Clinical Instructors' Perspectives on the Clinical Education of Internationally Educated Physical Therapists: Diversity's Impact on the Experience

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ABSTRACT

Purpose: The aim of this study was to understand the nature and extent of clinical instructors' (CIs') involvement in the clinical education of internationally educated physical therapists (IEPTs) while exploring CIs' perceptions of the similarities among and differences between IEPTs and Canadian-trained students. **Method:** In this qualitative descriptive study, 13 semi-structured interviews were conducted with CIs who were involved in a bridging programme for IEPTs. Data were coded using NVivo version 10, and common themes emerged through qualitative thematic analysis. **Results:** The majority of CIs perceived IEPTs' backgrounds to be diverse as a result of their varied previous clinical experience, physiotherapy scope of practice, and life stressors. Their diverse backgrounds contributed to the similarities and differences found in their skills, their personal motivation, and the education process, leading to successes and challenges in the clinical environment. **Conclusions:** Differences between IEPTs and Canadian-trained students stem from IEPTs' diverse backgrounds. Recognizing this diversity while demonstrating cultural competence will promote a successful clinical experience for both IEPT learners and CIs, which will ultimately facilitate the integration of IEPTs into the Canadian health care system.

Key Words: cross-cultural comparison; education; internationality; students.

RÉSUMÉ

Objectif : comprendre la nature et la portée de la participation des enseignants cliniques (EC) à la qualification clinique des physiothérapeutes formés à l'étranger (PTFÉ) tout en examinant leurs perceptions des similarités et des différences entre leur formation et celle des étudiants canadiens. **Méthodologie :** dans la présente étude descriptive et qualitative, les chercheurs ont effectué 13 entrevues semi-structurées auprès d'EC qui participaient à un programme de qualification destiné aux PTFÉ. Ils ont codé les données au moyen de la version 10 de NVivo et regroupé les thèmes communs à l'aide d'une analyse thématique qualitative. **Résultats :** la majorité des EC trouvaient le parcours des PTFÉ diversifié en raison de l'hétérogénéité de leurs expériences cliniques antérieures, de la portée de leur pratique et des éléments stressants de la vie. La diversité de ces parcours contribuait à des similarités et à des différences sur le plan des compétences, de la motivation personnelle et du processus de qualification, qui s'associaient à des réussites et des difficultés en milieu clinique. **Conclusions :** les différences entre les PTFÉ et les étudiants formés au Canada proviennent de l'hétérogénéité des parcours des PTFÉ. La prise de conscience de cette diversité, conjuguée à la compétence culturelle, favorisera une expérience clinique positive, tant pour les PTFÉ que pour les EC. Au bout du compte, elle facilitera l'intégration des PTFÉ au système de santé canadien.

Internationally educated health care professionals (IEHPs) play an important role in delivering Canadian health care because they assist in addressing the growing resource demand for health care professionals in Canada.¹ However, becoming licensed to practice in Canada can be a daunting and stressful process.¹ Immigrants face lifestyle-adjustment challenges, including finding living accommodations, gaining employment in their

field, and adjusting to Canadian culture. Challenges related to employment often include gaining relevant clinical experience and completing licensing exams;^{1,2} as a result, professionals with international qualifications are often unable to practise their health care discipline in Canada.¹

Internationally educated physical therapists (IEPTs) are a subgroup of IEHPs who face these challenges

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when they immigrate to Canada. One way they can surmount these barriers is to enrol in a physiotherapy bridging programme. Bridging programmes offer opportunities for IEPTs to seek help and guidance to become licensed in Canada.³ These programmes can help IEPTs integrate into a professional network; become familiar with the Canadian licensing process; and gain insight, knowledge, and clinical practice opportunities with clinicians and faculty who have expertise in the Canadian health care context.³

Bridging programmes that offer a clinical education component give individuals the opportunity to refine their skills in inter-professional collaboration, advocacy, and patient interaction.^{4–6} They create an environment in which learners can develop practical skills in the Canadian context while bringing their current knowledge up to an enriched level of clinical understanding.⁷

One important factor that can affect learners' overall experience during a clinical internship is their relationship with their clinical instructors (CIs). CIs play a key role in learners' professional development because they share clinical knowledge, act as role models, and provide evaluation and feedback.^{8,9} At the same time, there are personal benefits of being a CI, such as staying up to date with evolving practice standards and having the opportunity to give back.¹⁰ CIs may, however, also face several challenges, such as scheduling and work overload, loss of autonomy, and concerns about interpersonal conflict.¹⁰

Although a body of literature has explored the nature and extent of the CI–learner relationship in the clinical education environment,^{11–13} it has done so primarily through the lens of the learner and has been focused on nursing and medicine.^{11,14–18} The literature is scarce for physiotherapy, and no evidence exists that any research has examined the relationship of CIs with regard to supervising IEPTs. This relationship is important to explore because the literature has revealed that factors related to culture could influence the nature of the CI–learner interaction.^{19,20}

It has been shown that cultural stereotypes and differences in language can shape students' performance and their experiences in the clinical environment.²¹ This is an important consideration for CIs when working with IEPTs because IEPTs bring to internships their own set of values, beliefs, and previous professional experiences, all of which can influence the interaction between the CI

and the IEPT. As a result, it has been suggested that to better interact with their learners, CIs must demonstrate cultural competence.²² *Cultural competence* refers to the ability to acknowledge how culture influences relationships and interactions.²³ No studies to date have examined the role that culture plays in the experience of CIs working with IEPTs.

Because of these gaps in the literature, the purpose of this qualitative descriptive study was to understand the nature and extent of CIs' involvement in the clinical education of IEPTs. This study explored the challenges and successes experienced by CIs, the similarities and differences they found between supervising IEPTs and supervising Canadian-trained students, and their perceptions of the attributes necessary to facilitate the clinical instruction of IEPTs.

METHODS

Study design

This study used a qualitative descriptive design,²⁴ focusing on comparing the personal experiences of individuals. It did not attempt to ascribe meaning to the experiences or fit the findings into a framework.²⁴ Approval for this study was obtained from the University of Toronto Research Ethics Board.

Participants

The research team recruited potential participants from a pool of 106 CIs in a physiotherapy bridging programme database who met the following eligibility requirements:

- Had supervised at least one IEPT enrolled in the Ontario Internationally Educated Physical Therapy Bridging Program, University of Toronto.
- Had supervised at least one Canadian-trained physiotherapy student.
- Was a registered physiotherapist with the College of Physiotherapists of Ontario.

The study aimed to recruit 10–15 participants to reach thematic saturation.^{15–17}

Semi-structured interview guide

A semi-structured interview guide was developed, consisting of open-ended questions (see Box 1). This design allowed us to target the research objectives by giving participants the freedom to expand on points in their experiences that they thought were important.

Box 1 Sample of Semi-Structured Interview Guide Questions

1. Can you describe a situation that you considered successful as a CI supervising IEPTs?
2. Can you describe a challenging or difficult situation you faced as a CI with IEPTs?
3. Can you describe your experience with IEPTs as compared to your experience with Canadian-trained physiotherapy students?
4. From your perspective, what knowledge, skills, or attitudes do you feel are needed while supervising IEPTs?

Data collection

The participants were purposively sampled to ensure maximum variation in and representation of a variety of educational backgrounds, levels of CI experience, and areas of practice as well as to ensure that they had collectively supervised IEPTs from a variety of countries of origin.

Potential participants were invited by email to take part in the study in purposively sampled waves of 25. The email described the purpose of the study and the nature of their participation, and a copy of the consent form was included for their reference. Interested individuals were contacted by telephone, and informed consent was obtained for all participants. A semi-structured interview was scheduled, and completion of a demographic survey was requested.

All interviews were audio recorded with two research members present. One researcher conducted the interview, and the other took field notes to supplement the audio recording with reflections and observations. After the interview, a professional transcriber transcribed the audio recordings verbatim. The transcripts were then de-identified and verified for accuracy.

Data analysis

We used Braun and Clarke's²⁵ Six-Step Guidelines for a qualitative thematic analysis. The collection and analysis of data were conducted simultaneously to facilitate purposive sampling, refine the interview guide as necessary, and identify emerging ideas or themes.

In pairs, we obtained an initial impression of each interview by independently listening to the audio recording. Each transcript and associated field notes were then independently coded, and pairs later met to discuss their findings and ensure inter-coder agreement. Data were managed using NVivo version 10 (QSR International Pty Ltd., Doncaster, VIC, Australia). We then met to establish consensus on all codes. Codes representing similar ideas or emerging themes were amalgamated.

Ideas and themes were documented as having been mentioned by some ($n = 1-4$), many ($n = 5-7$), most ($n = 8-12$), or all ($n = 13$) participants.

RESULTS

Participants

A total of 13 interviews were conducted, at which point thematic saturation was reached. CIs represented a variety of educational backgrounds and areas of practice (see Table 1), and they had supervised 1-4 IEPTs and 2-30 Canadian-trained physiotherapy students (see Table 2). The IEPTs' countries of origin were India, the Philippines, Brazil, the United Kingdom, Jamaica, Iran, Bulgaria, Nigeria, the Netherlands, Colombia, and Ghana.

Table 1 Participants' Characteristics

Characteristic	No. of participants
Gender	
Male	2
Female	11
CIs' country of training	
Canada	11
Other	2
Physiotherapy credentials	
Bachelor of Science in PT (BScPT)	6
Master of Science in PT (MScPT)	6
Doctor of PT (DPT)	1
Type of facility	
Rehabilitation centre	5
Acute care hospital	6
Acute care hospital and home care	1
Community health centre	1

CI = clinical instructor; PT = physical therapy.

Table 2 Number of Canadian Students and IEPTs Whom Participants Had Supervised

	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10	P11	P12	P13
Canadian	4	11	30	22	4	20	20	15	20	20	21	2	2
IEPT	4	1	2	3	4	3	2	3	2	2	1	1	1

P = participant; IEPT = internationally educated physical therapist.

Drivers of successes and challenges: similarities and differences

Background

The majority of CIs perceived IEPTs' backgrounds to be diverse, leading to successes and challenges in the clinical environment.

The majority of CIs noted that integrating into the Canadian health care system was a challenge for IEPTs because of differences in the physiotherapy scope of practice in their source countries and the ways in which these differences might influence the interpersonal relationships among the IEPT, the patient, the health care team, and the CI. For example, some CIs discussed the role contrast between the hierarchical medical model in the IEPT's source country versus the autonomous, collaborative role physiotherapists assume in the Canadian health care system: "She said to me that the relationship with doctors is very, very different... She said the only time I've basically ever spoken to a doctor as a physio is to say, 'Yes, doctor; no, doctor.'" (Participant [P] 4)

Many CIs noted that IEPTs were generally older and more mature than Canadian-trained students; this demographic difference often created additional life stressors

and personal commitments for the IEPTs, including child care and an increased financial burden: "He needs to work in order to support his family.... He probably has more financial burden than a regular-stream student.... He probably has more pressure as a newcomer, you know, to support his family" (P2).

Some CIs discussed having an admiration for the challenging journey the IEPTs had taken, leading to a rewarding experience in the clinical environment.

It's a tough programme—it was a tough programme when I did it, and to do it again, knowing that you had already conquered that, I don't know if I could've done it. So, I'm certainly in awe of some of these people, being able to do this within the lives that they lead here. (P10)

Skills

The CIs discussed similarities and differences between the IEPTs and Canadian-trained students with regard to several skills. Although some CIs thought that Canadian-trained students had stronger practical skills because of their recent education and formal evaluation, other CIs thought that IEPTs demonstrated superior practical skills because of their previous experience in clinical settings. "I think the presentation of these internationally educated physios is so vastly different from the master's students.... Some of the most basic things are missing, whereas sometimes the more advanced skills are there" (P6).

Some CIs noted that the IEPTs were less comfortable speaking and interacting with other members of the health care team than the Canadian-trained students. In addition, some CIs said that IEPTs had difficulty communicating with patients; specific challenges included speaking in lay terms, developing rapport, and obtaining informed consent.

One area that many CIs identified as a challenge for the IEPTs was documentation. This challenge was different from one IEPT to another because some struggled with English and using the correct Canadian physiotherapy terminology, whereas others found it difficult to navigate electronic charting systems. "Sometimes putting [documentation] in what I would call 'physiotherapy speak.' ... So even if [they] have the English language down for interactions—verbal interactions—sometimes the written word is very different" (P10).

In addition, many CIs discussed the fact that IEPTs had difficulty with clinical reasoning or developing an analysis of assessment findings. "I would say definitely for a foreign-educated [physiotherapist] that putting together that analysis statement is more challenging than for a physio who would be educated here" (P13).

Personal motivation

Some CIs stated that both student groups were respectful and willing to learn. However, many CIs thought that IEPTs were particularly motivated, appreciative, and

grateful. They discussed the fact that the IEPT's age and maturity led to a greater sense of motivation and drive to succeed. "The [IEPTs] have a great pride in a profession that they lost ... they have an opportunity to pursue this profession again" (P10).

Education process

The majority of CIs noted that a typical day as an instructor and their approach to teaching were similar for both student groups. One major difference identified by the majority of CIs was their familiarity with the Canadian students' curriculum and level of knowledge, and their unfamiliarity with the IEPTs' knowledge and educational background.

I found one very major difference between Canadian and internationally trained physios.... [There] is a lot of variability and variety in the knowledge and the experiences the two have. As a Canadian physio myself, I was able to know ... where that [Canadian] student was in the curriculum.... When you take an internationally trained physiotherapist, you're like, where exactly are you in your understanding? (P1)

As a result of the IEPTs' diverse educational backgrounds and clinical experiences, the amount of time and supervision spent with each learner varied. This often depended on the IEPTs' knowledge in different areas of clinical practice. The diversity in educational background also led to a unique challenge for the CIs because they were required to identify gaps and areas of weakness in the IEPTs' knowledge and skills.

When you have an [IEPT], what they do know and what they don't know is a little bit more unpredictable.... A Canadian-trained physical therapy student ... is a bit more of an open book, and you know what's been written in it already, whereas [with] the [IEPTs] ... you kind of have to flip through to see what's missing. (P6)

Some CIs said that there was more of an opportunity to learn from the IEPTs than from the Canadian-trained students. This distinct opportunity for reciprocal learning arose from the learners' diversity in education and experiences.

I always find that it is a great journey to have students because of the fact that you're learning as much from them or perhaps—or maybe learning more from them than ... they're learning from you.... The IEPT students seem to have brought that out a little bit more in me. (P10)

Although differences were identified, some CIs found that the two groups could not be completely dichotomized in the teaching approach. An individualized approach to learning was found to be most beneficial to the clinical learning experience, regardless of educational background, culture, or student demographic. "That approach was good for her, but it might not have been good for somebody else.... You can't always ignore the individual personality" (P10).

Figure 1 Knowledge, skills, and attitudes that clinical instructors perceive facilitate IEPT learning.
IEPT = internationally educated physical therapist.

Perceived attributes that facilitate IEPT learning

The CIs identified a variety of personal attributes that facilitated IEPT learning in the categories of knowledge, skills, and attitudes. These attributes were important for fostering successful experiences for the IEPTs (see Figure 1).

Knowledge

The majority of CIs believed that acquiring knowledge about IEPTs' backgrounds would benefit the learning process. Gaining insight into a learner's previous experience could help identify current strengths and weaknesses in the clinical environment.

Having a good discussion with your learner as to what their experiences have been ... the types of patients and the settings ... how are [their] interview skills ... hands-on skills ... being a little bit more specific to [their] ... area of practice. (P4)

Skills

Communication was perceived to be the most important skill required when supervising IEPTs. Some CIs recognized that maintaining open communication throughout the clinical internship was key to establishing a good working relationship with an IEPT, similar to the communication required when working with a Canadian-trained student. An additional, related skill was using direct language.

I found that I needed to be a little bit more direct. ... A lot of the times, we try to be polite ... we might say something like "It would be good if you would try this next time." It probably would facilitate their understanding if I was more direct, saying, "You need to do this." ... The way we talk in a polite manner, [IEPTs] take it as an option, versus the direct manner, which means they have to do it. (P12)

Figure 2 Similarities and differences between IEPTs and Canadian-trained PT students
CI = clinical instructor; IEPT = internationally educated physical therapist; PT = physical therapist.

Attitudes

The main attitudes mentioned by the majority of CIs were being open minded and understanding, having a willingness to learn, and avoiding making assumptions about the IEPTs' abilities. This encompassed acknowledging the diversity that IEPTs bring to clinical education as a result of their culture or previous experiences and ensuring that no assumptions were made about the IEPTs' clinical abilities.

The only thing that's maybe different is the little bit more broader acceptance in terms of cultural backgrounds and what they're bringing in terms of clinical experience culturally. And not necessarily expecting someone to fully fit the mould of a Canadian-trained physio, but to be accepting of bringing in what you've learned and what you've experienced elsewhere and make that part of [their] work here. (P7)

DISCUSSION

Because of the diversity of IEPTs' previous experiences compared with the uniform education of Canadian-trained students, differences between the two student groups emerged, and they can be divided into three main categories: (1) skills, (2) personal motivation, and (3) the education process. We found that the similarities among and differences between the two groups became drivers for both successes and challenges in the clinical education experience. Although this study aimed to identify

the similarities and differences and the challenges and successes, these objectives were found to be interconnected, thereby influencing each other to create the overall clinical education experience (see Figure 2).

Baumann and Blythe¹ discussed that a common challenge for IEHPs was that conventions for interacting with patients and colleagues could vary in different countries. The literature has highlighted that communicating in a second language can be a difficult skill for immigrating professionals to acquire.^{1,19,21} It has proposed that many internationally trained professionals demonstrate competency in sentence structure and use of vocabulary, but the primary challenge is applying the language in social and institutional settings.¹ The results of our study support this idea because the CIs frequently stated that IEPTs had difficulty applying their knowledge of a second language to the documentation they were required to write. The CIs added that the reason was not necessarily a lack of knowledge of English, but lack of ability to apply their knowledge to the physiotherapy-specific terminology commonly used in the Canadian system.

One area that facilitated communication with IEPTs was avoiding the use of ambiguous language and colloquialisms. The advantages of using direct language when supervising IEPTs to avoid miscommunication was evident. This finding is supported in the literature, which has reported that slang and jargon are commonly used in

the health care setting. Therefore, CIs must be particularly aware of the language they are using.^{19,21}

Challenges in communication also affect the relationship between IEPTs and the health care team. This study proposes that the challenge of collaborating with the health care team appears to be related not only to communication but also to differences in professional autonomy. The literature has suggested that the level of autonomy expected of health care professionals in Canada might present a challenge to IEHPs¹ because the amount of professional autonomy in the health care setting varies around the world.²⁶ This study suggests that despite the fact that IEPTs have considerable clinical knowledge and capability, the unfamiliarity of being an autonomous practitioner in Canada may create challenges for integrating into a clinical setting. The results of this study suggest that IEPTs may need to adjust to an increase in professional autonomy and therefore must develop confidence in their ability to communicate integrated assessment findings into appropriate clinical decisions.

In addition to challenges in the workplace, the literature has shown that IEHPs encounter many personal barriers related to the immigration process, including financial and familial concerns.¹ Furthermore, they face challenges related to becoming employed in their field, such as completing licensing exams and creating a professional network.^{1,2} The results of this study demonstrate that such life pressures and challenges can motivate IEPTs and create an eagerness to learn in the clinical environment that drives their desire to succeed. This increased ambition was found to create an exceptionally positive clinical education experience for both the IEPT and the CI.

This study found that IEPTs brought diverse knowledge and a wide variety of skills to the clinical education experience, and these attributes created both challenging and successful experiences for the CIs. This challenge has also been identified in the literature with Canadian-trained students. Davies and colleagues¹⁰ stated that a perceived barrier to supervising Canadian students was that they “bring with them the unknown.”(p.228) Before an internship begins, a CI has no direct knowledge of a student’s strengths, weaknesses, or learning style. The findings of this study demonstrate consistency with these findings. However, this study proposes that there is an additional layer of unfamiliarity when supervising IEPTs resulting from the diversity of their previous experiences. These educational and clinical differences may influence the time and supervision required of the CI when supervising an IEPT.

Despite this challenge, a unique opportunity for reciprocal learning arose from the wide variety of skills and knowledge brought by IEPTs. Davies and colleagues¹⁰ stated that supervising Canadian students created an opportunity for CIs to learn from students as they integrated their current academic knowledge into the clinical

setting; this, in turn, allowed the CIs to become up to date on the most recent practices and knowledge. The results of our study suggest that this learning opportunity for CIs is enhanced when collaborating with IEPTs because of their rich and diverse clinical backgrounds, knowledge, and experiences.

This study also shows that, to optimize this distinct learning opportunity, it is important that a CI be willing to learn from an IEPT. Other attitudes that emerged from the data included being open minded, avoiding assumptions, and being understanding when working with IEPTs; each of these attitudes demonstrates cultural competence in the clinical environment. The literature has addressed the importance of developing greater cross-cultural sensitivity to create a productive learning experience when supervising students from different cultures.^{9,20} Similarly, the findings of this study will impress on CIs the need to be culturally competent to best understand IEPTs’ journeys and views; this attitude will create a successful learning experience for both the instructor and the learner.

IEPTs contribute significantly to Canadian health care by helping to fill human resource demands, while bringing diverse knowledge and skills to the clinical environment. There is a strong need to maintain diversity in the clinical environment¹ as Canada continues to grow and expand as a multicultural country. Demonstrating cultural competence and recognizing the diverse backgrounds and contributions of IEPTs in clinical education will facilitate their integration into the Canadian health care system.

This study has one limitation. Although it aimed to explore the similarities, differences, successes, and challenges experienced by CIs supervising IEPTs compared with Canadian-trained students, most CIs reflected on their experiences of supervising Canadian and IEPT students solely from the University of Toronto. It would be beneficial for future research to explore physiotherapy and bridging programmes across the country to gain a broader sense of CIs’ experiences and perspectives on supervising learners in the clinical environment.

CONCLUSION

IEPTs enhance the clinical education process by bringing their unique background and knowledge to the overall experience. They foster a diverse learning environment and give CIs an increased opportunity for reciprocal learning. This study reveals that CIs’ clinical education experiences with IEPTs differ from those with Canadian-trained students because of the IEPTs’ diverse educational and clinical backgrounds. The differences in the two student groups were most commonly observed in the areas of skills, the education process, and personal motivation, which became drivers for both successes and challenges in the clinical environment. Cultural competence—being open minded and respectful, acknowledging differences, and avoiding assumptions—was

deemed to be an important factor in promoting a successful clinical experience for IEPTs. We suggest that future qualitative research should be conducted through the lens of IEPTs to better understand their perspective on the challenges and successes they face in their clinical education.

KEY MESSAGES

What is already known on this topic

Although studies have investigated the nature and extent of clinical instructors' (CIs') involvement in the clinical education of physiotherapy students, no known literature has specifically explored their experiences with internationally educated physical therapists (IEPTs). Research on CIs supervising Canadian-trained physiotherapy students has cited several common challenges: loss of autonomy, increased stress, lack of time, and concerns about interpersonal conflict. Successes identified in the literature have included keeping up to date with current practice standards, observing students' professional growth, and contributing to clinical education.

What this study adds

This study explores the experiences and perspectives of CIs supervising IEPTs, an area in which the literature is scarce. Furthermore, this study found that CIs experience differences between supervising IEPTs and supervising Canadian-trained students that stem from the IEPTs' diverse backgrounds. CIs stated that having an awareness of individuals' unique clinical and personal experiences can facilitate successful clinical education. CIs must therefore be culturally competent, respectful of a learner's views, and open to implementing alternative theories or strategies in Canadian practice.

These findings will help CIs create successful clinical education experiences with IEPTs, which will ultimately facilitate the integration of IEPTs into the Canadian health care system. As diversity in Canadian health care continues to increase, the results of this study can be applied more broadly to all clinicians working with IEPTs to facilitate effective communication, understanding, and positive workplace experiences.

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