



Clinical Education in Paediatric Therapy Settings

Office of the Provincial Paediatric Therapy Recruitment and Retention Coordinator

March 2010

Table of Contents

Benefits of Providing Clinical Education Opportunities	4
Support for Clinical Educators	
UBC OT Clinical Coordinator and Resources	6
UBC PT Clinical Coordinator and Resources	7
UBC SLP Clinical Coordinator and Resources	8
Alternate Models of Supervision	9
Sample Site Objectives in Paediatric Therapy Settings	10
Strategies for “Down Time”	19
Strategies to Increase Direct Therapy Opportunities	20
Other Placement Activities	21
Useful Web Links and Resources	22
References	23

Introduction

There is little argument that stepping forward to be a clinical educator for a therapy student is a big commitment, and large caseloads and a shift to community-based practice make the decision even more daunting. However, as a large portion of our current paediatric therapy workforce moves towards retirement (PABC, 2007; BCASLPA, 2007) there is a need to ensure a continued flow of therapy graduates who choose to enter a career in paediatrics. The UBC OT, PT, and SLP training programs do a fantastic job of exposing paediatric practice to students, and when these students demonstrate an interest in a placement in paediatrics it's essential that there are placements and clinical supervisors available.

All three training programs at UBC have dedicated clinical coordinator positions that provide a great deal of support and resources for therapists who step forward to become clinical coordinators. The Office of the Provincial Paediatric Therapy Recruitment and Retention Coordinator (PPTRRC) has created this document to expose paediatric therapists to some of the benefits of taking a student, and link therapists with the considerable resources available through the UBC training programs. The intent is to increase the availability of paediatric therapy placement opportunities for UBC OT, PT, and SLP students, so that every student interested in paediatrics has the opportunity to experience such a placement.

Benefits of Providing Clinical Education Opportunities

Recruiting therapists into paediatric positions can be a challenge, particularly for rural and remote communities. The literature suggests that providing clinical education opportunities can be an effective strategy and valuable component of a multi-faceted approach to recruitment.

Crowe and Mackenzie (2002) found that fieldwork placements influence future practice areas of OT students in Australia. In addition, a recent investigation by a group of UBC OT students demonstrated that the majority of MOT graduates from 2006 and 2007 accepted entry level positions matching characteristics of their fieldwork placements. In several cases the graduates ended up accepting a position at an agency where they had completed a clinical practicum. Barney, Russel, and Clark (1998) also demonstrated that students who have had positive experiences during a placement were more likely to apply for vacant positions at that agency post graduation.

Another benefit of providing clinical education is that fieldwork placements often reduce the time and costs associated with training new employees (Thomas et al, 2007, Feruson and Ruggiero, 2000).

A document compiled by Andrew Neale and published in OT Now in 2003 outlines several of the benefits of being a fieldwork educator, some supported by the literature. Cohn and Froun (1988) found that fieldwork educators reported that they had to constantly “transform theory into practice” when explaining their working practices to students. Therapists found this process beneficial and at times enlightening. Other benefits include the opportunity to create and improve links with the therapy professional training programs, bringing in new ideas to your workplace, the development of your personal teaching skills, and the professional development and sense of achievement reported by clinical educators.

Clinical supervisors also have the opportunity to apply to become clinical faculty members of the UBC Department of Occupational Science and Occupational Therapy, the UBC Department of Physical Therapy, or the UBC School of Audiology and Speech Sciences. Some of the advantages to becoming a clinical faculty member include:

- Free UBC email account
- Access to the UBC Library (the second largest medical library collection in Canada)
- Educational pricing on software at the UBC Bookstore
- Decreased rates on all UBC-sponsored CME courses and access to professional development through “TAG” (the centre for Teaching and Academic Growth) and other UBC departments
- Free faculty development courses
- Travel Program benefits (e.g., university rates on car rentals, hotels, airport parking)

- Deals at UBC attractions such as the Botanical Gardens and Museum of Anthropology
- Certain privileges at affiliated universities (UVic & UNBC)

Visit the schools' websites for further information regarding the benefits of becoming a clinical faculty member and the process for applying.

Please note - UBC Faculty of Medicine policy may be changing in the near future to require all clinical educators to become clinical faculty members.

Support for Clinical Educators

The UBC health professional education programs each have a clinical coordinator responsible for matching students to practicum opportunities, and supporting clinical educators. The clinical coordinators for each program have a range of resources to support clinical educators, and offer workshops to help therapists acquire the skills and knowledge necessary to be an effective educator.

The UBC Department of Occupational Science and Occupational Therapy

Clinical Coordinator: Donna Drynan

Clinical Associate Professor & Academic Fieldwork Coordinator
UBC, OS&OT Department
T325 - 2211 Wesbook Mall
Vancouver, BC V6T 2B5
604-822-7415
donna.drynan@ubc.ca
www.ot.med.ubc.ca

The UBC OT website is an extensive resource for clinical educators:

http://www.ot.med.ubc.ca/clinical_community_2602/fieldwork_education.htm

Included links:

Workshops

Document about Workshops

UBC Documents

Fieldwork Site Manual - 2009

Site Accreditation Document- Canadian Guidelines for Fieldwork Education in Occupational Therapy

Becoming a Fieldwork Educator (brochure)

How to become a Fieldwork Site (brochure)

Evaluation Documents

OT Evaluation Tools (forms)

Teaching Tips

Tricks and Tips - The Twelve Roles of Educators

Tricks and Tips- Effective Clinical Educator Tips

Tricks and Tips - Clinical Teaching

Tricks and Tips - Fostering reflective practice in students

Tricks and Tips - Giving Feedback
Tricks and Tips - Learning Objectives
Tricks and Tips- 10 Reasons to Take a Student
Tricks and Tips - Asking Effective Questions
Tricks and Tips - Having 2 students at once
Tricks and Tips - Interprofessional Education
Tricks and Tips - Orienting Students to the Learning Experience
Tricks and Tips - Students First Placement

Models of Fieldwork Education

Models of Fieldwork - 1 Student to 2 Therapists
Models of Fieldwork - 2 Students to 1 Therapist
Models of Fieldwork - Full-time Student to Part-time Therapist
Models of Fieldwork - The Group Model
Why Have a Student in Private Practice

The UBC Department of Physical Therapy

Clinical Coordinator: Sue Murphy, ACCE,
Department of Physical Therapy,
University of British Columbia,
212 - 2177 Wesbrook Mall
Vancouver, BC
V6T 1Z3

Tel: 604-822-7413
Fax: 604-822-1870
Sue.murphy@ubc.ca

The UBC PT website has an extensive section on clinical education:
http://www.physicaltherapy.med.ubc.ca/faculty_staff/clinical_education_home/clinical_education_information.htm

Included links:

WORKSHOPS

It is highly recommended that those who will be hosting a student attend a clinical educator's workshop. These workshops will provide you with more information about the MPT program and the academic preparation of students as well as some strategies, ideas and tips for setting up your placement experience.

Workshop Calendar of planned workshops throughout the year.
Information on the workshops variations we offer, **click here**.

If you do not see a workshop scheduled for your area or would like a customized workshop for your site, please contact the Department: carolyn.andersson@ubc.ca

DOCUMENTS

[Clinical Education Manual](#)

[UBC Student Placement \(Affiliation\) Agreement \(sample\)](#)

EVALUATION FORMS

[CPI \(Clinical Performance Instrument\)](#)

[Evaluation of the ACCE by Clinicians and Managers of Clinical Sites](#)

[Summative Evaluation of the Placement](#)

INTERNAL RESOURCES

[Optional Activities during Placements](#)

Suggestions for both Educator and Student -- a list of ideas and activities for any down time during a placement.

[Textbook List 2009-2010](#)

UBC School of Audiology and Speech Sciences

Clinical Coordinators:

Lisa Avery

Tel: 604.822.4533

Email: averyl@interchange.ubc.ca

Sandy Taylor

Tel: 604.827.4485

Email: taylor@audiospeech.ubc.ca

The UBC School of Audiology and Speech Sciences also has a resource section on their website to support clinical faculty and clinical educators:

<http://www.audiospeech.ubc.ca/our-people/clinical-faculty>

Included links:

Clinical Education Resources

Clinical education references and strategies

[Clinical Faculty Appointments and Promotions](#)

Alternate Models of Supervision

There are several alternate models of supervision from the traditional 1:1 model that you may want to consider if you and your agency are keen to supervise a student but aren't sure if your current environment allows for it. The UBC OT website has detailed information regarding such options and the following list offers a brief synopsis:

1 Student – 2 Therapists

- Potential advantages include students are provided with broader fieldwork experiences; access to placements in specialty areas; exposure to a greater variety of different styles of fieldwork educators; provides opportunity for part-time therapists to be involved in fieldwork education; as students spend only half their time with one therapist this may put fewer demands on the therapist's time and workload than the traditional 1:1 type of placement; provides a larger pool of potential client's and families for your student to work with

2 Students – 1 Therapist

- Potential advantages include increased student time for practice and reflective discussion without increasing the fieldwork educator's time commitment; students take more responsibility for their own learning thereby decreasing dependency on the fieldwork educators; students provide mutual companionship for one another; peer support may decrease anxiety and fear which may lead to a higher performance level; promotes more open communication among all members of the learning team and emphasizes teamwork, interaction, and communication skills; students are exposed to and gain experience in a variety of practice areas.

Full Time Student – Part Time Therapist

- Potential advantages include the student takes more responsibility for his/her own learning and learn to function independently while still having support at a distance; the student has increased time to reflect on practice without the fieldwork educator present; open communication is promoted among all members of the learning team; teamwork and communication skills are emphasized with other members of the facility; clinicians with part-time positions have the opportunity to be actively involved in student learning by providing fieldwork placements.

Sample Student Learning Objectives

Developing learning objectives for your therapy student is an important step in ensuring there are clearly defined expectations for the practicum experience. Check out the [Tricks and Tips - Learning Objectives](#) link provided by UBC OT for some additional information on creating learning objectives. Your objectives will likely vary depending on the education level of your student. The specific UBC website outlined in the previous section will provide details regarding the curriculum of students, but for quick reference here is a brief summary of the student levels:

Occupational Therapy:

Level 1 student

- First clinical practicum experience
- Has had one semester of schooling

Level 2 student

- Has had at least one prior clinical education experience
- At least 2 semesters of schooling

Level 3 student

- Has had at least 3 prior clinical education experiences
- At least 4 semesters of schooling

Physiotherapy:

Level 1 student

- First two practicum experiences, so has had 5 weeks or less of clinical experience
- At least 2 semesters of schooling

Level 2 student

- Has had at least 10 weeks of prior clinical education experiences
- At least 4 semesters of schooling

Level 3 student

- Has had at least 20 weeks of prior clinical education experiences
- At least 6 semesters of schooling

Speech-Language Pathology:

Externship 1

- First clinical education experience
- At least 2 semesters of schooling

Externship 2

- Has had one prior clinical education experience
- At least 2 semesters of schooling

Externship 3

- A part-time (2 days per week) clinical education experience
- Has had at least 2 prior clinical education experiences
- Concurrently attending their 3rd semester of schooling

Externship 4

- Has had at least 3 prior clinical education experiences
- At least 4 semesters of schooling

Sample OT student objectives created by the Prince George CDC:

Prince George CDC – Level 1 OT Student Learning Objective

By the end of the internship the student shall:

1. Follow procedures outlined in the *Student Orientation Manual* regarding charting.
2. Participate in a minimum of one (1) initial assessment under the guidance of the supervising therapist.
3. Conduct one (1) initial assessment under the supervision of the supervising therapist using a standardized assessment if time allows.
4. Complete a written report of the initial assessment.
5. Develop goals for the client from the assessment results, from conversing with the child's parents and from liaising with the supervising therapist using *Goal Attainment Scaling*.
6. Book follow up appointments with the clients and their families to carry out intervention designed to meet set goals.
7. Document clients' progress in clients' charts using the *SOAP* format following each treatment session.
8. Re-evaluate clients' goals after a four-week period of treatment (time permitting).
9. Participate in the planning and implementation of occupational therapy group sessions (if applicable).
10. Liaise with team members regarding individual client's progress. This may be scheduled on an ad hoc basis.
11. Participate in a paediatrician's case conference to provide feedback to the paediatrician(s) regarding a specific client(s). This shall be dependent on the number of case conferences scheduled during any one month.
12. Participate in a client's *Individual Service Plan* meeting (if applicable).
13. Record daily statistics via current statistical recording system.

Depending on the student's course work and previous experience, some of these objectives may be negotiable. Additional opportunities and the student's personal objectives will be given due consideration.

Prince George CDC – Level 2 OT Student Learning Objectives

By the end of the internship the student shall:

1. Follow procedures outlined in the *Student Orientation Manual* regarding charting.
2. Participate in a minimum of two (2) initial assessments under the guidance of the supervising therapist.
3. Conduct one (1) initial assessment under the supervision of the supervising therapist using a standardized assessment if time allows.
4. Complete a written report of the initial assessment.
5. Develop goals for the client from the assessment results, from conversing with the child's parents and from liaising with the supervising therapist using *Goal Attainment Scaling*.
6. Book follow up appointments with the clients and their families to carry out intervention designed to meet set goals.
7. Document clients' progress in clients' charts using the *SOAP* format following each treatment session.
8. Re-evaluate clients' goals after a four-week period of treatment (time permitting).
9. Participate in the planning and implementation of occupational therapy group sessions (if applicable).
10. Liaise with team members regarding individual client's progress. This may be scheduled on an ad hoc basis.
11. Participate in a paediatrician's case conference to provide feedback to the paediatrician(s) regarding a specific client(s). This shall be dependent on the number of case conferences scheduled during any one month.
12. Participate in a client's *Individual Service Plan* meeting (if applicable).
13. Record daily statistics via current statistical recording system.
14. Conduct weekly therapy sessions for a minimum of 5 children and a maximum of 10 children, based on initial assessments and/or upon previous history supplied by the supervising therapist. This may be conducted on an individual or group basis.
15. Where applicable, conduct an assessment for a piece of medical equipment (e.g. wheelchair, stander, bathing/toileting device, etc)
16. Where applicable, liaise with medical equipment supply companies regarding equipment needed for assessment, quotes needed for the purchase of equipment, etc.
17. Where applicable, write a letter of justification to the *At Home Program, Ministry of Children and Family Development* or *Health Canada* for a piece of medical equipment for a client. This shall be completed under the supervision of the supervising therapist.

Depending on the student's course work and previous experience, some of these objectives may be negotiable. Additional opportunities and the student's personal objectives will be given due consideration.

Prince George CDC – Level 3 OT Student Learning Objectives

By the end of the internship the student shall:

1. Follow procedures outlined in the *Student Orientation Manual* regarding charting.
2. Participate in a minimum of two (2) initial assessments under the guidance of the supervising therapist.
3. Conduct two (2) initial assessments under the supervision of the supervising therapist using a standardized assessment if time allows.
4. Complete a written report of the initial assessments.
5. Develop goals for the client from the assessment results, from conversing with the child's parents and from liaising with the supervising therapist using *Goal Attainment Scaling*.
6. Book follow up appointments with the clients and their families to carry out intervention designed to meet set goals.
7. Document clients' progress in clients' charts using the *SOAP* format following each treatment session.
8. Re-evaluate clients' goals after a four-week period of treatment (time permitting).
9. Participate in the planning and implementation of occupational therapy group sessions (if applicable).
10. Liaise with team members regarding individual client's progress. This may be scheduled on an ad hoc basis.
11. Participate in a paediatrician's case conference to provide feedback to the paediatrician(s) regarding a specific client(s). This shall be dependent on the number of case conferences scheduled during any one month.
12. Participate in a client's *Individual Service Plan* meeting (if applicable).
13. Record daily statistics via current statistical recording system.
14. Conduct weekly therapy sessions for a minimum of 7 children and a maximum of 12 children, based on initial assessments and/or upon previous history supplied by the supervising therapist. This may be conducted on an individual or group basis.
15. Where applicable, conduct an assessment for a piece of medical equipment (e.g. wheelchair, stander, bathing/toileting device, etc)
16. Where applicable, liaise with medical equipment supply companies regarding equipment needed for assessment, quotes needed for the purchase of equipment, etc.
17. Where applicable, write a letter of justification to the *At Home Program, Ministry of Children and Family Development* or *Health Canada* for a piece of medical equipment for a client. This shall be completed under the supervision of the supervising therapist.

18. Where time allows, provide an in-service to the occupational therapy staff and/or the entire therapy staff on one aspect of paediatric rehabilitation that is applicable to this setting.

Additional opportunities and the student's personal objectives will be given due consideration.

Some sample Physiotherapy student objectives from the PGCDC and CFA:

Prince George CDC – Physiotherapy Student Objectives

OBJECTIVES: Paediatric Specialty (may include neurology and orthopedics)

By the end of the internship, the student shall:

- Be familiar with the Standards and Competencies associated with *Early Intervention Therapy Service Delivery Principles* as stated in the Provincial Early Intervention Therapy Handbook.
- Demonstrate understanding of typical motor development through application of appropriate goal setting.
- Demonstrate knowledge of assessment and treatment strategies for most common pediatric conditions referred.
- Demonstrate knowledge of risk factors and variables affecting outcomes.
- Participate in an initial assessment under the guidance of the supervising therapist.
- Conduct independently initial assessment under the supervision of a therapist, choosing a standardized assessment tool, pertinent to the child's presenting condition and age.
- Complete a written report of the initial assessment.
- Develop goals, objectives, and treatment strategies for the client in collaboration with the child's caregivers and from liaising with the supervising therapist.
- Provide treatment sessions based on goals and treatment plan.
- Document client's progress in charts using the Problem Oriented Medical Record format using ICF language following each treatment session.
- Re-evaluate client's goals and objectives on an ongoing basis.
- Participate in the planning and implementation of Physiotherapy group sessions (if applicable).
- Manage, organize a caseload, size of which will be agreed upon with supervising therapist, and book own treatment sessions.
- Understand role of varying team members and community agencies, and referral process if necessary.
- Liaise with team members regarding individual client's progress. This may be scheduled or on an ad hoc basis.

- Participate in a pediatrician's case conference in order to provide feedback to the pediatrician (s) regarding a specific client (s).
- Be familiar with assistive tools, therapy resources and equipment, and orthotics.
- Participate in a client's Individual Service Plan meeting, if applicable.
- Be aware of transition needs of individual children throughout that child's life into adulthood.
- Record daily statistics using the current management system
- Provide an inservice to the Physiotherapy staff and/or the entire therapy staff on a mutually agreed upon aspect of pediatric rehabilitation.

Depending on the student's course work and previous experience, some of these objectives may be negotiable. Additional opportunities and student's personal objectives will be given due consideration.

BC Centre for Ability – PT Student Placement Objectives

By the end of the placement:

1. The student will understand how CFA fits into the larger scope of paediatric health care in BC.
2. The student will demonstrate family-centred practice through communication and goal-setting with the family.
3. The student will perform two assessments in accordance with CFA's requirements, and identify two areas where physiotherapy intervention is necessary.
4. The student will play and interact therapeutically with the children on their caseload using activities that relate to each child's goals and outcomes.
5. The student will be actively involved in setting goals and outcomes for clients on their caseload.
6. The student will identify and collaborate with other team members involved with children on their caseload.
7. The student will complete full documentation on two children in compliance with CFA standards.
8. The student will demonstrate an overall understanding of the different types of splints and casts, and the rationale and benefits for their use.
9. The student will demonstrate an overall understanding of the different types of therapeutic equipment, and the rationale and benefits for their use.

10. The student will survey and identify community resources for potential use by two of their clients.

Sample SLP student objectives from the School of Audiology and Speech Sciences:

Speech-Language Pathology Practicum
Goals for First Experience with Children

GENERAL COURSE OBJECTIVES: To develop clinical skills. By the end of this placement students will:

1. Understand the process of therapy, from referral to discharge
2. Learn to interact with young children, their families and/or teachers or other team members
3. Develop an understanding of the role of the speech-language pathologist within the setting
4. Develop ability to observe and interpret children's behavior
5. Develop skills in basic speech and language assessment
6. Develop skills in planning and implementing treatment
7. Develop skills in report writing
8. Develop self-evaluation skills

SPECIFIC COURSE OBJECTIVES

1. Process of Therapy: The Clinical Educator will orient the student to the service delivery model and clinical management process used in the agency.
2. The student will gradually assume primary responsibility for 2 to 3 representative clients (i.e., typical of the caseload) while assisting the Clinical Educator with other clients.
3. Role of the Speech-Language Pathologist: the Clinical Educator will orient the student to the role of the speech-language pathologist within the agency
4. Assessment:
 - Case history taking/interviewing: The student will take a case history from a family member or interview a professional (e.g. teacher, psychologist) regarding one child.
 - Phonological/Articulation assessment and analysis: The student will collect and analyze phonological/articulation data for at least one child
 - Oral mechanism examination: The student will carry out an oral mechanism examination for at least one child.
 - Language sample and analysis. The student will collect and analyze (using the SALT program or another language analysis system) language data for at least one child

- Standardized Language Assessment: The student will administer at least two standardized tests (e.g., PPVT, portions of the CELF, portions of the PLS, EOWPVT or EVT).
 - Hearing Screening: The student will complete one or two hearing screenings (if this is typically done by the Clinical Educator as part of an assessment)
5. Treatment:
 - The student will develop skills in planning and implementing articulation and/or phonology therapy for at least one child.
 - The student will develop skills in planning and implementing language therapy for at least one child.
 6. The student will write at least 1 assessment, progress, or discharge report with guidance from the Clinical Educator.
 7. The student will gradually assume responsibility for evaluating his/her sessions with guidance from the Clinical Educator.
 8. The student will be introduced to complex case management through discussion with the Clinical Educator and through observation of children with complex issues.

Sample student orientation binder table of contents courtesy of the PGCDC:

* If you are an agency that is interested in providing clinical education opportunities on an ongoing basis, a valuable resource would be to create a student orientation binder.

Student Orientation Binder for Students

- 1) Table of contents
- 2) Orientation checklist
- 3) Map of centre
 - a. in city with address and directions
 - b. Internal map with emergency exits, etc.
- 4) Mission Statement
- 5) Organizational chart
- 6) Staff list and directory
- 7) Hours of work, dress code
- 8) CIMS stats: guideline and form
- 9) CIMS diagnostic profiles: guideline and form
- 10) PT programs
 - a. PT services: assessments, frequency of intervention, NICU meetings, PT meetings, journal club/in-services
 - b. Pool
 - c. Gymnastics
 - d. Camps
- 11) Referrals
 - a. Process guideline (forms, welcome package, when MCFD involved, etc.)

- b. Forms and guidelines for completing including referral forms and consent forms

12) Charting

- a. Forms and guidelines (IC, progress notes, progress reports, D/C)
- b. D/C forms
- c. Main chart guidelines (contents, process guidelines)
- d. Outcome measures –forms and guidelines, locations
 - i. ROM/strength
 - ii. AIMS
 - iii. PDMS
 - iv. GMFM
 - v. GAS
 - vi. MABC
 - vii. BOT-II
 - viii. MAS/Tardieu
 - ix. UCLA Selective Voluntary Control Scale
 - x. TIMP
 - xi. NSMDA
 - xii. ?Pain
 - xiii. BSID-III
 - xiv. Pediatric Berg Scale
 - xv. PEDI

13) Pt. Incident Form and policy

14) Home visit protocols/safety guidelines

15) Confidentiality policy

16) Equipment resources and loan information and guidelines

- a. General equipment
- b. Red Cross
- c. Orthotics

17) Other resources

- a. Centre library and PT information resources
- b. Community resources

18) Reading Material

- a. List of recommended preparatory reading
- b. Substance exposure information –withdrawal symptoms, management, etc.
- c. Classification of CP, hypertonia, GMFCS
- d. Articles of interest

19) PG information

- a. Map of city
- b. Recreation options, shopping information
- c. Accommodation options

Strategies for Dealing with “Down Time”

One of the challenges of providing a clinical education opportunity in a community-based paediatric therapy agency is the potential for “down time” (e.g- due to a cancelled appointment). It’s important to have some strategies in place prior to the placement so that in the event of some “down time” the student already has a clear indication of what they should be working on. Here are some suggestions from the UBC clinical education coordinators to address this issue:

- Case studies (including theoretical plans of care) for other clients on the unit or in the clinic. You may want to go through client files and identify potential case study candidates prior to the start of the placement
- Literature searches around topics relevant to the clinical caseload
- Solving a clinical question or problem, for example streamlining a non-client-related procedure (such as wait list management or scheduling)
- Preparation of patient education materials on topics relevant to the student’s caseload
- Have the student perform standardized assessments using ‘typical’ children from your agency’s preschool, siblings of a child on your caseload, or on the children of a colleague
- Have the student explore the answer to a question they had previously asked but you were unable to fully address at the time
- Have your student **assist** in any student or University related activities (e.g- input into a “Student or Orientation Binder”)
- Identify a topic area or broad theme for the student to integrate their experiences and discuss, once a week at a pre scheduled time. The theme can be changed each week or every few weeks (e.g- OT models of practice in this setting, the work environment, the interdisciplinary team, what does client centred "really" mean?). The student can work on exploring this area or theme during any “down time.”
- If a child is on the waitlist for your service but is already being seen by another profession at your agency, speak to your colleague about the opportunity for your student to participate in the other professions sessions. Your student could make observations about the child relevant to your area of practice, provide information to you about the child's skills, and experience interacting with the child. As the supervising therapist, you would be able to receive feedback about your student’s interactive skills from your colleague.

Increasing Direct Therapy Opportunities

The availability of direct therapy opportunities is another challenge faced by clinical educators in a community based paediatric therapy setting. The following are some strategies utilized by agencies in BC to ensure direct therapy exposure for their students:

- Consider setting up one or two weekly group therapy sessions that your student can assist in the planning and delivery. This can help provide services to children who have had a screen but are awaiting ongoing services, and/or children who are high-incidence (e.g. - DCD) and would not typically meet the criteria to receive ongoing services from your agency
- Go through your caseload prior to the start of the placement and identify the children that would be appropriate for more direct intervention. Contact these families prior to placement and see if they would be interested in a short term block of increased direct therapy
- Canvass your colleagues to see if they are aware of children on their own caseloads that may benefit from an increase in direct therapy and are appropriate for your student

Other activities

Ensuring a well-rounded experience for the therapy student is essential, and will also help offset the potential for “down time” and decreased direct therapy opportunities. Here are some suggestions for other appropriate experiences for the therapy student:

- Attendance at rounds, case conferences, in-services or relevant meetings
- Observation of surgery, tests or other procedures relevant to the student’s caseload (connect with your acute care colleagues and/or local surgeon and paediatrician to see if there are any interesting opportunities for your student to observe)
- Shadowing of other health care professionals, particularly those involved in the clinical care of clients assigned to the student. Make these connections with your colleagues prior to the onset of the placement to help with scheduling, etc. At a scheduled time have your student explain how the team members’ roles are different.
- Follow a patient through the continuum of care. For example, observe patients similar to those on the student’s caseload in other phases of their injury or disease (connect with your colleagues in acute care to see if they have any children on their caseloads that may be appropriate for your student to come and observe)
- Partner with a different setting for a day so your student has a chance to observe service delivery in a different setting (e.g. - paediatric ward of the local hospital, school district therapist). You can return the favour when they have a student!

Other Web Links and Resources

There are several web links and resources available to the clinical educator:

<http://www.practiceeducation.ca/>

- A fantastic site that offers online learning modules to help facilitate the acquisition of clinical supervision skills

<http://practiceeducation.org/>

- This resource has been created by the BC Academic Health Council.

<http://www.preceptor.ca>

- Modules created by the University of Western Ontario. Excellent strategies for clinical educators as well as for students.

* Many thanks to the BC Centre for Ability and the Prince George Child Development Centre for sharing some of their clinical resources. Also, thank you to Donna Drynan (UBC OT Clinical Coordinator), Sue Murphy (UBC PT Clinical Coordinator), and Lisa Avery and Sandy Taylor (UBC Audiology and Speech Sciences Clinical Coordinators) for the tremendous resources they have created and for their time and assistance in creating this document.*

References

- Barney, T., Russell, M., & Clark, M. (1998). Evaluations of the provision of fieldwork training through a rural student unit. *Australian Journal of Rural Health* 6, 2020-2027.
- BCASLPA (2007). *BCASLPA employment and job satisfaction survey*.
- Cohn, E. S., & Frum, D.C. (1988). Fieldwork supervision: More education is warranted. *American Journal of Occupational Therapy*, 42, 325-327.
- Crowe MJ, Mackenzie L. The influence of fieldwork on the preferred future practice areas of final year occupational therapy students. *Australian Occupational Therapy Journal* 2002; 49: 25-36
- PABC (2007). "BC Physiotherapists Working in Paediatrics: Perspectives on Their Practice Today" Electronic version available at:
<http://www.bcphysio.org/app/member/pdfs/paedsfull.pdf>