns with each patient. Student demonstrates the importance of safety with each patient.

Areas for improvement:

1. Consistently holding on to the gait belt, if you chose not to securely hold the gait belt, I expect you be utilizing your hands for something constructive (i.e., facilitation, weight shifting, etc.) and you should still be able to catch a patient fall at any time.
2. Utilizing better biomechanics when physically assisting patients to insure your long term safety and health.

Final score 90/100 on VAS

Comments: Student has consistently utilized a gait belt in an effective manner. We have discussed the importance of facilitating mobility in patients and the need to utilize our hands in alternate locations from the gait belt. However, if not facilitating, I have requested the SPT's hands be on the gait belt at all times. Occasionally, the student has

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been mildly lax in maintaining her grip on the gait belt with her patients with limited balance deficits. The personal biomechanics have improved, however she still has room to improve.

Areas for improvement:

1. Insure you can prevent a patient fall at any time (with or without the use of the gait belt)
2. Continue to focus on your personal biomechanics to insure your own personal safety.

New CPI: Patient Management – Clinical Reasoning: Applies current knowledge, theory, clinical judgment, and the patient’s values and perspective in patient management.

Final Score: Entry Level Performance

Comments: When you are able to process and complete work quickly and still use multiple resources, the next option is to advance your clinical reasoning. This student has done just that. This student has taken opportunity to attend physician lectures, inservices, observe others and then reflect upon how this new knowledge can help her clinical reasoning for other cases. This student is a sponge for knowledge and eager to learn even the smallest of ideas that will help her make sound clinical decisions. This student is strong in the ability in the ability to organize and weigh the events in the history of her case and then prioritize the whole persona and identify where physical therapy services will best enhance outcomes. This student has become much more in tune with the limits of patient and family knowledge (even if family members are health care professionals), limits of her knowledge – but not in the sense of limits but in the sense of thinking through and allowing time for reflection and assessment. She has done an excellent job in this category.

Screen patients using procedures to determine the effectiveness of and need for physical therapy services.

Midterm Score: 50/100 on VAS

Comments: This student has not demonstrated competence in this category. This student is hesitant to react promptly to patient signs and symptoms.

Provides consultation to individuals, businesses, schools, government agencies or other organizations.

Midterm Score: not observed

This category is highly under scored by clinical instructors. What information are you looking for in this category and how can you adapt the grading of this criteria to various clinical settings?

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Presents self in a professional manner

Midterm Score: phone call to ACCE

This student arrived late to the first day of the clinical. The student overslept for three days in a row of week 2-3. Inconsistent follow through on patient management in terms of time management, follow up after cancelations, completion of documentation before 6:30 p.m., weekly assessment forms to be reviewed w/ the CI. No carry over of case presentation assignment from instructions during orientation week to preparation into week 6.

What clinical advice would you provide this CI who has never had a student presenting w/ these behaviors? What clinical processes would you put in place?

ABC/123 FORM

A PLAN (1)	B PLAN (2)	C PLAN (3)

PHYSICAL THERAPY DIAGNOSIS WORKSHEET

PATIENT NAME:

MEDICAL DIAGNOSIS:

LIST ALL PATHOLOGIES AND RESULTING IMPAIRMENTS, FUNCTIONAL LIMITATIONS, OR DISABILITIES THAT GO ALONG WITH EACH SEPARATE PATHOLOGY:

(i.e. A patient with a below knee amputation, diabetes, peripheral neuropathy, poor vision & obesity could be listed as follows: **below knee amputation** - resulting in inability to ambulate without prosthesis, **diabetes** - resulting in decreased lower extremity circulation and increase susceptibility to wounds, **peripheral neuropathy** - resulting in reduced lower extremity sensation and decreased safety in transfers, **poor vision** - resulting in decreased safety during gait or transfers, **obesity** - leading to decreased cardiovascular and muscular endurance and increased limitations in gait and transfers.) Please note these are not all inclusive lists, rather just an example of the possible impairments, functional limitations, and disabilities associated with each pathology.

PHYSICAL THERAPY DIAGNOSIS.

(What is the PT treatment diagnosis? For example, with a left cerebrovascular accident (the primary medical diagnosis) the physical therapy diagnosis undoubtedly includes right hemiplegia. Thus the PT treatment diagnosis is right hemiplegia. To correctly state a physical therapy diagnosis, you need to answer the central question of physical therapy.

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DISCHARGE PLANNING: (in regards to disability)

- Social considerations

- Environmental considerations (house, school etc)

Pharmacology:

Identify 1-2 medications being used for this patient and their purpose. List possible interactions that would affect physical therapy outcomes. List how you will alter your PT program if any side effects occur.

1.

2.

Radiology

Have you reviewed the radiographic images on the electronic Q read program available at Mayo?

___ Yes

___ No

Do you understand the meaning of the image?

___ Yes

___ No

CASE PRESENTATION – GUIDE FORMAT
LITERATURE REVIEW

Purpose:

- This project will enhance your learning and use of the GUIDE to PHYSICAL THERAPY.
- This project will help you and your peers to be critical reviewers of the literature relating to your case.

Procedure:

- This inservice will be prescheduled upon your arrival to this affiliation
- The date of your presentation is on the front of your orientation packet
- You will be scheduled to present for 45 minutes
- The presentation will include a case review using GUIDE language and a discussion of the literature article you chose that is related to this case.
- You must provide a written copy of your presentation to your peers and clinical instructors.
- Utilize CT scans/MRI/X rays/Q reads to make the education more clear
- This is a verbal presentation – be interactive – do NOT just read your inservice to others

Expectations of each component of this presentation:

LITERATURE REVIEW

Purpose: To promote critical review and discussion of current literature relating to specific patient diagnoses.

Plan: Each student will find an article pertaining to one of his or her cases. The article should be photocopied and distributed to the other students and the clinical instructor one-week before the scheduled presentation. All participants are expected to read the article prior to the meeting time. The discussion in relation to the article will be led by the presenting student; however, will be interactive with the entire group.

Literature Critique:

- Relevance to the specific case – why you chose this article
- Review of article
- Opinion of article – pros/cons

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- Relation of information to other diagnoses
- What information can you take from this article to help you in future cases
- Promote discussion with the entire group

CASE PRESENTATION IN GUIDE TO PHYSICAL THERAPY FORMAT

Purpose: To learn to effectively utilize the GUIDE to PHYSICAL THERAPY and present your case to others using this language.

Plan: Select any one of your cases that you found interesting &/or unique. Be prepared to follow the below GUIDELINES for your presentation. Synthesize information from your article of choice into your presentation. Bring your GUIDE TO PHYSICAL THERAPY book to this inservice (or one from a staff therapist)

- I. Presentation of the patient
 - A. Neurologic Diagnosis
 - B. Related Diagnoses and impact on rehab outcome
 - C. Etiology of the disease
- II. Demographics of this patient – how does this patient with this disease differ from another.
- III. Address age, gender, PMH, occupation, educational level, lifestyle and discharge planning.
- IV. GUIDE FORMAT INFORMATION
 - A. Select appropriate GUIDE PATTERN
 - B. Select ICD – 9 Code
 - C. Examination

Discuss selected tests and measures and how your prioritized your examination
 - D. Prognosis
 - E. Expected Range of Visits
 - F. Factors that may modify frequency of visits
 - G. Interventions/Goals

Discuss your intervention rationale

Discuss your goals and expected outcomes
 - H. Reexamination (did this occur- how did you integrate this into your treatment sessions)
- V. Nagi Model Summary
 - A. Active Pathology
 - B. Impairment
 - C. Functional Limitation
 - D. Disability

Presenter name: _____

PEER CRITIQUE OF CASE PRESENTATION/LITERATURE REVIEW INSERVICE

Please score your peer in regards to the following questions:

1 Strongly disagree

4 Strongly agree

The speaker gave you the literature article one week in advance and a written copy of the inservice at the scheduled meeting

1 2 3 4

The speaker was able to keep your attention for the scheduled time of the inservice

1 2 3 4

The speaker was able to give pertinent information to relate the case to the literature

1 2 3 4

The speaker presented information in a discussion type format – seeking and encouraging interaction with the group

1 2 3 4

You gained information that will be relevant to you in the future

1 2 3 4

Comments (on any of the above or in summary):

Give complete form back to the student who presented
Presenting student give all the copies to the CI

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Patient name: _____ Treatment/Exam date: _____

SELF CRITIQUE OF A EXAMINATION OR TREATMENT SESSION
(To be selected at random by the clinical instructor)

Grade yourself on your performance from 1-4

1 strongly disagree
4 strongly agree

I feel I was prepared for my session by utilizing resources, discussions from clinical instructor, observation of others and integration of past learning experiences

1 2 3 4

I feel my session was an effective use of time and space management

1 2 3 4

The examination (or re-examination) or treatment session is directly related to my documented short term goals

1 2 3 4

I responded to and integrated feedback from the Clinical Instructor, staff or peers into my session immediately

1 2 3 4

I can identify areas that I need to alter or improve on for my next session

1 2 3 4

I am prepared to speak to the rehab team about patient status

1 2 3 4

Overall comments:

PLAN OF CARE

Patient Name:

Primary Medical

Diagnosis:

Age:

Date of Onset:

Goals	Interventions Activities/Plans	Intervention Outcomes Goal Achievement Status	Plan of Action (Due Dates) “To Do” List	Why? Unresolved Issues

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Occupational Therapy Observation

Date:

Patient:

Diagnosis:

Therapist:

What specific problem was being addressed during this treatment session?

What was the goal of this treatment session?

What activities were utilized during this treatment session?

What did you learn that you could relate back to your patient care plan?

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BI WEEKLY SELF ASSESSMENT FORMS

- Due EACH Tuesday and Thursday of this rotation
- Hand in to clinical instructor by 8:30 am on these days

DATE:

PATIENT LIST:

New Issues to you:

Specific treatment techniques you feel competent in performing independently:

Upcoming communication issues with patients/family – staff/team:

How were you helped the best this week?

Related clinical discussions to your case load – proactive reasoning and questions:

Signed: _____
Student

Clinical Instructor

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STUDENT SCENARIOS

- A. You have a physical therapy student on an 8 week neurologic clinical internship. This is the intermediate clinical internship and this student would graduate after one more full internship. Issues that this student presents to the clinical instructor in regards to their performance:
- a. Lack of depth in diagnosis understanding, critical thinking and integration of co-morbidities
 - b. Intervention choices are at a intermediate level meaning that the student can select intervention strategies from a variety of sources. However, the student is not able to assess the patient reaction to the intervention, progress or alter the intervention choices without guidance, modeling of therapy interventions during treatment or direct verbal referral to resources, text books or colleagues.
 - c. Limited follow up on selected goals in terms of progress, goals met, goal advancement and goal analysis
- B. You have a physical therapy student on a 12 week outpatient clinical internship. This is the terminal clinical internship. This student has not had any previous outpatient experience and is overwhelmed by all of the manual therapy skills and the speed of patient contacts needed for productivity and to meet entry level criteria. Issues that this student presents to the clinical instructor in regards to their performance:
- a. Difficulty in prioritizing the physical therapy examination and determining the direction of specific tests and measures in regards to patient history and patient response.
 - b. Inability to direct history taking when the patient talks on and on.
 - c. Hesitation to administer manual therapy skills.
 - d. Patient home exercise program development is not only slow but the education process does not exhibit knowledge of the learner response or alteration of style on the part of the student.
- C. You have a physical therapy student on an intermediate clinical internship in a skilled nursing facility. This student has voiced significant interest in sports medicine and limited exposure to this patient population. Issues that this student presents to the clinical instructor in regards to their performance:
- a. Limited initiation in terms of taking on new cases
 - b. Stating that he/she would do “fine” in a sports medicine setting
 - c. Stating that there is a communication challenge between the CI and him/herself
 - d. Performing interventions in a status quo fashion and not with consideration of therapeutic age appropriateness

- e. Significant professional behaviors in terms of being late, oversleeping, not turning in assignments, losing emails, having assignments on his/her laptop but not having them printed as requested
 - f. Time management – unable to complete workload at 50% by the end of the work day
- D. You have a physical therapy student on an terminal clinical internship in an acute hospital setting. This student is performing at entry level in most criteria after the first couple of weeks in terms of caseload and necessary supervision. Issues that this student presents to the clinical instructor in regards to their performance:
- a. How do you challenge and advance this student in the acute care setting?
 - b. What tools and strategies will engage this learner to respect the extent of practice that can be included in the acute care setting?