

Physical Therapy Students' Reflections on Professional Socialization

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Preface

The three booklets,

- 1 Five Key Themes from the Experiences of Students in Their Junior Placements
- 2 More Puzzle Pieces Towards Autonomous Physical Therapy Practice
- 3 Adding Another Dimension to the Puzzle

illustrate reflective journal passages written by students during their Junior, Intermediate and Senior clinical experiences over the course of the two-year entry-level masters professional program. All reflective journals of the class of 2004 were coded by a research assistant using a coding manual developed by the team. All team members analysed the codes and identified themes and illustrative quotes at each of the points. Developed as an evaluation component for The University of Western Ontario School of Physical Therapy Masters of Physical Therapy Program, they reveal increased focus on professional development beyond the physical therapy knowledge and skills acquisition within the challenging puzzle of current practice reality.

Students progress through the academic and clinical experience components of the MPT program with differing paths and experiences; at times in variable and non-linear trajectories.

These chapters are intended to serve as a reference to Clinical Instructors and Academic Faculty to guide students along this development. We encourage students to use and reflect on these booklets to assure, guide, inform and support their learning.

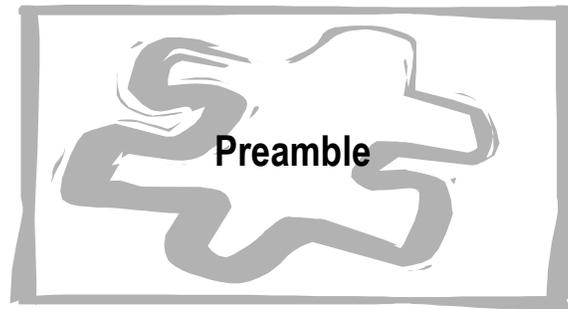
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Graduating MPT Classes of 2004 and 2006

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The Junior, Intermediate and Senior Profiles emerged from the Master of Physical Therapy (MPT) Program Evaluation which began in 2002 and embody a series of students' reflections about critical learning events. In each instance, an initial profile was developed based on a qualitative analysis of reflective journals that were submitted by the 2004 graduating MPT class following their junior, intermediate and senior clinical placements.

These initial profiles were disseminated sequentially to the graduating MPT class of 2006 for member checking through a series of focus groups that were held in October 2005, February 2006 and June 2006 after their respective junior, intermediate and senior placements. Each of the booklets contained herein is a culmination of this work and includes the original profile that emerged from the qualitative analysis and additional information that was provided through the member checking process.

Five Key Themes from the Experiences of Students in Their Junior Placements: Pieces of the Puzzle in Becoming a Physical Therapist

"I feel this lesson in self-reflection will have a greater impact on my professional future than any combination of newly acquired physiotherapy techniques."

"I have thought about this incident many times since it occurred, and it has helped me to get past rough days where I feel overwhelmed."

"You can only learn from your mistakes and grow from them if you acknowledge that you make mistakes and that there is always room for improvement."



Experiencing the first clinical placement is clearly emotional for people. Students described conflicting emotions: feeling awestruck, compassionate/empathetic, elated, fortunate, gratified, idealistic, proud, and relieved as well as feeling angry, awful, embarrassed, frustrated, helpless, indifferent, nervous, sad, shaken up, shocked and overwhelmed.

“I was feeling like I was sitting on top of the world. I was so proud and happy that my treatment had made such a difference for a patient.”

“I realized that I had flared her. I won’t bother getting into the details of what I did with her (that’s another paper entirely), but needless to say, [clinician’s name] said that she’d be in pain for the next four days instead of the next four hours! At this point I had a sinking feeling in stomach and my cheeks were hot with embarrassment and guilt at the thought of having inflicted unnecessary pain on poor [client’s name]. Not to mention the fact that I looked like the biggest idiot in front of [clinician’s name]”

“I’ve always enjoyed working with people and being able to see and feel a patient’s gratitude was an experience I’ll always remember. The feeling of really making a difference was very gratifying.”

Member Checking

Aspects that Resonated: The member checking process verified the range of emotions experienced by students during their first placements.

Aspects that were Missing: With reference to what was missing, students identified a sense of exhaustion in these early placements.



Students expressed varying degrees of confidence in themselves and their clinical decisions.

“After the incident I was pretty shaken up because I realized how serious this situation was and hoped that it was dealt with properly. I also realized just how unprepared I was for this to occur as I was completely taken off guard. Because most of my patients, up to that point, were relatively uncomplicated and were managed similarly, I had fallen into practice habits.”

“The increase in independence and the reassurance I received was influential on my self efficacy and confidence.”

“Part way through the assessment, she began to get teary-eyed, and I found myself not knowing what to do. This was the first time a patient had cried in my presence. I was very overwhelmed, and I really wasn’t certain what to do.”

Member Checking

Aspects that Resonated: Students participating in the member checking process confirmed that self-confidence was an issue in their early reflections. Confidence is boosted by a number of factors including effective application of knowledge and skills as affirmed by the clinical instructors, patients/clients, and other members of the health care team.

Aspects that were Missing: Feedback from participants highlighted the threats to self-confidence in this transition from the role of a student in a comfortable, familiar classroom to the less familiar role of the student physical therapist in a more complex, practice environment.



Reality sets in as students realize that the practice of physical therapy involves learning beyond the books. Many students referred to the necessity of professional behaviours in putting theory into practice.

“In the first few weeks there was a steep learning (curve) as I became more familiar with procedures but once a routine was established, I was quickly integrated into the rehabilitation team. The combination of the placement setting, clinical instructor, academic preparatory work, positive experiences and the relatively low patient complexity all lead to a positive experience and an increase in self-efficacy.”

“During these attempt(s) all that was going through my mind was our 510 course on Ethics and Practical Standards. I realized that I had received consent from the patient at the beginning of the visit, but I also remembered that patients have the right to change their mind as well. We were forcing this patient to do something that they did not want to do and that the patient had removed his consent originally given.... ”

“Finally I felt very frustrated. I could not understand how the medical system had let this couple slip through the cracks for so many years and now it still looked like nothing was going to be done. I was taught about the importance of client-centred care and in this case the needs of the patient were being grossly ignored for the needs of the hospital.”

“This incident has taught me the value of treating a patient as a whole individual rather than focusing solely on a specific component such as the musculoskeletal system. Although physiotherapists may have a specific goal related to the patient’s mobility and function, adopting a holistic approach to treating the patient can prove to be the most effective approach.”

Member Checking

Aspects that Resonated: Students affirmed that the application of knowledge, skills and behaviours in the complexity of the practice environment is more challenging than in the university. They also highlighted the difficulties in realizing desirable practices in the context of today’s health care environment.

Aspects that were Missing: Participants emphasized the need to reconcile professional and ethical dilemmas in the context of personal attitudes, beliefs and values. They also acknowledged the imbalance of power that might be experienced by students on placement.



Students reflected on the importance of establishing good communication between themselves and their clients.

“When the appointment was over I looked at my notes and felt frustrated that I hadn’t even finished my objective assessment. Although I was glad that I took the time to listen to her, I still felt as though I had failed in some sense, as I hadn’t finished what I was supposed to. I was a little worried about what my supervisor would think. However, as I continued to work with this patient over the next few weeks, I realized that listening to her that first assessment was one of the best things I could have done. In fact, listening to her was just as important as the actual therapy I was providing her with.”

“Consequently, I discovered that although I have always claimed to know that patients are the real teachers, it was this experience that demonstrated what a valuable tool and source of practical knowledge they are if I actually listen and take time with them.”

“I think that it also taught me that physiotherapists cannot fix everything, and sometimes, we can do very little to help our clients, other than to educate them about what is going on with their bodies. This was an important learning opportunity for me because it really showed me what being a physiotherapist is all about.”

“I learned the importance of explanations to patients. The more knowledge patients have about their condition and about the physical therapy process itself, the more control they feel over their situation. The internal locus of control leads to better outcomes for patients, as fear and uncertainty are diminished and the patient becomes a more active participant in his or her care.”

Member Checking

Aspects that Resonated: Students confirmed the critical importance of the development of trust and rapport with clients. This includes listening, asking questions, adapting to individuals’ communication needs, motivating and educating.

Aspects that were Missing: Participants also identified the importance of developing good communications with others including the clients’ families, their clinical instructors, and other members of the health care team. Some of the participants acknowledged the unique learning experienced offered by the clinical instructors. Others identified difficulties in establishing and maintaining effective relationships with their clinical instructors.



Students wrote about the importance of “hands-on” experience and learning in a clinical setting.

“This experience enabled me to feel what an adhesion is and what it is like to break one. The majority of my learning up to this point had been from lectures, labs and textbooks, but these forms of learning can never truly prepare a person for what it is like to be working with a real patient and to feel different tissue properties and end feels.”

“At first I complacently thought, ‘humm I did that.’ Then I realized ‘wow! I did that with my own hands!’ Eight minutes of hard work and now this man is getting more air into his lungs. I realized my treatment was obviously effective. I can actually help a person to breathe better, without having to teach them techniques and make them do all the hard work. I can do the hard work for them and can actually improve their situation. Finally, I was able to see that the treatments I had learned in school actually had a positive impact on people when I perform them.”

“I also learned to always prepare for the unexpected and that it is better to be over prepared than under prepared when working in an acute care setting. I also realized the importance of having all necessary equipment at hand when caring for patients.”

Member Checking

Aspects that Resonated: Not surprisingly, students recognized the power of “hands on” experiences in a clinical setting.

Aspects that were Missing: Participants in the member checking process articulated the need to be flexible and adaptable in approaching strategies to meet the needs of individual clients and unique circumstances. They recognized that this requires clinical judgment.

Pieces of the Puzzle in Becoming a Physical Therapist



“I also learned that lifelong learning will be a key to success. I always believed that once therapists learned their material that they did not have to always rely on resources. However, I have now come to understand that the best of therapists are those that turn to other resources to help them make a sound judgment.”

More Puzzle Pieces Towards Autonomous Physical Therapy Practice: Reflections From Intermediate Placements

“What I learned from this experience was one must remain firm to a specific mandate and professional code of ethics”

“This was the first time that something had gone wrong during an interaction with a patient. Prior to this, I had never been put in a situation where I was forced to think about not only the safety of the patient but also of my fellow therapist and myself..... This situation showed me how quickly a situation can turn from good to bad.”

“ ...educating them in layman’s terms as to what was wrong so they could see the importance of doing their exercises required some practice on my part. It sounds foolish, but I really worked on fine-tuning my education delivery so that it was not confusing or long-winded.”



Compared to the relatively structured and guided early academic and clinical experiences, students realized greater challenges in the less protected environment of various clinical settings with associated higher complexities, demands, and expectations for autonomous performance. This incorporates challenges of dealing with conflict and contradictions among personal and professional beliefs and values, ideal practice, and what actually happens in practice.

“Finally, in my future practice of mobilizing acute care patients of any age, I will attempt to try and evaluate their situation more thoroughly before deciding on an appropriate gait aid to prescribe. Had I taken everything into consideration with [client] before mobilizing initially (i.e pain level, weakness, language barrier, attention/concentration, house environment, parent attendance/assistance, etc.) I would have known that crutches were probably not the best choice at the time.”

“As this placement began, I felt somewhat confident that I could identify and treat most orthopaedic conditions. By the end of the third day I discovered that applying the assessment skills I learned in school to actual patient situations was very difficult and required experience, hands on knowledge, and lots of practice, which I of course did not have.”

“My stress progressively worsened from the constant constructive criticism, the lack of positive feedback, the remarkably high expectations, the controversial information.”

“I found that health care professionals still need to focus on the client-centred model of care. Many still use the medical model approach which is not very successful.”

“I was a bit disheartened to realize that my chosen profession, although it claims to share my belief that we must act in the best interest of all of our clients, does not always do so. Perhaps I am overly idealistic and optimistic, but I would like to say that I belong to a profession that respects client diversity even when it is challenging.”

Member Checking

Aspects that Resonated: Students affirmed that the application of skills is different and more difficult in the varied clinical setting than in the classroom. They also acknowledged that assessment and intervention don't always go as planned, for a variety of reasons. Students noted that implementing client-centred and equitable practice is difficult.

Aspects that were Missing: In the more demanding and fast-paced setting of the intermediated placements, students identified that there are more demands to be efficient as well as effective.



By the intermediate stage, students developed an increasing appreciation for the depth of development of communication skills required of a successful clinician. Areas of focus included client-centred practice, issues with professional boundaries and the need to be flexible and adaptable in individualizing communication with all clients, including those who are either non-verbal or for whom English is not their first language. Students realized that the development of communication skills does not occur automatically, but requires hard work.

“One important thing I have come to learn is to make time to get to know a client... it is important that as health care professionals that we take time to listen to patients’ concerns.”

“I also realize that it is important to provide the opportunity and setting for patients to feel comfortable providing honest feedback about the care that I or others are providing. Without such feedback it may prove difficult if not impossible to address potential problems.”

“As a guest in their home, a personal rapport is naturally built between the client and the therapist. I often found myself asked to stay for tea or coffee with the family following treatment. To walk this professional-personal boundary line was often difficult to tread.”

“I felt an immediate rapport with [client], even though communication with her was difficult. Despite this, I tried everything in my power to understand the verbal and nonverbal messages that she tried so hard to send to me. By the end of my placement, with the help of experience and a seminar on “supported Conversation for Adults with Aphasia”, [client] and I were communicating with relative ease. We even had our own little “inside jokes”.”

“Also, in the future I will be aware of the importance of a translator in situations where English is not the first language. I will make sure a translator is always available during assessment and treatment. This is important not only for educational purposes but also for consent issues.”

“The most valuable lesson that came out of this situation was that we often take communication for granted. There is a tendency to assume that all forms of communication are alike, and that the skill of effective communication is innately found within all of us. This of course is clearly not the case. The ability to communicate clearly and effectively is not instinctive but rather a skill, much like riding a bicycle or playing an instrument. This skill requires constant practice if improvement is to be expected.”

Member Checking

Aspects that Resonated: Students in the member checking process confirmed the importance of individualizing communications and taking the time to know your client, while maintaining an appropriated professional-personal boundary line.

Aspects that were Missing: Students did not identify missing aspects of this dimension.



Students realized that the clients were not the only people with whom they must develop good communication. Of equal importance, are family members and members of the health care team serving each client. Notably, students highlighted issues that can arise with respect to conflicting opinions among team members, including their clinical instructors.

“Working with critically ill patients brings a new dimension of care, as you must cope with not only the patient’s condition, but with the patient’s family. The critical care therapist must provide physical therapy as well as emotional support and understanding.”

“As I listened in rounds to the communication between the various doctors and nurses, I learned a lot about the patient’s rights, the family’s rights, and the struggle to help make the right decision. With so many health professionals involved in the care of [client] there were conflicting opinions on what should be told to the family, what should be done for the patient and how the communication should be handled.”

“Having experienced this conflict of client interest, I believe that in the future I will be very conscious of the importance of communication when engaging in the team approach. This is especially important in situations where the client might inadvertently receive conflicting information from different health care providers regarding plans of care, such as what occurred during this particular incident. It is imperative to look out for the best interest of the client and this might often require discussing the client goals and working with the other health care providers to achieve a common goal. ”

“Looking back at this situation, I realize that my choice of words at the time was poorly selected. By using the words “scope of practice” I may have come across to the nurse as being “too good” to deal with bowel and bladder duties.”

“I was often frustrated for the same reasons, but also as a result of the lack of communication between my therapists. I felt neglected when I appeared as a burden to my therapists, especially during busy schedules and vacation/sick time.”

“I went to report my findings to my CI hoping for the best. I came in and told her I had completed the assessment and to that she answered, “Well I should hope so, you were in there for 45 minutes”. This made me feel horrible.....While I may have learned about [type of] physiotherapy on this placement it was overshadowed by my difficulties in conducting a [type of] assessment as well as my CI constantly confirming my worst fears about my assessment skills.”

Member Checking

Aspects that Resonated: Some students recognized the importance of taking responsibility for communicating effectively with all team members and stakeholders, respecting differences of opinion.

Aspects that were Missing: In the member checking process, some students identified how much their relationships with the clinical instructors impacted their opinions of the clinical experience. A few students recognized the opportunity to enter a shared learning environment with the clinical instructors and others.



Journals contained rich descriptions of diverse learning experiences. Some students focused on professional behaviours, while others focused on psychomotor skill development. Some students focused on the whole person; others focused on specific conditions or body parts. Some students explicitly commented on the value of classroom learning; others explored the important role of client education.

“As I walked out of his room I realized for the first time that I actually enjoyed working with him and did not see him as challenging but as having spunk. I realized that when I am his age I hope I still have spunk to remind people just who I am and what is important to me. He taught me more about communication, respect, setting priorities, and quality of life than I could have ever learned from a textbook.”

“Another experience I was extremely fortunate to have in this placement was to work with two cystic fibrosis patients. ... they had previously had lots of experience with physical therapy treatments such as percussions, postural drainage positions, vibrations and rib springing. I truly could not have had a better start to these techniques because I got lots of feedback about my techniques and suggestions on how to improve.”

“I learned to look past the disability and value the individual’s input. I also discovered the importance of treating the whole person to consider not only the client’s physiotherapy needs but also the many psychosocial factors affecting the client’s everyday life.”

“Whenever a new “body part” would come into the clinic, I would again doubt my abilities to complete the assessment.”

“The entire experience was an important learning opportunity for me because I was able to experience firsthand the reasons why certain safety measures are emphasized so highly in physiotherapy education. It took enduring this incident for it to really “hit home” to me what my instructors have been telling me all along.”

“Even though we had been taught repeatedly in the classroom the importance of educating our clients, I didn’t give education the respect it deserved until I saw how powerful it was in a clinical setting.”

Member Checking

Aspects that Resonated: Students confirmed the diversity of learning experiences.

Aspects that were Missing: Some students identified the richness of the learning experiences in the clinical setting.



Self-confidence continued to be a dominant theme at the intermediate stage, with growing realization that self-confidence was linked to the ability to reason clinically, apply principles to novel situations, and to be adaptable and flexible.

"This particular experience made me realize that my ability to clinically reason is better than what I previously believed, and that I should feel more confident in my abilities. I realized that there is a lot more information in my head than I had previously believed, and that it is not necessary to get so nervous when dealing with novel situations."

"Instead of internalizing the emotions and constantly thinking "Oh, his poor family", or "I can't imagine how hopeless he is feeling right now", I challenged myself to come up with ways to make treatment fun and meaningful, without focusing on the things he could no longer do. I truly believe that my new feelings and attitudes about this situation are indeed correct and that I am fortunate to have been able to realize this relatively early on in my life as a physiotherapist."

"I was incredibly nervous prior to the beginning of my placement, not because I thought that I was insufficiently prepared, but I guess I was more concerned that I may not be able to sufficiently apply what I have learned."

"After thinking about this entire experience I discovered that my assessments will never go as planned as I can only prepare so much for the completely unexpected. I instead need to be more confident that the skills I have learned will somehow get me through."

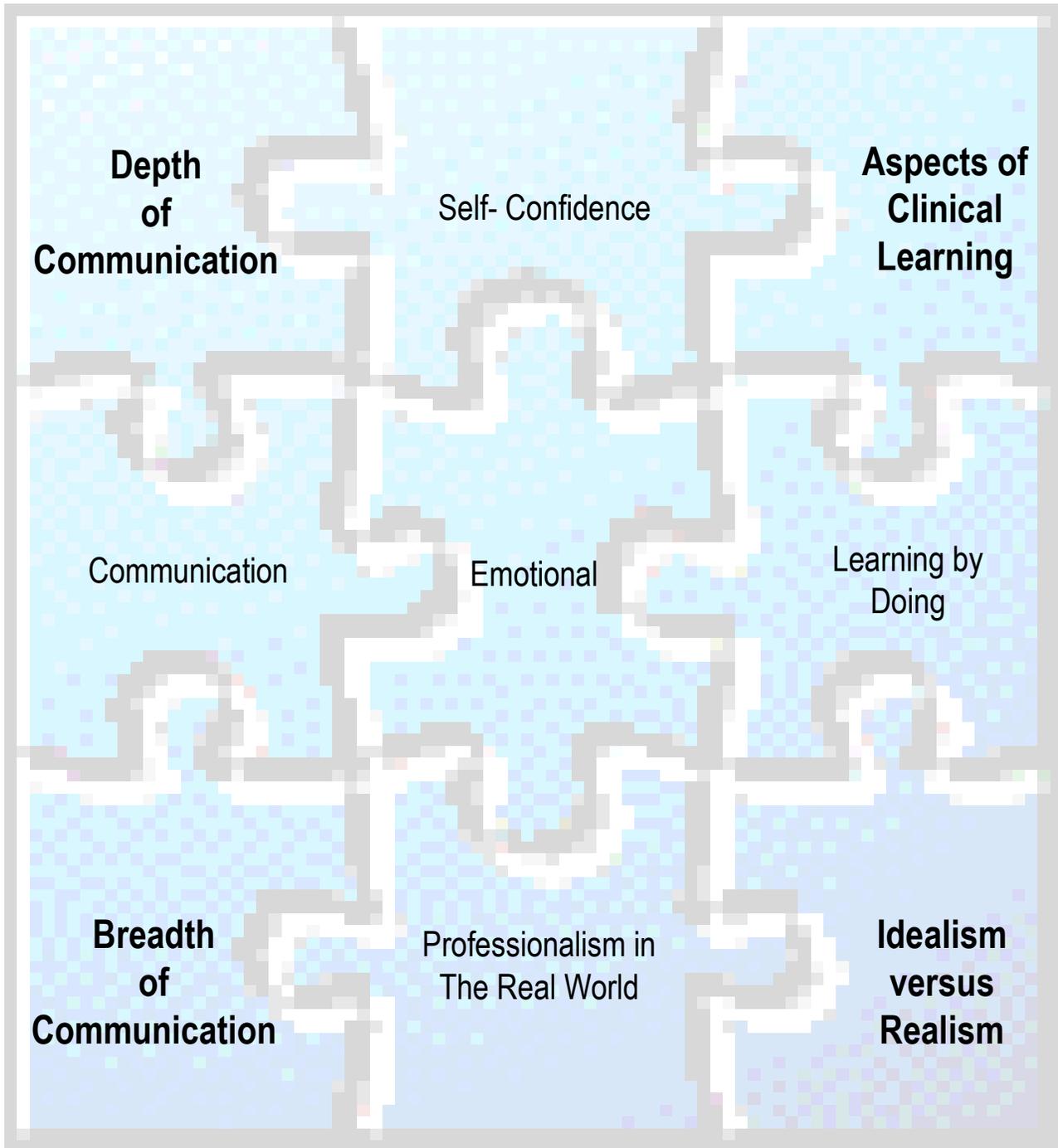
"I realized that although things do not go according to plan, you must continue to do your job as a physiotherapist. For the benefit of your patient, your confidence cannot be shaken and you must be able to perform your duties under any circumstance."

Member Checking

Aspects that Resonated: Students identified the importance of taking an active role in managing their emotions, including nervousness, when developing relationships with clients and/or clinical instructors.

Aspects that were Missing: Some students at the intermediate level recognized that taking the initiative to be independent is empowering with respect to professional learning.

More Puzzle Pieces Towards Autonomous Physical Therapy Practice



“As a responsible therapist, it is now clear that you cannot be lazy or lackadaisical when working with patients.....I now realize that I cannot expect my career as a physiotherapist to go without incidentIt is clear to me that any number of things in the therapeutic environment can create a troublesome situation.”

Adding Another Dimension to the Puzzle

Key Themes from the Experiences of Students in Their Senior Placements

“During this final placement, students from the first year class came to [facility] for their pre-clinicals. Seeing them made me think back to one year ago when I was in that same situation. I can vividly remember how nervous, confused and totally overwhelmed I felt (and probably acted). I frequently still feel overwhelmed by how much I still have to learn about physio but it was a fantastic feeling to reminisce and realize how much I have actually learned and changed in just one year. I remember how scared I was to be in a hospital room, but now I am familiar with lines and tubes and patients so it is no big deal. I remember not knowing where to start an assessment, but now it seems like second nature just to follow a standard format. I remember feeling awkward around patients but now interacting with all types of people is more natural. All of these subtle changes happened so gradually that I wasn't able to really appreciate them until the first year[s] [students] sparked the memory of myself in their shoes. Now I appreciate it more when I feel helpful, effective and confident as a therapist because that took a lot of hard work.”



After their senior placements students expressed a deep level of rapport embodying client-centered practice, with many of the comments reflecting on the strength of the therapeutic relationship. Some students expressed enjoyment seeing clients achieve positive outcomes; others experienced personal enjoyment with the positive feedback from clients. Some students expressed a growing appreciation for caring and advocacy aspects of professional practice.

“Prior to this experience I think that I thought I had been taking the big picture into consideration, such as emotional issues, family conflicts and other struggles. However, after this day, I realized that I often I would see only what I wanted to see, which was often just the positive..... It is worth it to take the time to figure out WHO each person is because if the patient is understood, indirectly it could make therapy that much more effective and could ultimately leave both the therapist and patient satisfied.”

“It let me see how much appreciation some clients can have when they feel like they have been listened to and understood. I feel that this in turn lead to a more successful program of care because the client will be more comfortable with me and may open up more about their functional concerns that may never surface if there is not a positive rapport between us.... by developing a strong relationship with my clients, they can become more involved in goal setting, more apt to be an active participant, and they may feel that there is less control of power between me as a physiotherapist and them as a client.”

“After I was finished with my client, I felt pretty good about developing a positive relationship with her. It’s really nice feeling to be able to work with a client, enjoy a conversation with them and connect on a professional level. It doesn’t really feel like work then.”

“I can’t really describe my feelings, except that my eyes filled with tears and I was overcome with joy at seeing [client’s] positive changes. My heart sang. I kept thinking that finally [client] was showing progress, signs of recovery. Her fate would not be what others had feared....”

“After the incident, I was on a personal high for the rest of the day because for one of the first times in my short career of treating clients, I felt truly appreciated. What a feeling!!! I’ve had quite a few compliments about my professionalism, my hands-on techniques, and my personality but it just felt real with this client. You could just see it in her eyes that she was very honest about having a good experience with me.”

“She did seem to do that little extra for her patients... I learned that loving the job you do is important but making sure to treat your patients as people and not as part of what you get paid to do is even more important. I began to realize that many people in this profession view their roles as a physiotherapist in health care in many different ways. I now know I would like to include caring for patients in my role.”

“The communication strategies that I have learned during my last clinical placement are only the beginning of my journey to make my patients comfortable and well attended to. I hope to make my practice a comfortable experience where the patients will feel well respected and well understood. I would also like to be more proactive in preparing my patients for what they may encounter in the community.”

Member Checking

Aspects that Resonated: In the member checking process, students acknowledged the value of a deep therapeutic relationship in contributing to positive client outcomes.

Aspects that were Missing: Some students at the senior level continued to focus on basic communication skill development.



After their senior placements, students expressed a stronger sense that self-confidence is supported by a skill level that they truly do possess. At the same time, this was balanced by a tolerance for not knowing all of the answers and recognizing when referral was necessary.

“In the end I feel that I have made a huge transformation over my 5 clinical placements. I am now more confident in my abilities to embark on a career as a physical therapist and I am better armed to deal with these types of situations.”

“It was not until the client had left and I was writing out the report that I took a moment to realize that I did have the basic knowledge and skills I needed to complete an assessment and form a hypothesis and that I just needed to believe in myself and have more confidence.”

“Previous to this placement I was a bit shy of sending a report to a doctor with a ‘diagnosis’ that was different than the one they provided on the referral sheet. Now, I realize that I should be proud of my assessment skills... This incident has taught me to be confident in my ability to help people.”

“I also realized that it is alright as a physiotherapist to not know what is causing the symptoms all the time and that it is fine to take some time to review the literature, seek others’ opinions and refer back to other health care members if you are not sure what is occurring...This experience emphasized that physiotherapy involves life-long learning and a constant need to stay current.”

“One of the most important lessons I learned while on my last placement was that I didn’t have to always have all the answers. My therapist is one of the top therapists in the field..... but I would hear him telling his patients that he didn’t know exactly what was going on. And patients were OK with this!!”

“I have been afraid that I would not be able to pick up such signs as a primary health care professional, but after this experience I have more confidence that I will be able to recognize when clients are not appropriate for physiotherapy. Also, after speaking with [client’s] family physician, I realize that most physicians are appreciative of other primary practitioners’ diligence in detecting red flags.”

Member Checking

Aspects that Resonated: Students affirmed that awareness of their own skills and comfort with knowledge limitations contributed to high levels of confidence.

Aspects that were Missing: Some students identified the transition to more satisfying and proficient professional practice, in part due to increased skill in explicitly evaluating feedback to guide professional development. Others felt intimidated by the challenge of applying knowledge to new settings.

Some participants expressed concern about continued learning outside the structured learning environment while others perceived their level of competency to be beyond the level of a senior student.



At this stage, students fully recognized the tensions between the ideal and the pragmatics of actual practice with respect to time, fiscal realities, resources, patient desires and wishes, personal balance, and palliative versus restorative focus.

“On more than one occasion I found myself working well into lunch, or past home time to make sure I treated her as comprehensively and thoroughly as I could. I realize now, after 2 weeks of independently treating her, that a physical therapist does not have the time nor energy to treat each patient as comprehensively as she/he would always like, and that prioritizing the major problems and treating them effectively and efficiently is all one can do in an allotted time frame. I found this hard to accept. I’ve always wanted to do my best, help people the most I can and do all I can within my knowledge/experience base. Yet in the real world where the day is only 8 hours and the possibility of burn-out is great, this attitude is not always realistic.”

“I learned that private practice in [city] is having some difficulty lately, with many clinics experiencing similar cutbacks. I learned the uncertainty and loss of job security in private practice when compared to hospital practice, where I had worked my previous four placements. However, I also learned the importance of flexibility, confidence, and the importance of putting the needs of the patient first, even (and especially) in times of uncertainty.”

“The cornerstone of physical therapy is client-centred care. Thus, as difficult as it may be at times to accept a client’s decision (i.e. to refuse therapy), as professionals, we are obligated to separate our personal beliefs, and values from our profession responsibility to respect the wishes of our clients, even if it is incongruent with our own.”

“There is nothing like having your brain picked for 10 hours a day and then going home absolutely exhausted to find that you have to write letters to the family doctors of the new assessments you did that day! Needless to say I was pretty tired over the last 6 weeks but it gave me some insight into life at a private clinic.”

“My time at [facility] has taught me that the profession of physiotherapy is much more than simply the treatment and prevention of illness and disability. As skilful as physiotherapists are at helping people to achieve their optimal level of functioning and well being, there will be time when our most important function is not restorative in nature, but instead palliative.”

Member Checking

Aspects that Resonated: All aspects of this dimension resonated with students, especially time constraints and the need to prioritize.

Aspects that were Missing: Students highlighted struggles with personal-professional balance and being able to effectively manage professional practice and life stresses.

Students identified the accountabilities and responsibilities that come with the transition to enter autonomous entry-level practice.



After the senior placement, students perceived that the relationship with their Clinical Instructors had shifted from one of a power differential to one of a mentor. Students also recognized that health care providers in other disciplines were mentors. Students distinguished between desirable versus undesirable characteristics of a health-care professional.

“Placements are definitely a great way for a student to find out what area they may or may not want to practice in but best of all, I think that placements allow you to see what kind of a therapist you want to become. I know that over the last year I have picked up some techniques, phrases, mannerisms and styles that I will keep and use during my career. I have chosen them carefully by watching and listening to all of my supervisors and noticing the reaction of their patients.”

“It is not customary to see cardiorespiratory PT techniques used within an orthopedic physiotherapy setting. I was both surprised and impressed by my supervising physiotherapist’s creativity in thinking of them as options.”

“She walked into the room, he was in bed and although he had many blankets on him he was still saying he was cold. She left the room, got him a warm blanket from the warming oven and placed it over him. He told her that seemed to be helping. She talked to him for a few moments about OT then asked again if he was starting to warm up, he said yes, slowly. She then turned on some heating lights in his room and checked the temperature and told him he should be feeling warmer soon. She then asked him if he was comfortable in bed, she adjusted the bed, his TV and then asked him if he was ready to get on his splints. She helped him with his splints, got him positioned in bed, made sure he was comfortable and able to reach his telephone. She did do her work and made sure he was using his splints and was in a proper position but she did much more than just that. She took that extra time out of her day and made sure he was really comfortable and well cared for.”

“The reason why this event impacted me so much is the complete and total lack of respect the nurse showed for my supervisor. She treated her unfairly and rudely right in front of our patients!...Secondly, behaving in such a non-professional manner by shouting at another health care professional is completely unacceptable...being a witness to an attack of such a wonderful and innocent, hard working, health care professional has taught me how never to behave under any condition.”

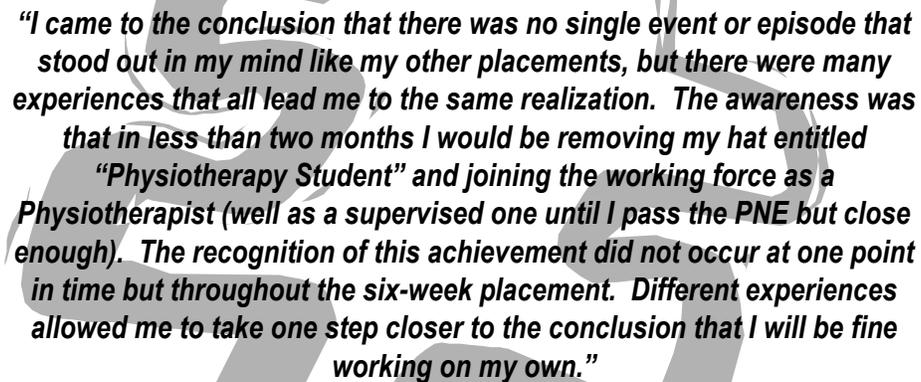
“What it does teach me, however, is about respectful communication and its importance not only with patients, but also with other health care professionals. I have spent a great deal of time reflecting on this incident, such as how I would have dealt with it if I were the supervisor, and what I could have done to improve the situation.”

“As a result of reflection over those six weeks, I decided that I did not want a future student of mine to think of me as “The Bad Supervisor”. Not only does it make the person feel bad, but it also poisons the whole learning experience for both the student and supervisor. If a student is constantly criticized without offering encouragement, that student will not want to go to that supervisor for help. Part of being a teacher is to not only impart information, but to do it in such a way as to stimulate more learning, not to stunt it.”

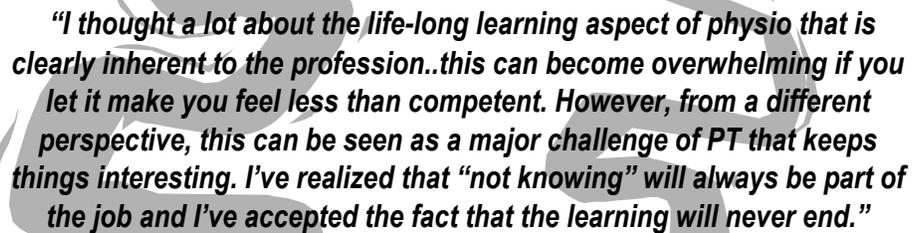
Member Checking

Aspects that Resonated: Students appreciated the evolution of the student-clinical instructor relationship from supervisor/preceptor to mentor. The students acknowledged the importance of developing an effective relationship in enhancing learning while on placement.

Aspects that were Missing: Some students at the senior level continued to focus on the relationship with the Clinical Instructor as foundational to their learning experiences, with some having difficulty developing effective relationships. Others engaged in shared learning with clinical instructors and other students.



“I came to the conclusion that there was no single event or episode that stood out in my mind like my other placements, but there were many experiences that all lead me to the same realization. The awareness was that in less than two months I would be removing my hat entitled “Physiotherapy Student” and joining the working force as a Physiotherapist (well as a supervised one until I pass the PNE but close enough). The recognition of this achievement did not occur at one point in time but throughout the six-week placement. Different experiences allowed me to take one step closer to the conclusion that I will be fine working on my own.”



“I thought a lot about the life-long learning aspect of physio that is clearly inherent to the profession..this can become overwhelming if you let it make you feel less than competent. However, from a different perspective, this can be seen as a major challenge of PT that keeps things interesting. I’ve realized that “not knowing” will always be part of the job and I’ve accepted the fact that the learning will never end.”

Adding Another Dimension to the Puzzle

