

# Integrating a Learner into a Busy Practice Setting: Tips for Success

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If one thing is certain in life, it is that your workplace (hospital, clinic, etc) is a **BUSY** place. Managed care and other changes are making it even busier. At the same time, your setting is an increasingly **valuable** site for training future PT/PTA professionals and so there is high pressure to make room for students. How can you integrate these learners into your practice while maintaining your sanity and your bottom line? The purpose of this article is provide some helpful hints and also to encourage clinical instructors to SHARE what has worked for them.

## Five Steps to Integrating Learners Into the Busy Practice

As you work to integrate learners into your practice, there are five steps to consider:

- 1) orienting the learner to your practice,
- 2) encouraging patient acceptance of both your learners and your practice's role as a teaching facility,
- 3) adapting your patient schedule when working with a learner,
- 4) keeping the flow going, and
- 5) finding time to teach.

### Orientation

The learner usually arrives first thing on a Monday morning to a busy office, often after you have had a busy weekend. Without a clear orientation process, it can take days or even weeks for learners to figure out the basics of how the practice operates! Taking the time at the very start of the rotation to instruct learners in these areas will pay off in increased efficiency throughout the rest of the rotation. It is also an excellent way to be sure you and the student are "on the same page" regarding expectations for performance, pace/progression, goals, etc. The entire orientation does not have to take place during one "sit down" meeting on day 1, but consider keeping a checklist of the following conversation prompts to be sure you've covered all bases during down time moments over the course of the first few days:

- **Orientation to the practice:** student's work space, suggested materials/supplies to bring, dress code, hours/schedule for typical work day, parking, lunch or other breaks, policy regarding cell phone use, introduction of clinic staff and roles, expected learning opportunities, unique/special learning opportunities, pertinent department or facility policies, what to do in case of illness/missed clinic day, documentation/billing policies and processes
- **Learner's perspective**—prior clinical rotations, previous degrees/work experience, physical therapy personal experiences, learning style, prior positive and/or negative experiences with learning, learner perceived strengths and weaknesses, what the learner most excited about/nervous about, the student's goals/objectives for first day/week/rotation
- **Clinical Instructor's perspective**—your expectations regarding progress over the course of the rotation, insights into your teaching style, your "pet peeves" (what's really important to you), common things previous students struggled with in this setting, suggestions for "homework" to prep for success in this setting, insights into your own clinical rotation experiences (as a student) including your own areas of weakness that you were able to overcome, your style for delivering feedback/constructive critique, your preferences for how the student should communicate concerns/requests to you, your goals for the student for first day/week/rotation

### Patient Acceptance

Many clinicians who are thinking about having learners become a part of their practice are concerned about how their patients will respond to the presence of the student. The majority of patients enjoy and benefit from the presence of learners. You can take several steps to assure this positive reaction and prevent potential problems with your patients.

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For example:

- **Hang a notice in the waiting room** indicating that your clinic/practice is a teaching site and inviting patients to welcome the incoming student (include a picture and some brief biographical info on the sign)
  - Check with patients to **make sure they are willing to be seen by a student** (or make sure the student asks before beginning a patient encounter). Make sure both the patient and the student understand that it is acceptable for the patient to decline to be seen by the student and the student should not take this personally.
  - Review the schedule at the start of the day with the learner, and indicate which patients would be **particularly good for the learner to see** and which patients prefer not to be seen by learners.
  - **Identify patients with interesting physical findings** and let the patient know how useful this is for learners to see or hear. Some patients will point out such a finding with future learners and begin to instruct them on how to examine it.
  - One teaching practice emphasizes the patient's role as teacher by having each **patient fill out an evaluation of the learner**; questions ask about the learner's friendliness, interest in the patient and listening skills, knowledge, overall care, and whether the patient would be willing to be seen by future learners.
  - **Thank patients** (and make sure the student thanks the patients) for their involvement in teaching the learner.
- Schedule a block of time (half-day for example) for the learner to **work with staff in a different department** all together (rounds with a wound care nurse, observe a surgery, team meetings with case manager, etc) Learners often report that this exposure enhances their appreciation for the other staff's roles and responsibilities.
  - Schedule time for the student to participate in activities that **don't require your direct supervision** (such as data collection/research). Examples: chart reviews for data collection related to ongoing performance improvement plan or to collect outcomes data for evidenced based practice research; literature review on best practices for a given diagnosis or impairment, chart review/PT evaluation review to scavenger hunt for particular findings (find 10 references to special test results and be prepared to discuss... find most current lab values on 10 of our patients and be prepared to discuss), have student prepare patient education materials or clinical inservice.

### Keeping Things Moving

Keeping things moving along while teaching in a busy practice is a vital and ongoing challenge. Several measures can help prevent you from getting too far behind in the schedule.

- The learner **does not have to see every patient**. You can go over the schedule in advance and indicate which patients the learner should see. This allows you to select the most appropriate patients and fit in some time for the learner to write notes and look things up – and time for you to see the rest of the patients.
  - Or you can **develop a pattern**: you see a patient while the learner sees another. After you finish with your patient, you review the learner's patient with him or her. See a third patient while the learner writes his or her note. Then start the cycle again.
  - Even if the learner is not seeing all the patients, you can still **pull him or her in briefly** for interesting findings or appropriate procedures. Encourage your coworkers to grab the learner from time to time for interesting cases. This can give you a brief break and enhance the learning for the learner.
  - Sometimes preceptors slow things down by trying to get too much teaching in between patients. Using focused teaching techniques such as the **One Minute Preceptor** can make efficient use of the time.
- ### Scheduling
- Research has shown that the presence of a learner in a practice can increase the workload by as much as 45 minutes per day. CIs address this issue in different ways: some see the same number of patients and have a longer work day, others see fewer patients or schedule different kinds of appointments when working with a learner. Some ideas for time management include:
- Some preceptors **block out one or more appointment spots** on their schedule (each day or spaced intermittently over the course of the rotation) when they are working with a learner. This can be used as teaching or catch up time.
  - Schedule blocks of time periodically for the student to **work with another practitioner** in the department. This can give you a break and some time to catch up. – although one person still needs to be identified as the primary CI for purposes of continuity and evaluation.

## ***What do you do if you get way behind schedule?***

- It is okay to tell the learner to work on his or her documentation, or to read up on something until you get your head above water. NOTE: This works best if you have informed the learner in advance that this happens from time to time, so that it is expected and they know to keep themselves occupied while you catch up.
- If you have a **slower learner** who is taking 45 minutes to perform some basic treatment techniques, you can set strict time limits: "You have 15 minutes to get some measurements of strength and ROM and after 15 minutes come out with whatever you have."
- Often learners struggle with **efficiency with documentation**. This is often because they try to write too much (everything that was said and done). Consider taking away pen/paper having the learner first verbally summarize the treatment session. Another option is to give a very small note pad to the learner and require that he or she only use one sheet per patient.

## **Teaching Time**

Being a CI is supposed to be about teaching, but sometimes it is difficult to find the time or energy to get much formal teaching in. Recognize that there is a tremendous amount of experiential learning that occurs in your practice (just the act of observing you "do what you do" **is teaching**). At the same time, you want to optimize the formal teaching that you do.

### ***While seeing patients:***

- It can help to use specific efficient teaching techniques such as the ***One-Minute Preceptor***.
- In discussing a patient's case, briefly **highlight one or two things** and get back to other aspects of the case later, as time permits.
- Sometimes when you do have a moment for teaching, it is hard to recall pertinent topics. **Jotting a note** on the border of your patient care schedule or keeping a note card in your pocket can help you keep track of teaching points to make or feedback which you need to share with the learner. Likewise, you can encourage the learner to keep a notebook to record questions and issues to discuss at later times.

### ***Finding time to review:***

- Spending a **few minutes at the end of the day** or half-day reviewing the list of patients seen gives you an opportunity to review or solidify teaching points made earlier in the day.
- **Lunch time** works well for some CIs. Discussion of the morning cases over lunch can serve the dual purpose of nourishing the mind and insuring that you get your lunch.

Beware of confidentiality issues if you lunch in public places.

- **Travel time** to and from facilities, patient homes, departments can become a routine time for teaching and feedback.

### ***Other means of providing teaching:***

- Many CIs **have the learner review a topic** and present it to them the following morning. The topic can be based on a case seen that day or on a patient scheduled for the upcoming day. Set a specific time limit (5 minutes) and format for the presentation, and be sure that you give the learner a chance to present what he or she has reviewed. By having the learner do the research, you save yourself some time and also foster more active learning for the learner.
- For your five or ten most common teaching topics, you might want to **collect readings** or dictate your talk and keep these materials in a folder that your learner can readily access.
- Reflect on your teaching: ask yourself and your learner what teaching approaches you have used, **whether they were effective** or not and why, and what – if anything – you might do differently next time. Doing this exercise regularly throughout the rotation (for a few minutes every few days) will help reinforce your good teaching habits and give you time to try alternatives to less successful strategies

While you can get "bogged down" by trying to integrate too much teaching every day, not setting aside any time for teaching will also result in adverse outcomes. It can help to proactively set aside some time for teaching each day. Focus on brief teaching points as you observe learner-patient encounters and respond to case presentations during the day. And keep notes, or have your learner keep notes, to remind you about longer teaching issues you can cover at the designated teaching time. Encouraging your learner to seek knowledge from other sources as well promotes his or her active learning and relieves you of some teaching time

As clinical instructors, you are balancing learner training with patient care. Undertaking these two tasks does not have to result in twice the workload. The challenge – and reward – of community-based precepting is in integrating teaching and patient care in synergistic ways that enhance each task and **keep your work stimulating and your workload manageable.**