Lost in Translation:
Finding a Common Language in Clinical Placements

Lisa McQueen, M.H.Sc.
Speech-Language Pathologist (C) Reg. CASLPO

Sucheta Heble, M.A., M.S., CCC-SLP
Speech-Language Pathologist Reg. CASLPO

ASHA San Diego, November 2011
Functional Programs:

**Neuro Rehab** (Acquired Brain Injury and Stroke + CIOR; inpatient and outpatient)

**Geriatrics** (inpatient, geriatric psychiatry+ outpatient)

**Musculo-Skeletal** (multiple trauma)

**Spinal Cord Rehab**

**Cardiac Rehab**

**Long Term Care/Low Tolerance Long Duration**

**Research:** iDAPT
Speech-Language Pathology @ Toronto Rehab

• 18 SLPs: 14 FT; 4 PT
• 1 Communication Disorders Assistant (CDA)
• Swallowing Research Lab
• Research Scientist
• 2 Research Assistants

13-17 M.H.Sc. SLP students per year; 2 - 4 CDA students per year
Placements are 8-10 weeks in length, 5 days per week

www.srrltri.ca
• Identify situations that can negatively impact learning during placements
• Describe 2 things you can do to help manage supervisor/student communication breakdowns
• State at least 2 techniques that can assist with teaching counselling skills
• Appreciate personal barriers to teaching counselling skills

SLP Student Orientation Program
http://whatconsumer.co.uk/seed-germination-often-impossible
Pre-Placement Preparation....

1. Biggest fear/concern
2. Things a supervisor can do that negatively impact your learning
3. Things a supervisor can do that positively impact learning
4. Commit to ONE objective that you think will maximize your learning
Orientation: Why Bother?
And the literature says....

...enhance learning by helping students to feel they fit in, reduce anxiety and increase motivation to learn through early identification of learning outcomes. (Worrall, 2007)

...ease the transition for students, which can positively impact learning (Mayhew, Vanderlinden and Kim 2010)

...socialize newcomers and increase their knowledge, skills and abilities. (Acevedo and Yancey 2011)

...a well oriented employee will approach a new job with heightened confidence and feel appreciated by the firm, which can result in greater commitment. (Cirilo and Kleiner 2003)
The SLPs agree: “orientation is a good idea!”

- 71% more willing or much more willing to supervise students knowing they will have completed a formal orientation.
- 100% feel that the orientation session has value for students as well as supervisors.
  - “I feel it bridges the gap between the student and the CE, and it makes for a better, more positive learning environment.”
  - “Equally valuable for the students--gives them a forum to voice concerns at the outset, and for them to know expectations of the placement in general.”
A quick snapshot of our Orientation Program:

- Overview of mission and vision/introduction to facility
- Safety (Emergency Codes, Infection Control, Videofluoroscopy)
- Introduction to charting
- Administrative tasks
- Tour of units
- Confidentiality policies
- Counselling in the neurogenic population
- Professionalism
- The “informal curriculum”
- “How to get the most out of your placement”
Why look at Counselling?

• Counselling: an important clinical skill for SLPs
• Many SLPs feel inadequate in role of providing counselling (Holland, 2007, Luterman, 2008)
• SLPs also less confident in instructing counselling skills to their students
Counselling Project-Toronto Rehab

- Toronto Rehab SLPs designed a counselling project

- Pre and post surveys were collected. SLPs collectively revealed less comfortable/confident in student instruction of counselling

- Our hypothesis was that students, would, in turn, feel less confident in their counselling skills
Counselling Module Development

• How do we translate the softer skills into a form of clinical instruction?
• Counselling module was created for SLP students
  – Included pre and post surveys
  – Case discussions
  – Counselling reflections: forum for ongoing dialogue with Clinical Educators (CEs)
  – Reference list
Student counselling surveys

• Surveys: Collected from 2009 - 2011
• Developed a 5-point Likert scale with strongly disagree to strongly agree ratings
• Two open-ended questions were also provided:
  – Tell us areas of counselling you are concerned about
  – What other areas are you interested in further developing?
• Surveys collected before and after 8-week long clinical placements
  – Pre surveys: 27/27 students (100% response rate)
  – Post surveys: 21/26 students (81% response rate)
Students’ concerns re: counselling prior to clinical placements

• Providing appropriate responses to the situation
• Counselling during emotionally charged situations
• Delivering “bad news” to the patient/family
• Lack of clinical experience and ↓’d confidence
• Areas of concern = concerns of SLP group
Case study discussions

- Students were presented with 6 clinical case scenarios put together by SLPs
- Students asked to think about their approach with the client/family
- Examine their thought processes—how to respond?
- Barriers?
Counselling Reflections

- Was counselling part of this session?
  - If yes – describe the situation (What happened? What did you do? How did the patient react?)
  - If no – describe the situation (Did you miss a chance for counselling? Did you do something other than counselling – Advice giving? Coaching?)

- What can you take from this session that you may be able to apply to future sessions with this client (or other clients)? Think about what went well and what you may have done differently.
Student survey results

Percentage of student positive responses

N = 27 (pre), N = 21 (post)
What worked?

• Shared practice

• Increased self-awareness

• Greater willingness to take risks and make mistakes—both students and their clinical supervisors!
PROFESSIONALISM
That's not my job.
You think I’m kidding?

- Putting on lipstick during a feedback session
- Arriving late to work but coming in with a coffee and muffin
- “like I don’t get enough of those handouts in class..”
- “I don’t want to work with that patient, he’s boring”
- Agreeing to provide private therapy
- Presenting assessment results without consultation with CE
- Falling asleep during meetings/conferences
- Excessive crying
- Consistently unprepared for sessions
- Complaining about working later than CE
- Complaining to other CEs about current CE
- Not giving “space”
- Asking the same question more than 3 times (we think you didn’t listen to the answer!)
Professionalism in the Literature:

- Lack of professionalism is a problem because it’s not explicitly taught, we have a “high tolerance for it” and we “don’t talk about it.” (Bryden, Phil, Ginsburg, & Kurabi, 2010)

- Sometimes students perceive lapses of professionalism where supervisors do not.
  - We may miss opportunities for “shaping” students’ developing professional judgement if we are not tuned in to their perceptions. (Ginsburg, Regehr, Stern & Lingard, 2002)
Professionalism in the Literature:

“Erosion of professionalism”
Approaches that promote self reflection can lead to increased professionalism
(West and Shandifelt, 2007)

Idea for managing poor self awareness?
(Regher, 1996)
The power of the “hidden curriculum”

“...a great deal of what is taught and most of what is learned (in medical school) takes place not within the formal course offerings but within medicine’s hidden curriculum...”

(Hafferty, 1998)
Supervisors may teach the REVERSE of some intended values.

Students may not learn intended values because they are not getting consistent messages about values they are expected to learn! (Stern, 1998)
YOU can Contribute to the Hidden Curriculum – (Positively!)

“Every time we make a choice – react or don’t, repeat unprofessional behaviours or seek out more admirable ones – we are feeding something back into medical culture.”  (Gaufberg, Batalden, Sands & Bell, 2010, p. 1715.)
YOU can Contribute to the Hidden Curriculum – (Positively!)

• Seek out positive role models – be one yourself!
• Recognize the power of *intentional* role modelling
• Be a nosey interpreter
• Nurture relationships
• Increase transparency
• Focus on patient-centred learning opportunities

(Cruess, Cruess & Steinert, 2008, Gaufberg et al, 2010)
Also worth discussion:

The worst mistake anyone can make is being too afraid to make one.

Good advice!

YOU GOTTA HAVE GOALS
Plans going forward

- **Evaluation**
  - Counselling module
  - Orientation program as a whole

- **Refining the session**
  - Consider new corporate orientation

- **Enhanced emphasis on learning objectives**
  - “think-pair-share”
  - Input from clinicians
To wrap up...
Your Action Plan!

• Write down **ONE** thing you will do differently during your next clinical placement experience
  – To facilitate counselling skills
  – To minimize communication breakdowns
  – To positively contribute to learning
Thank you!

- to our students who have participated in the orientation programs from 2009-2011.
- to Beverly Ho, Sarah Hori and Dulcinea Lau for videotaped interviews.
- to all of the SLPs at Toronto Rehab who have contributed their time, energy and commitment to student education!
- to The Centre for Faculty Development: University of Toronto/St. Michael’s Hospital (http://www.cfd.med.utoronto.ca)