Acute Care in the 21st Century: What’s Entry Level Practice?

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Learning Objectives

Upon Completion of this course:

All participants will be able to describe the knowledge, actions and behaviors required of an entry-level physical therapist in acute care.

Clinicians and clinical instructors will be able to apply the knowledge gained from this course to examine their own clinical education program’s ability to prepare students to meet entry-level practice expectations and identify areas of improvement if needed.

Academic Educators will be able to apply the knowledge gained from this course to assess their university curriculum for its ability to prepare students to meet entry-level practice expectations in acute care and identify areas of improvement if needed.

Students, novice clinicians and physical therapists new to acute care will be able to self-evaluate their current knowledge, skills and behaviors specific to the acute care setting and identify areas of further study needed to become competent for entry-level acute-care practice.
Disclosure

This presentation was assisted by the Academy of Acute Care Physical Therapy (formerly known as the Acute Care Section) and the section provided partial reimbursement for travel for task force members to present at this meeting.

We are all educators...

“Every clinician, no matter what the area of practice, level of expertise, or years of experience spends more of his or her time educating others than on any other skill or activity. We educate our patients/clients, our colleagues, family members, students, caregivers, other health care providers, referral sources, third party payers, legislators, attorneys—the list is endless.”

Peggy Gleeson

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Stakeholders in Physical Therapist Student Education

• Legal and Regulatory Organizations
• Payers
• Professional Organizations
• Institutions/Clinical Sites/Employers
• Academic Programs
• Accreditors (CAPTE)

• Clinical Instructors
• Students
• Patients

Existing Core Documents Defining “Entry-Level” Practice in Physical Therapy

• Standards for Accreditation of Physical Therapist Education Programs (CAPTE)
• Minimum Required Skills of Physical Therapist Graduates at Entry-Level
• Physical Therapist Clinical Education Principles
• Professionalism in Physical Therapy: Core Values
• Clinical Performance Instrument
• Competency documents for other sections
Clinical Performance Instrument

- Safety
- Professional Behaviors
- Accountability
- Communication
- Cultural Competence
- Professional Development
- Clinical Reasoning
- Screening

- Evaluation
- Diagnosis & Prognosis
- Plan of Care
- Procedural Interventions
- Educational Interventions
- Documentation
- Outcome Assessments
- Financial Resources
- Supervision of Personnel

Clinical Performance Instrument

Entry Level

- Requires no guidance or clinical supervision with simple or complex patients.

- Consults with others and resolves unfamiliar or ambiguous situations.

- Consistently proficient and skilled in simple and complex tasks for skilled examinations, interventions, and clinical reasoning.

- Able to maintain 100% of a full time physical therapist’s caseload in a cost effective manner.
Entry-Level - Application to Specialty Practices

Current specialties that have defined what “entry level” means for their specific practice:

- Care of Older Adults
- Pediatrics
- Neurology
- Women’s Health
- Wound Management

Acute Care Physical Therapy

- Unique specialty practice
- Patients in medically compromised situations across the lifespan
- Any (and often many) diagnoses or body systems involved
- High-level clinical decisions
- Rapid and dynamic environment
Changing Healthcare Landscape

- Rising healthcare costs (ineffective/inefficient care costs us all)
- Reimbursement
- Longer life expectancy
- Shift from reactive to proactive intervention (PTs in the ICU)
- Shorter hospital length of stay

Need to define entry level practice in acute care

- No single guiding document has existed.
- Lack of resources in Acute Care to assist the student in becoming an entry level clinician.

The Minimum Skills Task Force was convened by the Academy of Acute Care Physical Therapy in response to this need.

GOAL: To identify to all stakeholders the necessary knowledge, actions and behaviors that are required of a clinician in the acute care environment and bridge the gap between the classroom and the acute care environment.
Taskforce Members

Kristin Curry Greenwood, PT, DPT, MS, GCS, Northeastern University

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Development process
Webinar- Demographics of Participants

- Webinar Demographics
  - Years of Experience
  - # of participants

- Physical Therapy Degree
  - PT
  - MPT
  - DPT
  - PTA

Webinar- Demographics of Participants

- Hospital Based Experience By Location
  - Academic Medical Center/ Level 1 Trauma
  - Community Based Hospital

- Webinar Demographics
  - Number of Participants
  - Primary Role

Core Competencies

The “Imaging” Case

Mrs. M is a 46 year old at-home mother of 3 from North Dakota with an unremarkable past medical history.

She admitted to the emergency room in Rochester, MN with a painful left eye and shortness of breath. Her eye pain and a cough had been present for approximately 6 weeks and she was being treated for an upper respiratory infection in ND.

Per the admissions note, the CT chest imaging revealed “pulmonary embolism and diffuse metastatic disease involving the lungs, right axilla, mediastinal lymph nodes, and osseous skeleton”.

Student Learning

- Importance of thorough review of medical record.
- Clinical reasoning is an ongoing process as new information is presented.
- Practical application of various precautions.
- How to act on new information quickly.
- Roles and responsibilities of the interprofessional team.
- Don’t hesitate in initiating communications with the healthcare team.
- Communication strategies with team, patient, family.
- Movement strategies and rapid discharge planning for patients with multiple precautions and barriers.

Clinical Decision making

In the acute care setting, clinical reasoning serves as the foundation for competency in all other areas. It centers on the impact of the patient’s current and evolving functional medical status.
Communication

- Selection of communication style
- Clear communication of clinical decisions
- Communication of care plan in manner that advocates PT’s independent judgement
- Collaboration with others to create an environment that promotes safe and effective care
- Education of interprofessional team of patient’s circumstance that impact care
- Instruction to support personnel and other members of interprofessional team
- Communication through conferencing
- Initiation and maintenance of communication even in adverse, challenging and crucial times

Safety

- Due to the medically fragile state of patients, an entry-level clinician must create and maintain a safe environment and plan of care.
- Integration of information from medical record to determine preliminary precautions and plan of care
- Interpretation of information to determine appropriateness and extent of PT services as well as an activity schedule and appropriate monitoring parameters
- Consideration and planning for possibility of movement compromising medical stability
- Understanding of how medical conditions or medication might affect patient’s response to treatment
Safety
- Determination of need for and proper use of personal protective gear
- Recognition of and addressing movement barriers
- Identification of the role and precautions related to the line/tube
- Safe management of the line/tube during mobility
- Demonstration of basic understanding of ventilator settings and equipment
- Recognition of the need for assistance from others for managing patients with intensive monitoring.
- Utilization of common equipment
- Integration of lift technology to promote safety and maximize patient function
- Safe response to emergent situation

Patient Management- Medical Record Review

The medical record serves as the official record of the patient’s status and is one of the primary sources for a PT to gain information. Throughout the review the entry-level clinician must maintain confidentiality of protected health information.

- Collection and interpretation of information to determine appropriateness of therapy
- Analyzation of information to formulate an initial image of patient presentation

Table 2 from the document, provides a detailed description of the medical chart elements an entry-level clinician must be able to synthesize.
Patient Management- *Documentation*

- Creation of clear, defensible documentation that articulates decision making
- Portrayal of all relevant aspects of patient encounter in a manner that can be understood by all members involved in patient’s care
- Documentation immediately following care
- Documentation of re-evaluations as needed
- Utilization of clinical judgement to determine when communication beyond documentation is required

Patient Management- *Examination & Intervention*

The entry-level clinician must determine if evaluation is appropriate, select appropriate examination components and execute a safe, efficient and effective evaluation.

Table 3 from the document provides a logical sequence of examination procedures

They must also determine if follow-up PT care and interventions are indicated taking into consideration several factors.

Table 4 from the document provides a description of common interventions
Discharge Planning

The entry-level clinician must make decisions regarding safe discharge plans and communicate these to the interprofessional team.

- Determination of destination, level of support, need for continuity of care post-acute setting, additional services and follow-up needs.
- Critical assessment of patient safety
- Determination of equipment needs
- Synthesization of patient’s life context
- Assessment of expectations and desires of stakeholders
- Understanding of regulations imposed by health care systems and payers

Discharge Planning

Goals:
- facilitate optimal transition to the next continuum of care
- improve patient outcomes
- contain costs

Poor discharge planning can result in:
- Less than optimal health and functional status
- Adverse events
- Increased hospital costs, less resource availability, and financial penalties due to longer stays and readmissions.

**Holding all other variables constant, patients were 2.9 times more likely to be readmitted to the hospital if PT’s discharge recommendations were not followed and the recommended follow-up services were not implemented or lacking.**

Discharge Planning

Providing optimal discharge recommendations depends on the physical therapist’s ability to make an “assessment within the context of the patients’ functioning and disability, wants and needs, ability to participate in care, and life context.”


Discharge Planning

Physician focus: Is the medically ready to leave the hospital?

Our role:

• Where is patient going to go?
• How will they get there?
• Who will support?
• How much support (intermittent or 24/7)?
• Equipment needs?
Entry Level vs Advanced practice

Audience polling

Guided panel discussion

How does this document impact the future of PT

- Clinician perspective
- CI perspective
- Academic Educator perspective
- Student perspective
- Employer perspective
Questions??