

Perception of Undergraduate Physical Therapy Students of Dual Role of Clinical Educator As A Mentor or Assessor: Influence on The Teaching-Learning Relationship

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Highlights:

- Perception of physiotherapy students
- Teaching-learning relationship (T-L) relationship
- Double role of their clinical educator as mentor or assessor

Abstract:

Academics clinical education is significant backbone of physiotherapy professionals' schooling and it is express as vital components which makes ready professionals of physiotherapy for experience in clinical set-up.

Objective:

To investigate understudies' view of how the dual role of CEs as mentor and evaluator affected T-L relationship.

Methodology:

Self-oriented questionnaire was used using the quantitative research approach. A cross-sectional survey design was used in this study. Consenting undergraduate physiotherapy clinical students from university of Lahore, Pakistan who had clinical education for at least one year completed the questionnaire. Consecutive sampling was used to recruit samples of 225 understudies.

Results:

The difficulties were noticed when CE needed to behave and acting as the two evaluator and guider to the necessity of understudies. They change their behavior. This affected the relationship of teaching and learning thus affected the studying of undergrad learners. Desires for understudies and CE were frequently not satisfied.

Conclusions: Discoveries found out in investigation, based on the perspectives or the encounters that understudies have of double job of their CEs, become featured. This situation become critical to think about difficulties which are faced by understudies so as to limit possible harmful impacts on understudies' studying environment caused by difficulties

Keywords:

Physiotherapy students, dual role of CEs, mentor and assessor, Pakistan.

Introduction:

Apart from academics clinical education is significant backbone of physiotherapy professionals' schooling and it is express as vital components which makes ready professionals of physiotherapy for experience in clinical set-up. In the practical clinical set-up, mandatory objective is to clinical learning and essential coaching method because it comes up with the genuine clinical experience that a undergraduate student required and that help them to actively participate themselves in learning process.¹

CEs satisfy numerous jobs, for example, educational program organizers, information suppliers, good examples as role models and asset engineers. CEs are likewise accountable for satisfying number of these jobs. Moreover, educators are acting as the guiders and evaluators/assessors in the studying procedure of understudies' undergrad health care professional education. As mentors, CEs ought to encourage understudies' studying by contributing power, time, giving assistance and looking into their understudies. CEs should manage the understudies and guide them,

support their advancement, share clinical encounters, and provide authentic responses. Clinical educators change their duty and become evaluator in the last ending days of hospital visit. Now CEs do the job of assessors which includes evaluating understudies' advancement and their performance, which incorporates abilities, attitudes, behaviors and practices.¹

Integral to clinical training is (T-L) relationship that develops among the understudy and their CE. Inside this T-L relationship, CEs might be relied upon to satisfy double roles as mentors and assessors of understudies. Difficulties for the two parties may develop when CEs take on these distinctive jobs.² The clinical learning condition inside physiotherapy training intends to give clinical skills and expertise to manufacture theoretical and practical information. It is significant that the clinical learning condition empowers the understudies to learn communication skills and interact with staff during clinical practice and give a sharing of qualities, information, mentalities, and expertise towards a professional personality.³

The point of this pilot study is to decide whether a stimulant clinical experience for physiotherapy undergraduates could enhance confidence before starting a conventional clinical position; and supplant some portion of the conventional clinical position without negotiating the student's capacity to achieve competency.⁴

Clinical instruction is integral to the preparation of physiotherapy understudies and it is basic to the future providing of quality physiotherapy health services. The clinical educator is fundamental to clinical training and is associated with everyday responsibilities and providing of quality understudy clinical learning experiences. Understudies regularly

accept that the achievement or disappointment of their clinical learning experience can be credited to the clinical teacher. The clinical instructor shows essentially through communications and treatment of patients and expect various jobs, including facilitator, director, good example, supervision and clinical evaluator. The clinical teacher gives chances to understudies to encounter safe practice.⁵ An ongoing systematic re-view, featured the absence of solid result apparatuses and tools used to assess clinical teaching effectiveness.⁶ For both clinical instructors and understudies, individual epistemologies (their confidence about information and sources of information) impact the manner in which they approach and adjust to their educating and learning jobs in clinical position settings.⁷ The purpose of the study was to explore the students' perceptions of how the dual role of CEs as mentors and assessors of students influences the T-L relationships, evaluate these perceptions and find possible answers to problem areas in order to improve the quality of students' learning.

Methodology:

225 undergraduate students were selected using consecutive sampling. Self-oriented questionnaire was applied using the quantitative research approach. An interview discussion schedule was developed by the author, who provided guidelines for defining the line of enquiry. This discussion schedule was used for both individual and focus group interviews. The discussion schedule assisted the interviewer in maintaining focus and ensuring coverage of all important issues. The questions were open-ended questions based on the aim of this study as well as on aspects from the literature that appeared to have an impact on the T-L relationship. The author and interviewer discussed the interview questionnaire to

ensure that it could be used effectively

Results:

Mostly 9th, 10th semester (5th year) students responded in majority with 145(64%) students out of 225 while 72(32%) students responded from 7th and 8th semesters (4th year) and 8 students from 3rd year (Table 1). Majority 134(59.6%) students said that when their mentor act as a assessor their behavior changed, whilst rest of the students said no (Table 2). 108(48%) students gave suggestions to enhance learning of PT students such as well-organized set-up, open communication, and comfortable and relax atmosphere. 86(38.2%) students reported comfortable and relax atmosphere is most significant in enhance learning (Table 3). 103(45.8%) students said it is positive when same person is playing dual role, whilst 81(36%) said it has both positive and negative consequences (Table 4)

Year	Frequency(%)
3 rd	8 (3.6)
4 th	72 (32)
5 th	145 (64)

Table 1: Frequency of students in each educational year

Behavior Change	Frequency(%)
Yes	134 (59.6)
No	91 (40.4)
Total	225 (100)

Table 2: Behavior change after clinical education

Behavior Change	Frequency(%)
Well Ogranized set-up	57 (6.7)
Open Communication	16 (7.1)
Comfortable and relax atmosphere	86 (38.2)
All	108 (48)
Total	225 (100)

Table 3: Suggestions for change to enhance learning

Behavior Change	Frequency(%)
Positive	103 (45.6)
Negative	41 (18.2)
Both	81 (36)
Total	225 (100)

Table 4: Positive and Negative Consequences

Discussion:

Clinical education is significant in setting up the students for clinical field. This investigation is the initial move towards the evaluation of a significant part of clinical instruction in Pakistan. Breaking down the viability of the procedures utilized by the clinical educators is a key component of clinical training which has been examined in current study.⁸ The present investigation has indicated fairly comparable outcomes with the vast majority of the students being instructed by clinical teachers filling in as clinicians and academicians, the highest degree level of the instructors being M.Phil and specialty in musculoskeletal physical therapy.

In this study 156(69.3%) students reported that their clinical educator should be mentor as well as same person act as assessor because they felt knowing who the assessors would have been, the students thought this is helpful for themselves so they know they can adjust to their evaluators' desires and tastes. The existence of an outsider evaluator which causing pressure this will make them feel anxious and hopelessness. This again urged learners to embrace a key way to deal with education, also learners favored the dual job so that this will help them increase satisfactory pass rates.¹ This study gives some similar results as Meyer IS *et al.*, stated in his study thus it means problems are similar globally.²

However, some students reported that CE should be act as mentor in contrast this group preferred that their CE's should be mentor only, means that they need to

confront an external assessor that isn't stressful for them since external assessors think nothing about their clinical block that they keep remember while evaluating. Majority students said when clinical educators change themselves to the character of evaluator, on other hand, the conduct and presentation of the clinical educators changed. This will negative for T-L relationship. These irregularities predominantly identified instead of being from mentor to assessor where understudies recognized a change in the conduct and presentation of certain clinical educators. These irregularities have recently been found to impact the unwavering quality and legitimacy of the evaluation strategies, as affirmed by Gravett and Geyser (2004)⁹.

Understudies at that point, intending to satisfy the CE during the evaluation procedure that is not suitable for positive T-L relationship. 113(50.2%) students responded about the qualities of their CE that they can have clinical experience, communication skills, specialty and friendly with them.

Second major group 26.2% reported that CE must have clinical experience in order to assist students and mostly student preferred the clinical experience over other qualities.

Conducting workshops, CEs must emphasize on concepts, CEs give opportunity for discussion and CEs assist students to learn these were the qualities that students reported. Majority of students also reported roles of mentors as to give individual supervision, diminish gap b/w theory and practice, and share clinical expertise.

106(47.1%) students reported responsibilities of assessor as to maintain equality among students, should be gentle while assessing, avoid favoritism, stick to syllabus, whilst 65(28.9%) students second large group thought that only maintaining equality

among students is most significant responsibility of their assessors because most of assessors do not equally treat all student this will negatively impact for the T-L relationship.

Mostly 143(63.6%) students reported the roles of assessors as to give individual attention, avoid favoritism and should be gentle while assessing. If this role isn't fulfilled by assessors, then conflict will developed between students and CEs which will affect T-L relationship.

125(55.6%) students majority found cross questioning and extensive knowledge demand are the challenging factors during clinical rotation.

In this study students were asked that what is T-L relationship in their perspectives majority of them responded T-L relationship as comfortable asking questions between students and their CEs, mutual respect and trust between students and their CEs. 151(67.1%) students reported effective T-L relationship as to avoid favoritism, never degrade students, provide opportunity to ask and equal partners of CEs. Some of them also reported they want to be equal partners to their CEs that help to maintain T-L relationship between them.

105(46.7%) most of the students thought that fear of failing, degrading students, change in behaviors of CEs and favoritism are the negative factors that influence T-L relationship.

However, some thought that only change in behaviors of CEs negatively influence this relationship.

197(87.6%) majority of students said they didn't fail their clinical exam while 28(12.4%) students said they failed. 102(45.3%) students felt anxious if they failed clinical exam. 83(36.8%) students felt anxious and hopelessness if they failed. Potential clash circumstances created when clinical educators neglected or failed understudies through-out

evaluations of their clinical presentation. Understudies thought that it was awful and it can influence the relationship between students and their clinical educators by restraining trust and open conversation as they off-track from their confidence to take part in communication. After failing 101(44.9%) students thought that there will be inhibition of open communication, inhibition of trust and lack of confidence occurs which have detrimental influence on relationship between CE's and their students. Some students reported only inhibiting trust can impact on T-L relationship. Students showed the requirement for successful connections where great correspondence, trust and respect were available.

108(48%) students gave suggestions to enhance learning of PT students such as well-organized set-up, open communication, and comfortable and relax atmosphere. 86(38.2%) students reported comfortable and relax atmosphere is most significant in enhance learning. An open learning environment was shown as a significant essential for improvement of a positive relationship. Guarantee for discussions, secure environment and agreeable connections was essential where understudies don't hesitate to talk about shortcomings, qualities and lastly pose inquiries. Students featured the requirement of very much organized, agreeable and loosened up learning environment, which permits enough space for the two gatherings to fabricate relationship between CE's and students that can hold up against difficulties characteristic in the double job of the clinical educator as evaluator or judge.

104(46.2%) students want to discuss their experience such as no feedback regarding clinical rotation. Students responded a deficiency in sufficient response for clinical rotation. This can create perplexity and vulnerabilities regarding nature of clinical training.

Student showed clinical educators' mentalities and obligations assumed a significant role in building up a great learning condition and 83(36.9%) students thought that educators were eager, unhelpful, lacking energy and on occasion inaccessible. Buchel and Edwards (2005) expressed that clinical educators must be promptly accessible for purpose of helping their students or they ought to guarantee secure, non-judgemental and non-compromising educating condition is set up.¹⁹

38(16.9%) students recognized their clinical educators as they frightening them. They felt uncomfortable with posing inquiries or uncovering their weaknesses to their clinical educators. A few CE's ruled the learning meetings without thinking about understudies' emotions. Some CE's dominated the learning sessions without considering students' feelings. Intimidating is not desirable while aiming to get a good learning environment. It will be negative for T-L relationship^{2,11,12} 103(45.8%) students said it is positive when same person is playing dual role because they already know about their assessor and adapt according to it, whilst 81(36%) students recognized the double job of their clinical educators as both useful and harmful consequences.

Conclusions:

It became apparent that the dual role of the CE influenced the T-L relationship. The findings addressed the views of the students on the dual role of the CE as mentor and assessor and the performance standards that were expected from both roles. Disparities arose when CE's acted as both mentors and assessors, which caused disharmony in the T-L relationship and thereby affected students' learning. These disparities were identified as challenges, expectations and preferences. It was important to consider the challenges that the students faced in

order to minimize any negative effects these challenges could have had on the students' learning processes. Students had mixed feelings about the dual role of the CE. If the expectations of both parties were met, it could lead to the transformation of the T-L relationship.

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