

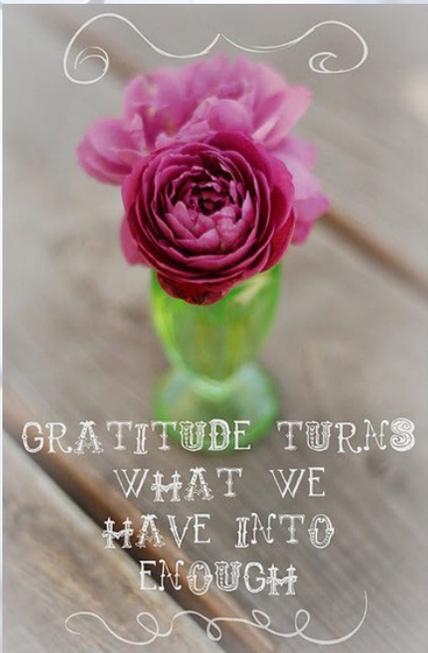
Fall. Stormy, colder, darker. Not my favourite time of year, I will admit. This fall there has been some loss amongst us in the department and it has made me reflect on gratitude. I have the picture (below) in my office, to remind me...

Gratitude should be everywhere in our lives. *Have we told you lately how grateful we are for the support our Clinical Educators give this program, and our students, in their education? **We are. Thank you.***

People come in and out of our lives (sometimes all too quickly) and I am grateful for the wonderful sense of community I happened upon in this world of physical therapy. You are an outgoing, energetic, passionate bunch and we are so happy that trickles over to our students when you mentor and inspire them on their way to becoming a physiotherapist.

I'm sorry autumn. I shouldn't dismiss you so easily! I love your show of colour, the opportunity to get out my crock pot, and the fact that sometimes hunkering down on a chilly night with a good book is exactly what one needs...

Carolyn



Successful Teaching & Learning Workshop



On Friday, October 14 the Clin Ed team (Anne, Sue, Robin, Carolyn and Ingrid) spent a productive and fun afternoon together with some of our seasoned Clinical Educators. Thanks to everyone who attended this “Lunch and Learn” workshop, especially Catrien (Invermere) and Tiger (Oliver) who made the trek mid-windstorm weather!



Anne spoke about various teaching and learning styles, and Robin elaborated on how to facilitate interprofessional clinical education. We all gained insight on student learning styles and now know the difference between a “Converger” and an “Assimilator!” Want to know more? See page 2.

We look forward to hosting similar events for our wonderful Clinical Educators in the future and welcome suggestions for topics.

It's time again, for the **V.I.P. Clinical Educator Recognition Program** draw! This program is a biannual 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, \$475, 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 October 2016 draw:

Cobalt Level (\$300)	Kristie Norquay Element Therapeutics, Golden
Sapphire Level (\$475)	Lynn Bergman Child Development Centre, Prince George and District
Royal Level (\$1,000 + 1-yr PABC membership)	 Amanda Arione Peace Arch Hospital, White Rock

"I told my preceptor my learning style and she wasn't interested..."

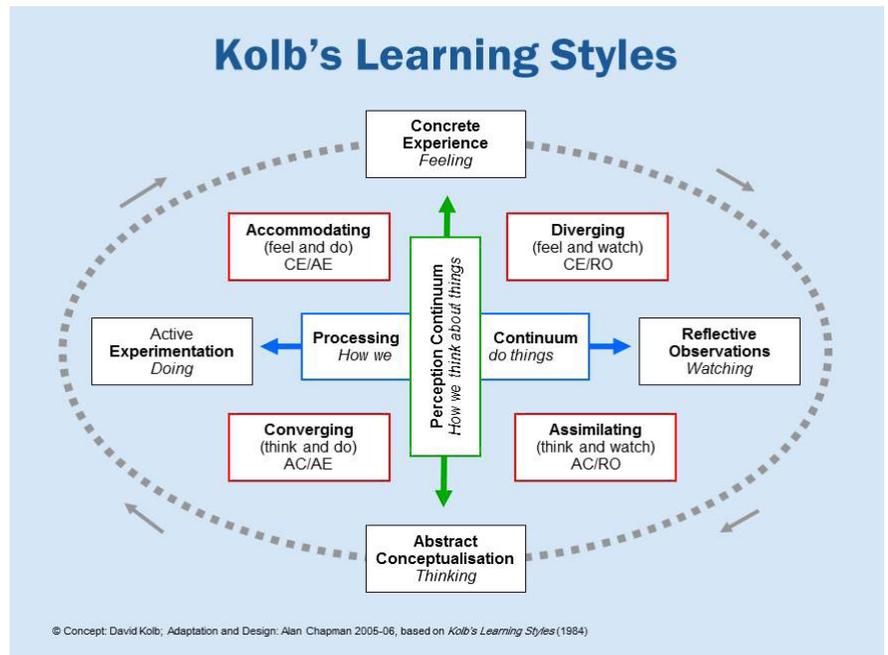
MPT students are adult learners and each have their own "preferred" learning style. Most physical therapy students generally fall into one of **three** preferred learning styles:

- **Accommodator**
= Feeling and doing [hands on, acts on gut]
- **Converger**
= Thinking and doing [problem solver, likes technical tasks versus social issues]
- **Assimilator**
= Thinking and watching [organises information, interested in ideas/concepts]

As a Clinical Educator, have a conversation early on regarding your student's preferred learning style. You do not need to know all the details of each learning style, instead ask the student to explain how they learn best. It can be helpful to understand that learning styles often translate into behaviours that you might see a student demonstrate. This helps to set the learning stage of the clinical experience for both of you and doesn't necessarily mean more work.

A learning style may alter depending on the clinical circumstance. Under stress students may revert to a different learning style—often that of the "Assimilator." Students using the assimilator model of learning will want a clear idea of what is going to happen; may ask to watch you demonstrate a technique several times before trying it; and want extra time to read and prepare. This can be difficult to manage in a fast-paced environment.

Reference article: Milanese S, Gordon S & Pellatt A. Profiling physiotherapy student preferred learning styles within a clinical education context. *Physiotherapy* 99(2013) 146-152



So how do you support your student?

You can tweak the student learning, and, in the case of the Assimilator, scaffold the learning experience by building onto his/her exposure.

Using an assessment as an example, it may look like this:

1. You demonstrate your preferred examination technique;
2. The student then performs one portion of the test or repeats the entire test (if it is safe to do so!);
3. The student completes the entire assessment on the next patient with or without supervision, depending upon their confidence (and your own).

For more information please refer to [EXCEL Module 5: Adult Learning Styles](#).

Student Shadowing, Volunteering, and Insurance Coverage



We wanted to bring to your attention a reminder that students **shadowing** at any facility are NOT covered by WorkSafe BC or UBC's liability insurance when the shadowing is not directly related to course work (such as the yearly MPT1 Wednesday shadowing in October/November). Any students shadowing at a site or volunteering at a sporting event that does not meet course work requirements are doing so as a member of the general public and may not present themselves as MPT students.

Students are NOT automatically covered by UBC's professional liability insurance for volunteer activities at other times during the MPT program.

This means that if a student decides to volunteer at an event (for example, the Sun Run), or acts as a volunteer with a team, the student is not insured via UBC. Students are strongly advised by the department to obtain their own professional liability insurance for these events (e.g., from the CPA).

There is also no accident or injury coverage provided by the University for any volunteer activities. Students should consider purchasing their own insurance when volunteering.

Please don't hesitate to contact anne.rankin@ubc.ca if you have questions or concerns. The UBC Department of Physical Therapy would like to thank all of our partner sites for their support of the MPT program. This community support is deeply appreciated by all.



Stuart Lake, Fort St. James

NRC News: From UNBC and Northern and Rural BC communities



Greetings from Northern BC where the geese have flown south and the snowflakes have started to fall. Nonetheless, the NRC does not hibernate—it's been a busy autumn and we have a lot to look forward to this winter.

In September, we admitted our fifth, yes 5th, NRC Cohort! As if that wasn't exciting enough, NRC clinical placements are proving to be a great recruitment tool. Following the 3B placements in Prince George three graduating students (two NRC and one non-NRC) signed on for jobs in Prince George when they graduate. They join two graduates from the 2013-2015 NRC cohort. Of the first two graduating classes, 50% of NRC graduates have ended up working in a rural community one year after graduation.

In addition to recruitment and retention, the NRC aims to provide students with

opportunities to experience and understand rural health care and rural practice. We are seeking partnerships with local organizations and health authorities to ensure that physiotherapy services are offered within the newly formed primary health care (PHC) teams. Offering students placement in this emerging model of team based integrated care is critical if they are to understand the role of physiotherapy in PHC, and be ready for this emerging model of practice. This was articulated well by Shannon Champion, NRC MPT 2014-2016 student, reflecting on her final 3B placement in PHC. (*see below*)

This is just one example of a student placement in Primary Health Care. I am sure there are others and we would love to hear about the work you do. Feel free to send the Clin Ed team a note and tell us about it.

Finally, if you are interested in a career change and PHC tweaks your interest an opportunity awaits you...

We are looking for a full time Physiotherapist to lead the Cardiac and Pulmonary Rehabilitation Program in Prince George

The program is a partnership between UBC NRC, Northern Health and the YMCA. This full time position is embedded in the new integrated Primary Health Care model in Prince George and offers a terrific opportunity to practice PHC! If you or anyone you know is interested please contact me at the email below.

Wishing you a great fall and winter!



Robin Roots
Coordinator for Clinical Education
Northern and Rural Cohort
Prince George/UNBC Campus

robin.roots@ubc.ca

Having heard lots of theoretical talk about primary health care (PHC) in school and chatter that some health authorities were being restructured to adopt this new model, I entered my last placement with no real understanding about what PHC would actually look like in practice and how physiotherapy would fit into the mix. However, my placement with the Central Interior Native Health Society (CINHS) in Prince George and Carrier Sekani Family Services community outreach changed all that.



Robin and Shannon in Takla, BC

The ability to provide accessible team-oriented care for patients is what inspired me most about what I saw there. Patients would come to the clinic for physiotherapy services, and then simply walk down the hall to see a physician or nurse if something beyond my scope came up during our session. Similarly, while on outreach in a remote First Nations community, patients who lived five hours away from the nearest physiotherapy services came to see me for treatment when they were referred on the spot by the GP who was part of the outreach team I was traveling with. I also had the opportunity to talk to the rheumatologist on the team directly, if I had concerns about a patient with arthritis. I literally observed the continuum of care unfold in front of me in this setting, which allowed me to better understand how easily patients get lost in between referrals when health care is not delivered in this way and practitioners are split up into their different silos.

Like any new system being brought into practice, primary health care has kinks to be worked out. My last placement showed me though that it's not just a theory, there are clinics and teams out there providing the quality, team-oriented, patient-focused accessible health care that the primary health care model was designed to deliver."

Shannon Champion, 2016 MPT Grad

Upcoming workshop in Campbell River



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

- Buddha

Red Cedar Physiotherapy
Revelstoke, BC



Do you live in or near Campbell River? Are you a private or public practice physiotherapist who is interested in taking a UBC MPT student on clinical placement?

Robin Roots, our Coordinator of Clinical Education for the Northern and Rural Cohort, will be holding a *condensed* Clinical Educator Workshop in Campbell River on November 28th. It will take place between 10:00-2:00 pm, and includes lunch!! (*Location TBC*)

The workshop covers topics such as the MPT Program, Learning Styles/Learning Theory, Planning & organizing the educational experience, Providing feedback and evaluating the student, supporting the student in difficulty.

This workshop could also accommodate OTs if there is interest. Please let Robin know.

If you would like to attend the workshop please contact robin.roots@ubc.ca for more information.



Stout-Braised Beef Stew

From: cheflynn Crawford.com

Carolyn's notes: I made this recently and it was a big hit. Simple but very flavourful. Didn't miss potatoes in it! Serve with drop biscuits. I used a Quebec-brewed [Oatmeal Stout](#). It is super dark and rich and really added to the flavour of the stew. I also cut the veggies shorter. More practical.

Lynn's hint: There are two tricks for a tender stew. First, buy meat with generous marbling (tiny bits of fat between the muscle fibres). Second, cook it over low heat for several hours.

Serves 4 to 6

- | | |
|---|--|
| ¼ cup olive oil | 12 ounces stout beer |
| 2 pounds stewing beef, cut into 1 ½-inch cubes, patted dry, and seasoned with salt and pepper | 2 cups beef stock |
| 2 cups chopped red onion | 4 parsnips, peeled, halved lengthwise, and cut into 3-inch pieces |
| 1 tablespoon brown sugar | 4 large carrots, peeled, halved lengthwise, and cut into 3-inch pieces |
| 2 tablespoons chopped garlic | 2 sprigs thyme |
| 2 tablespoons butter | 2 bay leaves |
| ¼ cup all-purpose flour | |

Directions

1. Set a Dutch oven over medium-high heat, add oil and heat to smoking point.
2. Working in batches, brown beef cubes on all sides. Transfer beef to a plate and keep warm.
3. Reduce heat to medium-low, add onions and brown sugar and cook until golden, about 10 minutes, stirring occasionally, then stir in garlic and cook 1 minute more.
4. Increase heat to medium-high, add butter and, once melted, sprinkle in flour and cook until flour has been incorporated, about 2 minutes, stirring constantly.
5. Stir in stout and stock. Scrape up any browned bits stuck to the bottom of the pot.
6. Add back in reserved beef and any accumulated juices and bring mixture to a boil, then reduce temperature to medium-low, add parsnips, carrots, thyme and bay leaves, cover, and simmer until beef is tender, about 30 minutes, stirring occasionally.
7. Uncover pot and continue to simmer stew until cooking liquid is thick enough to coat the back of a spoon, 15 minutes more.
8. Let stew rest off the heat for 5 minutes, then remove thyme sprigs and bay leaves, season to taste with salt and pepper and serve immediately.

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

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

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