

## Creating a Clinical Curriculum

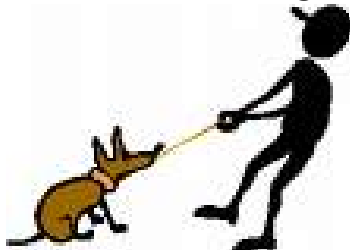
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APTA Conference 2006

## Can You Slow Down and Assess the Moment of Learning?



## What To Do When the Drag & Pull Technique Isn't Working



## STUDENTS ARE OUR FUTURE



## Two way - Four way Communication



Is your student  
stuck in a jam?



Can you facilitate  
two & four way  
communication and  
thinking?

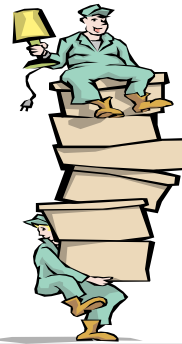
## Teaching Tools

- How To Accomplish Effective Clinical Education
- Dealing with Multiple Diagnoses
- Critical Thinking & Problem-Solving
- Working in a Team Atmosphere
- Working with the Advanced Student
- Business Practices

## Table Discussion

- Identify and share your present clinical education models
  - Post on flip charts around the room
- Identify the “traffic jams” in your present clinical education models
  - Post on flip charts around the room

## MOVING FORWARD



## MOTIVATE

- To provide with an incentive
- Move to action
- Impel

Dictionary. COM

NOTHING EVER  
BECOMES REAL 'TIL  
IT IS EXPERIENCED

John Keats

SEE FOR YOURSELF

## INSPIRE

- To stimulate action
- Motivate but also To draw forth
- Elicit or arouse

Dictionary. COM

## Clinical Evaluation (CPI)

- What do you expect on the CPI?
  - Post on flip charts around the room
- What is actually written on the CPI?
  - Post on flip charts around the room
- How do we provide feedback and support to the front line clinical instructors?

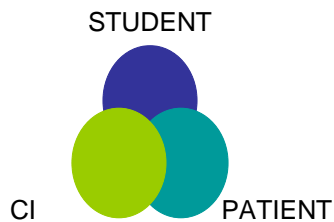
## CPI Samples

- Refer to handouts
- As a group at your table:
  - Review the CPI comments
  - Offer suggestions for change for documentation of specific criteria
  - Offer suggestions to guide clinical instructors

## Clinical Instructors Need To:

- **Plan, Plan and Plan some more**
- **Be organized and structured.....**
- **BUT, be ready for anything – be flexible**
- **Must understand learning styles**
- **Must understand student perceptions**
- **Must be POSITIVE & MOTIVATING**
- **You are a coach, a mentor and you leading our next generation of professionals**

So, what now?



## Overview

- Learning philosophies
- Learning theories
  
- Why these theories?

## Cognitive Processing-Reasoning

- **THE HOW & THE WHAT**
- Analyzing data
- How to pose and solve problems
- How to infer
- How to hypothesize
- “You tell me what you think

## MAJOR LEARNING PHILOSOPHIES

- Cognitive Processing-Reasoning
- Academic Rationalism
- Technology
- Social Adaptation and Social Reconstruction
- Personal Relevance

## Cognitive Reasoning

- Inductive and deductive thinking
- Attention and response to a moral dilemma
- Comparing/ contrasting of values

## Academic Rationalism

- **TRADITIONAL**
- **Focus on significant ideas**
- **Focus on theory**
- **When do new theories come to the surface**
  - Students learn techniques that the CI is not aware of
  - Students have been taught to sit and listen

## Social Adaptation & Social Reconstruction

- **Society**
  - Vision 2020
  - Autonomous Practice
  - Primary Practitioner
  - Cultural diversity
  - Baby boomers
  - Generational differences both in patients and in the work place

## Technology

- *The World is Flat* by Thomas Friedman
- Computers
- Internet
- Video streaming
- Computerized documentation
- Interventional technology

## Personal Relevance

- “I don’t need to know this”
- “I am only going to work in sports”
- “I just do what you say so I pass”
- “I want to learn everything about the ICU”
- What is personally relevant to the student?
- How do we make all professional skills relevant?

## ACTIVITY

- In pairs:
- Can you come up with one or two examples of student learning situations to correlate with each learning philosophy?
  - Cognitive processing
  - Academic rationalization
  - Technology
  - Social adaptation
  - Personal relevance

## LEARNING THEORIES

- Behaviorism
- Gestalt-problem solving experience
- Piaget/cognitive structure
- Humanism
- Social Learning

**ROLE**



**MODEL**

## BEHAVIORISM

- Reinforcement of desired behaviors
- The schedule of reinforcement is KEY
- Praising students and patients for desired behaviors
- Environment causes learning and learning is a behavioral change
- Many psycho-motor skills
- Computer assisted technology

### Role of Instructor

- The environment is controlled
- Distribute reinforcements

### Role of the Instructor

- Promote cognitive processing and reasoning
- Engage the student in a variety of experiences

### GESTALT-PROBLEM SOLVING

- Look at the whole vs. the parts
- Patterns of events vs. isolated events
- Insight, perception and meaning
- Interpretation of sensations and application of meaning to the events
- Experience and organization of the world into meaningful contexts
- Must make sense to the learner

### Piaget and Cognitive Structure

- Mind develops through a series of stages
    - Facts
    - Concepts
    - Principles
    - Problem solving
- » Robert Gagne

### Role of Instructor

- **Content is structured to make mental processes efficient**
- **Emphasis on the connection**

### Role of the Instructor

- **Facilitate, guide or challenge the learner to stretch individual boundaries**
- **Growth towards self-actualization**

### HUMANISM

- **Destiny is controlled by humans, not environment or subconscious**
- **Behavior is a consequence of human choice**
- **Self-actualization**
- **Experience and maturity are valued**
- **The process of learning is more important than the content**

### SOCIAL LEARNING

- **Basis ground in the observation of others in a social context**
- **Learning is the intersection of environment, personal factors and behavior**
- **Combination of elements form both behavior and cognitive orientations**

## Role of the Instructor

- Recognize motivation for learning
- Establish possible value the student places on learning a specific skill
- Guide the student's internal processing
- Assist the learner in attention, retention, behavior rehearsal and motivation

**WHEW!!!!**



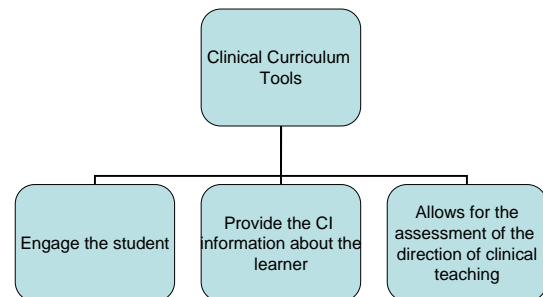
**Ever feel like  
you can't finish  
the race?**



## BLOOM'S TAXONOMY

- **Cognitive**
  - Thinking, mental skills, knowledge
- **Affective**
  - feeling, willing, emotional areas, attitude
- **Psychomotor**
  - Purposeful movement, doing, manual

## Clinical Curriculum Tools





## MORE BASICS

- Is the student a “human tornado”?
- Is the student a “Heidi Hog”?
- Where in the continuum of clinical education does the student shine or get stuck?
- I really don’t like to write my plan of care down
- I like to verbalize my thoughts

## LET’S HIT THE BASICS in CLINICAL ED

- Does the student talk too much?
- Does the student not talk at all?
- Is there the “doe in the headlights” look?
- Does the student “slam” their performance in front of the patient?
- Does the student expect the CI to do it all and they will just “take orders”?

## Clinical Education

- Initiate
- Plan
- Design
- Implement
- Evaluate
- Develop

**Does your clinical curriculum meet and challenge the learning level of the student?**



### **Translation of Academic Concepts to the Clinical Setting**

- **Professionalism**
- **Evidence-Based Practice**
- **Reflection / Self-Assessment**
- **Radiology/Pharmacology**
- **Differential Diagnosis**
- **Autonomous Practice**
- **Wellness & Fitness**
- **Community Service**

### **Teaching Tools**

- **How To Accomplish Effective Clinical Education**
- **Dealing with Multiple Diagnoses**
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- **Working in a Team Atmosphere**
- **Working with the Advanced Student**
- **Business Practices**

### **Professionalism**

- **In the next 5 minutes, move around the room and gather as many examples of professional and unprofessional behaviors as you can**
- **Return to your seats and we will make two columns of behaviors**

## Professionalism

- Review and identification of the Seven Core Professional Values as identified by the APTA
- Students list both positive and negative professional behaviors
- List is kept throughout each rotation as a point/counterpoint in discussions of

## A,B,C ..... Or 1,2,3

- **B Plan (2)**
  - Matches patients history
  - Predictable
  - Tests and measures selected are appropriate
- **A Plan (1)**
  - Lower level, on bed rest, in a medi-chair, sick, recovering from a test
- **C Plan (3)**
  - Walking in the door, already dressed, DC today!

## Hooked On Evidence

- Hooked On Evidence print-outs are supplied to the student
- Identify and locate the literature article
- Review and present the information in a clinically relevant manner to their peers
- Presentation mimics a quick presentation to a peer who has a question in a fast paced clinical setting

## Diagnosis Worksheets

- Analyze and integrate multiple diagnoses
- Relate educational issues to each case
- Identify pharmacological influences on physical therapy treatment
- Discuss and identify radiographic images and patient presentation

## Sample Case Scenario

- **Students identify a relevant case related to the specific clinical experience**
- **Students identify methods to retrieve information (internet, notes, texts, interview staff, observation, etc.)**
- **20 minutes given to allow the students to resource the methods of information retrieval in a mock preparation for a new case**



## Window Technique

- **Students provide their insight into the “window” of time that they are meeting the patient and predict mood, anxiety, coping, family involvement etc.**
- **Challenges students to understand the diagnosis and how it relates to when you meet the patient and provide**

## Literature Review/Case Presentation

- **Selection of relevant literature**
- **Analysis and relation of literature to a specific case**
- **Identification of further research in this area**
- **Presentation skills beyond the traditional case report**
- **Teaching and interacting**

## What is the trick here?



- To get the student to move away from traditional presentations
- To dialogue with their peers or other staff
- Not to READ their handout to their colleagues

## Peer Critiques

- Encouraged to be honest and provide constructive feedback
- Learning that feedback enhances performance
- Preparation for each individual presentation
- Must provide feedback for professional growth vs. “great job”

## Interdisciplinary Projects

- OT/PT/RT/Residents
- Project: Assessment of accessibility of local hotels
- Reason: CARF recommendations
- Skills: Planning, structure, orchestration, time management, deadlines, presentation, professional document

## Self Critiques

- Examinations, Treatments Sessions, Family Education
- Allows for the student to be reflective in their assessment of their own performance
- Identification of key areas in need of improvement
- Emphasizes the positive in the work they have accomplished

### Biweekly Self Assessment Forms

- **Used to “catch” up with students who are doing very well or feeling very challenged**
- **Used as a structure to plan for each day/week**
- **Ownership of the student**

### Beyond the Episode of Care

- Discuss a specific patient and have the student problem solve issues that may have been present years ago or may have led to the present problem
- Discuss a specific patient and have the student project future medical needs and physical therapy diagnoses and interventions
- Encourages three-fold, multi-site case management

### Beyond the Episode of Care

- **Design a wellness / fitness program for a patient**
  - What standardized T&M would the student use as a baseline?
  - What activities would the students design that goes beyond the HEP including
  - intensity, frequency, etc.

### Extending the Health Care Continuum

- **Processing information past the limits of each clinical experience**
  - Teaching in the community
  - Development of an inservice for staff
  - Prevention talks for high school – i.e. TBI
  - Wellness/Fitness
  - Emergency Department training

### Wednesday Folders

- **Predictability in learning environment**
- **Expectations are set**
- **Assignments are due in the folder and returned the following day**
- **Feedback is expected to be read**
- **Learning is a two-way street**

### Quick Response Activity (column lists)

- **Use of a column check list, yes/no list in relation to patient diagnosis, prognosis, equipment, educational needs, family involvement or any topic**
- **CI asks questions quickly looking for a student to begin to have some automatic processing of answers or to identify areas that are completely new to the student and need further teaching**

### Plan of Care Worksheet

- **Works through the flow of goal setting, interventional selections, patient reactions, goal advancements and the “to-do” list**
- **In review, allows the student to identify changes in patient programs, goals and future planning**
- **Allows for a place for the student to “vent” without recourse**

### Interactive Case Dissections

- **Student responsibility to identify their new, challenging or interesting cases**
- **Dissection of the case in a flow diagram, Venn diagram, verbal, demonstration etc.**
- **Interactive teaching technique between student(s) and CI.**
- **Able to share w/ other students if a collaborative model**

### Patient Demonstrations

- Student's responsibility to select and schedule a patient to perform a demonstration on in front of staff &/or peers
- Students learn to actively teach while treating
- Respect for the patient
- Respect for the learner level

### Interdisciplinary Student Co-Treat and Case Presentation

- How do the students integrate their goals, plan, interventions and discharge planning over the course of a typical therapy day and also over the course of the patient's stay?
- How did they decide on an appropriate intensity of therapy for the patient
- How did they plan the patient's collective therapy day's interventions

### Observation of Disciplines

- Integration of staff goals
- Team building
- Allows for other perspectives to be observed
- More well-rounded approach – out of the PT Box
- Round with physicians

### Co-Treatment Planning

- Goals
- Function
- Who is "leading"
- Time management
- Who is speaking
- Billing
- Evaluation of session
- Planning for action

## Documentation (OH, don't say it!)

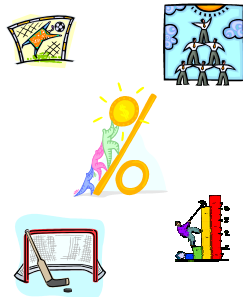
- Skilled words
- Objective
- Goal tracking
- Progress statement
- Transition planning for therapist changes
- Home exercise programs
- Measurable
- Reimbursement
- Justification of treatment
- Absence planning
- Family education
- Discharge planning

## Notes and Goals

- Sharing of other notes written by students in the same group or in the past
- Examples of well written notes to "set the bar"
- Analysis of poorly written notes to teach the student have to assess for documentation needs in a specific setting

## Goals (don't say this either!)

- Mentor
- Advise
- Give samples
- Offer options
- Look at function
- Look at disabilities
- Patient centered
- Family goals



## 1:1 Clinical Instruction with Experienced Staff

- Identification of student goals
- Organized learning experience
- Specialized instruction for the student who is meeting all criteria and looks for advancement of skills or seeks special learning opportunities

### Advanced Students Mentoring New Students

- **Assignment of observation students, first year interns to senior physical therapy students**
- **Review of “how to teach”**
- **What do you take for granted that can be shared**
- **Other “teachable” moments**

### Billing and Coding Identification

- **Identification of CPT coding manuals**
- **Use of ICD-9 coding manuals**
- **Insurance review for reimbursement**
- **Sharing of cases/experiences**

### Research Involvement

- **What piece of research could a student assist the CI with during the clinical experience?**
- **Students teaching staff – search engines, literature reviews**

### Administrative Assignments/Attendance at Meetings

- **Program evaluation data**
- **Policies & procedures development or review**
- **Department manager projects**
- **Attendance at various task force, committee, project, staff development meetings**

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## Student Case Scenarios

- Refer to handouts
- Select a student case scenario
- In a group/pairs or individually, utilize some new or old clinical tools & ideas to address student performance at any level and develop an active clinical program

## THANK YOU!

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