As I write this, all of us across this beautiful province (I believe) have enjoyed a beautiful, crisp, sunny Thanksgiving weekend. Thank you Mother Nature, for your impeccable timing! (As I pick this up 10 days later, the Lower Mainland has been enshrouded in fog for the better part of 10 days, so there goes that...!).

As always, it has been a busy year for us in Clin Ed here at UBC. Sue has facilitated 10 Clinical Educator Workshops, from Cranbrook to Victoria and Penticton to Abbotsford! Never a dull moment! Two new student-led clinics are coming on board this fall and that is exciting news. We have also had a few major changes (yes, again!) to our website pages, and the ways we can communicate with you. Turn the page and read all about them!

The more we elaborate our means of communication, the less we communicate.

– J. B. Priestley

John Boynton Priestley was an English novelist, playwright and broadcaster. He was born in 1894. How did he know about Facebook???

In this new world of social media and immediacy, we just want to remind everyone that we are only a phone call away... Sue, Ingrid and I love speaking to real humans(!!), and are happy to answer any questions you might have about becoming a Clinical Educator, advice on taking a student, or how we can collaborate to get students into your community on placement.

I won’t say “Happy winter” — I just don’t want to think that far ahead. Ugh.

“Happy remainder of fall” everyone!

Carolyn

We’re breaking out -- with a Clin Ed News Feed!

It all started with a quick mention in an email from Andrea, one of our Clinical Educators (CE). Was there a way for her to get our newsletter and any information updates directly, rather than having it funneled through her supervisor? (and our site contact). That started my brain whirring a bit, and I’m happy to report on the creation of a new website page, featuring our Clinical Education News in the form of posts. Any interested CEs can now either view the posts online, or better yet subscribe to our RSS feed and get hot-of-the-presses posts from the Clin Ed team!!

We promise that your RSS reader or email inbox will not be clogged with our posts. We plan on using the feeds as an information portal - meaning you might get a reminder about the Recognition Program deadline from me, a head’s up from Ingrid that a Call for Offers has just been sent, or a teaching tip from Sue.

Interested? We hope so! Just go here and click on the orange Subscribe RSS button.

And the winners are...

It’s that time of year 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 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 includes a 1-year PABC membership). Draws are twice a year in March and October.

Congratulations to the winners of our October 31, 2013 draw:

| Cobalt Level ($300) | Anne Leclerc | Providence Health Care Youville, Langara and Brock Fahrdi sites |
| Sapphire Level ($500) | No entrants. This could have been you! |
| Royal Level ($1,000 + 1-yr PABC membership) | Rebecca Shook | Holy Family Hospital |

For more information on the V.I.P. Clinical Educator Recognition Program, or to apply, click here.

FYI our next draw deadline is March 1, 2014!!!
Here we go again!!

Looking through our archives, it was the Summer 2012 edition of *The Globe* when I told everyone about new changes to our PT website front page and navigation. Well, a little over a year later, there are more changes! This time, quite substantial. Those of us who deal with content and maintenance of the UBC PT web pages have been working with our MedIT group to transition our website over to a new UBC CLF. “CLF” stands for *common look and feel.* UBC has come up with guidelines for how affiliated sites should look (e.g., colour schemes) and feel (e.g., navigation). If you had told me two years ago that I would be using terms like loop code, leftnav, and breadcrumbs and happily adding pages, creating forms and taking on the massive Site Profiles project, I would have laughed; I’m not that much of a techie. Thankfully, the platform now used by UBC (WordPress) is very user-friendly and we’ve become fast friends. Below is a quick overview.

Secondary menu navigation is now found on the left side of the page, once you’ve chosen an item from above. A chevron* facing down means there is a further sub-menu to explore, so for example, you can click on Workshops & Events to see the sub-menus for Clinical Educator Workshops and Registration Links.

Explore a bit, and you’ll soon familiarize yourself with all of the information on these updated Clinical Education pages! There have been a lot of changes, but we hope you’ll agree they are all good, as our information has been streamlined and there are less “clicks” to get to where you need to go!

*Curious about this word? Read on...

**chev·ron** [shev-ruhn] **noun**

A badge consisting of stripes meeting at an angle, worn on the sleeve by noncommissioned officers, police officers, etc., as an indication of rank, service, or the like.

An ornament in this form, as on a molding.

Heraldry. An ordinary in the form of an inverted V. (This is the Coat of arms for Catherine, Duchess of Cambridge!)

Also called chevron weave. Herringbone.

You can see the “UBC blues and grays” figuring predominantly on our new homepage.

Major category drop-down menus have been pared down, but we still have a dedicated Clinical Education menu.

Some areas and/or pages have been combined, to make it easier to navigate; e.g., Recognition Programs + Awards now live together.

There are no more sub-menus across the top. You’ll find them in a new place now...
Autumn greetings from Northern BC. It’s been a busy few months; I am not sure where to start! So why not work backwards from today…

We are gearing up to take our first students in Prince Rupert at the PRISM Clinic in November. The Prince Rupert Interprofessional Student-led Model (PRISM) Clinic has been in the planning stages for the last 10 months and is now ready to get off the ground! We are very excited about this initiative as rehab services will be delivered as part of an integrated primary health care approach. Students will provide physiotherapy services along the continuum of care seeing patients in their home, in the community and in facility. We have introduced a new referral system that helps health care practitioners identify patients who could benefit from rehab services to improve their function and mobility before they lose it. In addition to individual patient assessment and care, students will be developing and running a number of 5-week programs for patients that currently go without any services, including pulmonary rehab, arthritis management and other chronic conditions. We look forward to sharing more with you in the next newsletter once we are underway! P.S. The biggest challenge PRISM faces at the moment is it needs an Instructor! Please see the ad on page 4 for more information.

In September, we welcomed 20 students into the second Northern and Rural Cohort. As with our first Cohort, these students were selected amongst the successful applicants to the MPT program based on their NRC application and suitability to rural practice. While all have rural connections, just over half of the Cohort originates from BC and the rest are from Nova Scotia, Ontario, Alberta and the Yukon. The NRC 2012-2014 did a rip-roaring presentation to them as part of their NRC Orientation which has them all so pumped for clinical placement, I am sure you will be overwhelmed by their enthusiasm when they get to your rural door!

August was a busy time as we launched a number of Northern projects in time for 3B. Initiated by the students who were very keen to consider practice in northwest BC and were interested in the (what was at the time) vacant position on Haida Gwaii, we applied for and received funding from UBC’s Community Learning Initiative (CLI). The one-time funding from the Remote Community-Based Learning Fund assisted us in hiring a locum PT to be the clinical educator for the two students and provide the community of Masset with much needed services. You can read all about Natalie’s experience on page 6. We are grateful to UBC CLI and to Heather Hodge, PT for making this possible.

Also in time for the 3B placement at the end of August, we opened another new initiative in the North. Thanks to another partnership between UBC Department of Physical Therapy and the Northern Health Authority, we opened Physiotherapy Services at the Central Interior Native Health Society (CINHS). Located in downtown Prince George the CINHS Clinic is an interprofessional primary health care clinic that serves people of Aboriginal descent or those who live on, or close to, the street in Prince George. This is a population that up until now have had extremely limited access to rehabilitation services due to long wait lists in publicly funded clinics as well as a lack of culturally appropriate services. Terry Fedorkiw, an experienced physiotherapist with a passion for this work, has been hired part-time and will take two students per clinical placement. The inclusion of physiotherapy services rounds out the CINHS health care team of physicians, residents, medical students, nurse practitioners, nurses, social workers, outreach workers, addictions counsellors, aboriginal support workers and elders. It is truly an example of collaborative patient-centred primary health care.

“My placement at Central Interior Native Health has been a transformative and inspiring experience where I firsthand saw the lingering effects of colonization and residential schools and its negative impacts on Aboriginal Canadians’ health, as well as developed an appreciation for the resiliency of Aboriginal culture. The communication, cultural safety, and relationship building skills I have learned from this practicum have been pivotal to my current and future success as a therapist. I see a huge role that physiotherapists can play towards rebuilding positive health care interactions with this population, especially in the management of chronic pain, as they often are negatively stereotyped in the health care system. The clients and staff at CINHS have been amazing and reinforced the importance of collaboration and addressing social determinants of health to deliver effective health care.”

– Levana Lu, Grad (MPT 2011-2013)

In July, we conducted a pilot project to explore the potential for academic distribution of the UBC MPT program between UBC and the UNBC Physiotherapy Plinth Lab. Seven students who had 1B placements near Prince George, volunteered to participate in the pilot of a distributed PTH 538 case-based course. The same curriculum was delivered synchronously using video-conferencing, with students in Prince George receiving lectures from Vancouver and presenting to their fellow students in Vancouver. We brought in a few clinical faculty to assist with the clinical skills lab as well as a few local patients as learning partners. This was an enormous success (despite the bears on campus!) and will be repeated next July after 1B.

Robin Roots
Coordinator for Clinical Education,
Northern and Rural Cohort
Prince George/UNBC Campus
Physiotherapist wanted for Prince Rupert Student-led Clinic

Available as locum opportunity, or full-time permanent position

By ROBIN ROOTS
Coordinator of Clinical Education, NRC

Do you have a passion for teaching?
Looking for a unique opportunity and a change of pace? Do you enjoy kayaking, sailing, hiking, fishing or watching spectacular sunsets? Why not experience the breathtaking scenery of the west coast from your clinic window while you supervise physiotherapy students in innovative interprofessional student-led model of primary health care? The new Prince Rupert Student-led Clinic is looking for a full time Physiotherapist Clinical Instructor to lead this exciting initiative.

As a physiotherapist and clinical educator at the Prince Rupert Interprofessional Student-led Model Clinic (PRISM) you will combine clinical practice with primary health care initiatives that address the determinants of health such as community visits and patient education and treatment programs, all within a collaborative working and learning environment.

A partnership between the University of British Columbia Department of Physical Therapy and Northern Health, this clinic will provide clinical education for physiotherapy students while increasing access to rehabilitation services for a significantly under served population. You will supervise students providing services along the continuum of care: to patients in the emergency department, on the wards in the hospital, in their homes, in the community, as well as in an outpatient setting. Initially the clinic will focus on providing rehabilitation services by PT and OT students however will be expanded to include students from Medicine and Social Work so patients’ needs can be addressed collaboratively by an interprofessional student team.

If you are interested in interprofessional education, if you are looking for an opportunity that will make use of your varied skills and experiences or if you are seeking a challenge that will draw upon your leadership skills and initiative, then this is the position for you!

For more information about this exciting position, or to apply for the permanent Grade III position (or for a 6-week locum opportunity) contact robin.roots@ubc.ca or angenita.gerbracht@northernhealth.ca.

NEW CR CHECKLIST

Do you spend time wondering what cardiorespiratory skills you should be teaching your students, or what CR skills they need to practice on placements? If so, there is a new tool which may be of help to you.

Developed by NACEP (the National Association of Clinical Educators in PT -- i.e., Sue’s counterparts across Canada), there is a new “Checklist” of CR skills which are helpful for students to practice during their fieldwork. It is not expected that students complete every skill on every placement, but this form provides guidance (for both students and preceptors) as to what skills should be experienced prior to graduation. Click on the page above to be taken to the form, found on our Clin Ed web pages under Placement Resources > Resource Documents. If you have any questions about the form, please feel free to contact Sue.

Congratulations to our NRC Administrative Assistant Amy Beyer and husband Colin.

They welcomed their son Anders to the world on October 17, 2013.

Click here for more information
CLIN ED TEACHING TIP: OBSERVING SURGERY

“My student is asking to observe a surgery – should I say yes?”

This is a common question when students are on placement. Most are keen to make use of opportunities to observe in the OR (which we recognise are becoming more difficult to arrange in many settings), and these can be valuable learning experiences; however, in order to maximise the benefit of the time spent in the OR, there are a few elements to consider.

1) **Is the surgery related to the clinical area of the student’s placement?** A general guideline is that the surgery should be relevant to the student’s case load. For example, it is a much better learning experience for a student in an IP ortho area to watch pinning of a hip fracture or a total knee replacement than brain surgery.

2) **Is it possible to place the learning in context?** It is more valuable for a student to see a patient pre-op, be present in the OR, and then follow the patient post-operatively, rather than simply “dropping in” to see a surgery with no follow up to embed the learning.

3) **Is a visit to the OR a structured part of the learning experience?** While it might be fascinating to watch specific surgeries, if there is no opportunity to reflect and debrief the experience after the OR visit, much of the value of the learning experience is lost.

In other words, to try and maximise the relevance and learning from an OR visit, it is helpful to have a clear idea of how the visit feeds into the learning objectives and the overall learning plan for the placement, and to have some expected outcomes which are clearly articulated ahead of the experience. And while we fully support OR visits as part of a learning plan, it is also worth remembering that time in the OR is valuable time away from practice with clients – so usually the student should not observe more than one or two surgeries per placement.

Ingrid’s corner

While our MPT Grads are leaving our hallowed UBC halls, our new crop of MPT 1s are just getting into the swing of things! They are studying and preparing for their upcoming Level 1 placements. Excitement is in the air!

The level 1A & 1B Call for Offers has been sent out to all RCs, DCs and private clinic owners. We look forward to sending our MPT 1s on some solid clinical experiences in April and June of 2014. Please let us know if you can accommodate these timeframes.

Thank you to all of you for accommodating our MPT 2s in their upcoming November 2013 and January 2014 placements! We had a great response with many exciting clinical opportunities being offered for our MPT 2s.

As always, we very much appreciate our mentors and preceptors in all corners of BC!

Hope everyone had a happy Halloween and your (kids’) bags were full of delicious treats!

Ingrid

Please take this quick survey!!!

1. Did you recently receive a request from our department to fill out an **Employer Survey**?
   Each year the department sends out a survey, asking for feedback from sites that currently employ our grads who are a few years into practice.

2. This year’s survey relates to those **MPT students who graduated in 2011**.
   If you have received this year’s survey, we would REEEEEEEEEEEALLLY appreciate it if you could take the time to fill it out and get it back to us. Your input as an employer of a new grad helps us to fine-tune our curriculum.

3. Have any questions? Need the link emailed to you again?
   Please contact Cailen Ogley @ 604-827-4958 or cailen.ogley@ubc.ca.

P.S. While you’re thinking about surveys, please remember to complete the online survey to assess the **Continuing Professional Development needs of Physiotherapists in BC**. Click here to complete the survey by Nov. 5 and have the chance to win one of four prizes valued at $300 each!!
Haida Gwaii: An incredible clinical placement and an enriching cultural experience

My Haida Gwaii placement was an amazing experience; one that I will never forget...

The initial week of my placement was actually spent in Prince Rupert, as our preceptor in Haida Gwaii wasn’t able to start for another week, so Robin Roots pulled through and she created an optimal environment to initiate our exposure to remote practice and working with the First Nations population. We gained exposure to patients with a wide array of conditions, and through Robin’s organization, scheduling, flexibility, and enthusiasm we could focus our attention on patient care and get the most from the learning experience.

In week two I took an 8-hour scenic ferry ride to Skidegate. Midway into the journey an announcement brought our attention to the presence of two orca whales swimming alongside the ferry. It felt like a warm welcome to the natural splendor of Haida Gwaii. Once on the island, I began the 90-minute drive to Masset along the wild water’s edge. I noticed how close the community lived with nature and later appreciated that they were only able to do so safely by respecting the powerful natural elements.

Heather Hodge, former physical therapist for Haida Gwaii, drew in for the month to guide us through the month to guide us through the Haida Wellness House, highlighting viewing and debriefing, facilitated by grieving rituals. An afternoon of film viewing and an evening of song, I was led to witness and experience a traditional tomb moving ceremony of one of the Haida Clans proved to be an eye opening experience. This offered a humbling exposure to First Nation culture as well as customary drumming and dance, and traditional foods.

Although Haida Gwaii’s population is predominantly aboriginal, it also consists of a variety of other cultures, and I was thrilled to receive a personal invitation by a patient into their Mennonite family home. Heather and I spent a Sunday being welcomed by the family, attending a traditional church service and learning about their beliefs and way of life. Although I found their rules and lifestyle to be quite stringent, I could not help but notice the peacefulness, and serenity that the family shared. We were treated to a meal of fresh roasted turkey with potatoes and carrots, all raised and grown on their farm. Although their hardworking nature concerned me from a risk of injury perspective, the simplicity of their way of life and the ability to live off the land was inspiring.

I really wanted to experience authentic island life, so I stayed in a cabin on North Beach, just outside of Masset, beyond electrical and cell phone service. This gave me a taste of what it is like to live “off the grid.” I often felt as though I was transported back in time, to a simpler life consisting of propane lanterns, outhouse toilets, and cistern rainwater collection. Prior to realizing that the hospital had staff showers, I would carefully heat water on the propane stove to fill the bag that I showered under! Once I found out, I continued to indulge in just this one high-maintenance pleasure.

With the salmon running and trout in the same river, I also enjoyed daily fresh fish, caught only hours before. A variety of other foods were available and collected from the land and sea during September, such as crabs, deer, chanterelle mushrooms and fresh cranberries. The ability and knowledge of the locals to collect, hunt and live off the land was inspiring to see.

By running out of water supply, due to an unusual lack of rainfall, and by experiencing what the locals called a “mild Haida Windstorm,” I came to recognize how nature can be so intimately intertwined in daily life. The elements were extremely powerful and exposure to them reinforced the lesson that nature warrants the utmost respect on the islands. At times during the night, the wind would blow so hard that I felt as though the cabin would blow over! The rough elements shaped the rugged nature of the people and influenced the types of injuries that I assessed and treated.

The more I was exposed to various cultures and local traditions, the better I could empathize and connect to the patients, and build trusting therapeutic relationships. Through the fostering of local and cultural experiences, I began to expand my understanding of what it means to provide trauma patient-centered care.

Visits to the local community programs highlighted how limitations in services and resources were impacting patient treatment. I realized the importance for physical therapists in small centers of being connected to community programs geared towards wellness, in order to refer patients appropriately, but also to help inform the facilitators of these programs. Encouraged by Heather to learn about community resources and to speak to the facilitators, I took the time to share educational resources for the integration of exercise and management tools for patients with Parkinson’s disease and during post-stroke recovery. I believe that if done respectfully, this sort of assistance is well received, helpful, and is time well invested in improving the quality of care for patients in the community. I began to see the role of a physical therapist in these communities as a needed advocate for the implementation of community resources that meet patient’s needs.

The patients themselves varied in motivation levels and health awareness yet overall appeared to have greater complexity of health issues than I had seen on previous placements. On average, the patients that I saw required longer physiotherapy sessions to meet these complex needs, which was challenging as we also had to try to manage the long waiting list of patients requiring treatment. I was astounded to see the number of patients with very complex conditions who were severely in need, yet continued to have to wait for physical therapy services. Although the one PT who lives and works on Haida Gwaii works hard to treat the local population, there are simply too many patients and too much administrative work for one PT to manage. It quickly became apparent that additional physical therapists and assistants were required to efficiently address the local needs. Increasing the number of students assisting in the clinic may be an option to explore to help alleviate some of the burden.

As a student, working and learning in the rural community of Haida Gwaii gave me the opportunity to observe and get actively involved in the treatment of complex cases. The pressure to meet this variation and complexity of patient’s needs in a location such as Haida Gwaii, can challenge a student’s resourcefulness and inspire creative problem solving. The limited medical resources available to communities in remote locations can cultivate an intimate sense of responsibility in practitioners and students and power to drive change. The experience is accompanied by rich introspection into what it means to become a quality physical therapist.

The Haida Gwaii experience has shaped me as a physiotherapist more than any other placement thus far and I hope that this experience will be available to future students. I would like to thank Robin, Heather, UBC and Northern Health for making this truly amazing experience possible.

The whale is known to help people in need whether helpless or wounded. The whale symbolizes kindness, intelligence and compassion.

Editor and NRC Note: This is an example of another innovative placement that brought together several different organizational partners with enthusiastic students and physiotherapists to build capacity while providing much needed services. We applied for and were fortunate to receive funding from the UBC Remote Community Based Learning Project to bring Heather in as a preceptor. If you are interested about possibilities for your community, please contact robin.roots@ubc.ca.
Student-led clinics
As you’ve read on page 3 we have opened our first student-led clinic in Northern BC. Exciting news!

Equally exciting is the expansion into Surrey, as the new Surrey Memorial Hospital Student-led Outpatient Physiotherapy Clinic is slated to begin taking students on placement as of November! Led by Physical Therapist Melissa Idle, this clinic will share the same space as SMH’s Outpatient Physiotherapy Clinic. Students will work with Surrey’s diverse, multicultural, and complex population. They will be able to follow patients throughout the spectrum of treatment from initial assessment through to discharge planning and transition to community programs.

We also ran a successful pilot for a Geriatric Clinic at Vancouver General Hospital and are hoping to secure ongoing funding for this clinic in the near future.

New student ID badge
We recently learned that the Student Practice Education Guidelines have been changed with regards to student identification while on clinical placement. It’s been a steep learning curve getting the new required badges made, but we were lucky enough to partner with the UBC Carding Office (they create UBC student ID cards) to make up our own UBC MPT template. Required information and photo are now all shown on this new plastic badge, which will replace the simple student name tag we have issued in the past.

Our current MPT 1 & 2 students have now been issued this identification.

Contact Us
Here is how to reach us...

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Amy is currently on mat leave, but her soon-to-be replacement can be reached via her email above. For now, make contact via Robin Roots.

Private Practice Forum REPORT
One of our goals this year was to increase the number of private practice sites willing to host PT students, as currently it is not possible to guarantee every student who wants one a clinical placement in a private environment. To try and increase our private site registry, a very successful “Private Practice Forum” was held in conjunction with PABC at Oakridge Physiotherapy clinic this summer.

Following Sue’s overview of the placement process, a panel of PTs experienced with hosting students (consisting of Aart Van Gorkum, Marc Rizzardo, Trevor Fraser and the host of the evening, Jason Coolen) spoke to the group about their personal experiences with students in a private setting. The group engendered lively discussion and provided invaluable practical tips it the “Q & A” part of the session.

We are delighted to report that this session was a great success. We look forward to welcoming more new sites soon (like those to the left!!).

By the way, have you…
…supervised UBC MPT students?
…or served on a UBC committee?
…or instructed in the MPT program??

Are you interested in becoming more involved at UBC?
Did you know you could become a UBC Clinical Faculty member?

Look here, or contact Carissa Dyck for more information!