

# FACT SHEET

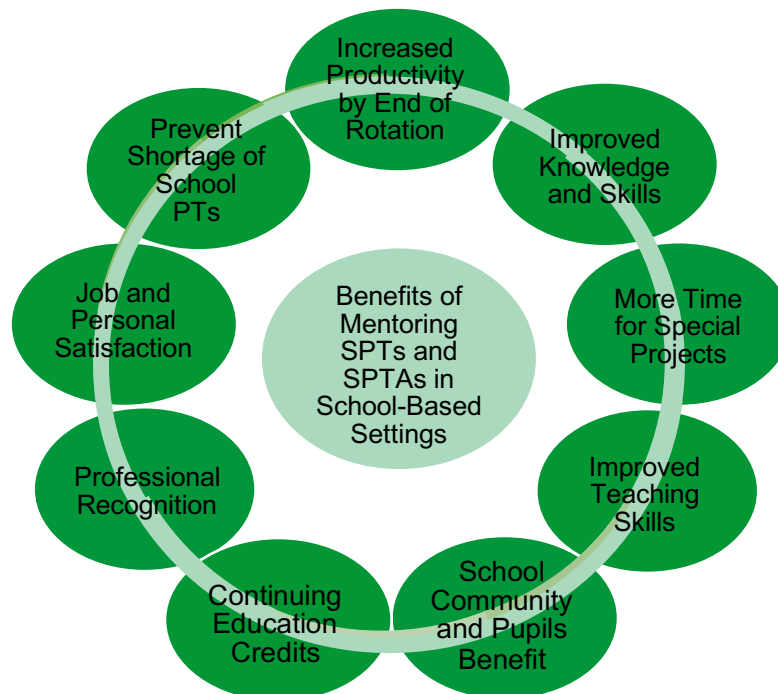
## How School-Based Physical Therapists Benefit from Mentoring DPT and PTA Students

### INTRODUCTION

Clinical education is an essential component of training student physical therapists (SPTs).<sup>1,2</sup> Correspondingly, clinicians should recognize that there are many positive reasons for providing clinical education (see FIGURE 1). The effectiveness of clinical education is predicated primarily on the Clinical Instructor (CI).<sup>3</sup> Some practicing physical therapists report that they are reluctant to serve as CIs.<sup>2</sup> As noted in the APTA Standards of Practice, education is built into the profession whether it is teaching patients, other health professionals, or SPTs.<sup>4</sup>

Often, clinical education prepares SPTs to work in a setting similar to the one where they may prefer to be employed. In the United States, approximately 40% of the 4,350 pediatric physical therapists provide services to children in school-based settings (hereinafter referred to as pupils).<sup>5</sup> A 2017 study found that 30.8% of physical therapy education programs did not have a sufficient number of pediatric clinical education sites.<sup>1</sup> This limitation in available pediatric sites suggests that more school-based clinicians are needed to mentor SPTs. While SPTs have clinical experiences in medical settings, the school setting requires an understanding of the educational model of providing related services. Due to the shortage of pediatric sites and the unique nature of the school setting, school-based physical therapists can play an important role in preparing future pediatric physical therapists.

**FIGURE 1: The Benefits of Mentoring SPTs and SPTAs in School-Based Settings**



The purpose of this document is to encourage school-based physical therapists to become CIs and highlight the benefits associated with supervising SPTs in all types of clinical experiences (e.g., observational, integrated, and full-time clinicals). As CIs, school-based physical therapists have an opportunity to serve their profession, SPTs, the pupils on their caseloads, and their community. Ultimately, school-based physical therapists who serve as CIs benefit society by preventing a shortage of clinicians prepared to practice in school-based settings. Although there may be some challenges to taking on an SPT, school-based physical therapists are encouraged to seek out and initiate opportunities to become CIs.

## **PRODUCTIVITY IS POSITIVELY AFFECTED WHILE MENTORING AN SPT**

The general perception among physical therapists is that an SPT will have a negative effect on the CIs ability to achieve their required productivity standards.<sup>6</sup> Data related to school-based physical therapists' productivity, either with or without an SPT, has not been reported in the literature. Therefore, this document relates information on productivity from other settings to allow extrapolation to the school-based setting. A review of the literature found that the productivity of CIs working with SPTs and occupational therapy students increased in acute care, out-patient orthopedics, and rehabilitation.<sup>6,7</sup> Initial reduction in CI productivity due to increased time spent in student supervision is compensated for by the end of the affiliation period.<sup>8,9</sup> In order to increase CI productivity, the CI and the SPT in the school-based setting may treat pupils concurrently while maintaining appropriate supervision levels.<sup>6</sup>

## **CIs EXPERIENCE SOCIAL AND EMOTIONAL BENEFITS FROM WORKING WITH SPTs**

- ***Satisfaction in serving the profession:*** Today's clinicians remember the knowledge gained from their CIs while in school. They view being a CI as a chance to give back to the profession.<sup>2</sup> CIs also experience personal satisfaction in training future professionals.<sup>2,10,11</sup>
- ***Satisfaction in personal growth and gratification:*** The self-awareness, knowledge, and experience that comes from supervising and teaching enhances the confidence of CIs.<sup>12,13</sup> Self-awareness and confidence improve, even when CIs have less than two years of experience.<sup>10</sup> The enthusiasm that SPTs bring to the clinical setting revitalizes the CIs own excitement about the profession.<sup>2,12,14</sup>
- ***Satisfaction from teaching:*** Serving as a CI allows clinicians to teach without leaving clinical practice. CIs report that watching the growth of SPTs provides an intrinsic reward.<sup>2,15,16</sup>
- ***Satisfaction from professional relationships:*** Physical therapists are often the sole professional from their discipline in a school or district. Working with a SPT decreases feelings of isolation in clinicians who have limited networking with others in their discipline.<sup>11</sup> Therapists in rural areas also express the desire to promote career options to SPTs.<sup>16</sup>

## **CIs EXPERIENCE PROFESSIONAL REWARDS FROM THEIR WORK WITH SPTs**

- ***Continuing education credit:*** The APTA provides a Credentialed Clinical Instructor Program (<https://www.apta.org/for-educators/clinical-education-development>) to enhance skills of CIs.<sup>17</sup> This two-level program allows clinicians to earn continuing education credits. In addition, each CI should refer to their own state's practice act to determine whether, and how many continuing education credits are granted for supervising an SPT.
- ***Leadership and special projects:*** In settings where opportunities for advancement may be limited, serving as a CI gives therapists chances to take on leadership roles.<sup>14,18</sup> CIs may also have time and support for special projects, grants, quality improvement, and research while supervising SPTs.<sup>13,14,18</sup>
- ***Improved access to resources:*** Serving as a CI may allow access to benefits through the cooperating university or college. These may include discounts on books or tuition, equipment loans, use of library, and in-services, or collaboration with academic faculty.<sup>12</sup>

## SERVING AS A CLINICAL INSTRUCTOR IS A FORM OF PROFESSIONAL EDUCATION

- **Hosting SPTs helps CIs stay current:** SPTs contribute current academic information, such as recent advances in clinical assessment, treatment skills, updated experience with technology, and the latest methods of searching evidence.<sup>2</sup> In addition, SPTs usually prepare an in-service which may be a source of knowledge to the CI and other staff at a clinical site.
- **Hosting SPTs strengthens clinical reasoning:** CIs are required to explain clinical situations through articulation of their thoughts on various aspects of physical therapy practice.<sup>9,16,19</sup>
- **Hosting SPTs improves teaching skills:** To effectively teach SPTs, therapists have noted that they must improve their own teaching skills. This translates beyond the role of CI to the education of patients/pupils, families, and other staff.
- **Interaction with SPTs provides a source of intellectual stimulation for CIs.**<sup>20</sup>
- **Hosting SPTs improves clinicians' supervisory skills:**<sup>19</sup> This improved ability is beneficial to school-based physical therapists who direct paraprofessionals.

## IN THE EDUCATIONAL SETTING OTHERS MAY BENEFIT FROM THE PRESENCE OF AN SPT

While the effect of an SPT on pupils receiving school-based physical therapy has not been reported in the research, the analogous situation has been examined in teacher education literature and in physical therapy literature from other specialty areas.

- **Most pupils in classrooms reported positive experiences with teachers in training:** 83% of pupils surveyed said that teachers in training provide enjoyable lessons, improve motivation for learning, and inspire more participation.<sup>21</sup> In pediatric settings, this enhanced engagement can be particularly significant where an element of playfulness and creativity is essential to motivate pupils.
- **An SPT can influence other members of a school community such as teachers and paraprofessionals:** The SPT also brings fresh practice ideas and updated knowledge to teaching staff through the exchange of ideas, modeling, and formal in-services.<sup>22</sup> This knowledge translation can enhance interprofessional communication and clarification of role. Collaboration between school staff and health professionals is essential for pupils with health issues.<sup>23</sup>

## SUMMARY

Although the prevailing perception among school-based physical therapists is that serving as a CI increases workload, the existing literature generally denies this notion. More research into school-based clinical instruction is needed. In fact, there are many positive reasons for providing clinical education (see FIGURE 1). Some key benefits include:

- Increased productivity by the end of clinical rotations
- Continuing education credit without a need to be away from work
- Increased time and resources for special projects
- Increased job and personal satisfaction
- Improved knowledge and clinical skills
- Increased engagement with staff, students, and their families

Increasing the variety of clinical education sites in physical therapy is a priority for PT education programs. School-based physical therapists are positioned to help train future physical therapists. While clinicians reap rewards for themselves, their role as CIs also benefits the pupils, schools, and districts they serve.

## REFERENCES

1. Kenyon LK, Anderson DK, Frost JS. PEDIATRIC EDUCATION SPECIAL SERIES. A survey of pediatric clinical education in physical therapist professional education. *J Phys Ther Educ*. 2017;31(3):105-113.
2. 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 Can*. 2011;63(2):224-233.
3. Bilyeu C, Sharp A, Myers K. Perspective for change: establishing the need for clinical instructor competencies in physical therapist education. *The Journal of Clinical Education in Physical Therapy*. 2021;3:6935. doi: 10.52214/jcept.v3.6935.
4. American Physical Therapy Association. Standards of Practice for Physical Therapy. Available at: <https://www.apta.org/apta-and-you/leadership-and-governance/policies/standards-of-practice-pt>. Accessed: 6/7/2022.
5. ZIPPIA. Pediatric Physical Therapist Jobs Demographics and Statistics in the US. Available at: <https://www.zippia.com/pediatric-physical-therapist-jobs/demographics/>. Accessed 8/17/22.
6. 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.
7. Coleman J, Knott K, Jung B. Impact of physical therapy and occupational therapy student placements on productivity: a scoping review. *Can Med Educ J*. 2021;12(4):98-110.
8. Pivko SE, Abbruzzese LD, Duttaroy P, Hansen RL, Ryans K. Effect of physical therapy students' clinical experiences on clinician productivity. *J Allied Health*. 2016;45(1):33-40.
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 J*. 2011;29(2):64-70.
10. Greenfield B, Bridges P, Phillips T, et al. Exploring the experiences of novice clinical instructors in physical therapy clinical education: a phenomenological study. *Physiotherapy*. 2014;100(4):349-355.
11. Sloggett K, Kim N, Cameron D. Private practice: Benefits, barriers and strategies of providing fieldwork placements. *Can J Occup Ther*. 2003;70(1):42-50.
12. Gwyer J. Rewards of teaching physical therapy students: clinical instructor's perspective. *J Phys Ther Educ*. 1993;7(2):63-66.
13. Rodger S, Webb G, Devitt L, Gilbert J, Wrightson P, McMeeken J. Clinical education and practice placements in the allied health professions: an international perspective. *J Allied Health*. 2008;37(1):53-62.
14. O'Brien CW, Anderson R, Ayzenberg B, et al. Employers' viewpoint on clinical education. *J Allied Health*. 2017;46(3):131-137.
15. Hill N, Wolf KN, Bossetti B, Saddam A. Preceptor appraisals of rewards and student preparedness in the clinical setting. *J Allied Health*. 1999;28(2):86-90.
16. Shannon SJ, Walker-Jeffreys M, Newbury JW, Cayetano T, Brown K, Petkov J. Rural clinician opinion on being a preceptor. *Rural Remote Health*. 2006;6(1):1-13.
17. American Physical Therapy Association. The Credentialed Clinical Instructor Program (CCIP). Available at: <https://www.apta.org/for-educators/clinical-education-development>. Accessed 6/9/2022.
18. Nabavi FH, Vanaki Z, Mohammadi E. Systematic review: process of forming academic service partnerships to reform clinical education. *West J Nurs Res*. 2012;34(1):118-141.
19. Aljadi SH, Alotaibi NM, Alrowayeh HN, Alshatti TA. Benefits and challenges of supervising physical therapy students in the state of Kuwait: a national study. *J Allied Health*. 2017;46(4):243-249.
20. Jensen GM, Gwyer J, Shepard KF, Hack LM. Expert practice in physical therapy. *Phys Ther*. 2000;80(1):28-43.
21. Altan MZ, Sağlamel H. Student teaching from the perspectives of cooperating teachers and pupils. *Cogent Educ*. 2015;2(1):1086291.
22. DeWitt P, Slade S. *School Climate Change: How do I build a positive environment for learning?* Alexandria, VA: ASCD Arias; 2014.
23. Hillier S, Civetta L, Pridham L. A systematic review of collaborative models for health and education professionals working in school settings and implications for training. *Educ Health*. 2010;23(3):393.

©2022 by the APTA Academy of Pediatric Physical Therapy, [www.pediatricapta.org](http://www.pediatricapta.org)

Developed by School Special Interest Group expert contributors Heather Brossman, PT, DHSc, DPT, MS, CCS, Board-Certified Pediatric Clinical Specialist; Deborah Eisenberg, PT, DPT, MS; Aviva Gans, PT, MS; Kimberly Klug, PT, DSc, Board-Certified Pediatric Clinical Specialist; Anitha Sanisetty, PT, DPT. Supported by the Fact Sheet Committee of APTA Pediatrics.

The APTA Academy of Pediatric Physical Therapy provides access to these member-produced fact sheets and resources for informational purposes only. They are not intended to represent the position of APTA Pediatrics or of the American Physical Therapy Association.