

BIWEEKLY 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

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 45minutes
- 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
- 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 you 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

C.I. Training Rusk Institute

Agenda

- Tuesday August 17th, 2004 Room 116
 - Qualities of strong student vs. weak student
 - Generic abilities
 - Learning styles

- Wednesday August 18th, 2004 Room 111
 - Self assessment
 - Learning domains
 - Goal writing

- Wednesday August 19th, 2004 Room 116
 - Role of senior CI/ use of student time
 - Giving feedback
 - The CPI

*3 Mary Brigh Acute Rehabilitation Unit
St. Mary's Hospital
Mayo Foundation
Rochester, MN.*

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.

IMPLICATIONS OF PRIMARY PATHOLOGIES:

(including MEDICAL DIAGNOSES) AND IMPAIRMENTS. This section should include a THOROUGH discussion of the disease process and all characteristics of the specific disease entities. Please relate the pathologies and impairments to your expected outcomes for the patient.

EDUCATIONAL CONSIDERATIONS – BOTH TO YOU AS THE P.T. AND TO THE PATIENT AND FAMILY:

- What do you need to learn about and when will you accomplish this? – This section should include information that you are not familiar with regarding the disease process, treatment protocols, home and family information etc

- What do you see as the patient/family needs?

___ yes

___ no

Do you understand the meaning of the image?

___ yes

___ no

HOOKED ON EVIDENCE

WEBSITE:

<http://apta.org/hookedonevidence/index.cfm>

This is a website offered by APTA to search for articles relating to Physical Therapy Interventions

These articles can be selected and viewed in abstract form to promote our practice of Evidence Based Practice

You can then use a search engine – ie – Pub Med – to view the entire article.

PLAN OF CARE

Patient Name:

Primary Medical Diagnosis:

Age:

Date of Onset:

Goals	Intervention Activities/Plans	Intervention Outcomes Goal Achievement Status	Plan of Action (Due Date)	Why? Unresolved Issues

PROBLEM LIST

PATIENT'S NAME: _____

DATE: _____

P.T. INTERN'S NAME: _____

Problems Noted During Observation	Problems Verified and Clarified

Problem List

Problems	Possible Causes	STG	LTG	Tx. Plan
(Prioritized, PT related) 1.	(Clinical assessment) 1. 2. 3.	(Objective, measurable) (Clinical with functional reason) 1.	(Objective, measurable) (Functional) 1.	1. 2. 3.
2.	1. 2. 3.	2.	2.	1. 2. 3.
3.	1. 2. 3.	3.	3.	1. 2. 3.

PROFESSIONALISM IN PHYSICAL THERAPY: CORE VALUES

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PROFESSIONALISM IN PHYSICAL THERAPY: CORE VALUES

Introduction

In 2000, the House of Delegates adopted Vision 2020 and the Strategic Plan for Transitioning to A Doctoring Profession (RC 37-01). The Plan includes six elements: Doctor of Physical Therapy, Evidenced-based Practice, Autonomous Practice, Direct Access, Practitioner of Choice, and Professionalism, and describes how these elements relate to and interface with the vision of a doctoring profession. In assisting the profession in its transition to a doctoring profession, it seemed that one of the initiatives that would be beneficial was to define and describe the concept of professionalism by explicitly articulating what the graduate of a physical therapist program ought to demonstrate with respect to professionalism. In addition, as a byproduct of this work, it was believed that practitioner behaviors could be articulated that would describe what the individual practitioner would be doing in their daily practice that would reflect professionalism.

As a part of the preparation for this consensus conference, relevant literature was reviewed to facilitate the development of the conference structure and consensus decision-making process. Literature in medicine ^{3, 18, 19, 25, 27} reveals that this profession continues to be challenged to define professionalism, describe how it is taught, and determine how it can be measured in medical education. The groundwork and advances that medicine laid was most informative to the process and product from this conference. Physical therapy acknowledges and is thankful for medicine's research efforts in professionalism and for their work that guided this conference's structure and process.

Eighteen physical therapists, based on their expertise in physical therapist practice, education, and research, were invited to participate in a consensus-based conference convened by APTA's Education Division on July 19-21, 2002. The conference was convened for the purpose of:

- 1) Developing a comprehensive consensus-based document on Professionalism that would be integrated into A Normative Model of Physical Therapist Professional Education, Version 2004 to include a) core values of the profession, b) indicators (judgments, decisions, attitudes, and behaviors) that are fully consistent with the core values, and c) a professional education matrix that includes educational outcomes, examples of Terminal Behavioral Objectives, and examples of Instructional Objectives for the classroom and for clinical practice.
- 2) Developing outcome strategies for the promotion and implementation of the supplement content in education and, where feasible, with practice in ways that are consistent with physical therapy as a doctoring profession.

The documentation developed as a result of this conference is currently being integrated into the next version of A Normative Model of Physical Therapist Professional Education: Version 2004. The table that follows is a synopsis of a portion of the conference documentation that describes what the physical therapist would be doing in his or her practice that would give evidence of professionalism.

In August 2003, Professionalism in Physical Therapy: Core Values was reviewed by the APTA Board of Directors and adopted as a core document on professionalism in physical therapy practice, education, and research. (V-10; 8/03)

We wish to gratefully acknowledge the efforts of those participants who gave their time and energies to this challenging initiative; a first step in clearly articulating for the physical therapist what are the core values that define professionalism and how that concept would translate into professional education.

PROFESSIONALISM IN PHYSICAL THERAPY: CORE VALUES

Seven core values were identified during the consensus-based conference that further defined the critical elements that comprise professionalism. These core values are listed below in alphabetical order with no preference or ranking given to these values. During the conference many important values were identified as part of professionalism in physical therapy, however not all were determined to be core (at the very essence; essential) of professionalism and unique to physical therapy. The seven values identified were of sufficient breadth and depth to incorporate the many values and attributes that are part of physical therapist professionalism. The group made every effort to find the optimum nomenclature to capture these values such that physical therapists could resonate with each value and would clearly understand the value as provided by the accompanying definition and indicators.

For each core value listed, the table that follows explicates these values by providing a core value definition and sample indicators (not exhaustive) that describe what the physical therapist would be doing in practice, education, and/or research if these core values were present.

1. Accountability
2. Altruism
3. Compassion/Caring
4. Excellence
5. Integrity
6. Professional Duty
7. Social Responsibility

<http://www.apta.org/AM/Template.cfm?Section=Professionalism1&TEMPLATE=/CM/ContentDisplay.cfm&CONTENTID=21299>

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:

**Rusk Institute of Rehabilitation Medicine
New York University Medical Center**

Physical Therapy Department

General Orientation for Physical Therapy Interns

I. HISTORY OF RUSK INSTITUTE

- A. Dr. Howard A. Rusk, Father of Rehabilitation Medicine
- B. Rehabilitation Institute was built in 1958
- C. NYU Health-Hospital for Joint Diseases, NYU Hospitals Center
Tisch Hospital (625 beds), Cooperative Care Center (100 beds), Rusk Institute (115 adult beds, 35 pediatric beds)

II. ORGANIZATION OF PHYSICAL THERAPY DEPARTMENT

- A. Director of PT/OT: Kate Parkin, MA, PT
Assoc. Director of PT: Susan Guzzardo, PT, DPT, PCS
- B. Six Major Units: 2-Adult Inpatient Units (IRM 301, IRM 418)
Acute Care Unit (IRM 201A)
Outpatient Unit (RG-10)
Vestibular Rehabilitation Unit (660 1st Ave, 3rd Floor)
Pediatric Inpt. Unit and Outpt. Programs (IRM 516)
Cardiac Rehabilitation (HCC 9th Floor)
- C. Specialty Programs: Chest PT (inpatient and outpatient)
Lymphedema
Hand Clinic
Wheelchair Clinic
- D. Staff: Unit Supervisors
Coordinators
Assistant Unit Supervisors
Clinical Specialists
Senior Physical Therapists
Staff Physical Therapists
Physical Therapist Assistants
Physical Therapy Aides
- E. Referral Base: Tisch Hosp.: Physiatrists, Orthopedists, Vascular MD's
Rusk Inpts: Physiatrists
Outpatients: Open Referral
- F. Cost of Care: Inpatients: approx. \$1800.00/day (?)
Outpatients: \$150.00-225.00/ session (?)
- G. Daily Routine: In general, working hours are 8:30am-4:00pm.
Adult Rehab (M-Sa), Acute (Su-Sa), Pediatrics (M-F), OPD (M-F), Cardiac (M-Sa).
- H. Compliance Forms: Fire, OSHA, Infection Control, Ethical Conduct

III. STUDENT PROGRAM

- Approx. 10 students every 10-12 weeks assigned to all units
- 1-4 students in each unit assigned to staff members with at least 6 months experience.
- **Senior C.I.** in each unit
- Each student will be supervised throughout the affiliation.
- **Weekly objectives** will be written by the CI and students, accomplishment of objectives will be discussed at the end of every week.

- **Student lecture series** to start within 1st few weeks of affiliation and will continue for 4-5 weeks. Lectures will be from 9-10 am unless instructed otherwise.
- **Observation days:** Each student, if they are doing well in their affiliation, will be offered the opportunity to observe for ½ day in 2 additional units of the Physical Therapy Department. You will receive a sign-up sheet to select choices during the student lecture series. Observation days usually occur over the last weeks of the affiliation. You will receive a confirmation as to where and when your observation days will occur. Once the days are set, PLEASE do not change them.
***It is the students responsibility to notify their CI of the times and dates they will be off the unit for these experiences as soon as possible.**
- **Unit Inservices:** All students are expected to give an inservice to their unit. Guidelines will be provided and your Senior CI will be available to assist. All students are encouraged to utilize Ehrman Library. Audiovisual equipment is available to enhance your presentation.
- **Objectives of the Intern Program** include: Emphasis on self assessment, development in cognitive, psychomotor and affective domains, and maintenance of open communication between interns and your Clinical Instructor.

IV. GENERAL POLICIES

- A. Students will follow the same weekend and Holiday schedule as the staff.
- B. Students will adhere to the dress code.
- C. Telephones and computers are used for business purposes only except in emergencies.
- D. Library facilities in the Medical School are available to students with hospital ID. No books can be taken out.
- E. Employee Health Services are available for on the job injuries.
- F. ***Sick calls must be made by 8:00 am. Calls should be made to your respective units. Expect to leave cover lists for patients as needed.**

Acute Care.....	212-263-6074/ 6069
Adult Inpatient IRM 301.....	212-263-6073/ 4073
IR 418.....	212-263-6072/ 4072
Pediatrics..	212-263-6059/ 4059
OPD.....	212-263-6075/ 4922
Vestibular Rehab.....	212-263-8466/ 8240
Cardiac Rehab.....	212-263-6129
 PT OFFICE.....	 212-263-6070
- G. ***Lateness is not accepted except in emergencies. It is expected that you will call and notify the supervisor or your CI when you are running late.**
- H. If the student is out more than one day, the time MUST be made up. Exception: If the school has a different policy or in discussion with the ACCE, the CCCE decides to excuse the additional absences.

V. EMERGENCY PROCEDURES

- A. Incidents: all unusual occurrences must be reported immediately to the CI or Supervisor (ie. patient falls, wounds, therapist injuries, etc.)
- B. **BLUE ALERT** (Specific to Rusk).....**X 72077**
 *This is called when immediate medical attention is needed in the clinical area due to patient unresponsiveness. (ie. patient seizures, syncope, etc.)
- C. **AIRWAY TEAM**.....**X 72244**
 *This is called when a patient is in cardiac arrest or respiratory arrest.
- D. **FIRE SAFETY**.....**X 74400**
 “R”=Race “A”=Alert “C”=Contain “E”=Extinguish
- E. Patient Safety, restraints.

VI. PATIENT RIGHTS AND RESPONSIBILITIES

- A. Infection control
- B. HIPAA
- C. Ethical Conduct

VII. CLINICAL INSTRUCTOR RESPONSIBILITIES

- A. Plan learning experiences including weekly objective sheets.
- B. Maintain open communication with student, including regular meetings.
- C. Discuss teaching strategies with student on a regular basis.
- D. Give constructive feedback, including positive and negative feedback. Summarize the student's performance at the end of each week.
- E. Complete midterm and final CPI evaluation in a timely manner.

VIII. STUDENT RESPONSIBILITIES

- A. Maintain open communication with the CI, especially if dissatisfied with learning experience.
- B. Complete assignments given during working hours and overnight.
- C. Demonstrate effort into meeting objectives of the affiliation.

Signature of Intern: _____

Date: _____

Signature of Person Orienting: _____

Date: _____

**3 Mary Brigh Acute Rehabilitation Unit
St. Mary's Hospital
Mayo Foundation
Rochester, MN.**

THERAPY OBSERVATION REQUIREMENTS

Purpose:

To facilitate understanding of the rehabilitation team concept by observing various team members involved in patient care. To gain a better understanding of the roles of the various disciplines on the Rehabilitation Unit in patient care and how they inter-relate.

Plan:

The student is to schedule and observe one or two sessions of each of the following disciplines: OT, RT, Speech.

Procedure:

1. Identify a patient assigned to you that you wish to observe in another discipline.
2. Determine which therapist works with that patient and talk with him/her about scheduling a time to observe.
3. Notify the scheduling office of these times on the therapist change sheet and note that this is an **OBSERVATION DOUBLE SCHEDULE ONLY**.
4. Complete one observation form for each session.

TREATMENT RECORD

PATIENT'S NAME: _____

DATE: _____

P.T. INTERN'S NAME: _____

TREATMENT GOAL:

Procedures	Results

SELF EVALUATION:

NEW SKILLS OBSERVED AND PROBLEMS NOTED:

WEEKLY STUDENT PLANNER

WEEKLY FOCUS {broad categories}

- | | | |
|-----------------------|-----------------------|-------------------------|
| Chart review | treatment procedures | administrative tasks |
| Evaluation techniques | functional retraining | in-service |
| F.I.M. program eval | discharge planning | interdisciplinary tasks |
| Problem list | documentation | unit rotations |
| Treatment plan | communication | |

WEEK: _____

Objective/Focus	Plan	Mastery Level	Comment