



Contents lists available at ScienceDirect

International Journal of Osteopathic Medicine

journal homepage: www.elsevier.com/ijos

Research report

Progression through osteopathic training in Australia: The student experience

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ARTICLE INFO

Article history:

Received 5 December 2008

Received in revised form

27 April 2009

Accepted 21 January 2010

Keywords:

Osteopathic medicine

Education

Lived experience

Phenomenology

ABSTRACT

Background: The objective of this study was to explore the lived experience of being an osteopathic student. The paucity of published material on the experience of osteopathic students highlighted the need for such research to record the nature of this aspect of osteopathic culture in Australia.

Methods: One on one in-depth interviews with participants were conducted and explored employing a phenomenological approach to information gathering and analysis.

Setting: Students undertaking the five-year osteopathic program at RMIT University, Melbourne, Australia.

Analysis: Colaizzi's seven step approach to phenomenological analysis was utilised.

Subjects: Purposeful sampling was used to select nineteen participants across all year levels to form the cohort of the study.

Results: The RMIT osteopathic program was found to be described in relation to five main stages; Acceptance into and Commencement of the Program, Progression through the Program, The Clinical Experience, The Masters Program and Looking Beyond Graduation to the Future. Each stage provoked significant and varied emotional responses forming the major themes of the study; Stress and Anxiety, Happiness and Excitement, Contentment, Self-Satisfaction, Frustration, Fear of Failure and Self-Doubt, Anger and Resentment, Sense of Support, Fear of the Unknown and Sadness.

Conclusions: The most prevalent emotional experience reported was that of stress and anxiety within the student's journey. While this was of great significance, it was concluded that a student's underlying passion for osteopathy and strong friendships formed within the program are what enable the student to get through the challenges and difficulties associated with undertaking the osteopathic program.

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1. Background

The profession of osteopathy was founded by an American pioneer, Doctor Andrew Taylor Still (1828–1917) in 1874.¹ The practice of osteopathy has developed into two distinct forms, one the osteopathic physician with full medical practice rights, as seen in the USA, and the other as osteopaths with a scope of practice limited to manual therapy, as seen in Australia and the UK.

The aim of this study was to explore the lived experience of being an osteopathic student throughout the full-time five-year program at RMIT University, Melbourne, Australia. For the purpose of this study the term 'lived experience' is used to denote the day-to-day feelings and emotions² associated with being an osteopathic student.

In the literature, there was no direct reflection on the notion of the osteopathic students' lived experience *per se*. Quantitative

studies generally measured student experience with regards to academic performance,^{3,4} and qualitative studies on students' lived experience were most commonly from the field of nursing.

Quantitative studies included those by Kurtz et al. (1991) and Crapse et al. (1993), who reported on how osteopathic students cope with their stressful lifestyle. They found the primary coping behaviours students used in response to stress included humour, leisure, exercise, and social activity.^{5,6}

From a qualitative perspective, a study on medical students' clinical experience by Dornan and Bundy (2004) reported on medical education as being vocationally driven and emotionally laden; students described entering the clinical environment as "being thrown in the deep end," with the fear of being inadequate, but also exciting at the same time.⁷

Other studies^{8–13} investigated nursing students' learning experiences and related emotional experiences. Factors identified as stressors for students were: difficulty balancing home and study demands, time pressure, financial concerns, feelings of distance from faculty and staff in the clinical setting, stress associated with feeling unprepared for clinical practice and feeling incompetent in clinical skills.

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In Australia, the osteopathic student's journey spans five years of full-time study, comprising of a three-year Bachelor program followed by a two-year Masters program. The implementation of this program structure at RMIT in 2002 represented a major shift from the primarily teaching college approach used since 1986. This shift resulted in a decrease of emphasis on didactic teaching to a greater emphasis on student directed and problem-based learning. The effects of this period of transition, as students adapted to this new approach, should be taken into consideration when reading of their reported experiences.

Over the five years students are required to undertake an intensive and extensive range of health science and osteopathic medicine subjects to prepare them for osteopathic practice. The RMIT osteopathic teaching clinic provides an environment for senior students to develop these skills under the supervision of qualified osteopaths.

The investigators, (JKH, RAM, LMP) had previously observed that students express an array of emotions in response to their experiences throughout the journey. They appreciated that these responses are significant and often shared amongst the student body, however are seldom acknowledged or documented. The desire to gain insight into the experiences of these students was the motivator for this study.

This study has the potential to create awareness of the osteopathic student lived experience, in order to give recognition to its importance and to provide current and prospective osteopathic students with a resource to relate to and reflect upon, to better understand their own lived experience. This study has the potential to invite further inquiry into the lived world of the osteopathic student and perhaps the impact of the structure of the osteopathic university programs on this experience, which may be an essential consideration for an osteopathic program to evolve.^{14,15}

2. Methods

Ethics approval was granted by the RMIT Human Research Ethics Committee.

2.1. Approach, setting and sampling

The purpose of this study was to understand the meaning and significance of the phenomenon of being an osteopathic student, based on the experiences of those living it. Therefore phenomenology was the method of choice, as it focuses on the essence of the lived experience, without attempting to predict or control the phenomenon.

Colaizzi's (1978) description of the practice of descriptive research involves the phenomenologist "contacting that phenomenon as people experience it."² This then is the basis for forming the appropriate set of research questions and examining the researcher's pre-suppositions.

As the investigators were current osteopathic students during the implementation of this study, they have an insight into the investigated phenomenon and, although essential, it creates the potential for bias to exist and this is discussed below.

Purposeful sampling was used to attain maximal diversity amongst participants across all year levels. It was initially proposed that four to five students from each of the five year levels would be chosen to participate in the study, however if saturation were to occur due to the in-depth exploratory nature of this research method, the interviewing of further participants would cease.

In order to participate in this study subjects must be volunteers, over the age of 18 years, current RMIT osteopathic student and available for two separate interviews.

2.2. Information collection and analysis

Prior to the actual information gathering process each of the investigators conducted a pilot interview supervised by an experienced researcher in the qualitative field, to ensure that the correct procedure for interviewing was followed.

Employing Colaizzi's approach to enquiry,² one on one in-depth interviews lasting between 30 and 50 min were conducted, after informed consent was obtained from the participant. The semi-structured interview was undertaken in a relaxed, welcoming environment at the beginning of the academic year. Interviews began with the open-ended question:

"Tell me about your experience of being an osteopathic student."

In order to elicit the depth and essence of the participant's experience, this was followed by prompting questions such as:

"Tell me about your thoughts and feelings related to these experiences"

"Can you give me an example of when you felt this way?"

Each interview was tape recorded and later transcribed by the investigators. A second interview with each participant was conducted to provide the participant with the opportunity to clarify, confirm or refute any part of the interview transcript or the researcher's interpretation. It also provided the opportunity to add any other thoughts and feelings they wished to convey.

The transcribed interviews were analysed using a technique articulated by Colaizzi involving the following seven steps²:

1. Read all participants' narratives several times to achieve a thorough understanding of their experience.
2. Extract significant statements – reviewing participants' transcripts and taking from them phrases or sentences that directly pertain to the phenomenon.
3. Formulate meanings for significant statements – spelling out the meaning of each significant statement. The researcher needs to capture the depth of the students' lived experience not just by what they say but how they say it, taking into account their tone, body language and general demeanor.
4. Arrange formulated meanings into theme clusters – scrutinising significant statements and formulated meanings, grouping these into common themes.
5. Write exhaustive descriptions of the investigated phenomenon – integrate all of the results from the steps above into a narrative description of the phenomenon.
6. Identify the fundamental structure of the phenomenon – drawing together the exhaustive descriptions of the phenomenon "in as unequivocal a statement of identification of its fundamental structure as possible".
7. Return to participants for validation – ensuring a true representation of their student experience has been presented.

Lincoln and Guba outlined a set of criteria to identify the trustworthiness of a phenomenon; credibility, transferability, dependability and confirm-ability, and achieving these criteria gives a study rigour and validity.¹⁶

Credibility (internal validity), refers to the overall methodological quality of the study.^{17–19} It was important to maintain credibility whilst developing formulated meanings from significant statements in taking what the participants had said and interpreting this to form a meaning. Credibility is improved through having the three investigators come to agreed formulated meanings as well as returning these formulated meanings to the participant to allow for clarification.

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