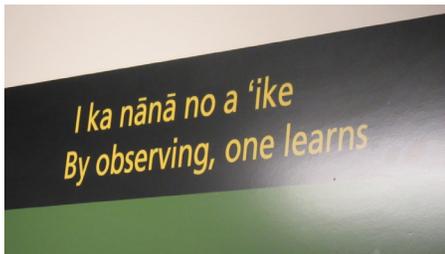


I just returned last month from a wonderful vacation on the big island of Hawai'i. <insert sigh here> Although work was far from my mind, it's funny how it slipped in one day—enough, in fact, to take a picture!

We were at the visitor centre at *Hawai'i Volcanoes National Park*. It is a really interesting and informative place, and as I glanced up I saw this text on the wall:



They were referring to their *Junior Rangers Program*(!) but it is a universal thought and the message resonates for our Clinical Educators and students alike...

I ka nānā no a 'ike

It has been a long winter (especially for us city folks in Vancouver not used to the extended snow and cold). I am hoping that we are on the upswing, as cherry blossoms are finally starting to make an appearance. In the meantime I wanted to include a glorious burst of unbelievable colour from my new favourite flower, the plumeria. We found them in many locations on the Big Island. The tree itself looks dead—almost bare branches with few leaves (as you can see in the background), but the flower and the scent (oh, the scent!) take the prize. I wish this newsletter was *scratch n' sniff!*



Carolyn

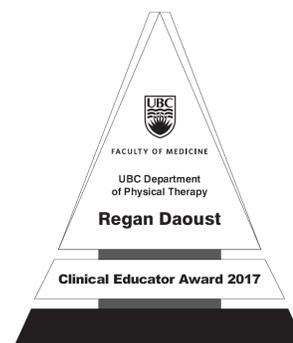
2017 Clin Ed Award Winners Announced

The **CLINICAL EDUCATOR AWARD** annually recognizes excellence by clinicians in the education, supervision, and mentoring of our MPT students. Students may nominate a Clinical Educator who has provided an exceptional experience on any of their placements or as part of their ongoing coursework. Nominations are reviewed each spring by committee. A total of three awards (one per level) may be given out each year.

All nominees are acknowledged with a certificate of appreciation. If possible, we will present the engraved crystal awards (below!) to the winners at the *2017 Physio Forum Gala and Awards Dinner* on April 22. **Congratulations to this year's winners...**



LEVEL 1: HYMAN GEE
Royal Columbian Hospital
Student Rehabilitation
Outpatient Clinic



LEVEL 2: REGAN DAoust
Prince George Child
Development Centre



LEVEL 3: JESSICA DULONG
Royal Jubilee Hospital
Victoria Pain Program



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 held twice a year in March and October.



Congratulations to the winners of our March 2017 draw:

Cobalt Level (\$300)	Tyler LeGear CBI Health Centre - York Street
Sapphire Level (\$475)	Catrien de Ruyter Invermere and District Hospital
Royal Level (\$1,000 + 1-year PABC membership*)	 Colleen Budzinski Holy Family and Mount Saint Joseph Hospitals

*Current value: \$319.82. CPA membership required.

For more information on the V.I.P. Clinical Educator Recognition Program, or to apply, [click here](#). FYI our next draw deadline is *October 1, 2017*.

Student Placement Strategies

Finding innovative ways to make a clinical placement in your work environment

In this series, over the course of the next few newsletters, we will be highlighting Clinical Educators who have found a way to fit mentoring of a student on clinical placement into their unique work situations. Not everyone is employed full-time or has one job, but there are many ways to make a placement work! Our Clin Ed team is always willing to facilitate with one (or several) physiotherapist to come up with an innovative solution to taking a student on placement!

Strategy 1: Two (or THREE!) part-time jobs, one physiotherapist, and one student: The "split site" placement



Meet Carly Chuby. She is a Clinical Educator (CE) from Prince George who enjoys taking UBC MPT students on clinical placement. Her work situation is fairly common, especially in smaller cities, towns and rural settings; Carly has several part-time jobs—three, in fact!! She works in a private practice in town (Phoenix Physiotherapy), at Simon Fraser Lodge (Residential Care, Northern Health, contracted via Phoenix) and at Gateway Lodge, in the Convalescent Program. As long as the CE and sites are willing, the hours add up and the jobs complement each other a student can follow a CE to several jobs!

up-to-date knowledge is very fresh in their minds, so they often get me to look at something in a new light. Taking a student is exciting because you get to share something you are passionate about with someone who can contribute and experience that passion with me.

WHAT ARE THE BENEFITS OF THIS "SPLIT SITE" PLACEMENT FOR THE STUDENT?

The "split-site" placement offers great exposure to the many sides of physiotherapy practice. On any one day it may be an athlete with a rotator cuff tear, juggling several patients simultaneously, performing a TUG on an elderly patient just out of hospital, or performing a home visit on a patient with multiple sclerosis. This level of exposure gives the unique opportunity for the student to experience what would normally take two to three placements. I have also found that students who may have their heart set on outpatient orthopedics for instance, have shown interest in long-term care after being exposed to both so closely together.

ARE THERE ANY OBSTACLES OR THINGS YOU NEED TO THINK ABOUT WHEN YOU TAKE A STUDENT RE: TWO SITES, PRIVATE/PUBLIC, ETC.?

The "split-site" placement is challenging as a student may be interested in full-time exposure to one area of practice. I check in with the student when we first start to set goals and if there is a certain area of interest I ensure they get more exposure by following other practitioners in this area. This offers other benefits, as the student gets to work with different therapists and learn the diversity between practitioners.

HOW DO YOU COORDINATE WITH YOUR TWO EMPLOYERS? WHAT HAS BEEN THE FEEDBACK FROM THEM?

I simply inform my managers that I will have a student shadowing and they have all been very receptive to this.

DO YOU FEEL THERE IS ANY EXTRA WORK INVOLVED IN TAKING A STUDENT ON A SPLIT SITE PLACEMENT WITH YOU?

I don't really feel there is any extra work necessary for the "split-site" placement versus other placements. Coordinating transportation to and from sites has been the only extra planning aspect that is necessary. Like taking a student in a single site placement, multiple site placement offers the opportunity to be challenged, questioned, and inspired by the student.

HOW DID YOU COME TO HEAR ABOUT THE OPTION OF TAKING A STUDENT FULL-TIME, VIA YOUR THREE PART-TIME JOBS?

The University contacts us regularly with requests to accommodate student's throughout their 26-month program. When I received the request, I informed the University of my situation, to ensure it would be appropriate. There has never been an issue with the University or students I take, rather there was excitement at the diversity offered.

WERE YOU SKEPTICAL AT FIRST?

Not at all. I was excited to offer this to future therapists. I graduated just over five years ago, so placements are fresh in my mind and diversity improved my experience immensely. It not only exposed me to different opportunities within my scope of practice, but offered the experience and understanding that there are multiple ways to treat patients with multiple issues. I am glad that I can offer that to future physiotherapists.

WHAT ARE THE BENEFITS TO YOU OF TAKING A STUDENT ON PLACEMENT?

Taking a student gives me the benefit of being challenged in my treatment plans, diagnosis, guidelines, efficacy, and accuracy. Students ask a lot of questions and are thirsty for new knowledge. Taking a student keeps me on my toes and keeps me constantly reviewing material and researching new guidelines. Students also look at things in a different way and

DO YOU HAVE A UNIQUE PLACEMENT OPTION STORY TO SHARE?

carolyn.andersson@ubc.ca

Did you know??

UBC MPT students are required to attend a suctioning lab as part of their Clinical Education

These labs are staggered throughout the program with every effort made to capture all students attending clinical placements within the Lower Mainland.

The department considers attendance part of a student's clinical placement and time at these labs does NOT need to be made up.



NRC News: From UNBC and Northern and Rural BC communities

Not a road sign you see in the city!
Captured by Robin near 70 Mile House, BC

Spring greetings from Northern BC.

We hope that you had a “good” winter, whatever that means to you, wherever you live. Winter arrived early to Prince George and then seemed to go south leaving us hoping that it will return again soon.

The same is perhaps true of our NRC students and new graduates. With three cohorts of the NRC graduated to date, we have begun to look at the trends of where our students came from before coming into the program and where they chose to work upon graduation. The numbers are small (n= 56 - you will recall that our first cohort was 16), so it is premature to draw conclusions but we appear to making a dent in rural recruitment.

Out of our first two graduating classes, 50 percent of the NRC went rural, as compared to three percent of non-NRC graduates. While we don't have numbers for the non-NRC class of 2014-2016, we know that just 25 percent of NRC graduates last year went rural. Out of the remainder, another quarter moved to urban locations outside of the lower mainland (Victoria and Kelowna). NRC graduates are more evenly distributed across the province than our non-NRC graduates, who predominantly end up in the Fraser Health and Vancouver Coastal Health

regions. So despite our early trends from the first two cohorts showing positive rural recruitment, the winds seemed to have shifted. We have word from half of the NRC who are working in the Lower Mainland that they are looking to move to rural locations when their partner finishes school or when they have a couple of years under their belt in the city. We are tracking the NRC over the long run (again at one year and five years out) so we will see if they are true to their word!

In the recent NRC graduates exit survey, *Lifestyle options* was rated as the most important factor in choice of job location by more than 50% of respondents, followed by *Employment of spouse or partner*. *Opportunities for continuing education* and *Mentorship* ranked third and fourth. *Completion of a clinical placement at the same location* was ranked as critical to choice of employment by only 10%.

We will be doing more analysis of employment trends as more data comes in, and we will share these results with you. For now, it seems as if we all have more work to do to attract graduates to rural communities. We are grateful for the NRC graduates who are now taking students—it is rewarding to see the *give back* cycle continue.

In the meantime, our NRC MPT2 students are spread across the province on placement, engaged in interesting and worthwhile initiatives.



Joel and Ryan recently went to *Gitxaala*, a community on Dolphin Island about 45 kms southwest of Prince Rupert, to share information about physiotherapy at a community health fair (above). Outreach to remote communities can be a terrific learning experience for students, helping them understand the context in which their patients live and work, as well as the challenges in accessing health services. If you and your student embark on any interesting excursions, feel free to send us details and pictures of our students in action.

Happy spring!

Robin

Robin Roots

Coordinator for Clinical Education
Northern and Rural Cohort
Prince George/UNBC Campus
robin.roots@ubc.ca

CLIN ED TEACHING TIP Identifying Your Feedback

“I provide my student with feedback, but I don't see any improvement. I'm thinking I may need to fail this student.” This type of comment can cross my desk at any time in a placement, but more often than not occurs around midterm or during final preparation of the ACP. After speaking with the student, the response is often: **“My clinical supervisor never gives me feedback, so I was really surprised to hear I'm not doing well.”**

Miscommunication is often a result of the student interpreting feedback as conversation rather than targeted constructive information provided to improve performance. If you feel sometimes the message isn't getting through, you may want to preface your feedback with: **“I'm going to give you feedback now...”** By framing feedback like this, there is no room for misinterpretation. Students appreciate clarity for their learning as often complex learning environments can be overwhelming.

Feedback works best if there is a planned approach and it is ongoing. Feedback is balanced between both the positive and constructive. It sets the stage for success if students feel their learning is an important aspect of the relationship with their Clinical Educator. It is helpful to focus on facts and not assumptions or interpretations. Asking questions prior to giving feedback (for example, **“I noticed you ----- and I'm wondering if you could explain why?”**) can help clarify situations and provide guidance to improved performance.

Delivering effective feedback: Boost employee performance. Communicate openly Reinforce established goals. Harvard Business Review Press. (2016).

**Paceyourself
Physiotherapy
and Wellness Center**
Kitimat, BC

Red Cedar Physiotherapy
Revelstoke, BC

Physio2U
Vancouver, BC

Core Physiotherapy
Prince George, BC

Three Peaks Health
Langley, BC

**Pulse Physiotherapy
& Sport Clinic**
Surrey, BC

**Healing Rivers
Physiotherapy**
Prince George, BC



Interested in an Okanagan Clin Ed workshop?

We are looking to hold a workshop (or two) in the Okanagan in May or June. Are you new to clinical supervision and would like more information and guidance? Our workshop covers topics such as the *MPT Program*, *Learning styles/Learning theory*, *Planning and organizing the educational experience*, *Providing feedback* and *Evaluating the student*.

Normally we do a full-day workshop, but there is an option for condensed, either on an evening or weekend. We can also site-specific workshops (e.g., for a hospital or private practice) if we get a minimum of 6 registrants.

Want more information? Please contact carolyn.andersson@ubc.ca.



TIDBITS

DO YOU HAVE RESERVATIONS?

“Credit with Reservation” is a grading selection on the ACP (your evaluation of a student on clinical placement). If you are contemplating choosing it, please contact the Department of Physical Therapy **as soon as possible**. This grade is suitable for a student who has struggled in a placement, and would benefit with further exposure to a placement area. The department will review the grade with the student prior to making future definitive plans.

SPA UPDATES?

Sadly, no, not **that** type of SPA, rather our

Student Placement Agreements! If you take our students on placement your site will have a “SPA” with the department. It’s a straightforward legal agreement between the legal operator of the site(s) and UBC.

If you ever have any updates—e.g., clinic has moved or opened up a new location—please contact Carolyn (email below) with the details, as the SPA requires a quick amendment to keep it current.

TAKE THE CLINICAL FACULTY STEP!

We want to encourage all of our Clinical Educators to consider applying for Clinical Faculty status. The process is reasonably easy and the benefits are really terrific including: *a UBC library card and access; travel-related discounts (like Park n’ Fly at YVR), Corporate Health, Fitness and Family*

discounts as well as UBC Bookstore discounts. [Click here for more information!](#)

SEE YOU AT THE FORUM?

Carolyn and Ingrid will once again be (wo)manning the **UBC PT Clin Ed** booth.

Drop by to say hello, ask questions, pick up information on our new **Private Practice Toolkit** resource, win a prize, or grab this year’s swag!

STUDENT EVALUATION REMINDER

Clinical Educators: It is mandatory for your student to complete the *self-evaluation* on the ACP evaluation form. If you see it is not done, please point it out. Thanks!!

In honour of spring (it’s out there...somewhere) here is a non-edible recipe. I have used this for years. Easy to make, economical, and environmentally-friendly. Win, win, win.

Creamy Soft Scrub

- 2 cups baking soda
- 1/2 cup liquid castille soap (e.g., Dr. Bronner’s)
- 4 teaspoons vegetable glycerin
- 5 drops essential oil, such as lavender, tea tree, rosemary, grapefruit (optional)

Mix together and store in a sealed glass jar. It has a shelf life of two years.

- The consistency can become less creamy with time. I have a small scrubber sponge and smooch it around in the jar when that happens.*
- Costco, Superstore or a bulk store are a good place to pick up cheaper baking soda.*
- If you don’t want to buy or use essential oils, no worries; Dr. Bronner’s soaps come in quite a few scents, like lavender, citrus, peppermint, etc.*
- I put my scrub in a short/flat mason jar for easy access. I could not function without mason jars!*
- I get glycerin from [Cranberry Lane](#) (in Coquitlam, Richmond and online) but there are other stores, like [Voyageur Soap and Candle](#) (Surrey) or perhaps Michael’s?*
- Works great on sinks (especially stainless steel) and tubs.*



Contact Us

UBC

Anne Rankin

Acting Associate Head, Clinical Education
anne.rankin@ubc.ca

Carolyn Andersson

Clinical Education Officer
carolyn.andersson@ubc.ca

Ingrid Dill

Clinical Placement Officer
ingrid.dill@ubc.ca

PRINCE GEORGE /NRC

Robin Roots

Coordinator of Clinical Education
Northern and Rural Cohort
robin.roots@ubc.ca

Shannon Norum

Administrative Assistant
Northern and Rural Cohort
physio@unbc.ca