



# NEEDS ASSESSMENT OF CLINICAL EDUCATORS

## Ohio Kentucky Consortium of Physical Therapy Programs for Clinical Education

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### Purpose

Investigators sought to determine resources, education, and ongoing support clinical educators need to facilitate a successful learning experience for physical therapy (PT) students.

The main questions asked were:

1. What resources do you or your clinicians need in order to provide clinical education experiences to PT students?
2. What are your primary concerns about PT clinical education that the academic program may be able to help address?
3. What could a Director of Clinical Education (DCE) do (beyond what he/she currently does) to assist you with the clinical education program at your clinical site?
4. What do the academic programs do well to support your clinical education program?

### Background/Significance

- The PT profession has been challenged to discover best practices for clinical education.<sup>1,2</sup>
- At the CE Summit of 2014, the stage was set to advance PT CE through innovation and harmonization.<sup>3-4</sup>
- Since that time, collaboration has brought developing partnerships between clinical sites and academic programs to the forefront of CE.
- Groups have been exploring clinical educators' role, responsibilities, and needs.<sup>5-8</sup> Others have examined the quality of CE<sup>9</sup> and its standards.<sup>10,11</sup>
- Through continued collaboration, DCEs are seeking ways to better support clinical educators and promote student success.
- Evidence is essential for determining clinical needs for enhancing the quality, quantity, and sustainability of the CE experience.<sup>6</sup> See Figure 1.



Figure 1

### Subjects

- Eight PT programs from the Ohio Kentucky Consortium participated.
- DCEs submitted 160 randomly selected, email addresses and six duplicates were removed.
- 24 responses (16%) were received with three, who are exclusively SCCEs; eight, who are both SCCE and CI; and 13, who are only CIs. See Table 1 for specific demographics.

Table 1. Clinical Faculty Demographics		
Geographic locations	f	%
East South Central (AL, KY, MS, TN)	14	58.3%
East North Central (IL, IN, MI, OH, WI)	9	37.5%
Middle Atlantic (NJ, NY, PA)	1	4.2%
Primary work setting	f	%
Health system/hospital- outpatient facility	11	45.8%
Acute care hospital	7	29.2%
Inpatient Rehab Facility	4	16.7%
Private outpatient practice	2	8.3%
APTA Credentialed CI training/ membership	f	%
Basic Level	23	95.8%
Advanced Level	1	4.2%
Trainer	1	4.2%
APTA member	9	37.5%
Highest earned professional degree	f	%
Doctor of PT	14	58.3%
Bachelor of Science with PT	5	20.8%
Masters (MPT/MSPT)	4	16.7%
PT certificate	1	4.2%
Years licensed as a PT	f	%
15 years or more	10	41.7%
At least 5 years but less than 10 years	6	25.0%
At least ten years but less than 15 years	5	20.8%
At least 3 years but less than 5 years	2	8.3%
At least 1 year but less than 3 years	1	4.2%
Years in Current Position	f	%
At least 5 years but less than 10 years	8	33.3%
15 years or more	5	20.8%
At least ten years but less than 15 years	3	12.5%
At least 1 year but less than 3 years	3	12.5%
Less than 1 year	3	12.5%
At least 3 years but less than 5 years	2	8.3%

### Methodology

- All 154 clinical educators were provided an email request to participate in this study and consenting educators completed the needs assessment survey online using a link to Google Docs.
- The needs assessment survey had a total of 14 questions; 10 multiple choice and four open-ended questions. The end of the questionnaire had an implied consent statement, reminding participants of the use of the aggregated data.
- Content validity was ensured through the review of Directors of Clinical Education, associated with the Ohio Kentucky Consortium of PT programs. In addition, suitability was determined with a pilot survey with several local clinical educators.
- Responses were kept anonymous; however, one question asked the participants if they would like to participate in a future focus group.
- After a two week period, reminders were sent to the participants.

### Analysis

- Demographic data were analyzed with descriptive statistics, using SPSS version 25.
- Prior to review of data collected, two investigators completed the reflexivity and disconfirming evidence validity procedures.<sup>12</sup>
- All qualitative answers were reviewed and analyzed (using Saldana's coding levels<sup>13</sup>), coded, and formulated into themes using Microsoft® Word.
- Peer de-briefers performed an independent review.

### Results

- Eight themes of clinical faculty needed resources emerged. The top three themes were: (a) better awareness of the curriculum, (b) provision of continuing education, and (c) need for other tangible CI benefits.
- Seven themes of PT clinical education concerns emerged. Fifty percent of the respondents identified student readiness, as a concern. The second top answer was no concerns.
- Majority of the respondents indicated that they were satisfied with the DCE support.
- A few other themes were identified by four or less respondents, such as student preparation, clinical readiness, efficiency of affiliations, standardization, and collaborative partnership.
- For the last question, some responses contradicted other questions. For example, student readiness was listed as both a concern and highlight. Other top themes were related to communication with the DCE. See the Table 2 for all coded themes.

Table 2. Coded Themes		
Resource Needs	f <sup>a</sup>	%
Academic resources – curriculum	10	41.7
Continuing CI Education	7	29.2
Tangible CI benefits – online journal, financial, other	6	25.0
Efficiency – time, tools, efficiency	3	12.5
Knowledge about student	2	8.3
Academic personnel access	1	4.2
Program director development	1	4.2
Student preparation	1	4.2
Concerns - PT clinical education		
Student readiness – curriculum, clinical reasoning, and professional behaviors	12	50.0
None	7	29.2
Quality of clinical experience, including site resources	3	12.5
Teaching resources – professional behaviors	2	8.3
Focus of clinical	2	8.3
Scheduling coordination	1	4.2
CPI efficiency	1	4.2
Assistance from DCE		
None	15	62.5
Student prep – paperwork completion, student discussions	4	16.7
CI education/readiness	3	12.5
Efficiency	1	4.2
Standardization	1	4.2
Collaborative partnership	1	4.2
Academic Program Highlights		
Communication – student performance management	8	33.3%
Sending prepared students	6	25.0%
Communication – DCE/ADCE availability	5	20.8%
Facilitation of completion of onboarding	4	16.7%
Setting of expectations of student performance	4	16.7%
Continuing education support	2	8.3%
Specific curricular needs	1	4.2%
CI Autonomy	1	4.2%

### Discussion/Conclusion

- The findings gave the academic programs more clarity concerning the needs of the clinical affiliates to promote student success.
- Nearly 42% of clinicians requested resources from the DCE specifically regarding program curriculum information.
- Comments in question #4 applauded the academic programs ability to provide course sequencing to the clinical site, noting specifically the programs' ability to put forth, "given information based on students' academic courses completed prior to clinical rotation."
- 50% of the clinical faculty were concerned about student clinical readiness.
- Responses to question #4 support the 25% of clinicians that feel academic programs do well preparing students for their clinical experiences, commenting on the programs' ability to "send prepared students" and "provide motivated students with good work ethic."
- Future focus interviews ascertaining details of the curriculum, student readiness, and resource needs will only further the ability to build strong academic-clinical partnerships.

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