



The TELER Method of Clinical Note Making

TELER is the acronym for **T**reatment **E**valuation by A **LE R**oux's method

The Method:

Is a unique method for clinical note making

Requires two instruments

a data collection form (*The TELER form*)

a measuring scale (*A TELER indicator*)

The TELER Form:

Name
Address:



Phone: **DoB:**
Work:
No:

Bluebell NHS Trust
Western General Hospital
Physiotherapy Department

Treatment Plan							
Performance Record							
Indicators:							
Performance Index							
Change Index							
Maintenance Index							
Effectiveness Index							
Health Status Index							
Health Grain Index							

A **TELER** Form is unlike the form for conventional clinical note making

The conventional Form:

Name		DoB
Therapist		Unit No.
Date		Signature

Unlike the conventional method of clinical note making, TELER provides clinical information which:

- Facilitates effective delivery of treatment
- Facilitates effective management of the service providing the treatment
- Facilitates effective clinical audit

This is illustrated by reference to a completed conventional clinical note making form.

Physiotherapy Service

Name		DoB
Therapist		Unit No.
Date		Signature
2-2-90	p Walking: ↓ Weightbear traigh R 'slides' fine control/coordination exercises	RC
15-2-90	s very upset, didn't want to go to OT → angry	RC
	p fine ringer excs with games → lack of concentration. frustrating level ↓ walking → foot placing hip movement	RC
22-2-90	s mental much better today affects walking p problem: ignoring L arm doesn't feel anything with hand continu treatment esp positions arm with activities of L-hand	RC
1-3-90		JM
8-3-90	s Discharge by occupational therapy p walking: no proper foot placing (drops it)	RC
14-3-90	s Says she has some shoulder pain today o Responded well to sh mobs - less pain	JM
2-4-90	s Shoulder pain eased by trk mobs	JM
5-4-90	s Shoulder pain eased by trunk mobs	

Any clinical information included in the content of a completed conventional note making form is difficlut to retrieve

The content of the completed form is a mixture of:

- Treatment Plan
- Assessment
- Comments

The mixture shows what was done:

- For the Patient
- With the patient
- To the patient

This mixture also shows how the patient responded to treatment.

To retrieve the clinical information included in the completed form requires a content analysis of the form.

A content analysis gives:

- A treatment plan
- A set of outcomes

Physiotherapy Treatment Plan

ASSESSMENT

- A1 Walking: ↓ weightbearing traigh R 'slides'
- A2 Walking: → foot placing, hip movement
- A3 Walking: no proper foot placing (drops it)
- B1 Ignoring L-arm
- B2 Proprioceptive changes R hand
- C1 Says she has some pain today
- C2 Sore shoulder still
- C3 Shoulder less painful
- D Still some limitation of elevation thro' flexion

ADVICE

- A Shown how to lie on either side with arm supported

WALKING

- A Fine control/coordination excs
- B Fine ringer excs with games

ARM FUNCTION

- A Continue treatment esp positions arm with activities of L-hand

SHOULDER MOBILISATION

- A Responded well to sh mobs
- B Shoulder mobs - finds active shoulder
- C Continu sh mobs
- D Sh mobs

TRUNK MOBILISATION

- A Shoulder pain eased by trunk mobs
- B Girdle mvte very difficult

Physiotherapy Outcomes

SHOULDER PAIN

- A1 Less pain
- A2 Shoulder pain eased
- A3 Says her pain was better for a short while after her last treatment
- A4 Better after treatment
- A5 Pain relieved
- A6 Says her shoulder pain has been better
- A7 Says her shoulder pain was better over weekend
- A8 Says pain much relieved
- A9 Says pain improving slowly

HAND FUNCTION

- A1 Doesn't feel anything with hand
- A2 No feeling in hand

SLEEP

- A Finds it difficult to get comfortable at night

SHOULDER FUNCTION

- A Finds protraction difficult - but manages it if some assistance given over medial border of scapuls
- B All movements less painful but movements severely limited esp ext rotation

MENTAL HEALTH

- A Very upset → angry, lack of consentration, frustration level ↓
- B Mental much better today affects walking

Entering the treatment plan and outcomes on a **TELER** form *Immediately* shows a **paucity** of information

Name
Address:

Phone: DoB:
Work:
No:



Bluebell NHS Trust
Western General Hospital
Physiotherapy Department

Feb/Mar 1990

Treatment Plan		1	15	22	1	8	14
Assessment		A1	A2	B1		A3	C1
Advice							
Walking		A	B				
Arm Function				A			
Shoulder Mobilisation							A
Trunk Mobilisation							
Occupational therapy			A			B	
Performance Record							
Indicators: <i>Shoulder Pain</i>							A1
Hand Function				A1			
Sleep							
Shoulder Function							
Mental Health			A	B			
	Performance Index						
	Change Index						
	Maintenance Index						
	Effectiveness Index						
	Health Status Index						
	Health Grain Index						

A contrast is provided by a **TELER** form completed by a physiotherapist

TELER[®]

1996

Treatment Plan	23.07	05.08	19.09	14.10
Assessment	T	T	T	T
Bladder Function Education	T			
Pelvic Floor Education	T			T
Bladder Re-education				
Pelvic Floor re-education	T	T	T	T
Fluid Advice	T			
Caffeine Advice				
Weight Advice				
Smoking Advice				
Dietary Fibre Advice				
Pad Advice				
Respiratory Advice				
Interferential Therapy				
Neuromuscular Stimulator				
Vaginal Cones				
Compliance				
Pelvic Floor Exercises	---	40%	40%	60%
NMS				
Vaginal Cones	Given	100%	---	---
Performance Record				
Indicator: <i>Perineometer</i>	---	2	4	5
<i>Urgency</i>	2	4	5	5
<i>Social Life</i>	1	3	4	5
Performance Index	30	60	87	100
Change Index	0	43	80	100
Maintenance Index	0	100	100	100
Effectiveness Index	0	100	100	100
Health Status Index	28	76	92	100
Health Gain Index	0	13	48	100

The TELER form at a glance

Shows improvement

The TELER form at a glance

Also shows a lack of improvement

A TELER function indicator is not prescriptive

the indicator must be fitted to the patient/client
 the patient/client must not be fitted to the indicator

A TELER function is used to trace progress towards a treatment/care aim

desired by the clinician
 desired by the patient/client/carer

Examples

Transfer from sit to stand

- 0 Unable to transfer from sit to stand
- 1 Able to move bottom forwards on chair or bed
- 2 Able to transfer weight over feet
- 3 Able to lift bottom off chair
- 4 Able to extend (knees, hips, trunk)
- 5 Able to transfer from sit to stand

The definition of each code

has a specific meaning
 is based on clinical knowledge
 denotes a clinically significant outcome

The difference between two successive codes

denotes a clinically significant change

Perform activity X pain free

- 0 Pain prevents all activities
- 1 Pain prevents Activity X
- 2 Pain interrupts Activity X and cannot resume
- 3 Pain interrupts Activity X but can resume
- 4 Pain during Activity X but can complete without interruption
- 5 Pain free during Activity X

Activity X

Ironing
 Dressing
 Hanging out washing
 Write a letter

The definition of each code

has a specific meaning
 is based on clinical knowledge
 denotes a clinically significant outcome

The difference between two successive codes

denotes a clinically significant change

Shoulder - internal rotation

While standing

- 0 Unable to let arm hang freely by side
- 1 Able to let arm hang freely by side
- 2 Able to place back of wrist on buttock
- 3 Able to place back of wrist on sacrum
- 4 Able to place back of wrist on small of back
- 5 Able to place back of wrist between shoulder blades

The definition of each code

has a specific meaning
 is based on clinical knowledge
 denotes a clinically significant outcome

The difference between two successive codes

denotes a clinically significant change

Example of a measuring scale that is not

a TELER indicator
 a valid measuring scale

Transfer independently

- 0 Unable to transfer
- 1 Able to transfer with help of 2
- 2 Able to transfer with help of 1
- 3 Able to transfer with verbal instruction
- 4 Able to transfer under supervision
- 5 Able to transfer independently

The definition of Code 1 and Code 2

does not have a specific meaning
 has one of several meanings not specified

The alternative meanings of "help" include

manual support
 manual assistance
 manual facilitation

The definition of Code 3

does not have a specific meaning
 has one of several meaning
 which has not been specified

The alternative meanings of "verbal instruction" include

demonstration
 talk through
 key word prompt

The definition of Code 4

does not have a specific meaning
has one of several meanings
which has not been specified

The alternative meanings of “supervision” include

with patient/client the whole time
within sight of patient/client the whole time
within sight of patient/client some of the time
presence not necessary, check completion as required

Revised version of the measuring scale:

Transfer independently

- 0 Unable to transfer
- 1 Able to transfer with manual assistance of 2
- 2 Able to transfer with manual assistance of 1
- 3 Able to transfer with verbal key word prompt
- 4 Able to transfer with patient/client within sight some of the time
- 5 Able to transfer independently

Validity test for the revised version of the measuring scale:

Does the definition of each code

have a specific meaning?

Is the definition of each code

based on clinical knowledge?

Does the definition of each code

denote a clinically significant outcome?

Does the difference between two successive codes

denote a clinically significant change?

Is the revised version of the measuring scale

a valid measuring scale?
a TELER indicator