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Disclosure

• No relevant financial relationship exists
Learning Objectives

1. Manage student and mentee experiences to foster learning and professional development in acute care, utilizing current research concepts.

2. Highlight the challenges that students and new graduates face in the atmosphere of current social constructs and cultural factors, and discuss how effective clinical instruction and mentorship can help individuals overcome these obstacles.
3. Identify the benefits and challenges of mentorship in the acute care setting from the perspective of both the Mentor and the Mentee.

4. Explore the experience of transitioning from a Student-Clinical Instructor relationship to a Mentee-Mentor relationship as graduating students are hired as entry level therapists in the acute care setting.

5. Develop strategies for success in the first two years of physical therapy practice in the acute care setting.
Outline

• *Teaching Principles* – Domains of Learning, Critical Thinking, Assessment, Addressing the Educational Needs of Students and New Graduates

• *Mentorship in the Acute Care Setting* – Benefits, Models, Emotional Intelligence, Overcoming Obstacles, Intuition, Compassion Fatigue

• Case Studies

• Questions & Discussion
Some background…

• Many former students hired as full time staff members
• New graduates are assigned a mentor for first six months of practice
• Serving as a mentor is a goal in our department’s Clinical Advancement Program (CAP)
• Mentorship fosters professional development for both the mentee and the mentor
Along the Continuum

Student

New Graduate/Entry Level Practitioner

Skilled Clinician
Along the Continuum

Clinical Instructor

Mentor

Ongoing Advisor/Role Model
Teaching Principles

Addressing the Educational Needs of Entry Level Students & New Graduates
Learning styles

• Visual
• Auditory
• Kinesthetic
• Tactile
Domains of Learning

• Cognitive
• Psychomotor
• Affective
Bloom’s Taxonomy

- Taxonomy = Hierarchical system of progressive stages
- Defines educational objectives for learning in each of the three domains (cognitive, psychomotor, affective)
- Developed to promote higher level thinking
- Levels become more complex
- Used to develop a learning diagnosis and determine the stage of learning within each domain
The Cognitive Domain

- Evaluation: Compare, measure, judge, appraise, assess
- Synthesis: Collect, construct, design, formulate, integrate
- Analysis: Calculate, categorize, examine, test, analyze
- Application: Demonstrate, illustrate, interpret, practice, solve
- Comprehension: Describe, discuss, identify, review, explain
- Knowledge: Count, define, list, name, repeat
The Psychomotor Domain

- Origination: Construct, create, design, produce
- Adaptation: Adapt, build, change, develop, supply
- Complex Overt Response: Calibrate, coordinate, demonstrate, operate
- Mechanism: Adjust, build, illustrate, set up
- Guided response: Copy, determine, imitate, repeat
- Set: Adjust, place, position
- Perception: Hear, distinguish, see, touch
The Affective Domain

- Characterization: Internalize, verify
- Organization: Judge, relate, display
- Valuing: Accept, balance, defend, value
- Responding: Behave, complete, discuss, examine
- Receiving: Accept, realize, receive
Qualities & Behaviors of Effective Instructors

- Strong communication skills
- Strong interpersonal skills
- Encourage shared dialogue
- Ask questions to assess understanding
- Facilitate student reflection
- Give meaningful feedback

- Practice self-reflection
- Accept feedback for ongoing growth
- Display leadership skills
- Act as a professional role model
- Maintain positive attitude
Critical Thinking

• Skill
• Ability
• Process
• Part of Clinical Decision Making
Developing Critical Thinking

- Question what we know
- Combine information from multiple sources
- Distinguish between relevant and irrelevant data
- Allow struggling in the right context
- Make connections between ideas or scenarios
- Exposure to diverse teaching methods
- Identify inconsistencies in reasoning
- Explain how ideas or beliefs have changed
- Make time for discussion
Developing Critical Thinking

- Nurture self-directed learning
- Facilitate self-reflection
- Accept ambiguity
- Make space for creativity
- Avoid immediate rescue
- Allow practice in conflict resolution
- Avoid providing all the answers
- Observe when more than one answer exists
Self-Reflection

• Student-initiated feedback forms/goal-setting
• PT Core Values
• Assessment: The Acute Care Confidence Survey
• Modeling
• Reflective imaging (journaling)
• Make connections to culture and society
WEEKLY ASSESSMENT AND PLANNING FORM

END OF WEEK # _____ Date _______

The student demonstrates competent performance in the following areas:

Choose one of the PT Core Values and reflect on how you demonstrated this value this week:

The student requires improvement in the following areas:

Specific goals to be accomplished in the upcoming week:

Plan of activities for the upcoming week:

Comments:

Student: ___________________
Clinical Instructor: ____________
PT Core Values

Accountability  Excellence

Altruism  Integrity

Compassion/caring

Professional duty  Social responsibility
The Acute Care Confidence Confidence Survey

• Assessment of students’ confidence with 15 acute care-specific skills

• Initial, Midterm, and Final scores

• Categories/themes: Judgment, Manual skills, Mobility skills, Instruction

• Greenwood, Nicoloro, and Iversen (2014) found the ACCS to be a valid and reliable tool to assess students’ confidence, and it may be used to predict clinical performance
ACCS Items

1. How certain are you that you can put a blood pressure cuff on a patient correctly in the acute care setting?
2. How certain are you that you can determine if a patient is safe to go home from the acute care setting?
3. How certain are you that you can decide if a person needs subacute rehab?
4. How certain are you that you can safely perform a max assist transfer from a hospital bed to a wheelchair in the acute care setting?
5. How certain are you that you can hear the first sound when taking a blood pressure in the acute care setting?
6. How certain are you that you can accurately measure a person's knee flexion in the acute care setting?
7. How certain are you that you can ambulate with a patient who has an IV in the acute care setting?
8. How certain are you that you can instruct a person to get out of bed after a total hip replacement in the acute care setting?

9. How certain are you that you can educate a physician that a patient does not need physical therapy in the acute care setting?
10. How certain are you that you can determine an appropriate frequency of physical therapy for a patient in the acute care setting?
11. How certain are you that you can interpret your patients' hematocrit results to determine the appropriateness of PT intervention in the acute care setting?
12. How certain are you that you can safely assist a patient with supine to sitting who has a chest tube in the acute care setting?
13. How certain are you that you can educate a nurse on how to properly transfer a patient who is touch-down weight-bearing in the acute care setting?
14. How certain are you that you can identify when you need a second assist with transferring a patient in the acute care setting?
15. How certain are you that you can properly position a patient in bed with hemiplegia in the acute care setting?

Modeling

• Demonstrating how to be a caregiver and health professional
• Embodying clinical skills as well as professional behaviors
• Setting an example of self-reflection and ongoing learning

• Examples:
  – Communication skills
  – Conflict resolution
  – Interdisciplinary teamwork
  – Appearance
  – Attitudes
  – Empathy
  – Integrity
  – Adaptability
Reflective Imaging

- Experience alone is insufficient to develop expertise
- Narratives are a tool for self-assessment
- “Think out loud”
- What went well? What would you do differently? How did you feel about it? Did you change your thinking about something? Is this related to societal issues or current events?
Reflective Imaging

• Writing a reflection allows the student to:
  – Recount experiences
  – Monitor own thinking
  – Find meaning in experiences
  – Critique own assumptions and beliefs
  – Alter behavior
  – Provide internal dialogue about a process
Cultural Connections

• Know the community where you practice
• Seek knowledge and understanding of the values and influences of patients and families
• Discuss how cultural beliefs and social factors impact response to healthcare
• Consider health literacy and its impact on physical therapy
Cultural Connections

• Model cultural awareness and competency through interactions and communication
• Demonstrate effective use of translator services
• Discuss how global trends and current events contribute to health care delivery
• Introduce ethical issues and dilemmas in the acute care setting
Metacognition

• Awareness of strengths and areas for improvement
• Insight about deficiencies in skills
• Knowing how to learn
• Strategizing about resolving cognitive conflict or confusion
• Recognizing conceptual change
• Applying concepts to new contexts
Promoting Metacognition

• **Planning:** How can I best prepare for this session? What do I already know? What questions do I have about this topic/patient/diagnosis?

• **Monitoring:** What insights am I having? What confusions am I having? Can I distinguish the important details from irrelevant material?

• **Evaluating:** What did I learn? What did I find interesting? What would I do differently next time?
Motivational Interviewing

• Promote change in behavior by empowering the individual
• Express empathy and avoid argument
• Practice reflective listening and open questioning
• Promote autonomy and self-efficacy
• Ask, Advise, Assess, Assist, Arrange
Motivational Interviewing

- Guiding principles:
  - Listen
  - Understand motivation and values
  - Resist the “righting reflex”
  - Empower the individual
  - Ask open-ended questions
  - Assess stage of change and self-efficacy
  - Engage the individual
“Generation Y”

• “Gen Y” = people born from 1981 through 2000
• Children of the Baby Boomers
• Largest generation in American history
• Largest generation in our workforce
• Shaped by historical and societal factors:
  – School shootings
  – 9/11
  – Digital Revolution
Characteristics of “Gen Y”

- Efficient multitaskers
- Achievement-oriented
- Relationship-dependent
- Computer savvy, intuitive about technology
- Struggle with linear thinking
- Seek purpose and passion
- Fast learners, but may rush to get to the end point
Effective Teaching for Students in “Gen Y”

- Establish time to get to know students as individuals
- Foster atmosphere of communication
- Incorporate team-based learning and collaboration
- “Think out loud”
- Clear expectations for professionalism and phone usage
- Balance positive and negative feedback
- Offer opportunities for innovation and creativity
- Encourage work-life balance
Resolving Academic and Clinical Dissonance

- Alter own internal ideals to accept the new information presented
- Maintain own internal beliefs and discount external ideals
Resolving Academic and Clinical Dissonance

• Foster an environment in which students can express concerns, think critically, challenge what they see and share their ideas
• Prepare students for the realities of clinical practice
• Discuss ethical issues with multiple viewpoints to help reconcile dissonance, allow acceptance of ambiguity and enhance learning
Resolving Academic and Clinical Dissonance

• Dissonance in interventions or exam sequence are more acceptable than dissonance in ethics or integrity

• “Cognitive dissonance can be a positive experience because it forces students to think critically, but educators needs to prepare students to deal with the conflict.” from Dutton & Sellheim 2017
Resolving Academic and Clinical Dissonance

• Discuss conflicts and potential strategies
• Provide opportunities for interdisciplinary communication and advocating for the profession
• Allow students to work with “the difficult patient:”
  – Medically complex
  – Confused
  – Complicated family involvement
  – Difficult discharge plan
  – PITAs
Resolving Academic and Clinical Dissonance

• Avoid immediate rescue
• Allow time for trial and error
• Practice modeling or role-playing
• Encourage self-reflection
• Nurture clinical and non-clinical skills
Benefits to the Clinical Instructor

• Engagement
• Ongoing learning
• Staying fresh with evidence-based practice and new techniques
• Giving back to the PT community
• Promoting the profession

• Developing leadership skills
• Extra set of hands and eyes
• Collaborating with academic programs and other institutions
• Recruiting future employees
• Prevents practitioner burnout
Mentorship in the Acute Care Setting

Benefits, Models, Professional Development Goals, Overcoming Obstacles
Benefits of Mentorship in Acute Care

• Increased confidence and independence
• Development of clinical skills
• Development of professionalism and communication skills
• Discover the culture of the organization
• Reciprocal and ongoing learning
• Teamwork and collaboration
• Associate engagement
• Development of professional identity
• Recruitment and retention
Challenges in the Acute Care Setting

- Rapid pace
- Clinicians are isolated
- Fewer opportunities for observation
- High stress environment
- Physically demanding work
- Patient care throughout the lifespan
- Patient care in all four practice patterns

- Emotionally taxing situations
- Increased rates of practitioner burnout
- High expectations for communication and management of care
- Variable patient outcomes
- Clinical decision making that calls for both rational thinking and intuition
The Identity of the Acute Care Therapist

- Identity is rapidly evolving
- Mentors can help conceptualize the role and identity of the PT
- Acute PTs wear many hats

- Professional engagement:
  - Generating meaning from experiences
  - Voluntary commitment to learning
  - Becoming a professional
  - Developing identity in our career
  - Broadening perspectives
  - Appreciating all members of the team
Emotional Intelligence QUIZ

1. I do not become defensive when criticized.
2. I maintain a sense of humor.
3. I try to see things from another’s perspective.
4. I recognize how my behavior affects others.
5. I can listen without jumping to a judgment.

The Institute for Health and Human Potential
Elements of Emotional Intelligence

• Self-awareness
• Self-regulation
• Motivation
• Empathy
• Social skills
Mentorship Model

- Formal relationship with regular meetings
- Goal-oriented process to foster professional development (mentee-driven)
- Capitalize on the mentee’s strengths and address areas of weakness
- Mentor is a more experienced therapist who can offer insight, guidance, and teaching
  - Does not have to be a “senior” therapist
  - Does not have to be in the same discipline (e.g. OT, SLP)
  - Does not have to be an expert in the field
Mentorship Goals

• Professionalism behaviors
• Communication and conflict management
• Leadership development
• Positively contributing to the team environment
• Building rapport with staff and patients
• Getting to know the organization’s culture
• Clinical skills (e.g. complex patients, ICU, new treatment techniques)
Mentorship Goals

- Exploring evidence-based practice
- Advocating for the PT role and the profession
- Time management
- Work-life balance
- Discovering Clinical Education opportunities
- Introduction to the APTA or professional involvement
- Development in the cognitive, psychomotor and affective domains
What is mentorship NOT?

- Coach
- Cheerleader
- Supervisor/boss
- Monitoring productivity
- Teaching evaluation and treatment skills
- Reviewing documentation
- Addressing scheduling concerns or human resources
Clinical Advancement Program (CAP)

- Research-based “clinical ladder” program for therapy staff
- Four levels of progressively advanced proficiency in clinical practice
- Categories: Education, Experience, Certification, Professional Development, Professional Practice, Leadership, Team Player Behaviors
- Mentorship is required for levels III and IV
The First Two Years of Clinical Practice

- Development of professional identity
- Clinical decision making
- Managing conflict
- Advocating for the profession
- Effective communication
- Focus on patient-centered care
- Acknowledging how much more there is to learn
The First Two Years of Clinical Practice

• Gaining confidence
• Expansion of clinical skills
• Employee engagement
• Transitioning from student/mentee to teacher/mentor
• Developing leadership skills
• From rational thought to intuition
The Development of Intuition

• Systems for Decision-Making:
  – System 1: Intuition, impressions, feelings, inclinations, effortless, "gut feeling," subconscious recognition of a pattern, can’t always explain the reasoning, susceptible to errors and biases
  – System 2: Rational, requires attention, based on probabilities, explicit knowledge, "the voice of reason," skilled response
Can We Trust Intuition?

• “Intuition cannot be trusted in the absence of stable regularities in the environment.” Kahneman

• “Jumping to conclusions is efficient if the conclusions are likely to be correct and the costs of an occasional mistake acceptable, and if the jump saves much time and effort. Jumping to conclusions is risky when the situation is unfamiliar, the stakes are high, and there is no time to collect more information. These are the circumstances in which intuitive errors are probable.”
The Development of Intuition

Novice practitioners:
• Deductive reasoning, inference
• Fact-driven, rule-governed
• Hypothetic-deductive process
• Less skilled at multitasking
• Difficulty with uncertainty or ambiguity
• Less flexible flow
• Less efficient decision-making
The Development of Intuition

Expert practitioners:

• Holistic and contextual
• Implicit, intangible knowledge
• Intuition based on experiences and patterns
• Better abstract conceptualization
• Combine information from many sources
• Interactive, patient-centered care
Compassion Fatigue in Healthcare Practice

• “An extreme state of tension and preoccupation with the suffering of those being helped to the degree that it can create a secondary traumatic stress for the helper.”
  – Dr. Charles Figley

• AKA “the cost of caring”

• Cumulative process
Compassion Fatigue Warning Signs

- Exhaustion
- Reduced ability to feel empathy
- Anger or irritability
- Dread of working with certain patients
- Diminished sense of enjoyment at work
- Heightened anxiety
- Hyper- or hypo-sensitivity to emotional experiences
- Difficulty separating work life from personal life
- Lost sense of self
Contributing Factors to Compassion Fatigue

- Sicker, more complex pts
- Staffing, productivity, resources
- Coworker negativity
- Emotional or physical abuse from distressed patients
- Trying to please everyone
- Stressful life events that parallel the lives of patients
- Overwhelming student debt, pressure to work more hours
- Physically and emotionally taxing work
- Disconnect between expectations and reality
- Lack of opportunities for advancement
The Resilient Zone

When we are in our “Resilient Zone,” we have the best capacity for flexibility and adaptability in mind, body and spirit.
Combating Compassion Fatigue

- “The art of pause”
- Quiet location for charting between patients
- Increased body awareness (medication, exercise)
- Leave your work at work
- Organize social gatherings with coworkers

- Know your triggers
- Pursue leadership opportunities
- Develop boundaries
- Change jobs or pursue traveling
- Join the APTA
- Find a mentor, or be a mentor!
CASE STUDIES
QUESTIONS AND DISCUSSION


Holland, A. “Surviving and Inspiring the Gen Y PT Student.” APTA Learning Center, 7 August 2017.


