

TEACHING CLINICAL REASONING IN GERONTOLOGICAL PHYSIOTHERAPY: EXPERIENCES AND PERSPECTIVES OF CLINICAL SUPERVISORS

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INTRODUCTION

Teaching clinical reasoning is integral to preparing students to work effectively with older adults

Clinical reasoning is complex to teach

Clinical supervisors have a central role



OBJECTIVE

Explore the experiences and perceptions of clinical supervisors in gerontology of teaching clinical reasoning to students on placement



METHODOLOGY

Qualitative study

Nine semi-structured interviews
(clinical supervisors in sub-acute in-patient settings at least one year of supervision experience)

Analysed using Reflexive Thematic Analysis

RESULTS

Four key themes were developed which highlight factors influencing clinical supervisors' experiences of teaching clinical reasoning:



Preparedness for placement

"we all do it (teach clinical reasoning), but we never actually have any formal training in it ..."

Students' knowledge, experiences and attitudes, supervisor experiences, training, support from the university and organizational context contributed towards readiness for placement.

Dynamic placement adaptations

Supervisors continually adapted placement activities guided by student's learning needs and abilities, patient safety and time pressures to provide experiential learning opportunities by scaffolding or extending learning.

"I often get a good judgement by the first day... and if they are fairly confident... I give a bit of autonomy to manage their caseload"



Complex and variable patient needs

"(students) might be seeing a patient with a neurological condition and the next patient has a cardio-respiratory condition and the next person is orthopaedic..."

Multi-morbidity, medical instability, variability in patient presentations, emphasis on discharge planning required supervisors to facilitate information processing and prioritization.

Crafting learning opportunities amidst complexity

Supervisors taught clinical reasoning through the lens of person-centered and collaborative care which highlighted considerations of patient cognition and allowed refining communication and interpersonal skills

"building interdisciplinary skills as well as one-on-one patient skills"



CONCLUSION

Clinical supervisors engage in considerable planning and adapt teaching strategies throughout placement to create a safe, appropriate and individualised learning experience.