

Clinical Instructor Orientation Workshop

Best Practices for Success

Master of Physical Therapy Program
School of Rehabilitation Science
University of Saskatchewan

Workshop Overview

- Introductions and welcome
- Review of objectives for workshop/Position Statements
- Qualities of a good Clinical Instructor
- Overview of the MPT program and curriculum
- Understanding MPT Clinical Courses (details of upcoming course expectations)
- Setting expectations and goals with the student (*Starting the Placement*)
- Student Orientation Checklist
- Clinical education policies and procedures overview
- Learning tips
- Performance Evaluation - basic overview, expectation levels on ACP, HSPnet
- Student evaluation of the CI and placement and CI/Facility feedback
- Questions

CPA Position Statement

Clinical education is a critical component of physiotherapy education programs and is essential to the future provision of quality physiotherapy health care to Canadians. Physiotherapists perform a vital role in clinical education by sharing their professional and clinical expertise and knowledge with physiotherapy students. As clinical instructors, they facilitate learning and critical thinking, as well as teach and evaluate students' clinical performance and behaviours. Participating in clinical education also facilitates the recruitment of novice professionals into the workplace.

SCPT Position Statement

SCPT Practice Guideline # 22 - Clinical Supervision of Student Learners:

The Saskatchewan College of Physical Therapists (SCPT) acknowledges the important role of clinical education and clinical supervision in the preparation of competent student learners in a physical therapy setting. The SCPT recognizes the role of clinical supervisor as an activity which contributes to continuing professional development, maintenance of competency and maintenance of Physical Therapy practice hours required for licensure. A quality clinical education program is vital to the future provision of relevant, safe and effective delivery of Physical Therapy services which fundamentally also serves to protect the public.

Your memorable (good or otherwise) clinical experiences?

According to students, “good qualities”:

- Encouraging
- Personable/friendly/welcoming, included in the team
- Enthusiastic
- Empathetic
- Knowledgeable
- Willing to learn from student



CI Attributes – Parallel to those of the Clinician



- Competent
- Legal and ethical practitioner
- Effective communicator
- Effective interpersonal relationships
- Instructional skills
- Supervisory skills
- Performance evaluation skills (clear, concise, specific)

Overview of the MPT Program

MPT: 8 Curricular Outcomes

1. Educator
2. Evidence-Based Health Professional
3. Life-long Learner
4. Primary Health Care Practitioner
5. Competent Specialist
6. Inter-professional Health Care Practitioner
7. Ethical/Compassionate/Accountable Health Care Practitioner
8. Professional Leader



MPT Program-at-a-glance

- 27 months
- 9 modules
- Graduate in November
- Integration of theory and experiential learning throughout program
- 5 clinical courses

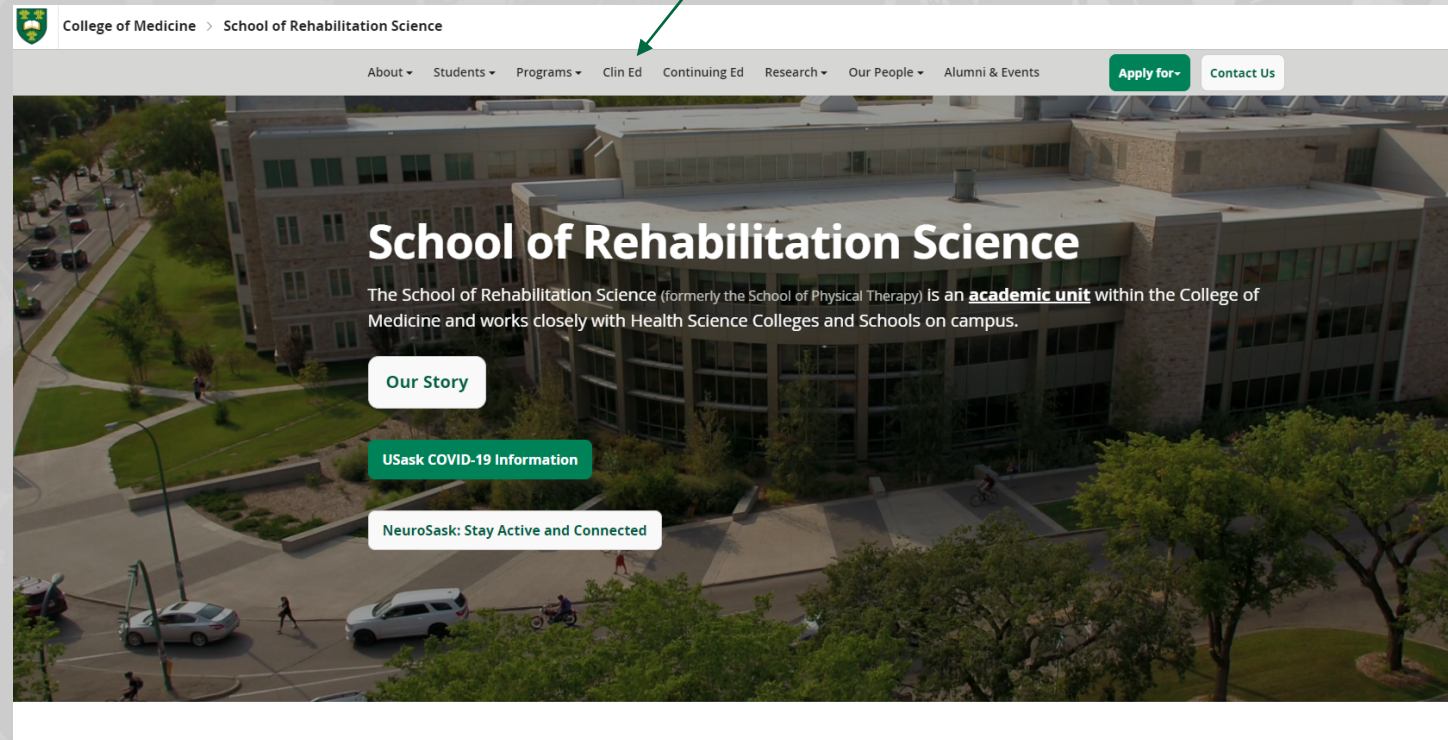
Resource: <https://rehabscience.usask.ca/current-students/mpt-students/timetables-and-exam-schedules.php>

Curricular Content Resources

- Supporting materials on School of Rehabilitation Science website under *Clin Education* section
- Expectations documents
- Refer to *Timeline* for specific courses

Resource:

<https://catalogue.usask.ca/> (PTH courses)



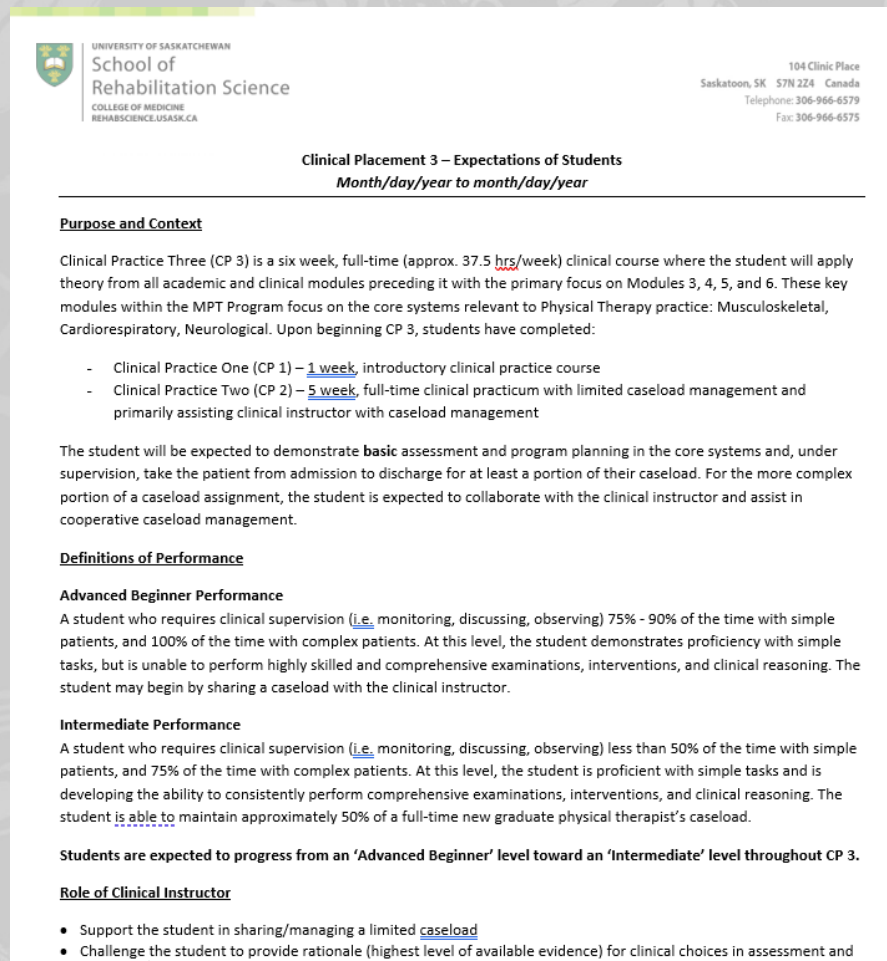
Clinical Courses in the MPT Program

- Clinical Practice (CP) 1-5
- *'Expectations of PT Students'* document specific to each CP course on Clin Ed portion of website

Resource: <https://rehabscience.usask.ca/clinical-education.php>

'Expectations' Documents

- Overview of course and **benchmark** statement
- Objectives and key words
- Definition of level of student and what clinical responsibilities are associated
- Theory preparation to date in the MPT (courses and primary subject content)
- Techniques and procedures covered to date
- General expectations and evaluation



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Clinical Placement 3 – Expectations of Students
Month/day/year to month/day/year

Purpose and Context

Clinical Practice Three (CP 3) is a six week, full-time (approx. 37.5 hrs/week) clinical course where the student will apply theory from all academic and clinical modules preceding it with the primary focus on Modules 3, 4, 5, and 6. These key modules within the MPT Program focus on the core systems relevant to Physical Therapy practice: Musculoskeletal, Cardiorespiratory, Neurological. Upon beginning CP 3, students have completed:

- Clinical Practice One (CP 1) – 1 week, introductory clinical practice course
- Clinical Practice Two (CP 2) – 5 week, full-time clinical practicum with limited caseload management and primarily assisting clinical instructor with caseload management

The student will be expected to demonstrate **basic** assessment and program planning in the core systems and, under supervision, take the patient from admission to discharge for at least a portion of their caseload. For the more complex portion of a caseload assignment, the student is expected to collaborate with the clinical instructor and assist in cooperative caseload management.

Definitions of Performance

Advanced Beginner Performance
A student who requires clinical supervision (i.e. monitoring, discussing, observing) 75% - 90% of the time with simple patients, and 100% of the time with complex patients. At this level, the student demonstrates proficiency with simple tasks, but is unable to perform highly skilled and comprehensive examinations, interventions, and clinical reasoning. The student may begin by sharing a caseload with the clinical instructor.

Intermediate Performance
A student who requires clinical supervision (i.e. monitoring, discussing, observing) less than 50% of the time with simple patients, and 75% of the time with complex patients. At this level, the student is proficient with simple tasks and is developing the ability to consistently perform comprehensive examinations, interventions, and clinical reasoning. The student is able to maintain approximately 50% of a full-time new graduate physical therapist's caseload.

Students are expected to progress from an 'Advanced Beginner' level toward an 'Intermediate' level throughout CP 3.

Role of Clinical Instructor

- Support the student in sharing/managing a limited caseload
- Challenge the student to provide rationale (highest level of available evidence) for clinical choices in assessment and

Preparing for the Clinical Placement



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Clinical Placement Preparation and Orientation – for Students and Clinical Instructors

The purpose of this document is to facilitate conversations between students and Clinical Instructors (CI's) to ensure a successful placement. The student is expected to complete and reflect on sections of this document prior to the placement beginning and for the document to be reviewed in detail with the CI within the first few days of the placement.

Section I – Student Profile and Experiences (Student to complete ahead of placement beginning)

Summary of Previous Clinical Placements		
Clinical Course	Location	Placement type, diagnostic mix of caseload

List any other relevant “clinical” or “non-clinical” experiences not included above (i.e. sports trainer, volunteer activities, CPR trainer, etc.):

List any physical or psychological conditions that you feel may potentially impact your clinical function/performance AND which may need adaptive measures or accommodations OR which you feel would be advisable for your CI to know: If you do not wish to write these down due to confidentiality reasons, consider discussing them privately with your CI. If you have not informed the School, consider discussing with your CI if it is appropriate/acceptable to advise the School.

- Use the ‘***Clinical Placement Preparation and Orientation***’ document to focus discussion with the student at the beginning of the placement
- The document is on the website, will be in all placement packages, and students will bring a prepared copy to the placement

Placement Expectations

- Student and CI collaborate
 - Equal partners
 - Mutual understanding
- Discuss preferred learning styles
- Regular time for consultation/communication
- Encourage self-directed learning
- **Clear and specific parameters of caseload expectations**



Student Orientation Checklist

Clinical Placement Orientation Checklist

Thank you for serving as a clinical instructor to our students! The purpose of this checklist is to assist you in preparing to welcome a student(s) to your facility. Please feel free to adapt as needed.

- Student ID badge displayed
- "Clinical Placement Preparation and Orientation" form completed and discussed
- Location of department Policy and Procedure Manual (resource for e.g. charting standards and abbreviations)
- Parking
- Hours of work
- Dress code
- Sick leave (who to call, how to contact, remind student to notify School)
- Hospital/Department tour
- Staff introduction in department, on ward, including para-professionals
- Support staff roles, introductions, student expectations (relationships/collaborative workload)
- Workload measurement
- Forms, care plans
- Equipment/supplies in department
- Specific assessments or resource materials
- Educational opportunities (e.g. In-service, job shadow, observe surgery)
- Telephone/photocopier/fax, computer use
- Isolation room guidelines
- Emergency Codes/Emergency Procedures Manual/Location of Emergency Equipment/Emergency Exits
- WHMIS manual location
- Site-specific privacy and confidentiality
- Smoking policy
- Student presentation
- Student space for valuables, charting, reading
- Confirm size of N95 (if applicable)

- This checklist may be helpful in orienting your student
- Please adapt as needed

Resource:

<https://rehabscience.usask.ca/clinical-education.php#top>

A few tips to support and develop a competent clinical reasoner

(clinical decision-making, problem-solving, critical thinking)

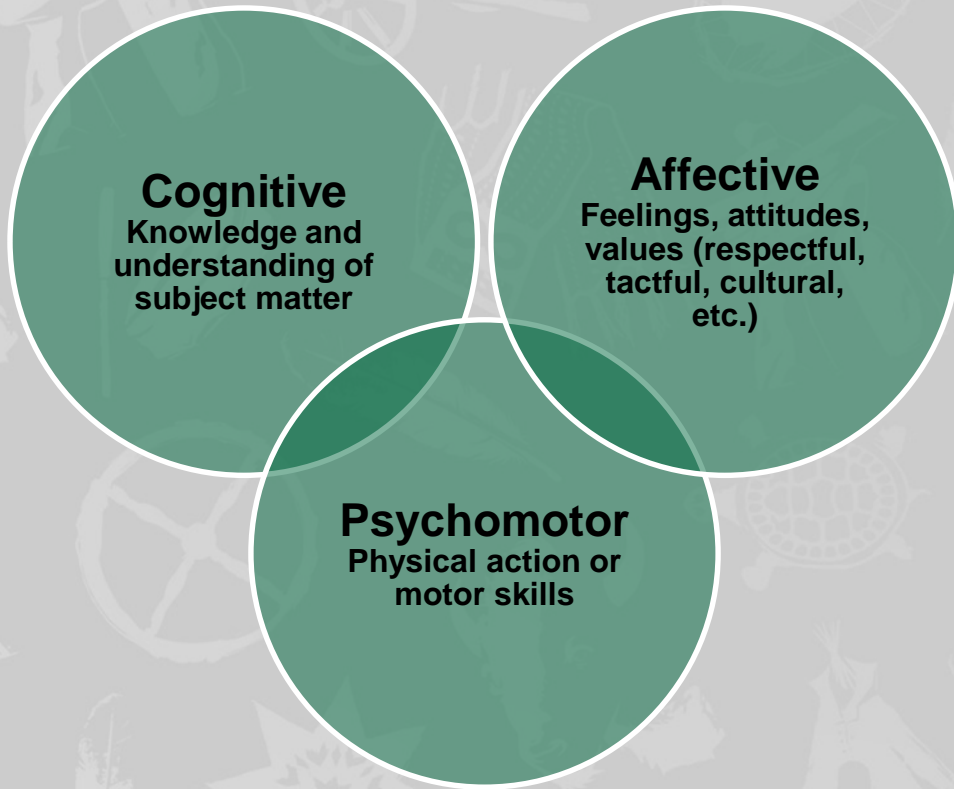
Help integration of knowledge with these six simple steps:

- 1) Patient interaction/observation – e.g. history, physical exam, test results
- 2) Engage student, get a commitment - e.g. "What do you think is going on?"
- 3) Probe for supporting evidence - e.g. "Why do you think so?"
- 4) Reinforce what was done well; tell them what they did right.
- 5) Correct any errors in thinking, or errors in performance of skills.
- 6) Teach general rules if applicable - e.g. "When this happens, do this..."

Learning Tips

- 💡 Just because you told them doesn't mean they remember
- 💡 Allow adequate time for students to respond
- 💡 Follow a poor answer with another question
- 💡 Be non-confrontational (avoid being challenging, intimidating)
- 💡 At all times, exercise **unconditional positive regard**

Learning Domains



- By dividing learning into domains, it is easier to identify the aspects of the learning process
- All the domains must be satisfied for best learning to occur
- If learning is not occurring, the question might be asked “is the student having difficulty with a skill, an attitude or knowledge?”

Key Policies and Procedures

- Immunizations
- Criminal Record Check
- WCB consent
- Health insurance
- Liability insurance
- CPR
- Security badge
- Professional appearance
- Attendance is mandatory (on time)
- Any absence other than illness or bereavement requires prior written approval **FROM SCHOOL FIRST**
- Professional behavior (new procedure at SRS)

Resource: <https://medicine.usask.ca/students/physical-therapy/physical-therapy-policies.php>

Assessment of Clinical Performance 2.0 (ACP 2.0)

- Refer to *Performance Evaluation* on Clin Ed website
Resource: <https://rehabscience.usask.ca/clinical-education.php>
- Refer to *Learning Module* for the Assessment of Clinical Performance (ACP 2.0) Instrument
- HSPnet (electronic platform for student placements): www.hspscanada.net
- **CI does not decide PASS/FAIL**

Providing Feedback

- Boehler (2006) 2 groups- one given general praise, one given specific info for improvement
 - Outcome - the student satisfaction was higher with the 'praise group' BUT the improvement in clinical performance was much greater in the specific feedback group
- Be specific
- Positive phrasing (need to improve)
- Reasonable number of messages
- Observations/examples



Evaluation of CI and Facility

- Instrument located on Clinical Education website
Resource:
<https://rehabscience.usask.ca/clinical-education.php>
- Process through HSPnet



Summary of Resources

Clinical Education Website <https://rehabscience.usask.ca/clinical-education.php>

Supplementary resources:

- Curriculum on-line resource *Preceptor Education Program (PEP)* from Western University: www.preceptor.ca/
- Training module for the Assessment of Clinical Performance (ACP) Instrument: <https://app.rehab.utoronto.ca/ACP/story.html>
- HSPnet (electronic platform for student placements): www.hspscanada.net
- Clinical Learning in Saskatchewan Health Authority: <https://www.saskhealthauthority.ca/Careers/Learner-Placement/Pages/Home.aspx>
- Preceptor Saskatchewan: www.saskpreceptor.ca

Questions

