Practice Improvement Record Example

Professional Collaboration | Supervision

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.

Activity is Supervision of a 2nd year Physical Therapy student for a 6-week period January-February.

I work in and own a private practice with an all ages, mixed orthopedic caseload and a special focus on the treatment of TM joint dysfunction. I participate in student supervision because first of all I believe it is a professional obligation as we have all benefited from super vison/mentorship throughout our careers and owe it to the next generation of PT's to provide them teaching, guidance and mentorship.

From the clinic perspective, I take on students regularly as I find it is a very good recruitment tool as I work in rural area where recruitment and retention can be a challenge. I have hired some of my former students and they are still working for me.

Thirdly, I find supervision/teaching to valuable because it forces me to really understand what I do and why I do it. I find that if I teach a technique or help a student with clinical reasoning it helps to expand and solidify my own knowledge base through the initial deconstruction of that knowledge base. At times, it even identifies gaps and weaknesses in my knowledge base. I also ask that students complete a short research review and presentation for our staff.

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**.

In this particular block of student supervision, 3 distinct examples come to mind that helped to improve and change my practice.

1. *This particular student had not yet fully completed their MSK course work. This unfortunately left significant gaps in his MSK knowledge and, in order to allow him to work with some patients independently, I had to fill these knowledge gaps. In particular, I spent extra time discussing and teaching manual therapy assessment and treatment techniques. This required me to start the teaching with basic anatomy and biomechanics. The knowledge deconstruction that occurred allowed me to challenge what I thought I knew to be accurate and true. It wasn't so much in knowledge around the hands-on techniques, but background knowledge of the "why" when it came to biomechanics or when to apply a certain technique. This helped refine some of my clinical decision making as I had to provide specific case examples to the student of when and how to apply a certain technique based on the patient in front of them. Another challenge was discussing the reasoning for when techniques need to be modified because of specific limitations/consideration for a unique patient. Thinking of specific examples for modifications helped to improve my clinical reasoning. At several points in teaching, I needed to refer back to my training manuals. This also provided me an opportunity to review some additional background information regarding the technique in question.*

2. *About 15% of my clinical practice is spent treating patients with temporomandibular joint dysfunction (TMD). In order for my student to be able to be comfortable to be involved in the treatment of TMD, some additional teaching was required. As mentioned above, whenever I teach/demonstrate assessment and treatment techniques, I seem to learn something new. Usually it is in refining and then performing the technique in a different manner, but with TMJ teaching, I was forced to look up and think about a lot of the "why" and to provide this clinical reasoning to the student. "Why do we do things a certain way"; "Why do we treat the TMJ in a specific manner?" In this case, I feel that I developed some additional clinical reasoning as I had to be clear with the student that in some cases it is best to start treating cranio-vertebral and mid-cervical dysfunction before moving to the TM joint, and in other cases it is best to start treatment with the TM joint and focus treatment locally. I had to provide the student with specific clinical examples that we were then able to apply to the real patients we assessed and treated over the 6 week placement. By the end, we were able to conclude that treating the TMJ follows the same assessment and treatment principles as other joints in the body. Throughout this teaching I would reference one of my TMJ course manuals Advanced Physical Therapy Management of the TMJ and Neuromuscular Craniofacial Pain by Richard Bourassa.*

3. *The area in which I perhaps expanded my knowledge the greatest was in the student's research project. The project was to review literature and make recommendations regarding exercise for tendinopathy. A summary of his research was that there is research to support eccentric exercise and there is research to support high load isometric exercise. This was a significant conclusion for me as I had been using eccentrics but was at a conference last year that was advocating for high load isometric exercise only as this was the direction they were taking based on recent research. As our student was able to provide an equal number of studies of similar quality (poor-fair), he concluded that it didn't really matter whether a therapist chooses eccentric or high load isometrics, but rather that if one form doesn't work, try the other. A reference that was utilized in this presentation is Stasinopoulos, D., & Stasinopoulos, I. (2017). Comparison of effects of eccentric training, eccentric-concentric training, and eccentric-concentric training combined with isometric contraction in the treatment of lateral elbow tendinopathy. Journal of Hand Therapy.*

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

Client Assessment, Diagnosis, interventions
Evidence-informed care
Supervision

4. Your evidence of participation.

Stasinopoulos article abstract
https://www.ncbi.nlm.nih.gov/pubmed/27823901