MMSU Science and Technology Journal
Vol. VII No.1 January-June 2017

ISNN: 2012 0060

STRATEGIES TO ADDRESS PROBLEMS ENCOUNTERED IN PHYSICAL THERAPY CLINICAL INTERNSHIP

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ABSTRACT

Clinical internship plays a role in the professional development of students in healthcare disciplines because it provides for the application of theory learned inside the classroom into practice needed in clinical sites. However, there is little investigation of how to better prepare students for their clinical internship and how best to utilize the available clinical placements to develop necessary competencies for the performance of expected professional roles. Thus, this study aimed to determine the problems encountered by physical therapy students during clinical internship.

Qualitative research design was used to explore perceptions of the stakeholders on the clinical education process. A semi-structured instrument was used for the survey. Focus group discussions and interviews were audiotaped and were transcribed verbatim. Fifty-seven interns, 22 clinical instructors, 4 clinical supervisors, and 4 internship coordinators were purposively selected to participate in this study.

Seven themes emerged from the surveys and focus group interviews. The main problems associated with the clinical experience of interns are: theory-practice gap, initial clinical anxiety, insufficient clinical supervision, unclear professional role, difficulty coping in the workplace, heavy patient load, and poor communication skills. The identified areas of need within the internship program should be effectively addressed by stakeholders to promote students' seamless transition from the academic to the clinical sites.

Key words: clinical education, internship, physical therapy.

INTRODUCTION

Clinical internship is a vital component of the physical therapy program and is pivotal in the achievement of successful learning outcomes. It is a central part of the training of all physical therapists (Crosbie et al., 2002) as it stimulates students to use their clinical reasoning processes and critical thinking skills for problem-solving. During clinical placements, students are able to gain profession-specific knowledge. Knowledge that is embedded in practice and knowledge that transfers from case-to-case can be developed during this process (Luntley, 2002).

To maintain a high quality of clinical education, the Commission on Higher Education (CHED) adopted and promulgated the General Guidelines for the Physical Therapy Internship Program embodied in CHED Memorandum Order (CMO) 23 s. 2007. The guidelines define clinical internship as a "well-planned and organized program at par with international standards that provides integration and application of theoretical knowledge towards the development of necessary competencies for the performance of expected professional roles."

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The internship program involves assigning interns to different affiliation centers that cater to various client populations, for a minimum of 1500 hours under the guidance of licensed physical therapists. In this setting, students develop professional skills through a systematic application of scientific knowledge to actual clinical situations in different practice settings. The clinical training program aims to: (1) integrate the knowledge, skills, and attitudes such as clinical, communication and professional behaviors expected of entry -level physical therapists, and (2) develop compassionate, ethical, and competent physical therapists who are globally competitive, and committed to serve the health needs in both local and international communities (CHED, 2007).

Over the years, physical therapy interns have experienced challenges in their transition from classroom to clinical practice. The problems associated with the clinical internship of interns have been reported, frequently in an anecdotal manner but no formal analysis has been made on which to base decisions for curricular changes. Thus, this study identified areas of need within the clinical internship program by investigating it from the perspectives of three different groups reflecting the tripartite relationship of clinical education, namely, interns, clinical instructors (CIs) and supervisors, and internship coordinators, with the end inview of making clinical education more relevant and responsive to the needs and demands of practice. Thus, any gap must be identified and described so that appropriate curricular remedies may be prepared and implemented.

METHODOLOGY

Research Design

This study utilized a qualitative research design to explore perceptions of the stakeholders on the clinical education process during internship. Data triangulation was done to enhance the credibility of results by comparing multiple data sources (interns, clinical supervisors, CIs, and internship coordinators) and employing multiple methods (survey, focus group discussions (FGDs), and key informant interviews). Focus group interviews are essential in the evaluation process as part of a need assessment, during a program, at the end of the program or months after the completion of a program to gather perceptions on the outcome of that program (Barbour & Kitzinger, 1999 as cited in Sharif & Masoumi, 2005).

Locale of the Study

Two physical therapy schools namely, Mariano Marcos State University (MMSU) and University of Santo Tomas (UST) were purposively selected as they have four common affiliation centers – Philippine Cerebral Palsy Institute (PCPI), Philippine Children Medical Center (PCMC), Our Lady of Lourdes Hospital (OLLH), and Moro Lorenzo Sports Center (MLSC). Having common clinical supervisors and instructors ensured more objectivity in the assessment of the clinical education process.

Population and Sampling

The interns from MMSU (n=24) and UST (n=33) who had clinical placements at PCPI, PCMC, OLLH, and MLSC were purposively selected for the descriptive survey (95% response rate). For the FGDs, 10 interns were randomly sampled from each school. Moreover, eleven CIs who supervised and monitored the clinical education of the interns were purposively selected for the descriptive survey (50% response rate). Four clinical supervisors participated as key informants in the scheduled structured interview, while four internship coordinators from the PT schools were purposively selected to take part in the descriptive survey.

Ethics Approval

The study commenced after approval from the University of Santo Tomas Ethics Review Committee was obtained. Informed consent and permission to audiotape were likewise obtained from the respondents. They were informed that participation in the study is voluntary and confidential.

Data Collection

A research instrument composed of open-ended questions was developed based on the review of literature. The research instrument was content validated by technical experts and piloted to a group of clinicians, academicians, and students in Ilocos Norte. After the pilot testing, the research instrument was revised accordingly to make it semi-structured in order to better guide the respondents. Specific competencies included under professional behaviors were safety, professional ethics, initiative, communication skills, and others. On the other hand, competencies included under patient management skills were examination, evaluation, diagnosis and prognosis, and intervention. These competencies were adopted from the Clinical Internship Evaluation Tool by Fitzgerald, et al. (2007). The revised research instrument was returned to the technical experts for content validation and approval.

The final research instrument was utilized during the survey and focus group interviews involving interns, CIs, and internship coordinators. Data collection was conducted just after the fifth month of clinical rotation. As the study primarily explored the respondents' perspective of the clinical education process during the internship program, the core questions asked were: (1) Are learning objectives being met in clinical internship (level of satisfaction)?; (2) What are the main problems associated with the clinical education of interns during internship?; and (3). What changes can be done to improve and make effective the clinical education of interns during clinical internship?

Data Analysis

The steps undertaken in the qualitative analysis were adopted from Sharif and Masoumi (2005, p. 2). Three levels of coding were selected as appropriate for coding the data. Level 1 coding involved examining the data line by line and making codes which were taken from the language of the subjects who attended the focus groups. Level 2 coding involved comparing coded data with other data, and the creation of categories. Categories are coded data that seem to cluster together and may result from condensing of Level 1 code. Level 3 coding described the central themes that emerged from the categories (Graneheim & Lundman, 2004, as cited in Sharif & Masoumi, 2005, p. 3).

RESULTS AND DISCUSSION

Profile of the Respondents

Of the 57 interns, there were more females (68.42%) than males (31.58%). Of the 22 CIs, there were an equal number of females and males. Almost 91% of the CIs were graduates of Bachelor of Science in Physical Therapy while there was one graduate of Master of Science in Physical Therapy and another who graduated with a Master of Arts in Special Education. The mean age of the CIs is 26.59 years. Their mean number of years working as a physical therapist is 4.52, and as a clinical instructor, 3.56. On the other hand, the mean number of daily hours they spend working in the clinic is 7.81, and supervising interns, 7.25.

Satisfaction of Interns about Clinical Internship

The study assessed interns' satisfaction on the achievement of learning objectives during internship. An

overwhelming majority of the respondents (98.12%) were either moderately satisfied (51.92%) or very satisfied (46.2%). The interns reported that most professional behaviors and patient management skills were reinforced by their clinical experiences.

The perception of moderate satisfaction may be attributed to reports of interns that they encountered problems in patient management skills, specifically in examination and intervention. They reported that some examination and intervention techniques were not taught to them by their CIs during their clinical rotation. Furthermore, they experienced insufficient supervision from their CIs in the course of assessing and managing their patients. These competencies considered problematic require immediate improvement to conform to standards of competence.

Encountered Problems in Physical Therapy Clinical Internship

Seven themes emerged from the thematic analysis of the results of the survey and focus group interviews. From the perspectives of interns, clinical supervisors, CIs, and internship coordinators, the main problems associated with the clinical experience of interns are: initial clinical anxiety, theory-practice gap, insufficient clinical supervision, unclear professional role, difficulty coping in the workplace, heavy patient load and poor communication skills. The first four themes are generally consistent with the findings of Sharif and Masoumi (2005) on nursing students' clinical experiences.

The **existence of a theory-practice gap** emerged from all of the surveys and focus group interviews. The prevailing perception among the interns was that some theories learned in school are not applied in the clinics and that some of those that are practiced in the clinics had not been learned in school. Moreover, concepts cannot be easily related and applied to clinical practice. This can be attributed to interns' limited mastery of laboratory skills. This was echoed in the statements:

> *"There is a difference between what is taught in school and what is done in the clinics. There were different schools of thought."*

> *"It is quite hard for me to relate theories and concepts learned into clinical practice."*

> *"I need to learn more because sometimes the things I learned at the affiliation center were not taught in school.*

> *"Theories may be taught but practice time is limited in school so I had not properly mastered the techniques."*

The CIs confirmed the presence of a theory-practice gap and suggested the need to bridge this gap while interns are still in school because the theoretical knowledge they acquire is seldom related with clinical practice. The CIs mentioned:

> *"Some of them have enough theoretical knowledge but lack the skill to perform assessment and intervention techniques."*

> *"Some interns can grasp theory but are not able to rationalize the practice. They tend to be so theoretical, too technical, and limited with their practice."*

The internship coordinators also admitted that a theory-practice gap really exists. But such gap can also be attributed to the clinical side. To quote the coordinators:

"Most interns still have a hard time relating their theoretical knowledge with their clinical knowledge."

"The gap has started to narrow down, but there is still a gap between theory and practice. Advances in research and technology and new knowledge – those that are taught in schools are sometimes not practiced in clinics yet. In other words, evidence-based practice is still lacking".

As suggested by Thomson and colleagues (2014), one way to bridge the theory-practice gap might be to increase the collaboration between universities and clinicians so that a 'translation' of the academic curricula in the clinical setting would be unnecessary. As stated by Bennett (2008), the development of a model of shared learning in the workplace breaks down the barriers that may hinder learning and knowledge creation (Jarvinen & Poikela, 2001). Opportunities to experience clinical practice in the workplace allows students to put theory into practice and to incorporate the knowledge needed to acquire expertise within specific specialties (Luntley, 2004). Boundaries between academia and workplace can be broken down (Flanagan, Baldwin, & Clarke, 2000) and the concept of the lifelong learner may be embedded (Chapman, 2006).

Initial clinical anxiety, particularly at the beginning of a clinical placement, was identified as a major theme among the interns. Almost all of them identified feeling anxious in their first month of clinical placement. Some of the interns expressed:

"I was unsure of what to do during the first few days in a new rotation, whether the treatment done was correct, and if I would be able to handle the requirements of the center."

"It just makes me nervous not to meet patients' expectations and it scared me that I may not be able to work well with the staff."

The CIs concurred:

"Interns tend to have initial shock during their first days especially if it is their first time to treat such cases."

"This is especially true during the first month of internship. They are scared of handling patient and exploring the various aspects of clinical internship."

The internship coordinators mentioned:

"Interns get overwhelmed with patient load and treatment procedures."

"This is normal since it is the first time that interns are going to handle real patients; even with good preparations, this still happens."

As cited by Sharif and Masoumi (2005), lack of clinical experience, unfamiliar areas, difficult patients, fear of making mistakes, and being evaluated by staff were expressed by nursing students as anxiety-producing situations in their clinical experience.

Further, **Insufficient clinical supervision** could be deduced from the results of the surveys and focus group interviews. Many interns desire to be given timely feedback on their performance in the

clinical sites. The interns explicitly stated that supervision is very important when carrying out activities, such as patient care and gym sessions. Close physical supervision is desired during the first few months of clinical internship but the supervision should diminish as months pass by to make them more independent and confident. However, it has been observed by the interns that there were CIs who were remiss in their clinical supervision duties. As interns remarked:

> *"Some clinical instructors do not provide feedback. There is lack of supervision."*

> *"Because I am new at the affiliation center, I sometimes feel that we need to be supervised during the first few days. However, in some centers, the CI leaves when I am treating patients."*

Paukert and Richards (2000) found that students rated the quality of their clinical learning directly to the abilities of their 'teachers' to facilitate learning as it is the CIs who facilitate the passage of student learning from theory into practice. Clinical instructors have the responsibility to facilitate student learning during placements, so an understanding of how people learn may influence such facilitation. Moreover, clinical supervisors need to appreciate the values and challenges of learning within the workplace (Hughes, 2004).

Brassad (2004) revealed that most students rated the interaction between themselves and their teachers as the key to facilitation of learning. Baldry-Currens and Bithell (2000) found that when clinical educators and students work closely together they were able to both learn from and with each other, and were able to use their shared knowledge to improve patient care. The review of Kilminster and Jolly (2000) concluded that there is a need for more structured and methodologically sound programs of research into supervision in practice settings so that detailed models of effective supervision can be developed and thereby inform practice.

Moreover, **unclear professional role** was mentioned by CIs and internship coordinators as another important consideration. One view expressed by an internship coordinator is that interns have not yet fully internalized *their* professional roles and what they do in the clinic are usually on the sub-professional level. To quote:

> *"Interns lack information regarding who physical therapists are and what they do. Interns consider themselves as the 'lowest' among employees."*

Jacobson (1980, as cited by Cross, 1995, p. 510) suggested that students enter physiotherapy education with an established role model concept, and would simply iron out deficiencies during the clinical education process. However, the present finding would suggest that the interns do not have a clear concept of their professional role. The CIs and internship coordinators, however, believe that interns become more secure in their own skills and role concept as they acquire more months of clinical training.

On the other hand, it was revealed that some CIs themselves do not project professionalism at all times resulting in casual relationships between interns and CIs. To quote:

> *"Sometimes, there are no boundaries and limitations between an intern and CI."*

> *"CIs tend to forget that they should delineate professional from social roles."*

Difficulty in coping with the demands of the workplace was revealed in the comments of most of the respondents. Factors that impact the interns' ability to adjust and cope in the centers are: short rotation, academic load, unfamiliarity to clinical settings catering to special population and rehabilitation conditions, and differing protocols among affiliation centers. Furthermore, the initial clinical anxiety of the interns magnifies their inability to cope adequately as stated in these statements:

The interns said:

> *"It is always hard during the first week of clinical rotation because we all have to adjust to a new affiliation center. It is difficult to fit in and adjust quickly if it is only a one-month rotation."*

> *"Overtime duty in the clinic and having to deal with studying for the revalidating examinations given by the school are difficult to cope with."*

> *"The CIs do not follow a set of standards. This is true for CIs in the same center and CIs from center to center. It is confusing at time."*

> *"Sometimes, physical therapy staff who graduated from other schools tends to challenge you all the more."*

Moreover, clinical instructors revealed:

> *"Some interns have difficulty adjusting to different clinical settings – pediatric, geriatric, neurologic, orthopedic, and others."*

On the other hand, the internship coordinators said:

> *"Different affiliation centers have different policies and procedures, different personalities and clienteles."*

> *"Every rotation is a completely different environment with its own rules and regulations. You need to be vigilant in order not to commit mistake."*

This mirrors the findings of Neville and French (1991, cited by Cross, 1995) who pointed out that the rotating nature of clinical education creates a need for students to adjust constantly to new clinicians and different expectations.

This was compounded by problems with recruitment and retention of physical therapy staff (Chadda, 2000), thus, physical therapy managers were concerned about managing the workload within their departments (Baldry-Currens & Bithell, 2000). Spencer (2003) argued that teaching has to be well-planned in order to overcome some of the competing demands (time, patient throughput, administrative pressures) that have been highlighted.

Variable patient load is frequently a cause of concern among the respondents. Gleaned from the responses of the ICs and interns, variability in patient load affects the quality of clinical education and results in physical exhaustion, when the load is heavy:

> *"Too much patient load given to each intern; treatment quality is not good."*

> *"Patient load is always variable. It is tiring to have more patients than expected or if schedule is not followed."*

"There is too much patient load in hospital-based clinics in just a short period of time."

"Too high and too low patient load leads to poor clinical education"

Poor communication skills also emerged as a concern in surveys and focus group interviews. Accordingly, the ability of interns to communicate effectively is hindered by factors such as shyness, lack of confidence, patient status, intimidating patients and their family members, and language barriers. These are expressed in the statements of the respondents:

The Interns said:

"Interns are shy and have poor relational skills. They cannot maintain a conversation with patients and staff."

"Other patients are not reliable in sharing important information about their conditions."

The Clinical instructors noted:

"Interns sometimes tend to be intimidated by the patients and their families; dealing with them becomes challenging."

In addition, the Internship coordinators said:

"Some interns lack confidence in communicating with other people."

"Some patients and clients do not speak English or Filipino. Some interns have a problem speaking in English or talking to other nationals."

The area of communication skills, in terms of interactions and negotiations with both patients and other healthcare team members, is explicitly identified by Delany and Bragge (2009) in their recommendations for preparing students before the clinical experience.

The confluence of the seven identified factors is believed to contribute to a theory-practice gap. To illustrate, a heavy patient load may prevent interns from applying all that they have learned, or their experience of initial anxiety may be due to their uncertainty of what to do, both of which are indications of a theory-practice gap.

Strategies to Problems Encountered in Clinical Internship

The respondents' responses to the question "What changes can be done to improve and make effective the clinical education of interns during clinical internship?" are summarized in Table 1.

Initial clinical anxiety. Clinical supervisors and instructors must aim to reduce, if not eliminate, the anxiety-producing situations among the interns. Conduct of regular collaborative interaction between the intern and the CI is warranted. The interns should not feel anxious at all during their first months of internship and must not be confused with the protocols implemented in the affiliation centers.

Theory-practice gap. Active collaboration is needed between the academic and clinical sites to develop an innovative curriculum showing closer sequencing of theory and practice for the interns to demonstrate strong theoretical foundations in basic and clinical sciences and physical therapy applications. Stakeholders need to ensure that theories learned in school are applied in clinical practice and that terminal competencies developed in students are equivalent with competency standards. Pre-internship activities and integration of real

-time and real-life scenarios and simulations should be instituted. Likewise, case-based or problem-based learning pedagogical approach should be implemented.

Insufficient clinical supervision. To improve the clinical supervision of interns in terms of physical contact and timely feedback, regular and well-timed face-to-face feedback with interns should be conducted by the CIs. Furthermore, supervision time should not be divided among interns. For better supervision, affiliation centers should institutionalize appropriate CI-to-intern ratio of 1:4.

Unclear professional roles of interns. Clinical supervisors and instructors should conduct orientation with interns at the start of the clinical rotation to inculcate among them the professional roles expected of them in the affiliation centers. This way, interns would clearly know their duties and responsibilities. Cis should establish a role model concept for the interns.

Difficulty **coping with workplace demands.** For interns to be able to adjust and cope effectively with the demands of practice, CIs should establish a conducive environment for the interns to work

Table 1. Strategies to counter problems encountered in clinical internship.

PROBLEMS ENCOUNTERED	RECOMMENDED STRATEGIES
1. Initial clinical anxiety among interns	Conduct regular collaborative interaction between the intern and the clinical instructor
	Inform the intern of his/her duties and responsibilities inside the affiliation center
	Standardize operations of the affiliation center
	Standardize protocols on examination, evaluation, diagnosis, and intervention
2. Theory-practice gap	Develop an innovative curriculum allowing closer sequencing of theory and practice
	Institute pre-internship activities during Level IV
	Integrate real-time and real-life scenarios and simulations in Levels III and IV
	Implement case-based or problem-based learning as pedagogical approaches in schools
3. Insufficient clinical supervision of interns	Institutionalize appropriate clinical instructor-to-intern ratio of 1:4
	Clinical instructors to conduct regular and give timely performance feedback with the interns
4. Unclear professional roles of interns	Affiliation centers to conduct orientation of interns prior to start of clinical training
	Clinical instructor to establish role model concept for the interns

Table 1 continued.

PROBLEMS ENCOUNTERED	RECOMMENDED STRATEGIES
5. Interns have difficulty coping with the demands of the workplace	Affiliation centers to comply with the 40-hours per week duty Schools to minimize conduct of academic activities and the submission of requirements during internship
6. Variable patient load	Institute systematic decking procedures and schedule visits of patients properly Intern should have only one patient at a given time. And daily intern-to-patient ratio should be 1:4 to 1:10.
7. Poor communication skills	Encourage interns to confidently interact with the patients/clients

effectively. Moreover, schools should lessen the academic load they impose upon the interns.

Variable patient load. The interns suggested that CIs regulate the interns' daily workload by decking and scheduling patients properly.

Poor communication skills. Clinical supervisors should encourage interns to communicate effectively with patients and other people. Moreover, the patients and clients should avoid intimidating the interns to allow them to speak freely during treatment.

CONCLUSIONS

The interns' main problems associated with their clinical experience are initial clinical anxiety, theory-practice gap, insufficient clinical supervision, unclear professional role, difficulty coping in the workplace, heavy patient load, and poor communication skills. As such, they recommended that physical therapy schools and affiliation centers should collaborate effectively to address these problems commonly encountered during clinical internship. The academic sites should invite clinical instructors during curriculum revision and syllabi preparation. On the other hand, the clinical sites should encourage their clinical instructors to be trained in pedagogy to be skillful in teaching and supervising the interns. This will enhance a seamless transition from the academic setting to the clinical sites, thus, greatly enhancing the interns' clinical experiences.

RECOMMENDATIONS

There is a pressing need to explore more thoroughly the problems being encountered during clinical internship so as to make clinical education more relevant and responsive. The conduct of more quantitative and qualitative studies is recommended to evaluate the clinical education process and to identify possible solutions to the problems encountered. Studies should involve more students, academicians, and clinicians for generalizability of results.

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