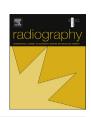
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Characteristics of an ideal practice educator: Perspectives from undergraduate students in diagnostic radiography, nuclear medicine, nutrition and dietetics, occupational therapy, physiotherapy and radiation therapy

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ABSTRACT

Background: Practice education is a core component of undergraduate health programs, with the characteristics of the practice educator reported to have an influence on student experience during practical. This study analyses Australian student perceptions from six allied health professional undergraduate programs, to identify the characteristics of the ideal practice educator leading to successful placement experiences.

Methods: An existing survey developed for medical students was modified to incorporate both quantitative and qualitative responses. Participants included all students enrolled in six undergraduate health professions in the School of Health Sciences at the University of Newcastle, Australia (n = 1485). Students were invited to complete the survey via hard copy or online.

Results: There was a 54% response rate. The most valued characteristics were non-judgemental, clarity and feedback. The three least valued characteristics were scholarly activity, role model and practices evidence base practice. Students identified the importance of their relationship (respectful, inspirational and supportive) with the practice educator as being fundamental to a productive placement.

Conclusion: The characteristics identified by respondents were common to all six professions, with little differences between gender, year of program or number of placements completed. This study suggests that the attitude of the practice educator towards the student is one of the key factors that underpin the success of practice experience across allied health professions.

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Introduction

Engagement in clinical practice is integral to the education of health professionals as clinical settings are dynamic spaces for student education.^{1,2} These work based experiences integrate academic study with competency development, and can be defined as the process of assisting students in the acquisition of skills, knowledge and attitudes required to fulfil the minimum standards set by universities, licensing boards and professional accreditation bodies.^{3,4} Many terms are used to describe this, in particular

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'clinical placement' in diagnostic radiography and nutrition and dietetics, 'clinical education' in physiotherapy and 'practice education' in occupational therapy. ^{5–14} In this study the term 'practice education' has been used.

This application of skills and integration of knowledge into practice is facilitated by a work based clinician. 5,15,16 Several terms describe this clinician including supervisor, mentor, clinical educator, clinical instructor and practice educator, though the term "practice educator" was selected in this research for its ability to transcend multiple health disciplines. 4-6,16-20

In all health professions the role of the practice educator in facilitating student education is complex. The practice educator is required to supervise, assist in the development of skills, observe performance, provide feedback, complete assessment, in addition to providing client/patient care and completing other clinical

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roles. 5,16,21,22 Several studies have researched what constitutes a 'quality' placement and have concluded that the relationship between practice educator and student is integral in successful practice education. 3,23–29 In the context of this research a quality placement is defined as a placement offering a positive experience and the ideal practice educator refer to those characteristics of the practice educator enabling successful student placement experiences.

A limited number of studies have been completed on the characteristics of effective practice educators within allied health professions. In 1984 one study in the United States of America investigated physiotherapy student perspectives, listing communication, interpersonal relations and teaching behaviours as essential attributes.³⁰ Bennett investigated 109 physiotherapy practice educators in the UK, concluding that the most effective practice educator required a large repertoire of interpersonal, professional and teaching characteristics.⁷

Researchers in the United Kingdom reported the most rated characteristics of an ideal practice educator was being a good role model, a good communicator, as well as being approachable, and enthusiastic, with being competent and being interested in the learning process being ranked of lower importance. ^{7,19} In Australia, Hummell surveyed 48 occupational therapy students and reported that students valued numerous characteristics including interpersonal skills, knowledge of the curriculum, clinical/professional skills and the ability to provide feedback as well as having time to facilitate teaching and learning.²⁰ In a recent investigation of 68 students and 13 practice educators in medical radiation sciences in the United States of America both groups of participants identified clinical competence, approachability and objectivity to student and teaching skills as being the most important characteristics of the practice educator. In Australia, a multi-discipline approach across six disciplines (Diagnostic Radiography, Nuclear Medicine, Nutrition and Dietetics, Occupational Therapy and Physiotherapy and Radiation Therapy) and 551 practice educators identified that the most important educator characteristics were feedback skills and being non-judgemental, and that the least important characteristics were scholarly activity and respects student autonomy. Of significance in this study was that there was a high level of agreement across educators from the different disciplines.³

With limited contemporary research on student and practice educator perspectives on this topic in Australian allied health professions, it is timely to investigate what constitutes an ideal practice educator across a range of allied health professions. This research aimed to identify the characteristics of the ideal practice educator conductive to creating positive practice experiences from students' perspectives across six undergraduate programs at the University of Newcastle, Australia. A second study on practice educator perceptions was carried out and the results from this survey will be reported separately.

Methods

The study was approved by the Human Research Ethics Committee of the University of Newcastle, Australia.

Design

This study utilised a prospective cross-sectional design to survey students enrolled in Diagnostic Radiography (DR), Nuclear Medicine (NM), Nutrition and Dietetics (N&D), Occupational Therapy (OT), Physiotherapy (PT) and Radiation Therapy (RT) at the University of Newcastle, Australia. Student participants completed the anonymous survey in either an online or paper-based format.

Participants and recruitment

All students enrolled in the six programs were invited to participate in this study via an email sent through the university online learning system (BlackBoard). The email contained the Participant Information Statement and a link to the online survey (SurveyMonkey). This email also advised that the paper version of the survey would be made available. Consent was presumed upon submission of the survey. SurveyMonkey allows for anonymous collection of data and the paper version of the survey was distributed at the end of lectures, students were required to return the completed survey to a sealed box outside of the Health Sciences Office. There was no data collected that allowed individual students to be identified.

The total number of students enrolled was 1495, distributed as diagnostic radiography 17%, nuclear medicine 8%, nutrition & dietetics 20%, occupational therapy 23%, physiotherapy 24% and radiation therapy 8%.

Instrument

A review of the literature identified a range of practice educator characteristics valued by both practice educators and students, though a survey developed by Buchel & Edward included all characteristics identified in the literature except for "awareness of student learning needs". This survey was used as the basis of the current study and modified as follows:

- 1. Five questions on student demographics were added. Age categories were related to the 'Generation Y' phenomena (born 1980–2000) as this younger group are said to have different teaching and learning preferences^{33,34}
- 2. The additional characteristic 'awareness of student learning needs' was added
- 3. A five point Likert scale to rate characteristics was created instead of asking students to rank the three most important qualities. Each characteristic had a descriptor providing a definition and bias was removed by alphabetising each characteristic.
- 4. Two open questions were added to generate qualitative data on the participants' three most preferred and three least preferred characteristics of practice educators.

The survey was divided into three sections: Section 1 — Demographic information; Section 2 — Characteristics of the ideal practice educator (fixed response) and Section 3 — Characteristics of favourite and least favourite practice educator (open response).

Data analysis

Characteristic answers were coded: 1) Very important 2) Important 3) Neutral 4) Somewhat Important 5) Not important. MS Excel was used to generate frequencies from Sections 1 and 2, and SPSS was used for statistical analysis of significance. Pearson's chisquared tests were used to identify any significance differences between the variables in Section 1 and the Characteristics in Section 2. Significance was set at the 95% significance (p value = 0.05). On a few occasions the criteria for chi-square were not initially meet (i.e. for Chi square to be valid "no more than 20% of the expected counts should be less than 5 and all individual expected counts should be 1 or greater"), and following standard convention, the level of importance's were coalesced to 3 categories. Qualitative data from Section 3 was analysed using thematic analysis, where key words and phrases were located and recorded by frequency to indicate their perceived importance to participants.³⁵

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