

**THE UNIVERSITY OF AUCKLAND**  
Te Whānau Whānanga o Tāmaki Makau Rau  
NEW ZEALAND

**Wintec** | **Te Pūkenga**

**AUT**  
TE WHĀNANGA ARONUI  
O TĀMAKI MAKAU RAU

## Physiotherapy Clinical Supervision Introduction Workshop

Presented by: Sarah Bonham-Lloyd – AUT

Acknowledgement of contribution to slide development from Sarah Butler, Lisa Blaikie, Eti Televave, Kate Waterworth, Naaz Shaikh, Liz Aubert, Laura Holder

1

**AUT**  
TE WHĀNANGA ARONUI  
O TĀMAKI MAKAU RAU

**UNIVERSITY OF AUCKLAND**  
Whānanga Taumata Rau  
NEW ZEALAND

**Wintec** | **Te Pūkenga**

**UNIVERSITY OF OTAGO**  
Centre for Health, Activity, and Rehabilitation Research  
School of Physiotherapy

**Catherine Ferguson**  
Clinical Coordinator  
[catherine.ferguson@aut.ac.nz](mailto:catherine.ferguson@aut.ac.nz)

**Marie-Claire Smith**  
Clinical Programme Lead  
[m-c.smith@Auckland.ac.nz](mailto:m-c.smith@Auckland.ac.nz)

**Laura Stratton**  
Clinical Programme Lead  
[Laura.stratton@wintec.ac.nz](mailto:Laura.stratton@wintec.ac.nz)

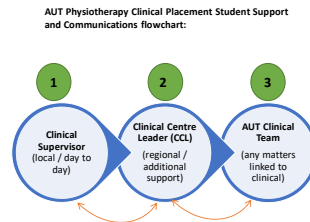
**Chris Higgs**  
Clinical Programme Lead  
[chris.higgs@otago.ac.nz](mailto:chris.higgs@otago.ac.nz)

**Sarah Bonham-Lloyd**  
Clinical Programme Lead  
[sbonham@aut.ac.nz](mailto:sbonham@aut.ac.nz)

2

### Key People: Clinical Centre Leader (CCL)

- Arrange placement allocations
- Supporting students **AND** supervisors
- Professional Supervision
- Facilitate supervisor training
- Moderation to ensure consistency
- Problem solving
- Getting involved sooner rather than later for a struggling student



3

3

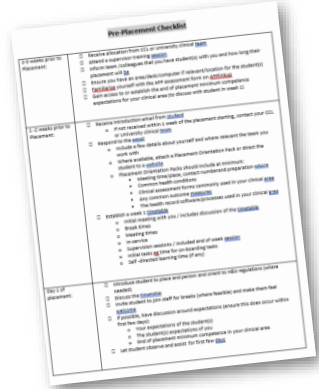
### Clinical Overview of Physiotherapy programmes

	AUT (BHSc)	University of Auckland	Te Pukenga / Wintec	University of Otago
<b>Year 1</b>	Observation in a community-based setting	<b>1 x six-week</b> MSK placement		Health Sciences first year
<b>Year 2</b>	Patient labs (across semester)	<b>4 x six-week</b> clinical placements in a range of environments	<b>1 x 3-week</b> Introductory placement	Group based hospital/ clinic sessions
<b>Year 3</b>	Patient labs (across semester), Simulated patient actor sessions (SIM) <b>1 x 2-week</b> Clinical Assistantship		<b>2 x five-week</b> clinical placements in a range of environments	Group based hospital/ clinic sessions
<b>Year 4</b>	<b>3 x eight-week</b> clinical placements in a range of environments		<b>2 x eight-week</b> clinical placements in a range of environments	<b>4 x six-week</b> clinical placements in a range of environments

4

## Introductions: pre-placement

- Pre-placement checklist
- Orientation/ Induction / Placement preparation pack ?
- Create a week 1 timetable



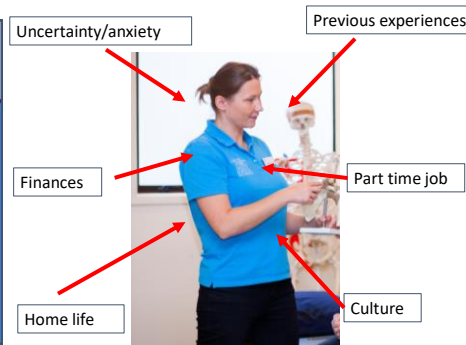
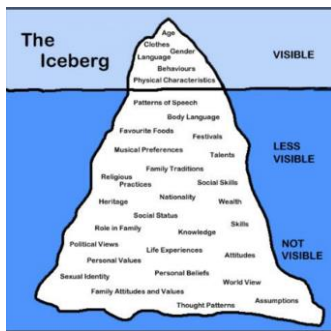
5

## Expectations: consider yours pre-placement

**EXPLICIT EXPLICIT**

- What do you expect of students?
- What do you think students expect of you?
- How clear are these expectations to both of you?
- Discuss your expectations e.g. sick leave, break times, timetable etc (establish ground rules)
- What do the *requirements of the learning outcome* mean in your clinical context/environment?
- Observe and guide students by familiarising them with your practice, management processes, tasks, techniques, documentation etc.

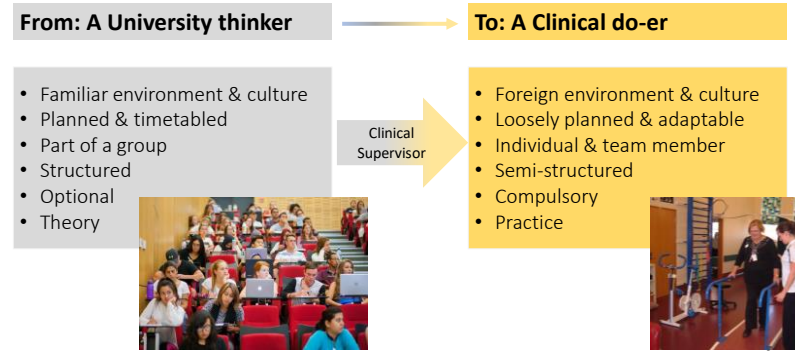
6



## Timetable: Getting to know each other

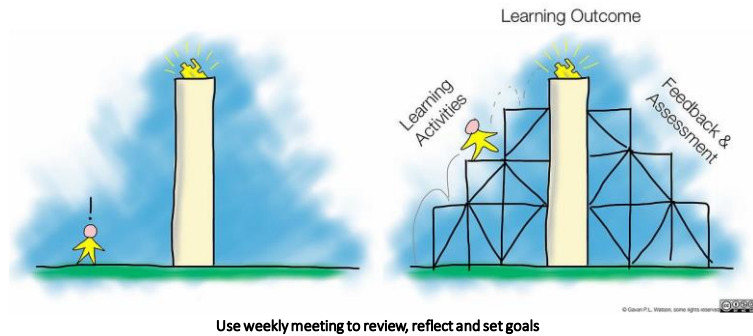
7

## Expectations: period of transition



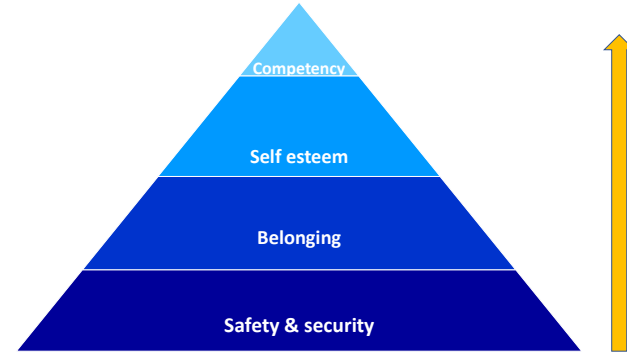
8

## Scaffolding learning



9

## Scaffolding learning: Ascent to competency



Appendix B

Adapted from Maslow's Hierarchy of Needs, 1957

10

10

## Scaffolding learning: Placement timeline

	1-2 weeks pre Placement	Week 1	Weeks 2-3	Week 4	Weeks 5-6	Week 6-8
Theme	Prepare	Orientate	Learning	Mid-way (formative)	Developing competence	Final APP
Formal tasks	Email Establish weekly timetable	Weekly Meeting	Weekly Meeting	Weekly Meeting Mid-way feedback	Weekly Meeting AUT: Case presentation	Weekly Meeting Final assessment

11

## Scaffolding learning: through placement

- **Choose teaching moments**
  - Feedback: In action / after action
  - Agreed rescue signal
- **Graded exposure**
  - Demonstrate
  - Do together / part-task - where they **can achieve** and build on those
- **Build confidence**
  - Identify less complex presentations or part presentations at first
  - Reassure you felt like this too.
- **Use weekly meeting to review, reflect and set goals**



12

## Scaffolding learning: Clinical Reasoning

### Why we do what we do

- Many ways to do this
  - novice vs experienced
  - learning through making mistakes.



13

## Strategies to support clinical reasoning

Physiotherapy Problem	Analysis/evidence	Goal/aim	Treatment plan / MDT	Progression
<i>Identify the physiotherapy relevant problems from the subjective and objective information gathered. What other health or social problems can be identified?</i>  <small>This column can also be divided into 3 (structured using the ICF model - (relevant to your area of practice):                      Impairments / activity limitations / participation restrictions.</small>	<i>What information is the evidence for the identified problems? What has 'caused' this problem to be evident (how does this influence the prioritisation for each problem)? Is the problem an impairment, an activity limitation or a participation restriction?</i>	<i>What are the broad aims for the identified problem (in practice, these would help develop SMART goals in collaboration with the patient and their whanau/carers)? What is the discharge planning for this patient?</i>	<i>Plan physiotherapy treatment to meet the aims. Which problem needs to be prioritised first, second etc? Does this plan require collaboration with other health professionals? What is the role of other health professionals?</i>	<i>How might the physiotherapy treatment be progressed? What would the criteria be to discharge this patient from physiotherapy? Will this patient require physiotherapy or other health or social services following discharge from acute care?</i>

14

14

## Strategies to support clinical reasoning

Think Aloud	Bridging	Query vs Quiz
Supervisor and/or student <b>"thinks aloud"</b> while analysing assessment findings or formulating a treatment session, etc.	<b>Ask questions and deepen knowledge until you get to a gap</b>	<b>Query</b> "I am wondering what you think the options in this case may be?"  Implies 'open' response.
<b>Useful for supervisors to model at the start of placement.</b> Can reinforce knowledge and clinical reasoning processes as well as highlight any gaps/errors	When you reach the gap provide a bridge... <b>the answer</b> ... this can then lead on to a patch where they can again contribute.	<b>Quiz</b> "What are the options in this case"?.  Implies there is a 'right' response.

Higgs, Jones, Loftus & Christensen, 2008

**Consider the patient/setting – when/where is an appropriate time to facilitate clinical reasoning?**

15

15

### Giving feedback & communication

- In action:
- Think of a time when you have received feedback on what you are doing at the time of the event?
- What worked for you?
- What was have you received feedback which you haven't like?



16

16

## Feedback: B.U.I.L.D

### B.U.I.L.D

B ehaviour

U nderstand

I mpact

L isten

D iscuss / do  
differently

## 4 Ways to Give Constructive Feedback

- 1 **BE SPECIFIC**  
If you're vague, your feedback can be misunderstood, and your employee may continue making the same mistakes.
- 2 **BE TIMELY**  
Give prompt feedback at the most suitable moment, while the incident is fresh in mind.
- 3 **BE POSITIVE**  
For any negative feedback you give, you need to give positive feedback.
- 4 **BE UNDERSTANDING**  
Discuss with your employee about the cause of the mistake and what he or she could have done instead.

17

## Questions:

1. There is something which is a little concerning about my student which I can't quite pin point and it is only week 2
2. My student was 10 min late this morning but normally on time
3. I can't seem to get my student to take initiative to use their spare time without asking me questions
4. My student often looks fatigued and appears uninterested in this area of practice
5. We have completed the midway assessment and while they have not achieved a '2' for everything on the APP, but are likely to progress ok.

19

19

## When should you seek support?



18

## When things are difficult for students:

Student may come across as:	Common problems or blocks
<ul style="list-style-type: none"> <li>• Distant/detached</li> <li>• Have difficulty communicating</li> <li>• Seem all over the place or freeze</li> <li>• Lacks connection</li> <li>• Arrogant</li> </ul>	<ul style="list-style-type: none"> <li>• Feeling rushed/overwhelmed/fatigued</li> <li>• Feeling an outsider</li> <li>• Fear of failure or mistakes</li> <li>• Communication difficulties</li> <li>• Your relationship</li> <li>• Lack of expectation setting</li> <li>• Stress</li> <li>• <b>Cognitive overload</b></li> </ul>

20

## Common challenges for students:

- Multiple supervisors
- More than one area of work
- Lack of space in the office /tea room /work area
- Lack of resources (time/computers/vehicles)
- Patient choice
- Supervisors confidence and past experiences

21



22

## Questions: TRUE or FALSE

1. As the supervisor, you need to countersign every set of clinical notes your student writes
2. It is ok to ask for consent with the student present
3. I can send my student off with a sports team on their own at the weekend as long as I have given a thorough hand over and make myself available over the phone.
4. A students well being remains the responsibility of the University
5. All aspects of patient care delivered by a student is the responsibility of the supervisor
6. You don't need to be physically present in the same location when charging ACC for physiotherapy treatment

23