

University of Montana

ScholarWorks at University of Montana

Syllabi

Course Syllabi

Spring 1-2003

PT 576.01: Synthesis of Clinical Evaluation and Intervention

Steve Fehrer

University of Montana - Missoula

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

Let us know how access to this document benefits you.

Recommended Citation

Fehrer, Steve, "PT 576.01: Synthesis of Clinical Evaluation and Intervention" (2003). *Syllabi*. 4268.

<https://scholarworks.umt.edu/syllabi/4268>

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.

**PT 576 Synthesis of Clinical Evaluation and Intervention
Spring 2003, 1 credit**

I. Instructor: Steve Fehrer, Ph.D., P.T.
107 Skaggs Building
Ext. 2429, sfehrer@selway.umt.edu

PT faculty and clinicians will advise students on individual case studies.

Required textbook:

1. Guide to Physical Therapist Practice, 2nd edition, The American Physical Therapy Association, 2001.

Class Hours: Thursday 1:10-3:00 in SB 117

Evaluation of Student Performance: Each student is expected to attend ALL student presentations. The course grade will be based on the following:

DPT students: 100% of grade based on written case study.

MSPT students: 70% of grade based on written case study and 30% of grade based on oral presentation.

Grades will be determined as follows: A = 90-100%, B = 80-89%, C = 70-79%. Attainment of a grade on any of the above parts of less than 70% will require the student to repeat the activity. If the student does not obtain a 70% or greater on the repeated activity, he/she will fail the entire course and have to retake the course the next time it is offered. The grade for the case study and oral presentation will be given by your assigned course faculty/clinician advisor. Any evidence of cheating or plagiarism will result in failure of the course and possible remand to Academic Court for possible suspension or expulsion.

II. Course Schedule:

- | | |
|--------|---|
| Jan 30 | Introduction; Format for individual case studies - oral and written presentations
Receive faculty/clinician advisor assignments. |
| Feb 6 | Characteristics of outstanding case study paper and oral presentation. |
| Feb 13 | No class meeting – meet with your advisor to go over the rough draft of your case study. Note many of the faculty/clinicians will be out of town Feb 12-Feb17 attending the Combined Sections Meeting so plan your meeting with your advisor accordingly. |
| Feb 20 | Make-up class for Clinical Medicine |
| Feb 27 | No class meeting – work on case study |

March 6	Presentations
March 13	Presentations
March 20	Presentations
Spring Break	
April 3	Presentations, Final copy of case study to be turned in to advisor for grading
April 10	Presentations
April 17	Presentations/Course assessment
April 24	Presentations
April 25	MSPT students: Final version of literature review to be submitted to advisor for grading.
May 1	Presentations
May 8	Presentations

III. Course Objectives:

- 1 = Knowledge and Comprehension
- 2 = Application
- 3 = Psychomotor
- 4 = Synthesis
- 5 = Affective

As evaluated by case study write-up and oral presentation the student will, with at least 70% accuracy:

- A. Using case study assignment:
 - 1.1 Identify key factors in the medical record.
 - 2.1 Identify signs and symptoms that indicate referral to other health care professionals is appropriate.
 - 2.2 Identify key components of the clinical decision making process.
 - 4.1 Determine areas of limited knowledge, identify sources to remedy knowledge gaps, establish appropriate knowledge base.
 - 4.2 Determine and demonstrate appropriate patient history and tests and measures examination procedures.
 - 4.3 Establish appropriate PT diagnoses, prognosis, interventions, plan of care and goals/outcomes using The Guide as a format.
 - 4.4 Determine and demonstrate appropriate and cost effective PT interventions within various environments.
 - 4.5 Determine appropriate patient education for primary, secondary and tertiary prevention.
 - 4.6 Determine appropriate community resources for referral.
 - 4.7 Determine key indicators for reevaluation of progress toward goals/outcomes.
 - 4.8 Within the case model, identify decision making points and the rationale for particular decisions.

- 4.9 For a given case, identify appropriate research and clinical studies as a guide for PT evaluation and intervention.
- 4.10 For a given case, identify appropriate interventions for subordinate personnel.
- B. The Guide to Physical Therapist Practice
 - 2.1 Utilize appropriate terminology in case study to include the Disability and the Patient/Client Management Models.
 - 4.1 Given case studies, utilize The Guide to determine PT diagnosis, practice patterns, prognosis, goals/outcomes.

C. Differential Diagnosis:

- 2.1 Given pain patterns and signs and symptoms, establish possible systemic causes of musculoskeletal symptoms.
- 2.2 Given a musculoskeletal problem, establish when medical referral is appropriate.
- 4.1 Analyze a case study to determine when medical referral is appropriate.

IV. Format for Written Case Study

This document will be double spaced, 12-point font, 1-inch margins with a **text not exceeding 15 pages**. The text does not include the other required parts of a title page, abstract page, references, and figures and tables if appropriate. References are to be cited in the American Psychological Association format. The APA Style Manual (808.06615 P976 2001) is available at the Information Desk of the Mansfield Library. Two examples of case studies completed in the past are available for your review. These are located in the PT 576 folder in the 2nd floor learning center.

Prior to **February 13, 2003** the student will have completed a typed rough draft of the case study document. This document will be submitted to the student's assigned advisor and an appointment will be arranged for a 1 hour time period where the advisor will discuss the rough draft document with the student. During this discussion the advisor will inform the student of all the changes that need to be made to the document. The DPT students will complete only the written document while the MSPT students will complete the written document and an oral presentation. ALL 2nd year students are expected to attend ALL presentations, both Synthesis case studies and Literature review presentations. The final version of the written document must be submitted to the faculty/clinician advisor for grading by **April 3, 2003**.

Be sure to maintain confidentiality in your paper and oral presentation. Never refer to your client, clinical instructor, facility, or others you interacted with by name. Locations can be identified in no greater detail than the state – outpatient clinic in Montana, hospital in Montana, etc.

- I. Abstract – Half to one page summary of the major points presented in the case study.
- II. Introduction – Practice environment in which you interacted with the client (acute care, outpatient, etc.), medical diagnosis, physician order, and paragraph describing the chronology of the current medical event for the client. If your client had a complex series of interventions or received multiple episodes of care for this medical problem please include a table illustrating the chronology of the pertinent events.

- III. Patient Examination
 - A. Patient/Client History – date of initial visit, informed consent (describe how it was obtained and documented), general demographics, social history, employment, growth and development, living environment, general health status, social habits, family history, medical/surgical history, current condition, functional status, medications, other clinical test results, client goal for therapy. State the source of each of these pieces of information – chart review, patient interview (subjective report), client/caregiver/family member completed survey.
 - B. Systems Review – general screens. This information can be presented as tables/outlines with explanatory descriptors.
 - 1. Anatomical and physiological status of cardiovascular/pulmonary, integumentary, musculoskeletal, and neuromuscular systems.
 - 2. Communication ability, affect, cognition, language, learning style, consciousness, orientation.
 - C. Tests and measures actually conducted by the physical therapist during the examination process and the result(s). Present this information as tables/outlines with explanatory descriptors. Note that the examination is not limited to just what was done during the first visit, but includes all the examinations completed throughout the therapy program.
- IV. Literature Review of information pertinent to this case.
 - A. This section should address related anatomy, physiology, kinesiology, clinical medicine, pharmacology, and therapeutic interventions. This section should utilize information from the peer reviewed primary literature, with an emphasis on journal articles. This information should provide the reader with an information base to support your delivery of physical therapy services based on evidence based practice.
 - B. Ideally the information in this section will be integrated into the other sections of the case study as appropriate and thus not require a separate section.
- V. Evaluation – clinical judgements.
 - A. Problem List – categorize the problems observed during the examination as pathology, impairment, functional limitation, and disability.
 - B. Also consider in this section the severity and complexity of impairments, probability of prolonged impairments, comorbidities, living environment, social support, and potential discharge destinations.
 - C. Need for referral to other members of the health care team or community resources – explain how these referrals were accomplished.
- VI. Diagnosis
 - A. Preferred physical therapy practice pattern
 - B. ICD-9-CM code
- VII. Prognosis
 - A. Long-term goals (expected outcomes)
 - 1. Long-term goals must be measurable, possess a time frame for accomplishment, and assess a functional task or disability.

2. These goals should also address risk reduction, prevention (primary, secondary, tertiary), impact on societal resources, and client satisfaction.
 - B. Short-term goals – subset of the long-term goals. These goals should also have a time frame, be measurable, and may assess an impairment or function.
 - C. Plan of care.
 1. Expected frequency and duration of treatment program.
 2. List of therapeutic activities to be utilized for the rehabilitation of this client. This list should include appropriate CPT codes for the selected interventions.
 3. Include the anticipated discharge plan.
 - D. State who is paying for the services provided and what the expected cost of this episode of physical therapy care will be. Also address what portion of the charge is being paid by a 3rd party (insurance) and what portion is being paid by the client (deductible).
- VIII. Intervention – this section describes the therapeutic interventions actually provided to the client.
- A. Coordination, communication, and documentation – these may be summarized together as an integrated paragraph if appropriate.
 - B. Patient/client-related instruction.
 - C. Procedural interventions.
 1. Provide table or list of specific interventions provided to the client. This should include examples of content of “typical” treatment sessions and home exercise programs, and illustrate the progression of the treatment program. This can be a general summary with a more specific description of key or uncommon interventions.
 2. This section should include primary literature documentation to support the utilization of the selected interventions – evidence based practice.
 3. This section should include a description and rationale for the therapeutic interventions considering number of replicates, number of sets, criteria for progression of intervention, and application descriptors for modalities.
 4. Describe any significant deviations from the original plan of care. Also provide an explanation for the imposition of the deviation from the plan of care.
- IX. Achievement of Outcomes – criteria for termination of physical therapy services.
- A. Reason for discharge or discontinuation of physical therapy service.
 - B. Summary of goals achieved and reason(s) for goals not being achieved.
- X. Reflections on the current case.
- A. What aspects of the case did you find effective and beneficial to the rehabilitation of your client?
 - B. What aspects of the case would you do differently in a future situation? Be specific as to the changes you would make, providing examples and primary literature support for your proposed changes.
 - C. Explain your decision making process in this case. Discuss alternative explanations for the changes observed.
 - D. What barriers had to be overcome to reach the outcome? What strategies were used?
 - E. Suggest future research questions – Where was the literature vague, or insufficient?
 - F. Key “take home” messages.

XI. References in APA format.

V. Suggested Evaluation of Student Written Case Study Presentation

- _____ (10 points) **Appearance and Writing** – Document presented in an organized format, effective writing style, absence of spelling and grammar errors, confidentiality maintained, absence of jargon, abbreviations explained, person-first language used consistently.
- _____ (10 points) **Introduction** – Provided an informative chronology of the important aspects of the case, provided effective timeline of the pertinent events of the case.
- _____ (10 points) **Literature review** – Adequate review of the literature in the pertinent areas of case related to anatomy, physiology, pathology, pharmacology, kinesology, and biomechanics to facilitate the reader’s understanding of the case. Were the references correctly cited in the text and bibliography?
- _____ (10 points) **Examination** – Were the following adequately addressed: informed consent, general demographics, current/past medical history, family history, social habits, medications, client goal, evidence of systems review completed, tests/measures/results. If an area was not addressed in the original interaction, the student is to explain how he/she would obtain this information in future cases. Did the student provide an adequate rationale for the selection of specific tests/measures?
- _____ (10 points) **Evaluation** – Adequate problem list presented with correct categorization as pathology, impairment, functional limitation, disability. Was potential discharge destination(s) addressed? Were referrals to other health care providers and community resources addressed adequately? Evidence that severity and complexity of impairments, comorbidities, living environment, and social support were addressed in clinical decision making.
- _____ (10 points) **Diagnosis and goals** – Appropriate preferred physical therapy practice pattern selected, correct ICD-9-CM code selected. Goals written that are measurable, possess a time frame, assess a functional task/disability (long or short-term goals) or impairment (short-term goals). Do goals reflect the problem list and are short-term goals a subset of longterm goals? Do the longterm goals reflect risk reduction, prevention, impact on societal resources, and client satisfaction? These goal categories are often neglected in the “real world” but student should address these in his/her document as additional new goals.
- _____ (10 points) **Plan of care** – Does the plan of care flow from the goals and problem list? Does the plan of care adequately address the problems presented and address discharge? CPT codes should be included for selected interventions. Did the document present information exhibiting adequate student understanding of reimbursement (Who is paying what?)?

_____ (10 points) **Intervention** – Adequate listing of interventions utilized to show diversity, progression, and content of a typical treatment session. Adequate evidence of client education and forms of documentation/communication utilized. Primary literature presented to support intervention selection, intensity, and progression. Document contained adequate description of client’s response to interventions.

_____ (10 points) **Evidence base** – Does the document exhibit adequate student understanding and utilization of the evidence base in the primary literature to support clinical decision making, test/measure selection, and intervention selection?

_____ (10 points) **Reflection** – Document contains adequate consideration of beneficial/effective aspects of case and “things I would do differently in the future”. Student able to describe alternative explanations for changes observed. Document contains adequate description of barriers that had to be overcome and strategies to accomplish this. Document includes key take home message.

_____ **Total points** A = 90-100, B = 80-89, C = 70-79, 69 and below repeat project.

VI. Comments on Oral Presentation.

1. Have your oral presentation approved by your advisor prior to giving the presentation to the group. This typically involves you making an appointment with your advisor and scheduling SB 117 so you can practice the presentation with your advisor present. Your advisor will typically request some changes to the slides and the talk so allow adequate time to make these adjustments.
2. These presentations are modeled after scholarly presentations made at national meetings such as the Combined Sections Meeting of the APTA.
3. The structure of the presentation should include the following:
 - a. Statement of goals of presentation.
 - b. Brief summary of the pertinent medical and social history of the client.
 - c. Summary of the results of the examination(s).
 - d. Summary of the evaluation process – problem list, PT diagnosis, prognosis, longterm and short-term goals.
 - e. Summary of the interventions, evidence base, and the client’s response.
 - f. What would I do differently and why.
 - g. Key learning points.
4. The oral presentations are 25 minutes long – about 15 minutes for presentation and 10 minutes for audience questions.
5. Maintain confidentiality – do not identify by name or location (more specific than state) your client, CI, facility, or others you interacted with at the facility. This also applies to your written document.
6. Presenter will wear professional attire – coat and tie, dress, or skirt; jeans, t-shirts, and tennis shoes are not appropriate.
7. Utilize power point slide format for visual aids.

- a. Place your presentation on the computer server and also have a backup copy on a CD or floppy disc.
 - b. Use of “gimmicks” with the power point slides should be limited and utilized only if it enhances the understanding for the audience.
 - c. Humor should be used sparingly, error on the conservative side.
 - d. Do not use physical therapy jargon and abbreviations. If you decide to use an abbreviation be sure to tell your audience what it stands for the first time you use the term. “Glut”, “trap”, “eval”, “e-stim” etc. are not appropriate.
 - e. Keep your slides simple, do not clutter with too much information.
 - f. Be sure to have someone else proof-read your slides!
8. Remember to speak to your audience and not read your slides on the screen, maintain eye contact with your audience.
 9. Your presentation should include a handout (2-4 pages) for the audience. The handout should include the following:
 - a. Summary of the major aspects of the case.
 - b. Summary of the evidence base to support your management of the client.
 - c. Details you were not able to cover in the presentation – tables and charts.
 - d. Key learning points.
 - e. List of major literature references.

If you get your handout to Dr. Fehrer by Tuesday of the week of your presentation, he will get it copied and arrange distribution at your presentation.

VII. Suggested Evaluation of Student Oral Case Study Presentation

- _____ (10 points) **Nonverbal communication** – professional attire, appropriate eye contact, rapport with audience, non-distracting postures/movements.
- _____ (10 points) **Verbal communication** – appropriate volume, use of articulate language (no jargon), effective tone and cadence.
- _____ (10 points) **Presentation aids** – power point slides easy to read and informative, aid “gimmicks” did not distract, abbreviations explained when used.
- _____ (10 points) **Handout** – organized, contains summary of evidence base, included appropriate bibliography, enhanced the understanding of the case study.
- _____ (10 points) **Goals** – goals of presentation clearly stated and goals achieved.
- _____ (20 points) **Summary of case** – clear summary presentation of examination results, evaluation decisions (goals, clinical judgements), and interventions utilized.
- _____ (10 points) **Evidence base** – literature presented to support selection of examination and intervention options, literature support for clinical judgements.
- _____ (10 points) **Reflection** – logical suggestions made for “What I would do

differently” with appropriate rationale.

_____ (10 points) **Question and answer** – answered questions accurately and precisely, able to defend point of view and conclusions, able to advance audience understanding of topic.

_____ **Total points** A = 90-100, B = 80-89, C =70-79, 69 or less need to repeat activity.