Affective Skills—General Tips and Guidelines

Students who are heading out to their clinical experiences are excited and nervous. They are worried about things like taking a goniometric measurement, recalling the total hip precautions, performing an ultrasound, or being able to name the rotator cuff muscles when quizzed. What they may not understand is that, while these "cognitive" and "psychomotor" skills are certainly very important, they are *almost never* the "make or break" skills in the clinical environment.

A student who has difficulty recalling normal lab values can be given assignments to "read up" on those. A student who isn't able to perform an effective stand pivot transfer can be given more opportunities to practice and "talked through" the technique. What is *much* more difficult to address is the student who doesn't appear motivated to learn, who is defensive when given constructive critique, who is extremely shy/quiet, or who frequently shares too much personal information. Those "affective" skills (1) are much harder to objectively define & identify (2) can be uncomfortable for a CI to initiate a conversation about and (3) can therefore present a <u>*large obstacle*</u> to the student successfully completing the clinical experience/becoming an effective and professional clinician.

In considering whether to address and how to go about addressing deficits in a student's affective skill(s), the clinical instructor may benefit from using the following strategies/considering the following information:

- In most cases the student is unaware that a particular behavior is being perceived as unprofessional. Realize that there is often a ***large disconnect between "intention"*** *and* ***"perception"***.
- Affective "skills", just like cognitive and psychomotor skills, ***can be practiced and improved.*** But in order for this to happen, the behavior must be identified, expectations for performance clearly communicated, and ongoing feedback provided.
- Identify and give feedback on ***objective/ specific behaviors***. For example, saying "when talking to the techs you tend to interrupt/finish their sentences and don't maintain eye contact with them — which *gives the perception* that you don't respect their opinions" ***is better feedback than*** "you treat the technicians disrespectfully".
- Students will respond better to constructive feedback on affective skills when ***combined with positive feedback***. For example, "your transfer technique with that last patient was very good. Just remember to work on speaking with more confidence and voice volume".
- Let the student know during your first day(s) of the rotation that you will be observing and giving feedback on these skills. Not all potential problems can be anticipated, but set clear expectations for some of the more "common" affective skill issues/behaviors.
- Be sure to ***enlist the help of the Program's ACCE/DCE.*** He/she will have more insights into the student's classroom behavior, communication & learning style, and performance history from other clinical rotations. They will also be able to assist you with setting objectives/goals for those skills and documenting progress.

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