Objectives

Session 1:
- Review the purpose and expectations of ICE
- Describe the specific assignments associated with ICE and the CI role in each
- Describe the student assessment process for ICE
- Discuss how to prepare for ICE weeks
- Describe and discuss the clinical reasoning abilities of novice and expert clinicians
- Describe and discuss the ICF Model as a framework for clinical reasoning

Session 2:
- Revisit clinical reasoning
- Discuss strategies for facilitating clinical reasoning
- Discuss collaborative model of learning and strategies for working with student teams
- Discuss helpful hints with CI familiar with collaborative model

Introductions

Nuts and Bolts of ICE

Purpose

Consistent learning experience
Early, frequent clinical exposure to allow integration of knowledge
Promote teamwork and collaboration
Facilitation of clinical reasoning
Structure

ICE I
- Fall I semester
- Two 1-week blocks
- 4 students: 1 CI

ICE II
- Fall II semester
- One 2-week block
- Same student group
- Different setting from ICE I

Expectations

Student
Clinical Instructor
PT Program

Expectations of Students
- Professionalism
- Collaboration with team
- Provide feedback to peers
- Participation in all PLEX assignments and discussions
- “Pass” or “Low Pass” on all skill check-offs
- “Pass” or “Low Pass” on assessments

Expectations of CIs
- Participation in CI training
- Decreased productivity/caseload- dedicated teaching time
- Engagement of students in patient care
- Completion of PLEXs
- Completion of all skill check-offs and assessments
- Communication with PT Program

Expectations of Program
- Preparation of CIs and sites for ICE
- Preparation of students
- Communication with CIs regarding assignments, expectations, etc.
- Availability to CIs if issues or questions arise
- Open to feedback from CIs/CCCEs on ICE
**Skill Check-Off**

- ICE I: Week 1
  - Vital Sign Assessment
  - Transfers or Goniometry

- ICE I: Week 2
  - Patient Interview
  - Required Documentation assignment (CI feedback)

**Expectations:**
- Use of rubric developed by PT Program
- Students assessed individually
- Skill completed with patient

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**What is a PLEX?**

- "Lesson Plan" for clinical instructors
- Variety of PLEX options
- Expectation:
  - Complete 4 PLEXs with student team per week
  - CI chooses which PLEXs to use
  - All students participate in PLEXs

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**Assessment**

- 5 areas to be assessed:
  - Safety
  - Professional Behaviors
  - Communication
  - Clinical Reasoning
  - Teamwork/Collaboration
- Rating scale of Pass, Low Pass, Not Demonstrated
- Sample Behaviors provided
- Comments expected for each section

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**Peer Assessment**

- Students will complete assessment of their teammates at end of each ICE week
- Promotes collaboration, communication
- CIs can help promote teamwork throughout week
Online Resources
To access ICE Instructor resources:
1. Go to http://medschool.ucdenver.edu/pt
2. Hover over “Faculty & Staff” dropdown menu
3. Select ICE Instructors
4. Enter Username and Password (TBD)
5. Available: PLEX library, Forms, Resources

Preparing for ICE

How Teams are Created
- Social Style Inventory
- Kolb Learning Style
  - Past experience
- Diverse Student Teams

Social Styles Profile
- Social style- the way people around you would say that you behave most of the time
- Knowing social style of team can:
  - Capitalize on teammates’ strengths
  - Understand possible sources of conflict
  - Give you tools to use in working with others
- Three dimensions of social styles:
  - Assertiveness
  - Responsiveness
  - Versatility

Assertiveness
- The effort a person makes to influence the thinking and actions of others
- E.g. Do you quietly ask colleagues “Would you like to go to lunch?” or loudly announce “Let’s go to lunch!”

Responsiveness
- The extent to which a person reacts readily to influence or stimulation with a display of feelings
- E.g. If you are angry, do you keep it to yourself or let everyone know how you feel?
Low Responsiveness (Control feelings/emotions)

- Low assertiveness (ask directed)
- High Responsiveness (Tell Directed)

High Responsiveness (share feelings/emotions)

Low Responsiveness (Control feelings/emotions)

- Low assertiveness (ask directed)
- High Responsiveness (Tell Directed)

Characteristics of Versatility

<table>
<thead>
<tr>
<th>Low Versatility</th>
<th>High Versatility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insist on working in their own comfort zones</td>
<td>Often seen extending themselves outside their own comfort zones</td>
</tr>
<tr>
<td>Show no sensitivity to the differences between people – their way is “right”</td>
<td>Sensitive to and respectful of the differences between people – considerate of others’ comfort zones</td>
</tr>
<tr>
<td>Very predictable in their assertiveness and responsiveness behaviors</td>
<td>Flexible in their assertiveness and responsiveness behaviors</td>
</tr>
<tr>
<td>Cause tension that gets in the way of the task</td>
<td>Reduce tension and put others at ease</td>
</tr>
<tr>
<td>Think they are very versatile – and don’t need to change</td>
<td>Rate their own versatility lower than colleagues rate and value it</td>
</tr>
</tbody>
</table>

Goal is to get out of comfort zone ➔ Use different social style

Kolb Learning Style Inventory

- Concrete Experience
  - Accommodative
  - Divergent

- Abstract Experimental
  - Convergent
  - Analytic

- Reflective Observation
  - Assimilative
  - Abstract Divergent

- Concrete Experience
  - Accommodative
  - Divergent

Kolb Experiential Learning (Kolb, 1999)

Next ICE Training Session:

- Using social styles to promote teamwork/collaboration
- Role of social style in team development and conflict resolution

Team Profile

- Created by each Student Team
- Team Goals
- Strengths the Team will bring to this clinical experience
- Areas the Team has identified for specific growth
- Pertinent information from Social Styles Inventories
- Other

Communication

- Online resources
- Available before, during, after ICE weeks

- Team Profile and Student Profile (5th week of August)
- Site Specific Requirements (by July 1)
- Clinic Information Form (by July 14)

- Created by each Student Team
- Team Goals
- Strengths the Team will bring to this clinical experience
- Areas the Team has identified for specific growth
- Pertinent information from Social Styles Inventories
- Other
Student Profile

- Undergraduate Education / Degree
- Past Clinical Experience (PT-related)
- Past Work Experience (non-PT related)
- Student’s Individual Goals for the experience
- Strengths individual student brings to team and this clinical experience
- Preferred Learning Style
- Preference for receiving feedback
- Other

Clinic Information Form

- General Clinic Information (e.g., Typical patient population seen, etc.)
- Schedule for ICE weeks
- CI’s Goals/Objectives specific to this site / experience
  - For example:
    - Become proficient in differentiating abnormal muscle tone
    - Develop confidence in communicating with patients
    - Understand role of PT in the acute care setting
- Any additional information students should know
  - Members of Healthcare Team (e.g., PT/PTA; RN/CNA/FNP; PT/OT/SP; etc.)

Scheduling your week

- Program expects ~50% decrease in productivity during ICE week
- Balance patient care with ICE assignments
- Sample schedule

Activity:
Use blank template and draft possible daily schedule.
Dinner Time!

Clinical Reasoning

Clinical – Academic Collaboration

Can you define clinical reasoning?

How did you develop your own clinical reasoning capabilities?

Clinical reasoning in physical therapy

Expert vs. Novice clinicians

Patient understanding of problem

- Initial data
- Initial hypothesis

Patient Beliefs

- Diagnosis, management plan
- Hypothesis testing

Patient Values

- Expert
  - Collaborative
  - Patient centered
  - Focused on understanding patient's story
  - Fluid shift between inductive and deductive reasoning
  - Pattern recognition

- Novice
  - Therapist centered
  - Narrow focus on diagnosis
  - Focus on physical aspects of patient's presentation


Articulating your reasoning

**Activity:** Think of a recent patient you have seen. In pairs, briefly provide description of patient case and then articulate a clinical decision you made for the patient. For example:
- Why did you choose to address standing balance with a patient vs. ambulation during a session?
- Why did you modify the patient’s exercise program?
- How did you determine a discharge plan for your patient?

- **What were the challenges in verbalizing your clinical decision making process?**
- **Did you both use the same language or terminology?**

Making clinical reasoning visible

<table>
<thead>
<tr>
<th>Use of Clinical Reasoning Framework</th>
<th>Common Language for Students, Faculty, CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integration of framework into academic and clinical curriculum</td>
<td>Development of clinical reasoning capabilities</td>
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</tbody>
</table>

Types of reasoning

<table>
<thead>
<tr>
<th>Scientific Reasoning</th>
<th>Narrative Reasoning</th>
<th>Ethical Reasoning</th>
<th>Pragmatic Reasoning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Used to conceptualize the disease/disability: impact of health condition</td>
<td>Understanding the patient as an individual</td>
<td>Ethical reasoning - determine personal factors/values that may impact clinical reasoning process - &quot;doing the right thing&quot;</td>
<td>Pragmatic reasoning - make judgments about clinical intervention while taking contextual factors into account (i.e., location, resources, funding, etc.)</td>
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Framework for clinical reasoning

Clinical reasoning processes must be visible in academic and clinical curriculum.

Framework for clinical reasoning: helps students develop complexity of thinking about relationships.

Common language allows students and instructors to describe, reflect on and learn from experiences.

ICF Model

<table>
<thead>
<tr>
<th>Health Condition</th>
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<tbody>
<tr>
<td>Body Functions and Structures</td>
</tr>
<tr>
<td>Activity Limitations</td>
</tr>
<tr>
<td>Participation Restrictions</td>
</tr>
<tr>
<td>Environmental Factors</td>
</tr>
<tr>
<td>Personal Factors</td>
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</tbody>
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Linking ICF model to Reasoning

Scientific Reasoning: Understanding the nature of the condition

Narrative Reasoning: Understanding the person and their story

Ethical & Pragmatic reasoning: Understanding practical and moral issues that impact clinical action

Using the framework

Questions/Comments?