

9-2014

PT 626.01: Clinical Medicine IV

Anthony E. Kinney

University of Montana - Missoula, anthony.kinney@umontana.edu

Let us know how access to this document benefits you.

Follow this and additional works at: <https://scholarworks.umt.edu/syllabi>

Recommended Citation

Kinney, Anthony E., "PT 626.01: Clinical Medicine IV" (2014). *Syllabi*. 2157.
<https://scholarworks.umt.edu/syllabi/2157>

This Syllabus is brought to you for free and open access by the Course Syllabi at ScholarWorks at University of Montana. It has been accepted for inclusion in Syllabi by an authorized administrator of ScholarWorks at University of Montana. For more information, please contact scholarworks@mso.umt.edu.

University of Montana
School of Physical Therapy & Rehabilitation Science
PT 626: Clinical Medicine IV
Autumn 2014, Professional Year III
3 Credits
45 Clock Hours

Instructor:

Toby Kinney, PT, DPT, OCS, MBA
SB 104

Phone: 243-4684

Email: anthony.kinney@umontana.edu

Office Hours: By appointment; please arrange appointments by email.

COURSE MEETING TIMES:

Tuesdays/Thursdays 9:10 am-12:00 PM
Clinical Precepting—per course schedule

Location

SB 336
UM NSE PT Clinic

***Please refer to the course calendar attached for a detailed schedule of meeting times and content.*

COURSE DESCRIPTION: Pathology, differential screening, pharmacotherapeutics, evaluation and management of integumentary, gastrointestinal, endocrine and urogenital disease. Course also address abdominal screens and primary care delivery.

PURPOSE: This course is intended to prepare the student physical therapist as a primary care physical therapist within a collaborative medical model. Medical pathology, evaluation, differential screening, and pharmacology of the endocrine, gastrointestinal, integumentary, and urogenital disorders will be discussed in the context of implications in physical therapy examination and treatment. Differential screening of system pathology, including basic verbal and physical screening, laboratory tests and pharmacological intervention will be addressed. The topics will be presented from the perspective of differential screening to assist with identifying medical problems and determining when to refer the client to a physician. Paramount to this course is professional communication to patients, colleagues and other health care providers to ensure appropriate patient-client management.

TEACHING METHODS AND LEARNING EXPERIENCES:

This course is taught in a blocked schedule with an integrated clinical education emphasis. In addition, this course will utilize a combination of delivery methods including on-line and in person lectures, in-class discussions, and hands-on laboratories. (See Appendix A). Lecture notes and links to required reading will be posted in Moodle. Please check Moodle on a daily basis.

ALL COURSE NOTES AND COURSE SLIDES ARE THE PROPERTY OF THE INSTRUCTORS AND SHALL NOT BE SHARED OR DISSEMINATED WITHOUT PERMISSION.

TEXTBOOKS:

Required:

-Goodman and Snyder, Differential Diagnosis for Physical Therapists, Screening for Referral 5th edition, Saunders, 2013.

Supplemental Optional Textbooks:

-Boissonnault. Primary Care for the Physical Therapist Examination and Triage. 2nd ed. Saunders Elsevier. 2011

-Goodman and Fuller, Pathology Implications for the Physical Therapist, 3rd ed., Saunders 2009.

COURSE STRUCTURE: Classes on Tuesdays will consist primarily of lecture with a focus on clinical case scenarios. Classes on Thursdays will be delivered using a in-class discussion format centered on an assigned case study. Students are required to contribute to the discussion process. Assigned readings outside of the Goodman & Snyder Differential Diagnosis text will be posted on the Moodle Course page. It is the student's responsibility to follow the Course Moodle page on a daily basis.

METHODS OF EVALUATION

(PLEASE SEE APPENDICES A FOR DETAILED DESCRIPTION OF EVALUATION METHODS)

<u>Evaluation Tool</u>	<u>Due Date</u>	<u>Weight</u>
(1) Cumulative Final Examination	10/14/2014	45%
(2) Clinical Case Presentation	see schedule	20%
(3) Systems Review & Reflection Paper	By 9am on 10/14/2014	15%
(4) Clinical Skills and Skills Check	Hand-in by 10/13/2014	10%
(5) Course Contribution	ongoing	10%
	TOTAL	100%

- (1) **Cumulative Final Examination: (45% of the Course grade):** The cumulative final examination for this course will occur from **9:10am to Noon on 10/14/2014 in Room SB336**. The final examination will be cumulative. The final examination will consist of multiple choice questions, short answer and case analyses. Questions will include recall of information, but will be focused more on synthesis and application of information learned over the Course. The final examination will be an independent, in-class, closed resource examination.
- (2) **Clinical Case (20% of the Course grade):** In an assigned pair students will compile and present a clinical case scenario that demonstrates the ability to analyze and reflect upon the presentation of a systemic condition that mimics musculoskeletal symptoms. Please see Appendix B for details.
- (3) **Systems Review & Reflection (15% of the Course grade)** During their integrated clinical experience students will demonstrate through clinical documentation a thorough systems review. Students will answer questions pertaining to their systems review.
- (4) **Skills Check/Psychomotor Skills (10% of the Course grade)** Students will be required to demonstrate the ability to perform psychomotor skills as listed in Appendix C. The clinical instructor must sign off on this skills check sheet for the student to receive credit.
- (5) **Course Contribution: (10% of the Course grade):** Points for "Course Contribution" are earned, not given. Individuals are evaluated on their overall consistent and effective impact throughout the entirety of the Course. It is expected that all students will actively contribute to this course in a positive, productive and consistent manner. Students are expected to demonstrate professional behaviors (Please refer to the UMPT Student Handbook) at all times. Course contribution grades are dependent upon class attendance, professionalism, knowledge of the topic area, and participation during class discussions and clinical performance (see SAFT form). Please see the "Course Contribution" scoring rubric attached in Appendix D.

GRADING SCALE:

The grading criteria will follow the policy of the School of Physical Therapy and Rehabilitation Science (see student handbook) with a passing grade being a “C” and a 73 percent.

Percentage	Letter Grade	Grade Point
90-100	A	4
87-89	B+	3.3
83-86	B	3
80-82	B-	2.7
77-79	C+	2.3
73-76	C	2
70-72	C-	1.7
67-69	D+	1.3
63-66	D	1
60-62	D-	0.7
<60	F	0

SERVICES FOR STUDENTS WITH DISABILITY

The University of Montana assures equal access to instruction through collaboration between students with disabilities, instructors, and Disability Services for Students (DSS). If you think you may have a disability adversely affecting your academic performance, and you have not already registered with DSS, please contact DSS in Lommasson 154. The course instructor will work with you and DSS to provide an appropriate accommodation.

ACADEMIC CONDUCT:

Please be familiar with The University of Montana Student Conduct Code Section IV, “Academic Conduct” (<http://life.umt.edu/VPSA/documents/Student%20Conduct%20Code%20FULL%20-%20UPDATED%20AUG%2028%202012.pdf>) in practicing academic honesty. It is expected that all students must practice academic honesty. Academic misconduct is subject to an academic penalty by the course instructor and /or disciplinary sanction by the University. Any evidence of cheating or plagiarism will result in failure of the course.

PROFESSIONAL BEHAVIORS:

Please become familiar with the University of Montana Doctor of Physical Therapy Program Student Handbook 2014-2015, specifically page 14 that lists Generic Abilities/Professional Behaviors. Professional behaviors are expected in the course. These include (but are not limited to): responsibility for one's own learning; completion of group and individual assignments in a timely manner; on time attendance; coming to class prepared; treating fellow students, staff, and faculty with respect; receiving and giving constructive criticism if appropriate. Course attendance and viewing of on-line lectures is required. Excused absences are for illness, injury or emergencies. For unexcused absences students will be subject to the following grade deductions from final grade.

1 absence – 2 %

2 absences – 3%

3 absences – 5%

>3 absences. Students will be subject to disciplinary and/or remedial consequences that may include dismissal from the course.

Unprofessional conduct by a student when involved with schoolwork, in and out of the School, may also be considered grounds for unsatisfactory progress in the Program and is subject to review by the Professionalism & Academic Requirements Committee (PARC), and potentially the Dean of the College of Health Professions & Biomedical Sciences.

CELL PHONE/ELECTRONICS POLICY

Cell phones should be turned off and put away. No text messaging during class. Lap top computers may be used to take notes and when appropriate, search the web for information pertaining to the topic being discussed in class. Other uses of personal computing devices in class are prohibited and will result in a decrease in your "Course Contribution" grade.

COURSE OBJECTIVES:

Ongoing throughout the Semester

(1) Safety:

- a. Understands and demonstrates physiological and psychological changes in patients and changes patient management strategies accordingly.
- b. Student understands and appreciates contraindications and precautions of patient intervention.

(2) Communication/Documentation

- a. Communicates, verbally and nonverbally, in a professional and timely manner.
- b. Understands and demonstrates the most appropriate health care professional with whom to communicate regarding patient management.
- c. Demonstrates an ability to adjust communication style based on target audience (e.g. physician, patient).
- d. Consistently documents relevant information essential to patient management.
- e. Consistently utilizes terminology that is professionally and technically correct.
- f. Demonstrates the ability to write a note to a health care provider with the following:
 - i. Patient presentation
 - ii. Patient concern
 - iii. Relevant objective data
 - iv. Plan of action indicating level of emergence
 - v. Signed and dated.

(3) Clinical Reasoning

- a. Demonstrates logical rationale for making clinical decisions
- b. Demonstrates and synthesizes information from multiple data sources to make clinical decisions.
- c. Recognizes when patient management needs modification, and implements changes accordingly.
- d. Demonstrates that clinical decisions focus on the whole person and not the pathological process.

(4) Screening

- a. Utilizes tests and measures sensitive to indications for physical therapy intervention.
- b. Demonstrates the ability to perform a systems review and appreciates clusters of information which would alter patient management.

(5) Evaluation

- a. Synthesizes data and identifies impairments, functional limitations and quality of life using the WHO-ICF model.
- b. Consistently and effectively reaches clinical decisions with minimal guidance from course instructor.

(6) Diagnosis and Prognosis

- a. Demonstrates the ability to develop a list of differential diagnoses and a diagnosis for a physical therapy intervention.
- b. Understands and illustrates the ability to integrate data and develop a working prognosis for the patient.

SPECIFIC UNIT OBJECTIVES THROUGHOUT THE COURSE

This course will provide students with the clinical decision making skills that will enable them to:

(A) *The Role of the Physical Therapist in Primary Care*

- (1) Define primary care physical therapy and explore various practice models.
- (2) Review primary care epidemiology and implications for physical therapy.
- (3) Discuss appropriate trauma management.
- (4) Describe the physical therapists role in screening patients with acute trauma.
 - (a) Discuss how patient assessment in acute trauma differs from other situations.
 - (b) Identify settings/situations where physical therapists may need to perform an acute trauma assessment.
 - (c) Discuss how the findings of a primary and secondary survey influence physical therapy intervention.
- (5) Discuss and demonstrate the necessary competencies to succeed in the primary care role.
 - (a) Demonstrate the ability to clearly articulate emergence of a patient's medical condition.
 - (b) Communicate effectively with members of an interdisciplinary medical team.
- (6) Prepare the DPT student for a direct access environment.

(B) *Pain*

- (1) Define and describe the different sources of pain.
- (2) Distinguish viscerogenic pain from musculoskeletal pain.
- (3) Compare and contrast systemic versus musculoskeletal pain patterns.
- (4) Describe the role of psychological factors such as anxiety, depression, and panic disorder play in the patient's physical symptoms.
- (5) Understand and explain the influence of patients fear-avoidance and causal beliefs in screening for physical therapy.
- (6) Understand and describe screening tools used to screen for psychogenic symptoms.
- (7) Indicate when a patient is appropriate and not appropriate for physical therapy.

(C) *Screens and Laboratory Values-GI, GU, Endocrine, Hepatic*

- (1) Become familiar with laboratory values that are pertinent to clients receiving physical therapy. Address the significant health consequences that may occur if they are not considered.
- (2) Become familiar with laboratory tests that may be pertinent in formulating a diagnosis and treatment plan and refer to primary care appropriately.
- (3) Become familiar with appropriate questions when obtaining a client history to help identify any underlying disease process(es) that warrants referral to primary care.
- (4) Describe the primary objectives of the upper and lower quarter screening examination related to the differential diagnosis process.
- (5) Consider differential diagnoses when developing treatment plans, keeping in mind possible underlying disease that may mimic more straightforward musculoskeletal or neurological disease/processes.
- (6) Recognize that a thorough history helps to guide the clinician in the appropriate physical exam.

(D) Integumentary Disorders

- (1) Describe the common signs/symptoms of persons with these disorders.
- (2) Describe the common forms of medical intervention for these disorders.
- (3) Demonstrate how to monitor a client's skin to assess for presence of skin cancer.
- (4) Demonstrate how to monitor a client's skin to assess for presence of pressure ulcers.
- (5) Determine the implications of medical interventions on physical therapy management.
- (6) Synthesize and apply knowledge of how medical conditions of the integument impact physical therapy management of patients.

(E) Gastrointestinal Disorders

- (1) Describe the common signs/symptoms of persons with these disorders.
- (2) Describe the common forms of medical intervention for these disorders.
- (3) Describe the underlying pathologies for these disorders.
- (4) Describe the referred pain patterns for these disorders.
- (5) Explain how the clinician protects self from hepatitis infection.
- (6) Determine the implications of medical interventions on physical therapy management of these conditions.
- (7) Synthesize and apply knowledge of how gastrointestinal disorders impact physical therapy management of patients.

(F) Endocrine Disorders

- (1) Describe the common signs/symptoms of persons with endocrine disorders.
- (2) Describe the common forms of medical intervention for these disorders.
- (3) Describe the underlying pathologies for diabetes mellitus.
- (4) Describe the lifestyle risk factors for the prevention of type II diabetes.
- (5) Describe the pharmacological interventions commonly used to manage diabetes.
- (6) Determine the implications of medical interventions on physical therapy management for these conditions.
- (7) Synthesize and apply knowledge of how conditions of the endocrine system impact physical therapy management of patients.

(G) Genitourinary Disorders

- (1) Describe the common signs/symptoms of persons with these disorders.
- (2) Describe the common forms of medical intervention for these disorders.
- (3) Describe the underlying pathologies for these disorders.
- (4) Describe the referred pain patterns for these disorders.
- (5) Describe the common signs/symptoms of persons with these disorders.
- (6) Describe the common forms of medical intervention for these disorders.
- (7) Describe the underlying pathologies for these disorders.
- (8) Describe the referral patterns for these disorders.
- (9) Determine the implications of medical interventions on physical therapy management of these conditions.
- (10) Synthesize and apply knowledge of how medical conditions of the genitourinary system impact physical therapy management of patients.

(H) Pharmacotherapeutics

- (1) Describe clinical considerations germane to physical therapist practice of commonly prescribed medications respective to the aforementioned symptoms.
- (2) Apply the principles of patient screening to the subject of pharmacovigilance.
- (3) Demonstrate the importance of side effects of medications and the implication side effects play in patient management.

APPENDIX A: INTEGRATED CLINICAL EDUCATION EXPERIENCE

As Part of the Professional Year III, autumn semester, 3rd year UM student physical therapists will participate in an integrated clinical education experience (ICE), in which a clinical education experience complements the didactic coursework studied during the semester. During the ICE students will work in pairs with an experienced clinical faculty member under a preceptorship model. Students will be providing direct patient care at the UM Nora Staeel Evert Clinic. Each course during the semester has respective assignments related to the experience in the clinic. In addition, 3rd year students will be provided with summative feedback (Student Assessment and Feedback form below) to facilitate their own professional development plan. It is expected that all students are expected to follow the same Policies & Procedures for all of your clinical education. (see <http://physicaltherapy.health.umt.edu/Clinical%20Education/PolicysandProcedures.pdf>).

If you do not attend your scheduled clinical days on time and prepared for provide services, you will not meet expectations for professionalism and will be referred to the Professionalism & Academic Requirements Committee (PARC) and clinical education directors for remediation.

Student Name:

CI:

Date:

Student Assessment & Feedback Tool (SAFT): UMPT part-time clinical experiences. CI Form - 2014

For the following categories, please circle the most appropriate statement related to student performance with consideration of where the student is in the curriculum.

Provide clarifying comments for any item where expectations are not met. It may be helpful to provide feedback related to the 3 domains of learning - Cognitive, Affective, and Psychomotor.

- 1.1 Professionalism: Includes but not limited to: behaviors expected of a professional health care provider by society, those within the profession and by your organization. (Includes: commitment to Core Values, patient centered care, ethical practice, legal practice, punctuality, appearance/dress, initiative, flexibility, etc.

Below Expectations (-1)

Meets Expectations(0)

Exceeds Expectations(+1)

Comments:

- 1.2 Interpersonal Relations and Communications: Includes being collaborative, verbal/non-verbal communication, constructive conflict management, sensitivity/respectfulness, open-mindedness – lacking in defensiveness, cordial, able to adjust to the situation and individual needs (culturally aware).

Below Expectations (-1)

Meets Expectations(0)

Exceeds Expectations(+1)

Comments:

- 1.3 Professional Development: Includes being intellectually curious, asking appropriate questions and self-directed in seeking new information and knowledge; open-minded to other possibilities and ideas; reflective and able to assess strengths and deficits; responsive to feedback; takes initiative and is an active, engaged adult learner.

Below Expectations (-1)

Meets Expectations(0)

Exceeds Expectations(+1)

Comments:

- 1.4 Knowledge base: Has the ability to recall/access fundamental facts, information and skills associated with physical therapist education and practice.

Below Expectations (-1)

Meets Expectations(0)

Exceeds Expectations(+1)

Comments:

- 2.1 Examination: Includes efficiently and accurately obtaining patient information/*history* via review of past medical records; patient interview; interview of others and conducting

appropriate *screening* and *specific tests and measures*. (*Italicized* items should be active links to reference information); all the while maintaining patient dignity and comfort. Includes using appropriate outcomes data collection tools.

Below Expectations (-1)

Meets Expectations(0)

Exceeds Expectations(+1)

Comments:

2.2 Evaluation/Clinical Reasoning: Includes making defensible, rational clinical judgments based on the information collected from the patient history, system review, tests and measures and other relevant sources, including outcomes data collection tools. Clinical judgments include the establishment of a diagnoses, prognoses, and plan of care. Able to recognize and manage cognitive and affective biases and other influences that can impact decision making. Applies principles of evidence-based practice.

Below Expectations (-1)

Meets Expectations(0)

Exceeds Expectations(+1)

Comments:

2.3 Procedural Interventions: Able to effectively apply various procedural interventions that are within the scope of practice of a physical therapist.

Below Expectations (-1)

Meets Expectations(0)

Exceeds Expectations(+1)

Comments:

2.4 Documentation: Able to provide documentation of services in the format required that is comprehensible, complete and accurate; and done in an efficient manner. Abides by legal requirements.

Below Expectations (-1)

Meets Expectations(0)

Exceeds Expectations(+1)

Comments:

2.5 Teaching/Education: Includes, but not limited to being able to assess the learning needs of patients and other learners; and delivering the needed information in the most appropriate format(s); and employing and effective assessment strategies.

Below Expectations (-1)

Meets Expectations(0)

Exceeds Expectations(+1)

Comments:

2.6 Safety: Includes, but not limited to providing a safe environment for patients, self and others.

Below Expectations

Meets Expectations

Exceeds Expectations

Comments:

2.7 Administration and Management: Includes, but not limited to: Supervision and guidance of others; charging for services; time management, scheduling and productivity; marketing and promotional activities; equipment and supply management.

Below Expectations

Meets Expectations

Exceeds Expectations

Comments:

Professional Development Plan: Based on the student's performance, provide recommendations.

APPENDIX B: CLINICAL CASE SCENARIO ASSIGNMENT

OVERVIEW:

As a doctoring profession, physical therapists play a critical role in recognizing when a patient referral to a physician or other health care provider is warranted. The physical therapist needs to recognize the signs and symptoms of a systemic disease that may mimic a musculoskeletal condition. It is essential that the physical therapist is able to communicate their findings and rationale for a referral, while understanding the implications for patient management. The objectives of this clinical case assignment are as follows:

- Demonstrate an ability to search the medical literature for the relevant topic
- Summarize key points of medical literature to educate colleagues
- Synthesize and apply knowledge of how medical conditions of the gastrointestinal, genitourinary, integumentary, hepatic, and endocrine may mimic musculoskeletal signs and symptoms and may effect physical therapy management of patients.
- Describe common physical therapy impairments encountered in patients with respective conditions of the gastrointestinal, genitourinary, integumentary, hepatic and endocrine systems.
- Communicate and articulate succinctly medical literature knowledge acquisition and the associated synthesis of the topic as it relates to physical therapy.

INSTRUCTIONS

- (1) Student pairs must provide the course instructor with the journal article citation and the electronic version of the article **as soon as possible and no later than 5 pm on September 2, 2014.**

The article must meet 1 of 2 requirements:

- a. A case study in the rehabilitation medicine literature that demonstrates a systemic condition that mimics a musculoskeletal condition requiring further medical management.
 - i. [NOT TO BE USED] Troyer MR. Differential diagnosis of endometriosis in a young adult woman with nonspecific low back pain. *Phys Ther.* 2007; 87:801-810.
 - ii. A case study in the medical literature that demonstrates a unique pathological condition that involves musculoskeletal impairments.
- (2) Research the pathological condition.
 - (3) All student pairs develop 8 Powerpoint slides [8 and only 8] as follows:
 - a. **Slide I:** Title slide (Does not count toward slide count)
 - b. **Slide II:** Name of condition and nature of the condition
 - c. **Slide III:** Case description including setting
 - d. **Slide IV:** Common medical findings associated with the pathological condition
 - e. **Slide V:** Name physical therapy impairments associated with this condition.
 - f. **Slide VI:** How does the nature of the systemic pathology impact PT management?
 - g. **Slide VII:** Clinical bottom line
 - i. e.g. (a unique pain referral pattern, exercise intolerance, tissue degradation etc)
 - h. **Slide VIII:** References (Does not count toward slide number)

(4) Send your slides via email to anthony.kinney@umontana.edu at least 24 hours prior to your presentation. Slides received after the deadline will result in a penalty of a 5% deduction off the final grade for every hour past the stated deadline.

Presentation Day: 10/7/2014	Student Group
9:10am	1) Christian/Minto/Sweeney
9:25am	2) Chadwick/Shuss
9:40am	3) Douglas/Watschke
9:55am	4) Kotnour/Lende
Discussion	
10:30am	5) Compton/Rott
10:45am	6) Haugen/Semmens
11am	7) Tollett/O'Dore
11:15am	8) Kuhns/Rogers
11:30am	9) Bechthold/Dolan
Discussion	
Presentation Day: 10/7/2014	
9:10am	10) Ketterling/Wolstein
9:25am	11) Gauthier/Patterson
9:40am	12) France/Peterson
9:55am	13) Kightlinger/May
Discussion	
10:30am	14) Fabry/Metzger
10:45am	15) Bruursema/Young
Discussion	

APPENDIX C: PSYCHOMOTOR SKILLS CHECK

PATIENT CARE SKILLS CHECK-OFF: PRIMARY CARE PT
 PT 626:PRIMARY CARE PT
 AUTUMN, 2014

Student Name _____

Date _____

Grading Criteria:

Meets Expectations (M)—assessment or technique completed with optimal patient safety and comfort; student demonstrates safety and ideal body mechanics; student demonstrates clear patient instruction; student demonstrates ideal application positioning and force. Minimal to nil verbal cueing required. **Student meets expectations for an entry-level graduate.**

Does Not Meet Expectations (DNM)—Student fails to ensure patient and clinician safety. Student demonstrates improper body mechanics; deficient patient instructions; excessive force; lack of soft therapeutic hands. Moderate to maximal verbal cues and guidance required. DNM requires repeat assessment.

SKILLS CHECK LIST	MEETS (M) /DOES NOT MEET (DNM)	FACULTY SIGN OFF	DATE
Abdominal Auscultation			
Abdominal Percussion			
Abdominal Palpation including checking for rebound tenderness			
Psoas Abscess Check (name tests and rationale)			
Lymph Node palpation (Upper Quarter)			
Oral and External auditory temperature			
Neck Traction OR Neck Distraction			
Patellar Pubic Percussion Test			
Fulcrum Test			
Monofilament Testing			

FACULTY COMMENTS:

Signature of Faculty Member _____

APPENDIX D: GRADING RUBRIC FOR COURSE CONTRIBUTION

The following is a general description of scoring rubric for “Course Contribution.” The instructor will notify the class in writing should the grading rubric change.

Points	Description of Behaviors
10	Student has no absences (excused or unexcused) from <u>discussion</u> sections. Student has no more than 1 excused absence during the semester. Student participates consistently in ALL class discussions. Student's comments are always presented professionally and succinctly, while offering thorough analysis of the topic area. In addition, the student's comments are timely and appropriate to the discussion. Student demonstrates preparedness for ALL class sessions. At least an average ≥ 0.5 on the SAFT
9	Student has no absences (excused/unexcused) from discussion sections. Student has no more than two unexcused class absences. Student participates in at least 90% of the class discussions. Student's comments are always presented professionally and succinctly. The student demonstrates some reflection upon the topic area. In addition, the student's comments are timely and appropriate to the discussion. Student demonstrates preparedness for all class sessions. At least an average ≥ 0.5 on the SAFT
8	Student has no more than one absence (excused/unexcused) from discussion sections and no more than two unexcused class absences. Student participates in at least 75% of the class discussions. Student's comments are always presented professionally and succinctly. The student demonstrates average depth of reflection upon the topic area. The student's comments are timely and appropriate to the discussion. Student demonstrates preparedness for all class sessions. At least an average ≥ 0.5 on the SAFT
7	Student has no more than two absences (excused/unexcused) from discussion sections and no more than three unexcused class absences. Student contributes to the class discussions at least 75% of the time, but demonstrates superficial knowledge of the topic area. Student's comments demonstrate a lack of reflection and analysis of the topic area. Student fails to demonstrate professionalism toward the course instructor and/or their classmates on a consistent basis. At least an average ≥ 0.25 on the SAFT
6	Student has three or more absences (excused/unexcused) from discussion sections. Student has no more than four unexcused class absences. Student contributes to class discussions 25% of the time AND/OR student is unprofessional during class discussions on 2 occasions or more. Average of ≤ -0.25
<5	Student has four or more absences from discussion section and/or attends only 50% of the scheduled classes. Student consistently does not participate during class discussions. Student has more than two offenses that violate the generic abilities in the Student Handbook. Average of < -0.25

University of Montana
School of Physical Therapy & Rehabilitation Science
PT 626: Clinical Medicine IV
Autumn 2014, Professional Year III
3 Credits-45 Clock Hours

COURSE SCHEDULE

	DATE	TOPIC	NOTES	READING
Week 1	8/26/14	Introduction/Clinical Orientation/ Course Format-Case Study	Case #1 Provided	
	8/28/14	Case #1 Discussed/Abdominal Palpation Lab Pain Mechanisms & Screening	Lab: SB020 from 11am to Noon	G&S: Chapter 3
Week 2	9/2/14	Dermatology	Case #2 Provided	G&S: Chapter 4 recommended; pages 173-199 required
	9/4/14	Case #2 Discussed	9:10am to 10:10am:Bechthold-Metzger 10:10am to 11:10am:Minto-Young *Physician Letter During non-case Discussion Time 11:15am to Noon: Full Class	G&S: Chapter 4 recommended, pages 173-199 required
Week 3	9/9/14	Gastrointestinal	Case #3 Provided	Chapter 8
	9/11/14	Case #3 Discussed	9:10am to 10:10am:Bechthold-Metzger 10:10am to 11:10am:Minto-Young 11:15am to Noon: Full Class	Chapter 8
Week 4	9/16/14	Gastrointestinal & Hepatic	Case #4 Provided	Chapter 9
	9/18/14	Case #4 Discussed Mid-course check-in	9:10am to 10:10am:Minto-Young 10:10am to 11:10am:Bechthold-Metzger 11:15am to Noon: Full Class	Chapter 9
Week 5	9/23/14	Genitourinary	Case #5 Provided	Chapter 10
	9/25/14	Case #5 Discussed	9:10am to 10:10am:Minto-Young 10:10am to 11:10am:Bechthold-Metzger *Supplemental case during non-case time 11:15am to Noon: Full Class	Chapter 10
Week 6	9/30/14	Endocrine	Case #6 Provided	Chapter 11
	10/2/14	Case #6 Discussed	Full Class	Chapter 11
Week 7	10/7/14	Student Presentations & Discussion	See Attached List	
	10/9/14	Student Presentations & Discussion/ "Do Not Miss Conditions" / Course Evaluations	See Attached List	
Week 8	10/14/14	Cumulative Final Exam	9:10am to Noon	