

Physical Therapist Clinical Instructor Perceived Benefits and Reservations of the Clinical Instructor Role

Debra Greenwood*, Hy-Vong Ha, Danette Harris, Toni Knabe, Candace Bahner

Department of Physical Therapy, College of Health Professions

Abstract. During clinical internships, physical therapy students must be supervised by clinical instructors (CIs) who are practicing physical therapists (PTs). The willingness of CIs to take on student PTs is imperative, as approximately one third of the physical therapy curriculum is clinic based, and CIs are not reimbursed for their time. The purpose of this study was to update the body of knowledge regarding these instructors' perceived benefits of being a CI, as well as identifying reservations that would discourage them from serving as a CI. Surveys were sent to 288 Center Coordinators of Clinical Education (CCCEs) within the Wichita State University's (WSU) physical therapy education database. Eighty six CIs responded who met all the inclusion criteria. The survey used a Likert-like scale to measure the benefits and reservations of being a CI and included a demographic section. Significant differences ($p \leq 0.017$) were found in three of the benefits questions based on practice setting and with 11 of the responses to the 17 statements taken from Gwyer et al. Overall, the perceived benefits were ranked higher than the perceived reservations.

1. Introduction

The success of clinical education and the future of allied health professions are reliant upon the success of clinical field work. To maintain high standards for clinical fieldwork, it is imperative to motivate professional clinicians to participate in teaching incoming professionals [1]. To achieve this, it was important to explore what motivates and frustrates current CIs in order to reduce the stressors which may inhibit their continued participation [2, 3, 4]. Gwyer et al studied the benefits perceived by PT CIs and was used as a comparison for the current study [2]. Due to the void in research concerning physical therapy CI's perceived reservations; this study explored both the PT's perceived benefits, as well as their perceived reservations of being a CI.

The hypotheses from this study included: 1. PT CIs will perceive benefit statements similarly regardless of practice setting, 2. PT CIs will perceive reservation statements similarly regardless of practice setting, 3. physical therapy CIs will perceive more benefits than reservations as a whole, and 4. PT CIs will perceive the same benefits and reservations as important as the PT CIs whom responded to the original study by Gwyer et al [2].

2. Experiment, Results, Discussion, and Significance

A convenience sample of 288 CCCEs in the clinical education database of the WSU physical therapy program were selected to participate. Inclusion criteria also required that they had served as a CI in the past three years. Each CCCE was mailed a survey with a cover letter and a self-addressed, stamped envelope. Each CCCE who met the inclusion criteria was asked to fill out the survey. If the CCCE did not meet the inclusion criteria, they were asked to find a PT CI in his/her clinic who did and ask them to complete and return the survey in his/her place. The survey consisted of three parts: 37 perceived benefits statements, 28 perceived reservation statements, and 19 demographic questions. Respondents ranked each benefit and reservation statement from 0-3 (0= no opinion to 3 = very important/very much a benefit/reservation). Seventeen of the benefit statements were obtained directly from the study done by Gwyer et al and sixteen statements acquired from Gwyer et al were modified to further explain the statements based on the results of a pilot study. Four additional benefit statements were developed by five expert PT CIs to expand the knowledge on perceived benefits of the CI Role. The reservations section of the survey was constructed from other health profession studies secondary to the void in physical therapy research concerning perceived reservations of the CI [5, 8, 9, 10].

A total of 111 surveys (38%) were returned. Of the 111, 86 met the inclusion criteria and the respondents were found to practice in the following practice settings: acute/subacute (21%), private practice (45%), and other (34%). Responses to the benefit items were analyzed for differences in ratings based on practice setting. Several statements showed significant differences between practice settings using the Kruskal Wallis test with post hoc Mann-Whitney with Bonferoni adjustment. "I would appreciate receiving discounted registration to continuing education sponsored by university;" was perceived significantly higher ($p < 0.017$) by respondents from the

acute/subacute and other settings than by those from the private practice setting. "I would appreciate being eligible for free tuition for university courses;" was perceived significantly higher by those in the acute/subacute setting than those in the private practice and other settings ($p \leq 0.017$). "I would appreciate discounts at the university's bookstore;" was perceived significantly higher by those in the acute/subacute setting than those in the private practice setting ($p \leq 0.017$). No significant differences were found between perceived reservations and practice setting.

The responses to the 17 identical benefits statements derived from Gwyer et al [2] were evaluated for significant differences between the two studies. The results of the comparison found that in this study respondents perceived 11 of the benefits statements as less important than they were perceived 16 years ago in Gwyer's study [2], which could be attributed to the change in education level and demographic data among practicing CIs. Significant differences were found in the following benefits statements: students stimulate me to learn, students appreciate CI efforts, giving back to the profession, ensuring competence, teaching makes work interesting, feel a professional obligation, learn best by teaching, student feedback improves care, students teach new skills, prestige and association with the university, and being an expert in the student's eyes. The Chi Square test was used to determine significant differences in the seventeen benefit statements between this study and the study by Gwyer [2].

The results indicate that PT CIs perceived more benefits than reservations as a whole. Physical Therapist CIs perceived benefits as being somewhat or very important 58% of the time, whereas the reservation statements were perceived 35% of the time as being somewhat or very much a reservation. Physical therapy educational institutions should strive to ensure that they are providing the beneficial aspects of the CI role to retain CIs.

3. Conclusions

Based on the results of this study, we can conclude that the majority of PT CIs in the WSU database perceive more benefits than reservations in their role as a CI. Setting also affected the perception of benefits. This result may be explained by further examination of demographic data. The significant differences found in the 11 benefit statements obtained from Gwyer et al [2] suggest that demographic data and time impacted perceived benefits of the CI role. Applying these data, clinical education can be strengthened by maintaining or providing the highly perceived benefits and addressing the reservations that could impede the positive clinical experience of the CI. Further exploration of the impact of other demographics regarding these benefits and reservations and use of a larger sample size are recommended.

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- [1] Education strategic plan (2006-2020) [package insert]. American Physical Therapy Association; Alexandria, VA. April 2006. <http://www.apta.org/AM/Template.cfm?Section=Clinical&Template=/CM/ContentDisplay.cfm&ContentfileID=6170>. Accessed February 2, 2007.
- [2] Gwyer J. Rewards of teaching physical therapy students: Clinical instructor's perspective. *J Phys Ther Edu*. 1993;7(2):63-66.
- [3] Erez A, Isen AM. The influence of positive affect on the components of expectancy motivation. *Journal of Applied Psychology*. 2002;87(6):1055-1067.
- [4] Stern D, Rone-Adams S. An alternative model for first level clinical education experiences in physical therapy. *Internet Journal of Allied Health Sciences and Practice*. July 2006;4.
- [5] Jay AF, Hoffman CJ. Benefits associated with serving as a preceptor for dietetic interns. *J Am Diet Assoc*. October 2000;100(1):1195-1197.
- [6] Marincic PZ, Francifort EE. Supervised practiced preceptors' perceptions of rewards, benefits, supports, and commitment to the preceptor role. *J Am Diet Assoc*. April 2002;102(4):543-545.
- [7] Usher K, Nolan C, Reser P, Owens J, Tollefson J. An exploration of the preceptor pole: Preceptors' perceptions of benefits, rewards, supports and commitment to the preceptor role. *J Adv Nurs*. February 1999;29(2):506-515.
- [8] Hill N, Wolf K, Bossetti B, Saddam A. Preceptor appraisals of rewards and student preparedness in the clinical setting. *J Allied Health*. Summer 1999;28(2):86-90.
- [9] Yonge O, Krahn H, Trojan L, Reid D, Haase M. Supporting Preceptors. *J Nurs Staff Dev*. 2002;18(2):73-79.
- [10] Yonge O, Krahn H, Trojan L, Reid D, Haase M. Being a preceptor is stressful. *J Nurs Staff Dev*. 2002;18(1):22-27.