UBC Department of Physical Therapy

T-Res
User Guide

a place of mind

UBC

T-Res is your tool for logging daily clinical experience and reflections. It is web-based, but is available for use with:

- **iPhone, iPod Touch or iPad** devices running iOS 7.x: Available from the *Apple App Store*.

- **Android** devices: Available from *Google Play Store*.

- **BlackBerry** devices: Blackberry app is compatible with versions 5.x - 7.x (the new Blackberry OS 10 is not supported; however, you can use the Android app on newer Blackberrys). Available from T-Res website.

Technical questions & support

Do not hesitate to contact Resilience Software's support team directly if you have any technical questions.

604-693-2323 or **1-866-694-2323** or **support@t-res.net** (Mon-Fri, 9am to 5pm, PST)

Resilience also has several tutorial videos which may provide useful. Note that they are a basic introduction, using examples from their Medicine portfolio, but they do give a basic understanding of many of the functions you will also use (such as changing a password, viewing activities, customizing filters and columns, etc.). You will find all the tutorial videos posted under the 'Help' button on the menu bar in your T-Res accounts, but they also have a YouTube channel: http://www.youtube.com/user/resiliencesoftware.

Do I need a mobile device to use T-Res?

No. You can input all of your information solely via the web application if you wish.

If I use my mobile device, how often do I have to sync up the information to the web server?

The best advice is -- **often!** Syncing is easy to do *(read more about it on page 12)*. If your mobile device is lost, stolen, or damaged, and you haven't synced lately, you will lose that info.

You don't have to sync constantly – information on your mobile device is kept there until you sync. You just don't want something unfortunate (like a lost or damaged device) to force you to redo all you might have input! ☺

Synchronizing with the T-Res server can be done wirelessly via the user's internet connection on the device, available if the user has a data plan. Data can be synchronized any time the user is connected to the internet. The sync software for mobile devices resides in the device itself and does not require synchronization with a computer for it to send data to their server.

Inputting and viewing information

PLEASE NOTE that <mark>**in order to pass RSPT 534/554/574**</mark> (and graduate) you should be entering the following three things into T-Res during each of your placements:

The ***CLINICAL EXPERIENCE LOG*** of patients treated

The ***LEARNING PLANS***

REFLECTIONS – at least ***one for each week of placement*** (five (5) in total for <u>each</u> placement).

All T-Res requirements must be completed by the end of the weekend directly following the last placement day, i.e., at the latest 48 hours after completing the placement.

Patient privacy and confidentiality

DO NOT…

… under <u>ANY</u> circumstances, use a patient's name, initials or MSP CareCard number as a *Student Encounter #*.

- **Patient identifiers such as Personal health numbers CANNOT be used as the student encounter number – you must use the specified format**

- **T-Res passwords must NOT be shared with other students**

- **Any portable devices used for T-Res logging must be password protected, should not be left lying around or unattended, and should be uploaded (sync'd) daily**

- **For more details, please see Student Policies (Section 3) in the Clinical Education Manual**

How/when do I input my clinical experience information?

Start by making notes during your shifts. These notes can then be transcribed into T-Res, perhaps during breaks or at the end of the day. It will be up to you and your supervisor to determine the appropriate time for completing the portfolio.

Upon arrival to your site, please **make sure** to let your supervisor know that that you, as a UBC MPT student, use the T-Res system to report your clinical experience, as required by the department. Ask what is acceptable in terms of possibly using your mobile device, laptop, or site computer for inputting information during your shifts. If the supervisor/site does not wish to have you use your mobile device/laptop during your shift then you will need to add information to your portfolio on your own time.
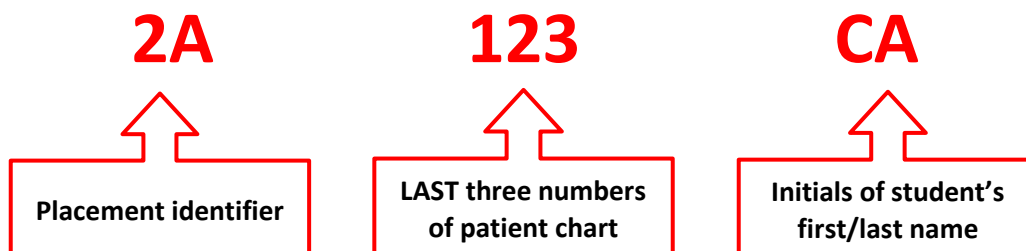
If your supervisor does not mind you inputting information in down time during a shift that's great - please just make sure to have a conversation about this and establish his/her ground rules. **It is essential that all inputting is done out of sight of patients to protect confidentiality.** Also ask your supervisor to let other staff know about your use of T-Res (so they don't think you're constantly texting for no reason!!).

How long do I have to input my activities?

You have **60 minutes** to record your activities without saving anything and being timed out. As dialogue box will pop up after 45 minutes to tell you that you are about to be timed-out, and give you the option to click 'OK' to stay logged on.

How do I identify my patients?

When identifying patients/clients you **MUST** use this standardized format for the "Student Encounter #," e.g.: **2A123CA**

2A	123	CA
Placement identifier	**LAST three numbers of patient chart**	**Initials of student's first/last name**

If there is no chart numbering system in place at your site you are permitted to create a numbering system.
The best suggestion is a simple: *Patient 001, 002, 003…*

I'm going to see the same patient(s) every day/often. Do I need to input separate entries?

Yes, however with the help of the **Student Encounter #** field you can easily keep track of each patient.

You will need to input information <u>each time</u> you have an interaction with a patient. For example, you might see a rehab patient once a day for three weeks. In that case you would be inputting information on your interaction with that patient <u>each</u> day (or possibly several times a day). This is because your role (e.g., observed, completed with assistance) will most likely change during the course of treatment, as might the treatment itself. Seeing these daily logs will be a great record of your progression with a certain patient.

Once you have input an initial record for a patient you can **duplicate that record** and use it as the basis for your next treatment log. To easily find that patient, first start by setting up a filter:

- Go to **Activities > View Activities**.
- Click on **Customize Filters**.

- Check the **"Student Encounter #"** checkbox. That will now add a filter to search by *Student Encounter #*.
  - Here is where you can customize your filters and/or occasionally turn them on and off when required.
    E.g., if you want to see Reflections, you can clear other check boxes and only turn the *Reflection* filter on.

- NOW when you go back to the *View Activities* dropdown you'll see your chosen filter(s) for searching. Once you have input the *Student Encounter #* for your patient it will bring up only the activities connected to that number.
- You can do a further sort by clicking on any header in the list, such as *Treatment Type* or *Role*.
- Find the activity for that patient that you would like to duplicate. Click on ✏ **Edit** on that line and it will bring up the activity.

- Duplicate the record by clicking on "Save and Duplicate."
- From there you can keep/delete any information, and then save that as a new activity.

SAVE options

- **Save** – Saves activity, then sends you to *View Activities* page

- **Save and New** – Saves activity, then gives you another blank activity of the same activity type

- **Save and Duplicate** – Saves activity, then gives you another activity of the same activity type, with all field entries copied over from previous activity

What is the "Clinical Reasoning" section?

The "Clinical Reasoning" section can be used to record the clinical reasoning you used in decision making for each patient. It is an optional field and it is not mandatory to complete this field.

What is the "Reflection" section?

The "Reflection" section is for you to record your reflections on your clinical experience – thoughts, questions, reminders of what you need to look up or study, or whatever else you would like to include to assist in your learning or personal development. *(For more details on what is required in Reflections, check the course outline or contact the Academic Head, Clinical Education (AHCE.)*

You are required to submit (at least) one reflection to the AHCE per week on placement. The T-Res portfolio makes this easy to do as you can simply go through your saved reflections and choose one (or more) that you'd like to submit for that week. This section is not accessible by anyone but you, with the exception of any reflections you choose to submit to the AHCE - using the "submit reflection" button.

What is the difference between "Reflections" and "Private Notes?"

Private notes are just that <u>private</u>. This section is not accessible by anyone but you, so you can feel free to write any notes or observations in this field.

How do I go back and find a saved "Reflection" and choose it to submit that week?

To find saved reflections by any week, click on **Activities > View Activities** from the T-Res menu and choose the appropriate date range from which you would like to submit a reflection. Then select **Reflections** from the drop down menu called **Activity Type**; to finalize your search, click on the **Find Activities** button.

*(If you do not see the **Activity Type** drop down filter, simply click the small blue **Customize Filters** link in the lower right hand corner of the **Search Filters** box and add the activity type field to your search – click **Done** when finished.)*

When you find a reflection you'd like to submit, open it, check the *"Submit Reflection"* checkbox, and save. Should you want to submit more than one reflection for that week, just repeat the process. The AHCE will run a weekly report to ensure that all students have submitted one reflection each week.

What is the "Learning Plan" Activity?

The "Learning Plan" activity is to help you identify your learning needs, and to record your progress in meeting these needs. In this section you will record your learning objectives, your plans of how to meet them (usually this is done in conjunction with your supervisor), and progress towards these goals with any changes in plans. You should review and update this section regularly, at minimum at the beginning, midterm and end of the placement.

How can I view reports of my activities?

If you would like to use available reports to view the data you have entered into T-Res just click on the **Reports** tab in the main menu, next to **Activities**. You will be taken to the Reports page where you can see and select different reports to run within the system. Any reports can be saved as a PDF file, printed or exported to your computer as an Excel document.

To run a report, make a selection from the **Reports** page by clicking on a *View Report* button. You will then see parameters to enter such as a date range and diagnoses/treatment types, etc. Make all of your report selections and then click *View Report*. The reports available to you may be updated or changed as we progress in getting T-Res fully setup for the Physical Therapy profession.

## Access to your information after you graduate from the MPT program

Current policy with T-Res is that login is active for three years post-graduation. UBC MPT students can continue to access their account and view data during that time.

Should you wish to be able to input information/activities once you start working (for your own records), you can contact T-Res directly and arrange to subscribe at the current cost of $129 per year.*
At November 2013

Basic instructions and page views

When you arrive at the Home Page please refer to the **TABS**.
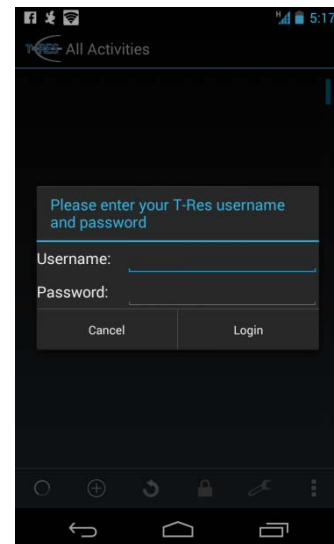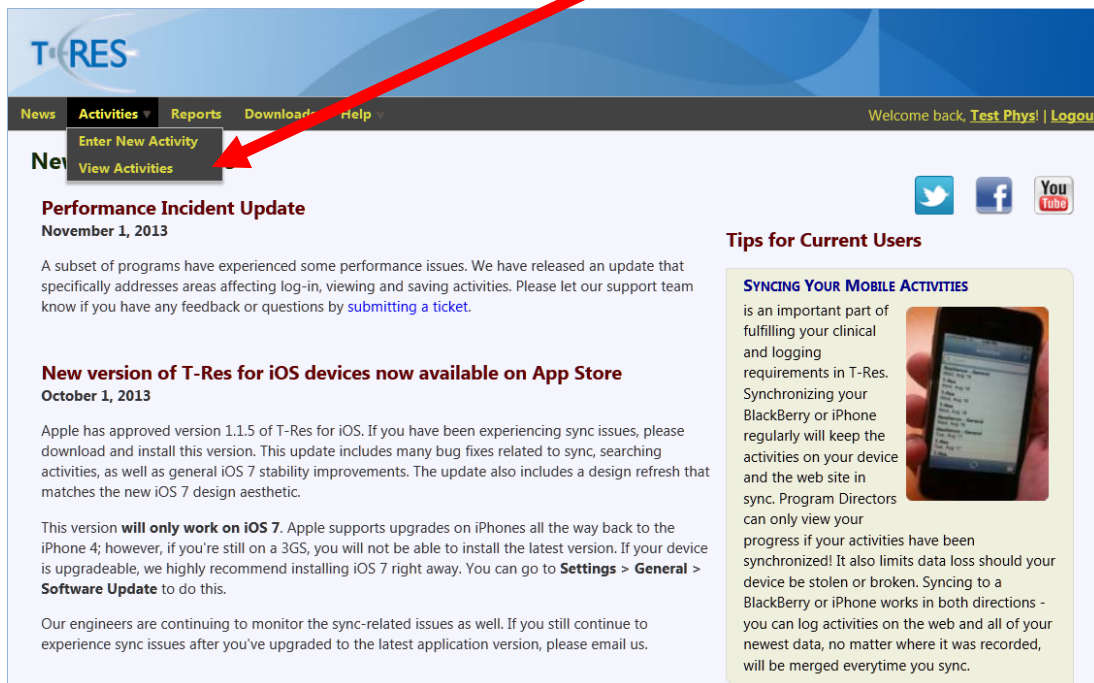
Here is a sample of what the login screen will look like with a mobile device.

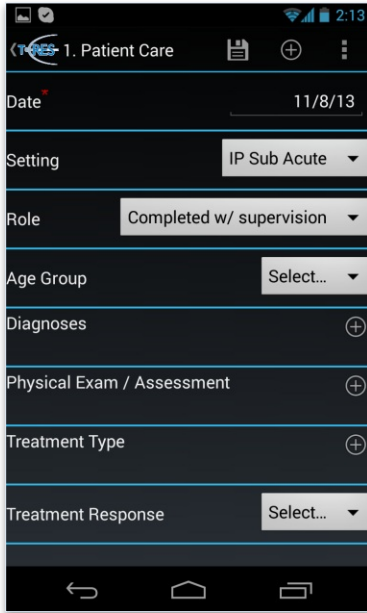**Please note: All screen shots are shown on an Android phone**

Once you log in you can proceed directly to the *Activities* tab. Here you can either *Enter New Activity* or *View Activities (Browse, on a mobile device)* any saved activities (and be able to search those activities via many different criteria). You can also download these activities to CSV/Excel.

Click on the *Activities* > *Enter New Activity* to get started!

Here are the five available activities:

1. **Patient Care**
2. **Interprofessional (IP)**
3. **Non Patient Care**
4. **Reflection**
5. **Learning Plan**

1. Patient Care

NOTE: Anywhere *"Type to search"* is indicated, you can search for a listing by typing the first few letters of the word.

Check this box when your patient has been discharged. When you are viewing activities you can customize columns (see page 3) and add the *Patient Discharged* field to the visible columns; that way, you can see which patients are discharged in *View Activities* and quickly sort by the *Patient Discharged* column.

ACTIVITY SETTING SECTION

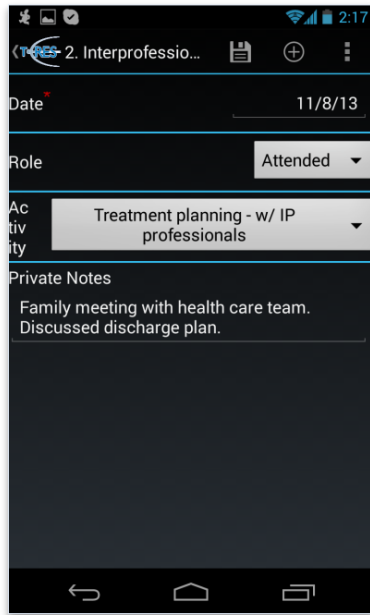| Date	
Setting	CDC, Forensic Psych, Home Health/Community, IP Acute, IP Rehab, IP Sub Acute, OP Private, OP Public, Residential/Long-term Care, Other

ACTIVITY DETAIL SECTION

Role	Completed w/ assistance, Completed w/ supervision, Independent, Observed, Participated

PATIENT INTERACTION SECTION

Patient Age Group	Infant, Child, Adolescent, Adult, Senior
Diagnoses	"Parent sections" are CR, MSK, Multisystem/General, Neuro *(see Appendix of Terms)* • Can add up to 10 selections
Physical Exam/Assessment	"Parent sections" are CR, MSK, Neuro, +Review Lab Tests, +Review Medications *(see Appendix of Terms)* • Can add up to 10 selections
Treatment type	"Parent sections" are CR, MSK, Multisystem/General, Neuro *(see Appendix of Terms)* • Can add up to 10 selections
Treatment Response	Effective, Ineffective, Ongoing
Student Encounter #	You **must** use the **standardized format** (indicated on page 2).
Clinical Reasoning	In this section you can, if you choose, explain/record your thinking process or reasoning around the assessment/treatment options for a particular patient. *(It is visible.)*
Private Notes	This section is for your private notes. It is not visible to anyone but YOU.

2. Interprofessional (IP)

ACTIVITY SETTING SECTION

Date	

ACTIVITY DETAIL SECTION

Role	Attended, Observed, Participated, Presented/Led
Activity	Case Study, Meeting, Rounds, Shadowing, Treatment Planning – w/IP professionals

Private Notes	This section is for your private notes. It is not visible to anyone but YOU.
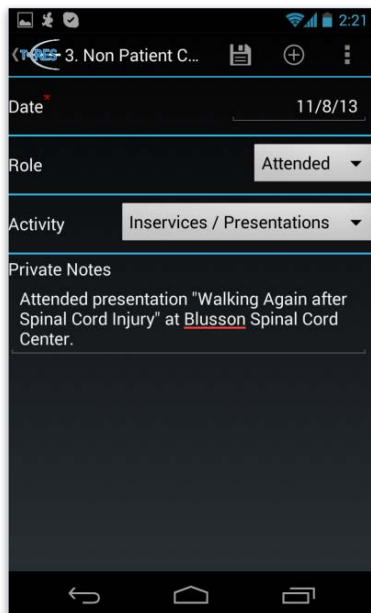
3. Non Patient Care
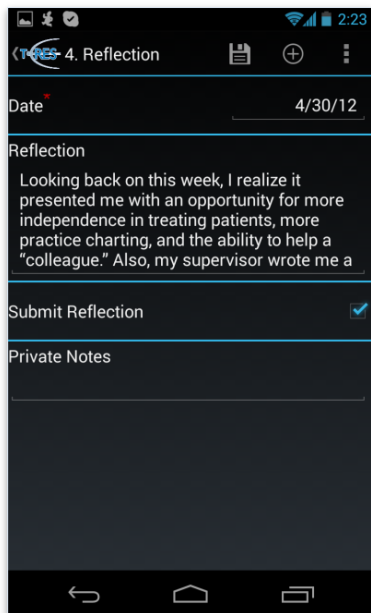

ACTIVITY SETTING SECTION

Date	

ACTIVITY DETAIL SECTION

Role	Attended, Led, Observed, Participated
Activity	Inservices/Presentations, PABC/CPTBC Activities, PR/Marketing, Staff Meetings

Private Notes	This section is for your private notes. It is not visible to anyone but YOU.

4. Reflection

NOTE: When you decide which Reflection(s) you would like to submit for the week, just check this box and it will be made available to the AHCE!

ACTIVITY SETTING SECTION

Date	

ACTIVITY DETAIL SECTION

Reflection	For information on finding and submitting weekly Reflections, please see Page 5.

Private Notes	This section is for your private notes. It is not visible to anyone but YOU.

Remember, you have 60 minutes to record your activities without saving anything and being timed out.

(As a reminder a dialogue box will pop up after 60 minutes to tell you that you are about to be timed-out, and give you the option to click 'OK' to stay logged on.)

If you are planning on typing a lengthy Reflection an option is to type it in a Word document and then copy and paste it into T-Res when complete.

5. Learning Plan

Enter New Activity

[Save] [Save and New] [Save and Duplicate]

Activity Type: 5. Learning Plan

Activity Setting

Date*
13-Nov-2013

Placement*

Level 1A
Level 1B
Level 2A
Level 2B
Level 3A
Level 3B

Smart Objectives

By midterm I will have led the post THR class, with minimal supervision.

Action Plan

- **Observe post THR class x 2 in Week 1**
- **Assist with class in Week 2, including leading 2-3 exercises**
- **Lead entire class (with supervisor observing) in Week 3**

Feedback / Revision

I was comfortable leading the group - with supervision - by the end of Week 2, so I was able to independently lead the group by midterm. I received positive feedback from participants.

Was Objective Met

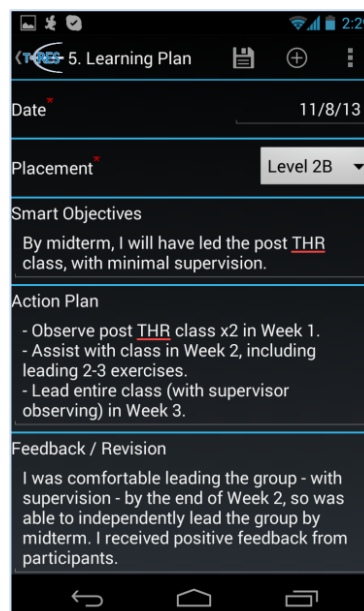**Yes, and exceeded, as I was independent by midterm.**

Other Information
Private Notes

A Learning Plan can be identified for each placement (1A, 1B, 2A, etc.)

The *Learning Plan* section is there to help you identify your learning needs, and to record progress in meeting these needs. In this section you record:

- **Learning** (smart) **Objectives**

- An **Action Plan** of how to meet them *(usually this is done with your supervisor)*

- Progress towards your goals with any **Feedback and Revision**

- You should review and update this section regularly, at minimum at the beginning, midterm and end of the placement to see if your **objective was met**

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5. Learning Plan

Date*   11/8/13

Placement*   Level 2B

Smart Objectives
By midterm, I will have led the post THR class, with minimal supervision.
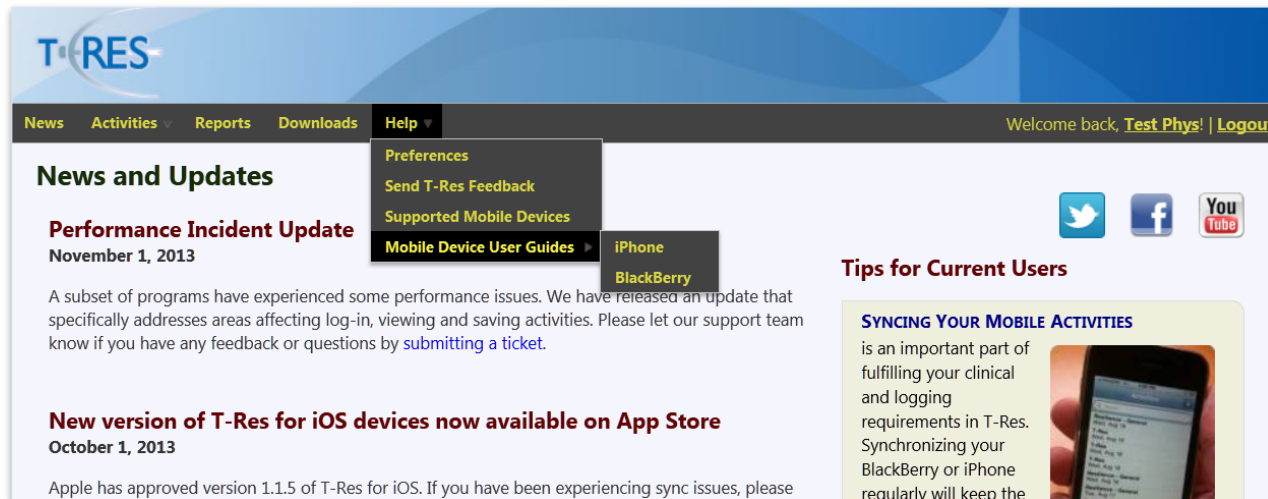
Action Plan
- Observe post THR class x2 in Week 1.
- Assist with class in Week 2, including leading 2-3 exercises.
- Lead entire class (with supervisor observing) in Week 3.

Feedback / Revision
I was comfortable leading the group - with supervision - by the end of Week 2, so was able to independently lead the group by midterm. I received positive feedback from participants.

## Using the system with your preferred mobile device

You access the T-Res site via the web, with your *Username* and *Password*. From there you can input any information on your computer or laptop. To use T-Res with a mobile device, please go to the *Help* **tab > *Mobile Device User Guides***. You'll find information on how to install the application, and how to navigate with your mobile device.

IMPORTANT!!! Synchronizing with your mobile device

Synchronizing coordinates and updates all activities you've entered/edited/deleted separately from your mobile device or online.
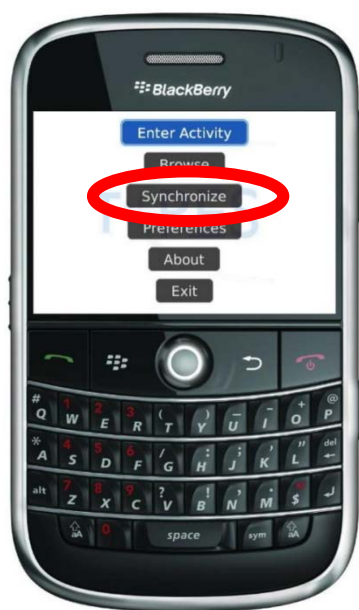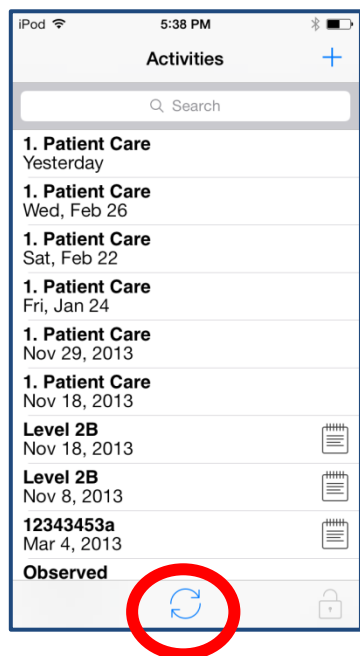
The T-Res applications for **Apple** and **BlackBerry** allow you to track your information right on your phone, *without* needing to be connected to a network or Wi-Fi for the internet. This allows students who are in a hospital setting or are away from available internet to still be able to enter and track their cases, but does also mean that in order to "send" the cases they've entered on their phones to their main web account (and vice versa), they must click the **Synchronize** button in their T-Res app on their phone when internet is available to them. When they click on *Synchronize* it will send and update all account information, making it available to their online T-Res account and to the department.

- A plus side of this is that users can sync their activities from home or on campus where they have free access to WiFi, so data costs in using internet on their phones can be potentially avoided. It also limits data loss should your mobile device be stolen or damaged.

An **Android**, on the other hand, <u>needs an active internet connection</u> (via WiFi or your phone data plan) in order to be used. The pros and cons are reversed: you will have to have internet in order to log your activities, but, on the other hand, there is no need to remember to manually sync.

<div style="background-color:pink; text-align:center">

REMEMBER!

If you can't see an activity on the web, then your program administrator can't see it either!

If you have an Apple or Blackberry device *sync often* to prevent data loss.

T-Res doesn't have backups of unsynchronized activities on the mobile devices, so once it's gone, it's gone!
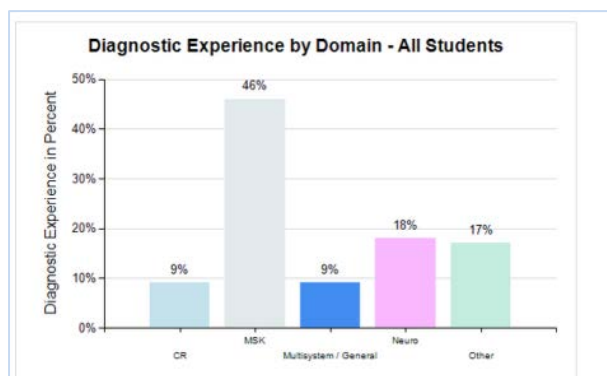
</div>

Generating and Viewing Reports

In order to pass RSPT 534/554/574 (and graduate) you should be entering the following three things into T-Res during each of your placements:

- The **CLINICAL EXPERIENCE LOG**
- The **LEARNING PLANS**
- **REFLECTIONS**

If you wish to access reports (to view and print/export your data) do so via the **Reports** dropdown menu.
Reports can be exported to PDF or Excel for printing/backup.

You can also look at your data in various formats, such as graphs and tables.

Appendix of Terms for PATIENT CARE

Diagnoses

CR	Multisystem/General	MSK	Neuro
Abdominal Surgery	Autoimmune Disorders	Above Knee Amputation	Acquired Brain Injury (Non-Traumatic)
Acute MI	Cancer	Ankylosing Spondylitis	
Acute Respiratory	Chronic Pain	Arthritis (specify type and location)	Acquired Brain Injury (Traumatic)
Asthma	Depression	Back Pain	Amyotrophic Lateral Sclerosis (ALS)
Cardiac Rehab	Diabetes	Below Knee Amputation	Autism & Autism Spectrum Disorders
Cardiac Surgery	Failure to Thrive	Capsulitis	Cerebellar lesions
Chest Trauma	Falls	Cartilaginous injury	Cerebral Palsy
CHF	Hepatic Disorders	Club Foot	Cerebrovascular accident (CVA)
Chronic Respiratory	HIV/AIDS	Congenital Malformation	Charcot Marie Tooth
COPD – Acute Exacerbation	Incontinence	Contusion	Complex Regional Pain Syndrome
	Low birth weight/Prematurity	Crush	Cranial Surgery/Craniotomy
COPD – Chronic	Multisystem Failure	Crush/Degloving Injury	Dementia, affective and cognitive disorders
Cystic Fibrosis	Obesity	Disc/Spinal Surgery	
DVT/PE	Osteoporosis	External Fixation	Developmental Delay
Hemo/Pneumothorax	Palliative	Fracture	Down's Syndrome
Interstital Lung Disease	Pelvic Pain	Hand Injury	Duchenne's Muscular Dystrophy
	Psychiatric Disorders (Non Depression)	Hypermobile/unstable joint	Foetal Alcohol Syndrome
LE Amputation (vascular)		Hypomobile/stiff joint	Friedreich's Ataxia
	Renal Failure	Idiopathic Juvenile Arthritis	Guillain Barre Syndrome
LE Amptutation (vascular) – AK	Sepsis	Internal derangement (e.g. menisus, labrum)	Inflammatory Conditions/Infections of the Nervous System
	Skin/Wound management	Intervertebral disc injury	
LE Amputation (vascular) – BK	Traumatic Amputation - LE	Joint malalignment	Meningitis
	Traumatic Amputation - UE	Ligament injury - Gr 1 sprain	Multiple Sclerosis
LE Amputation (vascular) - Foot		Ligament injury - Gr 2/partial tear	Multisystem Atrophy
		Ligament injury - Gr 3/complete tear	Myasthenia Gravis
Other (free text)		Loose body	Myelomeningocele
Peripheral Vascular Disease		Muscle injury- Gr 2/partial tear	Neuropathy
		Muscle strain - Gr 1	Other Neurodegenerative Disorders
Pleural Effusion		Muscle tear - Gr 3/complete tear	Parkinson's Disease
Pneumonia/Chest Infection		Neck Pain	Periph Nerve Inj (incl cranial nerve/vestibular deficits)
		Nerve root injury/compression	
Pulmonary Fibrosis		OA	Periph Nerve Lesion
Pulmonary Oedema		ORIF	Post-polio Syndrome
Respiratory Rehab		Osteochondritis	Spina bifida
Smoke Inhalation		Other bony/articular disorders	Spinal Cord Injury
Thoracic Surgery		Other musculotendinous disorders	Syringomyelia
Vascular Surgery		Other paediatric/congenital disorders	Transient Ischemic Attack (TIA)
		Other soft tissue disorders	Transverse Myelitis
		Pain Disorders (e.g. chronic pain, CRPS)	Vestibular Dysfunction/Dizziness
		Partial or complete tendon rupture	
		Peripheral nerve injury/compression	
		Post-immobilization stiffness	
		Post-operative (specify type of procedure)	
		Postural pain	
		RA	
		Scoliosis	
		Spinal dys.- sft tissue (articular/ligamentous/myofascial)	
		Spinal Stenosis	
		Spinal Trauma/Injury	
		Spondylolisthesis	
		Subluxed/dislocated joint	
		Tendinopathy/Tendinosis	
		Tendonitis/tenosynovitis	
		Torticollis	
		Total Hip Replacement	
		Total Knee Replacement	
		UE Fracture	
		Whiplash Associated Disorder	

Physical Exam/Assessment

CR	MSK	Neuro	
Assess ECG tracings	AROM	Balance/Coordination	+ Review Lab Tests
Assess Ventilator Modes	Gait Assessment	Biomechanical Limitations	+ Review Medications
HR	Manual Muscle Testing	Cognitive Status	
IPPA (assessment)	Neurological - Deep Tendon Reflex	Communication	
O2 sat	Neurological - Dermatomes	Functional Mobility	
Review ABGs	Neurological - Dural Mobility	Level of Consciousness (LOC)	
Review PFTs	Neurological - Myotomes	Locomotion	
Review Xray	Other Special tests	Motor Function	
RR	Palpation	Orofacial Function	
	Passive Accessory Motion (PAVM)	Perception	
	Passive Intervertebral Motion (PIVM	Reach and Grasp	
	Posture/Observation	Somatosensation	
	PROM	Vestibular Function	
	Resisted Testing	Vision	
	Review X-Ray		
	Stability Testing		
	Transfer Assessment		

Treatment Type

CR	Multisystem/General	MSK	Neuro
Breathing Exercises	Balance Re-training	Ambulation Practice	Coordination Re-training
Positioning	Exercise Prescription	Electrophysical Modalities	Epley Maneuver
Secretion Clearance Techniques	Home Exercise Program	Gait Training	Functional Mobility
Suction Via Airway	Hydrotherapy	Heat/Ice	Stable Gaze Exercises
Suction Via Trache/ET Tube	Patient Education	Joint Mobilization/Manual Therapy	
	Patient/Family Education	ROM/Passive Stretching	
	Patient Transfer or Bed Mobility	Sit to Stand	
	Postural Re-Education	Soft Tissue Techniques	
	Prosthetic Training	Stair Training	
	Transfer/discharge Planning	Taping	