

PHYSIOTHERAPY

Canadian
Physiotherapy
Association

Congress Issue
May 2013
Vol. 3 No. 3

Practice

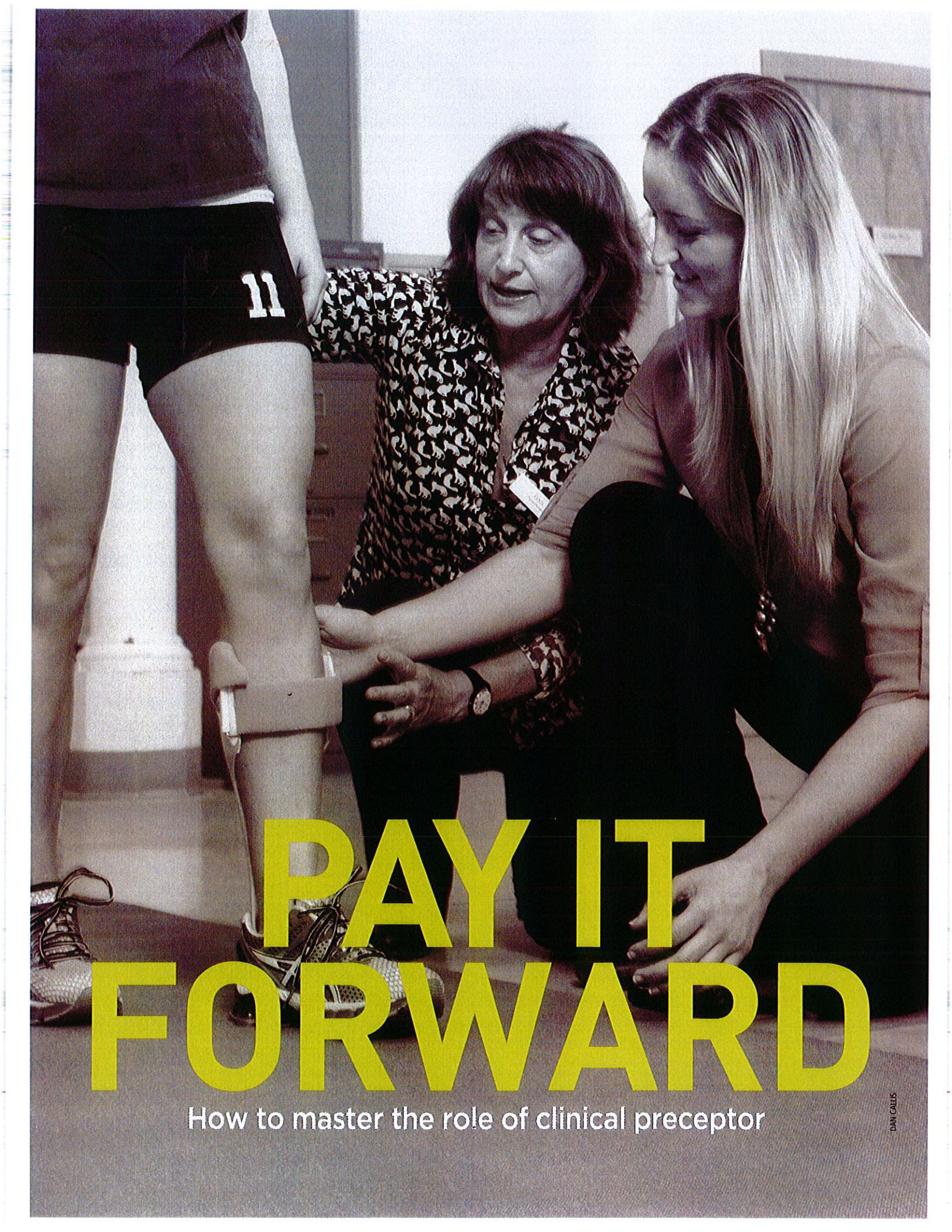
LENDING A HELPING HAND

MASTERING THE ROLE
OF CLINICAL PRECEPTOR

DIVING INTO
SWIMMING REHAB

RETIREMENT PLANNING
FOR PHYSIOTHERAPISTS

CREATING A TREATMENT PLAN: CPA DIVISIONS WEIGH IN



PAY IT FORWARD

How to master the role of clinical preceptor

“The best thing about being a clinical preceptor is that you get to fuel the enthusiasm of new students. It’s a reminder to yourself about the amount of knowledge that you have, and that you’re in a position to impart that knowledge to the future of the profession.”

— Kelly Waters

GEORGE BERNARD SHAW once said, “He who can, does. He who cannot, teaches.”

It’s a familiar quote that has been manipulated and used as the punchline in more than a few jokes over the years.

But for physiotherapists, the saying doesn’t apply at all. That’s because practising and teaching aren’t separate components of the profession. In fact, instruction through a clinical preceptor role is part of the Canadian Physiotherapy Association’s Code of Ethics (under the section Responsibilities to the Profession, item 3.6: *Physiotherapists shall be willing and diligent preceptors in the education of physiotherapy students*).

So given that this knowledge translation function is vital to sustaining and furthering our professional roles and responsibilities, how does the clinical preceptor role get fulfilled? Quite simply, actually. If you’re willing to mentor one or more students from one of the 14 entry-level physiotherapy programs in Canada who need to do a clinical placement as part of their education, or a physiotherapy student from a different country, you can become a clinical preceptor, no matter where you practise in Canada.

Anatomy of a clinical preceptor

Since few barriers to the experience exist, let’s look more closely at exactly what a clinical preceptor is—and who makes a good one.

A preceptor is an experienced practitioner who provides role support and learning experiences to student and staff learners. A preceptor works with the learner for a defined period of time to assist the learner in acquiring new competencies required for safe, ethical and quality practice.¹

Definition: Preceptor

- The Oxford Dictionary defines a preceptor as a teacher or instructor.
- Answers.com defines a preceptor as an expert or specialist, such as a physician, who gives practical experience and training to a student.
- Wikipedia defines a preceptor as a teacher responsible for upholding a certain law or tradition, a precept.

Different terminology is used to describe clinical preceptors. Physiotherapy programs may use the titles clinical educator, clinical instructor, clinical tutor or fieldwork supervisor to describe the role.

Being a clinical preceptor means assuming the responsibility to help educate, coach, mentor and facilitate the clinical learning required for physiotherapy students completing clinical placements.

“The best thing about being a clinical preceptor is that you get to fuel the enthusiasm of new students,” says Kelly Waters, a physiotherapist and preceptor working in Winnipeg. “It’s a reminder to yourself about the amount of knowledge that you have, and that you’re in a position to impart that knowledge to the future of the profession.”

Some of the key roles of a clinical preceptor include the ability to do the following:

- Assist and support the learning experiences of the student
- Facilitate the development of knowledge, clinical skills and professional attitudes
- Supervise, guide and act as a role model for professional behaviour
- Provide “hands-on” skills and experience

- Help orient the student to the work and clinical environment

In July of 2011, the Clinical Education Guidelines for Canadian Physiotherapy Programs document was published, a joint collaborative effort among the following groups: the Canadian Council of Physiotherapy University Programs (CCPUP), the National Association of Clinical Education in Physiotherapy (NACEP), the Canadian Physiotherapy Association (CPA), the Canadian Alliance of Physiotherapy Regulators (The Alliance), and Physiotherapy Education Accreditation Canada (PEAC). The purpose of this document was to produce a set of guidelines for clinical education that provides national consistency in preparing safe and effective entry-level physiotherapy practitioners.

Appendix B of the document, under Responsibilities of Clinical Education Partners, contains the following expectations for clinical educators:²

Clinical educators are expected to:

- Become familiar with the university clinical education program (learning objectives, educational tools, clinical evaluation tool, expected performance of student depending on placement level) and with the supervision process
- Offer a welcoming environment, a comprehensive orientation and provide space for student use, as available within the site’s resources
- Act as role models for students
- Offer a positive and comprehensive learning environment to enable student development within the core competencies required for physiotherapy practice
- Clearly inform students of what is expected of them, appropriately grade responsibilities and expectations and be available to students to offer appropriate supervision >>

THE STUDENT VIEW

CPA asked two former students for their take on clinical placements. **Patrick Young** of Halifax, Nova Scotia, and **Mallory Peacock** of St. John's, Newfoundland, are two new graduates working as physiotherapists.

Q. What did you expect from your first clinical placement?

Young: "When I entered my placement I was very keen to learn, but I didn't feel competent to treat. I had expected to be babied into a routine where I would start out following my clinical instructor. Because I was forced to jump straight into practice, I had a full six weeks to develop my confidence, which as a student is half the challenge of becoming a clinician."

Peacock: "Prior to my first clinical placement, I expected that materials learned in the classroom would reflect actual practice. As well, I thought assembling the pieces (assessments and interventions) would be straightforward. After my placements, I realized that theory and general skills are the foundation for a physiotherapist's work. Clinical experience—gained through placements—is what you add to this foundation to improve your practice."

Q. Describe a placement experience that resonated with you professionally.

Young: "It was during my final practicum where my clinical instructor made a strong effort to expand and develop my clinical reasoning skills. I learned very quickly that I had a tendency to try to fit new patients into a diagnosis which I had already treated, because it was a clinical pattern which I had already seen and could recognize. If I began an objective assessment with only one potential diagnosis hypothesis, I would often look to try to prove it during the assessment, even when the clinical signs were not there. Developing three hypotheses forced me to conduct a complete objective exam (without shortcuts), which made me pick up on many clinical signs which I otherwise would have ignored, thereby evolving my templates for how a patient may present."

Peacock: "For my neuroscience placement I was given the opportunity to work on an inpatient rehab unit. During this placement I worked with a variety of patient populations and therapists. I also had the chance to sit in on other discipline sessions, giving me a better understanding of the interdisciplinary roles involved in rehab."

Q. What advice do you have for students regarding placements?

Young: If you're scared to make mistakes and always stay in your comfort zone, your growth will be stunted. To paraphrase one of my mentors, clinical practice is called practice for a reason, as it is full of lifelong learning which we continually modify and strive to perfect our skills."

Peacock: "Don't be afraid to speak up and ask questions of your clinical instructor and other team members. Don't be afraid to make suggestions or voice ideas."

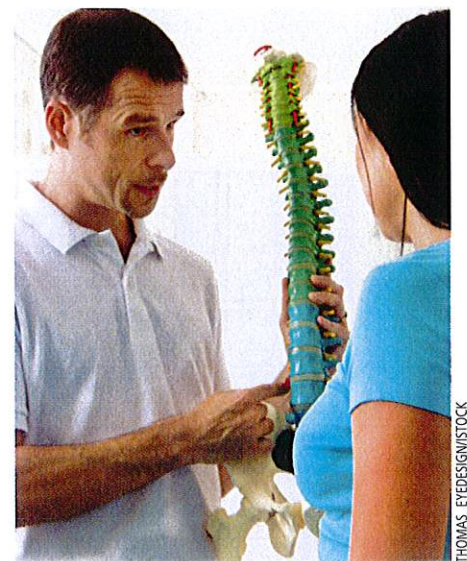
Q. What advice do you have for instructors?

Young: "Consider having two students matched with each instructor. The chance to reason with another student at my own level was an invaluable experience that forced us to come up with our own answers instead of always relying on our instructor as a safety blanket."

I also believe in promoting an environment that encourages questions to allow the student to learn, but also to force the teacher to develop his or her own reasoning and avoid becoming stagnant in practice."

Peacock: "Open the road to communication with students right away. Explain your expectations and allow students to share theirs too. Give students every educational opportunity to broaden their understanding of physiotherapy and health care in general."

*Do you have a placement experience you'd like to share?
Let us know at editor@physiotherapy.ca*



"It's tremendously fulfilling when the light goes on for a student and you can see how they more fully understand a concept or technique."

— Terry Woodard

- Offer regular and timely feedback based on student performance, including recommendations for improvement
- Assist students to develop a good understanding of their "professional growth" and of the remaining learning objectives by allowing and promoting time for guided reflection
- Meet with students to discuss and evaluate their performance at the mid-term and end of the clinical education experience
- Communicate with the university clinical coordinator before or during the mid-term evaluation if the student encounters significant challenges

These expectations may seem daunting, but many physiotherapists manage to make the role work for them, and for the students they teach.

"It's tremendously fulfilling when the light goes on for a student and you can see how they more fully understand a concept or technique," says Terry Woodard, a physiotherapist in Winnipeg who regularly takes students for their placements. "I enjoy the teaching aspect of being a preceptor, as I feel it helps keep my knowledge and skills very current. One of the best ways to make sure you know a body of information is to teach it and be prepared to answer questions about the concepts."

5 traits of effective preceptors

Clinical preceptorship is common in many health disciplines. In a recent study of second-year medical students,⁴ five attributes of an effective preceptor emerged from the students' learning journals:

1. Demonstrates professional expertise
2. Actively engages students in learning
3. Creates a positive environment for teaching and learning
4. Demonstrates collegiality and professionalism
5. Discusses career-related topics and concerns

Juggling identities

As a physiotherapist your first priority is patient care. However as a clinical preceptor you are also responsible for teaching and guiding a student on how to deliver this care. The task becomes more complex with the added responsibility of having a student under your wing.

"It's difficult to always act on teachable moments when your clinic is full of clients who are waiting for you," admits Woodard.

To achieve balance, it's helpful to parse out the roles separately to ensure you're meeting the distinct yet complementary functions:³

Role model and mentor: The preceptor leads by example, demonstrating and personifying competent care physiotherapists. S/he helps the student integrate clinical and professional practice. The preceptor demonstrates excellent ethical behaviour and enthusiasm for practice and interacts appropriately with other members of the health care team.

Socializer: The preceptor actively integrates the student into the social culture of the unit/facility/clinic. S/he helps the student feel welcomed by peers and coworkers and assists them in establishing relationships and becoming familiar with the written and unwritten norms of the unit/facility/clinic.

Teacher: The preceptor has a desire to teach and to share expertise with students. S/he is responsible for assessing the student's needs, planning learning experiences, and facilitating patient assignment selection to achieve identified learning needs and goals. The preceptor, in collaboration with the student and the educational institution, plans and implements a teaching plan and evaluates progress based on mutually agreed upon goals on an ongoing basis. The preceptor is also an assessor who observes and evaluates the developing student, utilizing evaluation tools provided by the

educational institution. This is one of the most difficult roles the preceptor has and can be a source of conflict, as s/he balances the roles of mentor and assessor.

Resource person: The preceptor is able to clearly communicate the clinical reasoning behind his/her decisions or actions, which helps the student to learn to think and perform as a professional. Preceptors should also expect students to be independent learners who seek their own information and identify appropriate solutions. Preceptors serve as resource persons by modeling technical skills, workload organization and professional behaviour. They assist students in developing effective and concise oral and written communication skills, set priorities for daily routines and demonstrate how to redirect performance tasks of higher priority.

"Being a preceptor can be a challenge because your focus is to make sure the student learns the proper assessment and intervention techniques, but there are other workplace issues that also have to be followed or managed at the same time," says Mark MacKenzie, a physiotherapist and preceptor who mentors students in Halifax.

Teaching tips

Imparting knowledge to patients is one thing, but doing the same for colleagues in the making is another. The following are some hints from experienced clinical preceptors designed to help:⁵

- Remember how you felt when you started a new job, including any feelings of incompetence. If you can remember how overwhelmed you felt then you can understand your new student.
- Listen to what the student wants to learn and don't present only what you want to teach.
- Take time in the beginning to explain clearly what is expected—this will help decrease anxiety.
- Set aside dedicated time for teaching; not just to talk about difficult patients, but to discuss structured in-services that cover practical techniques, theory and clinical reasoning for integrating the concept into practice.
- Remember that every student is unique and that you must sometimes modify your approach to help that person learn.
- Be willing to learn from your student, too.
- Be patient. Don't rush the teaching. Allow students to figure things out on their own before jumping in with a solution.
- Start a log book on day one that includes lists of expectations, unacceptable behaviour and weekly goals.
- Take 10 minutes at the end of each day to review what was learned, answer questions and set goals for the next day.
- Share safe short cuts, but make sure students know how to do procedures properly with all the steps.
- Remember that students will not be able to do things as quickly as you can, so adjust your expectations accordingly.
- Share your tips for how you organize your day and prioritize care. >>

Things NOT to do as a clinical preceptor...

Don't make your student become your gofer to get you coffee, lunch, run errands, etc. Treat students with the dignity and respect they deserve as future colleagues.

Don't discuss the student's inability or lack of skill in front of patients, colleagues or other students. Make the feedback session a confidential affair.

Don't keep students out of the physiotherapists' office area. While it may be crowded, find a way to share the space with your future colleagues. If this is not possible, have your meetings/share space with students somewhere else but don't isolate them.

Don't be afraid to let go and have your student work on her/his own. Some clinical preceptors find it very difficult to ever let the student try things without always looking over their shoulder. For many students, this is intimidating and may inhibit good work.

Be prepared for students who may not want to be in a placement at all, warns Waters. "On occasion, you may experience a student with no desire to work in the area of their current placement," she says.

Waters counsels students in this situation to be open to new experiences. "You never know," she says, "by the end, you might discover you actually enjoyed it."

Alison McDonald, a clinical specialist physiotherapist and adjunct professor in the School of Physical Therapy at Dalhousie University in Halifax, suggests initiating a conversation with the student in these cases, to find some common ground and to develop a mutually beneficial plan for making the placement work. "Even if it's not the area of practice students think they want to work in, there's always something to be gained that will positively affect clinical skills," says McDonald. "Seek out learning opportunities wherever you can, including from non-physiotherapist colleagues and other students."

If you want to become a clinical preceptor for physiotherapy students, the university

program in your catchment area will offer education and training.

The National Association for Clinical Education in Physiotherapy (NACEP) is the group of academic clinical coordinators from the Canadian university physiotherapy programs who are responsible for clinical placements for all physiotherapy student placements occurring. Each province and territory in Canada has a contact person who can provide potential clinical preceptors with the information needed to become appropriately trained prior to taking students. Often schools hold clinical preceptor workshops, either in person or online, which are worth sourcing out.

To identify the NACEP contact person in your geographical location, go to <http://www.physiotherapyeducation.ca/> and click on Clinical Education and Placements. Scroll down to Programs, and click on your geographical region for the name and contact information of the NACEP academic clinical coordinator.

Finally, your preceptorship shouldn't be viewed as an inconvenience to practice—but rather as an investment in physiotherapy. "It's

reassuring to be able to keep our profession strong by supporting the students and building good habits early in their careers," says MacKenzie.

And remember that you benefitted from a clinical placement as a student yourself and returning the favour will benefit your colleagues in the future.

"Just do it!," says McDonald. "Have confidence in your own abilities and know that you have something valuable to offer."

References:

1. B.C. Academic Health Council: http://www.preceptordevelopment.org/index.php?option=com_content&view=article&id=19&Itemid=36
2. http://www.physiotherapyeducation.ca/Resources/Clin_Ed_Guidelines_FINAL_2011.pdf
3. Adapted from Ziebler P: Preceptor Roles and Responsibilities, 2005. University of Lethbridge. <http://people.uleth.ca/~em.pijlziebler/Resources.htm>
4. Huggett KN, Warrier R, Maio A: Early learner perceptions of the attributes of effective preceptors. *Advances in Health Science Education*. 2008;13:649-658.
5. Adapted from Preceptor Resource Guide, Vancouver Coastal Health: http://dieteticsinternship.landfood.ubc.ca/dietetics_internship_docs/Preceptor_Resource/preceptorship_guide.pdf

Osteopathy to achieve optimal results

Osteopathy provides the necessary therapeutic reasoning skills and manual treatment approaches to achieve optimal results by viewing the body as a whole.

Educational program for health-care practitioners

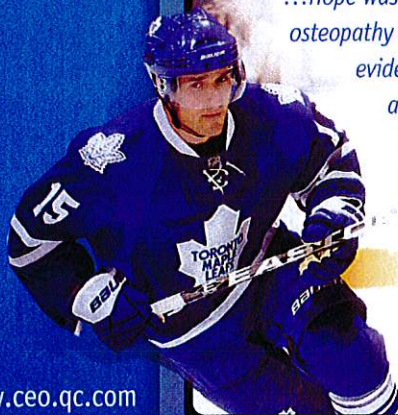
- 6 seminars / year for 5 years
- myofascial, visceral, cranial techniques
- specific osteoarticular adjustments
- clinical methodology
- guided palpation & practice



College of Osteopathic Studies
CCO - CEO

For information/registration

1-800-263-2816 – ext. 229 • info@ceo.qc.com • www.ceo.qc.com
Montréal - Toronto - Québec - Vancouver - Halifax - Winnipeg



"...Hope was dim, until I underwent osteopathy treatment. The results were evidenced by the speed at which I was able to return to my job, and life. I am grateful to this method of treatment, and would encourage those close to me to seek an osteopath for any of their treatment needs."

-Matthew Lombardi,
Toronto