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Characteristics Needed to Transition from Exemplary Clinical Instructor to Successful Site Coordinator of Clinical Education: A Qualitative Study

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Abstract

Introduction: In physical therapist (PT) education, the site coordinator of clinical education (SCCE) administers and manages clinical placements for student clinical education experiences from the clinical side. Characteristics of successful site coordinators of clinical education (SCCEs) have been established; minimal evidence informs the identification of individuals with those characteristics. One cannot assume that exemplary clinical instructors (CIs) will become effective SCCEs. **Purpose:** The purpose of this qualitative study was to investigate if the characteristics of exemplary CIs are consistent with the traits needed in a successful SCCE candidate by exploring these 3 aims: (1) Describe characteristics of exemplary CIs. (2) Identify characteristics needed to fulfill the SCCE position. (3) Determine if exemplary CIs are well-suited to transition to the SCCE position. **Methods:** SCCEs and exemplary CIs participated in one-on-one interviews. Inductive and deductive methods were employed and triangulated to provide multiple sources of data to examine the research questions. **Results:** Exemplary CIs (n=12) demonstrate excellence and commitment to clinical education. These natural leaders “pay-it-forward.” SCCEs (n=12) demonstrate commitment to clinical education, professional drive, and strong managerial and leadership skills. Transitioning from CI to SCCE involves a significant learning curve, and participants agreed that “you have to want it.” **Conclusion:** While exemplary CIs have the characteristics needed to become a successful SCCE, they should carefully consider its demands. SCCEs should be recruited based upon assessment of aptitude, not longevity or seniority. Ultimately, every SCCE should be an exemplary CI, but not every exemplary CI is prepared to be an SCCE. These findings may apply to individuals serving in similar roles across health professions.

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ABSTRACT

Introduction: In physical therapist (PT) education, the site coordinator of clinical education (SCCE) administers and manages clinical placements for student clinical education experiences from the clinical side. Characteristics of successful site coordinators of clinical education (SCCEs) have been established; minimal evidence informs the identification of individuals with those characteristics. One cannot assume that exemplary clinical instructors (CIs) will become effective SCCEs. **Purpose:** The purpose of this qualitative study was to investigate if the characteristics of exemplary CIs are consistent with the traits needed in a successful SCCE candidate by exploring these 3 aims: (1) Describe characteristics of exemplary CIs. (2) Identify characteristics needed to fulfill the SCCE position. (3) Determine if exemplary CIs are well-suited to transition to the SCCE position. **Methods:** SCCEs and exemplary CIs participated in one-on-one interviews. Inductive and deductive methods were employed and triangulated to provide multiple sources of data to examine the research questions. **Results:** Exemplary CIs (n=12) demonstrate excellence and commitment to clinical education. These natural leaders “pay-it-forward.” SCCEs (n=12) demonstrate commitment to clinical education, professional drive, and strong managerial and leadership skills. Transitioning from CI to SCCE involves a significant learning curve, and participants agreed that “you have to want it.” **Conclusion:** While exemplary CIs have the characteristics needed to become a successful SCCE, they should carefully consider its demands. SCCEs should be recruited based upon assessment of aptitude, not longevity or seniority. Ultimately, every SCCE should be an exemplary CI, but not every exemplary CI is prepared to be an SCCE. These findings may apply to individuals serving in similar roles across health professions.

Keywords: clinical education, leadership, site coordinator of clinical education, clinical instructor

INTRODUCTION

Coordination between clinical sites and academic programs is critical to ensure quality and consistency in the preparation of health professionals. In physical therapist (PT) education, the site coordinator of clinical education (SCCE) is this critical partner. Stress, burnout, and high turnover in the SCCE role have been identified and can limit the integrity and strength of a clinical education (CE) program.^{1,2} Characteristics of SCCEs who demonstrate success and longevity have been established;^{3,4} however, there is a lack of information on how to identify and recruit candidates with the potential to be successful. Clinical instructors (CIs), licensed PTs who are directly responsible for student supervision, often transition into the SCCE position with little to no preparation and training.² For the consistency and excellence needed in CE and to mitigate the turnover in these positions, it is important to find the right individuals who can thrive as SCCEs. One cannot assume that individuals who have been recognized as exemplary CIs will become effective SCCEs. Therefore, the purpose of this qualitative study was to investigate if the characteristics of exemplary CIs are consistent with the traits needed in a successful SCCE candidate.

LITERATURE REVIEW

The SCCE has been described as the individual who “administers, manages, and coordinates clinical assignments and learning activities for students during their clinical education experience.”⁵ (p.758) As such, the SCCE is responsible for oversight of the entire CE program from the clinical perspective, including communication and coordination with academic programs, as well as identification, supervision and mentoring of CIs.⁵ A large-scale investigation by Timmerberg et al provides a detailed depiction of the SCCE position, presenting demographic data, typical responsibilities, structure of their CE program, and self-reported preparation for the SCCE role.² In addition to a task-specific description of the role, the authors described critical SCCE responsibilities that include CI development and mediation of CE challenges. Lack of time, support, and mentorship were commonly reported.² Similar findings have been reported in occupational therapy fieldwork education.⁶ Recker-Hughes et al confirmed the importance of the SCCE in delivering a quality CE program and substantiated the need for SCCE professional development and support in this role.¹ These concerns have sparked attention with expanded availability of educational programming directed towards clinical educators as well as updated resources for SCCEs.^{7,8}

Understanding the role and responsibilities of the SCCE differs from understanding the characteristics needed for the SCCE to be successful in their position. Silberman et al identified attributes of SCCEs and Directors of Clinical Education (DCEs) who have demonstrated success and longevity in their roles.³ These findings were closely aligned with leadership skills described in the *5 Practices of Exemplary Leaders* described by Kouzes and Posner.⁹ Further investigation by LaFay et al presented *Practices of Exemplary Clinical Education Leaders* that encompass “a strong sense of professional identity, an action-oriented mindset, and ability to create meaningful relationships.”⁴ (p. 21) The authors describe how CE leaders thrive and reach their potential when the right support systems are in place.⁴ As CIs are the individuals who are commonly recruited to other CE leadership positions, including the SCCE, it would be valuable to understand how CIs develop the traits needed to succeed as they progress along the continuum of CE leadership. Although there may be an assumption that exemplary CIs are well-positioned to transition into the SCCE role, it is unknown if exemplary CIs share similar characteristics with successful SCCEs.

In 2006, Buccieri et al described characteristics of CIs in comparison to American Physical Therapy Association (APTA) guidelines.¹⁰ The investigation reported demographic variables but did not explore competency as a CI. While many CIs reportedly felt adequately prepared to be a CI,¹⁰ it is unknown if those same CIs, or exemplary CIs, would be prepared to assume the SCCE position. Many CIs, at the time of that study, were not pursuing advanced credentialing, certifications, or degrees, nor did they frequently assume administrative roles and responsibilities. In contrast, explorations of exemplary SCCEs describe individuals who frequently pursue advanced credentialing, certification, degrees, and administrative and leadership opportunities.^{3,4}

Recent reports have presented qualities and characteristics of effective CIs.^{1,11-14} These include professionalism, interpersonal, clinical and teaching skills. A systematic review conducted by McCallum et al identified key CI characteristics that impact student learning.¹³ Fundamental characteristics were presented in 4 categories: personal, environmental, teaching, and communication. The authors did not find significant evidence to support the role of CI credentialing in obtaining these important skills.¹³ Coleman-Ferreira et al explored the definition of and various paths to developing CI competency.¹⁴ Competency was described as encompassing 6 roles: skilled clinician, teacher, mentor, reflective learner, collaborator, and effective communicator. These roles are consistent with the more recent work of Buccieri et al in 2013 who described the importance of self-reflection in the development of expert CIs as they “use resources from professional development, teaching and learning, and/or relationships to shape, improve, modify, and expand their clinical instruction skills.”¹² (p. 52)

These reports provide valuable information on CI development, skills, and characteristics. We questioned if the identified skills may effectively translate into preparing CIs to successfully manage the complex role of the SCCE. Therefore, the purpose of this qualitative study was to investigate if the characteristics of exemplary CIs are consistent with the traits needed in a successful

SCCE candidate. The following research aims were posed:

1. Describe characteristics of identified exemplary CIs.
2. Identify characteristics needed to fulfill the SCCE position.
3. Determine if exemplary CIs are well-suited to transition to the SCCE position.

MATERIALS AND METHODS

Participants

Purposive sampling was used to recruit licensed PTs with at least 1 year of clinical experience who were either an SCCE or a CI who was nominated by their SCCE. A sampling approach was used to identify SCCEs who were engaged in contemporary CE and focused on advancing excellence in CE on a national level. An email was sent to all registered clinical partners from the National Consortium of Clinical Educators (NCCE) asking them to participate in the study and nominate an exemplary CI for participation (<https://acapt.org/about/consortium/national-consortium-of-clinical-educators>). If the NCCE clinical partner was not an SCCE, they were asked to forward the message to their SCCE. The term exemplary was left undefined, allowing nominators to identify CIs from an unbiased perspective. Participants were selected on a first-come, first-served basis with intention to have representation of both SCCEs and CIs from each of the 9 American Council of Academic Physical Therapy (ACAPT) geographic regions.¹⁵ If, for example, multiple individuals volunteered from one region, the first was selected and the others were held on a waiting list while participants from other regions were enrolled. Participants provided informed consent prior to engaging in research procedures. Those who completed the study were provided a \$50 honorarium. This study was approved by the Clarkson University Sponsored Research Services, approval #20-07.

Methods

This qualitative inquiry explored the unique and critical factors that have contributed to exemplary practice as a CI and preparedness to transition from the CI to SCCE role from both CI and SCCE perspectives. All participants completed an electronic demographic survey seeking data related to their respective roles (Table 1). The primary researchers, who have extensive experience in PT CE and qualitative research, conducted semi-structured individual interviews via a secure, web-based videoconferencing platform following interview guides created for each respective role (Appendix A). Audio recordings were transcribed for data analysis. Interviews continued until data saturation, the point at which no new information was revealed from the data,¹⁶ was achieved. Four additional interviews were conducted following data saturation to confirm findings.

Data Analysis

Figure 1 presents the qualitative analysis processes utilized to investigate the various research questions. Multiple steps were taken to establish methodological rigor, including: member checks, peer review, and data triangulation.

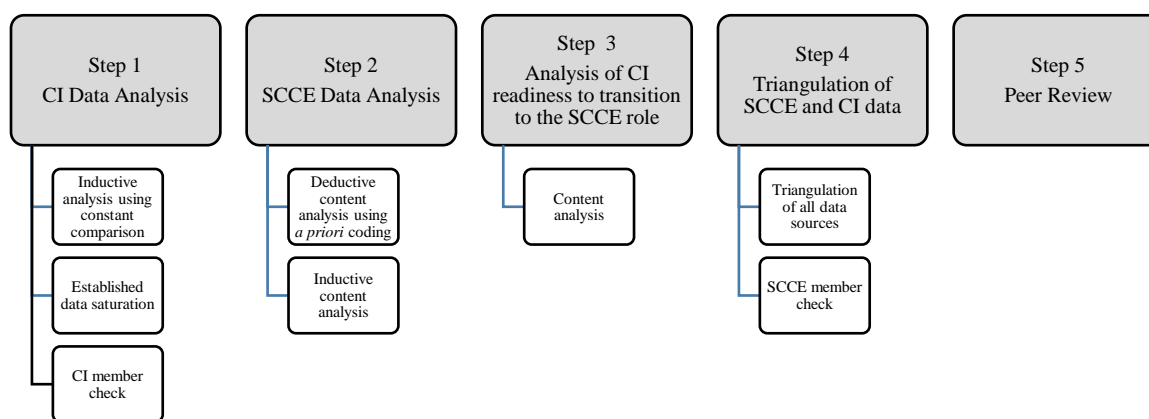


Figure 1. Qualitative Analysis Procedural Steps

Step 1: CI Data Analysis

As the primary source of data, the CI transcripts were analyzed first, using an inductive approach with a constant comparison method to explore the lived experience of the exemplary CI.¹⁷ The 2 researchers each separately coded the first 5 CI transcripts using line-by-line analysis, seeking meaningful words and phrases to create initial codes. The researchers met to compare the initial codes, to ensure a similar approach to data analysis, discussing discrepancies in coding and establishing agreed upon terminology. Individual analysis continued for the next 3 transcripts, comparing each transcript to the established codes. The researchers communicated with each other after each having separately determined they had met data saturation based upon no new codes revealed by the eighth transcript. The remaining 4 interviews were coded to confirm data saturation. Of those 4 transcripts, only 1 new code was revealed and data saturation was confirmed. The number of participants represented by each code was counted and the researchers collaborated to collapse codes into categories.

The researchers collaborated to visually sort and organize the codes and categories to complete the thematic analysis using a web-based collaborative white board (<https://miro.com>). Once the themes were established, a narrative summary of the thematic analysis, along with the white board, was sent to the CIs to complete a member check. The CIs were asked to determine if the themes were representative of their interview, if there was anything not consistent, missing, or not fully represented in the thematic analysis, and if there was anything additional they wished to share. Eight of the 12 CIs completed the member check with overwhelming agreement. Minor modifications were made for clarity of wording in 2 of the themes.

Step 2: SCCE Data Analysis

Content analysis was used to identify common categories that describe SCCE perspectives on CI qualities and preparation for taking on the SCCE role in the future.¹⁸ Two distinct coding methods were utilized. First, a deductive analysis using a priori coding was implemented to explore SCCE perspective on characteristics of the exemplary CI. The a priori codes were created from the results of Step 1. Each researcher reviewed half of the SCCE transcripts and any new or contradictory information was then reviewed together. Second, inductive coding was used to analyze the interview question regarding skills needed to become an SCCE. Those codes were then collapsed to create categories that captured the content based upon frequency of common concepts.

Step 3: Analysis of CI Readiness to Transition to the SCCE Role

Data from both CI and SCCE perspectives regarding the exemplary CI's readiness to transition to the SCCE role were analyzed using content analysis. The SCCE transcripts were reviewed and key points were highlighted to create a list of codes. Common codes were tabulated and then grouped into categories that represented the SCCE's perspective. The CI responses were separately sorted into categories based upon their reply to the question 'would you be ready to transition to the SCCE position.' The number of CIs responding in each identified category (yes, no, maybe) was tabulated. Direct quotes from both SCCEs and CIs were drawn from the transcripts as exemplary support for each category.

Step 4: Triangulation of SCCE and CI Data

The SCCE data was analyzed as a source of triangulation to confirm the CI thematic analysis. After the SCCE analysis was completed, the original CI thematic analysis from step 1 was revised to include the SCCE perspective, as appropriate. The completed analysis included 3 sections: 1) characteristics of the exemplary CI, 2) characteristics needed to be an SCCE, and 3) preparedness of the exemplary CI to transition to the SCCE role. All SCCE participants were invited to complete a member check of the completed analysis following the same format as previously described. Nine SCCEs returned the member check. There were no significant changes made to the themes and minor elaboration was made to clarify concepts.

Step 5: Peer Review

A peer reviewer with extensive experience in qualitative analysis and clinical education, who was not otherwise associated with the study, then reviewed all original de-identified transcripts, the white board, and the combined thematic analysis. The peer reviewer confirmed that the findings were well supported by the data and that there was nothing remaining in the data that was not represented in the analysis. Based upon the completed peer review, minor wording modifications were made to clarify 1 subtheme.

RESULTS**Demographic Data**

Demographic data of the 12 CIs and 12 SCCEs are found in Table 1. Participants were from 10 different states and represented 8 of the 9 CE regional consortia identified by ACAPT.¹⁵ They practiced in a variety of clinical settings, including private practice, acute care, and large healthcare systems.

The CIs were 80% female and 11 of the 12 had an entry-level Doctor of Physical Therapy (DPT) degree and 1 with a Master's degree. They had 2-16 years (mean 8.2) of clinical experience and 2-15 years (mean 7.50) as a CI, with the majority reportedly having supervised more than 10 students. The majority (75%) of these CIs were APTA credentialed CIs and described various leadership roles such as residency faculty, mentor or coordinator, and service to special interest groups, in addition to leading journal clubs and other educational roles at their clinical sites.

The SCCEs were 75% female and 9 had either a DPT/transitional-DPT and 3 with a Master's degree. They had 10-27 years (mean 17.75) or clinical experience and 3-21 years (mean 11.4) as an SCCE. All were level I APTA credentialed CIs, and 50% were also level II CI credentialed. These SCCEs also described various leadership roles such as residency and program director, in addition to professional association involvement regionally and nationally.

Table 1. Participant Demographic Data.

	Clinical Instructor (n=12)	Site Coordinator of Clinical Education (n=12)
Age range (mean)	26-40 (34.09)	35-53 (42.83)
Sex (Female) number (percent)	10 (83.33%)	9 (75.00%)
Highest Earned Degree number (percent)		
Master's Degree	1 (8.33%)	3 (25.00%)
DPT/t-DPT	11 (91.67%)	9(75.55%)
Clinical Practice Setting number (percent)		
Private Practice	1 (8.33%)	1 (8.33%)
Health System	5 (41.67%)	6 (50.00%)
Hospital Based Outpatient	1 (8.33%)	0 (0.00%)
Inpatient Rehabilitation	2 (16.67%)	1 (8.33%)
Acute care	2 (16.67%)	3 (25.00%)
Years of Clinical Experience range (mean)	2-16 (8.12)	10-27 (17.00)
Years of Experience as a CI range (mean)	2-15 (7.50)	-
Years of Experience as an SCCE range (mean)	-	5-23 (12.17)
Number of Students Supervised number (percent)		
0-4	0 (0.00%)	-
5-9	4 (33.33%)	-
10-14	2 (16.67%)	-
>15	6 (50.00%)	-
APTA CI Credentialing Status number (percent)		
None	3 (25.00%)	0 (0.00%)
Level I	5 (41.67%)	6 (50.00%)
Level I and level II	4 (33.33%)	6 (50.00%)
APTA membership (yes) number (percent)	8 (66.67%)	12 (100%)
ABPTS clinical specialty certification(s) (yes) number (percent)	7 (58.33%)	4 (33.33%)

DPT, Doctor of Physical Therapy; CI, Clinical Instructor; SCCE, Site Coordinator of Clinical Education; APTA, American Physical Therapy Association; ABPTS, American Board of Physical Therapy Specialties.

"-" Indicates data not collected for this group of subjects.

Qualitative Analysis

The qualitative results (represented in Figure 2) are presented in 3 sections according to the research aims as follows:

1. Describe characteristics of identified exemplary CIs. This section includes 4 main themes with 3 subthemes.
2. Identify characteristics needed to fulfill the SCCE position. Three main categories are described, with 2 sub-categories.
3. Determine if exemplary CIs are well-suited to transition to the SCCE position. Two main categories are presented.

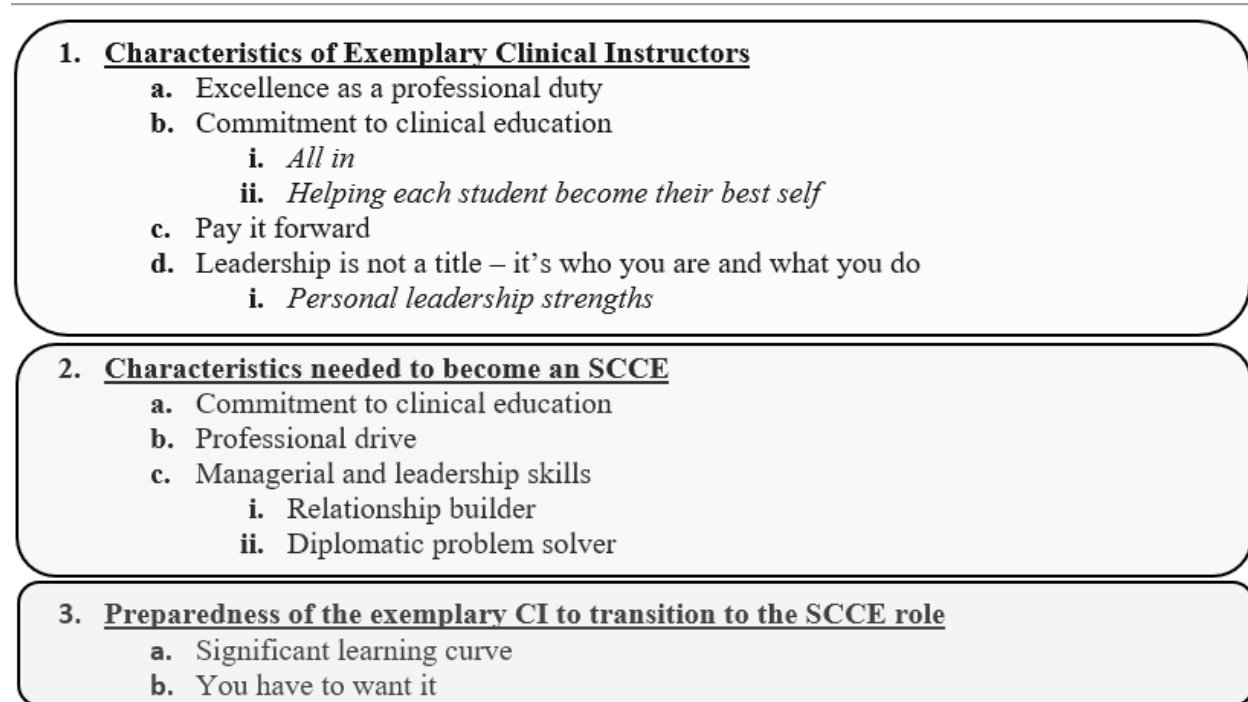


Figure 2. Qualitative Results

Characteristics of Exemplary Clinical Instructors

Theme 1. Excellence as a professional duty. These exemplary CIs take pride in fulfilling their professional duty, demonstrating excellence in all that they do. They share a deep commitment to excellence in their clinical practice as demonstrated by their internal motivation to continue learning, stay current, and deliver evidence-based care. CI-2 described a “hunger to continue learning because it’s like, when you don’t think you need to learn anything else, you feel like you know everything you need to know about therapy or whatever in life, then it’s over.” CI-11 similarly shared, “the minute I stop learning is the minute we’re gonna have problems, and I shouldn’t be a therapist anymore, you know, everybody has the capacity to teach me something.” They are self-directed, focused and passionate about their personal and professional development and the pursuit of life-long learning. Ultimately, all of their efforts, including serving in the role as a CI, are directed toward providing excellent patient care. CI-12 related, “Being able to teach something is also an example of being able to mastering that skill and being able to really understand, have a good thorough understanding of my profession, what I’m doing.” While some of these CIs described the importance of being good at what you do first before you are able to guide others, the majority do not view excellence as synonymous with years of experience. Excellence is the way these CIs approach their work, regardless of time in practice.

Theme 2. Commitment to clinical education. These CIs have demonstrated a true commitment to CE throughout their careers. CI-10 described how she has “been an instructor for probably 11 almost 12 years. I’ve had at least one student a year, so I probably had at least 15 students total.” They have been CIs from early on in their careers, and take pride in the work they do and demonstrate this commitment to both CE in general and, more specifically, to each individual student.

Subtheme 2A – All in

These CIs are completely invested in each clinical experience. They fully accept and take on the responsibility of being a CI; they give it their all by going above and beyond. They are often the individuals in their organization willing to accept additional students as they truly love teaching. They are purposeful in their planning of the clinical experience and create an environment to optimize learning. Giving their time, effort and passion during each experience, they often described how they spend extra time with students

to make sure students have every opportunity they can to succeed. CI-7 related, “any time there's downtime I'm trying to teach them something new.” CI-3 similarly shared,

You know, taking extra time with your students... [my SCCE said], 'I really want to thank you for taking the time in between patients and during lunch and like, on your own time that you could have just been taking a break, I want to thank you for actually teaching during that time' ... I think like not just, you know you have a free hour, not just sitting there writing notes or whatever, but actually taking that time to sit down with the student and practice your manual skills or review a difficult patient that they have, something like that.

Subtheme 2B – Helping each student become their best self

The CI participants described the pride they experience in watching each individual student develop into their own clinician. They are not trying to create models of themselves, but enjoy watching each student find their own unique path and become the best version of themselves. CI-2 described how important it is “just meeting their student wherever they're at and like being willing to walk that journey with them, right, and that can look very different for everybody.” CI-1 expressed, “bring a student to be their best selves and your ability to bring out the best in them and recognize where their differences can be strong points for them, so it's, I think, oftentimes people think of a clinical instructor as being someone that creates a lot of like mini-me's out of this and says it's the right way to do it. This is the wrong way.”

These CIs know that they have an impact on each individual student's career, future patients and the profession in their role as a mentor. They enjoy pushing students to challenge themselves and encourage students to direct their own growth and development. This is accomplished through highly skilled communication and individualized student feedback.

Theme 3. Pay it forward. These CIs described the significant influence their own mentors have had on their professional development. CI-6 shared how his mentor “put me under his wing and kind of gave me some extra opportunities... I had a lot of people really push me pretty hard and looking back on it now, I know it was really tough and kind of sucked, but I think now it kind of led to where I am today.” CI-10 similarly described, “so I've been very fortunate along the way, and had very strong mentors who kind of pulled me in probably before I was ready, pulled me into some teaching opportunities, so I got involved pretty soon after I was out of school.” Their mentors have guided not just their clinical development, but the type of clinical educators they strive to be.

The participants also recognized the support they have been fortunate to receive in their workplace, with many reporting an institutional culture of teaching and excellence, and strong support for CE. These factors and experiences have influenced these participants to pay it forward as CIs. CI-7 commented, “I'm very appreciative of all my mentors and clinical instructors I've had in the past, and I feel that I'm ... paying it forward, like I got such good mentoring and education that I want to make sure I pass it on to whoever I come across.” They enjoy being both a mentor and resource for others. They are fulfilled as they support and encourage others to strive for excellence. This drive to help others was deeply rooted in their own experiences.

Theme 4. Leadership is not a title – it's who you are and what you do. These CIs have always found opportunities to lead, both formally and informally. CI-1 related,

I think that leadership ... can be as big as you know, running a school, running a clinic ... it can be as small as you're leading a patient through an exercise, you are leading a PTA through how they run someone for an exercise, you're working with someone else, so um, I think leadership is more how you approach a situation, how you hold and present yourself in a situation. I think that leadership opportunities present themselves all the time throughout the day.

They expressed a deep understanding of leading by example in all aspects of their practice. They serve as role models in various ways – as CIs, residency mentors, supervisors, and mentors to other staff and CIs, and as a go-to person in their organization. CI-5 shared, “I don't think you have to be in like this leadership position to be a leader, you can exemplify those types of attributes without someone being like it's your job to lead these people ... it's more of actual actionable things, it's not these tangible check-off-the-list like [things].” CI-3 expressed, “I think you can be a leader in any position you have; so you can be a leader, regardless of your title or your role. Just because you're a manager does not mean that people are going to follow you and that you're going to be a good leader like so you can be in charge of things, right, and not be a good leader.”

The participants were humble in their description of their leadership roles, as those roles were not always clearly defined. When explicitly asked, these clinicians indicated that being a CI is a leadership role. They see the CI as a mentor and role model who helps to shape who the student will become. They enjoy leading each student on their individual journey and appreciate being valued in these leadership capacities by students, peers, and supervisors. Their humility was evident when asked why they thought

they were nominated as an exemplary CI. CI-4 responded, "I don't know, I'm kind of surprised, but honored is all, so that's a great question." CI-9 similarly expressed, "I'm not really sure, I was actually, I was very surprised."

Subtheme 4A - Personal leadership strengths

These CIs also demonstrate strong personal leadership traits. They share common abilities to build trusting relationships through their strong communication skills. All enjoy creating meaningful connections with others and recognize the value of these relationships during clinical experiences. CI-3 shared, "everybody learns so much more when you feel like you can, you know, walk up to any given person in the clinic and, like, have a conversation about a challenging patient you have or something like that, and it just makes it a lot more fruitful." They continued to relate an experience with a student who was having a difficult time: "I wanted to make sure that [the student] felt taken care of personally and emotionally and before I started challenging her clinically and I just that helped her get through it. She was so fantastic, she learned so much and she did such a great job in the rotation."

Some participants described themselves as 'people-persons.' CI-5 described themselves as: "I think I'm pretty outgoing, I'm pretty bubbly, I kind of joke with my students... I want to be relatable to them, but I also have worked really hard to kind of establish that boundary of like I'm still your CI ... I think my ability to connect with students, even in the rotations that don't go as favorably, I think that's a huge part of it."

These exemplary CIs also demonstrate skills in self-reflection and are open to receiving feedback and using it for their own personal growth as leaders. They are intentional about seeking feedback from students to continually enhance their effectiveness as a CI. CI-8 described, "I meet with my students and they usually feel comfortable to give me feedback, so when I tell them I'm like, I won't take offense so positive or negative, if you need me to do something different, you have to tell me, so I can help you."

These participants are also adept at managing multiple responsibilities which allows them to take on the challenges that come with leadership, above and beyond their clinical positions. CI-12 described themselves as, "I like to think in a multi-faceted [way]... My brain uses something ... which was like a spider web ... of how things are interconnected, ... You know one window and like 15 tabs open and somehow, they're all running and functioning, at the same time." They are adaptable and enjoy the variety of learning opportunities that often comes with supervising students from various academic programs and levels of clinical experiences.

Characteristics Needed to Fulfill the SCCE Position

The SCCEs described 3 main categories needed to become an effective SCCE. Exemplary quotes can be found in Table 2.

Category 1. Commitment to clinical education. Becoming an SCCE requires a deep commitment and passion for CE. These SCCEs described the time commitment needed to prioritize each individual student experience. It requires training and a passion for teaching, as mentoring of others is required.

Category 2. Professional drive. These participants described the importance of an SCCE having integrity and demonstrating initiative. To be successful in the position demands being ambitious and personally driven. These attributes are important for a program to grow and continually improve.

Category 3. Managerial and leadership skills. Becoming an SCCE demands expanding one's managerial and leadership skill set to a larger scale, requiring organizational level skills, including program management and process and quality improvement. The SCCEs described the need to be flexible and adaptable. The role requires the ability to multitask, delegate and be disciplined in time management skills.

Subcategory 3a. Relationship builder

The SCCEs described the need to be effective in building trusting relationships ranging from individual students to academic institutions and professional organizations. They have strong communication skills and are patient, collaborative and open to feedback.

Subcategory 3b. Diplomatic problem solver

The SCCEs discussed the importance of managing conflict and being comfortable having difficult conversations. They described the importance of being effective problem solvers as they are often called upon to troubleshoot, with the need to be innovative and diplomatic, yet firm in their approach.

Table 2. Content Analysis: Characteristics Needed to Fulfill the SCCE Position

Category	Codes	Exemplary Quotes
Commitment to Clinical Education	Passion for Teaching and Mentoring	I would look for someone who would be unabashedly committed. You know, to clinical education... and if they were not 100%, and for that, then I wouldn't want them stepping into my shoes. (SCCE-11)
	Invested in Clinical Education	<p>I should have a passion for teaching I love having students, even if it's just for an hour here an hour there, I'm so passionate for seeing them grow - and teaching your peers and those students. (SCCE-5)</p> <p>I think it has to be someone who shows true passion for student learning. I think that's the biggest thing is that you have to have the passion for it, because if you don't want to do it it's not going to go well. (SCCE-3)</p> <p>I think the biggest thing is just really wanting to help the students and help to CIs ... go above and beyond what you, you know, to be able to make things happen, so that everyone has a good experience. (SCCE-10)</p>
Professional Drive	Personal Drive for Excellence	I think you have to be professional and be able to be - integrity, I guess, is the best word. Integrity, so that your peers respect you in this role (SCCE-5)
	Professional Integrity	I think you have to have some degree of innovation, because you know stay the same we're not improving. (SCCE-3)
	Innovative	<p>Someone that was interested in maybe a little bit ambitious and trying to grow, the student program or they're always trying to make it better, and have maybe had some ideas starting out. (SCCE-2)</p> <p>On one side to be APTA credentialed as a credential instructor... I would absolutely recommend or expect them to have some credentials. (SCCE-9)</p> <p>I think involved in organizations, take the time to be involved in organizations like the [regional clinical education] consortium, you know, get that certification, (SCCE-7)</p>
Managerial and Leadership Skills	Adaptability and Flexibility	So you have to be highly collaborative, highly flexible, very patient. (SCCE-6)
	Organizational Skills	You have to be incredibly flexible. It is number one - you have to prioritize the student experience, along with your own patient care.... you have to be flexible, prioritize the student and the student's needs over your own. (SCCE-7)
	Leadership	<p>I think the person needs some organizational skill that probably is greater than the traditional CI would require to succeed; need to be able to do the details well.... I think similar in nature from the CI educating the students, they need to have a proficiency in education and leadership and mentorship qualities... I think oftentimes like things remain amorphous and have to go through administration, etc., but clearly defining what the SCCE can and cannot do and then have that person in power to make that final decision. (SCCE-4)</p> <p>And with the school, so you have to be highly collaborative, highly flexible, very patient, because you get emails from students, six months before their clinical experience and ... they want to know all the information ahead of time. (SCCE-6)</p> <p>I would be looking for somebody who can multitask, who is organized, who is innovative, and has attention to detail. (SCCE-12)</p>

<p>Relationship Builder</p>	<p>Trusting Relationships Patience Collaborative Communication Skills</p>	<p>Communication. And I don't necessarily mean that you're just good talking to people, but that you are quick to respond ... I think [this] has made my relationships with the schools so much better. They trust me; they trust that they can send their students to me, and that their students will be taken care of... and that's made a big difference. (SCCE-1)</p> <p>You have to be very collaborative, I mean you're working with the school, you're working with the leaders [whose] staff don't report to me. ...And each school I think feels like they're the only school. (SCCE-6)</p> <p>You have to be able to maintain relationships, be able to advocate for the student, but also hold the student accountable for the same thing... and you have to be able to have effective relationships with all those and some of those can be some hard discussions with either student or your staff. (SCCE-5)</p>
<p>Diplomatic Problem Solver</p>	<p>Diplomatic Decision Making Skills Conflict Management</p>	<p>[Someone] who has experience with conflict management and who has communication skills to address conflict management. (SCCE-12)</p> <p>You have to be able to also not always be the nice guy in the sense of, you know, that the more direct that we are with the students, the better they do. You know I know people will have said, 'oh I was concerned about this, but I didn't want to bring it up, that's your job and it's not my job,' so I try to make sure that my meetings reflect what they have with the students, but you really have to sometimes be the person to say to the group 'okay now, would you want this person touching me, or anybody else' ... so I really have to be able to be direct. (SCCE-7)</p> <p>I think it can be a juggling act so you have to be, you know, very patient and collegial and diplomatic. (SCCE-6)</p> <p>Understand where their boundaries are so they can make clear, concise decisions on a problem when it reaches them. When it has to do with clinical education, I think oftentimes things remain amorphous and have to go through administration, etc., but clearly defining what the SCCE can and cannot do and then have that person in power to make that final decision. (SCCE-4)</p>

SCCE, Site Coordinator of Clinical Education; CI, Clinical Instructor; APTA, American Physical Therapy Association

Preparedness of the Exemplary CI to Transition to the SCCE Role

Half of the CI participants (6) expressed that they would be ready to transition to the SCCE role, and 4 of the SCCEs thought that the CI they nominated would be ready for the transition. Only 2 CIs indicated they would not be prepared to make this transition. The remaining 4 CIs and 5 SCCEs indicated that the exemplary CI would probably be able to take on the role, but would require additional training, preparation, support, or may prefer not to take on this increased responsibility at this time. Three of the SCCEs did not directly respond to this question. Tables 3 and 4 present the SCCE and CI perspectives, respectively, with supporting exemplars. As there was significant overlap in the SCCE and CI perspectives on preparedness and interest in an exemplary CI potentially transitioning into an SCCE position, the CI categories were integrated into the SCCE categories as presented here:

Category 1. Significant learning curve. Several SCCEs and CIs recognized that there would be a learning curve and additional training needed for the exemplary CI to transition to the SCCE position. Moving from individual leadership to working within the clinical education system, and beyond the organizational level, requires higher level analytical and managerial skills that are outside the CI's current clinical focus. Some participants indicated that an exceptional SCCE should have exceptional CI qualities, but an exceptional CI may not necessarily become an exceptional SCCE.

Category 2. You have to want it. Most participants reported that these exemplary CIs would have the skills needed to successfully transition to the SCCE position, with some CIs already beginning to assume SCCE roles and responsibilities. The SCCEs specifically noted, however, that the CI would 'have to want it', and this sentiment was confirmed by several CI remarks. There was a strong understanding of the time commitment required to be an SCCE and corresponding need to be 'all-in'. All participants recognized the necessity to step away from patient care commitments to some degree, and several CIs reported that they would

not want to transition to an SCCE role for this very reason. Some CIs commented that although they might have the skills, their personal commitments take priority, and they would not be able to truly give what would be needed to take on the SCCE role at this point in their lives.

Table 3. Content Analysis: CI Preparation to Transition to SCCE, SCCE Perspective

SCCE Category	SCCE Codes	SCCE Exemplary Quotes
Significant Learning Curve	Great CI, not necessarily a great SCCE Learning Curve	<p>A strong SCCE should have exceptional CI qualities, but an exceptional CI may not have the qualities to be an SCCE. (SCCE-4)</p> <p>And I think you can have a great CI and they would not necessarily make a great SCCE. They have the ability to be in the clinical system teaching students, but to be an SCCE you need to have a lot of other skills far outside of the clinical world. (SCCE-1)</p> <p>But we're talking about a clinician being able to manage, you know, sets of information regarding two students at a time versus somebody [SCCE] managing information about 50 students at a time, so it is different, it does require a higher level of organization. (SCCE-12)</p> <p>I definitely think they're trainable skills, and I think ... as we've given her a little more opportunity, because of the good job she does in the student program, it's definitely things we've trained her in to help her develop. (SCCE-3)</p>
You have to want it	May not want it Would need to be all in	<p>Could be a great CI, but not want that higher level of commitment ... I think you just have to want it. (SCCE-6)</p> <p>Maybe not now with personal commitments in her life. (SCCE-7)</p> <p>Really have to want it and make something of it. (SCCE-1)</p> <p>Would need to be all in. (SCCE-10)</p> <p>Would need time management skills and willingness to do things not patient care related. (SCCE-2)</p>

CI, Clinical Instructor; SCCE, Site Coordinator of Clinical Education

Table 4. Content Analysis: CI Preparation to Transition to SCCE, CI Perspective

CI Category	Number of CIs	CI Exemplary Quotes
Yes, would be ready to transition from CI to SCCE	6	<p>Yeah, I think I would, I definitely think I would ... I definitely have ... express[ed] interest in it... Everybody at some point transitions out, for whatever reason, though I would be more than happy to transition into that role (CI-12)</p> <p>I'm really organized and like, I mean day to day stuff, I'm extremely organized, like nothing falls through the cracks, and I mean that is absolutely crucial in a position like that. (CI-5)</p> <p>I think so... I think my ability to connect with students, even in the rotations that don't go as favorably, I think that's a huge part of it, I think, being someone that students respect and can connect to, but still understand that professionalism boundary. I mean I'm not their best friend ... But being able to still meet them where they're at and understand what part of life they're at and understand the other things that are influencing them, ... being able to give them that grace but also understand that I'm serious about my expectations. I think makes that a well-suited spot to find yourself. (CI-5)</p>

No, would not be ready to transition from CI to SCCE	2	<p>I don't know if I would want to. I generally much more enjoy being on this side of things, where I get the students coming in and to kind of work with them versus trying to place students, I guess I'm, maybe my definition of what those two roles are wrong, but I generally like more of the clinical side of things, and that's where I like working with students. (CI-6)</p> <p>The reason that I wasn't interested in the time is that our site is so massive that that person spends a huge amount of time doing the logistics and not so much time seeing patients anymore... If we were a smaller site and you just did like a little bit of it, I think I'd be suited for it, I could do it, it's just not necessarily how I want to spend my time. They spend a massive amount of time doing emails and phone calls and paperwork ... it's just a huge, huge project, yep. (CI-10)</p>
Probably would be ready to transition from CI to SCCE, but with more training and a better understanding of the role	4	<p>So I feel I'm pretty good at reading people and figuring out who would match our best to have as good of a learning experience as possible. I, to be honest, I don't really know what else goes into being a site director. (CI-7)</p> <p>I would have learning curve, just like any other new position, but I think a lot of any new job is do you care to learn and not be worried about being right all the time and seek feedback and work in a team approach so, yeah, I think that it's definitely you know possibility that that could be something down the road I don't know if that's like the only thing that I want to do, (CI-2)</p> <p>Could I do it, yes, only if she [current SCCE] teaches me.... she's kind of guiding me, I tell them all the time, I want to be them when I grow up. Because they just, their skill sets are so incredible. (CI-11)</p>

CI, Clinical Instructor; SCCE, Site Coordinator of Clinical Education

DISCUSSION

The findings of this qualitative inquiry allow us to consider if the characteristics of exemplary CIs are consistent with the traits needed to successfully transition to an SCCE position through a series of questions. The first step was to describe the characteristics of the identified exemplary CIs. The CIs who were nominated to participate in this study demonstrate excellence in their clinical practice and in their role as clinical educators. Their commitment to CE is exhibited through their willingness to be 'all-in' as they work individually with each student to help them reach their potential. These CIs view their role as part of a responsibility to 'pay it forward' to the next generation of therapists, recognizing that they had strong mentors and they seek to emulate that for others. They act as leaders, both formally and informally, as they excel in communication skills and their ability to form trusting relationships. These findings are consistent with Coleman-Ferreira et al¹⁴ who described skills and characteristics of competent CIs to include skilled clinician, teacher, mentor, reflective learning, collaborator, and effective communicator.

The second step in our line of inquiry was to determine the characteristics needed to fulfill the SCCE position. The SCCE participants reported a need to be fully committed to CE as demonstrated by a passion for teaching and investment in CE. They also described the importance of having a strong professional drive for excellence, demonstrating integrity and innovation. These SCCEs stressed the value of managerial and leadership skills as the position demands flexibility and organization. They shared their thoughts on the importance of being able to build trusting relationships that are founded on collaboration and strong communication skills. They described the ability to be diplomatic problem solvers who are often responsible for managing conflict and difficult decisions.

These findings are similar to recent reports on the practices of exemplary leaders in CE.^{3,4} Sample populations for the prior studies and this current investigation were not identical, as the prior studies examined individuals identified as exemplary SCCEs and DCEs, and this current study only included SCCEs who were nominating an exemplary CI. The inclusion criteria did not require the SCCEs to be identified as exemplary themselves. However, the core elements of who SCCEs are and what they do, were consistent among all 3 studies. All SCCEs in these studies demonstrate commitment to CE, a strong professional drive, and stressed the importance of developing relationships. The concept of being a diplomatic problem solver revealed in this study is encompassed within the action-oriented mindset presented in the Practices of Exemplary Clinical Education Leaders, as those individuals were described as being adept at responding to challenges.⁴

These first 2 steps were necessary to establish confidence that we could explore the important question: Is the exemplary CI well-suited to transition into and persevere in the SCCE position. Clearly overlapping characteristics of exemplary CIs and successful SCCEs were discovered. Therefore, one could assert that the exemplary CI has the aptitude to become a successful SCCE. However, there were 2 significant factors revealed in this study that must be considered when identifying individuals who can thrive as an SCCE.

First, there is a significant learning curve that should be addressed. Successful SCCEs must build skills to become diplomatic problem-solvers who can function as organizational leaders, a different responsibility than the leadership required for one-on-one student experiences. Second, they have to want it. The SCCE position is time-consuming, reduces the time available for clinical practice and individual student-CI experiences, and may be in conflict with the clinician's personal work-life balance, professional goals, or their desire to continue providing direct patient care.

Both of these factors can be addressed with a strong foundation of support and training, as successful SCCEs have described.⁴ Professional resources exist to help prepare CIs for the SCCE role,^{7,18,19} and organizational support for time and training has been identified as foundational for success.⁴ Even with these supports in place, one must respect the balance of personal commitments and willingness to step away from clinical practice that comes with assuming the SCCE position. Hence, every exemplary CI is not necessarily prepared or willing to be an exemplary SCCE. Identifying CIs to transition to the SCCE position needs to expand beyond their success as a CI or their longevity and seniority. There must be alignment in desire and fit and attention to the identification of characteristics and traits consistent with exemplary clinical education leaders.^{3,4}

Limitations

The authors acknowledged prior assumptions through active discussion during the project, but recognize the potential for bias in their interpretation of the data due to their previous research experience on this topic and professional experience as DCEs. The member checks and peer review were utilized to minimize this potential bias. While efforts were made to recruit a representative sample across the US, 1 ACAPT region was not represented in the participant pool. Not all CI and SCCE participants were matched pairs, so we were unable to analyze and report the data from that perspective. These factors may limit generalizability. The term 'exemplary' was purposefully left undefined. It is unknown if the results would be different if an operational definition was provided. It is also unknown if there are significant differences in attitudes, behaviors and skills between those CIs who are recognized as exemplary versus those who are not. The authors were unable to find evidence in the literature that differentiates these groups.

Recommendations for Future Research

The SCCE is one important stakeholder in physical therapy CE. The counterpart on the academic side, the DCE, is another critical position needed for a successful CE program. Further investigation would be valuable to determine readiness and preparation for clinical educators, CIs or SCCEs, to transition into the DCE role.

CONCLUSIONS

Many exemplary CIs have the skills and attributes needed to become a successful SCCE. However, CIs should carefully consider the change in role, need to reduce direct patient care responsibilities, and their desire for a leadership position that demands time, training, and skills that may be outside their current experience. There is a significant learning curve, and SCCEs should be recruited based upon skill, preparation, and aptitude, not upon longevity or seniority as a CI. Ultimately, every SCCE should be an exemplary CI, but not every exemplary CI is prepared to be an SCCE. These findings may apply to individuals serving in similar roles across health professions.

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APPENDIX A. INTERVIEW GUIDES

Clinical Instructor Interview Guide

1. Tell me about your experience as a CI.
2. Tell me about any factors that have contributed to your professional development (this can be internal or external factors, personal traits or characteristics, experiences or background, educational or organizational elements, really anything)
3. You have been identified as an exemplary CI. This is something we are interested in learning more about.
 - a. What does being exemplary mean to you? How would you define that?
 - b. Why do you think you were nominated for this study?
 - c. Can you please give me some examples?
4. We know that CIs are sometimes moved into the SCCE position. Do you think you would be suited for the SCCE position?
 - a. If yes...why?
 - b. If you were asked to step into the SCCE position, what skills or attributes do you think you have that would help you to do that job well?
 - c. If no... why not?
 - d. What skills and attributes do you think are needed for the SCCE role/position?
 - e. Do you have any thoughts or aspirations about moving into either of these positions in the future?
5. How do you define leadership?
 - a. How do you see this related to the CI role?
6. Is there anything else you want to share with me that may be helpful in our study?

Site Coordinator of Clinical Education Interview Guide

1. Tell me about why you nominated XX as an exemplary CI to participate in this study.
 - a. Please give me some examples that support your thoughts and reasons for this nomination
 - b. Tell me about any factors that have contributed to this CI's professional development (this can be internal or external factors, personal traits or characteristics, experiences or background, educational or organizational elements, really anything)
 2. If you were to be interviewing a CI to take over your SCCE position, what qualities would you be looking for?
 - a. Talk to me about whether this CI or other CI's who you consider to be exemplary have those qualities or not.
 - b. How do you know this? What characteristics or attributes do they display that give you this information?
 3. How do you define leadership?
 - a. How do you see this related to the CI role?
 4. What else do you want to share with me that may be helpful in our study?
-