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Obstacles to Physical Therapy Clinical Instruction: A Qualitative Study of Clinical Instructors

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Abstract

Purpose: Clinical instructors (CIs) are essential contributors to clinical education. Limited literature exists describing CI perceptions of supervising students. The purpose of this research was to identify CI challenges and possible solutions when supervising student physical therapists and student physical therapist assistants. Methods: A convenience sample of 99 CIs in the Northern California Clinical Education Consortium participated in this study. A phenomenological approach obtained CI perceptions of the barriers to supervising students. Researchers employed a web-based survey to obtain demographic information and pose two open-ended questions that allowed for up to three responses. Thematic analysis using a coding framework was employed to analyze the qualitative data. Results: There were 205 comments in response to the first survey item and 162 comments in response to the second survey item with all the comments included in the thematic analysis. Three main themes were derived for each question with each theme containing 2-4 sub-themes. Conclusion: CIs' perceived challenges and desires for improvements in clinical education were associated with time constraints, program responsibilities, clinical site concerns, and the CPI. This study adds to the literature by Identifying themes and multiple sub-themes for various stakeholders of clinical education to specifically target. A coordinated effort from programs, site coordinators of clinical education, and clinic managers or administrators toward decreasing the barriers CIs face when supervising students may provide for an improved CI experience and in turn contribute to strengthened program-clinical site partnerships.

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ABSTRACT

Purpose: Clinical instructors (CIs) are essential contributors to clinical education. Limited literature exists describing CI perceptions of supervising students. The purpose of this research was to identify CI challenges and possible solutions when supervising student physical therapists and student physical therapist assistants. **Methods:** A convenience sample of 99 CIs in the Northern California Clinical Education Consortium participated in this study. A phenomenological approach obtained CI perceptions of the barriers to supervising students. Researchers employed a web-based survey to obtain demographic information and pose two open-ended questions that allowed for up to three responses. Thematic analysis using a coding framework was employed to analyze the qualitative data. **Results:** There were 205 comments in response to the first survey item and 162 comments in response to the second survey item with all the comments included in the thematic analysis. Three main themes were derived for each question with each theme containing 2-4 sub-themes. **Conclusion:** CIs' perceived challenges and desires for improvements in clinical education were associated with time constraints, program responsibilities, clinical site concerns, and the CPI. This study adds to the literature by Identifying themes and multiple sub-themes for various stakeholders of clinical education to specifically target. A coordinated effort from programs, site coordinators of clinical education, and clinic managers or administrators toward decreasing the barriers CIs face when supervising students may provide for an improved CI experience and in turn contribute to strengthened program-clinical site partnerships.

Keywords: clinical education; physical therapy; clinical instructor

INTRODUCTION

Physical therapy academic institutions are experiencing an insufficient amount of valuable clinical sites for clinical experiences where direct supervision of a clinical instructor is requisite.[1,2,3,4] While the number of new physical therapist education programs and physical therapist assistant education programs in the United States are increasing, class sizes in many existing programs are also rising.[5] Both factors inflate the need for student placements on a grand scale. Due to the substantial demand for student placements from a multitude of programs, academic institutions must continually invest time and effort to develop relationships with existing and new clinical sites to ensure placement offers, both in number and in variety of settings.

Clinical instructors (CIs) are essential contributors to clinical education. Experienced CI observation, feedback and guidance facilitates bridging didactic knowledge into clinical settings by affording students the necessary opportunities to practice cognitive, psychomotor, and affective skills during clinical experiences as early as the first semester of a program.[3,4,6,7] Additionally, formative assessment of student clinical performance provided by CIs informs program decisions about final grades and student readiness to enter the profession. Without volunteer CIs, programs cannot secure quality placement offers for students to complete their requisite clinical education. Despite the substantial need for clinical placements, obtaining quality CI volunteers in a variety of settings remains challenging and limited literature exists identifying barriers that CIs in physical therapy settings may face and factors that may improve the likelihood of CIs choosing to supervise students.

Serving the role as a clinical instructor comes with its share of obstacles, as additional time and workload to supervise a student are documented challenges reported in several studies.[2,3,8,9] This commitment of time and effort may lead to stress beyond normal pressures and in turn lower job satisfaction.[9] Productivity expectations may also be impacted by the extra time required to supervise a student, and result in negative effects. Stress can be compounded when a CI supervises a student who is struggling in the clinic and the CI does not feel prepared to navigate challenging events.[3,8,10] Other factors identified in the literature that contribute to unfavorable perceptions of being a CI include the challenge of novice CIs balancing patient care and student teaching, decreased satisfaction with the evaluation tool used to assess student performance, and the lack of professional development opportunities to support the CI role as a teacher.[3,11,2,12,13]

Physical therapy academic institutions acknowledge the demand/competition for CIs to supervise students during clinical experiences.[14,15] While limited literature exists describing CI perceptions of supervising students, further targeted exploration of perceived barriers is prudent and critical for program and clinical site collaboration to improve the CI experience as able. The purpose of this research was to assess CI perceptions of supervising students by specifically identifying CI challenges and possible solutions when supervising student physical therapists and student physical therapist assistants.

METHODS

Research Design

A phenomenological qualitative approach guided the collection and analysis of data.[16] This method supports exploration and consideration of individual experiences and perceptions. The cross-sectional survey design includes anonymous data collected from CIs within the Northern California Clinical Education Consortium (NCCEC) region in 2019.

Ethics Approval

The University of the Pacific Review Board approved this study #2022-79.

Sample

A sample of convenience was used for this study. A total of 6 Directors of Clinical Education (DCEs) from academic institutions in the consortium (NCCEC) self-selected to submit lists of Site Coordinators of Clinical Education (SCCEs) within the NCCEC region, which was defined from Fresno County up to the Southern Oregon border. Lists were cross-referenced to avoid duplication of SCCEs. An electronic survey link was emailed to the SCCEs, who then distributed the link for voluntary participation to CIs at their respective facilities. Inclusion criteria limited the same to CIs who have supervised at least 1 full-time PT or PTA student in the last 5 years for at least four consecutive weeks.[5] Survey reminders were emailed to SCCEs to once again forward to CIs four and six weeks after the initial email request.

Survey Development

Two DCEs in the NCCEC who were both trainers for the American Physical Therapy Association (APTA) Credentialed Clinical Instruction Program Level 1 created a web-based survey using SurveyMonkey cloud-based software.[17,18] The survey contained Likert scale items that will be analyzed as part of a separate study. Survey items for this qualitative study asked demographic items and two open-ended questions regarding personal perceptions of supervising students. The open-ended items allowed participants to answer based on their own understanding and attitudes, versus providing a limited set of options.[19,20,21] Participants were granted

up to three answers for each survey item with no limit on typed characters. The two items on the survey were 1) "List 3 things you do not like about serving as a CI," and 2) "List 3 things that would make it more likely for you to serve as a CI to DPT or PTA students".

Data Analysis

Descriptive statistics for central tendency and frequency assessments were applied to the demographic questions using IBM SPSS Statistics for Windows, Version 15.0 (Chicago, Illinois, United States).[22] Qualitative data was analyzed utilizing NVIVO software.[23] Two researchers read the comments, organized them, and iteratively developed a coding framework based on the process proposed by Braun and Clarke, who provided a six-step clear and usable framework for performing a thematic analysis.[24] The researchers went through each step of the thematic analysis methodology; however, the steps were not linear. The researchers went through the comments multiple times to ensure consistency across thematic analysis. First, researchers independently read the responses multiple times to familiarize themselves with the data closely. Second, the data was then coded independently by each researcher into the NVIVO platform. Third, the researchers discussed and reviewed all the codes to develop themes and sub-themes. Coding framework was drawn from multiple sources: 1) the data; 2) the primary researcher's communication with CIs as a DCE: and 3) consideration of the survey questions and themes highlighted in the wider literature about CI perceptions in various healthcare professions. Once all the comments were coded, both researchers collaboratively named key themes and sub-themes for each of the two open-ended questions. The fourth step was a review of all themes and sub-themes to ensure consistency. Fifth, the researchers defined themes clearly through discussion and further exploration of the data. All comments were then assigned to a theme and subtheme. Coding of all the comments indicated the end of data analysis stage. Finally, the authors presented the results of the analysis in the text and table format.

RESULTS

Demographics of Survey Respondents

Ninety-nine respondents, predominantly physical therapists, completed the survey and were included in the study (Table 1). Mean findings included 16.2 years in practice, 11.7 years as a CI, and 13.3 students supervised. Forty percent designated themselves to be certified specialists from the American Board of Physical Therapy Specialties and 75% identified as APTA CCIP Level 1 credentialed.[25,26] Respondents represented various practice areas with 47% practicing in acute and subacute settings. Forty-seven percent classified themselves to be SCCEs.

Table 1. Demographics of Survey Respondents

Demographic	Response
Personal Experience	**n=99 (mean, SD)**
Years in practice	16.2 (10.00)
Years as a CI	11.7 (9.41)
Number of students to whom you were a CI	13.3 (16.64)
Current number of hours per week working	38 (5.14)
Professional License	**n=99 (frequency, %)**
Physical Therapist	98 (99)
Physical Therapist Assistant	1 (1)
Highest degree earned	
Bachelor's degree	15 (15)
Other master's degree	7 (7)
Professional master's degree	23 (23)
Doctor of Physical Therapy	55 (55)
Recognized as a specialist	
ABPTS yes	39 (39)
ABPTS no	61 (61)
APTA member	
Yes	56 (56)
No	44 (44)
APTA CCIP Level 1 credentialed	
Yes	77 (77)
No	23 (23)
APTA CCIP Level 2 credentialed	
Yes	9 (9)

Demographic	Response
No	91 (91)
Practice Area	
Orthopedics	25 (25)
Acute/sub-acute	46 (46)
Neurology	10 (10)
Specialty setting	5 (5)
Mixed	5 (5)
Pediatrics	9 (9)
Employment setting	
Private practice	52 (52)
Hospital	31 (31)
Skilled Nursing Facility	7 (7)
Agency/other	10 (10)
Designated SCCE	
Yes	47 (47)
No	53 (53)

Acronyms:
CI = clinical instructor
ABPTS = American Board of Physical Therapy Specialties
APTA = American Physical Therapy Association
CCIP = Credentialed Clinical Instructor Program
SCCE = Site Coordinator of Clinical Education

SURVEY ITEM #1 "List 3 things you don't like about serving as a CI"
There were 205 comments in response to this survey item (Table 2). All the comments were included in the thematic analysis, which resulted in three main themes: program organization; stakeholder-specific concerns; and challenges with time management. Each theme had 2-3 sub-themes.

Table 2. Themes and Subthemes for "List 3 things you don't like about serving as a CI." (205 comments total)

Theme	Total number of comments	Sub-theme	Number of comments
Program considerations	44	*APTA Clinical Performance Instrument 2.0*	24
		Program Administration	20
CI concerns regarding specific stakeholders	93	*Lack of student professionalism*	30
		The demanding role of a CI	43
		Clinical site concerns	20
Challenges with time management	68	*Time commitment*	50
		Productivity demands	18

Acronyms:
APTA = American Physical Therapy Association
CI = clinical instructor

Program Considerations
Comments for this theme related to 1) the APTA Clinical Performance Instrument 2.0 (CPI), which was the tool used to evaluate student performance in the clinic and 2) any comments CIs reported that could potentially be addressed by the programs.[27]

The CPI
CIs as evaluators of student performance find the CPI to be excessively time-consuming, burdensome in length, and impractical. Comments such as, "it (the CPI) needs to be shorter - it's painfully long"; and "the length and repetitive nature of the CPI" illustrate CIs desires for a streamlined and efficient formative evaluation tool.

Program-Administration
Responses for this sub-theme highlight the administrative burden associated with supervising students and included comments such as, "amount of extra paperwork for myself" and "paperwork needed to process a student." Additionally, concerns were raised regarding the variability in students' preparedness levels with comments indicating disparities based on individual academic

institutions, as well as a perceived lack of students bringing new insights to clinical sites. Concerns about communication from the program included "when the school knows the student has 'issues' but doesn't share any info that would help direct the experience in a more efficient, positive way" and "When meetings with school reps are not clarified in advance".

CI concerns Regarding Specific Stakeholders
This theme encompassed concerns regarding 1) themselves as CIs and 2) others with whom CIs have relationships, including students, patients, and those in the workplace.

Lack of Student Professionalism
CI responses noted shortcomings in student professionalism. Unfavorable comments regarding deficiencies in professional behaviors included, "Today's students are generally unprofessional, have poor attitudes, have sense of entitlement, and unwilling to put in extra work to learn" and "Difficult student and lack of grit to improve". Additionally, remarks were made about difficulties in effectively engaging students, including comments such as, "sometimes students aren't professional/interested" and "Students that lack self-initiative and respect for the time a CI is taking to educate them."

The Demanding Role of a CI
The taxing tasks and concerns relative to the role of the CI emerged as noteworthy. Some of the comments regarding fatigue read, "it's tiring to explain everything" and "Fatigue with constantly talking". CIs worried about the unpredictable nature of the role, for example, "Concern regarding student's personality or professionalism not coinciding with mine" and "Not knowing if I am good enough to be the CI".

Clinical Site Concerns
Limitations at the clinical site related to arduous onboarding processes, the extra time it takes to get used to EMR system, payor restrictions, and effect on business profitability. There were also comments about the CI not being able to have appropriate patients for the student experience on their caseload, or conversely patients preferring not to be treated by a student.

Challenges with Time Management
Issues related to time constraints were evident and grouped under two sub-themes: time commitment and productivity.

Time Commitment
CIs expressed pressures related to the lack of time necessary to devote to student teaching and learning in addition to their existing busy schedules. Some example comments are: "time management - it is hard to have enough time to give feedback and practice things while still managing a normal caseload"; and "Decreased efficiency- staying late". Other comments mentioned the extra time needed to get students on board initially: "initial training takes extra time so I stay late"; "Sometimes get behind on paperwork at the start of a rotation when they aren't helping and are asking a lot of questions- taking more time"; and "Increased time required initially to orient/teach the student, taking away time from paperwork and other daily tasks".

Productivity Demands
CIs reported challenges of balancing productivity expectations and fulfilling the supervisory duties associated with supervising a student. CIs expressed feeling the weight of this dual responsibility, as they strive to maintain high levels of productivity while effectively guiding student learning. Comments included, "pressure to maintain productivity and be effective CI" and "Slows down productivity".

SURVEY ITEM #2: "List 3 things that would make it more likely for you to serve as a CI to PT or PTA students."
This survey item yielded 162 comments which were all included in the data analysis (Table 3).

Table 3. Themes and subthemes for "List 3 things that would make it more likely for you to serve as a CI to PT or PTA students." (162 comments total)

Theme	Total number of comments	Sub-theme	Number of comments
Improved program support	50	*Increased support for CI*	32
		Improved student preparation	18
Increased clinical site support	59	*Improved logistical support from site*	22
		Scheduled time for student mentoring	37
Improved program-site collaboration	53	*A more user-friendly CPI*	11
		CI ability to select students	21

		Improved communication from the program	21

Acronyms:
CI = clinical instructor
CPI = Clinical Performance Instrument

Improved Program Support
Comments for this theme pointed to areas of improvement that are under the purview of the program.

Increased Program Support for CI
CIs commented that they were more likely to serve as a CI if the responsibility was associated with additional support, recognition and/or compensation. The recommendations included "Resources from the school to help with deficits identified vs making CI responsible for all clinical care and creating/implementing interventions for educational plans"; "Special recognition for CIs who take 2+ students for 2+ years"; and "Free APTA membership".

Improved Student Preparation
Responses regarding preparing students for the clinical experience related to how student attitudes and behavior could make being a CI more enjoyable. Some of the desirable qualities in a student included: "Emotionally mature students who have been realistically educated in school about a clinic's need to be profitable to stay open"; "Having highly motivated students"; "Student less complaining behind CI back"; and "Students who are willing to go beyond the 8-hour workday".

Increased Clinical Site Support
CIs commented about some of their expectations from their place of work that would facilitate and support their role as a CI.

Improved Logistical Support from the Site
Logistic concerns included space, involvement with the scheduling of a student, and insurance related issues. Regarding more space to treat, one comment included, "For us it is mostly about timing and space availability." Other responses about workplace related concerns included scheduling and support from the site and other staff members: "Collaboration with other PTs in the department to provide a more well-rounded experience for the student"; "shared CI role with another provider"; and "Recognition from employer".

Scheduled Time for Student Mentoring
Increased time for supervising students included CIs recommendations for either time being set aside for student mentorship or having lowered patient care load to balance student discussions and adequate patient care. Some of the comments were: "More scheduled time for teaching/non patient care time"; "Budgeted time to one-on-one practice with the student I serve"; "Trying to balance my management hours with hours of patient care"; and "More time scheduled to work with student outside of patient care time".

Improved Program-Site Collaboration
Comments to improve the partnership between the program and CIs alluded to improvements to the CPI, CI collaboration with selecting students, and improved communication from programs regarding expectations.

A More User-Friendly CPI
CIs shared collectively that the CPI was tedious and time-consuming. There were remarks suggesting the CPI could benefit from improvements to streamline the process and enhance user-friendliness with features that facilitate efficient completion of the tool. Example comments include: "Given enough time to work on CPI"; "Obviously, the CPI"; and "Better resources for completing the CPI".

CI Ability to Select Students
Responses referred to the number of students CIs would prefer, the duration of the clinical experience, the student's stage in the didactic curriculum, and the desire to know the student better before the CI agrees to accept the student. CI comments included: "Only 1 student every few years"; "No interns overlapping with each other"; "Shorter rotations"; "No longer than 12-week internships": and "Students in final internships". CI comments related to the opportunity to interview students were: "Being able to interview and select student"; and "Having students that plan on working in my area of expertise".

Improved Communication from the Program

Collectively CIs expressed that they want explicit information and clear communication from the program regarding the student's clinical experience, including a summary of the student and expectations of student performance from the school. Comments for improved communication from programs include that CIs desire "adequate information" and a "close contact" with the school program.

Synthesis of Similar Subthemes

By asking two separate questions about what CIs do not like about being a CI and what would make them more likely to serve as a CI, we discovered balanced responses with similar subthemes between the two questions (Table 4). All but one of the subthemes ("The demanding role of the CI") fit into one of four categories based on their similarities: challenges with time constraints, program responsibilities, clinical site concerns, and the CPI.

Table 4. Groups of Similar Subthemes

Similar subthemes from both open-ended survey items	Total number of comments	All subthemes	Number of comments
Challenges with time constraints	105	Time commitment	50
		Productivity demands	18
		Scheduled time for student mentoring	37
Program responsibilities	100	Program Administration	20
		Lack of student professionalism	30
		Increased support for CI	32
		Improved student preparation	18
		Improved communication from the program	21
Clinical site concerns	63	Clinical site concerns	20
		Improved logistical support from site	22
		CI ability to select students	21
CPI	35	Cumbersome use of CPI	24
		A more user-friendly CPI	11

Acronyms:
CI = clinical instructor
CPI = Clinical Performance Instrument

DISCUSSION

Exploring difficulties that CIs face and factors that contribute to a CI's decision to supervise a student informs both academic programs and clinical sites of the issues to address to improve the CI experience by decreasing the burden of supervising a student to the extent that it can be controlled. The purpose of this study was to identify CI challenges of supervising students and explore CI desires that would make it more likely and less taxing to serve as a CI. The results of this study present a picture of an experienced group of CIs from a variety of workplace settings in a specific consortium.

Table 4 presents groupings of perceived challenges of supervising students that are beyond the control of the CI. This suggests that obstacles of supervising students from the CI perspective are factors that can be managed and improved by programs and clinical sites alike.

Challenges with Time Constraints

From the two survey items, the area of time constraints associated with supervising a student received the most comments. Comments that include staying late, getting behind, more time needed, productivity pressure, and time to onboard students highlight the need to support CIs with periodic non-patient time to serve in the role of a CI. Instituting allocated time with students outside of patient care along with a structured onboarding process for students encourages efficiencies that may require less of the CI's overall time to facilitate the student's transition into the clinical setting. Additionally, altering productivity expectations for CIs and allowing CIs to block scheduled time weekly for one-on-one student teaching provides the CI non-patient care time to provide student instruction and feedback. [8]

Program Responsibilities

There were five sub-themes total related to program responsibilities, emphasizing the importance of programs to prioritize support for CIs. Consistent with prior findings, this study found that CIs desire students out who are ready to be in the clinic.[3 25] CIs shared

examples of student unpreparedness that include professionalism issues, varying levels of students, and supervising students who "don't get it." Second to making certain that students are prepared with baseline cognitive, psychomotor, and affective skills, preparing students with expectations for performance, attitude, and accountability in a clinical setting may prevent some challenges, allowing for a more enjoyable experience for the CI.[6] Before clinical experiences begin, clear communication to students from the program regarding requirements and expectations of being in a clinical environment prepares students with requisite baseline professional behaviors.

CIs also indicated their desire for more program support and less administrative burden during the clinical experience. Explicit DCE support via communication to CIs before, during and after the experience is fundamental and perhaps best practice for CIs to feel supported.[25] When DCEs listen to concerns of CIs, collaborative solutions may lighten stress placed on the CI, including reasonably ameliorating required paperwork associated with having a student or easing workload of student supervision by offering ideas and strategies for teaching and learning.

Clinical Site Concerns

With discrepancies between CIs' values and their organizational culture, administrators and SCCEs alike must seek an understanding of CIs' perspectives.[26] Clinical site response to CI feedback is a practical and prudent way to support CIs.[3] When physical space limitations impact the number of students a clinical site can have at any time, creative ideas and adjustments to design alternatives may suffice in lieu of a larger space. Prior studies found that productivity does not suffer when a CI supervises a student, however managers and administrators should respond as practically as possible to adjusting schedules and productivity expectations to relieve the stress of CIs.[15,27] Additionally, implementing an overall department attitude of support for CIs and value for the site's clinical education program may include collaboration between CIs and management allowing CIs to be part of the student selection process. Another example to strengthen a sense of teamwork in the site's clinical education program is to encourage willingness from other clinicians to assist with students periodically to allow the primary CI time to attend to other tasks as needed.

CPI

Participants in this study all utilized the APTA WebCPI 2.0 to evaluate student clinical performance.[28] Consistent with the literature, responses to both survey items indicated dissatisfaction with the CPI, including the time it takes to complete it, the length of tool, and wanting better resources to use it.[3,11,29] The APTA updated the tool in 2023 to the WebCPI 3.0 version with user satisfaction yet to be determined.[30] Alternate assessment tools utilized throughout the United States also exist for program consideration in response to CI feedback.[11,31] Nevertheless, there is a need to prioritize and increase program efforts for streamlining training and support for use and integration of any chosen assessment tool.

Demanding Role as a CI

The CI's primary responsibility is to the patient while balancing duties to their employer, their worksite, the program, and the student. While there was a wide range of comments under this sub-theme, each comment warrants individual response on behalf of either the site SCCE or the program DCE. Both roles have the responsibility of assisting the CI as pressures and stress are commonly inherent to supervising students. Training and continued mentorship is desired by CIs and necessary to create effective clinical education programs.[26] DCEs are positioned to offer explicit and regular support for CIs, yet professional development opportunities from programs are limited, and there is a lack of awareness of such offerings for many CIs.[2,26,31,32]

This study included a small sample size of CIs practicing in a specific geographic area and incorporated multiple practice settings. The sample also consisted of an experienced group of CIs and may not represent specific challenges experienced by a novice CI. This study may be repeated by individual consortium and/or on a larger scale to include CIs throughout the United States. Having more data, including specific regional concerns, can increase understanding of additional support needed by CIs.

CONCLUSION

Findings are consistent with the literature and found that CIs' perceived challenges were associated with time management, program issues, clinical site concerns, and the CPI. This study adds to the literature by Identifying themes and multiple sub-themes to specifically target via collaboration amongst various stakeholders in clinical education. An increased effort from programs, SCCEs, and clinic administrators toward decreasing the obstacles CIs face when supervising students may provide for an improved CI experience with strengthened program-clinical site partnerships.

REFERENCES

1. Rindflesch A, Flom-Meland C, McCallum C, Prescher, K, Reynolds, E, Scardillo, J, et al. Toward standardization of the placement process used in full-time clinical education experiences: Findings and recommendations of the placement process task force. J Phys Ther Educ. 2021;35(3):171. doi: 10.1097/jte.0000000000000193.
2. Recker-Hughes C, Wetherbee E, Buccieri KM, Fitzpatrick Timmerberg J, Stolfi AM, Fitzpatrick Timmerberg J. Essential characteristics of quality clinical education experiences: Standards to facilitate student learning. J Phys Ther Educ. 2014;28:48-55. Doi: 10.1097/00001416-201400001-00009.
3. Hall M, Poth C, Manns P, Beaupre L, Poth MHC. To supervise or not to supervise a physical therapist student: A national survey of Canadian physical therapists. Physiother Can. 2016;68(2):141-148. doi: 10.3138/ptc.2014-88E. PMID: 27909361; PMCID: PMC5125478.
4. World Confederation for Physical Therapy. WCPT guideline for the clinical education component of physical therapist professional entry level education. Updated May 2019. Accessed October 2022.
5. Commission on Accreditation of Physical Therapist Education website. https://www.capteonline.org/about-capte/resource_documents/accreditation-handbook. Updated 2020.
6. Rabena-Amen A, Goslinga T, Orchard A, Ghani F, Davenport T. Student physical therapists' perceptions of a first semester integrated clinical experience: An exploratory study. Internet J of Allied Health Sci and Pract. Expected Publication April 2024.
7. Silén C, Kiessling A, Spaak J, Henriksson P. The experience of physician supervisors with clerkship students: A qualitative study. Int. J. Med Educ. 2011;2:56. doi: 10.5116/ijme.4e0c.23de.
8. Davies R, Hanna E, Cott C. They put you on your toes: Physical therapists' perceived benefits from and barriers to supervising students in the clinical setting. Physiother Canada. 2011;63(2):224. doi: 10.3138/ptc.2010-07.
9. Sevenhuysen SL, Haines T. The slave of duty: Why clinical educators across the continuum of care provide clinical education in physiotherapy. Hong Kong Physiother Jl. 2011;29(2):64. doi: 10.1016/j.hkpj.2011.06.002.
10. Barrett EM, Belton A, Alpine LM. Supervision models in physiotherapy practice education: Student and practice educator evaluations. Physiother Theory and Pract. 2019;37(11):1185. doi: 10.1080/09593985.2019.1692393.
11. Lo K, Curtis H, Keating JL, Bearman M. Physiotherapy clinical educators' perceptions of student fitness to practise. BMC Med Educ. 2017;17(1). doi: 10.1186/s12909-016-0847-2.
12. Birkmeier M, Wheeler E, Mcgregor Garske H, et al. Feasibility of use of the clinical internship evaluation tool in full-time clinical education experiences: A multi-institutional study. J Phys Ther Educ. 2022;36(3):263. doi: 10.1097/jte.0000000000000237.
13. Recker-Hughes C, Brooks HG, Mowder-Tinney JJ, Pivko S. Clinical instructors' perspectives on professional development opportunities: Availability, preferences, barriers, and supports. J of Phys Ther Educ. 2010;24(2):19-25. doi:10.1097/00001416-201001000-00003
14. Greenfield BH, Bridges PH, Phillips TA, Drill AN, Gaydosik CD, Krishnan A, Yandziak HJ. Exploring the experiences of novice clinical instructors in physical therapy clinical education: a phenomenological study. Physiother. 2014;100(4):349-55. doi: 10.1016/j.physio.2013.10.005. PMID: 24656952.
15. North SA, Sharp A. Embracing change in the pursuit of excellence: Transitioning to the clinical internship evaluation tool for student clinical performance assessment. J Phys Ther Educ. 2020;34(4):313. doi: 10.1097/jte.0000000000000154.
16. Apke TL, Whalen M, Buford J. Effects of Student Physical Therapists on Clinical Instructor Productivity Across Settings in an Academic Medical Center. Phys Ther. 2020;100(2):209-216. doi: 10.1093/ptj/pzz148. PMID: 31595959.
17. Neubauer BE, Witkop CT, Varpio L. How phenomenology can help us learn from the experiences of others. Perspect Med Educ. 2019;8(2):90. doi: 10.1007/s40037-019-0509-2.
18. American Physical Therapy Association Credentialed CI Program Level I https://www.apta.org/for-educators/clinical-education-development/ccip-level-1. Accessed 10/27/2023.
19. SurveyMonkey. San Mateo, California. https://www.surveymonkey.com/. Accessed 10/1/2019.
20. Hansen K, Świderska A. Integrating open- and closed-ended questions on attitudes towards outgroups with different methods of text analysis. Behav Res. 2023. doi: 10.3758/s13428-023-02218-x.
21. Baburajan V, De Abreu E Silva J, Camara Pereira F. Open vs closed-ended questions in attitudinal surveys - comparing, combining, and interpreting using natural language processing. Transportation Research Part C: Emerging Technologies. 2022; 137. https://doi.org/10.1016/j.trc.2022.103589. Date accessed October 2023.
22. Baburajan V, E Silva JDA, Pereira FC. Open-ended versus closed-ended responses: A comparison study using topic modeling and factor analysis. IEEE Trans. Intell. Transport. Syst. 2021;22(4):2123. doi: 10.1109/tits.2020.3040904.
23. IBM. SPSS statistics for windows, version 15.0. https://www.ibm.com/spss Accessed 02/25/2022.

24. QSR International. NVivo qualitative data analysis software (version 1.7.1). https://lumivero.com/products/nvivo/ Web site. Accessed 10/27/2023.
25. Braun V, Clarke V. Using thematic analysis in psychology. Qual Research in Psych. 2008;3(2):77. doi: 10.1191/1478088706qp063oa.
26. American Physical Therapy Association. APTA specialist certification. https://specialization.apta.org/. Accessed 03/25/, 2023.
27. American Physical Therapy Association. Physical therapist Web Clinical Performance Instrument 2.0. http://www.apta.org/ptcpi/. Updated 2013. Accessed September 15, 2023.
28. George D, Gallivan S, Both A, Clark Hawkins C, Bayliss J, Crompton J, et al. An exploration of support for clinical education partners. J Phys Ther Educ. 2024; doi: 10.1097/JTE.0000000000000326.
29. Wilkinson T, Myers K, Bayliss J, et al. Facilitators and barriers to providing clinical education experiences through the lens of clinical stakeholders. J Phys Ther Educ. 2023;37(3):193. doi: 10.1097/jte.0000000000000280.
30. Pabian PS, Dyson J, Levine C, Pabian P, Pabian PJ, Dyson. Physical therapist productivity using a collaborative clinical education model within an acute care setting: A longitudinal study.
31. Murphy S, Dalton M, Dawes D. Assessing physical therapy students' performance during clinical practice. Physiother Canada. 2014;66(2):169. doi: 10.3138/ptc.2013-26.
32. American Physical Therapy Association. Physical therapist Web Clinical Performance Instrument 3.0. http://www.apta.org/ptcpi/. Updated 2023.
33. Hrachovy J, Clopton N, Baggett K, Garber T, Cantwell J, Schreiber J. Use of the blue MACS: acceptance by clinical instructors and self-reports of adherence. Phys Ther. 2000;80(7):652–661.
34. McCallum CA, Mosher PD, Howman J, Engelhard C, Euype S, Cook C. Development of regional core networks for the administration of physical therapist clinical education. J of Phys Ther Educ. 2020:28:39-47.
35. Recker-Hughes C, Dungey J, Miller S, Walton AH, Lazarski J. A novel approach to clinical instructor professional development: a multi-session workshop with application of skills in a student standardized patient exam. J of Phys Ther Educ.2015 29(1):49-59.