

University of Missouri-Columbia

Clinical Education II

General & Specific Performance Expectations

General Performance Expectations:

Student performance should be assessed in relation to their performance under the following conditions:

- Complexity of patient
- Newness of situation
- Level of supervision
- Efficiency
- Consistency

The minimum level of satisfactory performance will gradually increase throughout the clinical education series. For Clin Ed II, the following performance conditions and expectations are required:

	Complexity of Patient	Newness of Situation	Level of Supervision	Efficiency	Consistency
Clin Ed II	Basic	Routine	Independent	High	High
		New	Guidance/ Consultation	Mod	Mod
	Complex	Routine	Close	Low	Low
		New	Close	Low	Low

For example:

By the end of this clinical, our students would be expected to be independent with examination and treatment of a routine, basic patient (patient with a non-complicated, previously encountered diagnosis).

Specific Performance Expectations (not meant to be an exhaustive list):

Outpatient Orthopedic & Acute Care Affiliations:

At the conclusion of the affiliation our students should be able to complete the following tasks with very little or no supervision:

- Documentation
- Patient interview
- Postural exam and education
- Scanning/screening exam including myotomes, dermatomes & reflexes
- Goniometry
- Resisted isometric testing
- Basic special testing
- Palpation of surface anatomy
- Examination of vital signs
- Transfers & bed mobility
- Gait assessment and training with varying weight bearing and assistive devices
- Diagnosis and treatment planning for common, routine patients (e.g. non-complicated rotator cuff impingement, lateral epicondylitis, total joint replacement, etc.)
- Application of interventions such as basic modalities and therapeutic exercise

Students may require significant guidance or verbal/physical cues concerning:

- Synthesis of complex examination data to formulate appropriate diagnosis and treatment planning for unfamiliar or complex conditions
- Discharge planning and referral to appropriate setting for unfamiliar or complex diagnoses
- Application of more complicated interventions such as joint mobilization, McConnell taping, prescription of bracing/orthotics, etc.

Adult Neuro Affiliations:

At the conclusion of the affiliation our students should be able to complete the following tasks with little to moderate supervision:

- Documentation
- Evaluation including: balance, ROM, strength, muscle tone, reflexes, coordination, sensation, endurance, and posture
- Gait assessment
- Identify level of SCI using ASIA classification system
- Identify the existence of non-physical deficits such as cognitive impairments, perceptual deficits, apraxia, aphasia, dysarthria, dysphagia, behavioral issues, and dementia and how these impact PT and the patient's physical recovery
- Utilize appropriate interventions including: airway clearance techniques, electrotherapeutic modalities (E-stim., FES, Biofeedback), manual therapy techniques, physical agents and mechanical modalities (ice, heat, tilt table, standing frame, treadmill, and bike)
- Prescription, application, and fabrication of adaptive and assistive devices (slings, transfer devices- Hoyer Lift, and air splints)
- Devise PT related and Team goals with functional outcome and expected duration of treatment
- Patient Interview (as appropriate)
- Assessment of functional mobility including bed mobility, transfers, wheelchair mobility, and ambulation
- Refer to appropriate team members
- Determine level on Rancho Los Amigos Scale of Cognitive Functioning and explain how this will impact PT treatment
- Assess for patient's equipment needs including wheelchair and cushion, walker, cane, shower chair, raised toilet seat, grab bars, and commode
- Use therapeutic exercise techniques including but not limited to basic NDT (Bobath), Brunnstrom, Rood, PNF, Motor Learning, neuromuscular reeducation, exercise, swiss ball activities, closed chain exercise, and gait training
- Use of the FIM

Pediatric Affiliations:

At the conclusion of the affiliation our students should be able to complete the following tasks with little to moderate supervision:

- Select, administer, and interpret assessments for pediatric clients with neuromuscular dysfunction
- Formulate an intervention plan for infants and children and identify the theoretical basis for the plan
- Formulate goals appropriate to the setting and set a timeframe appropriate to achieve these goals
- Provide education to family and caregivers including home exercise program and methods to facilitate the child's development
- Refer to appropriate team members/ health professionals as well as to community resources
- Identify physical and health-related aspects specific to pediatric diagnoses such as Down Syndrome, Cerebral Palsy, Myelodysplasia, TBI, Arthritis, Muscular Dystrophy and SMA, and Orthopedic conditions
- Apply the NCMRR disablement model utilize this to guide decision making
- Select intervention techniques appropriate to the dysfunction and integrate theories of motor control, learning, and development into treatment
- Assess for appropriate equipment (orthotics, wheelchair and cushion, canes, walker, helmet, wedges, etc.)

Students on Pediatric or Neuro affiliations may require significant guidance or verbal/physical cues concerning:

- Synthesis of complex examination data to formulate appropriate diagnosis and treatment planning for unfamiliar or complex conditions
- Discharge planning and referral to appropriate setting for unfamiliar or complex diagnoses
- Application of more complicated interventions such as prescription of bracing/orthotics, etc.