

NECCE Spring CFI: Promoting and Advancing Inclusive Excellence in Clinical Education

Case Studies

Learning Objectives: By engaging with these case studies, clinical instructors will:

- Identify barriers to inclusion and equity in clinical education.
- Develop strategies for fostering a supportive and strengths-based learning environment.
- Recognize the responsibilities in responding to bias, accessibility needs, and advocacy.
- Explore communication approaches that promote constructive feedback and student growth.
- Apply best practices for addressing excellence in inclusive practices in clinical education.

Instructions: Clinical educators will be randomly assigned to small groups. Groups will be assigned a case study to review. In breakout rooms, each group will provide brief introductions and review the case study. Each group will designate a facilitator, recorder and person to report out in the group debriefing.

Consider the case study and how clinical instructors can adjust feedback and instructional methods to align with the student's strengths in clinical education. Please respond to the discussion questions and prepare to share your responses with the group during debriefing. Consider the potential strategies for clinical educators section as a resource. If time is a concern, please focus on the questions bolded.

Case Study 1: Supporting Neurodivergent Learning in Clinical Education

A DPT student in her second of three 12-week clinical experiences, placed in a specialty neurological clinic. She arrives prepared with well-defined SMART goals, including independently managing complex patients, supervising participants in the Rock Steady program, and engaging in interprofessional collaboration.

She identifies her learning preferences: observing first, then practicing under supervision before moving toward independence. She states she benefits from direct communication and structured routines. She also shares that she has ADHD but has not required formal accommodations in her education thus far.

Initially, she demonstrates strong organization and preparation, researching cases in advance and developing structured approaches to treatment. However, by week three, she struggles with adapting to unexpected schedule changes, patients presenting with unanticipated conditions, and distractions in the clinic. She is focusing much time and attention to her inservice, and is diving into great details on the topic. Since beginning preparation for the in-service she has less focus on patient care. By week five, she continues to rely heavily on routines and is challenged by clinical reasoning flexibility. She requests to delay treating new patients until she can prepare in advance. Staff also observe repetitive behaviors, such as tapping a pen while preparing documentation, repeating phrases when receiving feedback, and has a pattern of repeated behaviors getting ready for the day ahead that can last up to 45 minutes if not interrupted. She has been provided a quiet space for documentation as requested by the program?

Case Study 1 continued

Discussion Questions

Who and when should others be contacted to support the clinical instructor and student?

What supports would you request from the DPT program and how could the DCE assist in this student experience?

What proactive strategies can help the student build flexibility in clinical reasoning?

How can clinical sites foster an inclusive environment for neurodivergent learners aside from formal accommodations?

How can alternative feedback strategies (e.g., written feedback, structured reflection) support student learning?

Potential Strategies for Clinical Educators

Provide predictable structures while gradually increasing exposure to dynamic situations.

Use strengths-based approaches, such as leveraging the students' attention to detail and preparation.

Offer alternative ways to process feedback, such as visual or written summaries.

Normalize support mechanisms for all students to reduce the burden of self-advocacy.

Integrate universal design principles in clinical instruction to support diverse learning needs.

Case Study 2: Fostering Inclusion for First-Generation and Culturally Diverse Students

A first-generation college student, the child of immigrants, begins an inpatient clinical rotation at a rural community hospital. Coming from a metropolitan-based DPT program, the student demonstrates strong preparation and a growth mindset. The rehab department creates a welcoming environment, and the student expresses feeling supported.

During the experience, some patients with cognitive impairments make inappropriate remarks about the student's background. Additionally, patients without cognitive impairments ask intrusive questions about their nationality and appearance. A rehab staff member later comments on an unfamiliar smell in the shared kitchen after the student warms up their meal.

At the end of the week, you check in with the student and ask how you can further support them.

Discussion Questions

What strategies can clinical educators use to address inappropriate patient and staff comments in real-time?

Who and when should others be contacted to support the clinical instructor and student?

What supports would you request from the DPT program and how could the DCE assist in this student experience?

How can clinical instructors support students without placing the entire responsibility of advocacy on them?

How can clinical sites create a structured approach for promoting and advancing inclusive excellence in clinical education?

What power dynamics may affect the student's willingness to discuss these experiences?

Potential Strategies for Clinical Educators

Model appropriate responses when addressing patient or staff bias.

Establish clear expectations that discriminatory remarks, even from patients, will not be tolerated.

Conduct structured debriefs to allow students to voice concerns without fear of retaliation.

Provide institutional pathways for reporting microaggressions and discrimination.

Request training on cultural humility for all staff and clinicians.

Case Study 3: Advocacy and Professionalism in Gender-Inclusive Care

A DPT student in a sports medicine outpatient clinic is excelling in patient management, communication, and teamwork. The student wears a university-provided name tag displaying their name and they/them pronouns.

For their clinical education inservice, the student proposes two topics: The first is the role of physical therapy in post-operative care for individuals who have undergone top surgery. Top surgery is surgery that removes or augments breast tissue and reshapes the nipples and chest to create a more masculine or feminine appearance for transgender and nonbinary people. A project exploring pronoun use on healthcare provider name tags is also suggested by the student.

The clinical instructor (CI) and site clinical coordinator of education (SCCE) support these. However, a week later, the SCCE informs the CI that the company director and CEO have requested that the student choose an alternative topic, as the proposed topics have no relevance to the clinic population and community.

Discussion Questions

How should clinical educators advocate for patient-centered and evidence-based learning topics?

Who and when should others be contacted to support the clinical instructor and student?

What supports would you request from the DPT program and how could the DCE assist in this student experience?

What ethical obligations do clinical sites have in supporting inclusive healthcare education?

How can students be supported in navigating professional advocacy within workplace constraints?

What long-term strategies can institutions implement to ensure that gender-inclusive care is part of clinical education?

Potential Strategies for Clinical Educators

Frame discussions with leadership around evidence-based care and patient outcomes.

Highlight that gender-affirming care is recognized within professional guidelines.

Support the student in their topic by maintaining the core focus on inclusive care.

Facilitate discussions on ethical responsibilities when clinical policies conflict with best practices.

Identify the role of gender healthcare in physical therapy as part of improving societal health.