Clinical Affiliation: A Working and Learning Experience

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An individual who seeks to become a competent healthcare professional must acquire a significant amount of medical knowledge through vigorous academic preparation. However, the theoretical knowledge must also be accompanied by the proper development of technical skills, critical thinking, and professional attitude that can only be honed by extensive “hands-on” experiences. The clinical affiliation provides this hands-on experience and marks the final stage of an academic experience and the beginning of a professional working experience. The clinical affiliation is a crucial time for student learning when students must face unfamiliar, real-world work experiences outside the protective walls of their academic institution.

As the Coordinator of Clinical Seminars for the Physical Therapist Assistant Program at LaGuardia Community College, I recognize the significance of the numerous challenges that our students must face during their clinical affiliations. In order to help students succeed in this stage of their learning, I have revised the academic seminar curriculum to complement students’ clinical affiliations. Through careful implementation of classroom activities and assignments, and incorporation of available technologies such as Blackboard, students can be successful in finding connections between their learning and working experiences. Strong faculty guidance and peer support are essential to this process.

Students in the Physical Therapist Assistant (PTA) program at LaGuardia Community College acquire foundational knowledge in communication, medical science, and current health issues through an intensive academic curriculum. As shown in the program’s Admission Information Handbook, all students aspiring to enter the program must complete 31 credits of preclinical courses, such as Writing Through Literature, Developmental Psychology, Aging and Health, Functional Pathology, and a Liberal Arts elective, in order to be eligible for acceptance into the clinical phase (9). A maximum of 25 students are accepted twice a year into the clinical phase to complete another 37 credits of clinical courses. Those students develop strong clinical skills in physical therapy practice through lecture and laboratory courses. Ethical Concepts for PTAs, Clinical Kinesiology, Orthopedic Therapeu-
tic Exercises, and Neuromuscular Rehabilitation are among the courses that all PTA students must take in a highly structured sequence.

In order to graduate from the PTA program, each student must also complete three clinical affiliations, one part-time (150–200 hours) and two full-time (6–7 weeks), details of which are provided in the LaGuardia PTA program’s Student Handbook (12). These are clinical work experiences that are essential for students to learn how to apply their theoretical knowledge in various clinical settings. Each student is individually assigned to “practice” under the close guidance of one or more clinical supervisors from a physical therapy clinic in a hospital, private practice, skilled nursing facility, or pediatric center. Students learn how to recognize clinical signs and symptoms of different pathologies and identify the disabilities, impairments, and functional limitations associated with these conditions. Students have many opportunities to practice the clinical skills learned in the classroom laboratory, and apply them to resolve real clinical problems.

As Mostrom and Shepard indicate, the integration of the classroom and the clinical setting is an important feature of all physical therapy professional training. For some students, this is indeed the most exciting part of their training. As stated above, it is the first opportunity to experience life as a clinician, and to be able to integrate the classroom knowledge in a real clinic. However, for other students, the opportunity to work with real patients with real medical needs can be the most difficult phase of their learning. To become a physical therapy clinician, one must be able to deal with vulnerable patients or clients, often in the midst of the most painful times of their lives. Students may be asked to become the source of strength, guidance, and inspiration for those who are recovering from a life-altering event such as a spinal cord injury, or struggling with the disabling effects of a chronic disease such as multiple sclerosis. Many of these clinical situations can be very frightening. Dr. Ruth Purtilo summarized this fact about clinical education:

The quality and quantity of teaching that takes place are determined by such wide-ranging factors as the availability of patients or clients and the familiarity of other professionals in the environment with the student’s capabilities and limitations. The learning environment is much less controlled than in the classroom. New smells, sounds, and sights combine with new tasks to present a weighty challenge to the best of classroom students. (7)
PTA students often cannot adjust quickly to caring for complex and demanding patients and clients. Under stress, students can become discouraged. The realities of clinical practice make the clinical affiliation very exciting, but also very challenging for students.

While PTA students are learning how to meet the demands of working in the physical therapy clinic, they often echo the question: Is it really a learning experience, or is it merely a working experience? Among the many challenges experienced during the affiliation, one of the most common complaints from PTA students is the long hours working at a highly demanding clinic without any compensation. Students often have to work 10 to 12 hours per day in a very busy clinic. Because each of the clinical affiliations is a credited course within the PTA program, students also resent the fact that they are working gratis for a clinic while still carrying the burden of paying tuition. According to a study conducted by faculty from Catholic University of Leuven, in Leuven, Belgium, students fulfilling medical internships in clinical settings often felt that they were being (mis)used as unpaid workers, especially when the balance between learning and working was lost due to overwork or lack of actual duties (Deketelaere et al.). Since many LaGuardia PTA students are working adults with family responsibilities, giving up their normal working schedules in order to work full-time at clinical affiliations often brings severe hardships.

Another challenge for PTA students emerges from the need to become familiar and compliant with differing policies and regulations. This is no small task since every facility has its own set of policies. The regulations that determine standards of care for physical therapy delivered in a hospital can be very different from those that determine the standards of care in a private clinic. As a result, documentation style, billing practices, and administrative requirements can be vastly different among various clinical settings. Students are often mystified by and hard-pressed to comply with the policies and procedures that are unique to each clinic. Unfortunately, by the time a student becomes familiar with the inner workings of a particular clinic, he or she may near the end of a rotation and have to move on to another new and unfamiliar environment.

The biggest challenge PTA students must face is learning how to apply theoretical medical concepts to the reality of clinical practice. What the students learned in the classrooms and labs is textbook knowledge, easily measured by assignments and examinations. However, once a student enters the real-world clinical environment, tests
of competency are dynamic, spontaneous, and ever-changing. As an example, a student’s ability to perform a set of balance exercises with a patient after brain trauma will be evaluated in the classroom laboratory by a practical examination using a classmate as an imaginary patient. The student must translate that laboratory experience into real therapeutic intervention when faced with a patient with an actual brain injury. A student must be able to apply immediately all the knowledge, technical skills, and sound judgment needed to deliver the appropriate and effective intervention under the watchful eyes of patients and clinical instructors. The pressure to perform can create enormous anxiety.

While trying hard to cope with the challenges posed by clinical affiliations, PTA students must face the fact that, for the first time in two years, they are no longer able to come to school regularly and share experiences with and seek help from peers and teachers. Facing these challenges seems inevitable; facing them alone should never be. This is the time when peer support and strong faculty guidance become most important.

Deketelaere and her colleagues acknowledged the complexity of clinical learning environments and concluded that “[m]onitoring and safeguarding the quality of learning during internship cannot simply be accomplished through standardized procedures, lists of skills and competences to be ticked off, etc.” (913). The PTA curriculum therefore includes a series of evening seminars to complement the affiliation. The three seminar courses, SCT290, SCT291, and SCT292, are scheduled to gather students back in school at 5:45 p.m. once a week to share program information and to discuss clinically-relevant topics. Students are also encouraged to discuss any clinical issues that might potentially jeopardize their clinical success.

During the 2004–05 academic year, I taught a number of these seminars. I noticed that, even though there were agendas planned for each seminar class, many of the evening classes would turn into simple Q and A sessions or meeting places for students to catch up with classmates. Despite the fact that some students appreciated the opportunity to connect with each other, most found the evening trip back to school unrewarding. Students often found reasons not to attend the seminars. After teaching several of these seminars, I knew a change was in order.

I assumed the role of the Coordinator of Clinical Seminars in 2005 and began working closely with all the attending graduating students. I came to appreciate the difficulties they faced during their affiliations.
I realized that, in order to help students succeed, the program needed to find a vehicle to connect students with each other and with faculty while they were working outside the college.1

Starting in the fall of 2006, I introduced several new clinically relevant topics to the seminar curriculum. Insurance and reimbursement practices in the United States, orthopedic radiology, pharmacology for rehabilitation, and ethical and legal issues of healthcare were among the topics added to existing topics: medical documentation, national Physical Therapy Examination preparation, and the normative model-guide to evidence-based practice.

Strohschein, Hagler, and May also recommend other “non-technical competencies, such as communication, collaboration, and reflection,” as critical elements of students’ clinical experience (160). I found conducting the seminar as a group discussion, with students seated at a round table, more effective than lecturing. I began assigning group projects to be presented at the end of the course; these projects encouraged collaboration and promoted communication among students. I began observing that students were becoming more engaged in the seminars and were exerting more effort to stay in touch with each other.

Although these changes enhanced the seminar experience in many ways, none of them truly alleviated students’ stress in facing the many challenges they were experiencing at their clinical affiliations. The ability of the program to safeguard and enhance the quality of the students’ clinical affiliation experience remained inadequate. Students told PTA faculty that they needed guidance and support from their classmates during their affiliations. They were frustrated by having to wait a week to have their issues heard at the seminar. Students were particularly frustrated by the length of time between seminars when they had to deal with clinical situations that had to be resolved immediately.

I found an answer to student needs through Blackboard, a course-management system to which I was introduced in Designed for Learning, a faculty seminar offered by the LaGuardia Center for Teaching and Learning. Blackboard provided a means for keeping students in touch on a more regular basis and appeared to be an ideal complement to the weekly seminars. Since the students at their clinical affiliations were scattered throughout the city, an online component of the seminar could serve as a vital and ongoing link among students and faculty, and between the clinical experience and the academic experience.

The most helpful feature of Blackboard, given the needs of PTA students, is the Discussion Board. It offers students a forum for clinical dis-
discussions, information sharing, and reflection on clinical experience. In Spring 2006, students started using the Discussion Board to bring their clinical experience into a virtual classroom experience. They eagerly participated in substantial discussion in response to topics posted weekly. Many of the clinical questions were generated and answered by the students themselves. The following material is excerpted from one Blackboard discussion forum:

**What did you learn from the medical chart?**
Last week, we briefly discussed topics regarding radiology, lab testing, and med classes. These are enormous topics and we barely even scratched the surface. When we meet again next week, I will have additional (lots of) hand-outs for all of you to keep. (Bring a big bag to carry them!!)

This week I want all of you to think about what you see in your clinic regarding those topics.
1. Comment on what kind of radiological or lab testing you see in the records.
2. What kind of medication profiles are documented?
3. What areas do you find it difficult to appreciate?
4. Did you have a chance to engage in some learning experience with your instructor regarding these topics?
I look forward to reading your posts. You are doing well with the discussions.

**M. K.:** Hi guys. From previewing medical charts in my facility I learned that at the first day when pt admitted to our nursing home RN takes pictures of any kind of wound, skin brake down, redness, rashes, and black and blues. Also, it is very important to preview chart especially when pt’s status changes because the changing of their condition could be medication. For ex. last week I had a pt. who was able to walk with RW with CG, however this week she was sleepy and weak. As result she needs mod. assistant during ambulation. I found out from her chart her medicine was changed this week. That information gives me a clue that pt’s condition was secondary to medication.
M.S.: I agree with you but sometimes it is very hard for me to read every chart before tx because I have patients from different floors and I’m not able to go on every floor and read charts especially when we have more patients. I can read only our charts: eval or progress notes every day.

M.E.: I agree that it is very hard, having to review patient chart before each tx, however we know a patient especially in acute/subacute setting are seen by many clinicians, therefore it is vital to know what is going on with the patient before starting tx. if you know what to look it only takes a couple of minutes. These few minute may prevent a catastrophe and at the same time preserve the license you hope to have. Good luck.

H.Y.: Hi guys, … a few days ago I saw a 72 y/o female pt. who has MVA, She had a lot of pain in the right tibia but the doctors figured out that she did not have any Fx so the PT evaluation prescribe Pt OOB + gait training FWB. She walked with RW 20 feet with FWB for two days. PT was painful during both sessions. Two days after, the doctors found the pt has plateau tibial Fx. the new prescription was no Knee flexion, NWB and no ambulated pt until the orthopedist prescribe a knee brace. The status of a pt. can change dramatically from one day to another.

Blackboard became a meeting place for solving problems. Through those Discussion Board “meetings,” students provided each other with emotional support in the midst of trying times. Among the many experiences shared on the Discussion Board, one is particularly memorable to me. A very strong student, about to begin her last affiliation, was faced with an unsympathetic clinical instructor. After several days of harsh criticisms from this clinical instructor, the student lost all confidence. One night, in a posting on the Discussion Board, she expressed her frustration and the thought of not going back to the clinic the next day. She was ready to walk away from it all. Within the same hour that the frustrated student posted her message, several of her classmates responded. Some posted descriptions of their difficult experiences with affiliations, and offered her approaches to dealing with her situation. There was significant communication among classmates on Blackboard that night. The student who had temporarily lost confidence did not get
much sleep, but she was empowered to get up and return to the clinic the next day.

This magical night took place with neither my knowledge of the situation nor my intervention. The students hung together into the night and took it upon themselves to help their classmate persevere. Eventually, the PTA program was able to intervene and resolve the situation on behalf of the student. This student successfully completed her clinical experience and graduated in 2006. I was humbled by this incident and by the students’ resolve. I also came to appreciate more deeply the immediate availability of the technology that enabled the PTA students to stay connected. That technology helped prevent a potentially disastrous clinical incident.

We cannot deny the fact that the clinical affiliation can be a challenging working experience. The clinical seminar alone can never completely eliminate all the challenges that PTA students must face during this critical time of their education. Perhaps there will always be a few PTA students who continue to wonder if their internship opportunity is really only a working rather than a learning experience. However, I believe that both the continual revision of the seminar content and the successful integration of Blackboard have satisfied many of our students’ clinical education needs. With careful selection of clinically relevant seminar and discussion topics, intelligent use of technology, strong student commitment, and mentoring from faculty, students’ clinical affiliations should become very rewarding learning experiences for all.

**Note**

1. Many of the changes that I implemented in the clinical seminars could not have happened without the continuous support and guidance from PTA program chair Dr. Debra Engel and clinical coordinator Dr. Jackie Ross. Their insight and experience gave me the foundation to build and refine the various components needed to improve the seminars.

**Works Consulted**


