

**Kaiser Permanente Northern California Physical Therapy Neurologic Residency – Patient Case Review**

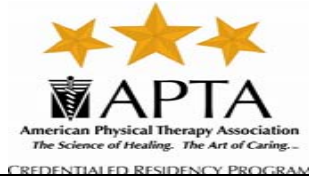
Written\_\_\_\_ Video\_\_\_\_ Live\_\_\_\_

Resident Name: \_\_\_\_\_

Examiner: \_\_\_\_\_

Patient Initials: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Setting: ACUTE INPATIENT ACUTE REHABILITATION OUTPATIENT OTHER



	N/A	Exceed Standard	Meet Standard	Partially Meet Standard	Does Not Meet Standard	Critical Safety
<b>PATIENT EXAMINATION</b>						
Performs comprehensive written evaluation						
Integrates knowledge of disease with medical information sought						
Seeks information relevant to health restoration, promotion, and prevention						
Demonstrates patient centered approach						
Establishes and maintains a high-quality clinician-patient relationship (rapport, respect, and collaboration)						
Addresses concerns/basic emotional needs						
Access patient's explanation for and prior knowledge of etiology, prognosis, and interventions						
Access important activities, roles, disabilities						
Access patient's perceptions of functional limitations/resources and impairments						
Establish treatment preferences and treatment planning that incorporates patient perspectives						
Demonstrates effective communication skills						
Systematic, purposeful, insightful, and skillful pursuit of information						
Use of directed questioning (explicit questions well-directed, open-ended, and neutral tone)						
Use of non-directed facilitation (brief follow-up questions or statements to clarify understanding/elicit elaboration)						

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Use of active listening skills/techniques						
Anticipates examination procedures dependent upon medical diagnosis, medical treatment, contraindications, patient tolerance, history, and observation						
<b>TEST AND MEASURES</b>						
Prioritizes test selection based upon scientific merit and clinical utility						
Performs assessments such that data are valid and reliable						
<b>EVALUATION</b>						
Predicts present or potential disability based upon impairments, functional limitations (including results from task or motion analysis) and potential for recovery						
Develops clinical judgments based upon data collected from the examination						
Differentiates impairments/functional limitations that require compensatory strategies vs. strategies that focus on recovery of normal movement						
Links impairments, functional limitations and psychosocial factors to the patient's and caregivers expressed goals						
Interprets observed movement and function						
Integrates instruments, tests, screens and evaluations used or performed by other health care professionals						
<b>DIAGNOSIS</b>						
Interprets data from the examination to develop a differential diagnosis						
Differentiates impairments/functional limitations which are amenable to intervention						
Refers patient to other professionals for findings that are outside the scope of the physical therapist's knowledge, experience, or expertise						
<b>PROGNOSIS</b>						
Predicts optimal level of improvement in function						
Predicts amount of time to achieve optimal level of improvement in function						
Collaborates with patient and family in setting goals						

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Develops a plan of care that prioritizes interventions related to the recovery process, patient goals, resources, health and wellness						
<b>INTERVENTION</b>						
Modifies or continues intervention based on ongoing evaluation						
Selects/modifies interventions based upon goal						
Selects/modifies interventions based upon physiological changes						
Selects/modifies interventions based upon type and severity of the impairment, functional limitations, or disability						
Negotiates interventions with the patient						
Selects/modifies interventions based on probability of prolonged impairment, functional limitation, or disability						
<b>COORDINATION, COMMUNICATION AND DOCUMENTATION</b>						
Coordinates plan of care with appropriate health care providers						
Adapts communication to meet the cognitive, language, and educational needs of the patient and caregiver/family						
Documents effectively, concisely, accurately, and in a timely manner						
<b>PATIENT/CLINET-RELATED INSTRUCTION</b>						
Educates patient on diagnosis, prognosis, intervention, and responsibilities within plan of care						
<b>PROCEDURAL INTERVENTIONS</b>						
Effective and skillful application of selected interventions						
<b>OUTCOMES</b>						
Participates in outcome data collection, analysis, and interpretation						
Selects appropriate measures to determine global outcomes including patient/client satisfaction						
Uses outcome data to modify own future practice						

Resident Name: \_\_\_\_\_

Examiner: \_\_\_\_\_

**Patient Case Review Summary Score Sheet**

Step 1: After totaling the total items scored for each grade category on each page, fill out the total below and add number of graded for all the grade categories.

Page	Exceed Std.	Meets Std.	Partially Meets Std.	Does Not Meet Std.
1				
2				
3				
Totals				

Total items graded = \_\_\_\_\_

Step 2: Multiply the number of items in each column by their numerical value.

Exceeds Standards \_\_\_\_\_ x 4.0 = \_\_\_\_\_  
 Meets Standards \_\_\_\_\_ x 3.5 = \_\_\_\_\_  
 Partially Meets \_\_\_\_\_ x 2.0 = \_\_\_\_\_  
 Does not meet \_\_\_\_\_ x 0.0 = \_\_\_\_\_

Step 3: Divide the total points by the total items graded:

Total points: \_\_\_\_\_ + Total items graded \_\_\_\_\_ = \_\_\_\_\_ Average score per item.

**Passing score is 3.0 or higher.**

In addition to the above scores,

the Resident did \_\_\_\_\_ did not \_\_\_\_\_ present either by omission or inclusion, any evidence that their evaluation and/or intervention presented any danger of potential or real harm to the patient.

If you checked off that the Resident **did** present evidence of potential or real harm to the patient, please describe the specifics of the incident:

**Recommendation:**

Pass \_\_\_\_\_  
 Remediate \_\_\_\_\_  
 Fail \_\_\_\_\_

Examiner Signature: \_\_\_\_\_

Resident Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Resident Name: \_\_\_\_\_

Examiner: \_\_\_\_\_

Patient Initials: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

**Operational Definitions to use with Patient Case Review**

**Meets standards:**

The resident **consistently** identifies the problem, person with the problem and provides rationale for decision. The resident develops a plan and intervention based on Evidence Based Practice (EBP) utilizing evidence, patient values, and experience. May be slow and require guidance/and or consultation when encountering complex medical, social, or environmental situations.

**Exceeds Standards:**

Besides doing the above, the resident will recognize patterns very quickly so little guidance is needed and efficiency is maximized allowing resident to also be excellent at time management routinely. Resident may go **beyond expected role to assist patient** in a situation that is complex. For example: Taking it upon themselves to pull team together when new/different problem/situation is identified and new direction may be indicated. The resident may demonstrate an ability to apply to many different patients with and without complex situations.

**Partially Meets standards:**

The resident **occasionally** has difficulty identifying the main problem or prioritizing problems in order to maximize time with patient. This will be more apparent when situation is complex. The resident utilizes EBP principles but **occasionally** may forget one of the components or remain focused on one or two components only. The resident requires frequent guidance and coaching to arrive at best plan for individual patient especially when situation is complex. The resident is able to demonstrate skill consistently with less complex patients

**Does Not Meet Standards:**

The resident will demonstrate **frequent difficulty** identifying the main problem, person with problem, and making an appropriate decision regarding plan and intervention. May understand EBP but **frequently** demonstrate difficulty in application in clinical setting