Supporting the Struggling Student
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St. Luke‘s Hospital
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Objectives

- Describe strategies commonly used by educational programs to ensure students are ready for clinical experiences.

- Discuss how recommendations from the Clinical Education Summit may enhance collaboration between the academic institution and the clinical setting.

- Identify student problems seen during clinical experiences and propose solutions to ensure a successful student experience.
Ensuring Student Readiness

- **APTA**
  - Core documents for PT and PTA
  - Minimum Required Skills for PT and PTA Grads at Entry Level
  - Various section recommendations for entry level skills

- **CAPTE**
  - Program outcomes
    - Grignon, Henley, Lee, Abentroth, & Jette, 2014
  - Criterion 4N: The collective core faculty are responsible for determining/assuring that students are safe and ready to progress to clinical education (CAPTE, 2016)
ACAPT 15 Recommendations

- See full report at www.acapt.org
- 11 Harmonizing
  - Concrete actions to take for strong clinical education culture
- 4 Innovation
  - Research & pilot new strategies for clinical education including shared responsibility, networks, terminal internship end point, community centered opportunities
CSS: Determining Academic/Skill Readiness For Internship

- Student assessment with
  - Academic performance
  - Practical examinations
  - Integrated Clinical Experience (ICE)
  - Simulation
  - Teaching students to be clinical instructors
- Informing sites of student competencies
CSS: Approach To Behavioral Readiness

- Four Professional Development Courses
- Student readiness discussion during department meetings
- Professional Behaviors Feedback Form (PBFF)
- Probation for behavioral reasons
LSC Approach to Student Readiness

- Academic performance
- Practical examinations
- ICE
- Sites informed of student competencies
- Self and instructor assessment of professional behaviors
- Readiness discussions during department meetings
- PBFF
- Program probation for behavioral reasons
Issues in Clinical Education: What the Literature Says

- CI expectations
  - Knowledge
  - Clinical skill
  - Safety
  - Clinical decision making
  - Self-directed learning
  - Interpersonal communication
  - Professional demeanor

- Based on above how competency is determined
  - Gut feeling
  - Mentored independence
    - Jette, Bertoni, Coots, Johnson, McLaughlin, & Weisbach (2007)
Literature Review

- **Student expectations**
  - **Rindflesch et al., 2013**
    - Student characteristics: professionalism, willingness to learn, interpersonal relationships, positive attitude
    - Clinical Instructor (CI) characteristics: teaching, insight, evidence-based practice
    - Environmental characteristics: positive work environment, variety of patients, collaborative model of CE
Literature Review

- CI and student perspectives related to positive clinical experiences (Hall, McFarlane, & Mulholland, 2012)
  - Clinical environment
  - Clinical educator
  - Student
  - Student outcomes
Literature Review

- CI and student perspectives related to positive clinical experiences
- (Hall, McFarlane, & Mulholland, 2012, p. 552)

<table>
<thead>
<tr>
<th>Aspect of placement</th>
<th>Students</th>
<th>Clinical educators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student relationship with clinical educator</td>
<td>Not important</td>
<td>3%</td>
</tr>
<tr>
<td></td>
<td>Important</td>
<td>97%</td>
</tr>
<tr>
<td>Student's willingness to learn</td>
<td>Not important</td>
<td>n/a</td>
</tr>
<tr>
<td></td>
<td>Important</td>
<td>n/a</td>
</tr>
<tr>
<td>Student's relationship with team members</td>
<td>Not important</td>
<td>13%</td>
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<tr>
<td></td>
<td>Important</td>
<td>87%</td>
</tr>
<tr>
<td>Physical space</td>
<td>Not important</td>
<td>56%</td>
</tr>
<tr>
<td></td>
<td>Important</td>
<td>44%</td>
</tr>
<tr>
<td>Orientation</td>
<td>Not important</td>
<td>43%</td>
</tr>
<tr>
<td></td>
<td>Important</td>
<td>57%</td>
</tr>
<tr>
<td>Student’s interest in area of practice</td>
<td>Not important</td>
<td>46%</td>
</tr>
<tr>
<td></td>
<td>Important</td>
<td>54%</td>
</tr>
<tr>
<td>Location of placement and social supports</td>
<td>Not important</td>
<td>41%</td>
</tr>
<tr>
<td></td>
<td>Important</td>
<td>59%</td>
</tr>
<tr>
<td>Social activities and resources for student</td>
<td>Not important</td>
<td>50%</td>
</tr>
<tr>
<td></td>
<td>Important</td>
<td>50%</td>
</tr>
</tbody>
</table>

For ease of interpretation, data in the original four point scale were collapsed into two categories, important and not important.
Literature Review

- Creating optimal clinical experiences (Recker-Hughes et al., 2014)
  - CI’s should
    - be licensed in the state where the experience occurs;
    - demonstrate competence;
    - practice in a legal and ethical manner;
    - demonstrate a desire to educate, and;
    - display evidence of teaching skills
  
- CI’s should demonstrate
  - Interpersonal skills/communication
  - Professionalism
  - Instruction/Evaluation/performance assessment

- Organization should create a culture of learning and personnel (CCCE) to evaluate clinical education program
Literature Review

- Behavioral consistency between school vs clinic
  - Papadakis, Hodgson, Teherani, & Kohatsu (2004)
  - Papadakis, Arnold, Blank, Holmboe, & Lipner (2008)

- Unprofessional behaviors
  - Carey & Ness (2001); Wolff-Burke (2005); Wolff-Burke et al. (2007); Davis (2009)
Wolff-Burke (2005) surveyed CIs to determine expected behaviors and behaviors seen that were considered inappropriate.

Four themes emerged in relation to appropriate and inappropriate behaviors.
Literature Review

<table>
<thead>
<tr>
<th>Hays, 1999</th>
<th>Hayward, 1999</th>
<th>Carey and Ness, 2001</th>
<th>Wolff-Burke, 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor communication: inappropriate nonverbal behavior, inappropriate interactions with patients and colleagues, inappropriate response to feedback</td>
<td>Arriving late</td>
<td>Confrontation over examination points, attendance policy, selection of clinical sites</td>
<td>An attitude: arrogance, affiliation is a waste of time</td>
</tr>
<tr>
<td>Unprofessional behavior: poor stress management, poor work, failure to accept responsibility, poor commitment to learning, failure to recognize limit, poor common sense, inappropriate personal behavior</td>
<td>Taking off unscheduled time, thereby leaving patients without care</td>
<td>Using profane language</td>
<td>Lack of interest: unprepared, lacks initiative</td>
</tr>
<tr>
<td></td>
<td>Noncompliance with dress code</td>
<td>Encroaching upon personal space of faculty</td>
<td>Poor communication: inappropriate language, gestures, conversations; not able to communicate needs</td>
</tr>
<tr>
<td></td>
<td>Inappropriate provider-patient communication</td>
<td>Urging faculty to resign</td>
<td>Being unprofessional: basic issues, immature, not taking responsibility</td>
</tr>
<tr>
<td></td>
<td>Using vulgar language</td>
<td>Berating faculty in front of other students</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Insubordination</td>
<td>Organizing a boycott of a particular assignment</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hostile behaviors</td>
<td></td>
</tr>
</tbody>
</table>

(Wolff-Burke et al., 2007, p. 14)
Literature Review

- Contributions to ongoing generic inabilities as identified by Wolff- Burke et al. (2007)
  - Silence
  - Misunderstanding of motivations
  - Academic and clinical education disparity
  - Anti-role modeling behaviors
Addressing Student Issues During Internship

- Behavioral vs Academic
  - Chain of communication
  - Action plan
  - CI options for
    - Option to terminate internship
    - Student action plan to address issue
    - Request site visit from DCE to assess student performance
    - Request student return to school for reassessment of competencies

- Internship grading
- CI/site assessment
CCCE Perspective

- Address issues before they occur
- Thorough orientation
- Clarify expectations
- CI Selection
Clarify Expectations

- Clinical Site/Organization and Academic Institution
- Between Student and CI
- Goal Setting
Support Structure

Organizational Support
(Agreement for Individual Clinical Experience)

Employee Conduct Policies

Codes of Conduct
The CI as “Manager”

- Enforce Policies and Codes of Conduct
- Could you behave like that?
- Offer Support (CCCE, Manager, HR)
Addressing Student Issues: The Literature

- Decision making model proposed by Wolff-Burke et al. (2007)
  - Step 1 – 3 Investigation
    - What are the issues?
    - Who are the individuals involved?
    - What are the facts?
  - Step 4 Analysis
    - Consider significance, safety, ethics, organizational policies
  - Step 5 Decision making
    - Determine options
  - Step 6 Implementation
  - Step 7 Evaluation
Selected References

Selected References


