Being a "Great" Clinical Instructor: Some practical advice, tips, and tools

Here are some observations and tips related to characteristics of **great** clinical instructors!

(1) A great clinical instructor shows that they ***like*** being a clinical instructor! Try to *enjoy* and reap all of the *benefits* associated with serving as a CI. Sure, you get some CCU credit for being a CI, but what I mean by "benefits" are the intrinsic "+'s". When you prepare to host a student, catch some of their **enthusiasm**! Students view the opportunity to come into a clinical environment as exciting, new, and "cool"! It's an opportunity to remember why you wanted to become a PT/PTA in the first place.

Having a student is also an opportunity to **learn something new**! Have you forgotten a few "textbook" things since you graduated? Is there new research you're not really up on? You're the teacher in the clinical setting, but the student can and should share things with you and your staff as well! It's a win-win opportunity!

(2) Realize that ***affective*** skills are just that… skills. They *can* be practiced and improved. There's a temptation (human nature) to judge a whole person based on a single behavior/mannerism, but what I've found to be the case the *VAST* majority of the time is that all students truly want to be perceived as professional, responsible, competent, ethical… they may have just literally never had an opportunity to practice and receive feedback on the behaviors associated with those traits (especially in a clinical setting). Try to make sure the atmosphere for learning is one that creates good stress and not overwhelming "distress". Be sure that you (and the other staff in the department) are ***role modeling*** the same behaviors you expect the student to exhibit. Take time on day 1 to ***orient the student*** to your expectations related to affective behaviors. Remember that you are teaching an adult learner who will soon be your peer/colleague and try to give feedback in a manner that reflects that you ***respect the student*** as an adult. Don't ignore an area of weakness with affective behaviors. Instead, identify what specific/objective behaviors you would like the student to work on and ***set goals/expectations*** for improvement. And be sure to include the Program's ACCE, who can offer input, insights, feedback, assistance and suggestions!

(3) Keep growing as a "**teacher**". Most clinicians never had formal training in "pedagogy" (theory/method of teaching) and yet CIs are the ideal instructors for helping students connect classroom content to real word application. Be open to trying new and different methods for helping a student achieve mastery. Not all students learn in the same way. Some can jump right in… others need a longer period to adapt. A good teacher identifies what's working and what's not about his/her teaching methods and adjusts accordingly. Some specific ideas you might want to consider:

- Sometimes CI's get overly focused on the "evaluation" part of being a CI. The word "teach" actually comes from the word "techen" which means "***to show***". If a student seems to be struggling with a particular clinical skill, pull back from challenging them to perform and spend more time just having them watch/listen/learn.
- Often students have difficulty seeing the "**big picture**" because they are micro focused on all of the new details. Some ways to help with this are (1) debrief with a student before a treatment session and after a treatment session regarding what the student plans to do/watch for/say and how the student feels the session went afterward (2) let the student keep a notecard on each patient with patient's goals on the front and treatment performed today on the back.. Helps them see how those dots connect and helps with documentation efficiency at the end of the day
- Provide opportunities to ***practice, practice, practice*** skills that only get better with repetition. Transfers, taking vital signs, manual therapy techniques, etc.. Some of these skills are just only going to "get there" with enough **quantity** of work. If needed, let the student practice on you/other staff and as their comfort level increases provide as many opportunities as possible for patient practice.
- Getting "good" and "efficient" at ***documentation*** is just not easy for most students. Especially considering the wide variation in expectations depending upon the clinical site/setting. Students should be practicing writing a LOT of notes on EVERY rotation. But try to pick a *particular* variable to evaluate each time. For example, maybe this day or week or note you're looking mostly at thoroughness of content.. Next day/week your working on efficiency/speed… next day/week you want to see the student using language that shows function or medical necessity. Nit-picking notes for all of those things at once can be overwhelming.
- The clinic is a great place to ***put things together*** and really learn. Find opportunities for the student to identify "textbook" concepts/terms in real patient situations. One way to do this is by highlighting specific terminology or findings in the patient's eval or chart and having the student discuss the relevance of the concept for this patient. Don't be afraid to give "homework". Students should be looking things up from class notes/textbooks/etc and seeing how that information influences intervention choices, precautions, documentation, etc..
- Ask the students ***questions and then wait***. Research shows that most teachers after asking a question only wait **3 seconds** before they answer it for the student! Given a bit longer most students can at least generate an educated guess and let you truly see what they know/don't know. Posing questions about basic facts is fine (what are the rotator cuff muscles?), but try to mostly use questions that promote critical thinking (why do you think that lab value is important? When do you think we would progress the patient to that activity/exercise?)

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