

ORIGINAL RESEARCH ARTICLE

Site coordinator and director of clinical education collaborative insights: assessing the value of site-specific clinical instructor professional development

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Abstract

Purpose: A clinical instructor (CI) training model where CIs self-identify topics for a director of clinical education (DCE) to address has not previously been investigated. The purposes of this study are to (1) investigate if CIs desire a visit to their clinical site from a DCE and (2) determine questions and concerns for which CIs would seek guidance from a DCE.

Methods: A cross-sectional, open-ended survey sent to 196 staff from a large company provided seven questions with an opportunity for respondents to ask questions of a DCE. Two evaluators independently analyzed text answers for theme identification using a specified coding framework.

Results: Seventy-three participants submitted the survey, receiving a 37% response rate. When asked if they would want a site visit from a DCE, 79% answered yes. There was a total of 85 responses to the question for the DCE to address. Three themes emerged from the open text answers: (1) CIs want training for managing unprofessional student behavior; (2) CIs desire for support of their teaching; and (3) CIs request for assistance in managing the student who is not progressing as expected.

Conclusion: The CIs value a site visit from a DCE for professional development. The CIs requested guidance for addressing unprofessional student behaviors, discussing effective teaching strategies, and managing students who are not progressing as expected. These themes highlight challenges, which can be addressed through DCE-led training during a planned site visit. Such training could help better equip CIs to supervise students effectively and enhance the overall experience as CIs.

Keywords: *physical therapy; clinical education; clinical instructor; site-coordinator; director of clinical education*

Received: 20 February 2025; Revised: 28 September 2025; Accepted: 17 October 2025; Published: 02 May 2026

A clinical instructor (CI) embodies the dual roles of clinician and educator, often facing various challenges and obstacles while supervising students.¹⁻⁵ When requesting staff to serve as CIs, site coordinators of clinical education (SCCEs) at times encounter hesitations, such as CIs' concern with managing a student who experiences difficulties in the clinic, a lack of CI experience, and clinician burnout.⁴ Serving as a CI also includes demands of additional time and effort beyond normal pressures, which in

turn can lead to elevated stress levels exceeding typical workplace pressures and ultimately decreasing job satisfaction.³ Moreover, the additional supervisory responsibilities can interfere with productivity expectations, potentially affecting the CI's performance as an employee and their ability to meet organizational goals.⁶ This stress further intensifies when supervising a student who is struggling in the clinical setting, particularly if the CI feels unprepared to handle difficult situations.^{1,2,4,7}

Commission on Accreditation in Physical Therapy Education (CAPTE) requires professional physical therapy education programs (programs) to assess the effectiveness of teaching, including teaching of CIs.⁸ The requirement to be a CI is 1 year of practice experience.^{8,9} However, there is no requirement for training, including the APTA Credentialed Clinical Instructor Program (CCIP) Level 1 and Level 2 courses, to become a CI before supervising a student.¹⁰ This might leave CIs to teach based on their own personal perspectives, biases, and experiences without exposure to pedagogy that could be conducive to facilitating student success in the clinic. Other than the CCIP offerings, CI development offerings are rare. The effectiveness of the CCIP courses is scantily described in the literature, and while the courses provide generalized guidelines and advice, CIs may have questions and issues that are specific to their own experience and inexperience with students.¹⁰⁻¹³

Investigation by SCCEs and Directors of Clinical Education (DCEs) to determine whether CIs desire a site visit from a program DCE for training for supervising students has not before been described in the literature. Research has shown, however, that clinicians found CI training workshops in part led by DCEs to be valuable learning experiences.¹⁴ Usefulness of site visits to assess student progress and to support CI teaching and student assessment have been previously studied finding that both CIs and DCEs prefer site visits over video or phone conferences.^{15,16} CIs also report that on-site visits enhance communication and strengthen the relationship between the clinical site and programs.¹⁷

One common criticism from CIs is the perceived lack of professional development opportunities to foster their growth as educators.¹⁸⁻²⁰ CIs are often unaware of the opportunities provided by programs, and apart from the CCIP courses, it seems unclear where to access the training resources needed to improve their skills as CIs.²⁰ The SCCEs, who regularly communicate with programs for placements, contracts, student issues, etc., are well-positioned to collaborate with DCEs to deliver CI training. Similarly, it is the responsibility of the program DCE to establish and maintain clinical partnerships that support student clinical education, which may include the provision of CI development.

The expansive and diverse DCE experiences with students in the clinic uniquely qualify DCEs to support and work jointly with SCCEs and CIs. However, the idea of a CI training model featuring a site visit coordinated by the SCCE and DCE, where CIs select specific topics for the DCE to address, has not previously been examined in the literature. The purposes of this study are to (1) investigate if CIs desire a visit to

their clinical site from a DCE for professional development regarding supervising students and (2) determine the questions and concerns for which an organization's cohort of CIs would seek guidance from a DCE.

Methods

Research design

The collection of these data took place between March and April of 2024. Analysis was conducted shortly afterward using a phenomenological, qualitative method, which investigates and considers individual experiences and perceptions.²¹ The cross-sectional, open-ended survey design includes anonymous data from questions posed by the SCCE to all staff physical therapists and physical therapist assistants to gain a better understanding of the concerns that current and potential CIs would ask of a DCE.

Ethics statement

The University of the Pacific [Review Board] approved this study (I2024-108).

Sample

This is a retrospective study of a survey emailed as an anonymous electronic link from the SCCE to staff physical therapists and physical therapist assistants of a large outpatient physical therapy company of 140 clinics across seven states. Services provided in these clinics include orthopedics, pediatrics, neurologic, pelvic health, aquatics, and sports physical therapy, demonstrating inclusiveness of a variety of CI experiences. The SCCE coordinates clinical education for the entire company and acted as the liaison between the DCE and CIs, thus serving as a crucial link to facilitating communication and coordination of the survey and DCE visit. A total of two email reminders to complete the survey were sent by the SCCE to the same staff members.

Survey development

The survey was developed by an SCCE in her role as the lead director of the company's clinical education program to: (1) gain an understanding if current and prospective CIs desired a presentation from a DCE and (2) identify questions and concerns for the DCE to address. Asking simplistic, open-ended questions provided respondents to offer rich, personal feedback in their own words, allowing for deeper insights and understanding of opinions and motivations while contributing context that might otherwise be missed with quantitative questions.²²⁻²⁴ The survey consisted of five questions: four demographic items and one open-ended item stating, 'Please describe a situation or ask a question regarding

a difficult student scenario' (Table 1). The open-ended item allowed opportunity for respondents to answer up to three times with no limit of typed characters.

Data analysis

The investigators calculated frequency analysis and demographic data. Qualitative data were analyzed by two evaluators, one SCCE and one DCE, who read and organized the comments to develop a coding framework according to Braun and Clarke's six-step thematic analysis framework.²⁵ The investigators followed each stage of the thematic analysis process, reviewing the comments multiple times to ensure consistency in the analysis. For the first step, each researcher independently read the responses several times to gain a thorough understanding of the data. Step 2 involved independent coding of the data. As the third step, the researchers reviewed and discussed the codes together to identify themes and sub-themes. The coding framework considered points from varied sources: (1) the data itself; (2) insights from the investigators' communications with CIs as a DCE and as an SCCE; and (3) consideration of findings from the literature of CI perceptions of supervising students. After the investigators coded all comments, they collaborated to name the key themes and sub-themes for each of the two open-ended questions. In the fourth step, they reviewed the themes and sub-themes to ensure consistency. In the fifth step, they clearly defined each theme through further discussion, assigning each comment to a corresponding theme and sub-theme. This marked the conclusion of the data analysis phase. Finally, the investigators reported the findings in both text and table formats.

Results

Subjects

Seventy-three participants submitted the survey for a 37% response rate. When asked if they would want an in-service provided by a DCE, 79% answered yes and 21% answered no. Fifty-six participants answered the demographic items

of which 9% had less than 2 years of practice and 32% served as a CI for less than 2 years (Table 2). Just over 57% were APTA CCIP Level 1 credentialed (Table 2).

There was a total of 85 responses to the open-ended item that could be answered up to three times. Three main themes, each with related subthemes, emerged from the open-text responses: (1) CIs seek support in their teaching roles; (2) CIs request guidance on managing students who are not meeting expected progress; and (3) CIs express a need for training in addressing unprofessional student behaviors (Table 3). There were six responses that did not fit into one of the three confirmed themes and were therefore not included in the thematic analysis. Investigators identified and confirmed subthemes for each main theme (Table 3).

Theme 1: Addressing Student Professional Issues

Comments on this theme were related to identified sub-themes of (1) decreased self-motivation, a lack of follow through, and diminished confidence; (2) challenges receiving feedback from the CI; and (3) problems with attendance and punctuality.

Unmotivated/lack of follow through/confidence

CIs comments depict concern with student deficiencies in adult learner qualities and self-assurance. Example comments are, 'What to do when a student doesn't complete homework assigned from CI?' and 'How do you motivate a student who is not motivated to learn or improve skills?' In addition, CIs made remarks about their challenges with effectively engaging students, such as, 'What is the best way to get buy in from students regarding learning opportunities?'

Table 2. Number and percentage of years of practice and CI experience, N = 56; N (%)

Years as PT and CI	0 to 2	3 to 5	6 to 9	10 or more
Years of practice	5 (9)	21 (38)	12 (21)	18 (32)
Years of CI experience	18 (32)	16 (28)	11 (20)	11 (20)

Table 1. Survey questions for clinical instructors

Survey Questions	Answer
Would you be interested in attending a Lunch and Learn with a University Director of Education regarding the topic of Difficult Student Scenarios?	Yes/No
How many years have you been practicing?	#
How many years have you been a clinical instructor?	#
Are you an APTA Credentialed Clinical Instructor?	Yes/No
Please describe a situation or ask a question regarding a Difficult Student Scenario	Open
Please describe a situation or ask a question regarding a Difficult Student Scenario	Open
Please describe a situation or ask a question regarding a Difficult Student Scenario	Open

Table 3. Thematic analysis including subthemes to the prompt, ‘Please describe a situation or ask a question regarding a Difficult Student Scenario’

Theme (frequency)	Subtheme	Example CI comment or question
1: Addressing Student Professional Issues (51)	1: Unmotivated/lack of follow through/confidence	<i>What to do when a student doesn't complete homework assigned from CI?</i>
	2: Challenges with feedback and CI's authority	<i>A student that is set in their ways and unwilling to listen to instruction or correction.</i>
	3: Attendance: Sick days/punctuality	<i>Student who is constantly late.</i>
	4: Overconfident in abilities.	<i>Student has the perception that they know more than the CI and is not very receptive to feedback/suggestions.</i>
2. Teaching Issues (14)	1: CI seeking specific guidance/training	<i>What is the best way to manage a student who has difficulty with clinical reasoning?</i>
	2: Time management with students	<i>Taking on students can be hard because of fielding extra questions and taking time to mentor students, while taking on a full case load. How can I better plan my day?</i>
3: Teaching the Exceptional Student (14)	1: Student performing below expectations	<i>What to do when a student starts a rotation significantly behind where they are expected to start from a clinical ability perspective??</i>
	2: Documentation inefficiency	<i>Taking too long to document</i>

Challenges with feedback and CI's authority

Defensiveness with CI feedback was also a concern. Example CI comments include: ‘*A student that is set in their ways and unwilling to listen instruction or correction;*’ ‘*How do you approach giving feedback to a student who is having a hard time taking feedback not due to personality but due to the student being hard on themselves already?*’ and ‘*Student takes feedback poorly and loses confidence and shuts down*’.

Attendance: Sick days/punctuality

CI's offered concerns with students showing up to the clinic and arriving on time such as, ‘*Student who is constantly late*’ ‘*Addressing if a student calls in sick*’, ‘*What would you do when a student is ill for greater than 10 days during the rotation?*’ and ‘*student has multiple bouts of sickness and is not meeting expected hours*’.

Overconfident in abilities

CI's sensed that some students were presumptuous and self-assured in their knowledge, skills, and abilities. Sample comments and questions include: ‘*Student has the perception that they know more than the CI and is not very receptive to feedback/suggestions*’; ‘*How to deal with a student who is not respectful to the experience and expertise of the CI*’; and ‘*How do you handle a student whose confidence outpaces their ability?*’

Theme 2: Teaching issues

Concerns related to the CI as a clinical educator were (1) CI seeking specific guidance/training and (2) time management with students.

CI seeking specific guidance/training

The demanding role of the CI as a teacher emerged as CI's shared concerns related to teaching strategies. CI's offered comments such as ‘*What is the best way to handle a student who has difficulty with clinical reasoning?*’, ‘*What options do*

we have if our feedback and training is not effective?’, and ‘*How to teach students how to have hard discussions with discharging patients who demand they continue with PT forever*’.

Time management with students

The burden and stress of carrying their own patient load while committing to teaching and supervising a student appeared as an issue with CI's. Concerns with adding to CI's already busy schedules appeared with comments concerning how to better manage their time with students: ‘*Taking on students can be hard because of fielding extra questions and taking time to mentor students, while taking on a full case load. How can I better plan my day?*’ and ‘*Should I block time off my schedule for mentoring a 1st year student? Sometimes, they ask the most questions and need the most hand holding*’.

Theme 3: Teaching the Exceptional Student

The theme of supervising students who were not progressing accordingly emerged from CI's who voiced concerns with (1) students performing below expectations and (2) documentation inefficiency.

Student performing below expectations

The desire to learn more about how to better coach and instruct students who may be experiencing greater than usual challenges in the clinic appeared as a concern of CI's. Sample comments included: ‘*What to do when a student starts a rotation significantly behind where they are expected to start from a clinical ability perspective*’, ‘*What to do when you have a student who is struggling and is clearing getting discouraged by getting a lot of constructive criticism*’, and ‘*A student is not making corrective adjustments and is in real risk of failing*’.

Documentation inefficiency

Advice on how to assist students who are experiencing difficulty completing documentation in a timely

manner also manifested as an issue for CIs. Comments included: ‘*A student that struggles with timeliness in documentation*’, ‘*What is the best way to help students with their documentation*’, and simply ‘*taking too long to document*’.

Discussion

The first purpose of this study was for an SCCE and DCE to collaboratively investigate if CIs desire a site visit from a DCE for professional development regarding difficult student issues, a question not explicitly explored in prior literature. Seventy-nine percent of respondents expressed the desire for a visit from a DCE to present CI training, rather than a webinar, lecture-delivered in-service, to answer specific clinical education-related questions and concerns regarding supervising students. This response is consistent with prior research that CIs want collaborative and proactive support from programs as they value such training opportunities to supplement their knowledge and abilities to effectively supervise students.²⁶ While the SCCE role includes serving as a resource for CIs and student concerns, partnering with a DCE provides a comprehensive approach to solving such problems.

The second purpose was for the SCCE and DCE to collaboratively determine the questions and concerns for which this cohort of CIs would seek guidance from a DCE. The open-ended nature of this non-traditional survey allowed CIs to raise any issue, rather than being confined to traditional, pre-determined questions of the researchers. The theme of unprofessional behavior by students was highly recognized by this group of CIs as an area to address and is consistent with what has been described in prior literature.^{1,2,4} The subthemes of student defensiveness with feedback, problems with attendance and punctuality, and student overconfidence in their abilities specifically name unacceptable student behaviors for which DCEs can offer guidance during the on-site visit. These CI identified issues inform programs to consider targeting such problematic behaviors before students begin full-time clinical experiences to ameliorate episodes of unprofessionalism in the clinic, which may include encouraging and facilitating development of students’ professional personae from the onset of the didactic curriculum.²⁷

Consistent with the literature, this study shows that CIs want support for their teaching, including specific topics, such as clinical reasoning or documentation, as well as time-management strategies while supervising a student. Prior literature found that support was not perceived as being offered by programs, and moreover CIs often seek greater program support during the clinical experience.^{5,19,28} Our study outcomes of

CIs seeking methods for teaching and time management highlight CI aspirations for efficiency with both providing patient care and supervising a student align with prior research findings.^{4,29} Collaboration and engagement between CIs and the DCE, particularly during a clinical experience, can maximize the potential of the clinical education partnership and provide essential support to promote student success.

CIs requesting guidance for managing the student who is not progressing as expected as found in our results has also been previously described literature.⁴ CIs desire students who are ready to be in the clinic.^{1,5} Programs presumably send students out to clinical experiences who have thus far met program expectations and are ready for clinical education. However, students may experience challenges in the clinic for multiple reasons. This is where DCEs must prioritize support for CIs in identifying cognitive, psychomotor, and affective domains of learning, creating goals, implementing meaningful learning strategies and activities, and assessing student progress and the effectiveness of the plan.¹⁰ This collaborative partnership between the program and clinical site is supportive of both the student and the CI and may ultimately lead to a more satisfying experience for the CI.

Limitations

This study is a sample of CIs from one large, multi-state company, and is therefore regional and company-specific where supervising students is encouraged and supported by the SCCE. Other clinical sites may have varying practices; thus, CI development specifically tailored to each site will be according to pre-training survey responses. The benefit of this method is that training can be more individualized to sites and CIs. Additional studies may conglomerate data from all surveyed sites to further investigate the prevalence of specified CI issues and inform DCEs and SCCEs of the expanded support needed by CIs.

The initial question ‘Would you be interested in attending a Lunch and Learn with a University Director of Education regarding the topic of Difficult Student Scenarios?’ may imply to CIs that they would sit through a unilaterally delivered in-service, which could bias a yes or no answer. Had the question been phrased to discuss strategies for dealing with difficult scenarios, the SCCE and DCE may have discovered an increased interest in a DCE visit among the respondents.

While this study investigated interest in a DCE site visit, a virtual option was not specifically mentioned. Future studies may examine CI interest in and efficacy of online versus in-person education and/or training.

Conclusion

This study found that through collaboration between the SCCE and DCE to understand CIs concerns, CIs value a site visit from a DCE as a means of professional development. CIs expressed interest in learning about addressing unprofessional student behaviors, discussing effective teaching strategies, and managing students who are not progressing as expected. The identified themes and subthemes from this research contribute to the existing literature by highlighting specific challenges faced by CIs, which DCEs and SCCEs can address through targeted support and training during planned site visits. Such SCCE and DCE-led training initiatives could help better equip CIs to supervise students effectively and enhance their overall experience as CIs.

Conflict of interests and funding

The authors have no conflicts of interest. The authors have not received any funding or benefits from industry or elsewhere to conduct this study.

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