EFFECTIVENESS OF CLINICAL INSTRUCTORS DURING CLINICAL TRAINING FOR PHYSIOTHERAPY STUDENTS: ONLINE PILOT SURVEY

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ABSTRACT
Physiotherapy is a health care profession which deals with movement and mobility disorders. This article focused on feedback given by senior students of physiotherapy towards learning and clinical training towards clinical instructors teaching and behavioral skills. The significance of this article help us to find out the lacuna and strong points of teaching. A self-made 18 questionnaires were distributed to students. At the end of the survey the outcome were with mixed reaction. Students found their instructors with friendly nature, but expected to teach in more updated skills by using more innovative techniques.

Key words: Physiotherapy, clinical instructor, clinical training,

INTRODUCTION
Physiotherapy is a scientific art of clinical treatment that deals with human movement in order to improve quality of life. It is a health care profession where therapists assess, investigate and diagnose the health condition, and try to find out the root cause of the problem in mobility. Lot of hard work, discipline, dedication, and patience are needed to achieve these skills. Like other health care educational programs, physiotherapy also consists of theoretical and practical components, which they have to implement in clinical practices. To achieve this education, the students have to undergo continuous training under the strict supervision of senior instructors. The role of a clinical instructor is to provide practical instruction designed to offer students on-the-clinical training and experience working in a hospital environment or stimulated setting where they can perform the actual duties of a physiotherapist. During clinical training, it is very important issue to develop proper interaction between instructor and student. Unfortunately, not much research have been conducted in India in this field. Therefore the researcher became interested to find the interpersonal skill of their clinical instructors during their clinical training. This pilot survey tries to analyze some selected behavioral attitudes of clinical instructors of some selected physiotherapy colleges in Kolkata. This survey aims to analyze the interpersonal relationship between students and clinical instructors during clinical training and practical session and to find out the problem faced by the students during the clinical training.

METHODOLOGY
An online pilot survey was done where physiotherapy students of Kolkata participated and responded. The survey was done from Feb- to April 2022. After analyzing several works of literature and experts’ opinions we prepared a tailor-made closed-ended 19 questionnaires with limited answers option ranging from strongly agree, agree, neutral, disagree and strongly disagree. After a thorough analysis by several experts and getting confirmation, we uploaded the questionnaires in Google form. The link of this questionnaire was made and given to teachers of different colleges of physiotherapy, situated in Kolkata. Further, the teachers of respective colleges distributed to their students. Thus we got the data with the snowball sampling method. The inclusive criteria were, graduate and postgraduate physiotherapy students studying in colleges affiliated to West Bengal University of health sciences, Kolkata. At the end of the two months, 45 participants responded whereas 34 participants (15 girls and 19 boys) were analyzed which matched our inclusive criteria. The mean value age of this group is 22.42±2.49 years.

DATA ANALYSIS AND RESULTS
Students were asked several questions and allowed them to answer from selected options. Answers were analyzed in the following ways.

1. Instructor’s attitude
On asking about the instructor’s consideration of your emotion and feeling. As mentioned in Graph-1 the majority of students opted for neutral. Around 44% (n=15) of them opted for neutral, which is bit surprising. Whereas more than 35% (n=12+2) agreed and remaining 15% (n=4+1) have negative feeling towards their instructors.
2. Instructor Dominance
Students were asked about the instructors dominance in clinical hours, i.e imposing his/her own ideology-taking opinion of students. The Graph 2 states that, 47% (n=13+3) student disagree and strongly disagree with facts. Whereas 26%(n=9) were neutral with their views and 27% (n=8+1) were agreed that the instructors were dominate in clinic.

3. Pattern of Instruction
Further students were asked the freedom of work in clinic. The Graph 3 represents that 57% (n= 16+3) of the students were agreed and strongly agree that they have to perform same as instructed by teachers. Whereas 35% (n= 12) were neutral and remaining 9%(n=3) disagree with the view.

4. Teachers Communication by Teachers
The students were asked about the communication with instructors. The graph 4 elaborates that 76% (n=23+3) were agreed and
strongly agreed that instructors communicate with each and every student. Whereas 15% (n=5) student opt for neutral response and remaining 9% (n=3) complained that instructors do not communicate with every individual student.

5. **Preference of Instructor**.
On enquiring about the caring preference towards clients are more or teaching. The Graph:5 says that almost 41% (n=14) prefer to opt for neutral response, whereas 44% (n=11 +4) were suggested that instructors care equally towards students and clients, where 15% (n=4+1) believes that clients were given more preference than teaching of students.

6. **New Knowledge**.
Students were asked about gaining any new concepts and skills regarding assessment and treatment during clinical training. As we can see that the response is equally distributed in all direction. Majority of the students opted for neutral reaction. 27% (n=7+2) of students agreed for gaining new knowledge during clinical training, where as 32% (n=8+3) believe they were following old and traditional protocol.
7. **Care of the Students.**
Students were asked about the personal assistance by instructors which is out of professional limitation. Graph:7 describes that 53% (n=15+3) of the students agreed and strongly agreed, where as 26% (n= 9) prefer neutral and 21% (n=6+1) were disagree with the view.

8. **Instruction method of Instructors.**
Students were asked weather instructors talk often irreverent instead of sticking to the point. 50% (n=13+4) students disagreed and students strongly disagree with our point. 32% (n=11) students desire to stay neutral and 18%(n=4 +2) agreed and strongly agreed with our point.
9. Innovative activities.
Students were asked whether the clinical instructors think about innovative activities / task for students. Graph:9 represents that 59% (n= 16+4) students were positive responses where as 17% (n=6) where prefer to stay neutral and 24% (n=6+2) where disagreed with the responses.

10. Assistance of Instructors
Students were asked about assistance while facing difficulties during work. According to graph:10  68% (n= 16+7) students agreed and strongly agreed about the assistance where as 29% (n=10) preferred to stay neutral and remaining 3%(n=1) did not agree.
11. Job negotiation
The next question was related to workload negotiation during clinical posting. Graph:11 reveals Majority of the students i.e. 59% (n=20) opted for reply as neutral, remaining 29%(n=7+3) students disagreed and strongly disagreed and just 12%(n=4) students agreed with our query.

Students asked about presence of instructors during clinical hours. 53%(n=14+4) students agreed and strongly agreed with them where as 26% (n=7) preferred to stay neutral and 21%(n=7) disagreed with our words.

13. Problem solving skills.
Students were asked about the instructors’ interest towards solving of problems faced during clinical hours. 35% (n=12) preferred to stay neutral. 41% (n= 11+3) students agreed that instructors take interest to understand the student’s problem during clinical hours. Whereas 35% (n=12) kept themselves as neutral and 24% (n=5+3) students stated that instructor does not take any interest on students problem.
14. Creative activity
The students were asked about innovating and interesting activities initiated by instructors. Surprisingly 35% (n= 16) were neutral where as 24% (n= 6+2) agreed and strongly agreed and rest 41% (6+4) disagreed about such activities.

15. Behaviors of Instructors towards students.
Students were asked about the unfriendly behavior of the instructors. 32% (n= 11) opted for neutral, where as 50% (n = 16+1) disagreed and strongly disagreed and 18% (n= 4+2) agreed and strongly agreed.
16. Dominance of Instructors
The next question was about dominance of instructors during clinical session. Almost 53% (n = 18) felt safe to reply / response as neutral 26% (n= 8+1) agreed and strongly agreed whereas 21% (n= 6+1) disagreed and strongly disagreed.

17. Students wards activities
Students were asked about the role of instructors on work allotment in wards/ clinic. 41% ( n= 14+5) agreed, 26% (n=9) were opted neutral and 18% (n=6) disagreed.

18. Duty assignment
Students were asked whether they were assigned duties with clear explanation. 50 % (n=17+4) agreed and strongly agreed whereas 29%(n=10) felt safe to reply neutral and 9%(n=3) were disagreed.
DISCUSSION

After getting the result from online survey where 34 participants actively participated and believing that their response are genuine, and responded without under any pressure under any circumstance. The mean age value of students was 22.42±2.49 years, where 15 girls and 19 boys participated. They all are students of WBUHS affiliated colleges. This online survey was conducted for 3 months. After analyzing responses given by students and for clarity we further randomly called up the respondents to understand the reasoning behind their answering, we found interesting facts.

On about their clinical instructors feeling towards them many of them respond as neutral and hesitate to reply, the reason behind that age gap between the teacher and instructor were less and student interpreted on other way. Whereas 35% students responded positively and have good understanding between them.

On enquiring about imposition of teachers own ideology upon students during clinical hours 47% of students disagreed on this issue and rather they encouraged the students to apply their own skills during clinical hours and encouraged evidence based clinical skills.

Further students were asked about their work freedom in clinic. Almost 57% of students agreed that their instructors give enough space to learn and apply their skills, but they have to justify before they act so. According to Firuza Adalat Rzayeva (2020), states that motivation for independent work of students helps them not only in their studies but also in their socio-cultural lives. Therefore researchers believe that students should be motivated to work independently, but under certain guidance as patient should not suffer.

In addition to that, students were asked about communication with them by instructors. 76% of them responded positively that the instructors communicate with each student individually. This is positive attitude of instructor. According to Abena Abokoma Asemayi (2015), Communication Skill plays a vital role to achieve success of the students. She also recommended that faculties should have regular meetings with students to overcome the problems that have been mentioned above in order to improve performances and the clinical skills.

Further we asked the students, about the teacher’s preference between client care and teaching activities for students. The responses were mixed. Around 41% of students preferred to stay neutral and not to reply, whereas 44% students believe that instructors give preference to teaching rather than clients care. With further queries we asked the students about neutrality, but they hesitate to reply and we did not find any conclusion on it.

We tried to understand weather the clinical instructor sharing new knowledge and skills regarding assessment and treatment. The response is really upsetting. Only 27% of the students agreed that they are learning new skills in clinic where as remaining students believe that they are following old tradition and learning and nothing new. We believe that there may be several causes. Teachers may be expecting that the novice therapist should be expert in old skills rather than jumping to new and modern skills. On the other hand the instructors may be apathetic to impart new technologies new skills of practice and research and they are providing the same old skills whatever they learnt from their traditional teachers. Being a researcher, we suggest that this problem and its causes and consequences should be further analyzed in upcoming survey.

To understand the interpersonal relationship between teacher and student, we asked the students weather teacher help in personal matter apart from professional. 53% of the students agreed and the rest students preferred to be neutral or disagree with us. This we understand as personal behaviors of the instructors. Some of them believe to help the student with personal touch of compassion and fellow feeling whereas rest of them follow the professional or institutional ethics and live their own life, without bothering others feelings.

Looking into this matter we further asked the students about, weather instructors clarify doubts in professional and
straightforward answers or replying in irrelevant way. 50% of them believe that they get their answer in professional way, but remaining students preferred to be neutral and some of them believe that they get irreverent answers. This aspect is alarming. We, the researchers, consider this as a drawback for the professional growth to the physiotherapy profession.

Being researchers we asked students about the innovative activities or task given by instructors during teaching or clinical hours. We found that only 59% of students responded positively. This is one more alarming thread towards interest of novice therapist towards profession.

We asked about the professional assistance from clinical instructors during clinical hours for students while learning. 68% of them agreed and remaining participants preferred to remain neutral and did we could not find any such response behind opting for being neutral.

Bc. Viera Boumová suggested from her research “it seems that both traditional and modern methodologies brings results with respect to levels of encyclopaedic knowledge, but that modern methodology is also more effective in 88 encouraging children to communicate and in creating a positive attitude to the subject. Since it appears that motivation is one of the most important aspects of children’s education, we might conclude that modern methodology should be preferred in schools, particularly in the lower years”.

The next enquiry was on workload negotiation by students during clinical posting. The results states that only 12% of the students agreed that they were allowed to negotiate and choose their own work place but remaining students either kept themselves neutral or disagreed. Generally teacher decides workload in clinic and wards depending on ability, skills, and field of exposure for individual students. We believe that instructor should consider their views as per field of interest, as they can be master in certain field.

The next enquiry was about the presence of instructor during clinical hours. We found only 53% of students agreed that the instructors remain available during clinical hours, the remaining students states that their instructors visits other professionals of medical and management, which can be part of clinical duty. Few of them states that they leave the clinic depending on junior staff or senior students and go for home visit for extra income, which we believe is certainly unfair for students as well clients who are visiting the clinic for treatment.

As a part of clinical education, we tried to enquire about the teaching methods by instructor on problem solving skills. Only 41% of the students agreed that instructor teaches on application of problem solving skills during practical / clinical hours. But remaining students were neutral and disagreed with this question. As researcher we believe that the instructors should practice and teach problem-solving skills, evidence based practices and many more concepts during professional works. Such skills will keep the instructors updated and can help the profession to grow in future.

Further we asked about the innovative and interest based activities, initiate by teacher to grow the confidence and interest towards clinical activity and professional work of the students. Only 35% of the students agreed and remaining participants either stayed neutral or having other opinions. We believe that innovative activities such as cross exchange educational program, orientation of other medical or health education, conference, seminars should be conducted or participated to gain interest towards profession and can explore new knowledge with better understanding, logical thinking.

Kalyani, D. & Rajasekaran, K., (2018) advocated that teachers should willing to adopt new method technology into the classroom and use multimedia to modify the contents of the material. It will help the clinical instructors to discuss the clinical condition in a more meaningful way. By incorporating new methods students will be motivated to pay more attention and retain the information for longer duration. The core objective of training is passing on the Information or knowledge to the minds of the novice therapist. Training depends upon successful mode of communication.

The next question about teachers behaviour towards students about friendliness. 50% of students positively responded that teachers shows friendliness but remaining students were neutral and disagreed with us. We believe that teacher should show some friendliness as they students are enough grown up, but at same time the instructor should be strict, in order to keep the students disciplined, and well-mannered which is a part of medical ethics and professional responsibility.

Next enquiry was about ascendency of clinical instructor. 26% of the students agreed and 53% were neutral to reply. We believe the instructor should have control over clinical area for better outcome.

The next enquiry was about the role of instructor towards ward allotment. 41% of students agreed that wards are allotted by clinical instructors. This is true that ward allotment or workload distribution decision should be taken by team of faculty members and overall clinical administrators for better clinical exposure. Further we asked about the duty assignment. 50% of the students said that the clinical instructor assigns duty with proper explanation. Remaining students were neutral and disagreed. The proper reasoning was not clear.

CONCLUSION

Though the science of physiotherapy is new, but India still follow the traditional method of teaching. The teachers are over cared about their students during clinical training. Researchers believe that students should be given opportunity to explore themselves and deal the clinical situation independently with mild supervision. Students should be practically exposed on evidence based learning rather than spoon-feeding. During this study, the researchers experience that teachers should adopt few new teaching skills to improvise students learning ability with interest. Teacher should specify and explain clearly about the goal, mission, and vision of their clinical training. In modern world students should be exposed in different environment to explore new ideology and techniques. More over teachers should grow confidence of students and motivate them to achieve their dreams rather than making
professional robots.

LIMITATIONS:
There are few limitations in this study such as majority of students are from Bengali medium, and questionnaires were in English. Majority of the students were doing bachelor degree, thus they were unaware of research questionnaires, and thus they are new to such type of research methodology. Numbers of participants were also few.

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References