Hard to believe that it has been over eight years since the creation of the “Globe Newsletter.” The first issue came out in the spring of 2009, but a Clin Ed newsletter goes back even further as we found an issue from 2006.

We’ve come a long way!

Along with a change in the look of this newsletter, you will also notice a new name. It came from all of you–a word that kept appearing when we asked you what you thought about being a Clinical Educator (see right).

Moving forward we hope to continue providing insightful, interesting and informative reading to you.

Let us know what you think!

Carolyn

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What do these words above have in common? They came from you, our Clinical Educators! Recently we reached out to our community and asked the questions:

- In 3-5 words, describe the benefits to you as a Clinical Educator in our MPT program.
- What do you take away personally from the mentoring of a student?

We heard back from so many of you with uplifting and positive comments, often elaborating more than just five words!! Recurring thoughts were that students keep practicing physiotherapists current, bringing the latest research from their classroom. There was a lot of pride in seeing a student learn and develop under one’s guidance. Having a student was also cited as the opportunity to reflect on one’s practice, often feeling revitalized for the work that a physiotherapist does and the appreciation that many patients and clients feel.

Many Clinical Educators get a real sense of satisfaction in contributing to the education of future colleagues. One comment summed it up nicely:

“My legacy to the global community is ‘to be the change I would like to see in the world.’ One way, I strongly believe, is to facilitate the learning and growth of new physiotherapists to our profession not only in theoretical and practical skills, but also in life lessons. Every day we as physiotherapists can leave our legacy by how we enrich other individuals’ lives each day or in a moment. One of these days I, too, will be a client or patient in an acute care or residential setting. I know that I will be in good hands because of the positive impact that my students have had on me and vice versa.”

Thank you everyone, for leading the way...

Welcome!

Department Head Sue Murphy has announced the appointment of Karen Sauve as temporary Associate Head, Clinical Education. Karen starts her six-month term January 1, 2018.

Anne Rankin, who also “temporarily” filled the role (for the past two years and 11 months!) will be stepping back into her role of part-time Instructor in the MPT Program. Anne is gearing up for her retirement from the department (and working life!) in the summer of 2018.

We all wish Anne an enjoyable welcome back into the much less hectic world of an Instructor, and thank her for her stepping into the role and for her dedication to everything Clinical Education.

Are you interested in becoming a UBC Clinical Faculty member? You just need to have supervised one student on placement to start the process...

Look here or email for information!

Are you a private practice clinician? We welcome you to take a look at our Private Practice Toolkit, a short module especially for you! It offers answers, solutions and resources for physios who have concerns about what taking a student entails.
As many of you know I have been the Acting Associate Head, Clinical Education for three years now. It has been a real pleasure to collaborate with the Department of Physical Therapy’s clinical partners, both in challenging situations, as well as with new initiatives.

I am very pleased that Karen Sauve will temporarily take on the role of Associate Head, Clinical Education as of January 1, 2018. Karen has been an Instructor in the MPT program for almost two years. Her focus is pediatrics and neuroanatomy. She comes to the position with much personal strength and I am very sure you will find working with her an absolute pleasure. I will be providing some background support as she eases into her new position. I will be continuing within my Instructor position until summer 2018 when I will be riding out into retirement!

Alison Greig and I have partnered on an initiative “Peer Review of Clinical Reflection.” During each clinical placement students are required to submit two clinical reflections regarding their experiences within the different learning environments, and additionally review two of their classmate’s reflections using a prescribed rubric to provide constructive feedback. Clinical reflections require that students reflect about their experiences in a more fulsome way. They should be examining the what/where/how something occurred and relate it to themselves, the patient and the health care system. The use of peer review is based upon the theory that the review process “trains” the writer on the requirements of creating an in-depth reflection that considers various perspectives. This process also allows the students to hone their constructive feedback skills. There has been some refinement of the process based upon student feedback and this is ongoing. To prepare the students on the process we have created an interactive module on clinical reflections, how to provide constructive feedback as well as how to apply a rubric when grading. Students have found the process allows them the opportunity to think back over the week’s happenings and potential strategies moving forward to change their attitudes, actions and interactions. REGARDS, ANNE

As autumn—that crazy time of year when one cohort of students are on their shadow placements while another are gearing up for Level 2 and the third are marching out the door and into jobs! And, we’ve had our first dump of snow!

It was a busy summer—if you can call it that—the fires in the Central and Southern Interior certainly dominated our lives. A number of our students took the opportunity to help out when they were here in Prince George at the evacuation centre or fighting fires—indeed a number of the NRC are (former) forest fire fighters—most notably Rae Marchal (MPT2 who gave up her summer break) and Hilary Desmarais (MPT1 who was on the front line a week before she started the MPT program). A number of our sites were also impacted including Cariboo Memorial Hospital—we are grateful everyone is OK.

The ‘campfire’ ban did put a damper on the footage that the film crew for the PABC Rural and Remote Physiotherapy promo video wished to gather, so instead of roasting marshmallows we hosted a backyard croquet and bocce tournament with NRC students and local Prince George. This video features three rural physiotherapists; two of whom are NRC graduates and all are northern and rural Clinical Educators, and one NRC student, and showcases just a few of the rewards of rural practice. We hope that this great visual medium encourages rural students to pursue physiotherapy with the knowledge that they can return to smaller communities and sparks interest amongst physiotherapists to consider trying rural practice.

According to the data from our first three NRC graduating classes (2012-2014, 2013-2015, and 2014-2016), just under 50% of NRC graduates are working in northern or rural communities. This is significantly greater than the 6% of non-NRC (Vancouver) classmate graduates working in rural communities. Another interesting fact about the NRC graduates is that they are more evenly distributed across all health authorities than the non-NRC (Vancouver) graduates 75% of whom are in Vancouver Coastal or Fraser Health. We will continue to decipher the data and share the results.

Finally, we are looking for more clinical placements that fit into the Chronic Disease Management category (practice with a focus on treatment of clients with multiple chronic conditions and complex medical histories, and self-management). If you run any community programs or special population education programs please let us know if you can accommodate a student (who might even be able to assist in the design and delivery!).

As we ‘fall’ back, we are taking stock of our blessings and look forward to a great winter.

CHEERS, ROBIN
Clín Ed Teaching Tip

THE VALUE OF THINKING OUT LOUD

Clinical reasoning is a process that is difficult to teach. Clinicians often achieve a stage of competence using an automatic process. Thinking aloud allows the clinician to examine in real time, why a student is deciding on a course and allows for further questioning and instruction. This can be a scary process and it is helpful to frame the technique with “I am more interested in your thinking, than judging your answer as correct or incorrect.” This technique forces the student to “own” their clinical reasoning making it is easier to identify weaker students earlier and help to develop a more targeted learning plan.

Using a “think aloud” style with students can enhance learning, identify areas of academic weakness and strengthen learning.

Pinnock R, Young L, Spence F, Henning M and Hazel W. “Can Think Aloud Be Used to Teach and Assess Clinical Reasoning in Graduate Medical Education?” Journal of Graduate Medical Education 2015 7(3): 334-337
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4597940/

A Clin Ed Workshop is a great first step...

This profile was included in our most recent departmental newsletter and we wanted to make sure our Clinical Educators (especially in private practice) had the chance to read about the positive impact former student (now Pediatric Physiotherapist) Maegan Mak has felt from mentoring students at her workplace—and it all started with attending a UBC PT Clinical Educator workshop! Thank you Maegan for taking the time to tell us, with such enthusiasm, how a student makes a difference in your life—and vice versa!

We strive to get out to BC communities and offer free Clinical Educator workshops during the year. Some happen annually (at locations in the Lower Mainland) and we also send Sue off to major centres in our province when the need arises. Robin’s coverage includes the smaller areas of the province, with more individualized assistance (note: we are always happy to hear from hospitals or private practice sites that are interested in workshops).

Our next Clinical Educator Workshop is...

Tuesday, November 28
@ Vancouver General Hospital

Click here for more info or to register

Can’t make it to a workshop? Check out our online EXCEL modules, which cover workshop content

HIRING AN MPT STUDENT ABOUT TO GRADUATE:
Avoiding conflict of interest

The department is always very pleased to hear about the future plans of our graduates, which often include job offers and moves throughout the province.

A recent discussion at our PACE Committee meeting (Provincial Advisors for Clinical Education) centred around how to avoid conflict of interest when hiring a student. We will be the first to say that taking a student on placement can be a great recruitment tool, especially when a student is on a final placement and there is interest from both sides. It is important, however, for all clinical sites to understand that while we appreciate clinical placements are often part of a recruiting process we ask that no job offer be extended until a student has completed his/her placement.

The student’s main goal of a placement should be as a learning opportunity; an early job offer may affect or compromise the Clinical Educator’s evaluation of the student or the student’s evaluation of the site, and may increase stress for the student. Waiting until completion of a placement also protects both the site and the student from potential issues.