



## Clinical Education Amidst Clinical Challenges

As a clinical educator, you might be wondering whether it is a good time to be taking a student when you are learning and adapting to new approaches and protocols in your own practice. These FAQs offer some ideas to make clinical placements **meaningful and manageable** during these unique and turbulent times.

Should I really be teaching during these turbulent times?

- » **Yes!** There are many **valuable learning experiences** for students during this unique period, including learning how to adjust practice processes for an emerging situation and how to deliver telerehabilitation. It's also great for students to see you **model being a lifelong learner**.
- » This may also be **an opportunity for students to assist you** with things you typically don't have time for due to busy normal patient levels, such as enhanced patient education, patient follow-up or program development.
- » Many of the skills that you use to facilitate learning can be applied to telerehabilitation context and will be invaluable in **helping prepare the next generation of Physiotherapists**

What are some enhanced roles and responsibilities my student can assist with?

- » Doing **phone triage** – assigning patients to virtual vs. in-person appointment schedules
- » Helping **revise clinic procedures** and practices for pandemic circumstances:  
(e.g. getting consent for virtual care, assisting patients to get technology set up, finding best ways to communicate Covid-19 updates for patients, etc.)
- » **Waitlist management**- identifying patient with chronic conditions that may be lower priority but would benefit from education and behavioural change coaching
- » Providing support with **technical skills** – many students are tech savvy and may have tips and tricks to share
- » **Following up** with previously-seen patients or patients who are vulnerable or a high priority
- » Keeping you apprised of **updated guidelines** from BCCDC and Health Authorities

I'm providing care using telerehab. How will I include a student? How can I provide appropriate supervision if we aren't located in the same place?

- » **Once you have chosen a tool for connecting** (phone/video) make it a group call and add your student as a participant. (**\*\*Ensure the patient consents to a student being a part of the consultation**)
- » **As your student earns more independence**, join the appointment via audio only – by remaining silently on the call, you're less likely to influence the dynamic between the student and patient yet can address any questions or concerns
- » Conduct a **daily morning check-in** to plan the day –include allocating cases and reviewing learning goals
- » **Establish times to review cases** and schedule these times into your day

---

## What are some clinical skills I can teach and assess effectively via telerehabilitation?

- » **Communication skills** – particularly listening skills, communicating clearly and effectively using open-ended questions, affirmation, reflective listening and summary reflections.
- » Developing **therapeutic alliance** - verbal and non-verbal communication to develop trust and collaboration for patient-centered care
- » **Selectivity skills** – including deciding what can be safely addressed virtually and who requires an in-person appointment
- » **Clinical reasoning** skills – with only the history to go on, the Physiotherapist must be especially acute at synthesizing the elements of the history taking and observation examination to develop a logical diagnosis and treatment plan
- » **Patient goal setting** – when we are stretched for time, we often skip over patient-centered goal setting. Have students work collaboratively with patients to develop short and long term goals that can be measured
- » **Outcome measures** – Many patient self-report outcome measures lend themselves well to telerehab and students can learn a lot from implementing them
- » **Patient education for self-management** – empowering patients to self-manage and be successful in behavioural change takes time and appropriate coaching- skills your student can practice.
- » **Scholar skills** – now is an excellent time to ask your student to practice their skills associated with evidence informed practice. Or consider a how a Quality Improvement initiative could help your clinic or practice in this rapidly changing environment.

---

## How do I apply the ACP criteria to a non-traditional clinical placement? Any tips?

- » **Complete the ACP as you normally would** - considering the competencies that you would expect at entry-to-practice
- » **Develop educational alliance at the start of the placement:** As with any clinical placement, collaboratively establish learning objectives and goals, and a learning plan, and determine ways to make feedback effective
- » Set up times to review **student learning objectives**, progress and exchange feedback
- » Review patient cases and **use effective questioning to assess clinical reasoning**
- » Provide **performance feedback** (what did the student do well? What learning strategies would assist your student in building their skills?)

While it might seem overwhelming to consider including a student in your clinical practice right now, by drawing upon your ability to adapt, to collaborate and be resilient, you are modelling what it means to be a health professional and life-long learner. These experiences can be powerful for learners (students and clinical educators alike!). If you have questions, comments, or additional suggestions to make clinical education more meaningful and manageable, please share- email the Clinical Education team ([pt.educators@ubc.ca](mailto:pt.educators@ubc.ca))

For more teaching resources, check out  
[Resources for Clinical Sites and Educators](https://physicaltherapy.med.ubc.ca/) on the Department website  
<https://physicaltherapy.med.ubc.ca/>

---

THANK YOU FOR SUPPORTING MPT STUDENTS ON  
CLINICAL PLACEMENT!