

PT 587 - Clinical Experience I Site Objectives

These objectives are meant to provide generic guidance. Actual progression will be dependent on the judgment of the Clinical Instructor in consideration of student abilities and patients served.

Week 1

Student should initially participate as an active observer, initiating questions and offering rationales. Student should gradually progress to incrementally assist the CI in examination, evaluation and intervention typically involving non-complicated patients. Student would typically need constant monitoring and guidance for all patient care activities; and receive corrective feedback as needed.

The student should:

1. Complete orientation to the facility (risk management, safety, tour, etc.).
 - a. Review goals and expectations with CI regarding teaching, learning, supervision, and feedback.
 - b. Be introduced to rest of the team.
2. Shadow CI to learn clinic routines and documentation procedures.
 - a. Review CI's previous documentation to become familiar with current patients and the facility's documentation format.
3. On non-complicated patients, begin to assist the CI in components of initial evaluations or re-examinations, with close monitoring from CI as needed for general examination activities, including:
 - a. Subjective interview
 - b. Screenings - including vital signs
 - c. Bed mobility, transfers, and gait
 - d. Measure and characterize pain
 - e. ROM, MMT/mm performance, posture, etc.
4. Discuss with CI the rationale for patient assessment findings (diagnosis, treatment plan, etc.).
5. Observe and then begin to actively participate in basic interventions with non-complicated patients, with close monitoring and correction as needed. Procedural interventions students should be able to participate in include:
 - a. Basic gait training with assistive devices
 - b. Transfer and bed mobility
 - c. Therapeutic exercise
 - d. Modalities – heat, cold and electric
 - e. Soft tissue mobilization
 - f. Passive, Active-assisted ROM
6. Contribute to daily notes on select, non-complicated patients with CI.
7. Perform correct body mechanics with monitoring and guidance from CI.
8. Provide feedback to CI regarding level of monitoring and correction, teaching methods, etc.
9. If required by the facility, receive information on required projects/in-services.
10. Engage in professional communication with patients, clinicians, staff, etc.

Week 2

The student begins to take more initiative and actively engages in responsibilities; increasing efficiency and confidence with basic tasks and non-complicated patients; is eager to attempt to problem solve and engage in clinical reasoning. Close monitoring is still expected with most patient care activities. Student may need significant corrective feedback.

The student should:

1. Perform designated components of an initial examination and begin to formulate evaluations on a non-complicated patient.
 - a. Discuss with CI the rationale of various data collection/outcomes tools that may be appropriate.
 - b. Collaborate with CI to synthesize available data on a patient/client with a simple diagnosis to include impairments, activity limitations, and participation restrictions.
 - c. Integrate the examination findings to classify the problem and identify an appropriate ICD-10 code(s) and discuss with CI.
 - d. Attempt to prioritize impairments to determine which interventions are appropriate - with guidance from CI.
 - e. Discuss selection and prioritization of the essential interventions and plans that are safe and meet the specific functional goals/outcomes in the plan of care with assistance from CI.
2. Begins to implement and assess effectiveness of treatment interventions on a non-complicated patient with close monitoring from CI.
3. Document 1-3 initial evaluations and/or 4-5 daily notes on non-complicated patients in a suitable time frame for a student and with guidance and corrective feedback from CI. Write measurable functional goals that are time referenced with substantial assistance from CI.
4. Implement interventions with close monitoring and guidance.

A sample of other activities a student may engage in includes:

1. Participating in determining patient scheduling.
2. Ensuring patient safety.
3. Participate in discharge planning, including ordering of patient equipment.
4. Attend patient conferences with CI.
5. Work with CI to meet other stated goals such as planning meetings/observations of other disciplines, surgery, specialty areas, etc.

Week 3-4

The student is developing confidence and some independence with basic tasks and patient care; and should participate in full examinations or re-exams on non-complicated patients. Student would still need considerable direct monitoring, but performance should need less correction in tasks and patient care responsibilities that they have been exposed to previously.

Sample activities include:

1. Schedule mid-term review for end of 4th week.
2. Continue to complete examinations on non-complicated patients with decreasing guidance and correction from CI.
 - a. Offer reasonable suggestions for intervention or discharge planning on new non-complex patients.
 - b. Increase participation in the examination and evaluation of more complicated patients.
3. Begin to select, administer, and evaluate valid and reliable outcome measures to assess patient function.
4. Begin to identify the evidence (patient/client history, lab diagnostics, tests and measures and scientific literature) to support clinical decisions.
 - a. Student should have chosen a case for his or her project, written an answerable clinical question and be searching the appropriate databases.
5. Implement and assess effectiveness of interventions addressing impairments, activity limitations and specific patient goals. Begin to take the lead on providing interventions on returning non-complex patients.
6. Document progress notes and initial evaluations with increasing efficiency.
7. Write measurable, functional goals that are time referenced, but with increased efficiency.
8. Ensure patient safety including demonstrating awareness of contraindications/precautions of simple patient interventions.
 - a. Demonstrate appropriate universal precautions and sterile technique.
9. Begins to instruct familiar patients on their condition and intervention. Student ensures understanding and effectiveness of the plan of care and tailors interventions with consideration of patient's situation.
10. Complete exercise flowsheets/billing sheets.
11. Collaborate with CI regarding patient's suitability for discharge and may begin to differentiate between discharge and discontinuation of service.
12. Actively participate in patient conferencing and discharge planning.

Midterm

1. Student and CI will individually complete the PAS and then review assessments together.
 - a. In general, the Student should typically require monitoring, and/or correction no more than 80% of the time from CI on non-complicated patients. Student should be given some opportunity to collaborate with CI on patients with complex diagnoses- but still may require constant monitoring.
 - b. In general, the student should typically require monitoring and/or correction no more than 50% of the time in professionalism, interpersonal communication/relations, and professional behavior.
 - c. Student should propose specific short-term goals and collaborate with CI in order to remedy any instances where the student has not met expectations.
 - d. Student should perform a self-evaluation of Generic Abilities and discuss with CI (or DCE if appropriate) if any problems are noted in performance.
2. Student will complete the mid-term portion of the STUDENT EVAL OF CLINICAL EXPERIENCE FORM found on Acadaware and share with the CI feedback regarding level of supervision, teaching methods, etc.

Week 5-6

Student continues to become more confident and independent with non-complex patients, requiring incrementally less monitoring and/or correction with activities previously exposed to. Student would need substantial amounts of modeling/demonstration but begin to be more actively engaged with CI in the management of more complex patients and other tasks. Complex scenarios may require up to 100% monitoring from CI.

Sample activities include:

1. Perform approximately 25-50% of the interventions for on-going, familiar patients and significantly participated in examinations on several patients with close monitoring.
2. On non-complicated patients, fully complete initial examinations in a reasonable time frame for a student.
 - a. Measure and characterize pain nearly independently.
 - b. Select and perform familiar examination measures.
 - c. Synthesize available data on a patient/client to include impairment, functional limitation, and disability participation restrictions.
 - d. Integrate the examination findings to classify the problem into a practice pattern and ICD -10 code.
 - e. Continue to prioritize impairments to determine which interventions are appropriate.
 - f. On a non-complicated patient, select and prioritize the essential treatment interventions or plans that are safe and meet the specific functional goals/outcomes in the plan of care.
3. Be able to identify the evidence (patient/client history, lab diagnostics, tests and measures and scientific literature) to support clinical decisions with assistance.
4. Participate in patient conferencing.
5. Beginning to implement and assess effectiveness of treatment interventions and collaborate with CI regarding these clinical decisions.
6. Document all progress notes and initial evaluations within a reasonable time frame for a student.
 - a. Write measurable functional goals that are time referenced.
7. Engage in discharge planning including appropriate suggestions for patient equipment.
8. If required by the facility, provide required projects/in-services. (Professional Development)
9. If appropriate, meet/observe other disciplines, surgery, specialty areas, etc.

Week 7-8

Student should be increasing their involvement in the management of more complex patients but would still typically require significant levels of monitoring and guidance. Students should need no more than moderate levels of monitoring and/or correction for familiar, less complicated patients. Student should concentrate on developing skills not exposed to in previously. By the end of week 8 in general, the student requires monitoring and/or correction no more than 65% of the time with clinical skills competency categories and 40% of the time with professionalism and safety competency categories.

Student should be engaging in activities represented in all 10 competency categories as appropriate for the clinical setting.

Final Evaluation

1. Student should be able to accurately self-assess using the PAS and receive constructive feedback from CI (Professional Development).
2. Student should share constructive feedback on their experience with CI using the Acadaware Final experience assessment form on supervision, teaching methods etc. (Communication).