New beginnings

As I write this, our halls are filled with bright, enthusiastic, somewhat nervous first year MPT1 students. It’s always fun to see their energy and enthusiasm.

We here in Clin Ed are also full of enthusiasm, as Sue is back in full swing and all things relegated to the back burner are now coming to the forefront. There is a lot in the works and you’ll hear more about it in issues to come.

One new thing, for this newsletter, is the introduction of a “Northern & Rural News” column. Starting in 2012, we will be offering a cohort of 20 students the opportunity to undertake the majority of their clinical education in Northern and rural locations. The eventual aim is to improve recruitment and retention in these areas, as well as to provide these students with unique and innovative clinical learning opportunities. This column is our way of keeping everyone in touch and updated.

Happy fall everyone!

Carolyn

CPA Congress 2011 - in our back yard!

Seeing as the CPA Congress was held in Whistler, BC this year, many of us from the department headed up, for various reasons - to present a paper, participate in a debate, or - in the case of our students - make contacts, attend lectures, and take it all in! Ingrid, Sue and I all attended, and Ingrid and I (wo)manned our UBC PT Clinical Education booth for three days. Wade Scheer, from Resilience Software, joined us, providing not only Starburst candies for all who dropped by, but information on the T-Res system we have just finished trialing (see more on other side).

It was a really great opportunity to put so many names to faces (there were a lot of “Oh, are you Ingrid?? Nice to meet you!” and “Carolyn, you and I have emailed a lot!”). We enjoyed the opportunity to meet PTs (clinical and academic) from all across Canada. Along with my new foam roller, I left Whistler with a great feeling of community. We were happy to meet all of you and have the chance to chat.

Fall 2011 Clinical Educator WORKSHOPS

- Williams Lake
- Vancouver
- Kamloops

With Sue back, she’s going on the road this fall! We have just held two workshops in Prince George, and have Williams Lake and Kamloops to come (as well as a Vancouver workshop). If you are interested in attending a free workshop, please contact carolyn.andersson@ubc.ca for more information and/or a registration form.

Northern & Rural News

In anticipation of the “Northern and Rural” cohort of students starting in 2012, the department has hired Robin Roots to conduct an environmental scan of current and potential future opportunities for PT clinical education in Northern and rural communities. Robin is a PT who has worked extensively in Northern and rural communities, and who has recently completed her graduate studies with a focus on physical and occupational therapy practice in rural settings. The scan will also help to identify barriers which prevent potential preceptors from taking students, which in turn will inform our efforts to expand clinical education capacity in these areas. There is no doubt an expansion in the number of rural sites is needed – many of the current MPT2 class have requested rural placements and we do not have enough rural sites for them all!
You’ve heard T-Res mentioned before on these pages. You might even remember that we were about to undergo a study in the spring comparing T-Res to our current paper portfolio method for recording a student’s clinical experience on placement. That testing is now complete! 54% of our MPT1 (now MPT2) students took place in this voluntary study during their 1A/1B placements. They used T-Res for one placement and the paper portfolio for the other - then compared the two. The data and feedback confirmed that we need to take the technological leap forward, and starting with the MPT2’s November 14, 2011 placement our students will now be using T-Res.

Nothing is perfect, but with the comments we’ve already received the system (already in use by UBC medical residents, among others) is being altered, tweaked and improved. Our collaboration with Resilience Software is meant to design a system that has the possibility to go nation-wide for PT program use.

So, what does this mean for you? Well, if you take a student you’ll just need to be aware that they will be using T-Res. Students will be responsible for informing their supervisor(s) about the system, and we ask that you let any other staff know. The only thing you need to do is have a quick discussion with your student about using T-Res in your facility. The beauty of the system is that they can not only log information online - on their laptops - but also on a mobile device like a BlackBerry, iPhone or iPad. That means that, if acceptable, a student might sit down at a break, or maybe in a quiet time, and update their patient interaction and details for that day. If you would prefer that the student not use their mobile device (or laptop, or both) during work times then please make that clear. A student can always take notes and add the information at the end of the day. However, if the student has an opportunity to update the information during a break that certainly might be appreciated. It’s up to you! Please just make sure to convey your wishes at the beginning of the placement!

Figuring out the Visual Analog Scale (VAS)

We are often asked how to mark students on the VAS scale (at the top of each page in the CPI).

The most important thing to remember is that the scale represents student development from complete novice at the left side of the scale (e.g., first day ever in a clinical setting) to entry level practitioner at the far right of the scale (e.g., first day on the job as a new grad PT). Your Level 1 students will typically be in the first third of the scale for average performance, Level 2 students in the middle, and Level 3 students in the top third. However it is important to grade each competence individually - students are likely to be below average for their stage of education in some areas, and above average in others. For example, some Level 1 students may already be ‘entry-level’ in some areas such as communication skills or professionalism, while some Level 3 students may be at a very novice level in some areas where they have difficulty. One of the most important things we look for is a progression from mid-term to final marks on the VAS as this shows evidence of learning during the clinical placement.

ClinEd Teaching Tip

1. Sue has a new title! She is transitioning from ACCE (Academic Coordinator for Clinical Education) to Associate Head, Clinical Education.

2. We are hoping to soon be able to offer our students the opportunity for a placement in Forensic Psychiatry. The 190-bed state-of-the-art Forensic Psychiatric Hospital in Coquitlam is considered one of the most advanced treatment centres of its kind in Canada. It is our hope that we will be able to open up a unique new placement opportunity for our students which will include interprofessional elements as well as an interesting case mix which will focus on musculoskeletal injuries.

3. Vancouver Island – we’re coming! Sue and department head Jayne Garland recently went on a trip to visit to some of our clinical sites up island. Out of this visit came a request for a Clinical Educators workshop. So, watch for an announcement for a spring workshop (most likely in the Comox area). Of course if we’re coming over, we’ll visit Victoria too! And, as always, if there is interest, we’re happy to hold workshops in other locations or in other time frames (e.g., an evening or weekend workshop). Just let Carolyn know and we’ll look into it!