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Attitudinal Levels Towards Patient Safety Awareness Among Physical Therapy Interns

Sergio Sarza Jr., PT, DPT, DRDM[a,b,c]*; Clyde G. Tuazon, PT, BSc[a,c]; Frannes Joedi P. Javier, PT, BSc[a,c]

[a]*College of Rehabilitative Sciences and* [b]*School of Medicine, Southwestern University PHINMA, Cebu City, Philippines;* [c]*Rehabilitation and Wellness Center, Southwestern University Medical Center, Cebu City, Philippines*

Abstract:

Background/Rationale: The study about the attitude level of awareness among physical therapy interns towards the application and delivery of safety techniques to patients would be a significant factor in promoting the best outcome in the level of recovery and progression of patients.

Purpose: The objective of this research is to continue and initiate a Pilot Study among Physical Therapy interns to determine Attitudinal levels Towards Patient Safety Awareness on the promulgation of safe clinical practices to better understand the different principles and roles of Physical therapists in the safe delivery and application of techniques to the patients.

Methods: This pilot study was aimed to get the reliability per criterion of an assessment tool, which will be used to measure the level of awareness towards patient safety among the interns. The study was conducted in a private university, under the Physical Therapy department, and its affiliated rotational clinics. The subjects were selected through convenience sampling among the second- and fifth-year interns. Survey forms were given after a thorough explanation of the goals and purpose of the research. The interns were instructed to answer each category as accurately as possible based on their daily clinical experiences in the application of interventions to their patients/clients.

Results: Seventeen of the participants had a high level of awareness, knowledge and skills in the provision of care towards patients' safety. Most of the participants graded 5 Always in all the criteria in the survey form, criteria which had a high reliability index and consistency towards awareness in patient safety.

Conclusion: The researcher therefore concludes that most of the senior interns have a high level of attitude towards awareness in the safety of their patients and clients.

Keywords: safety, awareness, attitude

Introduction and Rationale

Physical Therapy attains various roles and professions in the establishing and delivering of health care systems. According to the American Physical Therapy Association (APTA), physical therapists develop plans using treatment techniques to promote the restoration of function and prevention of disability providing care for people in a variety of settings. It stated that physical therapists play an important role in developing standards for physical therapy practices and health care policy to ensure optimal delivery of care services [1]. Although it was mentioned that Physical therapy provides care in various settings and developing standards for practices, it was not clearly stated in the American Physical Therapy Association the specificity of the attitudinal level of awareness needed of physical therapists towards the importance in catering patient safety.

According to Vaughan [2], attitude are sets of characteristics; beliefs, feelings and behavioral tendencies, inclined towards objects, persons, situations, events or symbols. In the rehabilitation setting, it is important to know the attitude level of awareness among physical therapy interns towards patient safety, as being defined as "the reduction and mitigation of unsafe acts within the health-care system, as well as through the use of best practices shown to lead to optimal patient outcomes" [3]. The attitude level of awareness among physical therapy interns towards the safety of patients would be a significant factor in promoting the best outcome in the level of recovery and progression of patients.

There are many factors affecting the quality of intervention provided by Physical Therapists which includes but is not limited to Evidence based practice [5], work setting, culture, and the availability of resources. But what is being emphasized partly in this study are the different structures of Attitudes; Affective, Behavioral and Cognitive components relating to skills and knowledge [4], and the level of awareness. Patient safety should be emphasized on the prevention of harm to patients through a good system on the delivery of care that will prevent mistakes, learning from the mistakes that have occurred; and the development of a culture based on safety that involves both health care professionals and patients [6].

Good relationship with patients, understanding the different factors involved in making mistakes, practicing evidence-based protocols, maintaining continuity of patient care, self-care awareness, and enactment of ethical practices will be part of the essentials for a Physical Therapy intern to be able to have the ability to recognize and demonstrate the different roles in patient safety awareness. This study can improve the performance requirements of student interns in the actual field of work to have an application of patient safety thinking in every clinical setting, criteria of techniques, or activities as there may be chances in their clinical work activities to include knowledge of patient safety awareness into practice [7].

This study will help current and future physical therapy interns in honing their clinical skills based on what they are lacking and to further improve their techniques to be able to deliver the best possible outcomes. Student interns must have the knowledge requirements to avoid any harm that will cause health care-errors and system-failures [9]. Having less information and broad understanding about the scope of harm, and facts of which most mistakes do not cause any harm at all, explains the reason why it has taken long enough in making safety of patients a priority. Mistakes, errors and failures within the health care system do not all happen at the same time or in a work

environment, which can disguise the range of errors in the system.

Literature Review

In physical rehabilitation, we must always ensure the safety of our patients and clients in providing care in all situations. The well-being, security and safety of our patient and client is part of the basic principle of the provision of health care. Each event in the process of caregiving carries a certain degree of unsafety. Untoward events may result from drawbacks in application of skills, techniques, procedures, or systems. Improvements in patient safety requires a wide complex structural effort that may involve a broader range of actions in refinement of performance, workplace safety and risk management, including infection control, safe use of modalities, equipment safety and maintenance, safe clinical practice, and safe treatment areas free from any hazards [8]

Monitoring patients' status that are important to the progress and objectives are essential too. This adequately gauges the patient advancement through a program of intercession and shows whether the program is successful or not. Check patient's health status and improvements in impairment, activity limitations and restrictions relevant to the patient presenting condition. Monitoring should be routinely performed to identify areas where the program is working well and to identify the areas for improvement. In this way, the Physiotherapist can provide feedback to a patient on what are the best practices that elevate progression and invaluable information that needs to be improved [9].

Part of physical therapist training involves emergency life support procedures. Workers in the medical field must have such knowledge. Physical therapists should be able to initiate and participate in emergency life support procedure and the knowledge in providing cardiopulmonary procedures (CPR) is recommended [10].

Cardiopulmonary resuscitation (CPR) is a crucial lifesaving technique requiring the combination of chest compression and respiration administered to patients that are suspected to be in cardiac arrest. CPR as the basic approach for the emergency treatment of cardiac arrest and has been proven to secure brain viability after 10 minutes without circulation. CPR as a basic life support is typically a part of the health curriculum in physician training and in licensed nurses' certification and in other health related medical courses [11].

Reading charts is compulsory for all medical services including physiotherapists. The reason for reading charts is to understand status, and progress in a total and auspicious way. This chart is available to the patient and any insurance partners who ask for charts or require charts. Reading charts will also give proof of compelling and medically vital treatment. Reading charts is a significant segment of patients care and is legally necessary. It includes evaluation, diagnosis, treatment objectives, current and foreseen treatment, treatment changes, and reassessment. An apparatus for making decisions; to inspire patients; to keep Physiotherapists and patients "on target"; to illuminate and assess patients progress after some time, and to start changes to treatment [13]. Physiotherapists should find ways to include simultaneous charting into their timetable. Physiotherapists are expected to produce and incorporate methods to ensure that the charting is always done in compliance with all practice's standards [12].

Accurate Physiotherapy documentation should include personal data, consent, examination, diagnosis, and evaluation, plan of care, prognosis, treatment,

interventions, results and re-examination. Recording of outcomes, achievements of goals including patient's expectation and adverse reaction to medication on any action taken by the physiotherapist are also documented. This should also include referral information, referral receive, referral made to other sources like home program, education and equipment being provided. Furthermore, Date of any mis-appointments and reasons, discharged plan, discontinuation of physiotherapy together with its discontinuation summary is included. Failure to do proper documentation may lead to poor treatment. Though there is no standard of documentation but accurate documentation allows Physiotherapist to examine outcomes as a result of intervention and diagnoses [14].

In the healthcare delivery system, an important role for physical therapists is to understand when patient referral is indicated to a physician or other healthcare provider. Thus, at each patient experience, a crucial decision facing by the Physiotherapist is whether to treat the patient, or refer the patient to a physician or other professional healthcare provider. Which is why it is important for a Physiotherapist to screen patients for referral to a doctor. Sometimes re-examination done by a physical therapist perceived new manifestations to the patient's existing results, which outlines another significant part of patient re-evaluation [15].

Educating patients regarding proper body mechanics in doing different functional activities is an important role. Its role is injury prevention. It describes the acts of sitting, standing, lifting, rolling over and carrying objects. Problems may arise when improper body mechanics are done [17].

Methods

Duration: The research was conducted on the 17th of February 2020, Monday, for a duration of up to 3-weeks that ended and data results were gathered by the 2nd day of March, which was on a Monday.
The duration per session had been conducted at most 5-15 minutes. The sessions per week was at most a maximum of 2 sessions, during Wednesday and Friday; for meeting, introduction and handing out the questionnaire, and for the intern's submission of results and gathering.

Work Plan Schedule: The researcher distributed the survey forms on February 17, 2020. But, due to the unavailability of some of the respondents, the researcher continued to distribute the forms until March 2, 2020.

Ethical Considerations: This research project subscribes to the ethical principles of the conduct of research involving human subjects mandated by the Philippine Health Research Ethics Board and relevant national and International organizations. It was approved by the Southwestern University PHINMA Research Integrity Board on December 7, 2019. Informed Consent Forms were provided, verbally explained, and signed by the respondents prior to the start of involvement in the study.

Research Respondents: The subjects for this study were the officially enrolled interns at a private university in Cebu, Philippines, verified and duly listed at the University's Registrar Class List provided.

Inclusion Criteria: Physical Therapy interns enrolled in a private university in Cebu City, Philippines, in academic year 2019 - 2020.

Exclusion Criteria: Interns who will decline the invitation to be used as subjects for this study.

Power Analysis and Sample Size Determination: Convenience sampling was conducted on all Physical Therapy interns who were currently enrolled at a private university in Cebu, Philippines, academic year 2019 - 2020, with a 95% confidence level.

Sampling Frame: Specific list of respondents were taken from a Class List duly verified from the University School Registrar that ensured the validity of respondents officially enrolled at the University.

Site of the Study and Available Facilities: Sites for this study was conducted at a private university in Cebu, Philippines and other inter-school Universities within Cebu City, rehabilitation clinics and in other officially affiliated hospital rehabilitation clinics where the Physical Therapy interns were currently assigned.

Materials and Equipment: This study used a survey form (Figure 1) with objectives that will help assess the current level of knowledge, skills, frequency of application and preparedness of a Physical Therapy intern.

Study Plan and Data Collection: Prior to the implementation and handing out survey forms to the second year student interns, a transmittal letter had been given to the dean of the College of Rehabilitative Sciences for permission on the implementation of the research. Given the approval to implement, at 4 o'clock in the afternoon, student interns were approached and were asked to gather outside the hallway. Copies of Informed Letter of Consent were given to each student intern to read and understand the purpose of the research. A brief verbal introduction of the research study was introduced to the interns before answering the survey forms.

Instructions in answering as truthfully and relating to their daily personal clinical experiences were advised. It took most of the student interns 7- 15 minutes to finish answering their survey forms. Additional clarification about putting/writing their names on the survey forms were given as optional in accordance to their own level of confidence and was explained of the risk labeled out on the Informed Letter of Consent and assurance that it will not be released publicly. Survey forms from each of the student interns were briefly scanned to assess items that might have been missed out in answering. Both survey forms and copies of Informed Letter of Consent were taken back from the student interns.

Data Processing and Analysis: The researcher used Cronbach's Alpha to measure the reliability, or internal consistency for each item in the questionnaire. 'Reliability' pertains to how good a test can measure what it should. For example, in the survey form, Physical Agents got an alpha measure of 0.70 (see Figure 1.c) which in reality has an Acceptable satisfaction rate pertaining to the PT intern's attitude towards maintaining patient safety during their clinical internship. A high reliability means it measures the attitude of interns in patient safety during their internship, while a low reliability would mean it measures something else [16].

Using Microsoft Excel, to get Cronbach's Alpha, the total sum of the scores per item is calculated using =sum(highlighting the first items per subject) . The Variance score per item is calculated using MS Excel with the formula =var.p(highlighting the first item column per subject). Getting the total number of items is possible with the use of the formula =counta(highlighting first row of items answered). Get the total sum of the

variances per item by using =sum(highlight all variances per column of items). Get the total variance of the total scores column by =var.p(highlighting the entire column of the total scores). Finally cronbach's alpha can be calculated by the formula =(#of items/(# of items-1))*(1-sum of the variances/variance of the total scores)
Grading the result of alpha measure and its consistency is as follows: a≥0.9 is Excellent, 0.9> a≥0.8 is Good, 0.8> a≥0.7 is Acceptable, 0.7> a≥0.6 is Questionable, 0.6> a≥0.5 is Poor, and 0.5>a is Unacceptable.

Based on the results of getting the Cronbach's alpha and establishing the reliability of each criteria with Acceptable Grade, only General Patient Safety with 0.7 reliability, Therapeutic Interventions; Stretching with 0.72 reliability, and Therapeutic Interventions; Light, Thermal and Electrophysical Agents with 0.79 reliability were used as the assessment tool to determine the attitudinal level of patient safety awareness among the 5th year interns (see Figure 2).

Results and Discussions

Appropriate measures in the promotion of Patient Safety: There were several criteria from the survey form that were formulated to determine the appropriate measures undertaken in the promotion of patient safety [18]. These criteria were used in rehabilitation and in the application of assessment and intervention with patients and clients. In these criteria, general patient safety was highly observed in provision of care in all situations and in the application of therapeutic physical agents. Criteria used to evaluate interns were based from the results with the highest reliability in the consistency aimed towards the awareness of patient safety among the interns.

Specific factors affecting attitude level of awareness: Factors affecting the attitude level of awareness among the seventeen participants of physical therapy interns towards patients and clients were their background knowledge and confidence in experience. Minority of the interns lacked the skills needed in performing emergency procedures which may be due to the availability of resources; time, financial and location [10]. Experiences related to situations may have increased most of the intern's confidence in skills thereby ignoring protocol that should have been appropriately done in a situation, for example, advising patients and clients to remove jewelry prior to application of certain therapeutic interventions that would require application of modalities to a specific body region or part as this may cause unwanted side effects [9]. This may be due to the intern's level of confidence in their experience that such an item will not be a hindrance to the intervention or it might be that the intern had a hard time in composure to ask and give proper rapport and rationale to the patient or client. There were among the participants who were going above the limitation in terms of pain in performing therapeutic interventions. This may be due to the understanding that such the term "pain" may refer to stretch pain which was needed to be achieved in stretching techniques in order to facilitate good treatment outcome. Pain may also refer to other types such as those that are contraindicated in performing such techniques [16], however, this was very well assessed in subjective history and in checking the patient's chart prior to performing any intervention [12].

Level of compliance among interns towards patient safety: The level of compliance among the seventeen participants of physical therapy interns towards patient safety was complaisant. Majority of the seventeen interns were always aware of the general safety of their patients and clients. They were aware that they needed to always ensure care, maintain safe and clean working environment, always making sure the patients and clients understand the procedures/instructions, aware of the precautions in performing

stretching procedures and contraindications in performing the technique, and asking the patients and clients of possible contraindications of the modality procedures. The interns always gave appropriate expectations of the treatment duration and efficacy, and checked to ensure there were no risks and side effects throughout the session.

Conclusion

The researcher therefore concluded that most of the participants, who were senior interns, had a high level of attitude towards awareness in the safety of patients and clients. These participants always ensured the safety of patients and clients in the provision of care in all situations throughout the rehabilitation process. When there were any signs of contraindications for a certain intervention or technique, these senior interns always refrained from performing such actions that caused any harm or further cause injury to their patient's or client's current condition. The participants always checked for any signs, the condition of patient/ clients, and any reactions or side effects especially after application of treatments or modalities for therapeutic interventions.

Based on the number of participants from the second year physical therapy student interns, there were only 26 respondents which the reliability of the survey form was used or based as an assessment tool to conduct the evaluation among the fifth/senior year interns. There should be at least 50 respondents prior to making the assessment tool to get the highest reliability and consistency in outcome. It is therefore recommended to gather 50 or more participants to get the highest possible results and thus creating a highly reliable assessment tool to assess senior interns' level of awareness towards patient safety.

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Figure 1: Survey form used for the 2nd year interns as basis for the Assessment tool formulation for the 5th year interns to assess their level of awareness on patient safety.

PT INTERNS ATTITUDE TOWARDS MAINTAINING PATIENT SAFETY DURING CLINICAL INTERNSHIP

OBJECTIVES:

1. Perform PT interventions with emphasis on proper execution and patient's safety.
2. Document, truthfully, the PT interventions given to patients
3. Display awareness in promoting safe movements for the patients during the performance of functional activities
4. Show initiative in maintaining and promoting a safe environment for the patients during physical therapy sessions.
5. Display good clinical judgment in identifying precautions and contraindications prior to applying different therapeutic interventions.

PATIENT SAFETY

Review each skill/behavior under the following criteria and mark (√) the frequency in your daily practice from Never (1) to Always (5). Be candid with your response as this information is for you to learn about your practice and identify areas for growth and development or areas of strength.

CRITERIA	Always	Often	Sometimes	Rarely	Never
GENERAL PATIENT SAFETY					
1. I ensure the safety of my patients and clients in the provision of care in all situations					
2. I Initiate and/or participate in emergency life support procedures					
3. I have good competency and knowledge in providing CPR					
4. I help in maintaining a safe working environment for performing interventions (e.g. clear walkways, equipment checks etc.)					
5. I provide appropriate, clear and safe patient instructions					
6. I ensure that my patients understand my instruction to them					
7. I read patient's charts prior to treatment					
8. I inform my patients on the usefulness of seeking physical therapy					
9. I monitor treatment and progression of my patients					
10. I properly endorse/refer my patients to other clinical healthcare providers.					
II. THERAPEUTIC INTERVENTIONS					
RANGE OF MOTION					
1. I explain these procedures well to the patient before starting.					
2. I emphasize proper hand placement in doing the ROM techniques					
3. I am aware of the different precautions while performing this technique					
4. When the patient is contraindicated for the technique, I don't perform it					
5. I perform these techniques even if it exceeds the pain tolerance of the patient.					
6. I stabilize joints properly to avoid subluxations and any further injuries					
B. STRETCHING					
1. I explain these procedures well to the patient before starting.					
2. I am conscious of the patient's position prior to starting the maneuver.					
3. I emphasize proper hand placement in doing stretching techniques					
4. I am aware of the different precautions while performing stretching procedures					
5. When the patient is contraindicated for the technique, I don't perform it					
6. I perform these stretching techniques even if it exceeds the pain tolerance of the patient.					
7. I stabilize joints properly to avoid subluxations and any further injuries upon doing these procedures.					
C. RESISTANCE TRAINING					
1. I always ask/get the patient's RM prior to starting resistance exercises.					
2. I adhere to the intensity (no. of reps and sets) intended for the patient.					
3. I always tell the patient to breathe in and out during resistance exercises.					
4. I emphasize proper form and technique to my patients upon doing resistance exercises.					
D. GAIT TRAINING					
1. I am always aware that I must do gait training exercises inside the parallel bars for therapeutic ambulation.					
2. I always place a gait belt on a patient during gait training exercises.					
3. I always take the vital signs of the patient prior and after gait training.					
4. When patients tend to get tired, I just continue with the gait training.					
5. When the floor of the parallel bars is slippery, I just let it be.					
E. LIGHT, THERMAL AND ELECTROPHYSICAL AGENTS					
1. I check the status and functionality of the equipment and modalities first before using them on my patients.					
2. In using ES/TENS/IFC, I ensure that the pads I place on my patients skin are clean and free from dirt					
3. I ask the patient regarding conditions that might be a contraindication for the said modality.					
4. When the patient feels an increased sensation than the normal, I adjust the intensity of the device.					
5. In applying electrotherapeutic modalities, I ask the patient to remove any jewelry or metallic objects he/she is wearing.					
6. In applying Hot Moist packs, I always check on the patient's skin after every 5 minutes to monitor the intensity of the heat.					
7. I tell the patient of the expected sensation that he/she should feel prior to applying the					

Figure 1a: Last page/part of the Survey form on the left, and reliability and consistency (Cronbach's alpha) results on the right, based the on the percentage of results from the 2nd year interns.

therapeutic modalities.					
8. I am always conscious of the time when I should start and end the application of the modality.					
9. In using Hot Moist packs, I always wrap them with 6-8 layers of dry towels.					
10. After applying therapeutic modalities to the patient, I always check the patient's skin condition and reaction.					
III. PT DOCUMENTATION					
1. In making PT notes, I document the patient's chief complaint and vital signs before, during and after treatment.					
2. Whenever there is a new intervention given to the patient, I notify it properly on the patient's PT note.					
3. I often use unfamiliar terms and abbreviations when documenting PT notes.					
4. In the presence of incidents and adverse reactions to therapy, I document them in the intended PT note.					
5. I document PRECAUTIONS for the patient as a way to inform the other therapists/health professionals.					
IV. PROPER BODY MECHANICS					
1. I educate my patient regarding the use of proper body mechanics in doing different functional activities.					
2. I am conscious about my body mechanics when I perform exercises and lifting activities on my patients.					
3. During transfers and ambulation activities, I ask for help from my co-interns whenever I encounter a patient whose body type is relatively bigger than me.					

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Summary of Results per Criteria	Chronbach	Legend
General Pt. Safety	0.7	(Highest to lowest)
ROM	0.57	
Stretching	0.72	0.9 = Excellent
Resistance Training	0.26	0.8 = Good
Gait	0.41	0.7 = Acceptable
Physical Agents	0.79	0.6 = Questionable
Documentation	0.55	0.5 = Poor
Proper Body Mechanics	0.6	>0.5 = Unacceptable

Figure 2: Results from 5th year interns who answered the formulated Assessment tool, to which was based on Survey form (Figure 1) and the results on Figure 1c with the highest reliability and consistency; General Patient Safety, Therapeutic Interventions-Stretching, and Physical Agents.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB
20		General Patient Safety										Therapeutic Intervention; A. Stretching								Therapeutic Intervention; B. Light, Thermal, Electrophysical Agents									
21	5th Year	Item 1	Item 2	Item 3	Item 4	Item 5	Item 6	Item 7	Item 8	Item 9	Item 10	Item 1	Item 2	Item 3	Item 4	Item 5	Item 6	Item 7	Item 1	Item 2	Item 3	Item 4	Item 5	Item 6	Item 7	Item 8	Item 9	Item 10
22	Intern 1	5	4	4	5	5	5	5	5	5	5	5	5	5	5	5	4	5	4	5	5	5	5	5	5	5	3	5
23	Intern 2	5	4	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
24	Intern 3	5	1	5	5	5	5	5	5	5	5	5	3	4	5	5	3	5	5	5	5	5	4	5	5	4	3	5
25	Intern 4	5	4	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	4	5
26	Intern 5	5	4	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
27	Intern 6	5	3	4	5	5	5	4	5	5	3	5	5	5	5	5	3	5	5	4	5	5	5	5	5	5	4	5
28	Intern 7	5	3	4	5	5	5	4	5	5	3	5	5	5	5	5	3	5	5	4	5	5	5	5	5	5	4	5
29	Intern 8	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	3	5	5	5	5	4	3	5	5	4	3	5
30	Intern 9	5	3	4	5	5	5	4	5	5	5	4	4	4	4	5	4	5	4	4	5	5	4	5	5	5	5	5
31	Intern 10	5	5	4	5	5	5	5	5	5	5	5	5	5	5	5	4	5	5	5	5	5	5	5	5	5	4	5
32	Intern 11	5	4	5	5	5	5	5	5	4	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
33	Intern 12	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	3	5	5	5	5	5	3	5	5	5	3	5
34	Intern 13	5	4	4	5	5	5	5	5	4	5	5	5	5	5	5	4	5	5	5	5	4	5	4	5	5	4	5
35	Intern 14	5	4	4	5	4	4	5	4	5	5	4	5	4	5	5	2	4	5	3	5	4	2	4	5	5	3	5
36	Intern 15	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
37	Intern 16	5	5	5	5	5	5	5	5	4	5	5	4	4	5	5	4	4	5	5	5	4	5	5	4	5	4	5
38	Intern 17	5	5	5	5	5	5	5	4	5	5	5	5	5	5	5	5	4	5	5	5	5	5	5	5	5	5	5
39																												
40		Frequency																										
41	Grade	Item 1	Item 2	Item 3	Item 4	Item 5	Item 6	Item 7	Item 8	Item 9	Item 10	Item 1	Item 2	Item 3	Item 4	Item 5	Item 6	Item 7	Item 1	Item 2	Item 3	Item 4	Item 5	Item 6	Item 7	Item 8	Item 9	Item 10
42	5	17	6	10	17	16	16	14	15	15	14	15	14	13	16	17	6	14	15	13	16	14	11	16	16	15	6	17
43	4		7	7		1	1	3	2	2	1	2	2	4	1		5	3	2	3	1	3	3	1	1	2	6	
44	3		3								2		1				5			1			2				5	
45	2																1						1					
46	1		1																									
47	%Frequency																											
48	5	100%	35.29%	58.82%	100%	94.12%	94.12%	82.35%	88.24%	88.24%	82.35%	88.24%	82.35%	76.47%	94.11%	100%	35.29%	82.35%	88.24%	76.47%	94.12%	82.35%	64.71%	94.12%	94.12%	88.24%	35.29%	100%
49	4		41.18%	41.18%		5.88%	5.88%	17.65%	11.76%	11.76%	5.88%	11.76%	11.76%	23.53%	5.88%		29.41%	17.65%	11.76%	17.65%	5.88%	17.65%	17.64%	5.88%	5.88%	11.76%	35.29%	
50	3		17.65%								11.76%		5.88%				29.41%			5.88%			11.76%				29.41%	
51	2																5.88%						5.88%					
52	1		5.88%																									