

**CLINICAL EDUCATION:  
AN INVESTIGATION OF EDUCATIONAL PROCESSES —  
THE APPLICATION OF STUDENT-CENTRED EDUCATION AND  
CLIENT-CENTRED CARE DURING UNDERGRADUATE  
PHYSIOTHERAPY CLINICAL PRACTICE**

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of the requirements for the degree of**

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## **DECLARATION**

I hereby certify that the work embodied in this thesis is the result of original research and has not been submitted for a higher degree at any other University of Institution. The project was self-funded.

Keri Marie Moore

Date

Signed by

## PRESENTATIONS MADE AT CONFERENCES

The annual conference of the ***Australian and New Zealand Association of Medical Educators***. Launceston, Tasmania, Australia. June 2009.

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*Translated from Irish:*

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## ABSTRACT

The literature regarding clinical education strategies, that simultaneously meet both the student's and the client's needs, is limited. The purpose of this research was to identify features of clinical education processes that epitomize student-centred education and client-centred care.

The literature explored the concepts of undergraduate clinical education and the need for health practitioners to be client-centred. Focusing on physiotherapy pre-professional education in ambulatory care settings, a mixed method approach using surveys, observation and interviews was used within the analytical and interpretive paradigm of research. The participants were the students, clinical educators and their clients for whom care was provided.

It was found that while physiotherapy clinical educators say they have time to participate in professional development in clinical education, they often only attend a one-day workshop. Only in those working in private clinics thought they were underpaid. They all believe, they are well informed, supported by the university.

Students report educators display high-quality teaching behaviours. Educators match their style of supervision and teaching strategies to their perception of the students' learning needs and the clients' health care needs. There was no association between the model of supervision and the client-centredness of the consultation, or the dialogue and feedback between the student and the educator. The management of the education and health care scenario is dependent on the expertise of the educator.

Clients, in the main, are satisfied that clinical education events do meet their expectations and health care needs and they have a positive attitude toward participation in physiotherapy clinical education. Their willingness to participate is balanced with a sense of altruism and self-centeredness.

Some clients edit the feedback they offer students, with the idea that their genuine thoughts might negatively affect the students' learning. If this is not checked in the normal course of management of clinical education, it is possible that students might develop a false sense of how their activities actually affect clients. Thus the student may develop a false sense of their skills and abilities.

The findings suggest strengthening the clinical educator's deeper knowledge of education, particularly around models and theories, might enhance clinical education outcomes because there is a disparity between what students and educators reported regarding the *timing* of their discussions about episodes of client care. Further, the students' perceptions are totally different from the educators' regarding which particular *topics* they discuss. There is a clear need to strengthen the alignment between students' learning needs and educators' foci of discussion – to raise awareness of the importance of de-briefing as an opportunity for promoting deeper reflection on learning. Also, to be more explicit about the active nature of the client's role in the learning event and to emphasise student–educator discussions about how the client can contribute to the management of the client's self-care. Such discussion ought to build on the student's previous knowledge in an effort to provide opportunities to construct learning from prior experience.

Kolb's (1984) Experiential Learning Cycle was proposed as a model to critique contemporary clinical teaching practices, but in a way that included the third party (the client) in consideration of any clinical education event. Consequently, Kolb's model was extended to include the client's voice in the experiential learning processes, through processes involved in obtaining consent and post-consultation evaluation of the clients' experience of the clinical education event. Given that the Australian Physiotherapy Council (2006; 2009) advocates for entry level health professionals to be client-centred, this emerging educational framework adds to current approaches on the management of professional practice experiences. It has the potential to significantly inform and impact on the student's development of a client-centred approach to clinical practice.