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From Zoom to the Clinic: Unique Student Challenges in Physical Therapy Clinical Education

Amy Both
University of Toledo

Jaclyn Catherine Carson
The University Of Montana

Matthew B. Garber
George Washington University

Heather Marie Mack

Nicole M. Sleddens
University of Nebraska Medical Center, nicole.sleddens@unmc.edu

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From Zoom to the Clinic: Unique Student Challenges in Physical Therapy Clinical Education

Amy Both, PT, DPT, MHS, DCE

Jaclyn Carson, PT, DPT, SCCE

Matt Garber, PT, DSc, ADCE

Nikki Sleddens, PT, ABD, DCE

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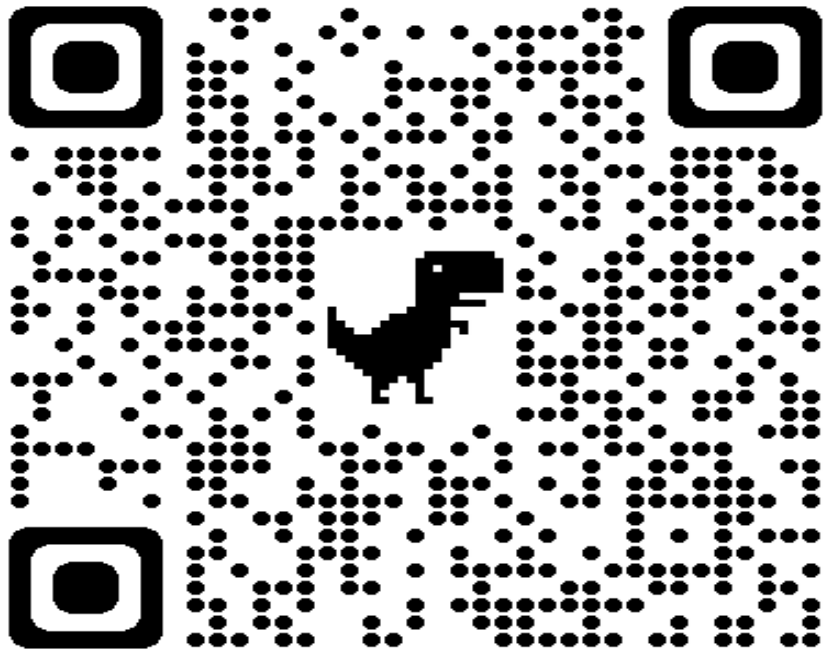
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Physical Therapy Association

Course Objectives

Following this presentation, the learner will be able to:

- Discuss three unique student challenges associated with the sudden, unexpected changes in PT educational practices brought on by the pandemic.
- Determine the impact of the pandemic on professional identity formation.
- Summarize contemporary personal and contextual factors that contribute additional stressors to student mental health.
- Recognize the characteristics of impostor phenomenon.
- Screen students for the presence of impostor phenomenon.
- Use common strategies to help students address impostor feelings during clinical education.
- Select strategies that promote resiliency to improve student mental health during clinical education.

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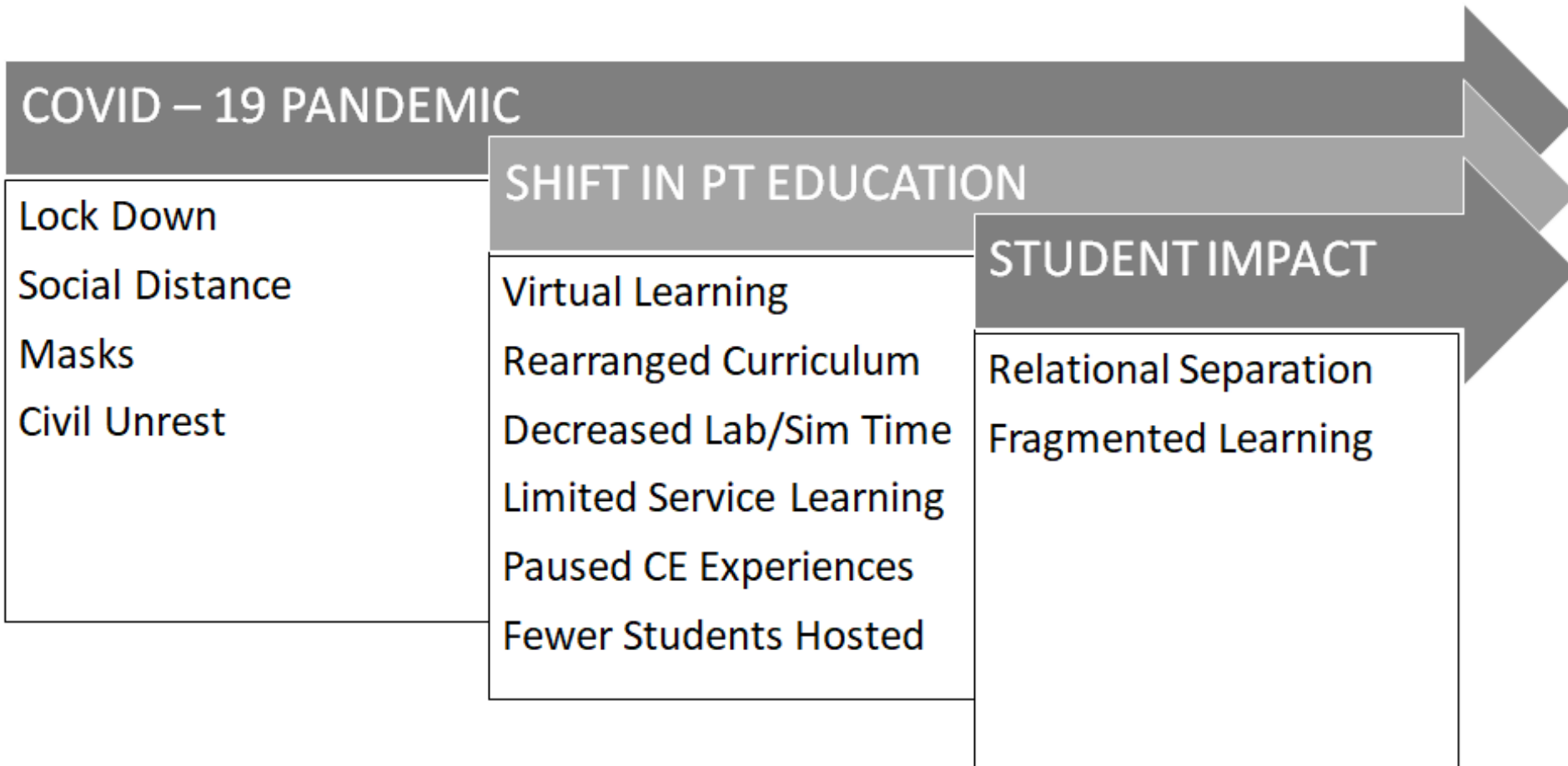


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Introduction

How Did We Get Here?

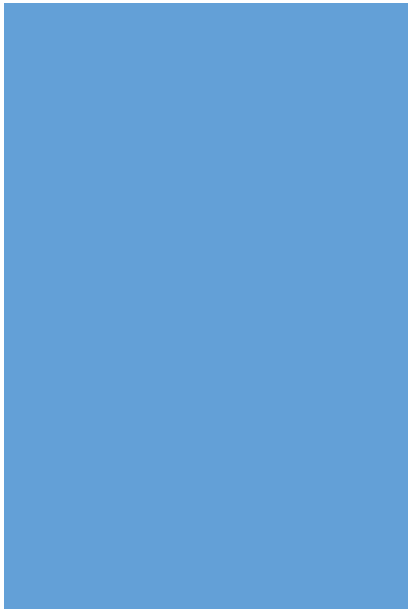




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What are you discussing on the pitcher's mound?



Challenges & Opportunities

Three Unique Challenges



Professional
Identity
Formation



Contemporary
Stressors and
Mental Health



Impostor
Phenomenon



Professional Identity Formation



Professional Identity^{1, 2}

- *a person's acknowledgement and understanding of the beliefs, values, attitudes, and roles associated with their professional group and includes a person's perception of themselves rather than what they observe of others from their professional group.*

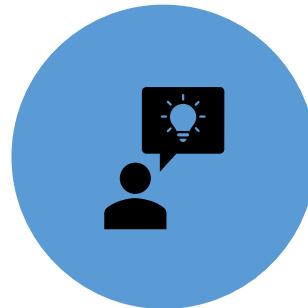
Professional Identity Formation^{1,2}



GUIDE
DECISION-
MAKING



TECHNICAL
SKILLS



KNOWLEDGE



PROFESSIONAL
VALUES

Conceptual Descriptors of Professional Identity & Professional Identity Formation³

Continually
developing and
evolving over
time

Plurality of
professional
identities

Influences on Professional Identity Formation²⁻⁶

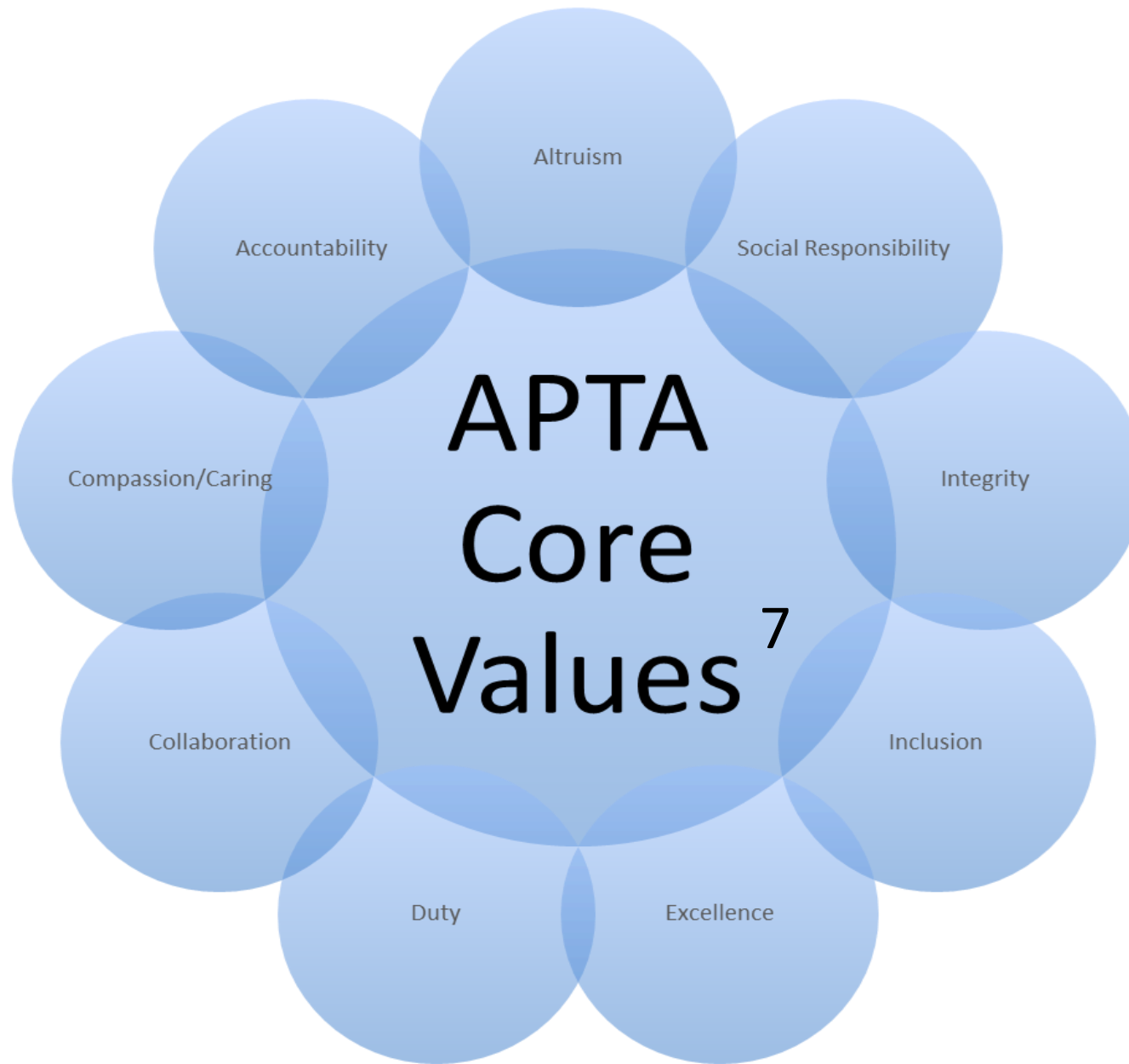
Personal and professional experiences

Professional education / environment

Profession at large

Shared experiences

Professional associations and
regulatory bodies



Challenges to Professional Identity: Personal & Contextual Factors

Limited / absent pre-professional experiences

Change in delivery of curricular content

Limited connection with classmates

Rituals / ceremonies held virtually

State association meetings virtually or cancelled

Less contact with academic faculty

Clinical experiences and community labs disrupted or cancelled

Role ambiguity

Dissonance between public and medical community

Mentor Strategies: Professional Identity Formation⁸⁻¹⁰

Be Welcoming

- Introductions to staff
- Inclusion in huddles, discussions, rounds, reports, d/c planning, conferences, etc.
- Invitations to professional events

Discuss Expectations

- Provide examples of how to navigate specific situations
- Tips: “Pearls of Wisdom”

Role Modeling

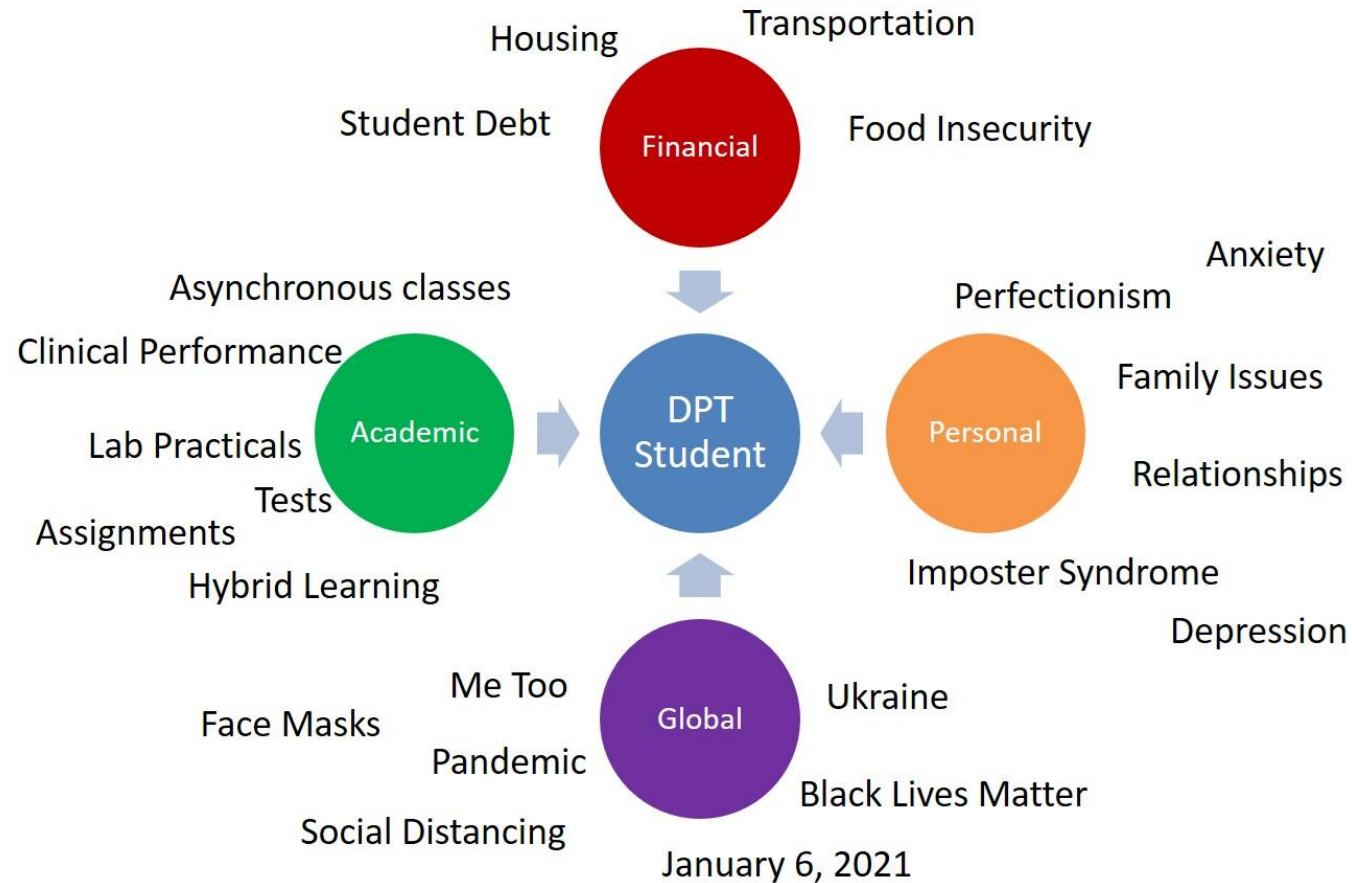
- Demonstrate, demonstrate back
- Debrief patient experiences

Develop an Early Warning System

- Collaboration between DCE, SCCE/CI, and student as needed

Contemporary Student Stressors and Mental Health

Contemporary Stressors in PT Students



Literature Review

Pre-Pandemic

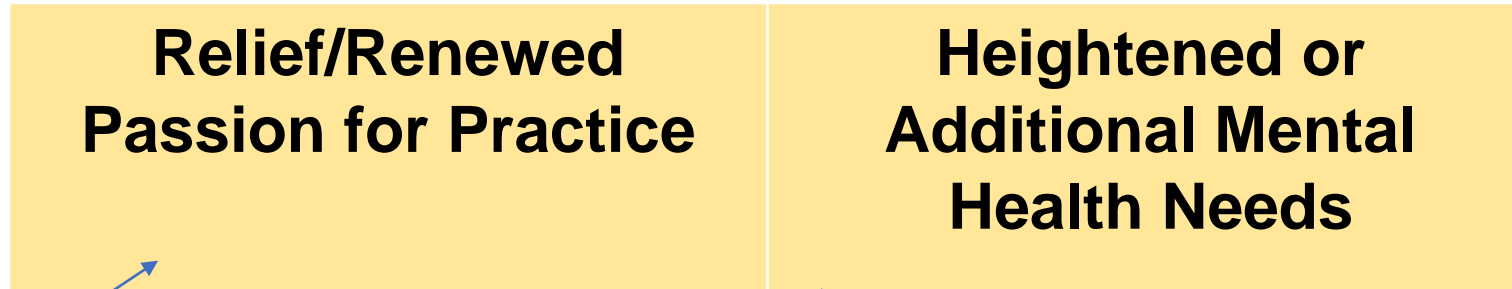
- DPT students: High levels of stress, anxiety, depression compared to age matched peers¹¹
- Social perfectionism¹¹
- Higher stress in first year students^{11, 12}
 - Adaptive and maladaptive coping skills^{12, 13}
 - Need to educate students on coping strategies

Literature Review

Post-Pandemic

- Relational separation¹⁴
- Fragmented learning¹⁵
- Increased psychological distress¹⁵⁻¹⁷
 - Anxiety, depression, confidence, self-esteem
 - Resiliency, motivation, mindset

Transition to Clinical Education Experiences



Clinical Placement Factors that Influence Mental Health^{9, 10, 18}

1. Cohort size
2. Length of clinical education experience (terminal)
3. Out of state placement
4. Proximity to support system
5. Availability of online/video counseling

Mentor Strategies: Contemporary Stressors and Mental Health⁸⁻¹⁰

Anticipate a need for increased support from both academic and clinical faculty

- Identify available resources to support students in your settings/communities
 - Organizations
 - Website with helpful self-assessment screening tools:¹⁹
<https://screening.mhanational.org/screening-tools/>

Promote early identification of mental health concerns

- Identify behaviors observed
- Encourage self-assessment
- Collaboration with DCE, SCCE/CI, and student
- Build resiliency
- Referral as needed

Impostor Phenomenon

Impostor Phenomenon

9, 10, 20

- *Describes high-achieving individuals who, despite their objective successes, fail to internalize their accomplishments and have persistent self-doubt and fear of being exposed as a fraud or impostor.*

Currently NOT recognized by the American Psychiatric Association or classified as a diagnosis by the International Classification of Disease

Signs and Symptoms of Impostor Phenomenon^{9,10, 20}

Self doubt

Low self-esteem

Poor self-confidence

Overthinking

Self imposed propensity for overachieving

Self-criticism while downplaying performance

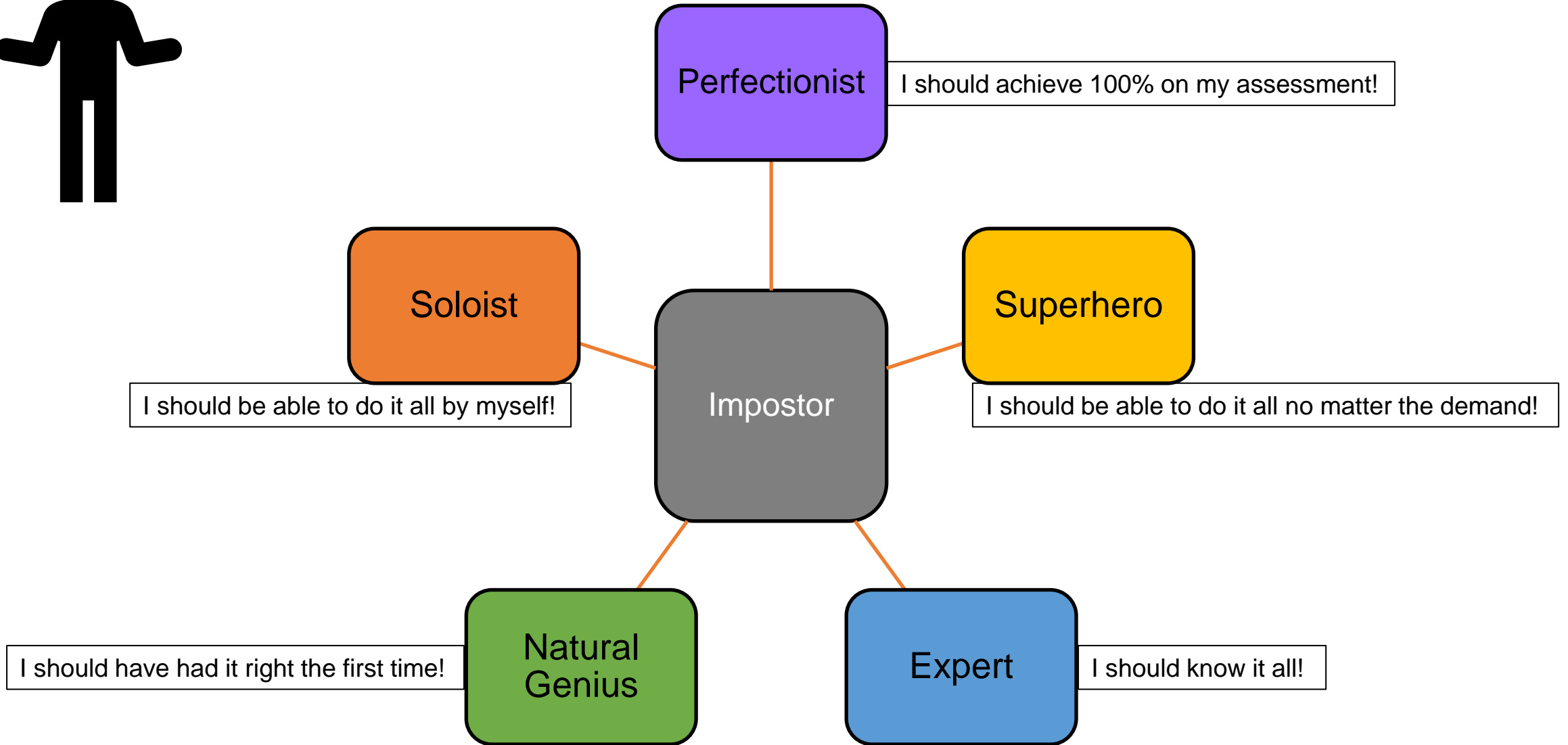
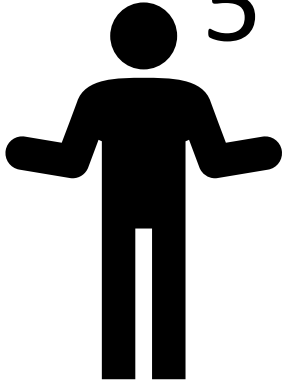
Self-sabotage of their own performance success

Anxiety

Shame

Desire to maintain social standing amongst peers

5 Subtypes of Impostor Phenomenon^{21, 22}



Impostor Cycle^{20,23}

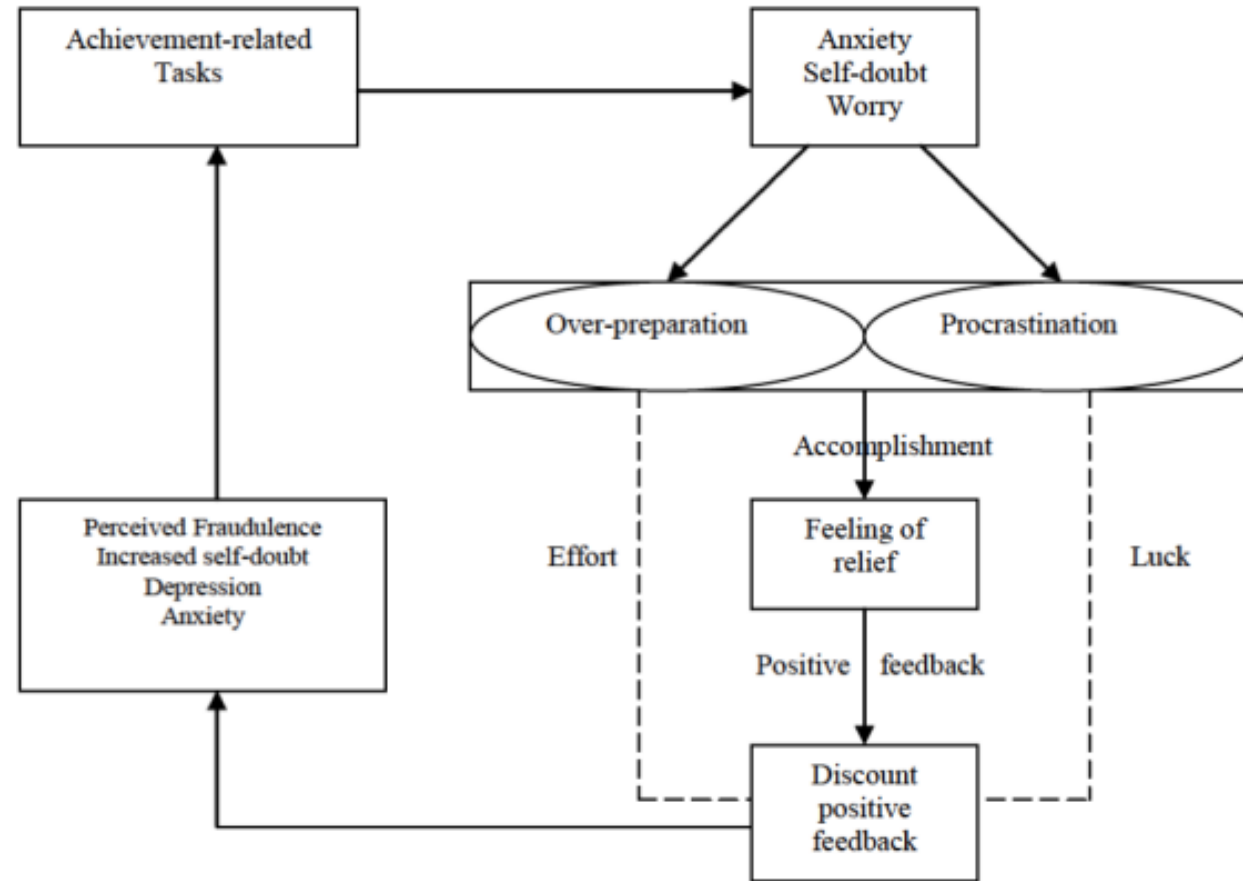


Figure 1. Diagram illustrating the Impostor Cycle based on Clance (1985).

The cycle begins with the assignment of achievement related tasks.

Adapted by Joshi A and Mangette H, 2018



What do we know about Impostor Phenomenon in DPT Students?^{9, 10}

- Exhibit signs of either overpreparation or procrastination
 - Subtype or severity may present differently based on the student's age, personality, personal and environmental context, and mental health comorbidities
-

Impostor Phenomenon in DPT Students ^{9, 10}



Less Severe Symptoms

- Tendency to overprepare/over explain
- May “parrot” their clinical preceptors
- Rely on charisma to compensate for insecurities


More Severe Symptoms



- Tendency to underprepare
- Sensitive or defensive to feedback
- Increased anxiety with performance assessments

The Language of Impostors: Commonly Expressed Thoughts²⁴

- **All or nothing** – I either got lucky and performed the examination right or I failed.
- **Catastrophizing** – I can't document an initial examination in less than 45 minutes, there's no way I'm going to pass this clinical.
- **Disqualifying the positive** – That sit-to-stand was easy, anyone could have done it.
- **Labeling**- I'm a lost cause, I'm just wasting my CI's time.
- **Magnification** – I didn't remember the origin of the gracilis; I know nothing about anatomy.
- **Must language** – I must use the goniometer correct after practicing today, or I am a failure.



Consequences of Continued Impostor Phenomenon in DPT Students^{10,21,25}

- Dismissal of positive feedback
- **Negative** impact on **self esteem** and **low confidence**
- Leads to **psychological distress, anxiety, and depression**
- **Burnout**
- **Physical exhaustion**
- **Avoidance** of prominent, highly visible tasks
- **Fixed mindset**
- **Decreased resiliency**

Assessment Tools²⁴

Harvey Impostor Scale: (1981) 14-point scale; one of the first instruments to assess IP

Clance Impostor Phenomenon Self-Assessment Tool: (1985) 20-point scale; accounts for fear of evaluation and other attributes not assessed with Harvey Scale.

Perceived Fraudulence Scale: (1991) 51 item scale; provides a more multidimensional assessment than previous scales

Leary Impostor Scale (2002) 7 item scale; while efficient in administration time, it is criticized for being unidimensional

Adapted Clance Self-Assessment Tool²⁰

1 Not at all true 2 Rarely true 3 Sometimes true 4 Often true 5 Very true

I have often succeeded on a test or task even though I was afraid that I would not do well before I undertook the task.

When people praise me for something I've accomplished, I'm afraid I won't be able to live up to their expectations of me in the future.

I sometimes think I obtained my present position or gained my present success because I happened to be in the right place at the right time or knew the right people.

I'm afraid people important to me may find out that I'm not as capable as they think I am.

I tend to remember the incidents in which I have not done my best more than those times I have done my best.

Adapted from *The Impostor Phenomenon: When Success Makes You Feel Like a Fake* (pp.20-22), by P.R.Clance Do not reproduce without permission from drpaulinerose@comcast.net.

Adapted Clance Self-Assessment Tool²⁰

1 Not at all true 2 Rarely true 3 Sometimes true 4 Often true 5 Very true

It's hard for me to accept compliments or praise about my intelligence or accomplishments.

At times, I feel my success has been due to some kind of luck.

I'm disappointed at times in my present accomplishments and think I should have accomplished much more.

Sometimes I'm afraid others will discover how much knowledge or ability I really lack.

I often compare my ability to those around me and think they may be more intelligent than I am.

*Adapted from *The Impostor Phenomenon: When Success Makes You Feel Like a Fake* (pp.20-22), by P.R.Clance Do not reproduce without permission from drpaulinerose@comcast.net.*

Adapted Clance Self-Assessment²⁰ Tool Interpretation

Scoring:

Add together the numbers for a cumulative total.

20 or less Few Impostor characteristics

21-30 Moderate Impostor Phenomenon experiences

31-40 Frequent Impostor Phenomenon experiences

over 40 Intense Impostor Phenomenon experiences

The higher the score, the more frequently and seriously the Impostor Phenomenon may be interfering in a person's life.

Mentor Strategies: Impostor Phenomenon^{8, 18,}

26-31

General

- No specific treatment for Impostor Phenomenon
- Acknowledge that it is real and occurs in varying degrees
- Practice/provide compassion²¹; positive self talk
- Create a cultural that values all students and professionals, including those who experience impostor phenomenon
- Encourage individual growth vs comparison with others²¹
- Pace the learning experience- set reasonable goals

Early Identification

- Promote student success by early identification of IP⁸
- IP & burnout is preventable & reduced^{8, 31}

Mentor Strategies: Impostor Phenomenon ^{8, 18,}

26-33

Mindset

- For the Health Professional: “the dynamic capacity to overcome adversity, drawing on personal, social, and organizational resources, to achieve personal growth and transformation”³²
- Several studies: grit, resilience, & mindset impact success & well-being.³³

Consultation and Referral

- Contact/collaborate with DCE/ADCE
- Community Resources: help students navigate challenges-SDOH-food insecurities, family relationships, loss
- Refer to counselors as needed

Other Strategies

- Role modeling self-acceptance, resilience, and a growth mindset
- Self imagery

On Grit, Growth Mindset, and Resiliency

Mentor Strategies

Mentor Strategies: Grit³¹⁻³³

Perseverance

- Persisting despite failure & set-back³⁴
- Stick with a plan to move forward instead of changing course

Impact

- Independent predictor of overall academic success (24% variance) & clinical performance (15%)
- Low grit: 2x more likely to fail clinical vs mod-high grit
- High grit: 4x more likely to have high resilience; 38% more likely to have a growth mindset

Mentor Strategies: Growth Mindset^{33,36}

Perception

- “Those who believe that abilities can be developed”³⁵
- Attitude, outlook, beliefs

Essential and Intentional

- Key in mastery learning
- Requires deliberate practice

Individualized

- Learner initiated, individualized learning plan
- Allows students to learn and adapt

Mentor Strategies: Building Resiliency^{8, 28-31}

Inclusion

- Communicate student value
- Include in brief discussions
- Invite to faculty/staff meetings
- Solicit their opinion and suggestions

Support

- “Destigmatize” advising, coaching, mentoring, results in feelings of a “team” atmosphere
- Identify IP in students via communication that is frequent and consistent
- Supportive atmosphere²¹

Mentor Strategies: Building Resiliency^{8, 28- 33, , 36}

Feedback

- Self doubt due to lack of daily direct observation & feedback
- Positive constructive feedback: Increase/promote desire of achievement
- Positive feedback and atmosphere: Increased self confidence & decrease feelings of fraud
- Faculty vulnerability in unintended experiences: Shifts blame from student. Analyzing experience as valuable learning.
- Reinforce all levels of success & achieved due to skill²¹
- Seek/provide feedback on performance, knowledge, & skills²¹

Mentor Strategies: Building Resiliency^{8, 28- 33, 36}

Communication

- Open
- Learn about the student: values, hobbies, routine, builds trust.
- Insecurity is common

Self-Care

- Manage stress: hobbies, mindfulness, positive self-talk

Mentor Strategies: Building Resiliency^{8, 28- 33, 36}

Self Awareness/Education

- Before starting clinical: recognize high prevalence of IP,^{8, 21} provide resources
- Reduce feelings of inadequacy
- Continuing Education: Review student cases, identify IP
- DCE/ADCE: Train clinical faculty, student resilience training programs (increases confidence & positive control).
- Recognition & identification in self and students²¹

Strategies: Resiliency Program Example³⁷

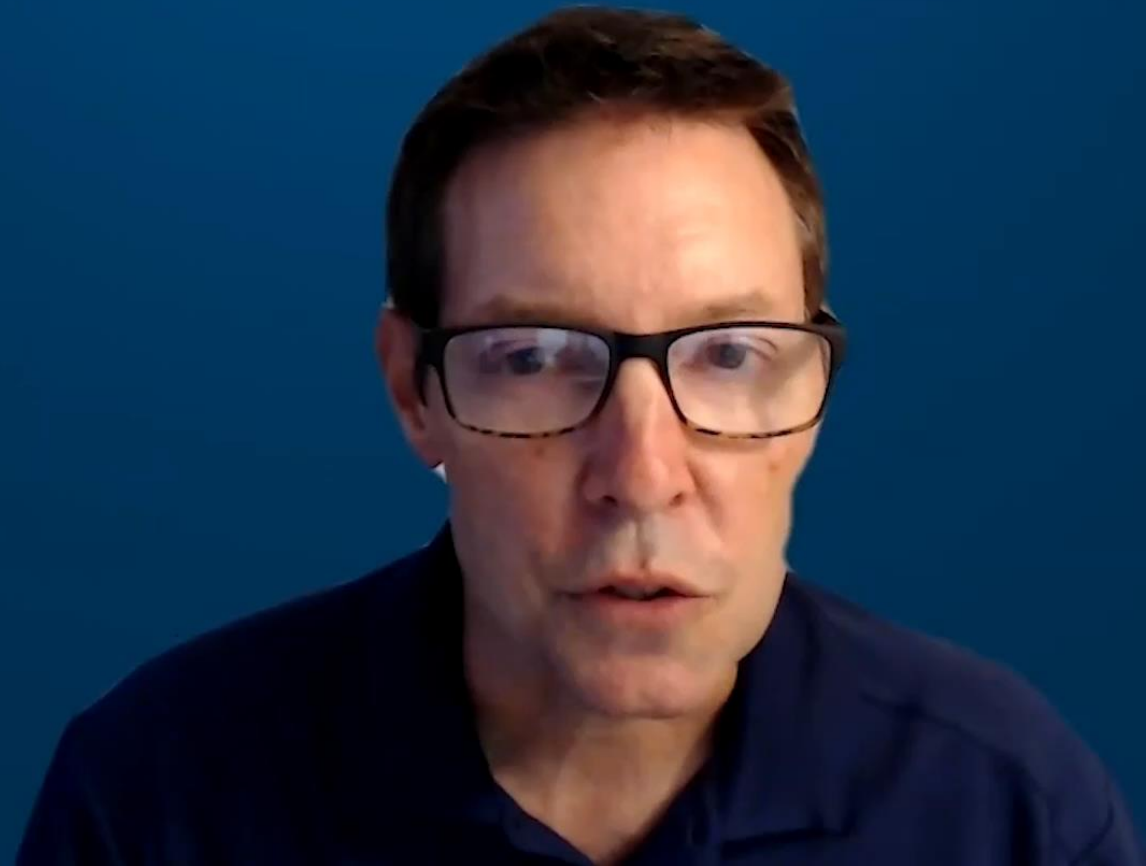
Mejia-Downs 2020

- First RCT addressing effectiveness for DPT students
 - 43 PT students, 86-100% attendance, 15 attended all 4 sessions
 - Baseline demographics: Caucasian, female, single, mid-20's, from the mid-west
- **4 consecutive weeks, 2-hour weekly sessions vs control group (wait list group)**
- **“Stop Running On Empty!” resilience curriculum**
 - **Stress vs Resilience, Strengthening Characteristics of Resilience, Strengthening Social Support & Physical Activity, How Do We Sustain Resilience?**
- Significantly improved resilience in treatment group & perceived social support in both groups
- Significant independent predictors of resilience at baseline:
 - Low levels of perceived stress, higher positive emotions, greater coping flexibility
- Measures most appropriate to predict resilience in DPT students:
 - Perceived stress scale, coping flexibility scale, modified differential emotions scale
- Caution: Small study size, not diverse

Student Video

THE GEORGE WASHINGTON UNIVERSITY

WASHINGTON, DC



BREAKOUT SESSION:

What do you think was key in helping the student?
What strategies worked?
Anything else you learned today that might also work?



Conclusion

Kick imposter syndrome to the curb by:



Focusing on **facts**



Learning from team members



Fighting feelings with **evidence**



Acknowledging and **releasing** feelings



Reframing negative thoughts



Anticipating the feelings



Sharing it with someone



Finding a **mentor**



Celebrating a **win**
(toot your horn!)

Recommended Reading

Quiet Quitting

Mainiero LA, Sullivan SE. The opt out revolt: When people are leaving companies to create kaleidoscope careers. Davies-Black Publishing; 2006 Dec 15.

Growth Mindset

Dweck CS. Mindset: The New Psychology of Success (Updated Edition). Ballantine Books; 2006, 2016).

Grit

Duckworth AL, Peterson C, Matthews MD, Kelly DR. Grit: perseverance and passion for long-term goals. J Pers Soc Psychol. 2007 Jun;92(6):1087-101. doi: 10.1037/0022-3514.92.6.1087. PMID: 17547490.

Make It Stick

Brown PC, Roediger III HL, McDaniel MA. Make it stick: The science of successful learning. Harvard University Press; 2014 Apr 14.

Master Adaptive Learner

Cutrer W, Pusic M, Gruppen LD, Hammoud MM, Santen SA, editors. The master adaptive learner. Elsevier Health Sciences; 2019 Sep 29.

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Student Video

