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Service-Learning Fall 2021

Final Reflection

My service-learning experience occurred at the Hong Lok House in Chinatown. My partners and I visited every week to present the senior participants there with an exercise program that could help them to maintain or improve their range of motion and strength. The participants were predominantly elderly and Chinese-speaking, which presented many challenges in terms of communicating and providing an exercise program catered to that specific age population. These challenges forced me to work on my communication skills, both verbal and nonverbal, my adaptability, and my ability to self-reflect and learn from my new experiences.

Prior to service-learning, I never had to interact with non-English-speaking patients without the use of an interpreter. Service-learning provided an opportunity for me to experience such a situation and to face the challenges that come with being unable to communicate verbally. My partners and I came to rely on largely nonverbal communication such as facial expressions (which are hard to do with a mask), body language, and tone of voice. Over time, we experimented with new cues and figured out which were most effective in eliciting the desired response, and we ultimately became more efficient in our nonverbal communication. Likewise, the participants became more comfortable with our nonverbal cues, and they were even able to communicate how they were feeling and responding to exercise by giving the thumbs up sign to us when we asked. We would also verbally count out the reps as we completed them, and by the end of the sessions, some participants were even counting with us in English. This experience also forced us to practice our verbal communication as we collaborated together to create an exercise program and with our supervisor Bess to assess how well our program suited the needs of our participants.

Communicating effectively and efficiently via both verbal and nonverbal cues is certainly a crucial and applicable skill when treating all patient populations. We must take advantage of all communication tools to help create open, honest, and trustful relationships with our patients. Some patients may not speak English or they may not speak at all, and it becomes our responsibility to communicate our findings and plan of care via nonverbal cues. Other patients may be English-speaking, but they could still benefit from nonverbal and tactile cues in learning an exercise or understanding their particular injury or disease. This can help improve care by minimizing or eliminating misinterpretation or confusion in patients, and it can help improve a patient's trust, confidence, and comfort with a therapist. This in turn can impact outcomes for our patients, so it is critical that we establish open and effective lines of communication to optimize care.

Service-learning also exposed me to an unfamiliar population with which I have never worked. Our participants at Hong Lok House were senior adults ranging in age up to over 100 years old. The participants varied greatly in their mobility, energy levels, and overall willingness to participate in our exercise program, and my partners and I struggled at first to design a program that met the needs of all the participants. We had to adapt our program based on the response of the participants and feedback from Bess. During the first few weeks, we made the program too strenuous, so we incorporated more rest breaks and more deep breathing exercises. Initially, we thought all the participants would be able to stand for some of the exercises, but we adapted our program to offer seated alternatives for those who were unable, unsafe, or unwilling to stand. This experience helped us to work on our

adaptability as we responded to feedback with new and improved exercises to meet the needs and requests of the participants.

The ability to adapt and respond to feedback is extremely important when treating all patients. As physical therapists, it will be our job to create a treatment plan for our patients, assess and evaluate their responses, and change that plan based on the individual needs of the patient. This might look like regressing an exercise if the patient indicates that it is too difficult, or even changing the course of treatment if the patient is not responding well to the initial plan of care. Ultimately, we must communicate with the patient, listen to their concerns, consider their goals, and apply our own expertise to ensure that they are improving and progressing. This requires that we be adaptable and change our plan if we know things are not going smoothly. Learning to be adaptable can certainly help us improve outcomes with patients as we individualize care for a patient, respond to their feedback, and make appropriate adjustments to ensure that they are reaching their goals.

Service-learning also forced me to reflect on and evaluate my own performance and experiences. Our mid-semester reflections forced me to sit down and truly consider our impact on participants and the impact of service-learning on us as students and future professionals. The reflections helped me to set goals, problem-solve anticipated challenges, consider how social or political issues may be impacting our participants, reflect on the role of PTs in those issues, and connect our experiences to topics we discussed in other classes. Through these reflections I was able to discover more about my site and our participants, and I had the opportunity to think of ways to integrate what we had learned into strategies to optimize our service. I was able to consider how my unconscious bias may have been impacting my outlook on service-learning, and I had the opportunity to practice cultural humility in an unfamiliar environment.

Reflection on performance, outcomes, relationships, challenges, and patient interactions are essential to becoming an effective physical therapist. With each patient we see, we will have to consider possible obstacles to care, evaluate how well our treatment is helping our patients to meet their goals, and use critical thinking to assess how we can improve care with future patients. Reflection helps to promote growth and innovation, and if as physical therapists we neglect reflection of any patient case, we are missing an opportunity to improve our care and become more effective and efficient. Reflection also allows us to think beyond the clinic with our patients so that we may consider how the Social Determinants of Health might be impacting their compliance, adherence, progress, and response to treatment. By considering a patient's culture, background, and current home situation, we can act with empathy and cultural humility and help address barriers to care. Reflection is another useful tool to optimizing our treatment and patient outcomes.

Service-learning this fall has taught me many valuable lessons and has given me many invaluable experiences that not only provided me with a fun way to become involved in an unfamiliar community, but it also contributed to my learning and my growth as a physical therapist. Through service-learning, I was able to practice my communication skills, work on my adaptability, and utilize reflection to improve the quality of service we were providing to the site and its participants. It allowed me to meet a new community of people with a different culture, language, and background from my own, and it allowed me to collaborate with them to meet a common goal: to improve the health and physical fitness of the participants.

