

Neurology Section

Practice Committee

Practice Issues Forum: Defining Autonomous Practice across Various Neurological Settings, Combined Sections Meeting, 2008

Statement

Background

The purpose of the annual Neurology Section Practice Issues Forum is to address practice issues related to federal affairs, professional growth and development, and clinical practice in neurology. The goal for the Practice Issues Forum for 2008 was to integrate these areas into the discussion of autonomous practice across various neurological settings.

The Neurology Section Strategic Plan 2006-2010 contains Action Plan, Goal 1: Advance neurologic physical therapy practice at all levels of clinical mastery within an evidence-based context and Objective 1.5: Promote autonomous practice in neurologic physical therapy by defining a model of autonomous physical therapy practice. To address Objective 1.5, practitioners from a variety of neurological settings, including acute care, inpatient rehabilitation, outpatient rehabilitation, and extended care facilities, were invited to present at the Practice Issues Forum and to act as panelists. These individuals were selected because they exhibit core values of autonomous practice within their practice settings. Prior to the forum, the group used a modified Delphi process involving multiple iterations to agree on elements of an autonomous practice model. The model is a consensus-based description of core values inherent to autonomous practice in neurologic practice settings. The final product from the Delphi process was shared at the 2008 Combined Sections Meeting. Interaction and collaboration occurred with the audience, which further shaped the model. The present document integrates the original presentation with Section member discussion and feedback to produce a consensus statement on autonomous practice in neurologic physical therapy.

The primary purposes of this statement are to: (1) apply the definition of autonomous practice from APTA Vision 2020¹ to neurologic physical therapy across all settings, and (2) show that autonomous practice is not an unattainable, esoteric ideal, but rather a professional behavior that may be demonstrated within all levels of experience. Experience is not a prerequisite for autonomous practice; autonomous practice is an entry-level skill. It is a key component of *best practice*. We believe that many physical therapists will agree that they already demonstrate the behaviors of autonomous practice and that they are practicing in a manner consistent with APTA Vision 2020.

The document *Working Operational Definitions of Elements of Vision 2020 From the Task Force on Strategic Plan to Achieve Vision 2020*^{2(p2)} states the following about autonomous practice: "Physical therapists accept the responsibility to practice autonomously and collaboratively in all practice environments to provide best practice to the patient/client. Autonomous physical therapist practice is characterized by independent, self-determined, professional judgment and action."

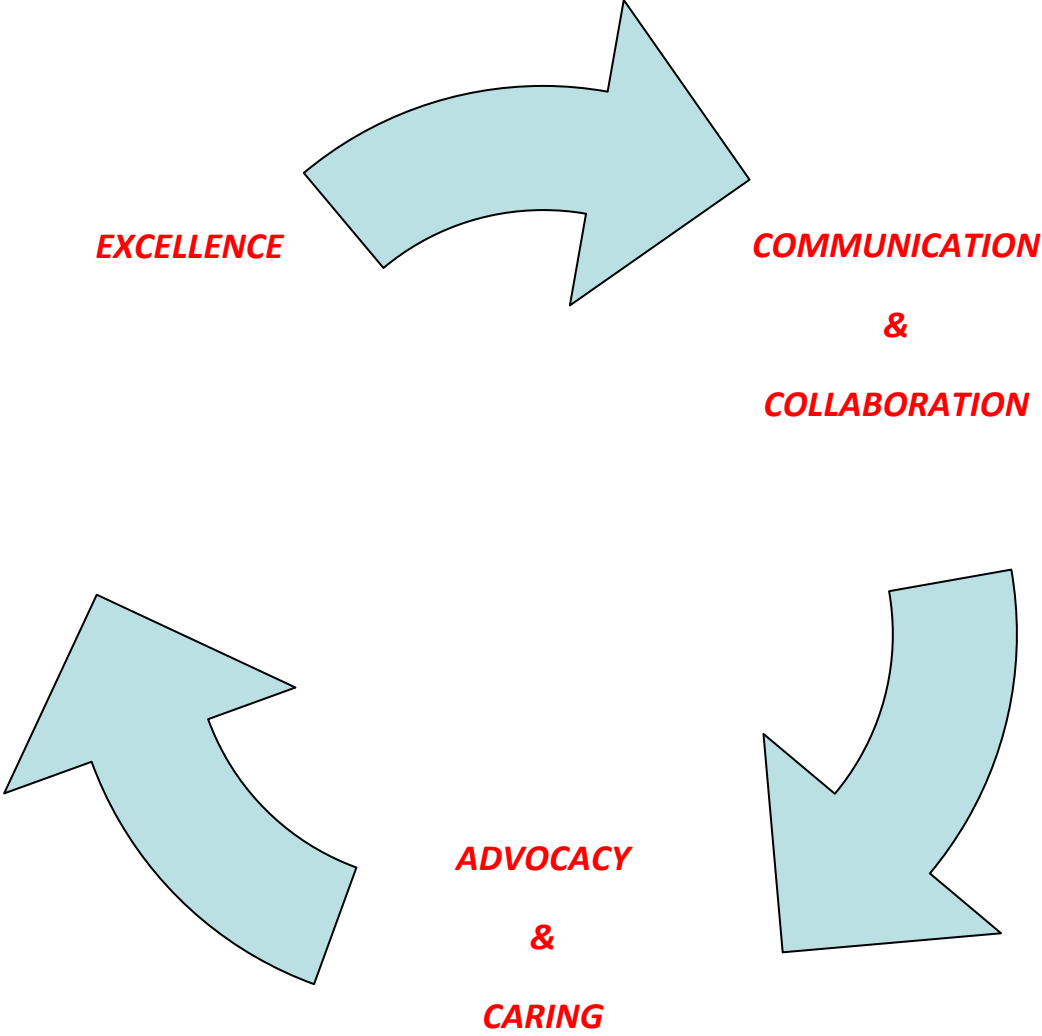
Autonomous practice is not synonymous with direct access, described as follows^{2(p2)}: "Every consumer has the legal right to directly access a physical therapist throughout his/her lifespan for the diagnosis of, interventions for, and prevention of, impairments, functional limitations, and disabilities related to movement, function and health." Autonomous practice is a characteristic of the practitioner, while direct access is a benefit to the consumer.

Key Concepts for Practice in Neurologic Physical Therapy

Three key concepts emerged as inherent in autonomous physical therapist practice in neurology: excellence; communication and collaboration; and advocacy and caring. These concepts all appear in the definition of professionalism from *Working Operational Definitions of Elements of Vision 2020 From the Task Force on Strategic Plan to Achieve Vision 2020*^{2(p2)}: “Physical therapists and physical therapist assistants consistently demonstrate core values by aspiring to and wisely applying principles of altruism, excellence, caring, ethics, respect, communication and accountability, and by working together with other professionals to achieve optimal health and wellness in individuals and communities.” Autonomous practice and professionalism are interwoven. An autonomous practitioner is a professional who demonstrates excellence by utilizing solid professional judgment to provide the best practice to their patients/clients. An autonomous practitioner is an individual who is independent and responsible for his or her actions while collaborating and communicating with the entire healthcare team to provide the best care for his or her patients/clients. An autonomous practitioner is an individual who advocates and cares for his or her patients/clients by providing excellence and collaborating with a core purpose of preserving “the individual autonomy of people.”^{3(p99)}

While features of the practice setting may impact these components (e.g., face-to-face communication with physicians and other practitioners may be easier in some settings), autonomous practice is NOT setting-specific. This document identifies key components exhibited by autonomous practitioners that cross all neurological settings.

Figure 1. Key concepts inherent in autonomous physical therapist practice in neurology



Excellence

Excellence is one of the core values of professionalism. Excellence is practice in which the clinician consistently uses current knowledge and theory while understanding personal limits, integrates judgment and the patient/client perspective, embraces advancement, challenges mediocrity, and works toward development of new knowledge.^{4(p5)} Consistent with the APTA Vision 2020 definition of autonomous practice, autonomous practice occurs when a physical therapist exhibits self-determined, professional judgment and action. Autonomous practitioners demonstrate competent, thorough, and accurate data collection in the examination process and well-developed clinical decision-making skills, including the ability to apply differential diagnosis, in the evaluation and diagnosis components of the elements of patient/client management.⁵ A physical therapist's clinical decision-making process incorporates an evidence-based, multi-system approach resulting in a physical therapy diagnosis. A "cookbook" approach is never taken.

Griffin⁶ and Sullivan^{7,8} describe case examples in which the physical therapist detects neurologic symptoms that are inconsistent with the medical diagnosis and reports these symptoms to the physician. Griffin cites this process as an example of autonomous practice. Sullivan refers to this process as "differential diagnosis" and also uses the term "clinical decision making." Differential diagnosis and sound clinical decision making reflect practitioner excellence and are components of autonomous practice. Furthermore, they are inherent to best practice physical therapy and occur in every practice setting.

Finally, excellence, as it relates to autonomous practice, also occurs when a physical therapist demonstrates an active plan for professional development and continued commitment to lifelong learning. As defined in the APTA Position "Professional Development, Lifelong Learning, and Continued Competence in Physical Therapy,"⁹ lifelong learning is "[t]he systematic maintenance and improvement of knowledge, skills, and abilities through one's professional career or working life. Lifelong learning is the ongoing process by which the quality and relevance of professional services are maintained."

Communication and Collaboration

Autonomous practice does not mean practice in isolation from other practitioners; rather, it means practice that is collaborative with other practitioners without a supervisory relationship. An autonomous physical therapist practices independently but within a patient/client-centered multidisciplinary team, including patients, family members and other caregivers, other physical therapists, support staff, and other types of healthcare professionals. This independence means engaging in self-determined, professional judgment and action as opposed to relying on another provider to give explicit instructions. The neurological physical therapist offers valuable, pertinent, precise information to the healthcare team to ensure patient/client safety and optimal outcomes. Collaboration also encompasses the mentoring of a less-experienced physical therapist by a more-experienced physical therapist.

Communication is intrinsic to collaboration. Professional communication is concise, informative, timely, and confident and is a skill that, like all skills, requires practice. Often, communication is the vehicle for action that follows from professional judgment (e.g., for communicating the findings of the differential diagnosis process to the physician). Communication is also often the vehicle for patient/client advocacy. While professional communication is courteous and non-confrontational, it is also confident and direct.

It is important to recognize that, while many healthcare practitioners are human service providers who are temperamentally eager to please, ethics and accountability necessitate that we take action on our professional judgment and advocate for optimal patient/client outcomes even when doing so results in a difference of opinion with other members of the healthcare team.

Advocacy and Caring

Autonomous practice occurs when a physical therapist accepts accountability for his or her practice. Accountability to and advocacy for our patients/clients are needed for optimal outcomes. An autonomous physical therapist recognizes that he or she may be the only healthcare provider in touch with a patient/client on any given day, necessitating well-developed clinical decision-making skills that are applied at every patient/client visit (or other form of contact) to ensure best patient/client care, including safety. An autonomous practitioner of physical therapy also recognizes that multiple visits with a patient/client permit the ongoing opportunity to provide differential diagnosis and refer to other providers as needed for changes in health status and that this referral process, beyond timely communication and coordination, may necessitate advocacy. As stated previously, accountability is a component of the definition of professionalism as an element of Vision 2020.^{2(p2)} In *Professionalism in Physical Therapy: Core Values*,^{4(p4)} accountability is defined as “active acceptance of the responsibility for the diverse roles, obligations, and actions of the physical therapist including self-regulation and other behaviors that positively influence patient/client outcomes, the profession and the health needs of society.”

Summary

As the profession of physical therapy moves toward the fulfillment of APTA Vision 2020,¹ it is critical that individual physical therapists understand the pillars of the Vision. Moreover, it is critical that physical therapists practice in a manner that is consistent with Vision 2020. Efforts are needed for dissemination to the membership of APTA and all physical therapists to encourage peer mentoring that brings all physical therapists to the same Vision and helps them recognize that autonomous practice is a choice that is made by the individual physical therapist. This document is an example of a collaborative effort by autonomous practitioners to identify and share the key concepts inherent to autonomous practice. It is important to understand that autonomous practice is not a function of direct access, which is a benefit to the patient/client; rather, autonomous practice is a characteristic of the physical therapist. It is our belief that many physical therapists already practice autonomously, even though they may not recognize their practice as being autonomous; and it is our hope that physical therapists who are functioning as autonomous practitioners will provide peer mentoring to help bring their colleagues to the same level of practice and the same recognition.

References

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