Practice Improvement Record Example

Practice Monitoring | Patient Care Reflection

1. What Self-Selected Activity did you do and why?

In your response include at a minimum: (a) name of activity, (b) description of activity, (c) date(s) of activity, (d) reason for choosing the activity (e) how the activity fits with your practice (current or future). Mandatory.

Patient Care Reflection - using the form provided by PTAlberta and a subsequent research project. Completed in January to September.

I am a PT working in a rural area. The majority of my patients are outpatients with MSK issues. My objective was to reflect on a typical patient encounter and to ensure I am practicing according to standards of PTAlberta and those outlined in the Competency Profile for Physiotherapists in Canada. Additionally, my employer does not mandate regular chart reviews or reflection so using PT Alberta's competency tools practice monitoring tools from their continuing competence program is important to me. I value the patient care reflection tool as a standardized way to contemplate my typical routines in my practice setting.

2. What did you learn and how did you grow professionally?

In your response include, at a minimum, specific examples of: (a) what you learned, (b) how your personal competence improved, (c) how what you learned benefited patients or the physiotherapy/health care system, (d) include resources to show current information was used to improve your practice (name, source, topic). In drafting your response, consider the **guiding questions**.

When I completed a patient care reflection review, I identified a need to include meaningful functional goals for each outpatient. It was reassuring to see that in this patient care reflection, I had included this when I did the chart review. It also made me aware of how my typical practice continues to be very much based on what I learned in my basic PT training, as opposed to more recent practice guidelines or courses. The experience was both reassuring and thought provoking, particularly in relation to the exclusion (or overlooking) or psychosocial factors in the patient's care. In terms of benefiting patients, the activity provided more impetus for me to search for and consider ways to include/address psychosocial factors in my practice. E.g. adding new questions to the interview and/or using standardized tools such as the fear avoidance belief scale or Tampa Scale of Kinesiophobia. What I found was some patients like being asked about their values and beliefs. Others do not. But I found addressing these factors with patients lead to increased satisfaction because I am addressing the "whole person" by using a biopsychosocial approach.

In terms of benefits to the health system, an unexpected outcome was this reflection activity (and other coursework/experiences) lead to my participation in a research program at work! It inspired me to submit a proposal to do a small research study in this area. So while the reflection activity was completed, the projects and practice changes related to the reflection are ongoing.

The activity spurred my search for ways to address psychosocial factors as mentioned above. I used PTAlberta's website, my clinical leader, my coursework at UAlberta in Chronic Pain, and my mentor through the CPA's Pain Mentorship Program

More specifically I have used some of the suggestions from PTAIberta's Chronic Pain Tool Kit, particularly the ACTUP acronym. I've also been reading a lot of articles related to this issue. An example is

"Embedding Psychosocial Perspectives Within Clinical Management of Low Back Pain: Integration of Psychosocially Informed Management Principles into Physical Therapist Practice" by Foster, N.E. and Delitto, A.(2011) Physical Therapy. 91(5) 790-803.

3. Looking back, which Standard of Practice or Ethical Conduct Responsibility was addressed by participating in this activity.

Client Assessment, Diagnosis, Interventions Client Centered Care Communication

4. Your evidence of participation.

Patient Care Reflection Tool