

# Exploring the experiences of novice clinical instructors in physical therapy clinical education: a phenomenological study

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## Abstract

**Objective** To explore the perceptions of novice physical therapy clinical instructors (CIs) about their interactions and teaching behaviours with physical therapy students.

**Design** A phenomenological approach using semi-structured interviews and a focus group.

**Participants** Six novice physical therapy CIs (less than two years as a CI and supervised fewer than three students) were recruited purposefully from a large metropolitan area in the USA. All participants were credentialed by the American Physical Therapy Association as CIs.

**Main outcome measures** Transcripts of interview data and focus group data were analysed using interpretative analysis for themes and subthemes.

**Results** Participants viewed the transition of students from the classroom to the clinic as their primary role, using strategies of ‘providing a way in’, ‘fostering critical thinking’, ‘finding a balance’, ‘overcoming barriers’ and ‘letting go’.

**Conclusion** While novice CIs showed skill in fostering student reflection and providing orientation, they struggled with student autonomy and balancing the competing obligations of patient care and clinical instruction. They expressed issues related to anxiety and lack of confidence. In the future, novice CIs could benefit from training and support in these areas.

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*Keywords:* Education; Clinical education; Clinical instructor; Novice; Professions; Physical therapy

## Introduction

Clinical experiences are instrumental for physical therapy students to develop practical knowledge and critical thinking in the context of the uncertainty and unpredictability of clinical practice [1,2]. According to the Commission on Accreditation in Physical Therapy Education, over 20% of a professional physical therapy curriculum is comprised of clinical education; a trend that has been increasing over the last few years [3]. Fundamental to successful clinical learning are the relationship and interactions between the clinical instructor (CI) and physical therapy student [1]. An American Physical Therapy Association (APTA) task force surveyed

members of the education community to identify knowledge and skills needed by CIs to demonstrate competency and foster behaviours and dispositions essential for clinical learning. The survey results were used to craft the ‘Guidelines for Clinical Instructors’ which became the foundation of the ‘Clinical Instructor Education and Credentialing Program’ (CIECP), developed in 1997 under the direction of Michael J. Emery, PT, EdD [4,5]. A standardised and formalised CI credentialing course, the re-named ‘Credentialed Clinical Instructor Program’ (CCIP) [4] was designed for rehabilitation therapists involved in clinical education. Content and learning objectives teach CIs to optimise clinical education experiences (Box 1). As of 2012, 37,000 physical therapists and physical therapy assistants have been awarded credentials. Studies exploring the effectiveness of credentialled vs non-credentialled CIs have reported mixed outcomes [6,7].

The centrality of the clinical teacher has resulted in studies and documents exploring and delineating characteristics,

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### Box 1: Overall objectives of the Credentialed Clinical Instructor Program [4].

The participant will be able to:

- Describe the parallel roles between clinician and clinical educator
- Plan and prepare for the clinical education experiences of students
- Identify the needs of the student learner and areas of competence
- Develop high-quality learning experiences
- Support ongoing adult learning through clinical teaching methods and supervisory techniques
- Demonstrate skills in effective formative and summative evaluation
- Identify legal implications for clinical educators
- Identify and manage the student who is demonstrating problem performance or exceptional performance

behaviours, dispositions, qualities, and the teaching and clinical skills of instructors across various practice settings [1,8–15]. Most studies have examined these factors in experienced and expert CIs, but not novice CIs. Research comparing novice and expert clinicians has helped academicians and clinicians understand practice pattern differences and similarities [16–18], thereby providing strategies for education and clinical training. Similar insights and innovative training strategies may be gained by exploring the characteristics, behaviours and dispositions of novice CIs. Therefore, the purpose of this study was to obtain a first-person account of how novice CIs perceive their roles and interactions with students.

## Methods

### Design

An interpretative narrative phenomenological approach was used to explore the lived experiences of novice CIs based on their own perceptions. Phenomenology is a philosophy and methodology that discovers how individuals perceive and constitute personal experiences [19,20], consistent with this study's purpose. The research team consisted of three faculty members with several years of experience in qualitative research design and analysis, as well as four physical therapy students. Throughout data collection and analysis, the faculty trained and mentored the students in the qualitative method and analysis. Individual practice interviews were conducted

with three experienced clinicians in order to standardise processes. Questions were formulated in a previous study by Greenfield *et al.* [12] (Appendix 1, available on request from corresponding author). Pseudonyms were used to protect the participants' identities.

### Participants

Participants were recruited from a sample of 38 novice CIs who completed the CIECP sponsored by the Division of Physical Therapy, Emory University from 30 to 31 July 2010. Based on previous studies of experienced CIs, and experienced and novice clinicians [12,18,21], a novice CI was defined as having served as a CI for less than two years and having trained fewer than three physical therapy students. Ten individuals met the inclusion criteria and six agreed to participate, including five females and one male practising in a variety of clinical settings. Five participated in both the initial interview and a focus group. Each interview lasted for approximately 60 minutes, and the focus group lasted for approximately 2 to 3 hours. Demographic data are shown in Table 1. Pseudonyms were used to de-identify the participants.

### Data analysis

Fig. A (see online supplementary material) outlines the chronology of data analysis, and Appendix 2 (available on request from corresponding author) describes specific methods of data analysis and reduction, including steps taken to establish trustworthiness [22].

## Results

### Role of participants

Novice CIs envision their roles as 'guides', 'role models' and 'coaches' to translate classroom learning into clinical application; an approach perceived as vastly different from academic teaching. Descriptions included the following:

'I see my role as a CI as an important adjunct to classroom education. . . I can help to integrate those principles into real-world situations.' [David]

Table 1  
Demographic information.

Participant	Sex	Age (years)	Setting	Degree	Experience (years)	Experience as a CI (years)	Number of students supervised
Andrea	F	28	Acute	DPT	2.5	1.0	1
Hannah	F	29	Outpatient	DPT	2.0	0.5	1
David	M	28	Outpatient	DPT	2.5	1.0	2
Kelly	F	28	Inpatient rehabilitation	DPT	2.0	1.0	2
Carolyn	F	29	Inpatient rehabilitation	PT	2.0	1.0	2
Susan	F	35	Acute/academic institution	DPT, MPH, CHES	7.0	6.0	1

CI, clinical instructor.

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