

Clinical Experience 2: Sheyenne Crossings CPI Evaluation

1. Professional Practice – Safety

CI Mid-Term — Michelle (Shelly) Parker

Kjersten has done great at setting up and maintaining safe environments for our patients, whether it be positioning for transfers, use of gait belts, or making sure they are comfortable and have their call button in their room. She is doing well at identifying when a patient needs to rest by their technique in completing PT activities, such as not ambulating as well, demonstrating increased gait deviations, or not completing exercises through available ROM as fatigues. She is very comfortable with asking for assist prn.

CI Final — Michelle (Shelly) Parker

This is a strength of Kjersten in setting up and maintaining a safe working environment for our pts in the therapy room and in their room. She consistently uses gait belts for transfers and ambulation and knows when she needs assist with a pt and asks for it. She learned how to manage our wheelchairs with the brakes, legrests, and armrests along with positioning for transfers. She is easily able to tell if a pt is fatiguing, struggling, or acting different from his/her norm and asks for guidance/informs PT accordingly of what to do (like push him/her through it, just monitor, or quit for the day).

2. Professional Practice – Professional Behavior

CI Mid-Term — Michelle (Shelly) Parker

Kjersten has been on time to work every day even with driving from GF qd and is dressed appropriately for our facility. She is friendly but professional in her behavior with other therapy staff, patients, and their families. She has definitely shown care and concern for our patients, especially with our discussions about discharge planning including appropriate living environment, family support, and services needed. She has asked for feedback and has taught this PT that there are other ways to interpret situations, paperwork, and objective information than how I do.

CI Final — Michelle (Shelly) Parker

Kjersten has taken an active role in doing what is ethically and professionally appropriate in working with our pts to guide and assist him/her in getting better. She maintains a professional yet friendly relationship with our pts and has learned how to quickly establish rapport with visiting with him/her and displaying confidence in her

abilities. She has been able to appropriately handle a pt saying inappropriate comments and another one with a difficult personality.

3. Professional Practice – Accountability

CI Mid-Term — Michelle (Shelly) Parker

Excellent awareness of patient confidentiality and HIPAA regulations. Has learned how to respond to patients/families who are nosy about other patients. To my knowledge, no errors have occurred with patient treatment and there have been no legal concerns. Has been learning Medicare regulations and the ethical, professional, and financial situations which can arise and have an impact on PT treatment because of the regulations.

CI Final — Michelle (Shelly) Parker

There have been no errors (other than things that need to be corrected on documentation) in working directly with pts and no ethical or legal concerns have arisen. She has excellent awareness of maintaining pt confidentiality and privacy along with federal and facility regulations/policies. She has become better at time management at looking at how many minutes a pt has scheduled every day and prioritize what needs to be worked on the most for the pt to reach his/her goals.

4. Professional Practice – Communication

CI Mid-Term — Michelle (Shelly) Parker

Kjersten has had no problem with going into a new patient's room and introducing herself to the patient and initiate visiting with him/her to start establishing rapport but at the same time gathering subjective information that we need. Remember to introduce self to family and friends and involve them in conversations and treatment as they usually are valuable sources of information. She is doing well at keeping questions and instructions easy for patients to follow but needs to speak louder for those who are HOH. Professional in conversations with other therapy staff.

CI Final — Michelle (Shelly) Parker

Kjersten has learned that the best way to quickly establish rapport is to visit with our pts while at the same time guiding the conversation to get the information needed for prior status. She has improved at communicating with pts who are impaired in their communication for example, someone with dementia or HOH. She also has improved with keeping instructions as easy as possible for the pt to understand. She is very comfortable in talking with therapy and nursing staff with discussing a pt or instructing them with something.

5. Professional Practice – Cultural Competence

CI Mid-Term — Michelle (Shelly) Parker

Respectful that each patient is an individual with wide ranging histories and lives and not just a diagnosis. There is not a variety of cultures in our caseload.

CI Final — Michelle (Shelly) Parker

Again, there has not been a variety of cultures with our pt caseload during this clinical. Kjersten is very aware that age doesn't necessarily matter and not to identify a pt by his/her diagnosis but by his/her functional needs and deficits which brought him/her to us.

6. Professional Practice – Professional Development

CI Mid-Term — Michelle (Shelly) Parker

I feel that Kjersten is an excellent judge of her strengths and limitations and knows when to ask for help. She is not afraid to ask PT if she can try something with a patient and if it is within their ability. If something doesn't make sense or there is a question about something going on with a patient, we discuss it and try to find a solution/answer.

CI Final — Michelle (Shelly) Parker

Kjersten has gained confidence in working hands-on with pts and instructing them in the PT activity of the moment/day to get him/her to do it correctly with the desired outcome. She is very comfortable with asking for guidance from PT of what to do differently/how to correct a pt. She is open and eager to learn and try techniques she hasn't done before with a pt.

7. Patient Management – Clinical Reasoning

CI Mid-Term — Michelle (Shelly) Parker

Kjersten is learning to make the decision of what to do for treatment day to day with different patients and looks to PT if it is a good decision. She is doing very well at determining if a patient is not having a good day and the plan for the treatment that day needs to change. With new patients, she has learned without difficulty how to access their electronic medical record and review his/her transfer paperwork to find what information we need for the examination.

CI Final — Michelle (Shelly) Parker

With non-complicated pts, Kjersten is easily able to determine his/her deficits, what their status needs to be to go home, and know where to start him/her in PT. With more

complicated or pts with a diagnosis which she has not worked with before, she looks to PT more for guidance as anticipated. She has been able to determine effectiveness of an ultrasound and MET and if they could be discontinued.

8. Patient Management – Screening

CI Mid-Term — Michelle (Shelly) Parker

We do not "screen" patients at Sheyenne Crossings as PT evaluation orders are needed to do anything hands-on with residents/patients as any assessment, test, or measurement is considered a skilled and billable service and our non-billable time must be kept to a minimum.

CI Final — Michelle (Shelly) Parker

Even though we don't "screen" pts at Sheyenne Crossings and instead request PT orders if nursing requests we take a look at a LTC resident because of a change in his/her status, I am confident that Kjersten would be able to "screen" a resident because of how well she does with her examinations.

9. Patient Management – Examination

CI Mid-Term — Michelle (Shelly) Parker

Kjersten has been gaining confidence in being able to approaching a new patient and introducing herself, knowing what subjective information to ask and being more concise and organized with questions, and completing the assessment, tests, and measurements as indicated. As our initial PT paperwork is a form, it is easy to look at it to remind one of what objective information needs to be gathered. Kjersten is doing well at completing balance, postural, and gait assessments, determining mobility assist level, ROM measurements to hips and knees, and the MMT we are able to do with our patient population.

CI Final — Michelle (Shelly) Parker

Kjersten starts the chart review asap for a new pt to gather the info we need without being reminded. She continues to gain confidence in completing both the subjective and objective parts of our PT examinations. She is doing well with completing tests and measurements including ROM, MMT, gait and postural assessments, dermatomes, balance testing, determining mobility level of assist, and vitals. She has learned how to plan ahead during the exam and be more efficient in organizing what is most important to complete before the pt gets tired.

10. Patient Management – Evaluation

CI Mid-Term — Michelle (Shelly) Parker

Kjersten is easily able to identify a patient's deficits from both the subjective and objective information from the PT examination and determine what his/her status needs to be to meet his/her goals. After the examination, with non-complicated patients, she is able to determine the initial course of treatment without much assist from PT.

CI Final — Michelle (Shelly) Parker

After the exam, Kjersten is easily able to determine his/her deficits and if/how this affects his/her function. She realizes that even if a pt has a deficit in an area like a gait deviation from hip weakness, it is something we can work on in PT but also determine if it necessarily affects his/her function/mobility skills.

11. Patient Management – Diagnosis and Prognosis

CI Mid-Term — Michelle (Shelly) Parker

Kjersten is able to determine what the PT diagnosis' are for our patients as this is even information that is included on the evaluation form and on the iPod. She knows that a patient's medical diagnosis is different than the PT diagnosis and we treat the PT diagnosis/impairment which the medical diagnosis creates. She is also aware that the same medical diagnosis presents differently with each patient. Predicting prognosis comes with experience and determining length of stay is easier with non-complicated orthopedic patients than for instance a complicated post-surgical patient.

CI Final — Michelle (Shelly) Parker

I believe Kjersten is feeling more confident in writing goals with appropriate time frames. She is able to take the primary medical diagnosis along with the comorbidities which we receive prior to admission to start developing an image of the pt before the exam and what the PT diagnosis' might be. She is aware that we as PTs can't medically diagnose pts but we have done differential diagnosing if a pt wasn't getting better with PT or if he/she was outside of his/her norm and to communicate with appropriate staff (RN, NP, PA).

12. Patient Management – Plan of Care

CI Mid-Term — Michelle (Shelly) Parker

Kjersten is easily able to determine the PT POC based on information gathered during the examination of a patient's deficits, level of assist, and goals. Relies on PT for any modification of POC and d/c planning at this time.

CI Final — Michelle (Shelly) Parker

As noted in the previous section, Kjersten has improved at writing goals and determining appropriate time frames. She has learned Rehabcare's FOM levels and used them to write and update goals as the pt progresses. From the subjective and objective gathered from the exam, she is able to determine the pts functional deficits and develop the POC according to what the goals are.

13. Patient Management – Procedural Interventions

CI Mid-Term — Michelle (Shelly) Parker

Once she gets to know the status of a patient and with guidance from PT, Kjersten quickly becomes comfortable with working hands-on with patients, whether it is completing their exercises, completing transfers, or gait training.

CI Final — Michelle (Shelly) Parker

Working with our pts is an area of strength for Kjersten. She is quick to learn treatment interventions and is doing very well in her instruction of pts in terms that he/she can easily understand. If the instruction doesn't work, she knows to try something else before asking for guidance. She is very open to and seems to enjoy trying new/different interventions with pts and learning to progress a pt to different/higher level/more challenging activities as he/she gets better with less guidance from PT.

14. Patient Management – Educational Interventions

CI Mid-Term — Michelle (Shelly) Parker

Kjersten is doing well at instructing patients in home exercise programs and has been able to initiate instruction with a patient's wife on assisting him with transfers and is learning how to do this with easy and consistent instructions. We have had the opportunity with an old AKA patient to problem solve for an ill-fitting prosthesis but determined that it is beyond our realm and called in the prothetist instead.

CI Final — Michelle (Shelly) Parker

As noted in prior sections, communication is an area of strength also for Kjersten. When going in to do an initial exam of a new pt, she quickly figures out how to communicate with him/her, whether being HOH, cognitive impairment, needing multiple cues (tactile, verbal, or demonstration). She has had no problem with instructing pts in home exercise programs.

15. Patient Management – Documentation

CI Mid-Term — Michelle (Shelly) Parker

Since our evaluations are forms, Kjersten has been able to catch on quickly how to fill it out, including using Rehabcare's FOM (Functional Outcome Measure)scoring (their version of the FIM) and is improving with being able to write the necessary information in an organized format off the cuff. She continues to learn to use abbreviations and medical terms to indicate the skilled need along with what information is important to document. Daily notes are typed on an iPod and sis doing well at the content of the notes but needs practice to get quicker at typing and completing at point of service.

CI Final — Michelle (Shelly) Parker

Kjersten has gotten into more of routine with completing the initial evaluations with the format which they are in with knowing what information we need, both subjective and objective and especially in writing up the assessment portion of the eval. Just needs to improve at writing on the eval at the same time as the exam for saving time later and this will come with experience in knowing how to word things correctly the first time. She has improved at getting quicker at typing in the Ipod for our daily notes with no errors but occasional omissions.

16. Patient Management – Outcomes Assessment

CI Mid-Term — Michelle (Shelly) Parker

With the way our paperwork is setup on the evaluation and writing STGs and LTGs, it is easy to determine if someone is improving using the FOM scoring and if/when the patient meets his/her goals. Kjersten is able to gather d/c objective measurements, etc to determine patient outcome.

CI Final — Michelle (Shelly) Parker

Kjersten was able to follow/treat some pts from admission to d/c. Again, she is easily able to determine if a pt is improving through objective measurements, needing less assist with mobility skills on his/her way to meeting goals. She also was able to determine if/when a pt plateaued and even starting to deteriorate even though was participating in PT. She very much understands that we do what we can to help pts get better but there are those in our pt population who will not and don't get better because of his/her medical condition.

17. Patient Management – Financial Resources

CI Mid-Term — Michelle (Shelly) Parker

Kjersten learned how to do charges/distribute minutes under the appropriate CPT codes, about Medicare Part A RUG categories which determine our treatment time with patients, and the Medicare Part B "8 minute rule" and reimbursement caps. Our PTA does the daily scheduling but with our patient population, Kjersten has learned that the

schedule can quickly change like if someone is sick or has an appointment that we didn't know about and is flexible to any changes. She is improving at paying attention to the daily planned minutes on the iPod and staying as close as possible to those treatment minutes for time management.

CI Final — Michelle (Shelly) Parker

Kjersten learned how to access and use Eventide¹ electronic medical records for initially doing the chart review, being able to look up tests, and nursing progress notes along with using therapy's iPod for daily notes and charges. I believe she has gotten more of a handle in the difference in Medicare Part A and Medicare Part B billing and reimbursement. She improved with time management in staying as close to the daily planned treatment minutes. She was very flexible with our daily changing schedule.

18. Patient Management – Direction and Supervision of Personnel

CI Mid-Term — Michelle (Shelly) Parker

Supervising our PTA is not something that Kjersten is responsible for at this point although she has been involved in telling her about patients and what we have done with him/her for treatment.

CI Final — Michelle (Shelly) Parker

Again, supervising our PTA is not something which is expected of any student in our setting. However, Kjersten was able to communicate multiple times to our PTA what we had been working on with a pt.

19. Summative Comments / Days Absent

Areas of Strength

CI Mid-Term — Michelle (Shelly) Parker

It is apparent that Kjersten is smart and has an excellent knowledge base for anatomy, tests and measurements, and diagnosis¹. Once she knows how a patient does and what needs to be done with him/her, she quickly becomes comfortable in working hands-on him/her. She is doing well at documenting on evaluations and talking to and instructing patients in terms that are easy to understand.

CI Final — Michelle (Shelly) Parker

As noted above, Kjersten's primary areas of strength are with ensuring the safety and well-being of our pts, being very professional in her behavior with being friendly and being confident in working hands-on with pts and not getting emotionally attached,

communicating with our pts not only easily but in terms he/she can understand, and enjoying trying different interventions with pts.

Areas for Further Development

CI Mid-Term — Michelle (Shelly) Parker

These include progressing a patient through course of PT treatment, documenting on the iPod, and being comfortable with speaking up more with her ideas for treatment.

CI Final — Michelle (Shelly) Parker

With experience and practice, it will become easier to do the documentation as much as able while working with pts. The other areas for further development would be those which Kjersten was not exposed to much during this clinical including working with pts from other cultures and supervision of supportive personnel.

Other Comments

CI Mid-Term — Michelle (Shelly) Parker

Kjersten is not afraid to argue, in a nice way, her point of view and has made me realize that the way I do or interpret something isn't how everyone does and there can be more than one way to do things.

CI Final — Michelle (Shelly) Parker

Kjersten settled in and became comfortable with working with our pts and staff. She has been resilient with the flexibility of our schedule with driving from GF every day. I hope that she feels that her time here at Sheyenne Crossings has been worth it!

Recommendations

CI Mid-Term — Michelle (Shelly) Parker

Everything we do with and say to our patients becomes easier and more natural with practice.

CI Final — Michelle (Shelly) Parker

Catch up on your sleep over Christmas break!