

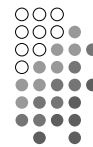
The use of critical incident analysis to demonstrate experiential learning and evidence based practice



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Educational Context



- Postgraduate masters modules
- Clinically based units of learning
 - Manual therapy
 - Injection therapy
- Assessment procedure/learning tool

Educational Context

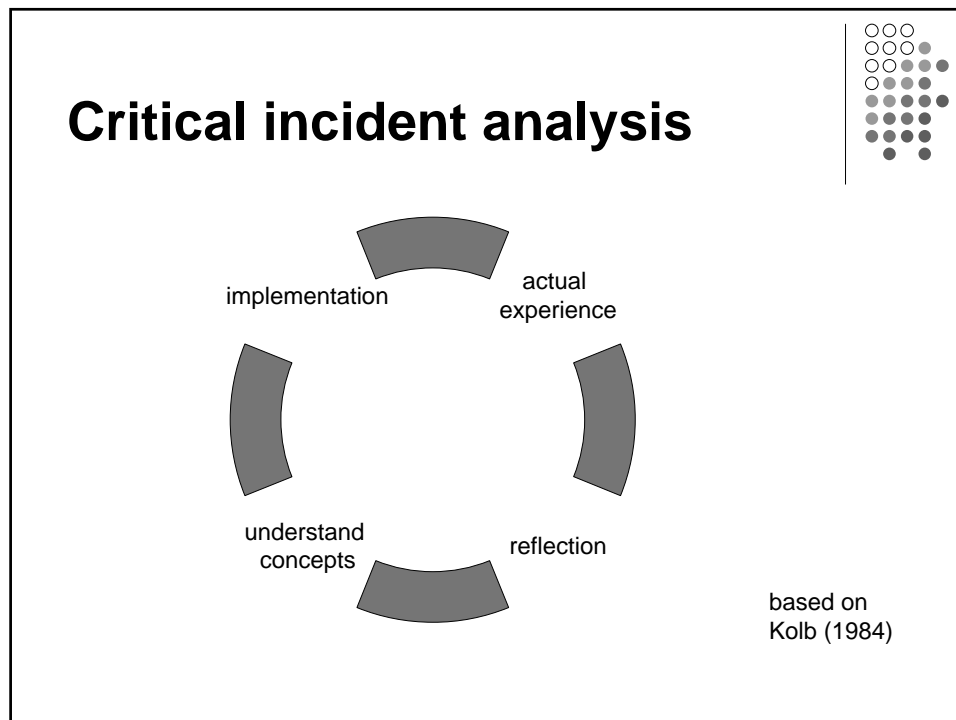


- Key learning outcomes
 - Clinical reasoning
 - Learning supported by evidence
 - Implement learning within clinical practice

Critical incident analysis

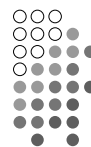


- To assist in thoroughly evaluating a learning opportunity
- Method of developing expert, professional judgment (Tripp 1993)
- A skill of integrating new knowledge with previous knowledge...to improve standards of care (Giro 2001)



- ## Critical incident analysis
- Identification of critical incident
 - describe the incident only at this stage
 - one specific event that makes you realise some further action is required
 - can be a positive or negative experience
 - can be derived from different settings
 - learning environment
 - patient management
 - personal interaction

Critical incident analysis



- What did you learn from the incident ?
 - reflection on action (Schon 1987)
 - reflection before action (Girot 2001)
 - clinical reasoning supported by relevant evidence

Critical incident analysis



- How have you incorporated this learning into your practice
 - completes the experiential learning cycle
 - indicates if and how practice has changed
 - justifies the benefits of change

Educational Context



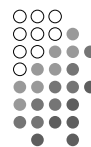
- Introductory session for students
 - at the beginning of the module
 - explanation of CI analysis
 - explanation of paperwork required
 - use of examples
- Feedback on completed CIs

Educational Context



Marking criteria	credit	pass	refer
Identification of critical incident			
Evidence of clinical reasoning			
Evidence of reflective evaluation			
Uses relevant supporting literature			
Well presented with good grammar			
Correct referencing, bibliography & acknowledgement			

Experiential learning



- **Students challenge their assumptions, values and norms of previous practice**
 - “my subjective assessment technique comprised of what seemed to be a routine series of questions into which went little thought other than recognising the necessity to ask them.”
 - “my treatment of foot and ankle patients had been biased towards proprioception and stability , without consideration for relative joint mobility and hypomobility”

Experiential learning



- **Students challenge their assumptions, values and norms of previous practice**
 - “using movement diagrams made me realise inadequacies in my previous assessments”
 - “I realised that my choice of techniques had been too blinkered.”
 - “previously I viewed injection as an option to consider when all else had failed”

Experiential learning



- **Students demonstrate critical evaluation of their current and future practice**
 - “I concluded that experience alone was not sufficient to assess the patient but that the combination of increased confidence in my palpatory skills plus the ability to utilise other relevant objective tests allowed me to arrive at a more reasoned conclusion of SI joint dysfunction”
 - “the injection therapy approach offered a more tangible solution to the patient’s problem, compared to the lack of resolution of symptoms from ultrasound and taping.”

Experiential learning



- **Students demonstrate use of supporting evidence within clinical reasoning**
 - “the use of specific joint mobilisations for cervicogenic headaches (CH) prompted me to review the literature to substantiate and develop my treatment choice”
 - Beeton & Jull (1994) noted a significant decrease in frequency and intensity of CH. This supports Corrigan & Maitland’s (1998) assertion that mobilisation techniques allow substantial relief from CH”

Experiential learning



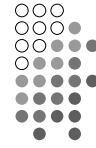
- **Students demonstrate interprofessional working**
 - “I was able to make an appropriate referral to the biomechanical podiatrist.”
 - “the Pain Consultant has now requested to spend a morning with me to widen his understanding of the role of the physiotherapist.”
 - “my Orthopaedic Consultant mentor preferred the use of Depomedrone to Kenalog. After a discussion re the evidence for post injection pain our group protocol now uses Kenalog”

Experiential learning



- **Students demonstrate an awareness of political and professional issues**
 - “working in an area of multi socio-cultural factors it has become apparent to me that I frequently employ poor verbal and non-verbal skills in response to patients negative attitudes.”
 - “I will be complying with core standard 6 and providing my clients with evidence based practice”

Conclusions



- CI analysis assisted students to achieve module learning outcomes at masters level
- The process demonstrated that clinicians could critically evaluate current practice
- Evidence based practice was an important outcome