



The Globe

UBC PT CLINICAL EDUCATION NEWSLETTER

Summer 2011

BACK IN THE SADDLE

Given Sue's love of horses, that heading seems the perfect segue!

Good news - as of July Sue hopes to be back with us again full-time in her capacity as ACCE! *Yay!* It's been almost a year of medical leave, and Sue has recently been easing back in, gaining a little speed each week. It may take a little extra time for Sue to get back to you over the next little while but be assured that she is committed to having our Clinical Education program back to full strength as soon as possible!

As a team, the first outing for Sue, Ingrid and I will be to attend Congress 2011 (being held in our very own backyard - Whistler). Look for our UBC PT Clinical Education table and come by and say hello if you're attending! (We'll have a prize draw, and snazzy give-a-ways!)

As I write this we are into what seems like day 213 of grey, wet weather here in the Lower Mainland. As this is our "summer" issue (and considering we never really had a spring!) I will send out good vibes for a warm, sunny (and forest fire-free) summer!

See you at Congress!

Carolyn



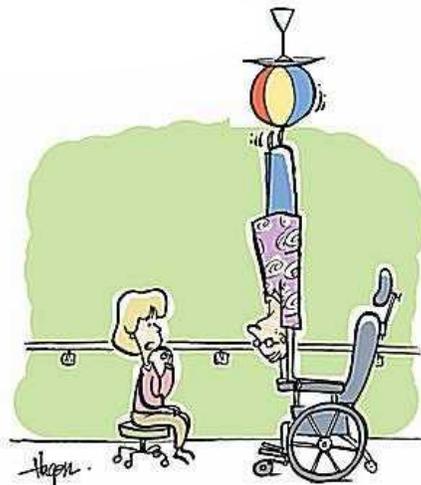
T-Res Update

We are pleased to report that 52 students (a whopping 72% of our MPT1s!) agreed to take part in our T-Res research study. This study will compare our current paper-based clinical experience portfolio with 'T-Res,' a web-based application that works with computers or hand-held devices like BlackBerries and iPhones.



Students have been split into two groups, with each group using the standard paper portfolio for one placement and the T-Res (electronic) portfolio for the other placement. Other than a few minor hiccups our prototype is working well! We're looking forward to receiving the students' surveys and comments after their second placement ends on June 30.

If you're interested in a demonstration of T-Res make sure to drop by our booth at Congress. Wade Scheer, our T-Res rep, will be on hand to answer any questions.



"I think my work here is done."

ASM - Automated Student Matching

For those of you working for a health authority you might well be aware of HSPnet. It is a "web-enabled Practice Education Management system for the health sciences, addressing challenges of discipline-specific and interprofessional student placements." It is a huge tool in aiding us to organize all of our student placements. (In the 26-month program we must find 480 placements per year!) Ingrid uses HSPnet to send out a 'call for offers' and then uses the system to match up a site with a student and send out confirmation.

HSPnet
Health Sciences
Placement Network

A new development from HSPnet is **ASM**, or **Automated Student Matching**.

Our MPT students need to gain experience in five mandatory placement areas: Rehabilitation, Acute, Interprofessional, Geriatrics/Home/Community Care, and Outpatient. Previously Ingrid would send out a *call for offers*, then Sue would go through the labour intensive process of matching students, juggling many requirements and requests. ASM now gives students the ability to be hands-on, being able to see what offers are available and ranking their preferences (based on placement type and location). As you can imagine, this makes Ingrid and Sue's jobs a lot easier! It's also good for the students - they can view available placements and list their top five preferences. These preferences are then taken into account when placements are assigned. Another great feature is that they can go into the system, look at a possible preference, and see how many other students have put in a request for that placement. If they know that six other students have ranked that same placement opportunity, they might broaden their horizons and look at other locations or placement types, as appropriate.

ASM was used for the first time by our MPT2 students for their January 2011 placements and it was a great success! 76% of students received their first placement preference.

Automated matching is the wave of the future and we look forward to the next round of MPTs giving it a whirl!

Comments? Want to be added to our mailing list? Email: [Carolyn Andersson](mailto:Carolyn.Andersson)

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FACULTY OF MEDICINE

Making a difference...

In April, our new Clinical Placement Assistant Ingrid Dill went on a site visit to Royal Columbian Hospital. With her permission, this is the contents of an email she sent to Carolyn after being asked how her day had gone...An "outsiders" view on how important a role physical therapists play...

(Thanks to Stacey Rigby and the PTs at Royal Columbian for this opportunity to shadow for a day!)

It was a tough day, emotionally-speaking. It was a great educational opportunity. I learned the all-encompassing role of PT—it is wide ranging and required on each ward. In my limited view of the health model I always assumed these roles were taken care of by nurses. Of course, it now makes perfect sense as to why a PT would be carrying out these functions! It was also great to see how the PTs and nurses overlap and work as a team.

I met many patients, a lot of them geriatric—e.g., a healthy and strong 90+ female with a knee replacement! In contrast to strong, basically vibrant older patients dealing very well with their surgeries and post-op mobility exercises I met a young male who had been in a horrific car crash. He had a severe brain injury and was on his third month at the hospital. His progression was very minimal and he most likely will never recover from his state (I was told). He cannot move, nor eat, nor breathe on his own...he showed pain on

his face occasionally when the PT and RA tried to position him to stand on the tilt table. It was a long process; physically exhausting for the PT & RA. It was heartwarming to see his girlfriend by his side, kneading his hands, washing him and kissing his head. His father was there as well. He showed me pictures of how strong and handsome his son once was—told me of all the things he could do. It was difficult to hold the emotion in but I managed it until I sat in my car getting ready to drive home.

I saw firsthand how invaluable PTs are. They were adept at getting the patients to do what they needed to get their mobilization and function back. Rapport-building with each patient was a major first step. I was surprised at how soon (first day post-op in most cases) PTs started working on mobilizing the patients! Not only physically, but mentally, I could see the difference in a patient on the move from one who was not willing/able to move/exercise. PT's jobs are **HUGE** relative to

quality of life! I have the utmost respect for them.

At the end of the day I met with Hyman and Corey in the Student-led Clinic. I sat in on a new assessment—it was good to see how the clinical preceptor works together with the student. The patient was interviewed, assessed and a goal-oriented treatment plan was formed. The preceptor was there for the student but allowed the student to formulate the initial assessment/treatment plan—he questioned 'why' and 'how' and steered the student in the correct direction (if needed). Basically, I saw this as a fabulous confidence-building placement for students. They feel like they are really 'the PT' in charge of the patients' treatment/recovery/increased quality of life, as it may be.

I'm very glad to have had this opportunity. My understanding of PT has been widened in a LARGE way!

ClinEd Teaching Tip

Clinical Reasoning

Clinical Reasoning is a complex topic, but there are several key principles that can be useful to you as a Clinical Educator. One principal that is helpful to remember is that as an 'expert' clinician, the way you develop a treatment plan for your patient or client is different from the way your student will do it. As a novice practitioner, students must work through a deductive process, drawing on the facts they have learned in the classroom and piecing them together in a step by step process in the clinical setting. This process can be time consuming and may ignore many contextual factors which may seem obvious to more experienced clinicians. To help your students develop more sophisticated clinical reasoning skills, try the following:

- Allow extra time for the reasoning process
- Ask the students to talk you through their decision-making process
- Ask questions related to context and how the treatment might change in a different situation
- Allow time for reflection and feedback

WHAT'S NEW?

That darn CPI!

Wanted to let everyone know that the **CPI** has been tidied up somewhat (by a graphics- and format-crazed Carolyn!).

The content remains the same, however the formatting has changed to offer more space for our Clinical Educators to make comments. We hope that you'll like the more user-friendly layout!

Save the date (okay, month!)

After postponing last October, we are once again planning for our **2nd Annual UBC Clinical Education Symposium**, this time in February 2012. *More info to come!*

Kamloops and area fall workshop

We are setting our sights on running a Clinical Educators Workshop for the Kamloops area this fall (likely October). This workshop is for those of you thinking of taking a student or wanting a refresher! If you are interested in attending, please contact Carolyn for more info.

New student-led clinic at GF Strong

We are very pleased to welcome a second student-led clinic to our program! The **NMS (neuromusculoskeletal) Outpatient Physiotherapy Student Clinic** at the **GF Strong Rehabilitation Centre** is run by physical therapy students, under the supervision of Clinical Instructor/Physical Therapist Daryl Caves.

The NMS Program is one of four unique programs (ABI, SCI, Arthritis and NMS) at the centre. The clinic's mandate is to provide time-limited, goal-oriented outpatient assessment and intervention to people with complex neuromusculoskeletal and/or neurological conditions. Watch for more about the clinic in our next newsletter!

This student-run clinic is a partnership between the UBC Department of Physical Therapy (Faculty of Medicine) and Vancouver Coastal Health. We are also very grateful for the enthusiastic support of Sarah Rowe, PT Practice Coordinator for GFS NMS OP and ABI, SCI Programs.

