Clinician's Commentary on Hall et al.¹

It is well established that clinical education (CE) is a vital part of entry into practice training for physiotherapy students. This form of education depends on the willingness of clinicians to take on a supervisory or instructor role. Educational programmes are increasingly being challenged to find quality placements, and larger class sizes are putting further demands on these already scarce resources. The article by Hall and colleagues¹ provides a compelling argument for understanding the factors that influence therapists' decisions to supervise or not supervise students.

The article identifies six factors that influence this decision: stress, workplace productivity, the evaluation instrument, student preparation, instructor preparation (related to evaluation), and physiotherapists' professional roles and responsibilities. The article also identifies challenges specific to loss of income and the ethics of charging for student services in private practice and clusters these challenges under the student preparation factor.

The strongest influencer identified is therapist stress. Clinicians are experiencing increasing pressure in the health care environment, with leaner staffing models in patient care environments (including outright short staffing), increased acuity and complexity of patients, and quicker turnover of patients through the health care system. Practices are also changing. For example, acute care environments are seeing a shift in the cardiorespiratory world from manual chest care (percussions, vibrations, etc.) to chest care interventions that are more focused on mobility. In some environments, therapists no longer believe that they are able to offer students a cardiorespiratory learning experience, voicing concerns about a disconnect between students' expectations and the type of learning that therapists are able to provide. The reluctance of these clinicians to supervise places an additional barrier on a system that is already under stress.

It has been suggested that the stress associated with CE can be decreased by a work environment that supports student CE and by training courses aimed at preparing the clinician for the role of supervisor and evaluator. Hall and colleagues¹ point out that these types of courses are available—for example, through free web-based programmes such as the Preceptor Education Program for Health Professionals and Students²—and are also offered by university physiotherapy programmes. But are these programmes having the desired outcome of producing better prepared (and therefore less stressed) clinical educators? Does awareness of these programmes mean that people will use them? Are we preaching to the choir in that attending clinicians are the individuals who are already supervising students? How do we engage those who are not currently engaged? Can we start engaging therapists in student supervision early in people's careers so that clinical instructor is one of the roles that therapists naturally take on?

Specific training in dealing with a struggling student has been identified as the most valuable component of supervisory training.³ The fear of having a difficult or struggling student can

be a deterrent to therapists who might otherwise offer to supervise a student.⁴ Although there is no denying that a struggling student can demand more of a therapist's time and skills, can we be proactive to relieve this burden and perhaps lessen the fear? Are there ways to communicate this support to a potential clinical instructor that would help abate or lessen fears (and stress) before he or she makes the decision to offer an internship? How can a university programme be there for a clinician before he or she makes this decision?

Hall and colleagues¹ also give a voice to the private sector, which has been absent from the CE literature until now. Forty-eight percent of Canadian physiotherapy practice is in the private setting,⁵ and many new graduates will also work in these environments. Having private-practice CE opportunities is essential for preparing students to work in these settings. It is therefore important to understand the factors that influence a private practitioner in the decision to supervise a student. Loss of income and difficult decisions related to charging patients appear to be at the forefront of the private sector's concerns. University programmes need to find ways to work with this group to seek solutions and overcome these barriers.

Two additional factors arose from the data that did not fit into the original six identified factors, and both had a negative impact on a person's decision on whether to supervise a student. Part-time work (145 comments) and work type (129 comments) were seen as barriers to supervising students. The part-time workforce makes up 35% of practising physiotherapists,⁵ and omitting these potential supervisors results in lost opportunities. Are there models of supervision that would be more conducive for therapists in part-time work? How do we encourage this vital part of the profession to become engaged in clinical education, and how do we keep them engaged?

As health care evolves and roles change and develop, physiotherapists are finding themselves in different types of work. For example, some physiotherapists are working in advanced-practice, consultative, or specialized physiotherapy roles. These are roles and environments that students arguably need to learn about and from. How do we stretch the historical view of CE and create opportunities in these environments?

As Canadian university programmes strive to maintain and grow the level of CE opportunities in quality learning environments, it is imperative to understand how to engage this predominantly voluntary workforce. Hall and colleagues¹ have laid the groundwork for a better national understanding of the factors influencing CE supervision. It is incumbent on the members of the profession to work collaboratively with the university programmes to address the issue of student placement capacity.

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