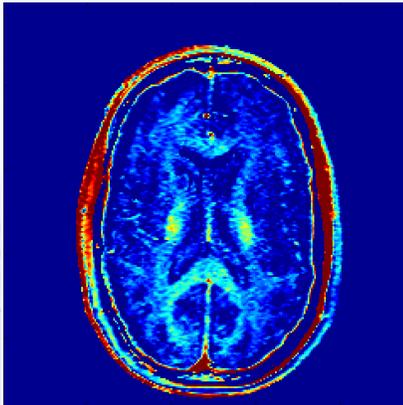




Woosh... That's the sound of another year gone by... Happy 2016 everyone!

This year I decided to make a new resolution: volunteer more. It's not always easy with a long commute and weekends that go by in the blink of an eye, but I'm going to find small, one-off opportunities where I can make a difference. One such opportunity landed in my lap in January—being a control for Naz Virji-Babul's [Arrowsmith study](#). I welcomed the opportunity, especially since it meant doing a brain MRI! The best part is getting images of my brain (here it shows my myelin, which is something that TBI patients seem to have less of).



Becoming a Clinical Educator is a fantastic and altruistic way of volunteering! We know that it takes some planning and a teeny bit more organizational work on your part, but the benefits are there for you and the student. (See our interview with a pair of private practice physios on Page 2—they'll tell you all about their positive experiences mentoring students!).

We appreciate everyone who takes students on placement and are always happy to have new sites and physios come on board. Remember—as a token of our appreciation you can apply for our V.I.P. Clinical Educator Recognition Program (cash prizes!) when you collect enough student supervision points.

Happy spring! *Carolyn*

2015 Clin Ed Award Winners Announced

The **CLINICAL EDUCATOR AWARD** annually recognizes excellence by clinicians in the education, supervision, and mentoring of our MPT students. Students may nominate a Clinical Educator who has provided an exceptional experience on any of their placements or as part of their ongoing coursework. Nominations are reviewed each spring by a sub-committee from the PACE and CACE committees. A total of three awards (one per level) may be given out each year.

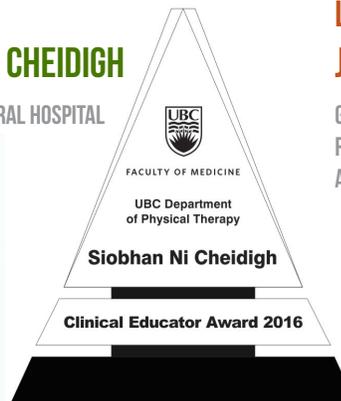
All nominees are acknowledged with a certificate of appreciation. If possible, we will present the engraved crystal awards (below!) to the winners—in front of their peers—at the Physiotherapy Forum on April 23!

Congratulations to this year's winners...

LEVEL 1:

SIOBHAN NI CHEIDIGH

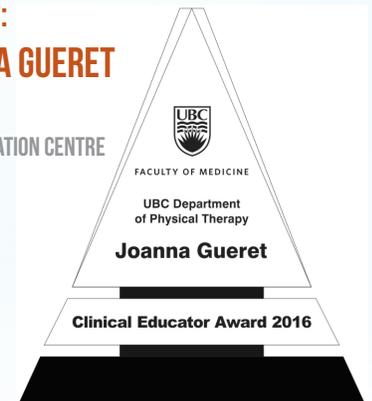
VANCOUVER GENERAL HOSPITAL
ACUTE SPINE



LEVEL 2:

JOANNA GUERET

GF STRONG
REHABILITATION CENTRE
ABI UNIT



It's time again, for the **V.I.P. Clinical Educator Recognition Program** draw! This program is a lottery for physios who take our students on clinical placement.

Every time you supervise an MPT student on a placement you earn points. When you have attained sufficient points for a time frame you can submit an application for a draw (at various levels) and have the chance to win \$300, \$500, or \$1,000 (the top prize also includes a 1-year PABC membership). Draws are twice a year in March and October.



Congratulations to the winners of our March 2016 draw:

Cobalt Level (\$300)	Jara Ricardina Ponderosa Lodge, Kamloops
Sapphire Level (\$500)	Pamela McClelland Surrey Memorial Hospital
Royal Level (\$1,000 + 1-yr PABC membership)	Angela Pace Kitimat Hospital

For more information on the V.I.P. Clinical Educator Recognition Program, or to apply, [click here](#). FYI our next draw deadline is **October 1, 2016!!!**

Clinical Placements at Private Practice Sites

Success as Tag-team Clinical Educators!

Two of the biggest obstacles perceived by potential private practice Clinical Educators are:

- *I don't work full time – how can I supervise a student?*
- *How can I possibly make a 5-week clinical placement work in a private practice setting?*

Meet Farron Fedechko and Roly Fletcher. They are a great example of a Clinical Educator "tag team" – two physiotherapists who work part-time at Golden Ears Orthopaedic & Sports Physiotherapy in Maple Ridge --- and share a student! Here's what they have to say about making it work...



Farron, you are a UBC MPT graduate (2012). Tell us about the impressions and impact you experienced in your six clinical placements while in the program. Did you have co-supervision as a student?

During my placements, I was given the opportunity to be exposed to not only my specific assigned area of practice, but was able to see some different areas of practice as well (e.g., days shadowing in home care, OT, surgical OR). Twice I had the opportunity to have two Clinical Educators share their supervision of me, and found it was a great way to learn different approaches to treatment, and different areas of specialization or treatment between physios. I also felt that my preceptors were much more energized to teach me when they didn't necessarily have to supervise me each and every day.

Farron when did you take your first student? What did you learn during your first supervision experience that you have carried forward?

I took my first student three years after graduating. Honestly, I was a bit apprehensive, as I wasn't sure how my experiences as a "newer grad" would help educate the students. What I found was that with my experience in the MPT program I had a better understanding of the program set up and knowledge of what information the student may or may not have already been taught, and I could help students reflect on how to use those skills in the clinic setting. I also realized that the students had little knowledge of how physios navigate and access services in a 3rd party pay system, and the need for them to understand the different streams of treatment and how their clients can progress from acute injury to return to function. I've tried to use this to guide not only my teaching of clinical knowledge and reasoning, but also to teach students how they can learn the basic "nuts and bolts" of how to be effective in carrying on the business of being a physio in private practice.

Have you both always shared supervision of a student? What steps did you take to help make shared supervision work?

[RF] My first ever student supervision was in the UK and I shared the supervision as I felt I was still finding my own feet. Since moving to Canada most of my students have been shared as I've always held split roles either in different departments in the hospital or a blend of public and private. Sharing a student takes a little more time to collaborate with the other supervisor; however, you share the workload, so it is less daunting.

[FF] To this point, my students have been shared with another preceptor, which I find to be helpful in managing the learning opportunities provided to the student. In regards to coordinating the sharing of the students, I think it works best if you have two preceptors whose overall outlook and approach on treatment are similar. Often, as a student, the more frustrating thing is to be given conflicting information when trying to apply a skill, or getting feedback. Roly and I have a similar philosophy in our practices, so it hopefully makes it easier for students to learn and get consistent feedback in regards to how they are doing over the course of their placement.

"If you are planning on working for five weeks in a row this year, you can take a student!"

How do you approach the organization of a student's placement? Do you each oversee certain areas of education while the student is on site?

[RF] Farron and I work in a private clinic that also runs a WSBC OR program. As I only work part time, we find it's a perfect fit if a student works with me on my private practice days (three days a week) and then spends the other two days with Farron in the OR program. This way, we feel the students get exposure to private practice and also the more comprehensive management of a WSBC client. We both remain flexible to try and provide a beneficial learning experience for the student.

[FF] I would also add that we both have some different specializations that attract a variety of clientele to our clinic, and we attempt to expose our students to as many of these opportunities as possible. For example, Roly sees a number of chronic pain and post-concussion patients, as well as uses acupuncture at times as part of his treatment approach. I treat a number of vestibular clients, utilize hydrotherapy and also perform pre-employment screening as a part of my practice. By having exposure to two different preceptors, students can get a taste of a variety of patient populations and gauge their interest in what types of clients or treatments may interest them in the future.

How do you coordinate the student's evaluation?

[RF] [FF] : We continually discuss the progress of the student throughout their placement, sometimes face-to-face, sometimes over the phone. To complete the evaluation, we normally meet over a beer and tell our wives we are working! We then find a convenient time to sit down with the student and go over the evaluation.

Private practitioners sometimes think there are hurdles when planning the student's placement. What advice would you give them?

[RF] We find the process pretty smooth and Ryan Jeans (our clinic's student coordinator) gives us ample notice of the requests. Farron and I normally discuss our vacations, etc. to make sure we are both going to be around and then accept placements that will work with our schedules. We also have a lot of great clinicians in our clinic that will always step in for a day or two if needed, and we find the students are very flexible.

[FF] If you are planning on working for five weeks in a row this year, you can take a student. All physios (and their patients) have the capacity to provide a great learning opportunity for students. You don't need to change your scheduling or work setup to take on a student, you just need to take an interest in discussing patient interactions with your student, which is likely no different than conversations you have with your physio colleagues in your clinic every day!

Are there any words of wisdom or tips for anyone pondering taking a student, whether in private practice or sharing?

[RF] I get a lot out of taking students. I especially like challenging their thinking and equally, I like it when they challenge mine. They are also

good resources with up-to-date evidence. Taking students is not as scary as it may seem and any practicing physio will have experience that will benefit a student's learning experience.

[FF] Students are keen to get any experience they can. They will learn from each and every one of your patients, and every



Farron and Roly biking at beautiful Alouette Lake in Maple Ridge

discussion you have with them. Don't worry about being outsmarted by your student. You have years of clinical experience behind you and that carries a lot of clout when it comes to answering questions. And if

your student is smarter than you, well, at least you learned something new that day.....right?

How does a student contribute positively to clinical practice in a private practice setting?

[RF] I find patients respond well to students and I've never had anyone refuse to be seen by a student. Patients get a longer session and

"I've never had anyone refuse to be seen by a student."

have the benefit of being assessed by two pairs of eyes. Students bring an enthusiasm to the clinic that is refreshing.

[FF] In my experience, patients are much more engaged in the discussion surrounding their care plan when they are part of the discussion between preceptor and student during an assessment or treatment. Because it's often a teaching or learning moment, the patient can get a better sense that they are in quality care and buy in to what is being discussed or proposed.

What makes you feel good about being a Clinical Educator?

[RF] I was lucky to have excellent educators when I was a student and also senior physios that supported me when I graduated. I feel privileged to be in a position where I can now part some of my knowledge and skills to others learning our profession.

[FF] I enjoy seeing the progression in the students' decision-making ability and efficiency of their skills improve from the beginning of their placement to the end. As the students build confidence and are more independent with patients, it gives me a sense of gratification that they can more competently move forward in their education (and career), with hopefully a few more bits of perspective in regards to how they conduct their interactions going forward.

"I get a lot out of taking students. I especially like challenging their thinking and equally, I like it when they challenge mine."

Upcoming Clinical Educator Workshops: **KELOWNA & SURREY** (new)



Kelowna Hospital 1940

We have just completed a spring workshop in the Lower Mainland. Now, when the snow has thawed, Anne will be heading to Kelowna in April (although not in a car anything as snazzy as the one in the photo!). We have also booked a workshop in the Fraser Health catchment, at Surrey Memorial Hospital, in May.

Thank you to Annick and Centric-Lifemark West Kelowna for offering space at their clinic for a full-day (9 am-4 pm) Clinical Education workshop on **Saturday, April 30.**

These workshops are open to ALL physiotherapists in private and public practice. If you would like more information or want to register please visit our [Workshops web page](#).



Surrey Memorial Hospital 2014

Our newly added full-day (9 am-4 pm) Surrey workshop is scheduled for **Wednesday, May 18** at Surrey Memorial Hospital.



To the left is a picture of "RBT" with "cmta" (otherwise known as Rebecca Tunnacliffe and Carolyn Andersson!). Rebecca, in her role as CEO of the PABC, has been our cheerleader and partner in crime all these years. In January she moved on to a new challenge, taking over the helm as CEO of the BCRPA (*BC Recreation and Parks Association*). 15 years is a long time and RBT is leaving big shoes (and crazy high heels) to fill! We welcome Kevin Evans in his new role as PABC CEO and look forward to working with him.

Some parting thoughts from the Clin Ed team... **Thanks Rebecca!!!**

“ Rebecca's passion and commitment to students was amazing. She has done a remarkable job of student engagement within PABC. She was part of the students' journey, from the first week of orientation where she introduced the Association and its role, to graduation where each student received a gift from the PABC and a personal welcome to the profession from Rebecca.

During the course of their program, Rebecca ensured that the PABC was not forgotten; there are many activities sponsored by PABC to promote student involvement with the profession, ranging from opportunities to serve on the PABC Board to support to fund students to attend Congress. Oh, and those infamous *Pizza and Practice* nights! Rebecca was also very supportive of the Northern and Rural Cohort from its inception including developing an NRC student rep. We will miss her endless enthusiasm, hugs, and fashionista fabulousness!

RBT



NRC News:

From UNBC and Northern and Rural BC communities

Greetings from the NRC. It was a short winter in northern BC as confirmed by the groundhog who didn't see his shadow, and March coming in like a lamb. Nevertheless, it is shaping up to be a busy spring and summer.

We are thrilled to welcome a number of new clinical sites that have come on board in the last six months: **Elite Physiotherapy** in Trail, **Total Physiotherapy** in Houston, **Creekside Physiotherapy** in Kimberley and **YMCA Prince George**. Creekside gets a special mention as they also hired a recent NRC graduate!

February was filled with Clinical Educator workshops across the province (Prince Rupert, Kimberley, Creston, and Trail). It is always a pleasure to meet our Clinical Educators and visit the clinical sites where our students spend their time. We are very fortunate to have such dedicated Clinical Educators (four of whom gave up a holiday Monday to attend a workshop!) and rich learning environments for our students. We have more workshops planned for April. Remember—if you are wishing for a workshop or some additional support around student supervision or facilitating learning in the clinical setting, please don't hesitate to contact me.

The Northern and Rural Cohort continues to chug along. We are

very proud to say that a review of where our 2013-2015 NRC graduates are employed reveals that 50% of them are working in rural locations. We are thrilled to meet this recruitment target; however we recognize that this is only one metric by which we should measure the success of the NRC. Awareness of the health needs of residents in rural and northern communities, insight into different models of service delivery and a taste of the challenges and rewards of rural practice are just some of the many teachings that we hope NRC students leave the program with. The NRC exit survey also indicated that some of those working in an urban setting now intend on working in a rural community in the future.

As for new initiatives, the NRC has partnered with the **YMCA of Northern BC** and **Northern Health** to start a cardiac and pulmonary rehabilitation program in Prince George. We hope to launch this much needed service and great learning opportunity by the time this newsletter goes to press so stay tuned as we'll include more details in the next newsletter.

See you at the Physiotherapy Forum in Vancouver. Drop by the Clinical Education table and say hello!

Robin Roots
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Northern and Rural Cohort
Prince George/UNBC Campus
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CLIN ED TEACHING TIP

PROVIDING FEEDBACK DURING PLACEMENT

Provision of very specific feedback that aims to improve performance during clinical placement has been positively linked to future performance. It is important for the preceptor and student to have already developed rapport prior to delivering feedback that is critical of performance. The feedback delivered should be framed within a "this can help you with your clinical performance" lens, so tying feedback to learning goals is really helpful. Increased frequency of feedback introduces the concept that this is the "norm" within your workplace and allows preceptors the opportunity to provide both positive and constructive feedback that is balanced and realistic. An invitation to the student on when, and where feedback may happen provides the student with some choice to increase comfort e.g., privately, on the fly, or a hybrid depending on factors such as safety or opportunity for learning. Provision of feedback allows the student to be actively involved in targeting skills and behaviours requiring remediation and opens the door to scaffold further feedback.

Article of interest... de Beer M & Martensson L. Feedback on students' clinical reasoning skills during fieldwork education. Aust Occ Ther J (2015) 62:255-264 doi: 10.1111/1440-1630.12208

Artwork: Lindsey Donner

MODULES
excel UBC PT

New module online >>

A new EXCEL e-learning module is up on our website, with two more coming soon!

[Click here to view!](#)

SUPPORTING A STUDENT IN DIFFICULTY

A student can be in difficulty for many reasons, from lack of motivation to learning difficulties. In this module you'll learn about factors that can contribute to poor performance, identifying when a student needs support, and using ideas like clinical reasoning to help get a student back on track.

Coming soon!

PROVIDING FEEDBACK

Feedback is essential to promote learning and improve a student's performance. Learn about types of feedback, various feedback models and how to present your feedback to your student in a positive and helpful way.

ADULT LEARNING STYLES

Learn about the characteristics of adult learners. See how recognizing and adapting to generational differences and learning preferences can make a positive impact on your student's placement experience and your effectiveness as a Clinical Educator.

WHAT'S NEW?

Tidbits of information worth knowing!

Private Practice Toolkit

We are presently developing a "toolkit" for private practitioners to help facilitate clinical placements within this popular area. There will be more news about this exciting initiative coming soon!

ACPe Online!

The ACPe is now available online through HSPnet. You do not need to be "on" HSPnet to be able to

use this feature. Feedback has been very good with simultaneous viewing of the preceptor and student self-evaluation.

ACP's new "Credit with Reservation"

In the past in the ACP at mid-term and end of placement preceptors were able to recommend: *Credit*; *No Credit*; and *Credit with distinction* (for final placements). *Credit with Reservation* is now available as a recommendation. This grading may be used by Clinical Educators with students whose performance demonstrates areas of weakness that may require remediation. As always, if Clinical Educators are concerned with student performance they should contact the Associate Head, Clinical Education as soon as problems are identified. We also encourage all students to contact us if they are struggling within

a placement. Our role is to help with remediation strategies. Examples of this may include resetting goals; targeting specific behaviors; reviewing skill acquisition; etc. It is hoped with remediation, the use of *Credit with reservation* will not be necessary by the end of placement.

See you at the Forum?

Once again, Carolyn and Ingrid will be "representing" at the annual *Physiotherapy Forum*, Saturday April 23. Please drop by our UBC PT Clinical Education booth in the Shaughnessy Room. We are there not only to say hello and connect, but to answer any Clin Ed questions you have. We are especially happy to talk to you about taking a student on placement!! :)

We will have giveaways, and you can enter to win a door prize of one of two books, so "come on by!!"



"If you light a lamp for someone else it will also brighten your path."

- Buddha

YMCA
Prince George

HealthOne Physiotherapy & Hand Clinic
Surrey and Mission

Physioroom
Main Street and Oak Street locations
Vancouver

Element Therapeutics
Golden

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TILAPIA TACOS WITH PEACH MANGO SALSA

Shannon (our Northern and Rural Cohort Administrative Assistant in Prince George) is offering up a recipe this issue. She says: "This is a super easy meal to make, the only thing that takes time is the cutting up of the fruit for the salsa. I offered brown rice, to add to the tacos (if one desires) and used frozen peaches and mango for the salsa, as fresh are not easy to find right now." The recipe is from the site "[Eat Yourself Skinny](#)."

INGREDIENTS

- 3 (4 oz) tilapia fillets
- ¼ cup olive oil
- 2 tbsp. fresh lemon juice
- 1 tbsp. fresh parsley, minced
- 1 clove garlic, minced
- 1 tsp. dried basil
- 1 tsp. black pepper
- ½ tsp. salt
- ¾ cup peach mango salsa
- 6 corn tortillas
- ½ cup fresh cilantro leaves

Place tilapia fillets in a large plastic ziploc bag and set aside. Whisk together olive oil, lemon juice, parsley, garlic, basil, salt and pepper and pour all over the fish, making sure to coat each fish completely. Allow fish to marinate in the fridge for at least an hour.

Preheat your grill on medium-high heat and lightly coat with oil so the fish won't stick.

Place tilapia fillets on the grill and cook for about 3 to 4 minutes on each side until the fish is opaque and flakes easily with a fork.

Meanwhile, brush the tortillas lightly with oil and place on the grill for about 20 seconds.

Fill warm tortillas with the cooked tilapia, 2 tablespoons of peach mango salsa and top with some cilantro.



PEACH MANGO SALSA

- 4 peaches, chopped
- 4 roma tomatoes, chopped
- 1 mango, peeled and chopped
- ½ red onion, finely chopped
- 1 red pepper, chopped
- 2 jalapenos, finely chopped
- Juice of 1 lime
- 1 tbsp. raw honey or agave

Did you know you might be eligible to become a UBC Clinical Faculty member?

[Look here](#)
or [email us](#) for information!

Keep in touch

Click to sign up to newsletter e-mail list