Huntingdon College

Clinical Instructor Workshop
Mission

- To ensure consistent delivery of athletic training clinical education.
- To teach Clinical Instructors how to optimize and standardize the clinical education experience
Goals

- To standardize the student’s clinical learning experience
- To maximize student learning
- To help assure consistency, equity and fairness in student evaluations
Objectives

- Perspectives on Clinical Education
- Didactic vs. Clinical Education
- Learning Over Time
- Instruction & Evaluation of Clinical Competencies
- Learning Styles
  - Kolb- Learning Styles Inventory
- Teaching Styles
- The Effective Clinical Instructor
  - One Minute Preceptor
- Assessment of the Clinical Experience
- Challenges in Clinical Education
  - Case Scenarios
- Huntingdon College’s Policy and Procedure Review
Key Terms

- Clinical Education
- Clinical Proficiencies
- Clinical Supervision
  - Direct Supervision
  - Supervision
  - No supervision
- Educational Competencies
- Field Experience
- Sport Exposure
Key Terms

- CIE (Clinical Instructor Educator)
- ACI (Approved Clinical Instructor)
- CI (Clinical Instructor/supervisor)
- ATS (Athletic Training Student)
The BOC Certified Athletic Trainer recognized by the institution as the individual responsible for ACI training. If more than one individual is recognized as a CIE for an ATEP, then at least one must be a BOC Certified Athletic Trainer.

The CIE is expected to possess the BOC credentials for a minimum of three years (B3.12)

Recognized and designated by the institution as the CIE for the educational program (B3.11)

Designated and authorized by the institution to oversee Approved Clinical Instructor (ACI) training, and knowledgeable in the content areas required for the training of Approved Clinical Instructors (B3.13)
ACI

- Credentialed in a health care profession as defined by the American Medical Association or American Osteopathic Association (e.g., physical therapist, physician assistant, EMT) identified and trained by the program CIE to provide instruction and evaluation of the Athletic Training Education Competencies and/or Clinical Proficiencies.
- The ACI may not be a current student within the ATEP
  - CAATE, 2006
A credentialed health care professional as defined by the American Medical Association and the American Osteopathic Association identified to provide supervision of athletic training students during their clinical experiences. An ACI may be a CI, but all CIs do not have to be ACIs (B3.41).

If a CI credentialed for less than one year, the program must develop and document the implementation of a plan for supervision of that CI by an experienced credentialed CI that ensures the quality of instruction provided to the athletic training students (B3.42).

A clinical instructor is not charged with the final formal evaluation of AT student’s integration of clinical proficiencies (only an ACI can perform such evaluations).
Perspectives of Clinical Education

- Portion of the students’ professional education which involves the practice and application of classroom knowledge and skills to on-the-job responsibilities.
- Where theoretical and practical educational components are integrated into real life situations.
Clinical Education

- Provides students with the opportunity to consolidate knowledge and apply this knowledge to actual patient care situations.
- Typically begins with observations with little involvement with the patient and progresses to direct care of the patient.
- Provide early, sequential and structured experiences
Clinical Education

- Clinical experiences must be based on and evaluated relative to objectives that are measurable and state what the student is expected to accomplish.
- Competency based education.
- Course work is paired with specific clinical experiences.
Clinical Education

- An interactive relationship between the students and the clinical instructor.
- Students will learn by observing the experienced professional delivering care to the designated population.
- The behavioral outcomes of the curriculum are a reflection of the quality of the clinical educator.
Didactic vs. Clinical Education

- Didactic refers to academic education.
  - Generally a predictable classroom environment.
  - Characterized by a beginning and end of the learning session.
  - Presentation of fundamental concepts, theories, and their application to the skills of the profession.
Didactic vs. Clinical Education

Clinical Education
- Diversity of instructional methodologies.
- Clinical instructor serves as a “guide” rather than an expert of the field.
- Clinical instructor facilitates practicing clinical skills and learning professional protocols.
- Dynamic and flexible environment.
Didactic vs. Clinical Education

- Assessment
  - Didactic
    - Student learning is measured by performance on written exams.
  - Clinical Education
    - Student learning is based on the quality, efficiency, and the outcomes of the students’ patient care when compared to a standard of clinical performance.
Effectiveness of Clinical Education

Prior to the implementation of the CIE, ACI, CI training, research indicates that during clinical experiences, most AT students experienced the following:

- 7% Instructional time
- 23% Clinical activities
- 10% Managerial activities
- 59% Unengaged activities
ACI Selection, Training, and Evaluation Standards

- Legal and ethical behavior
- Communication skills
- Interpersonal relationships
- Instructional skills
- Supervisory and administrative skills
- Evaluation of performance
- Clinical skills and knowledge

Weidner & Henning, JAT, 2004, 2005
Learning Over Time

- The student must be able to demonstrate a progression of skill acquisition.
- Demonstrating that important skills are learned, performed, and retained verifies that the student has mastered the knowledge and skills required of an ATC.
Learning Over Time

- The CI must challenge the skills of the students in areas where weakness has been demonstrated.
- The student should face increasing challenges on the same competency.
  - Introduction of the skill.
  - Practice of the skill (students / volunteers).
  - Treating a patient/client.
Learning Over Time

- As the student’s skills and confidence improve, the challenge can be unannounced.
- As the student demonstrates competency in a skill, he/she will probably not be challenged as often on the skill.
Learning Over Time

- Working with the patient/client.
  - As confidence and competence increase there is a tendency to decrease supervision
  - Maintain a professional atmosphere between the student and the instructor.
  - The student must have “line of sight” contact with the CI.
  - Keep a positive learning environment.
Advantages of Learning over Time

- Required by CAATE as part of AT education
- Integration of cognitive knowledge into clinical skill acquisition
- Assist CI’s in developing an approach/philosophy for instruction and learning
Learning Styles and Clinical Education

- Learning is influenced by a variety of variables.
- Learning style can be defined as a specific pattern of behaviors and/or performance the learner uses in approaching the learning experience.
Learning Styles and Clinical Education

- The ability of the CI to adapt his/her instructional style to meet and support the individual student’s different and unique learning style is critical to the success of the student.

- The challenge to the CI is to be willing and motivated to become a skilled instructor.
Learning Styles and Clinical Education

- Remember, in situations where learning is not occurring, the transfer of knowledge is ineffective, or a student is struggling, the instructor must ask him/herself why.

- One must examine whether his/her teaching style is failing to support the learning style of the student(s).
Learning Styles Inventory (Kolb)

- **Converger** (Problem-solver, good at finding uses for ideas and theory, prefers technical tasks)
- **Diverger** (Can view a situation from many angles, will observe/gather information prior to taking action, enjoys brainstorming)
- **Assimilator** (Can grasp a wide range of info and synthesize it, likes abstract ideas, focuses on theory)
- **Accomodator** (Hands-on learner, act on “gut” versus logic, enjoys a challenge)
Learning Styles Inventory

- A Learning Style Survey for College
  - written by Catherine Jester
  - Learning Disability Specialist
  - Diablo Valley College
Learning Styles Inventory

- Visual/ Verbal learner
- Visual/ Non verbal learner
- Tactile / Kinesthetic learner
- Auditory / Verbal learner
The Visual/ Verbal Learning Style

- You learn best when information is presented visually and in a written language format. In a classroom setting, you benefit from instructors who use the blackboard (or overhead projector) to list the essential points of a lecture, or who provide you with an outline to follow along with during lecture. You benefit from information obtained from textbooks and class notes. You tend to like to study by yourself in a quiet room. You often see information "in your mind's eye" when you are trying to remember something.
Learning Strategies for the Visual/Verbal Learner

- To aid recall, make use of "color coding" when studying new information in your textbook or notes. Using highlighter pens, highlight different kinds of information in contrasting colors.
- Write out sentences and phrases that summarize key information obtained from your textbook and lecture.
- Make flashcards of vocabulary words and concepts that need to be memorized. Use highlighter pens to emphasize key points on the cards. Limit the amount of information per card so your mind can take a mental "picture" of the information.
- When learning information presented in diagrams or illustrations, write out explanations for the information.
- When learning mathematical or technical information, write out in sentences and key phrases your understanding of the material. When a problem involves a sequence of steps, write out in detail how to do each step.

- Make use of computer word processing. Copy key information from your notes and textbook into a computer. Use the print-outs for visual review.

- Before an exam, make yourself visual reminders of information that must be memorized. Make "stick it" notes containing key words and concepts and place them in highly visible places -- on your mirror, notebook, car dashboard, etc...
The Visual/ Nonverbal Learning Style

- You learn best when information is presented visually and in a picture or design format. In a classroom setting, you benefit from instructors who use visual aids such as film, video, maps and charts. You benefit from information obtained from the pictures and diagrams in textbooks. You tend to like to work in a quiet room and may not like to work in study groups. When trying to remember something, you can often visualize a picture of it in your mind. You may have an artistic side that enjoys activities having to do with visual art and design.
Learning Strategies for the Visual/Nonverbal Learner

- Make flashcards of key information that needs to be memorized. Draw symbols and pictures on the cards to facilitate recall. Use highlighter pens to highlight key words and pictures on the flashcards. Limit the amount of information per card, so your mind can take a mental "picture" of the information.

- Mark up the margins of your textbook with key words, symbols, and diagrams that help you remember the text. Use highlighter pens of contrasting colors to "color code" the information.

- When learning mathematical or technical information, make charts to organize the information. When a mathematical problem involves a sequence of steps, draw a series of boxes, each containing the appropriate bit of information in sequence.
Use large square graph paper to assist in creating charts and diagrams that illustrate key concepts.

Use the computer to assist in organizing material that needs to be memorized. Using word processing, create tables and charts with graphics that help you to understand and retain course material. Use spreadsheet and database software to further organize material that needs to be learned.

As much as possible, translate words and ideas into symbols, pictures, and diagrams.
The Tactile/ Kinesthetic Learning Style

- You learn best when physically engaged in a "hands on" activity. In the classroom, you benefit from a lab setting where you can manipulate materials to learn new information. You learn best when you can be physically active in the learning environment. You benefit from instructors who encourage in-class demonstrations, "hands on" student learning experiences, and field work outside the classroom.
Strategies for the Tactile/Kinesthetic Learner

- To help you stay focused on class lecture, sit near the front of the room and take notes throughout the class period. Don't worry about correct spelling or writing in complete sentences. Jot down key words and draw pictures or make charts to help you remember the information you are hearing.

- When studying, walk back and forth with textbook, notes, or flashcards in hand and read the information out loud.

- Think of ways to make your learning tangible, i.e. something you can put your hands on. For example, make a model that illustrates a key concept. Spend extra time in a lab setting to learn an important procedure. Spend time in the field (e.g. a museum, historical site, or job site) to gain first-hand experience of your subject matter.
To learn a sequence of steps, make 3'x 5' flashcards for each step. Arrange the cards on a table top to represent the correct sequence. Put words, symbols, or pictures on your flashcards -- anything that helps you remember the information. Use highlighter pens in contrasting colors to emphasize important points. Limit the amount of information per card to aid recall. Practice putting the cards in order until the sequence becomes automatic.

When reviewing new information, copy key points onto a chalkboard, easel board, or other large writing surface.

Make use of the computer to reinforce learning through the sense of touch. Using word processing software, copy essential information from your notes and textbook. Use graphics, tables, and spreadsheets to further organize material that must be learned.

Listen to audio tapes on a Walkman tape player while exercising. Make your own tapes containing important course information.
The Auditory/ Verbal Learning Style

- You learn best when information is presented auditory in an oral language format. In a classroom setting, you benefit from listening to lecture and participating in group discussions. You also benefit from obtaining information from audio tape. When trying to remember something, you can often "hear" the way someone told you the information, or the way you previously repeated it out loud. You learn best when interacting with others in a listening/speaking exchange.
Strategies for the Auditory/ Verbal Learner

- Join a study group to assist you in learning course material. Or, work with a "study buddy" on an ongoing basis to review key information and prepare for exams.
- When studying by yourself, talk out loud to aid recall. Get yourself in a room where you won't be bothering anyone and read your notes and textbook out loud.
- Tape record your lectures. Use the 'pause' button to avoid taping irrelevant information. Use a tape recorder equipped with a 3-digit counter. At the beginning of each lecture, set your counter to '000.' If a concept discussed during lecture seems particularly confusing, glance at the counter number and jot it down in your notes. Later, you can fast forward to that number to review the material that confused you during lecture. Making use of a counter and pause button while tape recording allows you to avoid the tedious task of having to listen to hours and hours of lecture tape.
Use audio tapes such as commercial books on tape to aid recall. Or, create your own audio tapes by reading notes and textbook information into a tape recorder. When preparing for an exam, review the tapes on your car tape player or on a "Walkman" player whenever you can.

When learning mathematical or technical information, "talk your way" through the new information. State the problem in your own words. Reason through solutions to problems by talking out loud to yourself or with a study partner. To learn a sequence of steps, write them out in sentence form and read them out loud.
Pedagogical Strategies to enhance Student Learning

- Experiential Learning
  - Observation and reflection
  - Formation of abstract concepts
  - Testing of concepts in new situations
  - Concrete Experiences
Strategies

- Observation
- Scenarios
- Case studies
- Authentic AT experiences/hands-on learning
- Positive learning environment: encourage student autonomy; enhance student confidence
Teaching Styles

- Learning in the clinical setting is not a passive process that occurs merely through student observation.
- To maximize learning in the clinical setting, the student must be actively engaged in the process.
- To maximize the clinical learning opportunity, the student must assume the responsibility of self-directed learning and ongoing, insightful reflection on learning.
Teaching Styles

- Five essential elements in any teaching situation:
  - Comprehension
  - Transformation
  - Instructional performance
  - Reflective evaluation
  - New comprehension
Teaching Styles

- Hierarchy of learning for the psychomotor domain includes the following seven stages:
  - Distinguishing among various maneuvers.
  - Set stage in which the student actually assumes a physical position from which to engage in the skill.
  - Guided response where the student duplicates the skill(s) demonstrated by the instructor
Teaching style

- Seven stages (cont.):
  - Mechanism stage in which the student alters performance of the skill(s) in order to perform the skill correctly. Requires instructor feedback.
  - Complex overt response stage which involves the coordination of various maneuvers that will guarantee successful completion of the task.
Teaching Style

- Seven stages (cont.)
  - Adaptation stage which requires the student to change performance of the skill in order to obtain the most successful response.
  - Origination stage in which the student actually creates new maneuvers.
To facilitate learning the CI should:

- Establish a problem that will lead to a goal and endure adequate learning motivation.
- Attend to regulatory stimuli that will engage the student.
- Control the learning environment.
- Provide a real-life environment as much as possible.
Teaching Style

- Facilitating learning (cont.):
  - Effectively share knowledge with the students, in other words provide adequate instruction.
  - Afford the student(s) the opportunity to practice their skills in an appropriate environment.
  - Provide timely feedback to the student during these practice opportunities.
  - Recognize and understand one’s strengths and weaknesses.
The Effective Clinical Instructor

- Uses effective teaching behaviors (actions, activities, and verbalizations) to facilitate student learning in the clinical setting.
- Provides suitable experiences for the needs of the individual student.
- Incorporates new learning strategies and reinforces previous strategies by analyzing the individual needs of each student.
The Effective Clinical Instructor

- Must identify the level of learning of the student and adapt the level of teaching to the student’s level of learning.
- “See one, do one, and do one more.”
The Effective Clinical Instructor

- Provides appropriate supervision and leadership of the student in the clinical experience.
  - Provides information and technical support.
  - Facilitates interpersonal communication.
  - Develops competence in AT content areas.
  - Fulfills supervisory responsibilities.
  - Fosters student autonomy.
  - Provides professional models.
The Effective Clinical Instructor

- Incorporates a wide range of communication skills that are appropriate for the setting and for the individual learner.
- Uses explanations, demonstrations, and constructive feedback to bring about improvement in the behaviors during the clinical experience.
The Effective Clinical Instructor

- Uses positive responses, supportive behavior, and the willingness to assist the student with clinical and non-clinical education.
- Provides a positive and constructive learning experience.
- Captures the teachable moment by integrating the theoretical and practical educational components into real-life situations with actual patient/clients.
One Minute Preceptor

1. Get a Commitment
2. Probe for Supporting Evidence
3. Reinforce What Was Done Well
4. Correct Mistakes
5. Teach General Rules

Get a Commitment

- Encourage students to present their version of the case and their initial findings
  - Prompts:
    - What do you think is going on with this patient?
    - What is your initial assessment?
    - What is your plan of care?
    - If I weren’t available what would you do for this patient?

- KEYS:
  - accept the student’s response in a non-threatening manner
  - listen for incorrect responses that may lead to a teaching opportunity
Probe for Supporting Evidence

- Explore the student’s thought process as to what evidence or rationale led them to the decision
- “Diagnose” the learner

Prompts:
- What did you find in your exam that led you to that differential diagnosis?
- Were there any red flags in the patient’s history?
- What can you do to rule out your differential diagnoses?
- What is your rationale for choosing those modality parameters?
- Now that you have talked through things is there anything else you would like to do in your clinical exam?
KEYS:

- Encourage students to think out loud so you can assess their knowledge and critical thinking skills
- You may need to lead inexperienced students
  - “Are there any contraindications for using a heating modality with this patient?”
- Avoid leading questions that denigrate the student’s thought process
  - Example: Why didn’t you ask the patient about their pain level?
- Allow the student ample time (~1 min) to collect their thoughts
Reinforce what was done well

- By encouraging correct behaviors and providing feedback you build self-esteem
- Correct behaviors are more likely to be repeated
  - Avoid vague feedback, “you did a good job.”
  - Be specific, “you were right to consider ruling out an MCL sprain”
- May be used earlier before probing for evidence
Correct Mistakes

- Ask student to self-identify mistakes
- Specific recommendations that are behavior oriented
  - “You were right to rule out an MCL sprain, but remember that the medial meniscus could also be involved based on the mechanism of injury.”
Teach General Rules

- Don’t get bogged down in a mini-lecture

- Rules should be general so student can apply new knowledge to future cases.

- “Research tells us that early application of high volt cathodal stimulation in the first 24 hours can curb edema formation.”
Tips for Teaching the OMP

- Prepare scripts for your ACIs
  - Assists in creating realistic situations (Bowen et al, 2006)
  - Reduces anxiety about performing correctly in front of their peers (Bowen et al, 2006)

- Encourage ACIs to focus on implementing one step at a time in the clinical setting (Neher & Stevens, 2003)

- Over time, ACIs may re-order the skills or leave some out as they become more comfortable with being able to “diagnose” the learner (Bowen et al, 2006)
Assessment of the Clinical Experience

- Evaluation of the student
  - Purpose
    - Documents student’s acquisition of skills, level of ability, and progression of learning over time.
    - Provides feedback relative to instructional techniques and the quality of clinical instruction.
  - Methods
    - Clinical skill acquisition
    - Overall student performance
Assessment of the Clinical Experience

- **Purpose**
  - Establish CI effectiveness and clinical setting appropriateness

- **Evaluation of Clinical Instruction**
  - Student evaluation
  - Self evaluation

- **Evaluation of the Clinical Setting**
  - Student evaluation
Challenges in Clinical Education

- Primary responsibility is to the patient/athlete
- As responsibilities increase for pt care, student engagement time decreases
- Comprehension of students’ level of skill
- Understanding the structure of the ATEP
- Teaching abilities of ACIs
Scenario 1

An athletic training student is under your tutelage. Every afternoon you spend time with the student while the baseball coach with whom you work has team practice. Although you are able to both instruct the student and tend to the team’s needs, he is annoyed with the time you are spending with the student. How would you continue to provide the student with instruction as her ACI yet still satisfy the coach? What are the options you have? How would you determine the priority of those options? What would you communicate to the coach, the student, the clinical coordinator?
Scenario 2

- You have a student who is intelligent, skilled, and meets all the academic and clinical standards but challenges you as the ACI as well as the clinical coordinator with poor attendance, tardiness, violation of dress code, and minimal effort. What strategies would you employ to deal with this student? At what point would you engage the clinical coordinator in the problem?
Scenario 3

- You have one student among three in the athletic training clinic who apparently has difficulty relating to her peers. She comes across to you as a “know it all” who lacks the maturity and common sense of her fellow students. It seems to you that her peers resent her attitude, but none have complained to you about her. How would you determine if your observations are accurate? If they are accurate observations, how would you deal with the student?
Scenario 4

- You have recently learned that the head ATC who serves as an ACI in your ATEP is beginning to use his athletic training student as a staff athletic trainer. The student is given the responsibility of daily pre-practice preparation and coverage of practices and games (including travel). The student does not complain because she enjoys the responsibility and likes the sense of having “her own team” and being a “real” athletic trainer. What are your primary concerns? How would you handle the situation? What would be your planned approach to remedying this situation?
Scenario 5

- As an ACI for a local ATEP, you enjoy teaching students and being a mentor. This is your first experience as an ACI, and after your third year, you find it stimulating and rewarding. Because of a hiring freeze, the ATC that resigned will not be replaced for this school year, and the athletic training staff is now short-staffed. Your workload has increased and you now find it difficult to find the time necessary to give to the student. What are your options? What issues play a part of your inner conflict? How would you determine what your priorities are?
Scenario 6

- You are a first year ACI, having recently completed your master’s degree. Two weeks into the semester you notice that the senior athletic training students you are supervising are not taking the initiative that is outlined in the Athletic Training Education Policy and Procedures Manual. Develop strategies of how you would motivate your senior level students to take initiative and demonstrate leadership qualities.
Scenario 7

During your mid-year evaluation of a newly admitted student to the athletic training program, you discuss with her a situation that involved an athlete yelling at her when her ankle taping produced a blister on his Achilles tendon. Prior to this incident, the student was very confident and diligent with her taping skills. Following this incident, however, the student has demonstrated a lack of confidence and increased hesitation when taping athletes and has avoided the complaining athlete when he reports to be taped. What efforts would you attempt to increase her confidence in her taping skills?
Scenario 8

- The clinical coordinator has assigned an athletic training student to you. The student has excellent skills, reliability, judgment, and abilities, but he has an upper extremity below-elbow prosthesis. Although he is able to perform all skills required of him in his responsibilities as an athletic training student, the coaches with whom you work do not want him working with their athletes. How would you handle this situation? What issues must you consider in your decisions and how would you rank them in terms of priority and concern?
HC Policy and Procedure Manual

- Review manual