Coaching Communication Skills for Generation Tech

(& anyone else having a hard time connecting)

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Introductions

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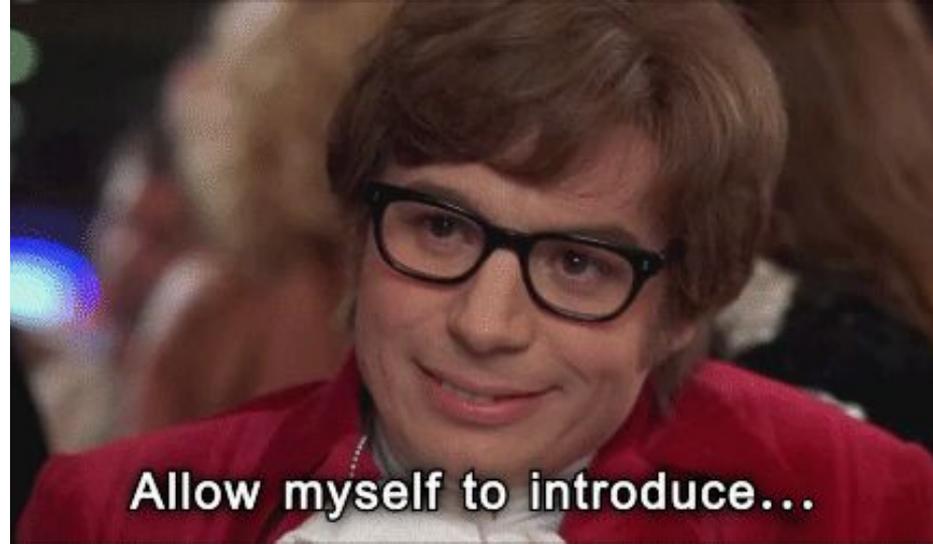
Objectives

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After today's session, the learner will:

Understand the impact of generational characteristics on student learners

Understand importance of instructing personal communication in clinical settings

Understand strategies for coaching communication skills

Understand roles of student, CI, CCCE, and ACCE in successful clinical outcomes

Set the Stage for the Session

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Understand our background

Open sharing of experiences

Role of the physical therapist does not change but the method for teaching how we do it has to change based on the learner

Understand our learner...not a bashing session

Case study consideration

Consider the stakeholders:
✓ Student
✓ Clinical Instructor
✓ Director of Clinical Education
✓ Patient

How does this make you feel?

Let's discuss:

❖ Symptoms?
❖ Problem list?
❖ Solutions?
❖ Outcomes?

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How did we get here?

Generations are shaped by social events in the formative years (elementary school to early college)

Yesterday's Student

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Baby Boomers (1946–1964)

Influences: Vietnam War, Civil Rights Movement, promise of "American Dream"

Qualities: optimistic, ambitious, competent

Generation X (1965–1980)

Influences: Watergate, Y2K, energy crisis, working moms

Qualities: self-starters, independent, driven, adaptable, work/family balance

History: Educating yesterday's student

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Medical professional training curricula

Many have as a prerequisite Public Speaking

Most do not include personal communication course

Today's PT/PTA Student

Generation Y / Millenials & Generation Z

Surviving & Inspiring the **GENERATION Y**

Physical Therapy Student

Young people don't need you to talk to them in their language. They just want to be treated like intelligent people who are worthy of respect.
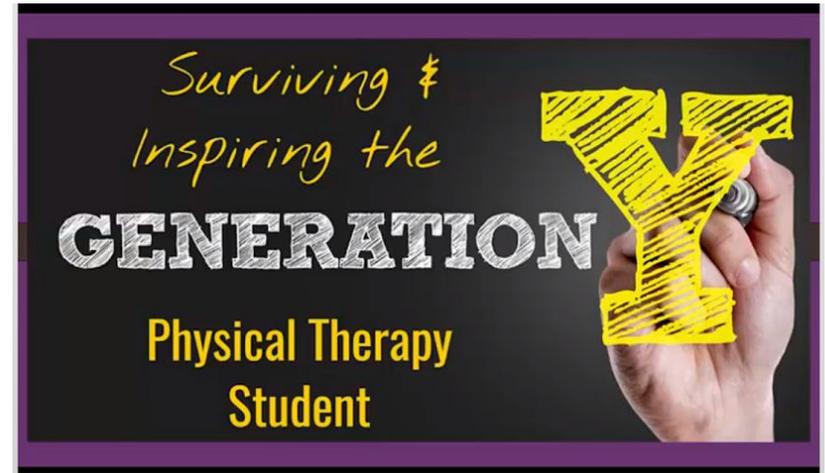
Generation Y / Millennials (1981-2000)

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Largest generation in workforce (children of BBs)

Influences: digital media, child-focused world (school shootings and 9/11)

Qualities: racially and ethnically diverse, tech savvy, avid consumers, civic duty, extreme fun, ambitious but not focused, loyal to peers, open to new ideas, attached to gadgets and parents, multitasking, value personal time and flexible work/education arrangements

Gen Y Titles

- Digital natives
- Gen Y
- Gen "Me"
- Screen-agers
- Gen "Whine"
- Gen "Why?"

Strategies: Based on Qualities

Tech savvy	Tech as teaching tool; appropriate use of technology in clinic (apps)
Value personal time and flexible work	Flexible teaching strategies; personal projects to help engagement (student decides inservice or project)
Relationship dependent	Develop relationship with student; caring, approachable, motivating (part of orientation to learn about student beyond SPT/SPTA)
Visual and kinesthetic learners	Simulation activities; connect thought processes to real life (simulate real life situations for patients; i.e. make bed, car transfers, picking up children)
Feedback dependent	Crave immediate feedback and want to give CI feedback (schedule daily and weekly feedback sessions; positive feedback in front of others)
Issues with authority	Respect needs to be earned (share real life stories, model and state expectations)
Seek purpose and passion	Encourage professional feedback, purpose in clinic (student project)
Parallel processing	Need help with linear processing (THINK OUT LOUD)

Gen Y Strategies: Application to PT Education

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1. Professional Behaviors
2. Technology and Innovation
3. Mentoring
4. Communication

1. Gen Y: Professional Behaviors

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A. Professional behaviors
   a. CLEAR EXPECTATIONS
   b. Schedule
      i. Daily and weekly feedback
     ii. Procedures for struggling students
    iii. Student plan for learning WITH student

2. Gen Y: Technology and Innovation

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A. Technology and innovation
    a. Electronic device policy
    b. Utilize helpful apps

3. Gen Y: Mentoring

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A. Mentoring / Sharing
    a. Guide personal goals
    b. Guide self-reflection
    c. Model time management skills
    d. Approachable and motivating

4. Gen Y: Communication

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A. Communication is SO IMPORTANT
    a. Discuss defensiveness IMMEDIATELY
    b. Praise in public
    c. Be ready to accept constructive criticism

Generation Z (1998-2016)

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Influences?

Qualities: more diverse, more technology (highly sophisticated media and computer environment), lack of patriotism? More leeway? Less parental help (homework, etc)? Less optimistic (more worried)?

Consequences? Millennials on steroids

Personal Communication Skills: Educating today's student

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The majority of students in physical therapy programs today are digital natives

Access to digital platforms since very young age

Able to navigate digital technology systems better than older people

Advantages

Digital natives will be more successful with use of EMR technology as it evolves

Digital natives are more able to efficiently and effectively locate research through digital platforms

Disadvantages

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Personal interaction skills may be declining

Patient experience reports decline

Now what?

Strategies for managing personal communication

Strategies for managing personal communication

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1. The clinical instructor must instruct
2. The clinical instructor must provide opportunity
3. The clinical instructor must alert center and academic coordinators
4. The clinical instructor must assess performance accurately
5. The clinical instructor must provide guidance

1. Instruct

A. Set expectations of how the clinical student should communicate with staff and patients
   a. Use a communication tool such as AIDET (Acknowledge, Identify, Duration, Expectation, Thank)
   b. Advise student that you expect him/her to communicate in the manner you do (then provide a good example)
   c. Use teach-back to assess whether the student understands the expectations you have for effective communication

1. Instruct

B. Provide specific correction or performance improvement guidance when needed

    a. Make very specific comments about **body language, facial expressions, tone of voice, eye contact**

1. Instruct: Specific Correction

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Body Language

BE SPECIFIC

Make suggestions about body position, use of arms, posture

"This concludes my lecture on non-verbal communication. Any comments or questions?"

1. Instruct: Specific Correction

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Facial expression

Specific instruction is easier to follow, and easier to assess

YOU REALIZE THAT NOTHING IS AS CLEAR AND SIMPLE AS IT FIRST APPEARS. ULTIMATELY, KNOWLEDGE IS PARALYZING.

1. Instruct: Specific Correction
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Tone of voice

Specific guidance is key

Explain inference with tone

1. Instruct: Specific Correction

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Eye Contact

The most important way to connect with a person.

Moderation is key
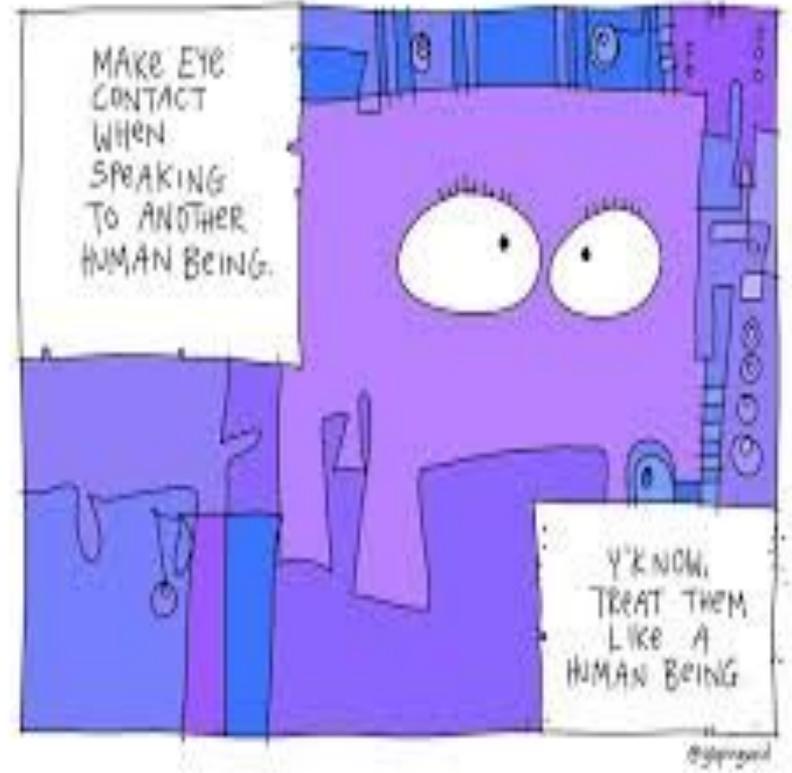
2. Provide Opportunity

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A. Allow student to introduce himself/herself and you, explaining roles and expectations for your session
B. Allow student to interact with staff, other professionals when appropriate
C. Recruit fellow staff or well-known patients to allow practice communication prior to specific patient or staff interactions

2. Provide Opportunity: Introduction

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The first impression is the lasting impression

Script the student initially

    -Must haves

    Name, role, school and year, how long you've been here

    -Nice to haves

    Small talk - weather, sports, etc.

2. Provide Opportunity: Introduction

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-Provide example - "Do as I say, not as I do" DOES NOT WORK!

-Demonstrate specifically how you would like for the student to introduce himself

-Have the student introduce herself to all staff members in the working area early in the day on day one

-As student is successful, allow introductions to patients/family members

2. Provide Opportunity: Interaction

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Allow student to provide updates to staff following your care

   -Provide cues for what information to share, role play follow up questions if time

2. Provide Opportunity: Interaction

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Allow student to provide education to patients

-Be sure you have provided a good example first!
    Remember to "think out loud" as often as you are able so that your student begins to connect the academic knowledge with the clinical skill set you are seeking

-Give student outline of topics to cover - verbal/checklist

-Conversationally fill in details that student missed to optimize patient experience

2. Provide Opportunity: Recruit staff and patients

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Engage patients in educating your student in communicating well

Good recruits: patients you've already educated and you're confident have good understanding of your targeted topic

Give *patients* the opportunity to correct, redirect, and grade your students based on the interaction they have

3. Alert Center and Academic Coordinator(s)

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EARLY AND OFTEN!!!!

Center coordinator (CCCE) should be alerted first

CCCE and CI will then alert ACCE together

CCCE/CI will implement strategies for improvement

ACCE is notified at this point so that he/she is prepared to be a resource if needed

3. Alert: CCCE

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Depending on the situation, the CCCE may:
-supervise the student for a duration to observe the problem
-provide guidance to the CI
-meet with the student to ensure he/she is aware of the issue, and assess the student's knowledge of the issue
-meet with the student-CI team to implement strategies
-follow up with the student and CI to progress strategies and/or change strategies
-monitor response/results of interventions

3. Alert: ACCE/DCE

Once the ACCE/DCE is alerted to the problem, he/she may:

- Communicate / understand specifics from CI/CCCE AND student
- Mediate communication between CI/CCCE and student
- Provide guidance: CI/CCCE, student, pair
- Design and implement remediation plan (accommodations?)
- Identify and evaluate student expectations

4. Assess Accurately

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Be honest with yourself and your student:

-Is this a personality issue?

-Will your personal bias interfere with the student's success?

-Is the score you are giving on the CPI justifiable by evidence, or is it based on personal feeling?

4: Assess Accurately: Evidence

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Keep notes detailing specific interactions

Review these with the student daily/weekly

Give him/her opportunity to consider corrections/ "What would I do differently?"

If you don't have enough evidence to give feedback, you don't have enough evidence to score!

4. Assess Accurately: Assessment

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Clinical instructors should be meeting with students at least weekly.

Once a communication problem is suspected or identified, meeting frequency must increase in proportion to the frequency of the problem.

A student should *never* learn about a problem at a formal weekly review.

Can we fix it?

Attending to communication problems in the clinic

5. Provide Guidance

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Good communication is a vague concept

How does a clinical instructor coach these skills?

BE PREPARED!

BE DIRECT!

BE A COACH!

BE FAIR!

5. Provide Guidance: Be prepared!

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Know:

-where your student is in the academic curriculum

-what your academic partners have already covered regarding communication

-your Center Coordinator and your Academic Coordinator, and how to reach each of them

-how to provide good examples of the communication skills you expect from your student

-how your student prefers feedback (may evolve through the clinical by your observation or student's reaction)

-how your student needs to process

5. Provide Guidance: Be direct!

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Make the student aware of any communication problems early

-Be kind in your delivery

-Be clear in your expectations – and stick to them!

-Be supportive – it is *everyone's* goal to have a successful student experience

5. Provide Guidance: Be a coach!

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Ask your student what he/she feels are the weaknesses in connected communication for him/her?

Problem-solution format and approach

Eye contact	Overconfidence
Natural introvert	Genius (mad PT skills, poor personal skills)
Lack of confidence	Poor listening skills

Coach: Eye contact skill-builders

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1) Staring contest!
   a) The rules are different: Make eye contact as you tell someone something about yourself, or a story with which you are very familiar. Do not break eye contact with the other person (except blinking) until you have finished
2) Eye color
   a) Make eye contact with at least 10 people in any setting long enough to be sure of their eye color

Coach: Natural introvert skill-builders

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1) Why I Love
   a) This exercise requires the student to make a list of the reasons he/she wants to have a career as a physical therapist
   b) The purpose is to make it clear that many work-related tasks include frequent interaction with others
2) Small Talk
   a) Make contact with at least 3 people you do not know in a public place, and carry on a conversation that lasts at least 2 minutes with each of them
3) Selfie video
   a) Video introducing yourself or explaining a topic, then watch it. Would you trust you? Did you make sense? Would you have confidence in your care?

Coach: Confidence skill-builders

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1) You Tell Me
   a) Give the student an opportunity to tell you something that he is very passionate about. Observe his behavior as he talks
   b) Point out how facial expression, body position, and tone of voice changed as he talked about this, and ask what would make him able to talk about clinical skills in this manner
2) I Don't Know
   a) Ask the student about a non-clinical subject matter (multiple times if needed) until he/she responds with "I don't know."
   b) Help the student understand that it's okay to be unsure about clinical presentations, and she needs to have the confidence to say so. It is better to be honest and learn than dishonest and misleading

Coach: Overconfidence skill builders

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1) I Don't Know
   a) Ask the student about a non-clinical subject matter (multiple times if needed) until he/she responds with "I don't know."
   b) Explore why student feels comfortable responding this way about the non-clinical subject, but not clinical-related subjects - this topic can become a key word for future clinical interactions
2) Irrational Fears
   a) Ask your student to share the silliest thing he/she is afraid of, and share yours. Lead into how many students are afraid of appearing inadequate, and tend to overcompensate for this
3) I'm Terrible At…
   a) List at least three things you do not do well. Explain why it's OK that you're no good at these, and how that may relate to your clinical experience

Coach: Genius skill-builders

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1) It's kind of like....
   a) Give your student an example of when he/she talked "over the head" of your patient. Ask him/her to take that topic, and think of a way to explain it in terms of something very familiar to most people
2) Everybody cares about….
   a) Remind your student that no one cares about his PT skills if he can't relate on a human level. Give him a topic to ask of every patient he interacts with today to help him along.
      i)   What did you have/will you have for lunch today?
      ii) What are your plans for the weekend?
      iii) Was it still very cold as you came in today?

Coach: Poor listening skills

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1) Jail the detail
   a) Observe and listen as student collects history & background information. Following the session, you will ask 3 questions related to what he/she heard from the patient. Make your questions a mix of personal vs. medical information

2) Teach back
   a) After you provide an explanation/demonstration of a task/skill/condition, ask the student to now teach you the same in his/her own words

3) Let me be sure
   a) Allow patient to answer a question (or provide a scenario). Inform your student that he/she must now follow up with "let me be sure I understand," and paraphrase what he/she heard from patient

5. Provide Guidance: Be Fair!

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The clinical instructor's role is to provide insight to the student's current clinical skills and behaviors to the academic program.

Only the academic program may determine whether a student fails or passes the affiliation.

Before you grade a student, be sure the grade you are assigning is fair, accurate, and supported by evidence to the extent possible.

The Successful Student

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The Unknown Variable is always the student

Successful students will:

-Self-assess accurately (not defensive or closed-off)

-Be willing to listen to others' perceptions

-Be willing to be coached

-Make an honest effort at adapting

Case Scenario

Case Scenario 1

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Jerry's CI contacted CCCE to say we have a problem. Jerry has been in clinic for a week, and his clinical skills appear to be on target, but all patients tend to dismiss him in favor of communicating with his CI, and then will not reconnect with Jerry again. CCCE visited on-site, and observed that Jerry made minimal eye contact, body language closed, passive voice and frequent use of "unsure" words. CCCE observed a patient bypass Jerry to speak to CI, and CCCE intervened.

Jerry

CCCE removed Jerry from treatment session, and held conversation in private room. CCCE asked Jerry about planned interventions, all of which were on target for the patient he was treating. When asked about how he decided to become a PT, CCCE observed all of the behaviors that Jerry displayed in the treatment session, and CCCE had to lead Jerry with further questions to get him to continue talking.

Suggestions?

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Plan

CCCE provided frank assessment of communication skills and identified deficits

CCCE provided homework assignments to boost his eye contact, small talk skills, and creating clinical to practical connections

CCCE and CI planned re-introduction of student into provision of treatment, and student was able to successfully complete clinical affiliation

Can we predict it?

Teaching communication skills in the classroom

Preparing "Today's Student" for the Clinic

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Recommendations:

1. General preparation
2. Self-assessment
3. Practical application
4. Early identification and remediation
   a. Practice
   b. Focus goals
   c. Clear expectations
5. Accommodations

1. General Preparation

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A. Learning Styles Inventory
B. Personality Test
C. True Colors

2. Self-Assessment

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A. Professional Readiness Assessment
B. Communication scenarios with self-assessment

3. Practical Application

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A. ICE experience: patient interaction, interviews
B. Skills checks
C. Practical examinations

4. Early Identification and Remediation

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A. Student meetings and/or clinical practicum feedback
B. Remediation plan:
    a. IAP outline
    b. Contract with expectations
    c. Practice (in-house)
    d. Focus goals / feedback

*Remediation initiation is earlier

5. Accomodations

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Case Scenario

Case Scenario 2: History

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Sally is a first year (1st semester) DPT student who has raised some concerns with several faculty with regards to her interactions with persons of authority while giving feedback. General recommendations from faculty to give regular, specific feedback to student prn. Faculty member approached DCE with continued concerns so student meeting was planned.

Student Meeting Suggestions?

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A. Student self-assessment of issues
    a. Specific examples
B. Clearly outline concerns
    a. Specific examples
C. "What is the cause of issue?"
    a. Guide student to cause
D. "How can I help you?
    a. Guide student to remediation plan

# Case Scenario 2: Issues

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Issues:

- Self-assessment poor (communication and performance)
- Harsh style of communication
- Victim mindset

Case Scenario 2: Remediation Plan

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- Student identifies issues
- Student writes specific goals
- Student/faculty/DCE create scenarios
- Clinical scenarios (CI feedback) with immediate feedback and modeling of interactions
- IAP and weekly planning forms

Updates on Case 1 & 2

Questions & Feedback
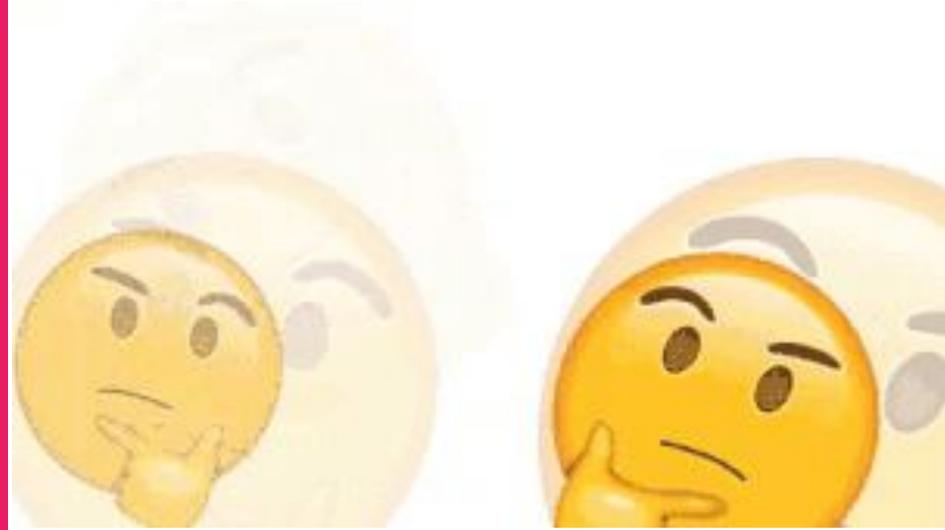
References

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Surviving and Inspiring the Generation Y Student (APTA online course)

http://socialmarketing.org/archives/generations-xy-z-and-the-others/

http://www.businessinsider.com/generation-z-profile