DPT 761 Integrated Clinical Practice II — Syllabus

3 credits (2 credit lecture; 1 credit lab)

Fall Term - Year 1

Time and Location of Course Meetings: Weds., 2–3:50pm, Science Building, Room A113

Course Instructor: Timothy Halkowski, PhD

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Phone: 715-346-4870 (DPT office phone)

Section 1 - Course Clinical Assistant: Advanced Physical Therapy Associates

Dennis Kaster, PT

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Section 2 - Course Clinical Assistant: UWSP Campus Practice

Chris Durall, DPT

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Section 3 - Course Clinical Assistant: Community Health Promotion

Tiffany Akins, PhD, ATC E-mail: tiff.akins@uwsp.edu Office: D129 Science Building Phone: (715) 346-4870

Section 4 - Course Clinical Assistant: Advanced Physical Therapy Associates

Bryan Stuettgen, MPT

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Section 5 - Course Clinical Assistant: UWSP Campus Practice

Chris Durall, DPT

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Section 6 - Course Clinical Assistant: Digital Health Practice

Kathryn Zalewski, PT, PhD, MPA

E-mail: kzalewsk@uwsp.edu Office: B147 Science Building Phone: (715) 346-4870 **Course Description:** This course will reinforce and build on basic client handling and safety skills that were introduced in DPT 660 Integrated Clinical Practice I. The curriculum will focus on progression of professional identity formation and professional communication skills. Students will be placed in an integrated clinical environment for supervised experiential learning and reinforcement of concepts and techniques learned in instructional lecture and lab.

Course Prerequisites: Enrollment in the Doctor of Physical Therapy Program

Course Learning Outcomes (cross reference Section 7 CAPTE competencies in parentheses)

- 1. Demonstrate a level of "Beginner Performance" with CPI Indicators:
 - a. Evaluation (CPI-10)
 - b. Diagnosis/Prognosis (CPI-11)
 - c. Plan of Care (CPI-12)
 - d. Direction and supervision of Personnel (CPI-18)
- 2. Demonstrate a level of "Advanced Beginner Performance" with CPI Indicators:
 - a. Safety (CPI-1)
 - b. Professional Behavior (CPI-2)
 - c. Accountability (CPI-3)
 - d. Communication (CPI-4)
 - e. Cultural Competence (CPI-5)
 - f. Professional Development (CPI-6)
 - g. Clinical Reasoning (CPI-7)
 - h. Screening (CPI-8)
 - i. Examination (CPI-9)
 - j. Procedural Intervention (CPI-13)
 - k. Educational Interventions (CPI-14)
 - I. Documentation (CPI-15)
- 3. Apply components of the psychosocial aspects of health and disability to physical therapy practice (7A)
- 4. Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan, deliver, and evaluate patient/population centered care and population health programs and policies that are safe, timely, efficient, effective and equitable to advance Healthy Communities (IPEC Competency 4) (7D39)
- 5. Engage in the skills of life-long professional growth including: ongoing self-assessment, developing professional resilience, providing effective peer review to others, reflecting on peer review from others, and developing professional career goals (7D15)
- 6. Responds effectively to client and environmental emergencies within the practice setting (7D33)
- 7. Work with individuals of other professions to maintain a climate of mutual respect and shared values (IPEC Competency 1) (7D39) that include assess and document safety risks of patients and providers within the health care environment as part of an interprofessional team (7D37)
- 8. Demonstrate understanding of legal aspects of physical therapy practice and safe and effective care using the state practice act. (7B)

- 9. Determine opportunities for professional advocacy and volunteerism with community and professional organizations (7D13) (7D14)
- 10. Develop effective listening and questioning skills to elicit the patient story as an anchor to the clinical history. (7D7) (7D8) (7D17)

Teaching Methods: Instructional methods include on-line independent learning, lecture, readings, video assessment and analysis, group activities, community engaged practicum, group discussion, course assignments and peer review. This course will include weekly integrated clinical experience opportunities in a functioning clinic environment and with populations representative of those seen across the lifespan and with conditions typically seen by physical therapists.

Methods of Evaluation/Course Requirements:

Assignment	Brief Description	Points/Percentage	Learning Outcomes Met (#)
Program Lab Competencies	Pass competencies associated with course	Pass/Fail	1, 2, 3, 4, 6, 7
Journaling exercises	Reflective writing assignments	25%	4, 5, 9
Video assessment & Video assessment, analysis and Group discussion of clinical communication data segments.		25%	3, 10
Midterm Exam	Content mastery, understanding and analysis	25%	3, 8, 10
Final Exam	Content mastery, understanding and analysis	25%	3, 8, 10

Grading Scale

Courses in the DPT program have adopted the following grading scale.

$$94 - 100\% = A$$
 $77 - 79\% = C + 60 - 63\% = D - 90 - 93\% = A - 74 - 76\% = C < 60\% = F
 $87 - 89\% = B + 70 - 73\% = C - 84 - 86\% = B 67 - 69\% = D + 80 - 83\% = B - 64 - 66\% = D$$

- Some learning experiences in the program (such as lab examinations or skills checks) are graded as pass/fail. Students must achieve a pass on these experiences in order to pass the course. (REVIEW)
- A student will be allowed three (3) attempts to pass a lab skills check, after the first two (2) failed attempts, the student will be required to meet with course instructor associated with the skills check and establish a learning contract detailing a plan to achieve competence prior to making the third and final attempt (REVIEW)

The lab portion of the Integrated Clinical Practice (ICP) curriculum is in a clinical setting and involves the actual interaction and treatment of patients. For this reason the programmatic rules and expectations for clinical

education detailed in Chapter 4 of the Student Handbook apply. Students will be expected to meet professional standards with regard to communication, dress, and conduct while participating in clinical activities. Please be sure to review Chapter 4 and make sure you are comfortable with the program expectations. If you have questions after reviewing Chapter 4 please discuss them with the course instructor.

As a student you will be assigned a section of ICP experience each semester and will be expected to complete the assigned hours and assignments as required by the section instructor (clinical assistant). Participation in lab is at the discretion of the clinical assistant. Any missed time or assignments must be made up to the satisfaction of the clinical assistant. Failure to complete assigned work or hours could result in failure of the ICP section experience and failure of the ICP course.

Required Course Materials

Required Texts:

A Leg to Stand On. Oliver Sacks. Vintage reprint edition, 2020. Paperback.

Mobility in Context: Principles of Patient Care Skills 2nd Edition Charity Johansson, Susan Chinworth PT PhD FA Davis.

Supplemental Materials: APTA Code of Ethics , APTA Professional Standards

Required Readings:

Transcript symbols handout.

Boyd, E. & John Heritage (2006). Taking the history: questioning during comprehensive historytaking. John Heritage & Douglas W. Maynard. *Communication in medical care. Interaction between primary care physicians and patients*, 151-184.

Cowell, I., McGregor, A., O'Sullivan, P., O'Sullivan, K., Poyton, R., Schoeb, V., & Murtagh, G. (2019). How do physiotherapists solicit and explore patients' concerns in back pain consultations: A conversation analytic approach. *Physiotherapy Theory and Practice*, 1–17. https://doi.org/10.1080/09593985.2019.1641864

Halkowski, T. (2006). Realizing the illness: Patients' reports of symptom discovery in primary care visits. *Communication in medical care. Interaction between primary care physicians and patients.*

Halkowski, T. (2021). Medical Discourse. Pgs. 323-334 in *The Bloomsbury Handbook of Discourse Analysis*, 2nd edition. Bloomsbury Academic Press, London.

Heritage, J. (2011). The interaction order and clinical practice: Some observations on dysfunctions and action steps. *Patient Education and Counseling*, *84*(3), 338–343. https://doi.org/10.1016/j.pec.2011.05.022

Heritage, J., & Maynard, D. W. (Eds.). (2006). Introduction chapter from *Communication in medical care: Interaction between primary care physicians and patients* (Vol. 20). Cambridge University Press.

Hilbert, R. A. (1984). The acultural dimensions of chronic pain: flawed reality construction and the problem of meaning. *Social problems*, *31*(4), 365-378.

Jenkins, L., Parry, R., & Faull, C. (2022). A direct observation of pain scale use in five video-recorded palliative care consultations: Using conversation analysis to show how practitioners support patients to describe pain. *Patient Education and Counseling*, 105(7), 2603-2606.

Opsommer, E., & Schoeb, V. (2014). 'Tell Me About Your Troubles': Description of Patient-Physiotherapist Interaction During Initial Encounters: Tell Me About Your Troubles. *Physiotherapy Research International*, 19(4), 205–221. https://doi.org/10.1002/pri.1585

Parry, R. H. (2004). Communication during goal-setting in physiotherapy treatment sessions. *Clinical Rehabilitation*, *18*(6), 668–682. https://doi.org/10.1191/0269215504cr7450a

Schoeb, V. (2009). "The goal is to be more flexible" – Detailed analysis of goal setting in physiotherapy using a conversation analytic approach. *Manual Therapy*, 14(6), 665–670. https://doi.org/10.1016/j.math.2009.02.004

Schoeb, V., Staffoni, L., Parry, R., & Pilnick, A. (2014). "What do you expect from physiotherapy?": A detailed analysis of goal setting in physiotherapy. *Disability and Rehabilitation*, 36(20), 1679–1686. https://doi.org/10.3109/09638288.2013.867369

Stivers, T., & Heritage, J. (2001). Breaking the sequential mold: Answering 'more than the question' during comprehensive history taking. *Text & Talk*, *21*(1-2), 151-185.

Office hours:

- Open office hours are: M 3.30-4.30pm, W 10-11am, & by appt.
- Open office hours are available without an appointment. Office hours can be either face to face or electronic. Electronic office hours will be communicated to students in advance and will include the available methods to meet via chat, e-mail, phone, or videoconference.
- Individual meetings can be arranged through an email request, phone call, or conversation directly before
 or after class. Normal office hours will not be held during Thanksgiving week, Spring Break, Finals Week or
 other recognized university holidays.

Communicating with your Instructor



Email is the quickest way to reach me. I will respond to emails within 2 working days of receipt. I will not consistently monitor email after 5 pm on working days unless we have instruction scheduled over weekend hours.



Call the DPT office at any time 715-346-4870. Leave a message for me.



Skype or Zoom Videoconference is also available by request. Please schedule a Zoom meeting by requesting an appointment.

Course Schedule:

The instructor reserves the right to modify the course schedule to meet the learning needs of the course. Changes will be announced in class and on the course Canvas website.

Date	Content	Assignments	Learning Objective
Week 1 Sept 7 CC	Course Introduction Foundational aspects of clinical communication	Module 1 - see Canvas for assignments, homework. Transcript symbols handout. Heritage, J., & Maynard, D. W. (Eds.). (2006). Introduction chapter from Communication in medical care: Interaction between primary care physicians and patients (Vol. 20). Cambridge University Press. Halkowski, T. (2021). Medical Discourse. Pgs. 323-334 in The Bloomsbury Handbook of Discourse Analysis, 2nd edition. Bloomsbury Academic Press, London. Oliver Sacks, 'A Leg To Stand On.'	2d
Week 2 Sept 14	The anatomy of questions. Patient Handling & Safety Considerations (personal and facility)	Module 2 - see Canvas for assignments, homework. Boyd, E. & John Heritage (2006). Taking the history: questioning during comprehensive history taking. John Heritage & Douglas W. Maynard. Communication in medical care. Interaction between primary care physicians and patients, 151-184. Find your clinic's "safety policy".	2a, 6, 7
Week 3 Sept 21 CC	Peer Review and Assessment – Effective Communication: - Elicit patients' beliefs, perspectives, and concerns about illness/injury. - Establish patient rapport and demonstrate empathy. - Set agendas for the clinical encounter with patients.	Module 3 - see Canvas for assignments, homework. Halkowski, T. (2006). Realizing the illness: Patients' reports of symptom discovery in primary care visits. Communication in medical care. Interaction between primary care physicians and patients. Video assessment, analysis and Group discussion of clinical communication data segments.	2c, 2d, 4, 5, 10

Date	Content	Assignments	Learning Objective
Week 4 Sept 28	Medical Communication Skills – Client, Family	Module 4 - see Canvas for assignments, homework.	2d, 2k, 10
		Video assessment, analysis and Group discussion of clinical communication data segments.	
		Stivers, T., & Heritage, J. (2001). Breaking the sequential mold: Answering 'more than the question' during comprehensive history taking. <i>Text & Talk</i> , 21(1-2), 151-185.	
Week 5 Oct 5 CC	Incorporating Individual Differences, (Gender Roles, Cultural Considerations, and Patient Perspectives, Psychosocial Aspects of Health and Disability) into physical therapy intervention	Module 5 - see Canvas for assignments, homework.	2e, 3, 4, 10
		Assigned readings, discussion, reflective writing assignment.	
		Hilbert, R. A. (1984). The acultural dimensions of chronic pain: flawed reality construction and the problem of meaning. <i>Social problems</i> , <i>31</i> (4), 365-378.	
		Jenkins, L., Parry, R., & Faull, C. (2022). A direct observation of pain scale use in five videorecorded palliative care consultations: Using conversation analysis to show how practitioners support patients to describe pain. <i>Patient Education and Counseling</i> , 105(7), 2603-2606.	
Week 6 Oct 12	Medical Communication Skills – Interprofessional	Module 6 - see Canvas for assignments, homework.	2d, 4, 7
		Video assessment, analysis and Group discussion of clinical communication data segments. Assigned readings, discussion, reflective writing assignment.	
Week 7 Oct 19 CC	Team Building Interprofessional Relationship Building to Enhance Client Care	Module 7 - see Canvas for assignments, homework.	2b, 2d, 4, 7,
CC		Assigned readings, discussion, reflective writing assignment.	
Week 8 Oct 26	Midterm exam	Module 8 - see Canvas for assignments, homework.	
		Distribute take home Midterm exam. (Due Noon Nov. 2).	
Week 9 Nov 2 CC	Medical Communication – Directing Others Written Communication Skills &	Module 9 - see Canvas for assignments, homework.	2d, 2l, 2k 1d, 4
	Documentation for Physical Therapy	Pt persp in the SOAP note.	

Date	Content	Assignments	Learning Objective
Week 10 Nov 9	Professional Development and Resilience	Module 10 - see Canvas for assignments, homework. Assigned readings, discussion, reflective writing assignment.	2f, 5
Week 11 Nov 16 CC	WI Physical Therapist Practice Act- Legal Implications for Practice	Module 11 - see Canvas for assignments, homework. Session w/ Dr. Johnson.	2b, 2f, 8
Week 12 Nov 23	Professional Inquiry	Module 12 - see Canvas for assignments, homework. Assigned readings, discussion, reflective writing assignment. Journal club in small groups.	4, 5, 7
Week 13 Nov 30	Professional Inquiry	Module 13 - see Canvas for assignments, homework. Assigned readings, discussion, reflective writing assignment.	4, 5, 7
Week 14 Dec 7 CC	Professional Inquiry	Module 14 - see Canvas for assignments, homework. Assigned readings, discussion, reflective writing assignment.	4, 5, 7
Week 15 Dec 14	Semester Wrap up	Module 15 - see Canvas for assignments, homework. Distribute take home final exam.	
Dec 20	Final exam due — Dec 20, noon		