Welcome!

- Objectives
  - To improve your role as an educator in the clinical environment
  - To outline strategies for success when working with students on internship
  - To provide specific details on working with exceptional students
  - To provide support and resources for clinical education

Topics

- Clinical Education at Temple
  - Designing the Clinical Education Experience
  - Working with Exceptional Students

- Introduction to the Collaborative Model

- Working with Students and Medicare

Why is Clinical Education A Good Idea?

- Helps students build real-life skills (professionalism)
- Builds competence
- Assists the program in curricular assessment

- Students bring current knowledge
- To give back
- Recruiting tool

Temple University’s DPT Program

Clinical Education Philosophy

- Clinical education experiences are taught in a trans-curricular manner
- It is important to expose students early and often to the clinical/practical aspect of physical therapy
Designing the Learning Experience

What Works Well
- Effective Communication!
- Good interpersonal relationships
- Providing structured objectives and clear expectations
- Formative feedback
- Allowing room for mistakes
- Students with objectives

What Doesn’t Work
- No feedback
- Providing negative feedback without offering constructive remarks
- Negative interaction with student in front of patients
- Lack of supervision
- Unplanned learning experience

3 Things to Think About
- Stages of Learning
- Domains of Learning
- Learning Styles

Stages of Learning in Clinical Education
Meet the student where they are and help them progress
- Exposure
  - Novice student
  - CI sets expectations, provide more guidance and supervision
  - CI may be demonstrating skills
- Acquisition
  - Student participates in planning the experience and evaluating own performance
  - CI provides feedback on performance
  - Student should be able to self-assess performance
- Integration
  - Student is performing skills independently and seeking feedback from various sources
  - CI provides feedback on skills and ability to self-assess

Domains of Learning
- Cognitive
  - Knowledge or understanding
- Psychomotor
  - Motor skill performance
- Affective
  - Values, feelings, attitude
  - Behavior

Learning Styles
- Visual
- Auditory
- Kinesthetic
- Learner’s preferred method of receiving feedback
  - Written
  - Oral
  - Demonstration (Psychomotor)
- Learner’s preferred interval of receiving feedback
  - Constant
  - After each patient
  - Designated time each day or week
Communication

- It’s 90% of your success!
- Verbal and Non-Verbal

Types of Feedback

- Formative
  - Given along the continuum of the experience
  - Assists in learning and behavior modification
  - Guidelines
    - Collaborate with student
    - Objective
    - Goal related
  - Tool
    - Weekly Planning Form
- Summative
  - Given at specific intervals (Midterm / Final)
  - Summary of performance
  - Formal Grading Tools
  - Guidelines
    - Pre-set standards
  - Tool
    - CPI

Providing Feedback

What is Your Plan
- Consider type of feedback you are giving
- Consider amount and timing
- Maintain open communication
- Documentation

What is Effective
- Specific / objective
- Useful and constructive
- Direct but supportive
- Given timely
- Focused on the behavior
- Private setting

Feedback Tools – The Weekly Planning Form

- Opportunity for objective assessment on a weekly basis
- Goal setting and tracking
- Collaborative
- Remedial
- Internal
- TIPS:
  - Provide specific patient examples (omit protected health information)
  - Focus on affective, cognitive, psychomotor domain
  - Get ideas on how you’re doing as an instructor

Feedback Tools – The Clinical Performance Instrument (CPI)

- Performance Dimensions
  - Supervision/Guidance
  - Complexity
  - Quality
  - Consistency
  - Efficiency
- Anchor Definitions
  - Beginner
  - Adv. Beginner
  - Intermediate
  - Adv. Intermediate
  - Entry-level
  - Beyond Entry-level

Scale: Ratings should correspond to comments for each of the 18 performance criteria
- 1st – consider caseload
- 2nd – consider Supervision/Guidance & Complexity
- 3rd – consider Quality, Consistency, Efficiency

Temple University
College of Health Professions and Social Work
Department of Physical Therapy
Doctor of Physical Therapy

Weekly Planning Form

Dates: _________________________
Week #: _______________________

Student’s Review of the Week:
When completing this form consider the five (5) performance dimensions: Quality of Care, Supervision/Guidance required, Consistency of Performance, Complexity of tasks/environment, and Efficiency of performance.

CI’s Review of the Week:
When completing this form consider the five (5) performance dimensions: Quality of Care, Supervision/Guidance required, Consistency of Performance, Complexity of tasks/environment, and Efficiency of performance.

Goals for the upcoming week of: ____________________________

Clinical Instructors – please check one box below:
- [ ] I do not have any concerns regarding this student
- [ ] I am concerned regarding the student’s performance and would like a representative of Temple University to contact me.

Student’s Signature: ______________
CI’s Signature: ________________
Feedback Tools – Critical Incident Report

- Documented directly on CPI
- Can be used to document an event, or series of events
- Immediately reported to CCCE, Student, and DCE
- Useful for Red Flag items
  - Safety
  - Professional Behavior
  - Accountability
  - Communication
  - Clinical reasoning

Feedback Tools – The Learning Contract

- Proactive
- Reactive

- Concerns initiated by CI
- DCE will draw up contract
- Expected STG/LTG in given time frames
- Action Plan – student and academic faculty responsible
- Clear consequences
- Supersedes CPI

Conflict Resolution

- What causes conflict?
  - Body language, verbal disagreements, value conflict
- What does conflict look like?
- When frustration is evident what should I do?
  - Openly discuss
  - Active listening
  - Identify the facts/problem behavior
  - Collaborative solutions

Working with Exceptional Students

- The Great Student
- Students with Difficulties
The Great Student

- Presenting further challenges
  - Increase exposure and challenge in the clinic environment
  - Provide additional learning experiences
  - Non-traditional learning experience opportunities

- Private practice business operations, collaborative care meetings, committee meetings, outside learning experiences

Students with Difficulties

- Identify problems early on in the experience
  - Communicate your need for assistance early!

- Under what performance criteria does the problem lie?
  - Is it ……safety, professionalism, level of competence, etc.

- Classify the problem
  - Affective: poor communication, unprofessional behavior
  - Cognitive: lack of knowledge
  - Psychomotor: poor implementation of skills

Classify the Problem

Cognitive or Psychomotor Deficits

- Can the problem be attributed to…
  - A lack of exposure
  - Place student is in their curriculum
  - Demands of an atypical practice setting or specialized patient population

Strategies for Success

- Students need feedback in order to change

  - Maintain unconditional positive regard
    - Focus on the behavior NOT the person
    - Keep an open mind
    - Allow room for independent growth as long as safety is maintained

- Provide an organized/structured approach

Feedback Tools – Student Program Planning Flowchart

<table>
<thead>
<tr>
<th>Student Program Planning Flowchart</th>
<th>Strategies for Success</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Name: Jane Fagan</td>
<td>Students need feedback in order to change</td>
</tr>
<tr>
<td>Clinical Experience: CE IV</td>
<td>Maintain unconditional positive regard</td>
</tr>
<tr>
<td></td>
<td>- Focus on the behavior NOT the person</td>
</tr>
<tr>
<td></td>
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</tr>
<tr>
<td></td>
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</tr>
<tr>
<td>Classify the Problem</td>
<td>Provide an organized/structured approach</td>
</tr>
<tr>
<td>Affective Problem Behaviors</td>
<td></td>
</tr>
<tr>
<td>Poor communication</td>
<td></td>
</tr>
<tr>
<td>Unprofessional behavior</td>
<td></td>
</tr>
<tr>
<td>Value difference</td>
<td></td>
</tr>
</tbody>
</table>
Strategies for Success

- What are the options for successful completion of an internship when the student is struggling?
  - Implement the learning contract
  - Make learning objectives large enough to meet expected outcomes
  - Site visit
  - Extend the experience
  - Remediation

Overview of Strategies

- Use formative evaluation tools early in the experience
  - Weekly Planning Form
  - Journaling
  - Action Plans
  - Critical Incidents on CPI
  - Learning Contracts
- Determine where the problem lies (classify)
  - Document behavior objectives
    - Who?, What?, When?, How Well?
  - Communication is key
  - Utilize DCEs early on

Questions?

THE COLLABORATIVE MODEL IN CLINICAL EDUCATION

Overview

- 2 students : 1 Clinical Instructor
- Collaborative Learning
  - Challenging
  - Rewarding
- Requires specific orientation and objectives
  - University
  - Clinical Site

University Perspective

- Collaborative Learning / Adult Learning
- Critical Factors
  - Orientation and Expectations (student)
  - Orientation and Support (site)
- Tools to facilitate the process
  - Weekly planning
### Clinic Perspective
- Productivity
- CI Stress
- 2 “Different” Students
- How to make it work….

### Feet on the Ground
- Orientation
- Day to day expectations and schedule must be pre-determined (first 2-4 wks)
- Collaborative patient care
  - Student 1
  - Student 2
- Wrap-ups
  - Student 1
  - Student 2
- Progression Path to Independence and Caseloads
- Student Divergence

### Communication
- Must be open and student specific
- Meet the needs of each student

### 2 “Different” Students
- Treating each fairly may not mean treating each the same
  - Struggling student (treat just like individual affiliation experience)
  - Exceptionally good student (don’t ignore them, challenge them and provide further opportunities)

### Resources for Collaborative Model
- Philadelphia Area Clinical Education Consortium
- Video Modules (CEU)
- DCEs

### SUPERVISION OF STUDENTS UNDER MEDICARE
What you need to know
APTA Chart: Supervision of Students Under Medicare

- Medicare Part A (Hospital, Skilled Nursing)
  - Individual/Group billing: Supervising PT is not treating or supervising someone else and is immediately available
  - Concurrent billing: Student and PT treating different patients concurrently, or student treating concurrently with PT supervising

- Medicare Part B (Private practice, CORF)
  - “Only the services of the therapist can be billed and paid under Medicare Part B. However, a student may participate in the delivery of the services if the therapist is directing the service, treating the patient, responsible for the treatment and present in the room guiding the student in service delivery.”

Documentation Under Medicare

- Part A
  - “The APTA recommends the physical therapist co-sign the note… state the level of supervision determined appropriate… and how/if the therapist was involved in the patient’s care.”
- Part B
  - “The PT is responsible for services… and signs all documentation.”

References


Resource Guide

- www.temple.edu/pt
  - Clinical Education Quick Link
  - Clinical Faculty Handbook
- Philadelphia Area Clinical Education Consortium
  - phillyclined.org
- Apta.org
  - The Learning Center
    - Guidelines for CI and CCE
    - Guidelines for Self-Assessments for Clinical Education
    - Reference Manual for CCE
    - APTA Code of Ethics
- 2:1 Collaborative Model in Clinical Education Modules

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