



Transcript: A Pediatric Student-Led Clinic: One model to help right-size children's healthcare

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Katharine: Welcome to SPARK: Conversations, Children's Healthcare Canada's monthly podcast series. SPARK: Conversations is one component of Children's Healthcare Canada's SPARK Knowledge Mobilization Program. I'm Dr. Katharine Smart and today I'm absolutely delighted to be speaking with Kiersten McMaster.

Kiersten is a Vancouver-based physiotherapist, who discovered her passion for physiotherapy early on, driven by her love for human movement as a dancer. After completing a double major in Kinesiology and Dance at York University, she earned her Master's in Physiotherapy from the University of Queensland in Australia. Specializing in pediatric care, Kiersten works with children, including those with Autism Spectrum Disorder, Cerebral Palsy, developmental delay, and sport-specific injuries. Her client-centered approach prioritizes collaboration with families to set individual healthcare goals.

Driven by a commitment to advocacy, particularly for children with disabilities, Kiersten pursued a Master of Business Administration from the University of Victoria. She aims to elevate national standards in pediatric patient care and promote empowerment and positive change. She currently leads the first Pediatric Student Led Clinic in collaboration with the BC Centre for Ability and the University of British Columbia. Kiersten provides hands-on pediatric experience for physiotherapy students and encourages them to explore employment opportunities in children's healthcare. In her free time, Kiersten enjoys exploring the North Shore mountains, spending time with loved ones, and cuddling with her cats. So welcome Kiersten.

Kiersten: Thank you so much. I'm so excited to be here today to talk about the project and to share some of the findings that we've had so far.

Katharine: Fantastic, I'm really looking forward to our discussion. So as you know, Children's

Healthcare Canada is on a mission to right-size children's healthcare systems. From coast to coast to coast and across the continuum of care; children, youth and their families are experiencing long and costly delays for essential and time sensitive health care services.

During the recent 2023 Children's Healthcare Canada conference, we heard that healthcare professionals and at the conference -- it was nurses who are telling us -- in Canada have limited access to pre-licensure, educational and practical opportunities in children's healthcare. Which places a burden on healthcare organizations to provide the specialist training in most new hires. And I imagine it also prevents many people from realizing the absolute joy it is to work with children and their families. So, Kiersten I think your student-led clinic has a real potential to serve as a model to showcase an approach to right-sizing children's healthcare, and to improve children's health outcomes by enhancing access to services and contributing to the supply of qualified and passionate children's health care professionals.

Kiersten: Yeah, I absolutely agree. I think it definitely serves to sort of achieve those goals. Yeah, I'm excited to talk about it today.

Katharine: Fantastic, so let's get into it. Kiersten, tell us about this student-led service. When and why did you create it? How did you come up with this idea? And practically speaking, how does it work?

Kiersten: Yeah, absolutely. I think to get started, it might be nice to explain what we do here at the BC Center for Abilities, just to provide a little bit more context. So, we are a non-profit society that provides children and youth and adults with services. So, the center operates under lots of different programs here. And the pediatric student-led clinic operates throughout our early intervention program. So that program provides services for children from zero to five years old. And it consists of physiotherapists, occupational therapists, speech language pathologist and social work. So, the real goal of establishing this student-led clinic was to increase the access for physiotherapy services, as well as to provide opportunities to engage students with practical learning within pediatrics to hopefully help with hiring and retaining them post-graduation. And there's been lots of people who have been really instrumental in getting this clinic off the ground. It's been a long-term project. This didn't happen overnight. And one of the pioneers is Angelina Woof, who is a pediatric physiotherapist as well. But she currently is also the Associate Head of Clinical Education at UBC. So she really did the legwork to getting this clinic funding to be able to operate. And then myself, I became involved with a project just after it had received its funding sort of late last summer. And my job was really to spearhead the program development of the clinic and I had 10 weeks to get the clinic off the ground before our first set of students arrived.

So that did yeah, it was a lot work. So, creating the program really from the ground up, setting up several clinical spaces and recruiting clients to participate in the program as well. So, we launched November last year with our first two students. And it was very successful. So, I'm excited to kind of keep evolving and adapting the program as it continues to grow.

Katharine: Wow, that's fantastic. Can you tell us a little bit more so far about how it functions? Like, what types of kids are coming? How do they interact with the students? What does it look like day-to-

day?

Kiersten: Yeah, so our clinic operates during the UBC physical therapy program clinical blocks. So these are integrated during their theoretical knowledge. So for example, the first year students will do two semesters of classes, and then they'll go out on their first placement block. So that hope happens five times throughout their program. So we operate just within that window. And those clinical blocks are about five to six weeks long at a time. So our clinic opens up during that time, and we are an in-clinic service model. So this is in comparison to other services that we offer here at BC Center for Ability that are more community-based, we are a clinical-based, so the families come to us to access services. And that allows us to also rotate throughout several different regions to create equity in the families that we're servicing.

So, the clinic opens up and we offer services to *current* clients of the center, who might be looking for a more in-clinic intensive blocks to work on a specific goal. We also invite families who are currently on our waitlist for physiotherapy services, as well as families who are new to the center and need to be screened for eligibility for physio.

So we kind of see families at all stages throughout their time here at the center, which is really great. So that's sort of the backend of things. And then once the students arrive, they really do all the tree -- or pretreatment planning. So they look at the clients, they read their chart notes, and they make a plan. And then every morning, we meet for clinical rounds, where we're able to discuss their plans as a group together. So that the students are providing each other with feedback, as well as receiving feedback from me before seeing their families. And then we start so the day starts. So we see back to back families, the students average about four to six families per day. And I get to interact one-on-one with those families. And I just get to float and bounce around between them providing in the moment feedback on their treatment sessions and provide opportunities for learning new handling techniques or new strategies that that I come up with as well.

Katharine: Wow, what a fantastic model. I love that.

Kiersten: It's really, it's really integrated into their clinical knowledge as well. So I'm able to take things that I know they're learning in class, and then showing them that in the moment, clinical experience and how that kind of looks in perhaps real life practice.

Katharine: Yeah, absolutely. And what a great way also to give feedback to be able to actually see them in action, in real time. And I imagine that gives them an opportunity to integrate that learning they get from you as they move through their day and into the next days as they move forward in your clinic. So it's a great educational model as well.

Kiersten: Yeah, I was just gonna say that the students are so creative. And I think working in pediatrics is so creative. So, they learn a lot from me, but they also learn a lot from each other, which is great. So we often create opportunities, where if one student doesn't have a client in session, that they're able to shadow and observe the other students to help with their learning as well. So yeah, it's really well-rounded the program in and of itself. So there's lots and lots of different opportunities for learning.

Katharine: That's fantastic. So I'm really curious to hear a bit about what impact you've seen so far of the student-led clinic on things like access to care and the outcomes of the of the kids that are coming to you.

Kiersten: Yeah, absolutely. So we hypothesize starting the clinic that we would see two different health outcomes. So, the first was being able to access services for families who were sitting on a waitlist. So we had about half of our families that came directly from the waitlist, which was really great to be able to provide them a block of therapy, so that if they were waiting on the waitlist for, let's say, a period of months, that they weren't going without being seen at all. We could do a check in, give them some more tips and tricks of things to work on. And then send them with some really tangible things so that they could continue to work on their child's progress without just waiting sort of in limbo.

The second was through our clinical intensive model. So being able to access increased amount of service to work on a specific goal was really impactful for families. So, we were able to see children take their first steps in the clinic or gain independence that they and might not have previously had, which was really impactful for the families, but also for the students to see the impact that that high level of training and high number of sessions could really impact a client and their family.

So those were the two that we sort of hypothesize that we might see, we were really happy to see that. The one that was sort of a surprise to us was families making connections with each other throughout the placement. So because we had two students in, there were often times where those families were sharing space and maybe being treated on two separate sides of the room. But the children always wanted to interact, and the parents gotten to interact as well. And working within an early intervention where zero to five, a lot of these families were working on similar goals or had been in similar places. So they were able to connect, and build that sort of community around working with children, who might have some disabilities, and be able to sort of connect throughout. It was really lovely to see.

Katharine: Such a great example isn't it, of the unintended consequences sometimes in such a positive way when you try a new model, and just again, I think it speaks to bringing people together, right, the power of the student-to-student learning, the families meeting each other feeling that support, you know, even the directions of learning you teaching, but probably also learning from your students. And I think it's just a really neat example of how when you get everyone together, there's so much cross pollination that happens, it's wonderful. And I also think what's so important for our listeners is really what you've said about the fact this is early childhood intervention. So these are young children with, you know, developmental challenges, where their treatments time sensitive. And these are kids who now have access to your very important services because of this program. Kids that may have been waiting for a long time. And I think that's one of our real concerns about right-sizing the healthcare system is, how many kids are not optimizing their development, because we're missing those windows. So it's fantastic to see programs like yours, that are really taking that head on and making sure that kids that need that specialized care that you provide are getting in and getting that service. So I think that's another really fantastic aspect of what you're doing.

Kiersten: Yeah, absolutely.

Katharine: So I'm curious, based on your experience, this is obviously a unique model. How do you think a model like this could contribute to an adequate supply of both qualified and obviously passionate, which is so important in pediatrics, children's healthcare professionals?

Kiersten: Yeah, absolutely. I was reflecting a lot on my own journey to pediatrics, especially in developing this program. Because I didn't jump right into pediatrics, I worked in with adults for a few years before really taking the leap into pediatrics. And that wasn't because I wasn't interested it was because I hadn't had the experience. And as a student, I really looked for that. But it just wasn't available for me. So it was hard to make that jump right into pediatrics as a new grad. So I think about that a lot in terms of how are we qualifying? How are we building confidence in students so that if they are interested in pediatrics, they have the skillset to be able or maybe not the skillset, but maybe the confidence to take that leap, to learn and to continue growing and developing in that way. So the one thing that I will say, from a theoretical education model is that it's really hard to replicate the dynamics of working with children in the classroom setting. So I get to sit in on all the classes in terms of pediatrics at UBC. And it's hard, right? It's hard to replicate dealing with a child who might have behavioral concerns or might not want to follow your treatment plan, and how you are able to be flexible in a session. So that's one thing that I really try to instill in students, as I'm teaching them in a classroom level.

And then because I follow them through, we're able to build on some of those things. So Oh, remember when I told you about that one time that I had to do it this different way, or we had to approach it from this place. This is probably a great example of where you might have to learn some of those skills or develop some in that area, which is really great. And helps to build that confidence so that when they come out, they're not feeling like they are totally overwhelmed and you know, heading towards burnout, because they're working so hard. They have that foundation and skills to be able to jump from there.

So with my first group of students, I had two students who were really engaged in pediatrics. One of whom was sort of on the edge she was I like pediatrics, but I don't know if I want to go all the way into pediatrics when I graduate. And throughout participating in this program and gaining the experience and the confidence during her final feedback. She was like 100% I know I'm made to work in pediatrics now. So I think it really speaks to building on that theoretical knowledge, building up the confidence and then fostering that passion within pediatrics because you're totally right. You need to be passionate about working with children and their families to be working in this demographic for sure.

Katharine: Oh, absolutely so much use have said touches, you know, on my own experience. I know when I was a medical student, one of the things that really made me choose pediatrics as a specialty focus was the passion of the people around me. You know, I think right now in the healthcare system, there's so many challenges that often people are really burnt out. And what I found in peds and being at children's hospitals and in the community was the people who worked with children absolutely loved what they did. They were so passionate, so enthusiastic, and they were there because they wanted to make a difference in children's lives. And I think, you know, you bring up the demonstrate that to your students, I think it's probably really inspiring and makes them realize, hey, I can have a huge impact with my skillset in this population. So I think that's so important, that role modeling, and just seeing the

joy, that there really is and working with kids. And also, I think the other part of what you said, so important is I think a lot of times people are intimidated by the idea of children and families, you know. Am I going to be good at it? Is it going to be hard? What will parents be like to work with? And again, I think once they get a window into that, they realize, wow, you know, it's actually a lot of fun. It does require creativity and being flexible, and that's okay. And there's so much reward and so much appreciation that comes from the families that we serve, that it's really just such a wonderful area of healthcare. So it's really great to me to hear that you were able to foster that desire that was there, but also build that confidence. So people felt that they could choose that as a career. And I think that's really what we need to be doing is just showing people how wonderful the work that we do every day is.

Kiersten: Yeah, absolutely. And I said to my first group of students, you know, my goal with students participating in this clinic is not only to make you fall in love with pediatrics, because I think the kids get to do that. That's their job. And that's easy for them to do. But my job is to be able to promote that confidence and whatever skill you that you're learning, even if it's not within pediatrics. But finding that passion and that drive to work with people who are really going to inspire you, and then you're going to then inspire them as well, I think is really important in in the healthcare field.

Katharine: Yeah, I totally agree. And I think it's a major antidote to burnout, right is just what you've said, and finding that purpose and passion and realizing that you really can make a difference in people's lives. And I know for myself, that's often the idea that I come back to when things are challenging, and it's sort of what's kept me going through my career for sure.

Kiersten: Totally. Absolutely.

Katharine: So I'm curious, you know, obviously, you've had this really amazing experience. And we've talked a bit about how it can be impactful in other areas of healthcare and other professions, healthcare professions. What ideas would you have around the spread and scale of your model? Like, how could we take it into other healthcare settings, different professions? Is there any work here do you think that could serve in an interdisciplinary environment? What might that look like?

Kiersten: Yeah I've been thinking about that a lot, especially in growing this program. And we have the capacity to do that here at BC Centre for Abilities, because we work across so many different disciplines. And, you know, sharing what we've learned, and sharing how it's gone has been really inspiring for some people in those disciplines to say, you know, look, how can I get involved and I have a student, how can they participate as well, which is so fantastic. And I'm really excited to see where that goes in terms of that team-based care. And that's really the plan, is to be able to offer an integrated multidisciplinary student-led clinic here at BC Center for Abilities. We have a couple of different roadblocks. And mostly it comes not from people wanting to be involved, but the logistics behind the student placements. So, we want to make sure that it's students who get to interact with each other; so they're either co-treating, or they're consulting with one another during placement blocks. And right now, those placement blocks just don't align. So we might have a week or a few days of students overlapping but not a longer term period. So working with UBC to find ways that we can, you know, collaborate a little bit more integrated. UBC Health is really on the top of being innovative, especially in the field of team-based care. So this project is just one example of that, but they're really on board. So

we're really working together to try to find some strategies and solutions around that to make that a possibility in the future.

The other thing that we're looking at is just long-term sustainability of this project, especially around funding. So we've been really mindful about collecting and sharing metrics, as well as evaluating our data with stakeholders to demonstrate the benefit for clients, the center here and especially our students. So being really mindful around that as well.

Katharine: Those are both fantastic thoughts. And I mean, wouldn't that be incredible if ultimately the University had just a broad lens of integrated interdisciplinary training amongst healthcare professionals. And it was sort of thought out ahead of time; how do we make sure in clinical experiences that there are those opportunities and the schedules etc align? Right. I think this is the future of healthcare. But we've got to train together to be able to work together effectively down the road. And it's great to see that our educational institutions are starting to recognize that and the value and if we really want to transform healthcare, I think it's pretty clear we've got to think and do things differently. And your model, I think, is providing a bit of a testing ground for those ideas. So that's fantastic to hear.

So I'm curious how you think Children's Healthcare Canada, their members and strategic partners can help you on this journey? It's very ambitious.

Kiersten: Yeah, I mean, I'm always looking for feedback on the program. Because we're so new and still so innovative, there's so many opportunities to change things up and try different things. So, if anyone has feedback or ideas that they want to share, I would be so open to hearing what those are and see if we can kind of implement some of those things.

The other thing that I've been really trying to wrap my mind around is what are certain metrics that others would like to see. So, if they wanted to approach management about starting a student-led clinic, what would they want to show? Because we have lots of information and I'm trying to make sure that it's really intentional, intentionally applied, I guess. Yeah.

Katharine: No, it makes sense. And like you say, it's hard to just sort of show the value if you don't have the numbers and the data to show stakeholders. So I think you're right, being rigorous around that and thinking about what makes sense. What's going to tell your story, because that's really what you're wanting to do, is going to be important for the success. So that's maybe some places that some of the researchers and people with a lot of that type of experience that are connected with Children's Healthcare Canada could partner with you and help you build out that model, which I think would be a really interesting lens.

Kiersten: Yeah, absolutely.

Katharine: So thank you so much, Kiersten. It's been a real pleasure speaking to you today and hearing your enthusiasm for your work and for being a teacher and inspiring that next generation of healthcare professionals. I've really enjoyed learning about this. And I think it's going to provide a really

set of interesting ideas and way of approaching some of these really challenging problems for the future. So thank you for your time.

Kiersten: Thank you so much. It's been it's been wonderful.

Katharine: So to our listeners, stay safe and be well. To stay up to date on all our SPARK offerings, including upcoming podcast episodes, visit our website at ChildrensHealthcareCanada.ca And subscribe to our SPARK: News bi-weekly bulletin if you haven't already. Thanks for listening to SPARK: Conversations. And before we go show some love for your podcast series by leaving us a review and then join us again next month. Thank you.