Objectives, objectives, and more objectives...

Setting the learning objectives at the start of the placement is one of the most important parts of the placement. Not only must the student and supervisor know what is to be learned, but in order for the evaluation to be fair and unbiased, learning objectives must be agreed upon at the beginning of the clinical experience.

Students will come to you with ideas of learning goals for your site; however students will not have a clear understanding of what the site may be able to offer until they arrive. Likewise, many sites have developed learning objectives for different levels of student; however these may need to be tailored to the individual needs of the student.

Sometimes the department is asked why we don’t send a list of specific objectives for the student to the clinical sites. Given the unique and changing nature of each placement site and the individualised needs of students, this is not feasible; however if you ever need help or advice with setting learning objectives for a specific student, please do not hesitate to contact the ACCE.

What’s the “buzz” about IPE?

Interprofessional Education (IPE) is defined as when students learn “with, from, and about each other.” (CAIPE, 2002). The ultimate goal is collaborative patient-centred practice, which has been shown to improve patient outcomes (particularly in areas of patient safety, and satisfaction for both client and patient perspective). IPE is not the same as simply “having students from different professions in the same location at the same time.” It involves carefully constructed opportunities for students to learn “with, from and about each other,” such as collaborative client care, shadowing, interprofessional case studies and many other activities. These experiences, when incorporated into the placement, augment the specific professional competencies in areas such as team building and communication.

For more information on IPE, check out the following websites:

- Centre for the Advancement of Interprofessional education: www.caipe.org.uk

Welcome Melissa!

Melissa Haller is the newest member of the Clinical Education team. As our Interim Clinical Placement Assistant, Melissa will be filling Helen’s role and will be the first point of contact for questions about placement logistics. She is currently on a steep learning curve with HSPnet!

Melissa recently moved to Vancouver from Toronto and has an interesting background in the arts and adult education. We are happy to have her on board!

Contact Us...

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17 days. It was a blur...

Well, February has come and gone, and with it (as the whole world found out!) winter. UBC was bustling with Olympic activity, hosting women’s hockey at the Doug Mitchell Arena down the way from PT. Quite a few of our staff and faculty went to events, and I (Carolyn) was lucky enough to see the Canada-USA men’s hockey game (the game where Canada lost, not “the game!”) [That’s me and my hubby Leif, showing our “colours!”]

We’d also like to mention that PT Tyler Dumont (who also happens to be a UBC Clinical Educator!) took part in a rather large Olympic “event”– the torch relay! He ran on a rainy day in North Vancouver, but as you can see, his spirit wasn’t dampened!

Now Vancouver, Whistler, and UBC get a rest to recharge, then look forward to welcoming the Paralympic Games (sledge hockey, anyone?).
Hyman Gee is Clinical Supervisor at the Student Physiotherapy Outpatient Clinic operating out of Royal Columbian Hospital in New Westminster. Hyman has had a key role in the success of this innovative clinical learning model (which, by the way, is the first of its kind in Canada). The clinic opened in June 2009 and has been running successfully since then. It is heavily requested as a placement site by not only UBC students but by students from PT programs across the country. The capacity for peer learning, gaining of independence in a structured and supportive environment, and the opportunity to integrate knowledge and skills are rated very highly by students, as is Hyman’s ability to provide a balance of challenge and support which is finely tuned to individual student need.

- **Tell us a little about the clinic and how the placement/learning experience is set up in the clinic.**
  
  Patients are referred to the clinic from a variety of sources (inpatient acute care, sub-acute hospital and community home health physios, and family practice physicians being the most common). The referrals are screened for appropriateness and prioritized then put on a wait list for booking into students’ schedules. The case load is challenging for students in that there often is a large variety of orthopaedic, geriatric, neurological and even occasionally cardiorespiratory rehab issues that must be addressed.

  The learning environment is quite unique in that it is a ‘Peer Learning’ environment. Up to six students can be working in the clinic at a time. They are encouraged to interact with each other and myself to facilitate their learning — in fact, time for interaction is built into their daily schedules. Students might also pair up to do ‘co-treatment sessions’ with particular clients. Students are encouraged to take part in running the day-to-day operations of the clinic and they book their own patients in for follow-up appointments. This really gives them a certain level of ownership, responsibility and independence in the clinic while they are here. The clinic has had students from a variety of universities across Canada and we are expecting our first international physiotherapy student later this year. The interaction between students from different universities has been a positive experience as it changes the dynamic of peer learning in the clinic.

- **What do you enjoy about hosting a learning experience for a student?**
  
  Seeing the progression of the students’ professional development is definitely enjoyable but as importantly, I have received overwhelmingly positive feedback from clients for the physiotherapy that the clinic and students provide. The clients truly appreciate the time the students can interact with them and the education and expertise they can provide.

- **What are some of the challenges?**
  
  The Clinical Performance Instrument (CPI) that is used to evaluate the students is definitely challenging now that I have multiple CPIs to complete for midterm and final evaluations (I've had up to 5 at one time so far).

- **What has been your most rewarding experience so far with a student?**
  
  I think some of the most rewarding experiences with students so far have been in cases where a student has worked with a client for a period and they are having success with their treatment plan. The students come to realize they really have a hand in enabling positive changes as they reassess their outcome measures and as the clients give their student therapists feedback. The realization of the students and the magnitude of the impact they are having with those clients is priceless.

- **What is one tip you would pass on to other PTs who are thinking of having a student for the first time?**
  
  I think keeping the lines of communication open with a student and being clear on both the student’s and your expectations really helps promote a positive and safe learning environment. In turn, this helps students perform better during their clinical placement (and hopefully, will make your experience as a clinical instructor a positive and rewarding one too)!

### FAQs

**How/when will I hear from my student before the placement?**

It is now a requirement that students submit their **introduction letter or email** to the placement site at **least one month** prior to the placement. (If you do not receive your student’s letter of introduction on time please let the ACCE know and also note it on the CPI evaluation form under “Professional Behaviour.”)

Although we know you are very busy, we ask that you please respond to the student! It is very stressful for a student not to hear back from a site and not know where and when to meet the supervisor on the first day.

**My practice area is only suitable for senior students, but I continue to receive requests for Level 1 students. Why is this?**

When we send out a “call for offer” (request for placement) we always send it to all facilities on our list. This allows the sites to be in complete control to choose whatever level of student they would like to host and can provide an experience for. For example, sometimes caseloads change, and sites may have the opportunity to host a more junior student. By sending calls out for all levels of students to all sites the site can then choose which students to accept at any given time.

### Did you know?

UBC MPT students need to complete placements in the following areas to fulfill their degree:

- **Acute, Rehab, OP, Geriatric/Community, IP (includes Paeds/Rural), and an elective.**

As well, two of the placements must be “OOT” (*Outside the Lower Mainland*).