

Perceptions of how Occupational Therapists learn to become Clinical Educators in a Public Hospital

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Background

There is widespread acceptance that faculty development activities for healthcare professionals should take on both formal and informal approaches. Little is known about clinicians' perceptions of how these activities contribute to their learning journey as educators within our healthcare system.

This qualitative study aims to explore how Occupational Therapists (OTs) learn to become educators at the workplace based on current faculty development approaches, so as to inform development and sustainment of faculty development programmes.

Methods

20 OTs consented to participate in the focus groups. They were split into two categories based on their experience as educators:

- Junior educator: supervised students only (N=8)
- Senior educator: supervised students and mentored staff (N=12)

We conducted six 60-90 minute focus group sessions between October and November 2016. Each group consisted only of either junior or senior educators. The sessions were tape-recorded, transcribed and coded. Cross checking of codes, reflexivity and thematic analysis were carried out.

Results

OTs shared that they start to learn to become educators when they were OT students. Their experiences of being supervised by different educators formed their beginning impressions of educator role models.

"As a student, I observed my supervisor how he would mentor me...then I reflect. If I am a supervisor next time, I will do this or not do this for my student."

Education training and availability of guidelines were useful for the OTs in their early development as clinical educators.

"I think after I went through the courses...they actually helped me learn more of the learning needs model and apply it more comfortably"

"I learnt from clinical guidelines and supervisory framework"

Opportunities to take on educator roles helped OTs developed their confidence in becoming an educator.

"For me, it was learning on-the-job on how to teach and adjust my teaching method."

"I am getting better in educating students but it is an on-going process in getting to know students or junior staff."

OTs appreciated feedback about their clinical education skills and learning from other clinical educators experiences.

"I try to get feedback and suggestions from seniors."

"I learnt from what people share on their experiences."

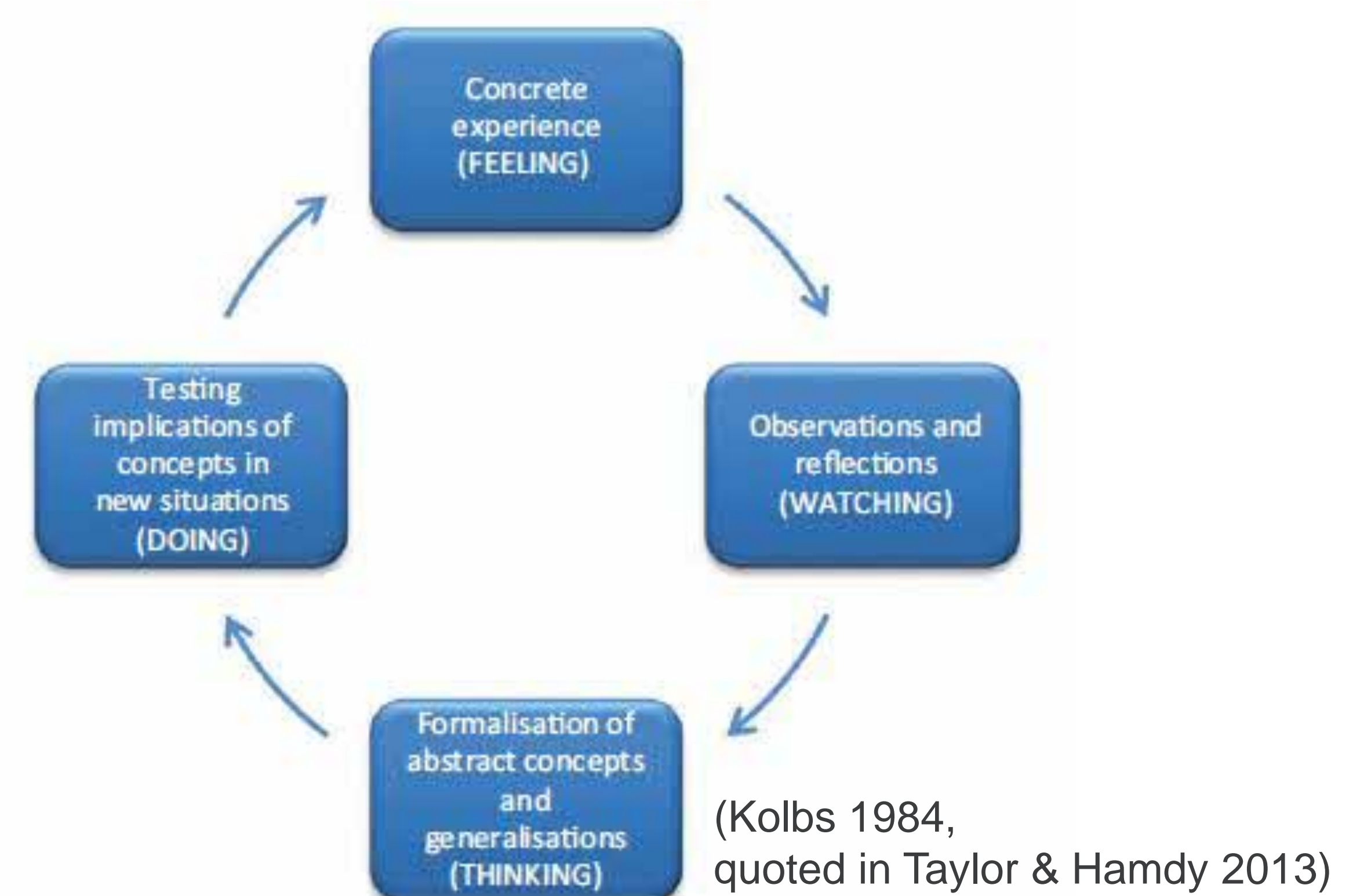
"When students ask questions and we are unsure, we will discuss with colleagues."

Discussion

The Kolb's experiential learning theory can be used to depict how OTs learn to become clinical educators. There are grasping (concrete experience and abstract conceptualisation activities) and transforming (reflection and action activities) experiences within a learning environment (Kauffman & Mann, 2014).

In our practical clinical environment, grasping experiences of learning to become educators start as early as being a student under supervision by various educators. Attending formal faculty development courses helped OTs to develop and conceptualise their experiences and practice models.

Transforming experiences occurs when OTs engage in self-reflection and ongoing learning through active experimentation with different learners and feedback from colleagues. These were perceived to be the most important contributors to OTs becoming clinical educators.



Conclusion

Health professionals learn to become clinical educators through experiential learning. Program planners of faculty development programmes should conscientiously incorporate learning activities that facilitate Kolb's experiential learning cycle.

References:

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