Defending the Art of Physical Therapy _POSTER.pdf

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Defending the Art of Physical Therapy: 
Expanding Inquiry and Crafting Culture in Support of Therapeutic Alliance

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WHAT IS EVIDENCE?

- Clinical Expertise
- Patient Values
- Best Research Evidence

EXPANDING INQUIRY

“Science is only one way of knowing, and its purpose is not to generate absolute truths, but rather to inspire better and better ways of thinking about phenomena.” - Wade Davis

There are multiple ways to gain valid evidence, in this case evidence about the processes that affect health and wellness. Qualitative, mixed methods, and participatory design research are examples of methodologies that investigate ways of knowing that do not lend themselves to quantitative analysis.

WHY HAVE WE UNDER-UTILIZED ALTERNATE SOURCES OF EVIDENCE? 1, 2, 3, 5, 7

- Are we unaware of the relevance and credibility of the information that can be gathered?
- Are we aware that they exist?
- Are sources of funding not interested?
- Do editorial board members of mainstream journals undervalue these research approaches?

CRAFTING CULTURE

“Physical therapists have long created a unique oasis, so to speak, in the healthcare industry— teaming with the patient to assist in the healing process. The ability to combine the best of science with the art of a healer is ultimately what we are about as a profession.” - Roger M. Nelson, 2013 McMillan Lecture

The successful practice of physical therapy within the biopsychosocial construct requires a professional culture that places value on the interpersonal relationships that foster healing and the time frame required to build those relationships. Crafting these relationships is a process and cultivating that process requires both skill and the time to use it. When taken as a whole, the profession of physical therapy has overwhelmingly been defined by an ethic of partnership with the patient. However, forces within and without the profession devalue the therapeutic relationship. Fiscally driven efficiency measures and without the profession devalue the therapeutic relationship.

THERAPEUTIC ALLIANCE

- Clinical environment
- Language of the therapist
- Appearance of the intervention
- Time of the interaction
- Perceived competence of therapist

DEFINING FEATURES OF POSITIVE TA: 2, 3, 5, 7

- Trust
- Empathy
- Shared goals for treatment
- Sense of collaboration
- Open and reflective questioning

CONTEMPORARY, NONSPECIFIC, OR PLACEBO EFFECTS 2, 3, 5, 7

- Self-efficacy
- Resilience
- Salience
- Sense of coherence
- Locus of control

IMPLICATIONS FOR CURRICULUM

“I have noted for many years that students return from clinical affiliations asking questions, not about the science of kinesthetics or complex neurological diagnoses but about issues that emanate from the traits and miseries of human beings under their care – perceived lack of motivation, sexual improprieties, unyielding grief, and dysfunctional families. Where do our students receive the tools to work with human beings? Our curricula are devoted almost entirely to the biological and physical sciences connected to healing. Where do students actually gain knowledge in the ‘Art of Caring?’” - Katherine Shepherd, 2007 McMillan Lecture

How do we educate towards the professional culture that we wish to build?

- Highlight the impact of therapeutic alliance on outcomes in PT
- Develop empathetic practice
- Incorporate training on mindfulness based practices
- Use expert practice as a guide for curricular design
- Teach motivational interviewing
- Incorporate models of mind-body medicine
- Preserve incoming students’ belief in the importance of human relationships
- Model professional behavior
- Emphasize current models of integrative health practices
- Model collaboration in curriculum to support collaborative practice in the clinic.