Break Out of Your Silo: Collaborations to Achieve Core Competencies

Kim Levenhagen PT, DPT, WCC
Saint Louis University
Sara Alhajeri MPT, GCS
Caitlin Rosentreter, DPT
Barnes Jewish Hospital, Saint Louis, Missouri

Objectives

By the end of this educational session the participant will:

• Recall the Core Competencies for Entry-Level Practice in Acute Care Physical Therapy, the APTA Core Values and behaviors identified in the evidence that reflect acute care practice.
• Identify methods to integrate acute care practice behaviors into the didactic curriculum.
• Determine methods for various clinical education models to increase numbers of students in the acute care setting.
• Create a win/win scenario to maximize excellence and professional duty among students and physical therapists/physical therapists assistants.

Minimum Required Skills of Physical Therapist Graduates at Entry Level

• Screening
  – Systems review for referral
  – Recognize scope of limitations
• Examination/Re-examination
  – Medical Records
  – Imaging
  – Lab Values
  – Medications
  – Home environment
  – Each system
  – Integration
• Evaluation
  – Clinical reasoning and evidence
• Diagnosis
  – Identify and prioritize impairments and activity limitations, participation restrictions
• Prognosis
  – Recognizing barriers
• Plan of Care
  – Goal setting
  – Coordination of care
  – Discharge
Minimum Required Skills of Physical Therapist Graduates at Entry Level

<table>
<thead>
<tr>
<th>Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Airway clearance</td>
</tr>
<tr>
<td>- Assistive devices</td>
</tr>
<tr>
<td>- Movement (gait, functional mobility)</td>
</tr>
<tr>
<td>- Safety</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Practice Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Billing</td>
</tr>
<tr>
<td>- Documentation</td>
</tr>
<tr>
<td>- Direction and supervision</td>
</tr>
<tr>
<td>- HIPPA/Patient rights</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Collaboration</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Communication across settings</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outcome Assessments</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Patients/families</td>
</tr>
<tr>
<td>- Colleagues</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Professionalism</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Consultation</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Evidence Based Practice</th>
</tr>
</thead>
</table>

---

Minimum Required Skills of Physical Therapist Assistant Graduates at Entry Level

<table>
<thead>
<tr>
<th>Plan of Care Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Review of physical therapy documents</td>
</tr>
<tr>
<td>- Identification of role in patient care</td>
</tr>
<tr>
<td>- Identification of items to be communicated to the physical therapist</td>
</tr>
<tr>
<td>- Identify when the directed intervention are either beyond the scope of work or personal scope of work of the PTA</td>
</tr>
</tbody>
</table>

| Provision of Procedural Interventions |

<table>
<thead>
<tr>
<th>Patient Instruction</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Application of principles of learning</td>
</tr>
<tr>
<td>- Use of variety of teaching strategies</td>
</tr>
<tr>
<td>- Clarity in instructions</td>
</tr>
<tr>
<td>- Assessment of patient response</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient Progression</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Competent patient progression</td>
</tr>
<tr>
<td>- Communication of patient information</td>
</tr>
<tr>
<td>- Clinical problem solving</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Data Collection</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Select relevant information</td>
</tr>
<tr>
<td>- Accuracy</td>
</tr>
<tr>
<td>- Ability to adapt</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Safety, CPR and Emergency Procedures</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Health care literature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educate colleagues and other health care professional about the role, responsibilities and academic preparation and scope of work of the PTA</td>
</tr>
</tbody>
</table>

| Ensure ongoing communication with the physical therapist for optimal patient care |

---

Minimum Required Skills of Physical Therapist Assistant Graduates at Entry Level

<table>
<thead>
<tr>
<th>Practice Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Billing</td>
</tr>
<tr>
<td>- Documentation</td>
</tr>
<tr>
<td>- Direction and supervision</td>
</tr>
<tr>
<td>- HIPPA/Patient rights</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Professionalism</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Consultation</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Evidence Based Practice</th>
</tr>
</thead>
</table>

---

Minimum Required Skills of Physical Therapist Assistant Graduates at Entry Level

<table>
<thead>
<tr>
<th>Data Collection</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Select relevant information</td>
</tr>
<tr>
<td>- Accuracy</td>
</tr>
<tr>
<td>- Ability to adapt</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Safety, CPR and Emergency Procedures</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Health care literature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educate colleagues and other health care professional about the role, responsibilities and academic preparation and scope of work of the PTA</td>
</tr>
</tbody>
</table>

| Ensure ongoing communication with the physical therapist for optimal patient care |

---
A Normative Model of Physical Therapist Professional Education: Version 2004

“Consistently define and describe entry-level physical therapist professional education that is reflective of a contemporary and forward looking perspective of practice, is responsive to physical therapy practice and the health care environment, and that incorporates the elements for the profession's vision.”

– Guide to Physical Therapist Practice
– Core competencies for area of practice
– Movement System

Core Competencies for Entry Level Practice in Acute Care Physical Therapy (2015)

- Clinical decision making
- Communication
- Safety
- Patient management
- Discharge planning
Core Competencies for Entry Level Practice for Physical Therapist Assistants in Acute Care Settings (2017)

- Communication
- Safety
- Patient Management
  - Medical review and documentation
- Contributions to discharge recommendations

Movement System (APTA 2017)

- PTs provide a unique perspective on purposeful, precise, and efficient movement across the lifespan based upon the synthesis of their distinctive knowledge of the movement system and expertise in mobility and locomotion.
- PTs examine and evaluate the movement system (including diagnosis and prognosis) to provide a customized and integrated plan of care to achieve the individual's goal-directed outcomes.
- PTs maximize an individual's ability to engage with and respond to his or her environment using movement-related interventions to optimize functional capacity and performance.

What do the students say?

- What I learned in the classroom is not real life
  - Line management
  - Ventilators
- Complex patients on paper not the same as the hospital
  - Clinical reasoning is not always black/white
  - Difficult to apply classroom knowledge to patients in the clinic
- Some clinicals too short
- Not enough acute care choices
  - May not have a rotation in level 1 trauma center
- Some time since my acute care rotation and starting my job
Student Feedback Regarding Preparedness

- I did not feel under-prepared for this experience in the sense that we had not learned certain material yet. However, I did have to look a few things up that we had already learned just for a quick refresher!
- Finding different motivation techniques to encourage patients to participate in therapy when they refuse.
- One suggestion would be to team up with the OT program for a lab and co-treat a patient so students can learn how to work together efficiently, while also playing a balancing act seeing how both therapies overlap yet do not cross boundaries.
- I felt unprepared for ventilator management, IV/leads management, walking patients with multiple medical devices (IV poles, etc.), pharmacology and its implications for PT, discharge disposition.

Reviewing the Evidence

Baybar 2003
- Case study presentation
- Group discussion
- Concrete Experience
- Active Experimentation
- Reflective Observation
- Abstract Conceptualisation

Baybar 2003
- Patients in class
- Patients in clinic
- Problem solving videotape

Jette 2007
- Knowledge
- Clinical skills
- Safety
- Clinical decision making
- Self directed learning
- Interpersonal communication
- Professional demeanor

Masley 2011
- Continual Dynamic Assessment
- Complex
- Communication to gain information
- Collection and analysis of medical information
- Communication to provide information
- Application of specialized physical therapy knowledge
Nationwide Acute Care Physical Therapist Practice Analysis Identifies Knowledge, Skills and Behaviors that Reflect Acute Care Practice (Gorman 2010)

Foundational Sciences
Clinical diagnostic procedures
Leadership
Risk management
Professional development
Social responsibility
Examination/Evaluation
Diagnosis/Prognosis
Intervention
Outcomes

Bridging the Gap

- Weaving inpatient care into the curriculum
  - Pathology clinical examples
  - Basic Procedure
  - Multisystem Management
- Labs
- Integrative clinical experiences
- Seminars

Acute Care Threaded Throughout Curriculum

PY 1
Survey of Disease, Lab Studies/ Imaging, Basic Procedures, Pharmacology
- Integrative Project
- Patients in lab
- Assist devices

PY 2
Multisystem Management, Cardiopulmonary, Neuro, Patient Management, Communication
- Patients in lab
- ICE
- Integrative Project
- Sim Lab
- Collaboration with nursing

PY 3
Seminars, Patient Management, Business Administration, Interprofessional Team Seminar, Clinicals
- Complex evaluation in clinic
- Cases w/ IP therapists
- Collaboration w/ OTA Program
- Interprofessional interactions
Example of Lab: Integrative Clinical Experience

- Chart Review
- Subjective Interview
- Objective Examination
  - Cognition
  - Gross muscle screen
  - Dermatome/Light touch
  - Vital signs
  - Balance (sitting/standing)
  - Outcome measures
  - Movement assessment (bed mobility, sit to stand to sit, ambulation)

Example of Lab: Integrative Clinical Experience

- Assessment
  - Identify impairments and activity limitation and participation restrictions.
  - State why patient requires skilled physical therapy.
  - Describe intervention or education provided during this treatment session.
- Plan
  - Determine frequency for therapy sessions during hospital stay.
  - Document 3 short term goals for the patient (met by discharge).
  - Establish a discharge plan.
Example of Lab Integrative Clinical Experience

- Discuss 3 relevant findings from the chart review with anticipated presentation (signs and symptoms and implications with examination).
- Given the patient's findings today, name 2 interventions and 2 follow-up examinations you want to perform on the next visit.
- Include clinical implications for 3 pharmacological agents the patient is currently taking in the hospital.
- Explain how CI adapted the examination secondary to current and past medical history.
- Discuss how CI adapted the examination secondary to current and past medical history.
- Given the patient's findings today, name 2 interventions and 2 follow-up examinations you want to perform on the next visit.

Collaborative Learning in Nursing Sim Lab

- This was a great learning experience for me because I now know that I need to make my SBAR statement more clear and concise in the future. I especially want to improve upon my “assessment portion” of the SBAR in establishing why the patient might be experiencing various symptoms.
- It was good to have nursing there and interact with them as well but I found it difficult to cut off my interview and quickly gather my thoughts to give the SBAR to the nurse in front of the patient.
- Overall, I liked to experience and I have a better idea of what kinds of communication skills and inpatient skills I can improve upon in the future. The experience was unique and not one that we usually get to receive in school so I really liked to opportunity to see my strengths and weaknesses in that situation.
- This was a great experience. It was very helpful to be able to collaborate with the nurse following the interview. It was a good way to get out first time jitters with experiences like this. I was prepared with a lot of questions to complete a full interview but due to the significant changes in BP and heart rate and presents of redness, swelling, and tenderness in her L calf I had to stop short.
WHAT IS YOUR PRIMARY CLINICAL EDUCATION CHALLENGE?

Capacity or Quality

OUR SILOS

Professor ➔ Clinician ➔ Clinical Instructor ➔ SCCE

ADDRESSING QUALITY: FROM THE CLINICAL SITE PERSPECTIVE

ORIENTATION & COMMUNICATION
HOW DO WE MANAGE ALL OF THIS ORIENTATION?

IT TAKES A VILLAGE

Components of Our Student Orientation Program

1. Structure similar to employee orientation
2. Components of the orientation program
3. Tying in with the orientation
4. Purpose of the orientation

Teach new to get comfortable with the administrative tasks.
EXAMPLES OF ASSIGNED STUDENT PROJECTS

- Create/Update Patient Handouts
- Analyze Evidence for Outcomes Measures
- Create/Update Patient Handbooks
- Update Existing Documents With Current Norms
- Update Student Orientation Materials
- Bring Evidence to Staff Case Studies and Journal Clubs
- Archive Students' Projects For Future Use

FEEDBACK FROM SLU STUDENTS

- The student program at Barnes (Jewish Hospital) is great! They are very open to teaching you as much as possible and exposing you to the way the hospital system operates.
- Doing the case study/inservice was helpful to learn more about inpatient PT and different interventions to provide.
- All of the training and orientation was very helpful for succeeding on this clinical.
- I thought the student program was structured very well. I learned so much on this rotation and was able to get a great understanding of what PT's role is in acute care.

ADDRESSING QUALITY: FROM THE ACADEMIC PERSPECTIVE
ADDRESSING CAPACITY: FROM THE ACADEMIC PERSPECTIVE

ADDRESSING CAPACITY FROM THE CLINICAL SITE PERSPECTIVE

SCCE COMMUNICATION WITH CLINICAL INSTRUCTORS
CLINICAL EDUCATION MODELS

- 1 Student: 1 Instructor
- 1 Student: 2 Instructors
- 2 Students: 1 Instructor
CLINICAL EDUCATION MODELS

1 Student: 1 Instructor

- PT or PTA Student
- ICE

CLINICAL EDUCATION MODELS

1 Student: 2 Instructors

- Full Time Student Shared Between 2 Part Time Therapists
- Split Clinical Between 2 Full Time Therapists

CLINICAL EDUCATION MODELS

2 Students: 1 Instructor

- 2 PT/PTA Students
- PT Student/PTA Student
- Student Labs
- PT Student/Student Labs
- PT Student/ICE Student
PT STUDENT & PTA STUDENT: INSTRUCTOR MODEL

- Increased Collaboration
- Question and Supervision
- Teamwork
- Increased Communication

INSTRUCTOR → ROLE MODEL

RESOURCES TO EXPLORE

- Specialty Sections and Special Interest Groups (Education Section of APTA)
- Education Leadership Conference
- American Council of Academic Physical Therapy (ACAPT)
- Literature Review/EBP
- Online Links: Balance Testing, Stroke Education, ECG Knowledge, etc.
- APTA Learning Center
- AcuTEACH Forum in AACPT
BREAK DOWN THE SILO: IMPROVING CAPACITY AND QUALITY

<table>
<thead>
<tr>
<th>Academic Wins</th>
<th>Clinic Wins</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increasing student placements</td>
<td>Teaching opportunities for staff</td>
</tr>
<tr>
<td>Advancing current practice: Awareness of current trends in clinical practice</td>
<td>Advancing current practice: In-service on topics relevant to your practice (Student or faculty)</td>
</tr>
<tr>
<td>Building relationships with facilities/sites (Recruiting lab assistants/adjunct faculty)</td>
<td>Building relationships with academic institutions (Opportunities: lab assistant, email list for CEUs)</td>
</tr>
<tr>
<td>Preparing students for entry level practice/Normative Model</td>
<td>Increasing efficiency of new hire for orientation and productivity when previously a student at that site</td>
</tr>
<tr>
<td>Improving application of curriculum content because of hands on experience</td>
<td>Completing projects: Students can do these too</td>
</tr>
<tr>
<td>Refining students inter-professional communication</td>
<td>Improving employee retention (Educated decision when applying for position)</td>
</tr>
</tbody>
</table>

REFERENCES

- APTA Professionalism in Physical Therapy: Core Values BOD P05-04-02-03
  [Amended BOD 08-03-04-10]
- Core Competencies for Entry-Level Practice in Acute Care Physical Therapy. APTA Academy of Acute Care Physical Therapy Minimum Skills Task Force; 2015.
REFERENCES