Behind the Curtain: Enhancing Clinical Mentoring in Acute Care Practice

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Disclosures

• None of the presenters have conflicts to disclose
By the end of our presentation, you will be able to:

1. Describe strategies that can be used to provide positive and constructive feedback through an effective use of time within the acute care setting.
2. Effectively create and manage student, resident, and fellow experiences at various levels of learning in the acute care setting.
3. Appropriately apply the communication strategies discussed in the APTA credentialing course and in TeamSTEPPS® in the acute care setting.
4. Discuss efficient and effective methods for modeling clinical reasoning and reflection to facilitate learning in the acute care clinical environment.

Application & Expansion of CI training

- Clinicians requesting assistance to integrate specifically to acute setting
- Expanding training to residency and fellowship mentorship
- Interprofessional team application
Relationship to the APTA Credentialing Program

CURRENT CLINICAL EDUCATIONAL PRACTICE
The foundation of quality clinical education

- Strong partnership between academic program, clinical site, CCCE, and CI
  - Common values
  - Understanding of expectations
  - Clear and frequent communication
  - Mutually beneficial

Preparing for a clinical experience

**CI**
- Know the academic preparation of the student related to your setting
- Know the clinical experience of the student
- Understand the expectations of the academic program
- Prepare planned learning opportunities
- Set your goals/expectations

**Student**
- Review pertinent material for clinical setting
- Review CSIF or other available background information on site
- Set goals to accomplish and send introductory letter
- Complete necessary paperwork to begin experience
Beginning the experience

- Orientation is critical
  - Set expectations
  - Reduce nervousness
  - Discuss communication style
  - Discuss learning style
  - Determine methods of feedback
  - Introduce student to team
  - Location of equipment
  - Documentation
  - Safety

Getting started

- Pacing
  - Based on experience, learning style, competence, confidence
- Example:
  - Week 1: Chart reviews on all patients, observe first day with "what" questions regarding basic exam and intervention, progress the week to add active learning as soon as possible (eg. Taking hx, parts of exam, assisting with mobility)
  - Week 2: Incorporate student into exam, allowing him/her to do more as competence and confidence increases.
  - Week 3: Student begins to take the lead on exams, documenting with assistance and guidance
Supervision

• Dictated by state law then regulations for payers
• "Line of site (hearing)"
• Observation patients
• Strategies for encouraging independence

Feedback

• Imperative for growth
• Should encourage student self assessment first
  – How do you think that session went?
  – What did you do well?
  – What didn't go as well as you hoped?
  – What would you do differently next time?
• 1 minute preceptor model
1-minute preceptor

- Developed in medicine to be 5 minute interaction
- Focus on 5 aspects of clinical teaching
  - Get a commitment
    - What do you think is going on? Most important problem?
  - Probe for supporting evidence
    - Ask questions to discern CR, what were other alternatives, what else do you need to know, diff dx
  - Focus on teaching
    - CI identifies priority teaching points (1-2)
  - Reinforce correct performance
  - Correct mistakes

Other formative feedback

- Weekly feedback form
  - Opportunity for both clinical performance assessment and learning/teaching assessment
- Critical incident report
- Anecdotal record
- Feedback from other team members and patients
Summative feedback, i.e. CPI

- Legal document used to assign grades by the academic program
- Summative feedback tool for students and CIs to compare their assessment of student performance
- Key points:
  - Use the performance dimensions to develop comments for each criteria
    • Quality, supervision, complexity, consistency and efficiency
  - Comments should correlate with ratings
  - Rating should show improvement from midterm to final
  - Summative comments provide useful information to student and DCE

ICF Model
What if there are concerns?

- Go back to the framework and determine breakdown in CR
- Use Bloom's taxonomy to develop a learning diagnosis
  - Which domain?
  - At what level is the student currently functioning?
  - Where should they be?
- Contact school
- Develop an action plan or learning contract if needed

APPLICATION TO CLINICAL MENTORING

TeamSTEPPS Communication Strategies & Tools
MiniTeam

Patient Care Team

CI + Student Team
Situation Monitoring

Leadership:
Brief

• Short planning session
• Adapted process for clinical education
  – Who is your “team” for this patient session?
  – What are the goals for this session? Relationship to overall plan of care/goals?
  – Who is responsible for what? How will workload be shared, if at all?
  – Who else is available to help (and with what) during the session?
  – What resources/equipment is available and needed?
Leadership:
Huddle

- Ad hoc meeting to reestablish situational awareness
  - Did the train go off the track? How do we get it back on track?
  - What was the plan? Are we changing the plan? To what?

Leadership:
Debrief

- Informal
- Aimed at improving performance
  - Pluses
  - Deltas
### Mutual Support

#### Two-Challenge Rule
- Assertively voice concerns at least 2 times
- Requires acknowledgment that concern has been heard
- CUS
  - I am concerned!
  - I am uncomfortable!
  - There is a safety issue!

#### Manage & Resolve Conflict
- Voice concerns clearly & succinctly
  - Weekly Feedback
- DESC
  - D = describe situation/behavior; be concrete
  - E = express your concerns
  - S = suggest alternatives; seek agreement
  - C = consequences clearly stated; strive for consensus

### Communication: SBAR
- Critical information
- Immediate attention
- Not patient condition, rather student condition
  - S = Situation
  - B = Background
  - A = Assessment
  - R = Recommendations
Communication: Call-Out

- Anticipate next steps
- Directs responsibility to an individual person
  - Bidirectional

Communication: Check Back

- Ensures understanding
- Ensures completion

CLOSE THE LOOP
Communication: Handoff

- Transfers
  - information
  - responsibility
  - Authority

- Clarifies roles & responsibilities

- Across continuum

TeamSTEPPS® Resources

Clinical Education Issues in Acute Care

OVERVIEW OF SPECIFIC CHALLENGES

Confused Patient

**ENCOURAGE**
- Teach to guidelines and scenarios
- Allow time for SPT trial & error
- Provide constructive cumulative feedback
- Reward a "competitive mentality"
- Set a higher bar for senior SPT
- Nurture success for new SPT

**AVOID**
- Support a concrete plan
- Immediate rescue
- Quick mistake-focused review
- Allow passive SPT approach
- Settle for senior SPT complacent practice
- Over-challenge new SPT
Refusing Patient

<table>
<thead>
<tr>
<th>ENCOURAGE</th>
<th>AVOID</th>
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</thead>
<tbody>
<tr>
<td>Teach relaxed, caring body language</td>
<td>Use of tense, closed body language</td>
</tr>
<tr>
<td>Allow time for SPT trial &amp; error</td>
<td>Immediate rescue</td>
</tr>
<tr>
<td>Holistic patient-centered approach</td>
<td>Strict PT-focus care delivery</td>
</tr>
<tr>
<td>Set-up guided observation activities</td>
<td>&quot;Watch what I do then you do it&quot;</td>
</tr>
<tr>
<td>Support SPT providing patient all info</td>
<td>Missed chances to teach SPT about team</td>
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<tr>
<td>SPT applied knowledge of patient rights</td>
<td>Ignore SPT biases</td>
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ICU Patient

<table>
<thead>
<tr>
<th>ENCOURAGE</th>
<th>AVOID</th>
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<tbody>
<tr>
<td>Provide SPT opportunity to observe CI interacting with lines/equipment then provide SPT hands-on guidance</td>
<td>Expect SPT to perform near-competent skill without any prior hands-on activity</td>
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<tr>
<td>Allow time for SPT trial &amp; error</td>
<td>Immediate rescue</td>
</tr>
<tr>
<td>Provide constructive cumulative feedback</td>
<td>Quick mistake-focused review</td>
</tr>
<tr>
<td>Monitor SPT for multitask readiness</td>
<td>Allow passive SPT approach</td>
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<tr>
<td>Set-up non-mobility SPT activities first</td>
<td>SPT planning for mobility issues only</td>
</tr>
<tr>
<td>Opportunities for new SPT success</td>
<td>Over-challenging new SPT with too much too soon</td>
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<tr>
<td>PT skill vs. other team members</td>
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Discussion of specific acute care mentoring & learning issues

SMALL GROUP VIGNETTES

Wrap Up
Questions?

Contact Us

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References


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