Clinical Teaching in a Busy Practice—The "Microskills" Framework

A PT or PTA who has agreed to serve as a clinical instructor commonly has 2 main concerns: (1) how to "fit" teaching into an already busy clinical day and (2) how to "structure" the experience so that the student gets the most out of it.

The "Microskills" framework is a tool that can be useful to CI's in structuring a single patient encounter or an entire clinical experience to facilitate maximal learning while maintaining clinical efficiency.

Step 1: **Set Goals and Expectations**. For example on the first day of the clinical experience:

"I'm expecting that you will mostly observe for the first day or so and then progress to performing components of patient care. By the end of the rotation I'm expecting that you will be carrying out some measurements, interventions and documentation independently"

And for single patient encounters:

"Since we've been working on your communication skills, when Ms. Smith comes for her appointment this afternoon I'm expecting you to take the lead on getting any new subjective information and teaching her the home exercise program".

Step 2: **Get a Commitment**. The CI should ask the student *open-ended* questions and try to avoid jumping in too quickly with the answer. These questions usually begin with "What" or "Why". For example:

"Why do you think the patient had difficulty with the transfer this time?"

"What other exercises could you use to address goal #3 in the POC?"

"What do you find in the patient's chart review that will influence therapy today?"

For this step to "work" it is VERY important that the learner feel safe enough to risk a commitment (answer) - even if it is wrong.

Step 3: **Probe for Supporting Evidence**. This step requires the learner to "think out loud", helping you to identify sources of confusion or reinforce accurate problem solving. For example:

"Talk me through how you decided to use that transfer technique"

"What kinds of exercises are considered closed chain?"

"What lab values are red-flags during a chart review?"

Step 4: **Reinforce what was done well**. Actions that are positively reinforced are likely to be repeated. This "praise" should be specific and include ramifications for the future. For example:

"Your positioning of the wheelchair and equipment prior to the transfer was excellent. Checking all of the locks ahead of time really helps ensure patient safety."

"You did a good job of prioritizing which exercises to use today in light of the patient's fatigue. It shows that you understand that sometimes you can't complete all of the exercises listed in the POC."

Step 5: **Correct Mistakes**. To make this easier for both the student and the instructor, give the student an opportunity to self-critique a performance first. Give positive feedback when the student identifies and corrects their own mistake. Give feedback that is as specific as possible and try to avoid bombarding the student with long lists of criticisms at once. Focus on feedback and practice in one area at a time. For example:

"I'd like for you to work on guarding more closely with gait training—like this. Try that with the patients we see this afternoon."

Step 6: **Teach general rules.** These often lead to the best retention and long-term learning. For example:

"Anytime you've got a patient with hypertonicity it's good to start with weight bearing activities with the limb."

"As a general rule with TKR patients, always document their ROM in your daily note."

Step 7: **Encourage Reflection and Integration.** Taking time to "de-brief" at the end of a day or week allows the learner to do some critical thinking and analysis. It also helps in identifying appropriate student goals for the next day/week. This process is best initiated with questions like:

"How did things go today from your perspective?"

"How was today different than what you expected"

"What were you uncomfortable with today that you would like to become better at?"

This article was written by Kim Cox, based in part on information from:

The Five-Step `Microskills' Model of Clinical Teaching" (Neher, Gordon, Meyer, & Stevens, 1992)