

Reflection training as a form of professional development for physiotherapy clinical educators

C. Frith, S. Cowan & C. Delany

Introduction

An important aspect of improving clinical supervision teaching skills is providing opportunities for educators to reflect on and develop confidence in their teaching approaches (Patton, 2013).

Innovation

This paper reports the process and results of a series of structured reflection sessions with physiotherapy clinical educators. The goals of the program were to engage educators in both individual and group-based reflection on their teaching styles, to increase their confidence in trialling and adjusting their usual teaching approach and to evaluate the impact of specific teaching approaches on student learning.

Drawing from action research as a methodology (Patton, Higgs, & Smith, 2013), clinical educators were recruited via physiotherapy department email. Six educators (median education experience of 3 years; range 0.5–9 years) attended the three (1-hour) reflective discussion sessions, held monthly and facilitated by an experienced education academic (CD). The first session introduced clinical teaching methods designed to facilitate student engagement in their own learning and to shift educators' focus from what they should teach to how their students were learning (Patton et al., 2013; Delany & Golding, 2014). The methods included: using open questions to encourage students to discuss their expectations and prior learning experiences; focusing on student understanding by encouraging them to explain clinical concepts in their own words; giving students (where possible) the choice to decide the timing and order of the patients, as a means of enhancing their independence and autonomy; and giving students positive and constructive feedback.

Physiotherapy Department, St Vincent's Hospital, Melbourne

Correspondence:

Christine Frith
Physiotherapy Department
St Vincent's Hospital
41 Victoria Parade
PO Box 2900
Fitzroy, VIC 3065
Australia
Email: christine.frith@svha.org.au

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Educators were asked to select one teaching strategy (that represented a different approach to their established teaching style) and trial it with students between the monthly discussions. They recorded their own observations in a written teaching report and responded to five set questions (Delany & Golding, 2014):

1. What teaching strategy were you targeting?
2. What happened?
3. What went well?
4. What didn't go so well?
5. How could this be improved?

In the second and third reflection sessions, educators discussed their responses in a discussion/focus group format. This discussion served two purposes: 1) to focus educators' attention on whether and how their teaching intervention impacted on student learning and 2) to encourage educators to recognise and reflect on their own teaching style and the impact of deliberately altering it.

Evaluation method

There were three sources of data:

- Clinical educator self-confidence surveys completed at the beginning and end of the project (Finlay, Schulz, Smith, Patton & Walker, 2011). Educators rated their performance across five tasks: the ability to facilitate learning, education planning, provision of student evaluation and feedback, managing under-performance issues and different role relationships.
- Transcripts from audio-taped discussion sessions
- Clinical educators' teaching reports documenting their observations of the impact of the teaching strategy on their teaching and student learning.

The teaching reports and discussion transcripts were de-identified and analysed using a thematic approach by two reviewers (CD, CF). Each reviewer independently read the reports and transcripts, and highlighted key ideas about teaching and learning. They then discussed their individual notes and reached a consensus about the list of themes that emerged.

Outcomes

The median responses of the educator self-confidence surveys improved across all criteria (Figure 1).

There were two common teaching strategies trialled by the educators: focusing on constructive feedback and encouraging students to describe their understanding and thinking. The main teaching themes to arise from the data included greater awareness of teaching approaches used with students and increased confidence in describing and monitoring the impact of teaching on student learning and thinking. For example, "I am more conscious about what I am trying to get from the students," and "I have tried to make feedback ... more of a conversation and interaction between the two of us."

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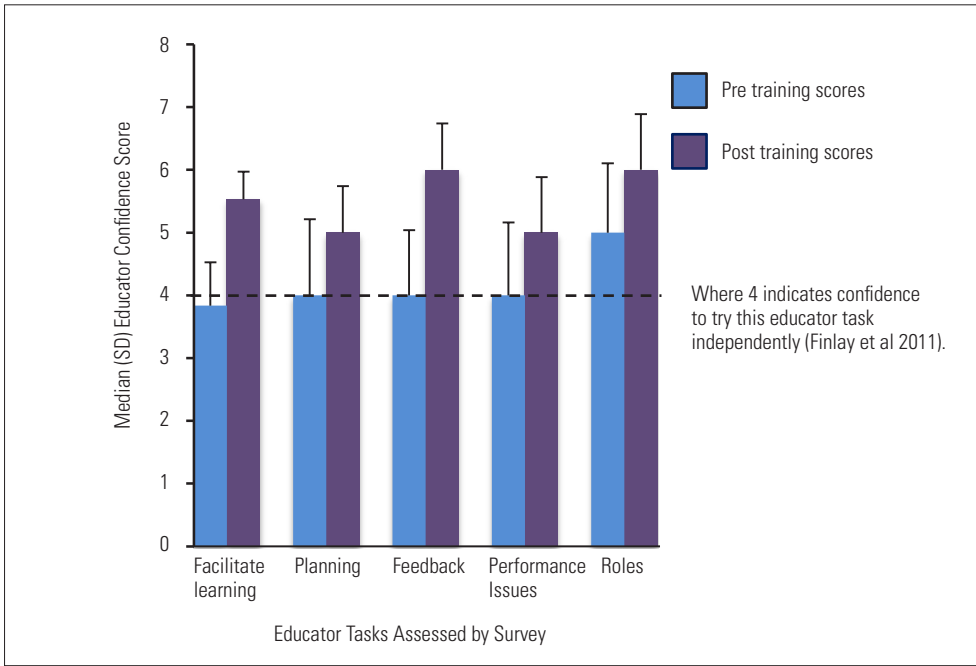


Figure 1. Educator tasks assessed by survey.

Educators reported greater confidence in using specific questions to scaffold student learning and encourage students to explain their understanding. Examples included, “What do you mean by that?” and “Can you tell me a bit more?”

Educators’ reflections illustrated connections being made between their own teaching methods and student engagement with learning, such as “I often had to re-word my questions or take some time to think about how I would phrase a question to try and elicit the correct answer.”

What next?

This pilot research project involving clinical educators using both individual and group-based reflection on teaching methods appeared to enable participants to more confidently recognise, monitor and adjust their own teaching practice according to its impact on student learning. The results suggest a shift in focus from *what* the educators were teaching to *what* the students had learned. Future research should involve student learning as an outcome, greater numbers of educators, measurement of educators’ prior experience with reflective training and, perhaps, a control group without reflective practice exposure.

Ethics approval was obtained for this research from the St Vincent’s Hospital, Melbourne, Human Research Ethics Committee.

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References

- Delany, C., & Golding, C. (2014). Teaching clinical reasoning by making thinking visible: An action research project with allied health clinical educators [Electronic Version]. *BMC Medical Education*, 14, 20.
- Finlay, N., Schulz, D., Smith, M., Patton, N. & Walker, A. (2011, May). *Clinical education supervision training: A model for allied health*. Paper presented at the Department of Health Clinical Placements Summit, Melbourne, Australia.
- Patton, N., Higgs, J., & Smith, M. (2013). Using theories of learning in workplaces to enhance physiotherapy clinical education. *Physiotherapy Theory and Practice*, 29(7), 493–503.