# Improving clinical education through understanding ourselves and our

Arnie Puntis. Physiotherapist Integrated Falls and Bone Health Service. St Georges University Hospitals NHS Trust

Deborah Harding. Associate Professor, Director of Workforce Development, St Georges University Hospitals NHS Trust.

Mary Jane Cole. Senior Lecturer, Department of Rehabilitation Sciences, Faculty of Health, Social Care and Education, Kingston and St Georges, University of



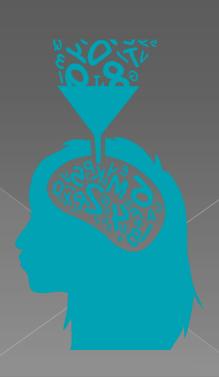
Ananthi.puntis@nhs.net



@arnie\_puntis

## Outline

- Relevance
- Background
- Activities used
- Outcomes
- Implications for practice



#### Relevance

- Value based learning- looking at our own values
- Impact our effectiveness as PEs and improve quality of our practice
- Simple and cost effective

Background: the tricky student

- Lack of effort
- Apathetic
- Lack of integration
- Not listening/ taking advice
- Talking to a brick wall
- Frustrating
- Analysis/ trying to make sense
- PE different approaches/ personalities

## Background: seeking support

- Liaised with University
- Link tutor
- Support from Deborah Harding



## Method-ideology

- Prevent dumping ground and encourage reflection
  - Ideas to encourage discussion/ reflection
  - My own reflection after this discussion
  - Open invitation
  - Not personal



## Post it notes

- Positive and negative experiences
- Reminding ourselves of our own experience as students
- Open discussion and setting the scene
- Sharing between the team
- Make it less specific to specific incident





| Positive experiences as a student   | Less positive experiences as a student  |  |
|---|---|--|
| <ul> <li>Good introduction to clinical area</li> <li>Flexibility</li> <li>Autonomy</li> <li>Patient contact</li> <li>Friendly team</li> <li>With another student that got on well with</li> <li>Sociable</li> <li>Safe learning space</li> <li>Joint teaching</li> <li>Regular supervision</li> <li>Being trusted</li> <li>Patient journey</li> <li>Part of the team</li> <li>Positive and constructive feedback from CE</li> <li>Structured</li> <li>Supported</li> <li>Enthusiastic educator</li> </ul> | <ul> <li>Not feeling included in the team</li> <li>Feeling under pressure</li> <li>Constant change</li> <li>Placement away from normal home/away from friends etc</li> <li>Thrown in at the deep end</li> <li>Criticised unfairly</li> <li>Passed around the team</li> <li>Unfriendly CE</li> <li>Hostile environment</li> <li>Too restrictive re: patient contact</li> <li>Lack of support</li> <li>High expectations from CE</li> <li>Lack of demonstration</li> <li>No time to reflect</li> <li>Unfair judgements</li> </ul> |  |
| - Positiv e feedback  |   |  |

### Postcards

- Checking what our colleagues' expectations are
- Are there differences and why could this be

## 2. Pick a postcard

| Good Student  | OK Student   | Worst Student   |
|---|--|---|
| <ul> <li>Masterpiece</li> <li>Enjoyable</li> <li>Engaged</li> <li>Getting involved</li> <li>Proactive</li> <li>Takes a chance</li> <li>Trusts educator</li> <li>Hard working</li> <li>Getting it right for lots of people</li> <li>Calm</li> <li>Can't tell who is a student within the team</li> <li>Common sense</li> <li>Can be themselves</li> <li>Problem solves</li> <li>Aware of own learning</li> </ul> | <ul> <li>Sits, listens, appears to take it on board</li> <li>"nice" not too exciting</li> <li>Following the pack</li> <li>Plodding along</li> <li>Mixed up but trying</li> <li>Conscious and trying</li> <li>Passiv e</li> </ul> | <ul> <li>No effort</li> <li>Having to carry them</li> <li>Lack of understanding</li> <li>Copying</li> <li>Hitting head against a brick wall</li> <li>Rabbit in headlights</li> <li>Disengaged</li> <li>Doesn't care</li> <li>Needing a lot of input but not getting much back</li> <li>No initiative</li> </ul> |

### Maslow

- Student wants to have a positive experience
- If this doesn't happen, think about what else could be going on?
- Drawing on our specific clinical setting

3. Maslow's Pyramid

student fulfilling potential/ self actualisation

constructive feedback, reflective practice, positive, time and space to try, learning styles, OK to make mistakes

Self-fulfillment Selfactualization: needs achieving one's full potential, including creative activities Esteem needs: prestige and feeling of accomplishment Psychological needs Belongingness and love needs: intimate relationships, friends Safety needs: security, safety Basic needs Physiological needs: food, water, warmth, rest

inclusion, good introductions, team, relationships, knowing who is who

lone worker, contact list, aggressive patients, travelling, getting lost, time management, unsafe houses, ostracized

office environment, toilets, water, hot desking, lunch breaks, staff room

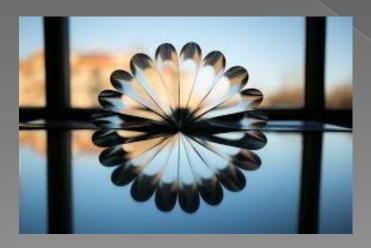
## Key Learning from 3 activities

- Team expectations vs. university criteria
- Why we love our job might be a reason students dislike it
- OK to be OK
- Students don't need to be like us



## Implication

- Feedback from practice educators
- For our team- change to our induction and expectation document
- For others- presentation at Practice Educator Day, shared experiences



### Evaluation

- Holding key themes in mind
- Planning variety of different learning experiences
- Getting to know student on personal level
- Acknowledging student's choices
- Positive attitude towards students within the team
- Changed expectations of students

### Conclusion

- Value based learning
- Simple of cost effective tools
- Improving quality of practice education by understanding our own values and

beliefs

