Clinician's Commentary on Norman et al.¹

Physiotherapy (PT) clinical education is the component of the entry-to-practice curriculum in which students gain practical experience and engage in a range of professional activities, in various clinical settings, to learn and apply physiotherapy knowledge, skills, behaviours, and clinical reasoning.² A critical component of PT education programmes, clinical education is essential to the future provision of quality PT health care to Canadians.³ For this reason, all stakeholders in the profession have a vested interest in this area: PT students, who need to successfully attain the requisite mix of clinical experience; PT education programmes, which need to ensure that mix of clinical experience for each student; clinical sites, which need well-trained PT students and graduates to provide health human resources; provincial PT regulators, which need to protect the public interest by ensuring that physiotherapists are adequately prepared for safe and effective entry-level practice; post-secondary PT education accrediting bodies, which need to ensure that clinical education standards are being met; and the PT profession, which adheres to an established Code of Ethics⁴ that includes “nurturing our young” by preparing and socializing each new generation of PTs—a defining characteristic of any true profession!

Despite the critical importance of clinical education to all sectors of the PT profession, there is a surprising paucity of published literature available to help us understand the interplay between health service delivery, academic education programmes, and PT student clinical placements. The complex and constantly evolving environments in health care and post-secondary education make it imperative that we invest our collective energy in identifying and analyzing the various factors and forces affecting the clinical education of PT students.

Norman and colleagues' ground-breaking observational study describes the distribution and type of physiotherapy student clinical placements in 1 year relative to the number of practising physiotherapists in Ontario.¹ Their study is important because it is the first to objectively quantify and measure the distribution of an annual clinical education “load” over a large geographic area, home to five different PT education programmes with five different placement catchment areas within a single province. The authors are to be commended for their cooperation and collaboration on this shared piece of work, which provides an effective “snapshot” of the PT clinical education environment in Ontario at one point in time.

While the study used a logical and reasonable approach to collecting, collating, and analyzing this body of information, the methodology also provokes more questions than answers, since the data are aggregated at such a high level that we cannot tease out the tantalizing variables. This demonstrates, of course, that while the quantitative data clearly show regional disparities in clinical placement offerings, more mixed methods (i.e., including qualitative components) are essential to understanding the reasons for the disparities and defining the nuances of what the data might suggest. For example, in their Discussion section, Norman and colleagues summarize literature around barriers perceived by physiotherapists related to taking on the preceptor's role; they also present the limited (and admittedly rather out of date) available evidence on clinical productivity aligned with having a PT student on placement.¹ In a 2007 study⁵ ex-

ploring factors that influence physical and occupational therapy students' selection of clinical sites, 100 students at the University of Hartford, Connecticut, indicated that they considered their personal financial situation, the type of specialty offered by the facility, programme requirements, and the reputation of the facility to be the most important factors in selecting clinical placement sites. With so little evidence from only a handful of published articles, we have countless directions in which to broaden our investigation(s) into the multiple factors at play.

The province of Ontario is a unique environment in many ways—with a huge geographic area, a huge population, a huge health care system, and a (relatively) huge number of PT education programmes and registered physiotherapists. For these reasons and many others, it is impossible to extrapolate Norman and colleagues' findings to other regions of Canada, which points to a need for similar work outside Ontario, using increasingly accurate methodologies and individual-level data to deepen our analysis. Given the methods and data used in this descriptive study, what we gain is a new aerial view, from about 35,000 feet, of the distribution of physiotherapists and PT student placements in 14 Local Health Integration Networks (LHINs) in Ontario in 2010. From my airplane window, this view is both fascinating and captivating, and it piques my curiosity about the geography of the terrain below. I'm hoping this initial look will entice us to land the plane, lace up our hiking boots, and go exploring . . . for to navigate wisely, we will need a more detailed map of the national clinical education landscape!

Peggy Proctor

*School of Physical Therapy,
University of Saskatchewan, Saskatoon*

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