



Physiotherapy students' perceptions of learning in clinical practice in Sweden and India



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SUMMARY

Background: It is reasonable to assume that conditions for learning differ between universities and countries. Increased understanding of similarities and differences of student's perceptions of learning environment can be useful in the development of the physiotherapy education as well as of the profession as such. Through international comparisons the benefits and challenges of educational programmes can be made transparent and serve as base for improvement.

Objective: The objective of this study is to describe and compare physiotherapy students' perceptions of their learning environment in clinical practice in India and Sweden.

Design and setting: A questionnaire study was performed, covering physiotherapy students' perceptions of their clinical learning environment, the physiotherapy supervisor within the clinical context, their supervisory relationship and the role of the clinical supervisor at two Universities, Luleå in Sweden and Amity in New Delhi, India.

Participants: Undergraduate students at two physiotherapy programmes, in New Delhi, India and in Luleå, Sweden participated in the questionnaire study.

Results: In general, both groups had high rankings of their perceptions of the clinical learning environment. The Swedish students ranked individual supervision, participation in meetings, the supervisor as a resource, being a part of the team and giving them valuable feedback higher than the Indian group. The supervisory relationship was equally satisfying in groups, providing valuable feedback and acknowledging equality and mutuality in the relationship. The Indian group ranked the supervisor as a colleague, as a support in learning, and that he/she made them feel comfortable in meetings higher than the Swedish group.

Conclusions: Both groups had high ratings of the supervisor and the clinical learning context. Participation at meetings was higher rated in the Swedish and the supervisor as a support in learning higher rated of the Indian students.

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Introduction

The Clinical Learning Environment Within Physiotherapy Clinical Education

The clinical learning environment within physiotherapy education aims to provide clinical and professional skills to build theoretical and practice knowledge and to socialize into a professional practice community (Chipchase et al., 2012). It is important that the clinical learning environment enables the students to learn interaction and communication skills during clinical practice and provide a sharing of values, knowledge, attitudes, and skills towards a professional identity. The communication has to develop the students' reflective capacity, as it is an essential characteristic for professional competence and to integrate theory and practice (Mann et al., 2009).

The clinical learning environment has to include social, physical, psychological and pedagogical contexts to facilitate learning. A good learning environment can motivate students to feel that they belong to a clinical team and a "community of practice" which may increase their capability for self-regulated practice (Gordon et al., 2001). Medical students value a learning environment where they belong to a health care team, and in which their views are valued and they contribute to the care of patients (Raszka et al., 2010). Physiotherapy students' perceive that psychological security is important for effective learning and that the atmosphere is fair, so they can solve problems and that the culture tolerates faults and mistakes as a part of the learning process (Saarikoski, 2002). Nursing students perceive that their clinical learning environment is influenced by the following factors; 1) staff–student relationships, 2) head nurse commitment to teaching, 3) student's relationships with patients, 4) student satisfaction and 5) hierarchy and ritual (Dunn & Hansford, 1997). In the clinical learning environment the learning needs have to be processed, tested and reorganized into individual knowledge and clinical experience (Mann et al., 2009;

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Mogensen et al., 2010). Having time to reflect is a critical factor for effective learning (Donaghy and Morss, 2007; Mogensen et al., 2010; Wainwright et al., 2010) which has to be focused in the clinical environment. Learning situations and mentoring opportunities may be structured for physiotherapy students to facilitate clinical decision-making and reflection skills. Wainwright et al. (2010) defined reflection as 1) the ability to assess how a situation has affected a person, 2) the ability to recognize and recall salient events, 3) the ability to examine, identify, challenge assumptions, and imagine and explore alternatives, 4) the ability to integrate new knowledge with existing knowledge and to use knowledge to solve problems and make predictions and 5) the ability to make judgments about the value of something.

Undergraduate physiotherapy students' perceptions of a clinical placement and the difference in perceptions between regional and metropolitan-based students have been studied by focus group interviews. The results showed three major themes; socio-cultural factors, education and professional factors. The significance of socio-cultural factors was far beyond what was expected to be found. Regional students did not generally have a more accurate perspective of rural/regional placement and voiced more concerns about missing out on educational opportunities. Therefore rural/regional clinical educators need to be mindful of creating quality experiences with caseloads appropriate for the specific placement's requirements. The impact of external socio-cultural factors has to be acknowledged in the clinical learning environment (White et al., 2014).

Clinical learning is situation based. Conditions in the health care system differ throughout the world, both for patients and for health care professionals. Therefore it is reasonable to assume that conditions for learning differ on different levels within the same education programme, between education programmes in different universities and different countries. How student assessment and examination are done, what kind of clinical abilities that are developed and the degree of independence that can be reached during clinical practice are examples of differences within and between education programmes for the same profession. Increased understanding of similarities and differences in students' perceptions of the learning environment can be useful in the development of the physiotherapy education as well as of the profession as such. Through international comparisons the benefits and challenges of educational programmes can be made transparent and serve as base for improvement. Educators in different countries can learn from each other.

The Relationship to and the Role of the Clinical Supervisor in Clinical Practice

The relationship to the clinical supervisor has been shown to be an important factor within clinical practice. Good communication and good relations between supervisor, the physiotherapy teacher, patients and team members have a crucial importance for students' learning capability and development (Mann et al., 2009; Saarikoski et al., 2008, 2009). The supervisors have the role of providing meaningful training and learning situation for the students and to be aware of what to facilitate in the student during clinical practice (Säljö, 2003). Several studies have showed that students and supervisors differ in their experiences of meaningful learning situations and how to obtain knowledge in clinical practice. Physiotherapy supervisors have to a high extent focused on teaching tasks rather than ways to promote learning, but today learning is more in focus (Delany and Bragge, 2009). Students value clinical supervisors involving them in patient care, confirming, challenging and preparing them for learning, respecting their input and modelling professional behaviour (Cole and Wessel, 2008). Student interaction in the professional context means to feel accepted, welcomed, included and having enough time and space for learning (Sköien et al., 2009).

The clinical knowledge and skills of the supervisors have also been shown to be important for the students' learning in clinical practice (Laitinen-Väänänen et al., 2007; Saarikoski et al., 2009). The

communication skills of nurse teachers have been shown to be important for nurse students' learning during clinical practice. New educational and communication techniques have to be developed to facilitate the communication between students, nurse teacher and clinical supervisor (Saarikoski et al., 2009; Ghaye, 2008).

Clinical Learning Within Physiotherapy Education in Sweden and India

In Sweden all physiotherapy educations are given by governmental institutions, while in India they can be given by either governmental or private institutions. In both countries physiotherapy education is on bachelor level. The Swedish physiotherapy education is three years. The course objectives are described in the Higher Education Ordinance (SFS 1993:100). There is however no regulation on national level concerning the extent and content of the clinical education. As a consequence there is a freedom for each university to set their priorities. These priorities are described in the course curriculum within each university.

In India a national council or governing body for physiotherapy or physiotherapy education has been put forward but has not yet been passed (National Council for Human Resources for Health Draft Bill, 2014) (Malik, personal communication, 9 May 2014). The Indian Association of Physiotherapists has however set guidelines for bachelor degree programmes in physiotherapy. In these guidelines attachment of mandatory facilities is listed. These include indoor and outdoor facilities in orthopaedics, surgical specialties, medical specialties, paediatrics, respiratory medicine and critical care. The four year training full time programme has an additional minimum of 26 week compulsory internship. Excluding the final internship the training programme should include 30% i.e., 42 weeks of supervised clinical training (The Indian Association of Physiotherapists, 2014).

Aim

The aim of this study was to describe and compare physiotherapy students' perceptions of the clinical learning environment, the relationship to and the role of the clinical supervisor in physiotherapy clinical education in India and Sweden.

Methods

The Development of the Questionnaire

The questionnaire "Clinical learning environment, supervision and role of the nurse teacher" (CLES + T) was originally developed in English by Dunn and Burnett (1995) and Dunn and Hansford (1997). The original questionnaire was found to have strong face validity and construct validity by confirmatory factor analysis ($R = 0.70-0.85$) (Dunn and Burnett, 1995). The original instrument CLES + T was then translated to Finnish and re-tested for satisfactory reliability and validity and used by Saarikoski et al. (2008). They performed a study covering 549 nurse students' experiences of the clinical learning environment, supervision and role of the nurse teachers for their clinical learning outcomes. The response rate was 72%. The students had reliable positive experiences of their nurse teachers' importance for clinical learning outcomes (Saarikoski et al., 2008). In this study we used the original questionnaire in English developed by Dunn and Burnett (1995), and Dunn and Hansford (1997) in the version used by Saarikoski et al. (2008). They had both an English version, which we used in India and a Finnish version, which was translated from Finnish to Swedish and back to Finnish by a researcher fluent in both Finnish and Swedish. In all relevant questions, the word "nurse" was changed to "physiotherapist". We performed a face validity test before the study, in one physiotherapy class in Sweden, but no suggestions for change in the formulations of the questions were asked for. The Swedish version was also checked

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