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PERCEIVED DIFFICULTIES OF PHYSICAL THERAPY STUDENTS IN CLINICAL PRACTICE

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Abstract

Objective: *The clinical practice refers to the practical application of physiotherapy knowledge and skill in real world setting but throughout journey of clinical practice physical therapy students face many difficulties during clinical practice.By tackling and effectively addressing these challenges has potential to significantly enhance quality of physiotherapy education and training.*

Methodology: *This was Cross sectional study. Participated included physiotherapy 4th and final year students. Data were collected through well-structured questionnaire taken from research study conducted by Masae Shinozaki et al on a questionnaire survey of difficulties in clinical practice perceived by physical therapy students. The data was analyzed using descriptive chats and frequencies via SPSS version 23.*

Results: *Data were collected related to habitual snoring, contains pattern of sleep and sleep-related disturbances. A low prevalence in the high school children was found. The overall prevalence of habitual snoring was 44.0% in the children. There was no any association of habitual snoring with the sleep-related problems and the habitual snoring does not affect the school performance of the children.*

Conclusion: *Habitual snoring in children may be associated with sleep related problems and also with daytime sleepiness and tiredness. This study shown that the sleep related disorders are not common in the children. However, there is no correlation between habitual snoring and sleep related disorders. There is also no any relation of habitual snoring and the school performance of the children.*

INTRODUCTION

The clinical practice refers to the practical application of physiotherapy knowledge and skills in real world setting. Clinical practice requires physical therapist to interact with patients, listen their stories, understand the context of their lives and collaborate with them to support regained function and enhance quality of life.(1)It involves physical examination, diagnosis, management, prognosis, patient education physical

intervention, rehabilitation, disease prevention and health promotion.(2) Clinical education, as a type of experiential learning, entails acquiring clinical skills within the workplace. It is acknowledged as the optimal approach for novices to initiate the development of clinical reasoning expertise. Additionally, it constitutes a fundamental element of learning in the health professions by fostering socialization within a practice community. This process offers students opportunities to actively construct and integrate their theoretical and practical knowledge. There exists a broad consensus emphasizing the role of clinical education in promoting personal growth and active involvement in the learning process. Furthermore, it aims to encourage health professionals to embrace adaptability and a lifelong learning approach, enabling them to possess skills conducive to collaboration with diverse health professionals.(9)

The clinical practice is important and unchangeable component and resource in making medical student for their professional roles. Clinical education is essential in making physiotherapists for dealing with patients and it has been considered as most important part of physiotherapy education (26).Clinical education typically includes set of activities that guide learning in clinical environment which is to make measurable changes in the student's knowledge, attitude and skills to perform clinical care.(3)

Clinical education in physiotherapy plays an important role which provides opportunities for students in developing and demonstrating clinical competence upon graduation. Clinical education mainly involves clinical placement where student perform physiotherapy practice under supervision of a qualified physiotherapist(clinical educator).The main goal of clinical education is to prepare student for future work practice, therefore clinical placement, setting and learning opportunities should be directed by future workforce needs.(4)

Physiotherapy students face difficulties during clinical practice. Major difficulties has been reported which impact on students final clinical performance. Notable challenges reported by physiotherapy students encompass obtaining supportive guidance, accessing appropriate learning environments. (5) Physiotherapy students also face difficulties including insufficient formal training, limited research skills, restricted access to scholarly articles and time constraint. These difficulties completely interfere in complete involvement of students in clinical practice, potentially impacting overall learning experience.(6)

Clinical reasoning is a complex and evolving concept that is difficult to define. A definition is a formal statement of the meaning of a word or phrase, while a concept is a broader idea that includes attributes and characteristics expressed in some form and utilized for a common purpose, psychomotor and effective skills. It is contextual in nature and involves both therapist and client perspectives. Clinical reasoning is adaptive, iterative and collaborative with intended outcome being a bio psychosocial approach to patient/client management. Therefore, it is important for physiotherapist students to develop their clinical reasoning skills to provide effective patient care.(7)

Clinical reasoning is one of key learning domain for physical therapy educators and a core skill for entry-level practitioners. (28)

Physiotherapy students are in the clinical reasoning process continually pushed and encouraged to apply scientifically authentic research evidence to justify selected approaches to patient treatment methods and modalities.(29)

Recent physiotherapy literature identified that students perceived difficulties in organizing and expressing clinical reasoning for physical therapy in clinical settings. A study find out that this factor consist of 8 items, including identifying problems, setting goals and creating treatment plans for patients as well as a difficulty expressing one's opinions. Therefore, it is important for physiotherapy students to develop their clinical reasoning skills to provide effective care.(5)

Effectively addressing challenges faced by physiotherapy students during clinical practice has the potential to significantly enhance the quality of physiotherapy education and training. This effort can yield variety of positive outcomes including:

Improved Learning Experience: By tackling perceived challenges students can have more positive and enriching learning, journey during their clinical practice. This promotes greater engagement, motivation and satisfaction, all of which are crucial for effective learning skill development.(8)

Enhance Clinical Competence: Providing suitable support empowers students to refine their clinical skills more efficiently, resulting in heightened clinical competence and readiness for professional practice. (9)

Fostering Critical Thinking And Clinical Reasoning: overcoming difficulties fosters the growth of critical thinking and clinical reasoning skills. Students develop the ability to navigate challenges solve problems and make well-informed decision in their future practice.(10)

Integration of Evidence-Based Practice : Addressing challenges facilitates the integration of EBP(evidence based practice) into clinical setting equipped with training and resources, students can critically evaluate research evidence and apply it to their clinical decision-making.(2)

Creating a Supportive Learning Environment: Dealing with aids in establishing a supportive learning environment for physiotherapy students. This include access to resources, research articles and reflective opportunities fostering a sense of belonging and active engagement .(5)

Physiotherapy students expectations of their initial clinical year can be either over or underestimated. Understanding these expectations is crucial to tailor the education and helps students bridge the gap between classroom teaching and clinical practice. Additionally, it can aid in implementing motivation strategies at the university and during clinical internships. One study provided a detailed explanation of how physiotherapy students perceived the practical training demonstrated during their clinical internship. The students attached great significance to the internship and had both positive and negative emotions but were enthusiastic about achieving their positive expectations. There was significant alignment between the students expectations. There was a significant alignment between the students expectations before their first clinical internship and the reality, which had a positive impact on their practical learning.(23)

The authentic clinical setting provides a valuable learning opportunity for students, with the clinical instructor playing a crucial role in directing student learning through the provision of guidance and feedback. Offering initial orientation and promptly clarifying expectations is essential to reduce anxiety and enable students to get ready.(24)

One study concluded that female students are more likely to suffer from severe stress reaction on their clinical placements.(30)

2 LITERATURE REVIEW

Masaeshinozakiet al, in 2020 conducted a cross sectional study on A perceived difficulties by physiotherapy students during clinical practice the aim of the study to reveal the associated factors on the basis of their previous interview survey via collecting responses of students through questionnaire survey furthermore they determine the correlation between perceived by physiotherapy student during clinical practice and the students level of achievement at the end of clinical practice. Results revealed that there were 127 responses by explanatory factor analysis 5 factor selected which showed by 43 items. The factor were selected are:Factor 1,difficulties related to communication of behavioral improvement/relationship building; Factor 2,difficulty obtaining supporting guidance /having appropriate environments coordinated; Factor 3,difficulties organizing /expressing clinical reasoning for physical therapy; Factor 4, difficulty learning in the clinical practice environment; and factor 5, difficulty managing patients /adapting to the environment. Despite of the level of achievement in the last of clinical practice the students highly faced factor 2; difficulty obtaining supportive guidance and lack of appropriate environment coordinated .(5)

A descriptive cross sectional study conducted in 2022 by Sonja Hlebson An exploration of perceived barriers to Evidence- Based Practice among Physiotherapy Students during Clinical Placement which revealed that fifty final- year students undergraduate students with the mean age of 23.7(±4.3,range 23 -27)years participated in the study. Majority of participants reported lack of formal training, poor ability to critically appraise research evidence, in sufficient time, supervisors, or other therapist not using evidence based practice. When treating patients as barrier towards practicing evidence based practice. Students of physiotherapy face many difficulties during their practice, organizational, and personal barrier towards evidence based practice during clinical practice. Due to lack of professional training and research skills and lack of proper timing along that the supervisor and other therapist not using evidence based practice during patient treatment in their clinical setup.(6)

Clinical reasoning skills are considered key skills and every physiotherapist should learn but there are some barriers which hinder learning clinical reasoning skills due to these barriers physiotherapy students may face difficulty in learning clinical reasoning skills .Miriam H.Wijbenga et al. in June 2019 conducted a qualitative study using focus groups and semi-structured interviews .The aim of study was to Explore how undergraduate physiotherapy students learn clinical reasoning skills during clinical placement. The participants included were 22 undergraduate physiotherapy students and 8 clinical teachers. The results of study revealed that there are three general factors that affect the process of learning clinical reasoning skills: the learning environment, the clinical teacher and the student. The study also finds that preclinical training did not adequately prepare students for clinical practice, which required them to combine physiotherapeutic knowledge and skills in a circular reasoning process. Therefore, student's fundamental understanding and evaluation structure needed further enhancement during their placements. Clinical instructors expected a comprehensive, multifaceted approach to solving problems from their students. Both students and instructor viewed feedback and contemplation as crucial aspects of clinical learning. Students faced obstacles to learn, including limited time, restricted patients exposure and difficulties in patient communication .(11)

Another research shown that there are many factors that impact on clinical education which was conducted by Senthilnathan Ramakrishnanet al.in 2022. study aim The to explore factor effecting physiotherapy education. The study data was collected by using questionnaire and face to face interviews. Thirty four physiotherapy students completed a satisfaction survey questionnaire after attending 12 weeks of clinical placements. Twenty-six clinical educators and 9 participated in interview. For quantitative data analysis descriptive statistics including frequency percentage, median and percentiles were used. And for qualitative data analysis thematic analysis methods were selected. Research results has shown that there were increased students satisfaction in clinical education but on the other hand qualitative study find several factors that effect on clinical education. These factors were including, learning styles, student interest culture and ability to cope with challenges. Along that clinical educator workload, teaching strategies, curriculum knowledge, academic-clinical partnership, peer learning, placement model and expectations were other factors that effect on clinical education. The results of study are beneficial and useful for physiotherapy clinical instructor/educator, students and faculty members. The study describes many factors affecting physiotherapy clinical education. It also suggests evidence-based strategies to cope up with those factors effecting clinical education. (12)

Implementing theory into clinical practice can be a significant challenge for some students. Applying theory into practice in a systematic way require professional support in the workplace, belief and opportunities for direct experience using valid and up to date evidence by clinical staff. The research conducted by Mina Hashemiparast et al. on June 2019. The main purpose of study was to explore the barriers of utilizing theoretical knowledge in clinical setting.

This was a qualitative study in which fifteen nursing and paramedic's students, faculty members and experienced nursing stuff participated in study. Study revealed that there are five ,main categories considered as barriers of utilizing theoretical knowledge in clinical practice which includes; lack of trust in clinical competence; lack of perceived professional support; insufficiencies in teaching and learning process; and difference between doing things in simulated and real clinical situations therefore, applying theory into practice in a systemic manner need professional guidance in workplace trust and opportunity for direct experience using valid and latest knowledge by clinical stuff and bridging the simulated situations with real life scenarios.(13)

Di Thomson et al. conducted a participatory action research in 2015 which theme was to Exploring the experiences and implementing strategies for physiotherapy students who perceive they have been bulliedor harassed on clinical placements. The study include four overarching themes and there corresponding sub-themes surfaced during the analysis. These include adverse experiences during placement, coping mechanisms, the significance of the visiting tutor's role and the evaluation process. Students emphasized varying levels of challenges to their effectiveness and frequently referenced a suggested "tool box" of coping strategies. Consensus was reached that severe instances of harassment demand broader assistance from the university's senior management team, necessitating clear documentation. The pivotal role of the visiting tutor in such scenarios was acknowledged, leading to proposed recommendations concerning both the role itself and the evaluation procedures for placements.(14)

Clinical rotation is perceived as a burden by students because they face number of difficulties and challenges in clinical environment that hinder their learning in clinical areas. A cross sectional study was conducted by Dr.TabishFaheem and Dr. ShadabUddin in 2021 on knowledge of physiotherapy students about supervision skills during the clinical rotation of internship. The study included 168 physiotherapy students who have done their clinical rotation of internship. The study shown that about 45% of students revealed hesitancy in seeking guidance or posing questions to clinical supervisors; however,76.6% of the students emphasized the necessity of providing a comprehensive environmental introduction to new clerks to facilitate a seamless transition from pre-clinical to clinical settings. Furthermore, over half of the students (58%) conveyed challenges in translating theoretical knowledge into practical application. Additionally, 65% of the students acknowledged hesitancy in acquiring medical history and conducting physical examination. Therefore, many challenges perceived by students during their clinical rotations that specially included lack of adequate clinical supervision, difficulty in transition from pre-clinical to clinical, lack of knowledge and skills, gap between theory and practice that make difficulty for them to learn in clinical environment.(15)

Nicki Selberman et al. conducted a descriptive and retrospective study in 2018 on Physical therapy student difficulty in clinical education setting: Incidence and outcomes. The purpose of study was to identify the; 1) incidence of student of physiotherapy difficulty during clinical education by practice setting and level of clinical education; 2) clinical instructor and students characteristics; including gender, ethnicity and the primary domain of learning in which students face difficulty and; 3) clinical education outcomes for students facing difficulties. The result of study shown that total of 76 instances of challenges encountered by students during clinical education. The predominant setting where difficulties were reported was in acute care (34.2%), followed by outpatient(31.6%). Fewer incidents of difficulty were observed in rehabilitation(17%) and pediatric settings(14.5%). Challenges in acute were pervasive across all clinical education levels, while outpatient and rehabilitation settings experienced more issues in advanced clinical education. A majority of difficulties in acute care arise during the initial clinical education, primarily in the effective domain. In the outpatient setting,

challenges were more prevalent in intermediate or final clinical education, particularly in the cognitive domain. Affective concerns were reported at all clinical education levels, whereas cognitive issues were predominantly described in intermediate or final clinical education. Academic difficulties were noted in 34.2% of cases and prior concern about professional behavior in 27.6%. Notably incidents in the psychomotor domain did not result in clinical education failure, but 40% of cognitive and 23.5% of affective incidents led to clinical education failure.(16)

Physiotherapy students play a crucial role in the medical field. Their mental well-being is compromised by demanding learning environment and the persistent challenges of attaining certification as healthcare professionals. Anxiety, stress and depression result in reduced productivity, diminished quality of life and contemplation of suicidal thoughts. Tarpan Harish kumar Shah et al. in 2023 conducted a narrative review on Stress, Anxiety and Depression Among Physiotherapy Students. This research did comprehensive analysis, exploring the repercussions of stress, anxiety and depression on the academic performance of physiotherapy students. The study investigated that over half of the physiotherapy students experience the adverse effects of depression, anxiety and stress significantly impacting both their academic achievements and overall emotional and physical well-being.(17)

Tamar Jacob and Ofira Einstein conducted a longitudinal study in 2016 that aimed to evaluate perceived barrier of a cohort bachelor physical therapy students from Ariel University in Israel across three clinical practice periods:1) to evaluate the relationship between perceived stress and academic achievements:2) to evaluate the relationship between students perceived stress and clinical practice period order and content and 3) to identify clinical and socio-demographic variables related to perceived stress. This Research concluded that participating in clinical practice can be a challenging experience. However, no particular clinical or socio-demographic elements contributing to elevated perceived stress levels were pinpointed. Since undergraduate students are off campus during clinical practice, it is recommended that instructors, in regular contact with students be provided guidance on recognizing signs of heightened stress and implementing strategies for real time stress management.(18) Another cross sectional study conducted by Ahmad Ayed, and MosabAmoudi in 2020 reported that physiotherapy students face stressor during clinical practice, leading to the development of new behavioural responses as a result of their training.Respondents reported a mean perceived stress of 66.3(SD=17.01) and a coping behaviors mean of 35.15(SD=9.67). The predominant stressor were related to patient care(M=16.6±4.4) with problem solving identified as the most prevalent coping behavior (M=13.8 ± 6.6). The study affirmed that physical therapy students experience moderate perceived stress and coping behaviors during clinical practice, highlighting patient care as the most significant stressor and problem solving as the primary coping mechanism.(19)

Another study find out that person and environment factors influenced stress appraisal, coping and outcomes. Outcomes of stressful situations/Experience outlined both positive and negative results, influenced by challenge and threat experiences, as well as perceived demands and resources. Adequate resources in clinical education made stress more manageable, stressing the need to identify and resources. Educators understanding DPT students experiences can be better prepare and support stress management, promoting student empowerment and resilience, ultimately enhancing well-being, job satisfaction and providing high quality care.(20)

Paul Chesterton et al. conducted a cross sectional study in 2021 that focused to explore new United Kingdom graduate physiotherapists perceived preparedness for clinical practice to suggest useful information to help in curriculum development. This study concluded that participants believed that they were adequately ready for practice in alignment with the proficiency standards in UK. However, they expressed a lack of readiness in physiotherapy-specific clinical skills. Identified

areas for curriculum enhancement encompassed exercise prescription, psychology and pain management.(21)

Stressors related to clinical education have been documented in various health care professions, but a recent study has elucidated stressors to specific to physical therapy students. Daisuke Higuchi et al. recognize stressor clusters linked to clinical education in Japanese physical therapy students and establish the connection between these clusters and emotional states. Analysis of data from 114 participants (median age 21 years, comprising 68 men and 46 women) revealed three identified stressor cluster: 1) Adaptation to clinical education 2) Task burden and 3) Appropriate work environment. It is essential to comprehend the stressors associated with physical therapy education by considering factor such as students proactive approach to clinical education, the challenges posed by practice tasks and the environment condition during practice.(22)

Online pilot survey was done by Somsankarmukherji and khushikguha in 2022 where students of Kolkata participated and respondent. The aim of study was to Investigate effectiveness of clinical instructor during clinical training for physiotherapy students. Study concluded that students perceived their teachers as amicable, but expected to teach in more updated skills through more advanced or innovative techniques.(25)

Another qualitative exploratory study conducted by Taryn-Lee voges and Jose M. Frantz in 2019 concluded that clinical supervisor and clinicians accomplish significant roles in helping students to utilize theoretical and clinical knowledge.(27)

Objective of The Study

To determine the perceived difficulties of physiotherapy student in clinical practice.

Significance of The Study

Clinical practice is one of the most important aspect of DPT students. Many research have reported perceived difficulties of students in clinical practice. If these factors are not properly addressed, may lead to poor learning of students in clinical environment.

Rational of The Study

Effectively addressing perceived difficulties of physical therapy students in clinical practice is important for many reasons including making quality education, professional development, curriculum improvement, mental and emotional well-being and patient safety. It is multifaceted issue with implications for both students and healthcare system as a whole.

3. MATERIAL AND METHODS

1. Study Design

This study was Cross sectional study.

2. Study Setting

Participants were recruited from different physiotherapy Institutes of Hyderabad including: Hyderabad Institute Of Physical Medicine And Rehabilitation(HIPM&R), Institute Of Physiotherapy And Rehabilitation Sciences(IPRS), Hyderabad Institute Of Medical And Allied sciences(HIMAS), Isra Institute Of Rehabilitation Science(IIRS).

3. Duration Of The Study

Six months after the approval of synopsis.

4. Sampling Technique

Convenient sampling was used.

5. Sample Size

The sample size was calculated via Rausoft calculator by adding 46.7% as estimated population size, confidence level as 90% (common choice) , margin error of 10% (common choice) and response distribution of 50%. By putting all of these values, we got 267 estimate sample size.

5.1 Inclusion Criteria

1. Male and female participants selected.
2. 4^{TH} Year and Final Year Doctor Of Physical Therapy Students.

5.2 Exclusion Criteria

1. First Year, second Year and Third year Doctor Of Physical therapy students.
2. Students who were not willing to participate.

6. Data Collection Tool

The structured questionnaire was used which was taken from the article "64.Masae shinozaki, takashifukaya, yasutsugu, asakawa, yukarioshashi". A questionnaire survey of difficulties in clinical practice perceived by physical therapy students. Journal of physical therapy science.2020 volume 32,Issue 12,856-863."

7. Data Analysis Procedure

The data were analyzed through descriptive chats and frequencies via SPSS (statistical package for social science) version 23.

8. Ethical Consideration

The attached consent form with all the ethical considerations was placed with the confidentiality of the names of participants and their academic results.

9. Budget

The budget of the study was around 30000 PKR.

4. RESULT

Regarding gender of our study, 26.2 % were male and 73.8 % were female.(Table 4.1: Figure 4.1)

Regarding the question 2 of our study the type of educational institute 91% physiotherapy students were from universities and 9 percentages were from vocational institute.(Table 4.2:Figure4.2)

According to style of clinical practice questions, Q3 clinical clerkships were done by 76% students and 24% students done other than clinical clerkship(Table 4.3:Figure 4.3)

Q4 students and clinical instructor assess and treat patients together were about 79.8 percentage and remaining 20.2% did not assess and treat patient together along with their clinical instructor.(Table 4.4:Figure 4.4)

Q5 clinical instructor correct students skills on the spot when they treat patient the yes responses were 74.5% and no responses were 25.5 percentage.(Table 4.5:Figure 4.5)

Q6 students are allowed to freely observe other patients except when they treat their main cases, yes responses were about 70.4% and those who were not allowed to freely observe other patient except when they treat their main cases were about 29.6%.(Table 4.6:Figure 4.6)

Q7 students have sufficient opportunities to communicate with patients other than their main cases and assist with physical therapy for these patients. yes responses were about 61.4 percentage and who did not agree were 38.6% .(Table 4.7: Figure 4.7)

Students who were agree with Q8 clinical instructor does not provide guidance based on case reports or daily notes were about 51.7 percentage and who did not agree were about 48.3(Table 4.8:Figure 4.8)

Q9 question level of achievement at the end of comprehensive clinical practice, from (1-10) 3 students rated 1 .1 % , 12 students rated 4.5%, 26 students rated 9.7%, 34 students rated 12.7% , 79 students rated 29.6% 54 students rated 20.2 percent, 32 students rated 12%, 16 students rated 6%, 2 students rated 7%, and 9 students rated 3.4 percentage.(Table 4.9:Figure 4.9)

According to question 10 it is confusing for students to be provided with behavioral advice at the end of clinical practice ,because it is difficult for them to improve their behavior, agree responses were 62.5% , 27.7percentage responses were neutral and 9.7%.responses were disagree.(Table 4.10:Figure 4.10)

Regarding to question 11 it is difficult for student to determine appropriate timings for asking question to or consulting with clinical instructors, 146students agree by 4.7% and 92 students gave neutral response by 34.5% and 29 students disagree with 10.9%.(Table 4.11: Figure 4.11)

Question 12 it is embarrassing for students to be provided with feedback in the presence of others, agree responses were 54.7%, 28.1% were neutral responses and disagree responses were 17.2%.(Table 4.12: Figure 4.12)

As regard to question 13 it is confusing for students to be asked back when they ask questions to clinical instructor, agree responses were 52.8%, neutral responses were 29.6%disagree responses were 17.6%.(Table 4.13: Figure 4.13)

About question 14 it is difficult for students to speak to clinical instructor or other staff members in a quite atmosphere.50.2percent responses were agree, 36.7% were neutral response and 13.1% were neutral responses.(Table 4.14: Figure 4.14)

With regard to question 15 it is confusing for students to have several staff members in charge of clinical instructions, because they don't know who to consult with or what to consult about.125 students agreed with 46.8% 106 students choose neutral with 39.7% and 30 students disagree with 13.5%.(Table 4.15:Figure 4.15)

According to question 16 it is difficult for students to improve their behavior and attitudes for clinical practice without detailed behavioral guidance. 59.6% responses were agree, 28.5% responses were neutral and 12% responses were disagree.(Table 4.16:Figure 4.16)

Regarding question 17 shows students feel distressed when they need to reflect on and ask questions about what they have observed.115 students rated it as agree representing 43.1% ,115 student rated it as neutral representing 43.1% and 37 students rated disagree and representing 13.9%.(Table 4.17:Figure 4.17)

With regard as question 18 it is difficult for students to appropriately communicate with Clinical instructor and establish favorable relationships with them. 124 students rated it as agree representing 46.4 percent, 107 students choose neutral representing 40.1% and remaining 36 students rated disagree representing 13.5%.(Table 4.18:Figure 4.18)

Regarding Question 19 it is difficult for students to continue to actively participate in clinical practice after feeling depressed due to strict guidance provided by clinical instructor. 51.7% responses were agree, 35.6percentage responses were neutral and 12.7% responses were disagree.(Table 4.19:Figure 4.19)

Question 20 it is difficult for students to fulfill behavioral requirements and rules which vary among clinical practice facilities. 51.7% responses were agree, 29.2% responses were neutral and disagree responses were 19.1%.(Table 4.20:Figure4.20)

With regarding question 21 it is difficult for students to make observation schedules and obtain permission for observation from PTs in charge. The result reveal that 47.9% responses were agree. 37.1% were neutral 15% responses were disagree.(Table 4.21: Figure 4.21)

Question 22 concerning that it is difficult for students to appropriately converse and communicate with patients. The result of my study found that the agree responses were 41.2%, neutral were 39.7% and disagree responses were 19.1%(Table 4.22: Figure 4.22)

According to question 23 it is difficult for students to correct their assessment /treatment skills at times other than the moments when they use these skills for patients. Agree responses to this statement were 47.6% , 37.1%neutral and 15.4% were disagree.(Table 4.23:Figure 4.23)

Regarding question 24 shows students feel uncomfortable when clinical instructor stand watch closely this makes them tense. Agree responses were 54.7% and neutral results were 34.1% and disagree results were11.2%.(Table 4.24:Figure 4.24)

Question 25 regard as it is inappropriate for clinical instructor to negatively judge student's character and impression. Our study find out agree responses 66.3% and neutral responses 24.3% and disagree 9.4%.(Table 4.25:Figure 4.25)

In regards question 26 it is inappropriate for students to have a reduce sleep time due to heavy burdens of submitting daily notes and reports. Percentage of agreed responses were 55.6% and neutral 36.7%and disagree result were 7.5%.(Table 4.26:Figure 4.26)

With regard to question 27it is inappropriate for clinical instructor to show insincere attitudes towards students question and task. Agreed results were 51.3% , neutral result were 36.3% and disagree were 12.4%(Table 4.27:Figure 4.27)

According to question 28 it is difficult for students to determine the extent to which they can practice based on their own judgment when class are absent. Agreed answers were 42.3% and neutral were 44.6percentage and disagreed were 13.1%.(Table 4.28: Figure 4.28)

Question 29 regards students expect clinical instructor not only to respect their opinions, but also provide advice for them for perspective of clinical instructor. Agree responses 49.1percentage, neutral 42.7% and disagree 8.2%.(Table 4.29:Figure 4.29)

Findings of my study related to question 30 which states it is confusing for students to have delays in clinical practice due to unexpected discharge were shown 45.7% agree responses and neutral responses were 39.3% and disagree responses were 15%.(Table 4.30:Figure 4.30)

Related to question 31 students expects clinical instructor to coordinate holidays for both parties, and let them no schedules early. The results of my study represent agree responses were 49.45% , neutral were responses were 37.1% and disagree were 13.5%.(Table 4.31: Figure 4.31)

Question 32 regards that it is difficult for students to detect changes in patients conditions unlike clinical instructor because they still lack such focuses and senses. Agreed answers were 46.4%, neutral 39.3% and disagree were 14.2% (Table 4.32: Figure 4.32)

With regarding result finding of my study related to question 33 it is inappropriate to provide therapeutic interventions without confirming consistency between students and clinical instructor ideas and treatment policies show agree responses 49.8%, neutral 34.8% and disagree 15.4%.(Table 4.33: Figure 4.33)

According to question 34 it is difficult for students to consult with clinical instructor before organizing their opinions and questions .Our study results shows agree responses 51.7% and neutral responses 32.2% and disagree responses 16.1%.(Table 4.34:Figure 4.34)

As regard question 35 it is confusing for students when criticized for something individual students cannot manage or not directly related to physical therapy. The result investigated 53.6% agree responses, neutral, 33.7% neutral responses and 12.7% disagree responses.(Table 4.35:Figure 4.35)

Our result finding concerning question 36 that describes students feel confused on whether their commitments without sufficient knowledge and skills truly benefit patients. There were 52.8% agree answers, 34.1% neutral answers and 13.1% disagree answers.(Table 4.36:Figure 4.36)

Question 37 which states that it is difficult for students without sufficient knowledge of disease to conduct assessment and set goals for patients. Our results show 67.4% agree responses, 21.3% neutral responses and11.2% disagree responses.(Table 4.37:Figure 4.37)

According to question 38 it is difficult for students to create detailed plans, with priority and time allocation in each physical therapy program taken into account it were show 53.6% agree responses, 37.1% neutral responses and 9.4% disagree responses.(Table 4.38:Figure 4.38)

Question 39 regard it is difficult for students to express their desires and requests during observation that show agree responses 44.2%, neutral responses 31.8% and disagree responses 24%.(Table 4.39:Figure 4.39)

Regarding question 40 it is difficult for students to identify patients problems by connecting the results of examination, measurement and observation that show agree responses 40.8%, neutral 40.8% responses and disagree responses 18.4%.(Table 4.40:Figure 4.40)

Result finding regarding question 41, it is difficult for students to express their own opinions in writing, and clearly convey these opinions to class through theorized reports show43.4% agree answers, 37.1% neutral answers and19.5% disagree answers.(Table 4.41:Figure 4.41)

According to question 42 it is difficult for students to accurately express their opinion with words and clearly convey them to class. Result findout agree responses 36.3%, 37.8% neutral responses and 25.8% disagree responses.(Table 4.42:Figure 4.42)

Result regarding question 43 that it is difficult for students lacking basic knowledge to assess patients and identify the causes of their problems

show 46.4% agree responses, 35.2% neutral responses and 18.4% disagree responses.(Table 4.43:Figure 4.43)

Result finding related to question 44 it is difficult for students lacking senses that are achievable through the experience of treatment to detect changes in patients condition. 48.3% agree responses were investigated, neutral 31.8% and 19.9% disagree responses.(Table 4.44:Figure 4.44)

According to question 45 it is difficult for students to sufficiently communicate with patients in hospitals, were there are many patients, and limited time frames are allocated to physical therapy. And result show agrees responses 59.6%, 28.8% neutral responses and 11.6%disagree responses. (Table 4.45: Figure 4.45)

Result finding regarding question 46 it is confusing for students to appropriately manage patient's anxiety and/or negative statement. Agree responses were 49.1%, 40.4% neutral responses and 10.5% disagree responses. (Table 4.46: Figure 4.46)

According to question 47 it is difficult for students to acquire necessary knowledge and sufficiently absorb it during clinical practice. Our result show 47.6% agree responses, 37.1% neutral responses and 15.4% disagree responses.(Table 4.47:Figure 4.47)

Result related to question 48 which is it is difficult for students to obtain feedback that help them organize their thoughts and deepen their understanding at appropriate times find out 45.3% agree responses, 39% neutral responses and15.7% disagree responses.(Table 4.48:Figure 4.48)

Related to question 49 it is difficult for students to appropriately treat pediatric patients and patients with dementia. Result show 52.1% agree responses, 39.3% neutral responses and 8.6% disagree responses (Table 4.49: Figure 4.49)

regarding question 50 it is difficult for students to established favorable relationship with patient and their families. Agree responses were 43.4%, 41.6% neutral responses and 15% disagree responses. (Table 4.50: Figure 4.50)

According to question 51 it is difficult for students to flexibly change program according to changes in patient's conditions. Result show 43.1% agree responses, 39.7% neutral responses and 17.2% disagree responses.(Table 4.51:Figure 4.51)

Result of question 52 which is it is difficult for students to adapt to the atmosphere and environment during their first clinical practice findout 50.6% agree responses 39.3 % neutral responses and 10.1% disagree responses.(Table 4.52:Figure 4.52)

Table 4. 1
Gender of students

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	male	70	26.2	26.2	26.2
	female	197	73.8	73.8	100.0
	Total	267	100.0	100.0	

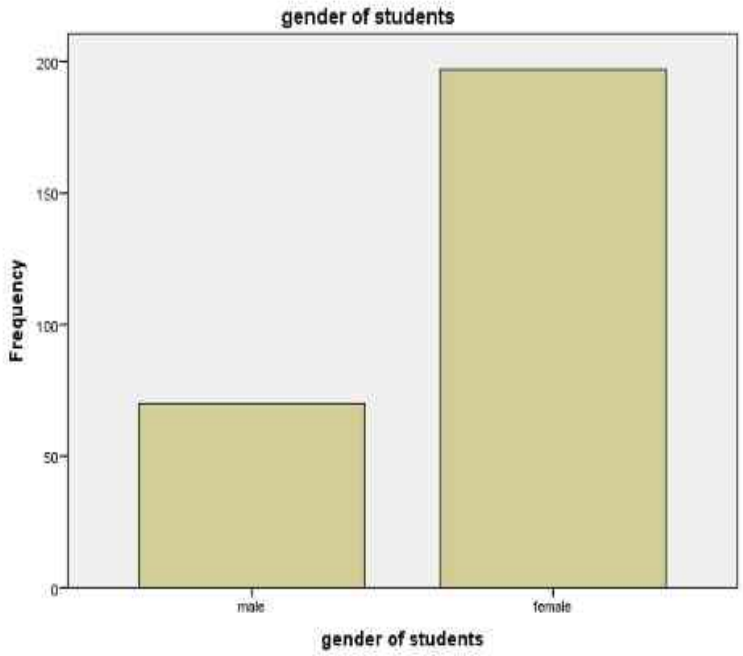

Figure 4.1: Gender of students

Table 4. 2Type of educational institute					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	university	243	91.0	91.0	91.0
	vocational institute	24	9.0	9.0	100.0
	Total	267	100.0	100.0	

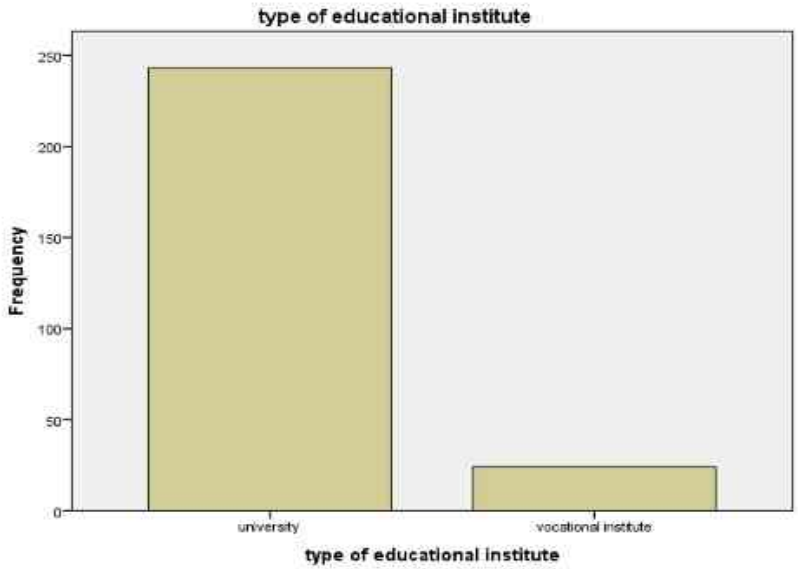

Figure 4.2: Type of educational institute

Table 4.3: Style of clinical practice (clinical clerkship)					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	203	76.0	76.0	76.0
	no	64	24.0	24.0	100.0
	Total	267	100.0	100.0	

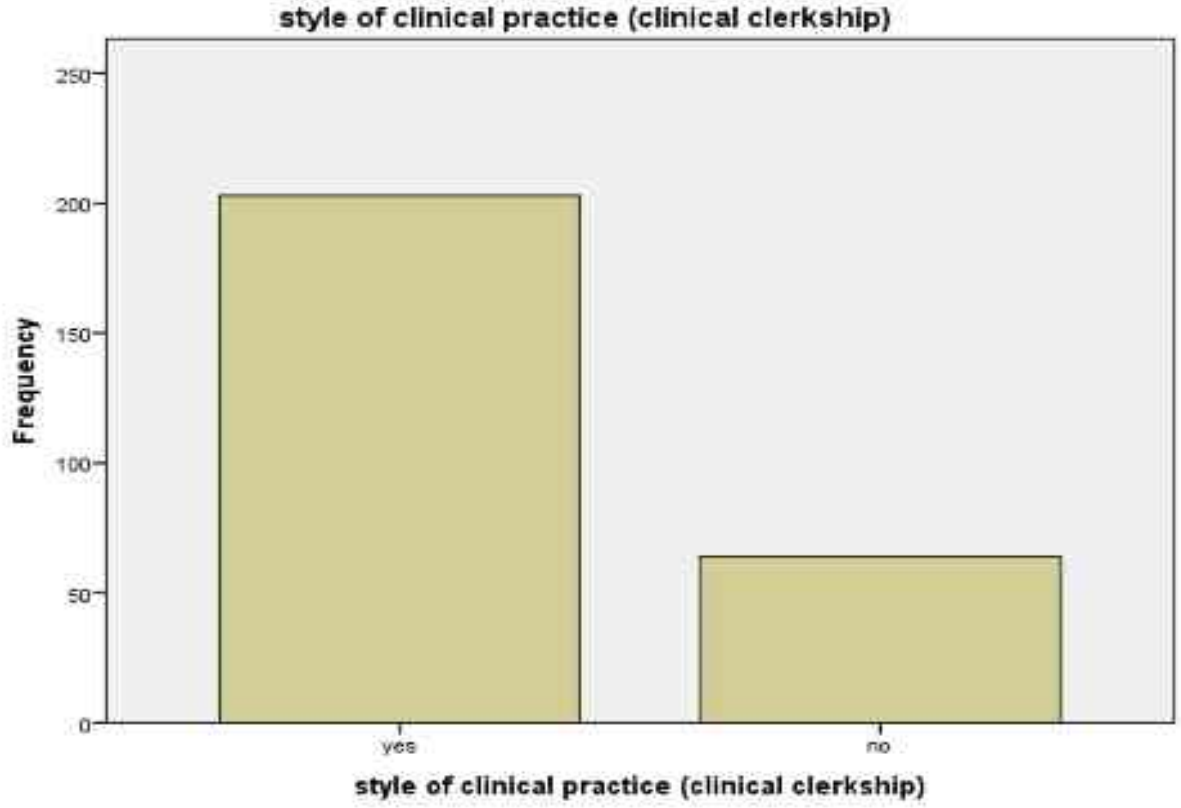

Figure 4.3: Style of clinical practice (clinical clerkship)

Table 4.4: Style of clinical practice (Students and clinical instructor assess and treat patients together)					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	213	79.8	79.8	79.8
	no	54	20.2	20.2	100.0
	Total	267	100.0	100.0	

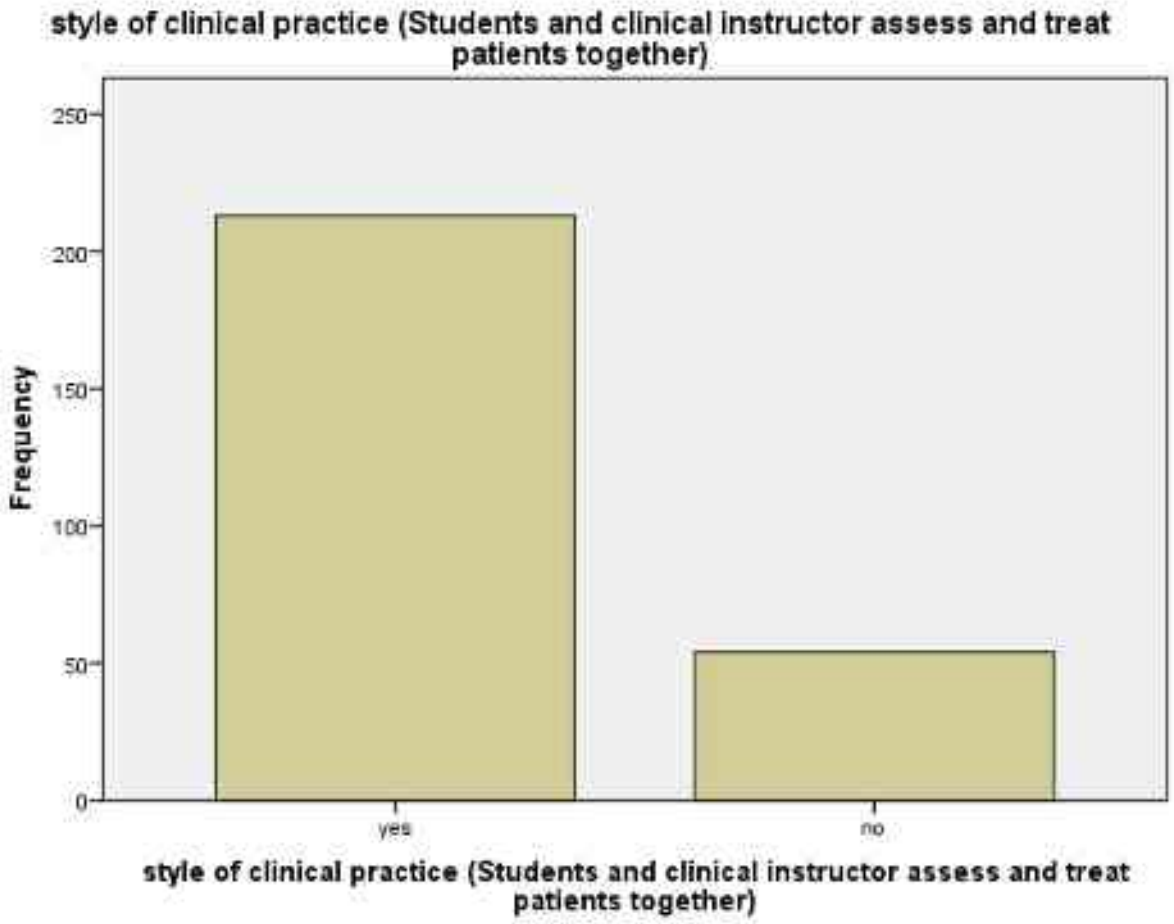

Figure 4.4: Style of clinical practice (Clinical instructor assess and treat patients together)

Table 4.5: Style of clinical practice (Clinical instructor correct students' skills on the spot when they treat patients)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	199	74.5	74.5	74.5
	no	68	25.5	25.5	100.0
	Total	267	100.0	100.0	

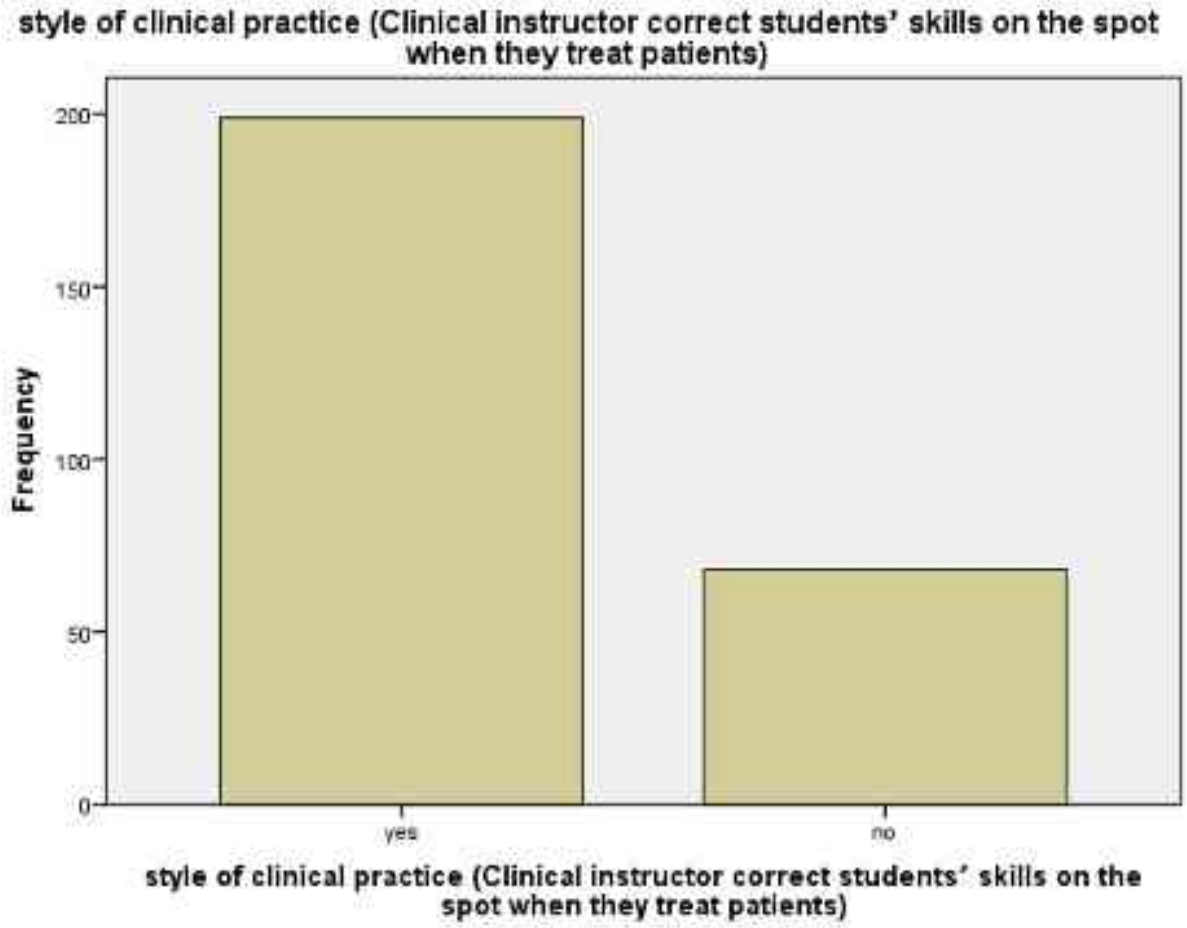

Figure 4.5: Style of clinical practice (clinical instructor correct students skills on the spot when they treat patients)

Table 4. 6Style of clinical practice (Students are allowed to freely observe other patients, except when they treat their main cases)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	188	70.4	70.4	70.4
	no	79	29.6	29.6	100.0
	Total	267	100.0	100.0	

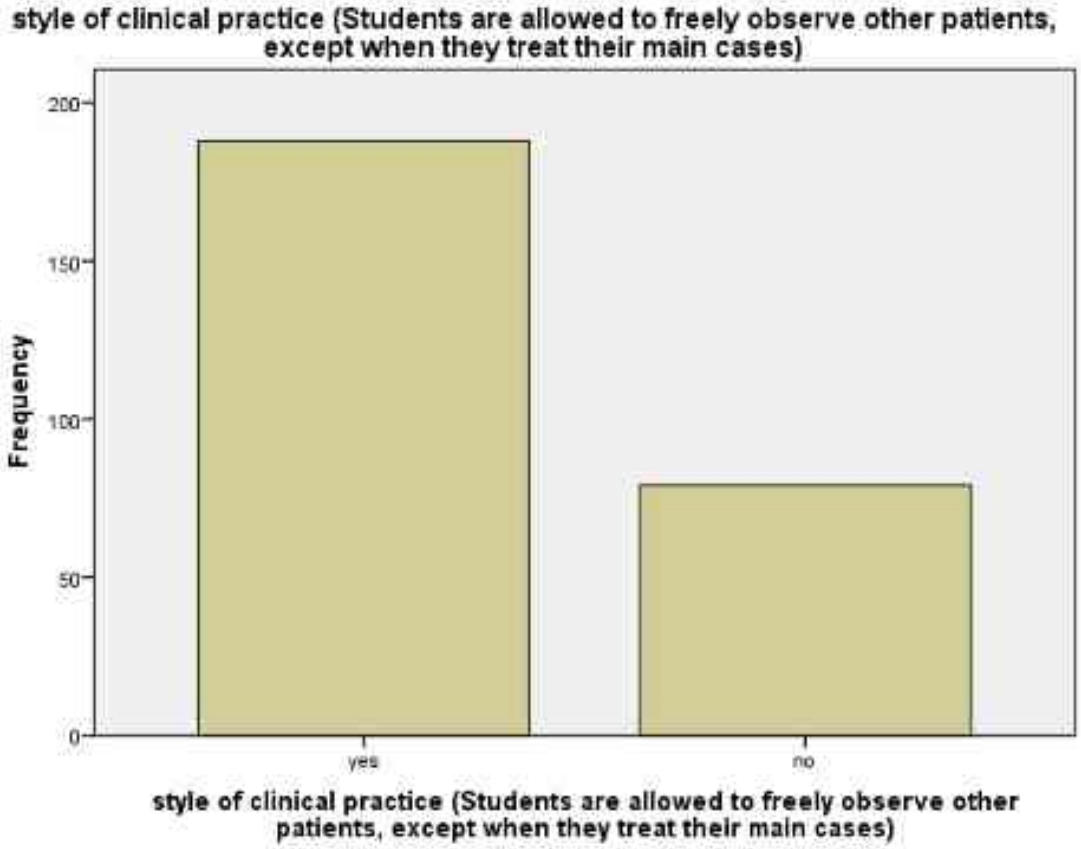

Figure: 4.6: Style of clinical practice(students) are allowed to freely observe other patients, except when they treat their main cases)

Table 4.7: Style of clinical practice (Students have sufficient opportunities to communicate with patients other than their main cases, and assist with physical therapy for these patients)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	164	61.4	61.4	61.4
	no	103	38.6	38.6	100.0
	Total	267	100.0	100.0	

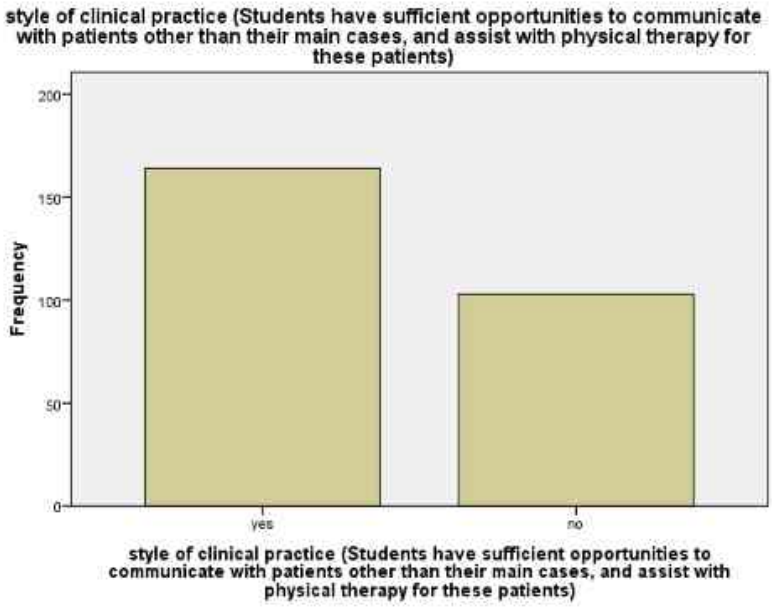

Figure 4.7: Style of clinical practice (students have sufficient opportunities to communicate with patients other than their main cases and assist with physical therapy for these patients)

Table 4.8 Style of clinical practice (Clinical instructor do not provide guidance based on case reports or daily notes)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	138	51.7	51.7	51.7
	no	129	48.3	48.3	100.0
	Total	267	100.0	100.0	

Figure 4.8: Style of clinical practice (Clinical instructor does not provide guidance based on case reports or daily notes)

Table 4.9: level of achievement at the end of comprehensive clinical practice (1-10)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	3	1.1	1.1	1.1
	2	12	4.5	4.5	5.6
	3	26	9.7	9.7	15.4
	4	34	12.7	12.7	28.1
	5	79	29.6	29.6	57.7
	6	54	20.2	20.2	77.9
	7	32	12.0	12.0	89.9
	8	16	6.0	6.0	95.9
	9	2	.7	.7	96.6
	10	9	3.4	3.4	100.0
	Total	267	100.0	100.0	

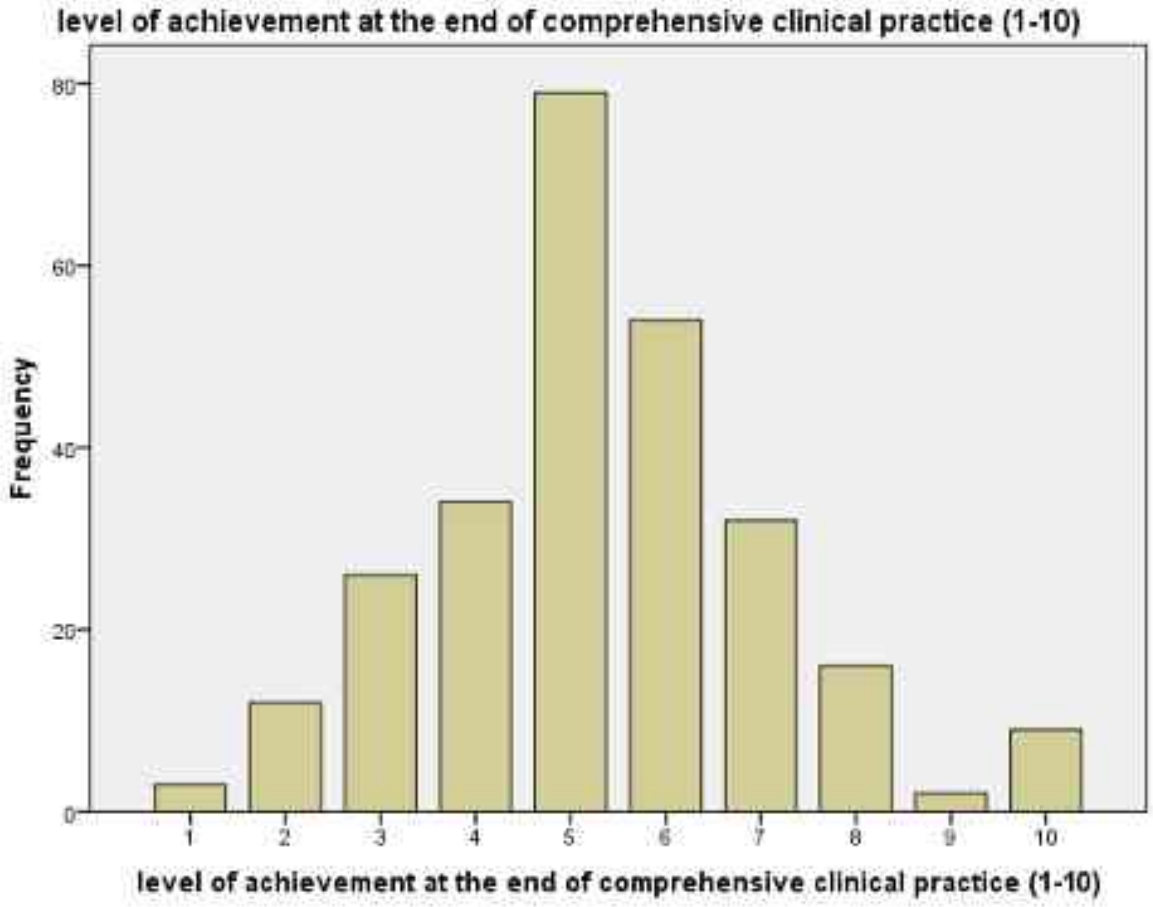

Figure 4.9 level of achievement at the end of comprehensive clinical practice (0-10)

Table 4.10: It is confusing for students to be provided with behavioral advice at the end of clinical practice, because it is difficult for them to improve their behavior.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	agree	167	62.5	62.5	62.5
	neutral	74	27.7	27.7	90.3
	disagree	26	9.7	9.7	100.0
	Total	267	100.0	100.0	

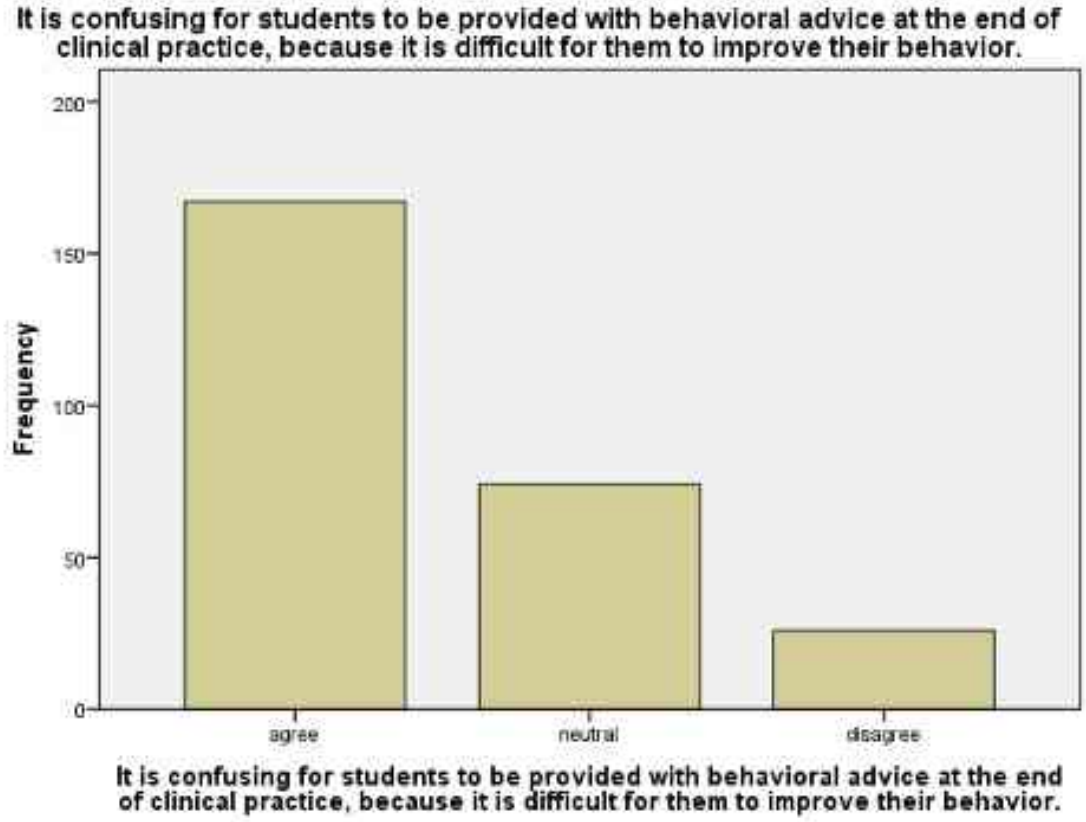

Figure 4.10: It is confusing for students to be provided with behavioral advice at the end of clinical practice, because it is difficult for them to improve their behavior.

Table 4.11: It is difficult for students to determine appropriate timings for asking questions to or consulting with CIs.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	agree	146	54.7	54.7	54.7
	neutral	92	34.5	34.5	89.1
	disagree	29	10.9	10.9	100.0
	Total	267	100.0	100.0	

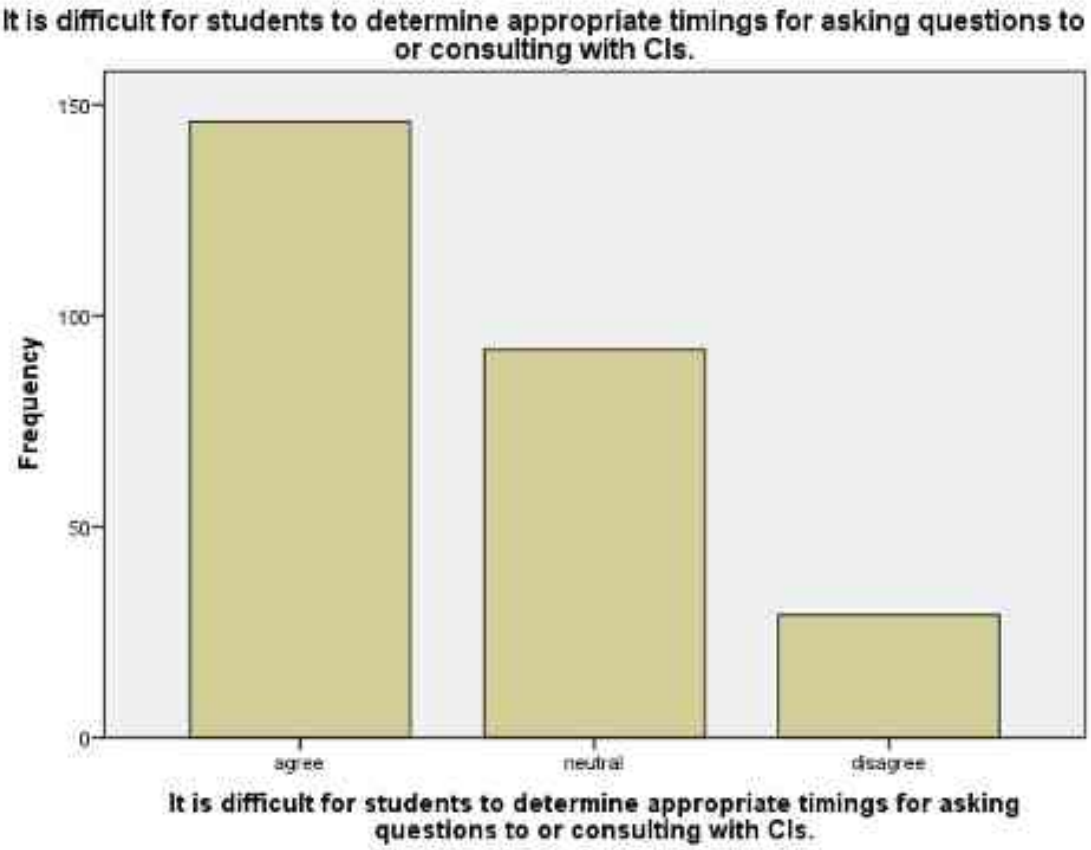

Figure 4.11: It is difficult for students to determine appropriate timings for asking questions or consulting with clinical instructor.

Table 4.12: It is embarrassing for students to be provided with feedback in the presence of others

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	agree	146	54.7	54.7	54.7
	neutral	75	28.1	28.1	82.8
	disagree	46	17.2	17.2	100.0
	Total	267	100.0	100.0	

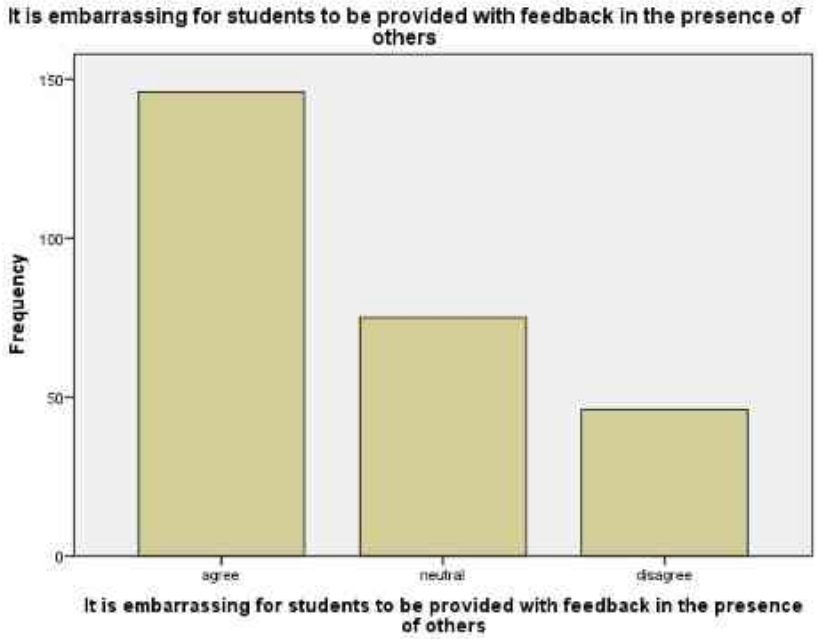

Figure 4.12: It is embarrassing for students to be provided with feedback in the presence of others.

Table 4.13: It is confusing for students to be asked back when they ask questions to CIs.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	agree	141	52.8	52.8	52.8
	neutral	79	29.6	29.6	82.4
	disagree	47	17.6	17.6	100.0
	Total	267	100.0	100.0	

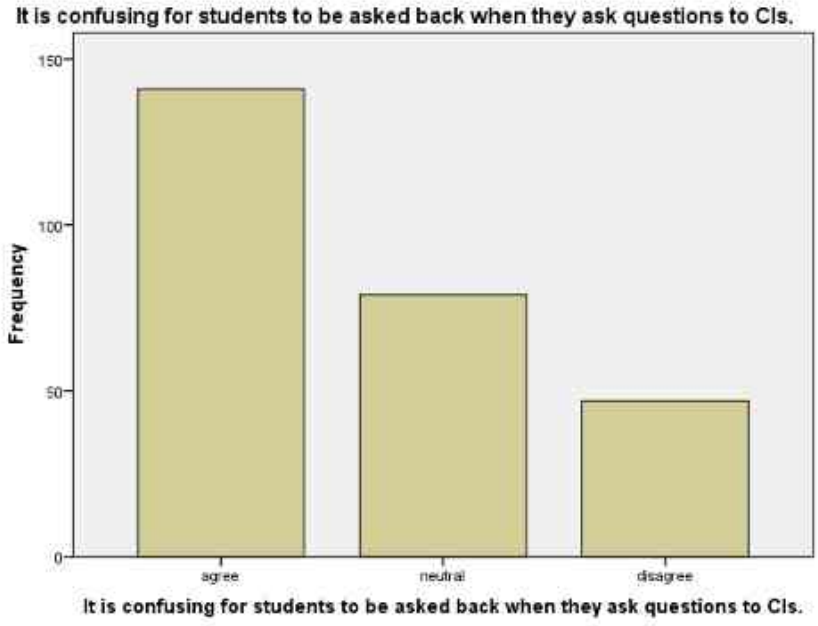

Figure 4.13: It is confusing for students to be asked back when they ask questions to clinical instructor.

Table 4.14: It is difficult for students to speak to CIs or other staff members in a quiet atmosphere					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	agree	134	50.2	50.2	50.2
	neutral	98	36.7	36.7	86.9
	disagree	35	13.1	13.1	100.0
	Total	267	100.0	100.0	

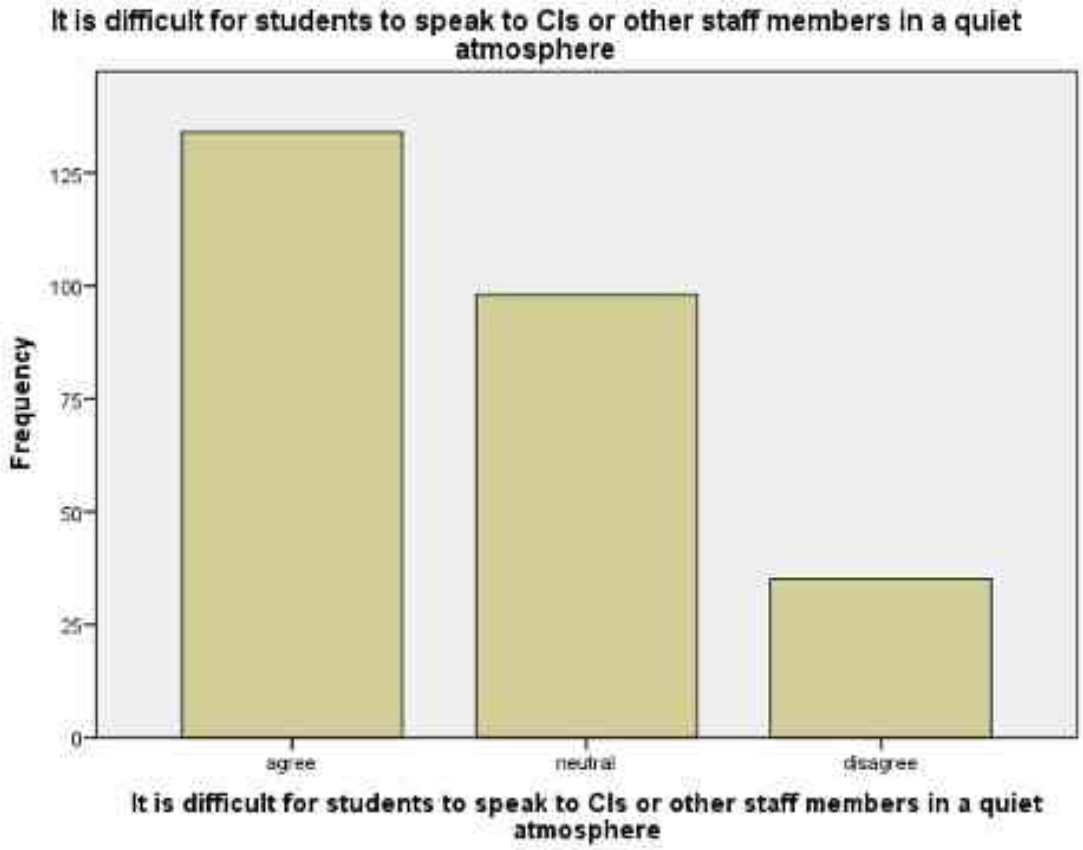

Figure 4.14: It is difficult for students to speak to clinical instructor or other staff members in a quiet atmosphere.

Table 4.15: It is confusing for students to have several staff members in charge of clinical instructions, because they don't know who to consult with and what to consult about.					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	agree	125	46.8	46.8	46.8
	neutral	106	39.7	39.7	86.5
	disagree	36	13.5	13.5	100.0
	Total	267	100.0	100.0	

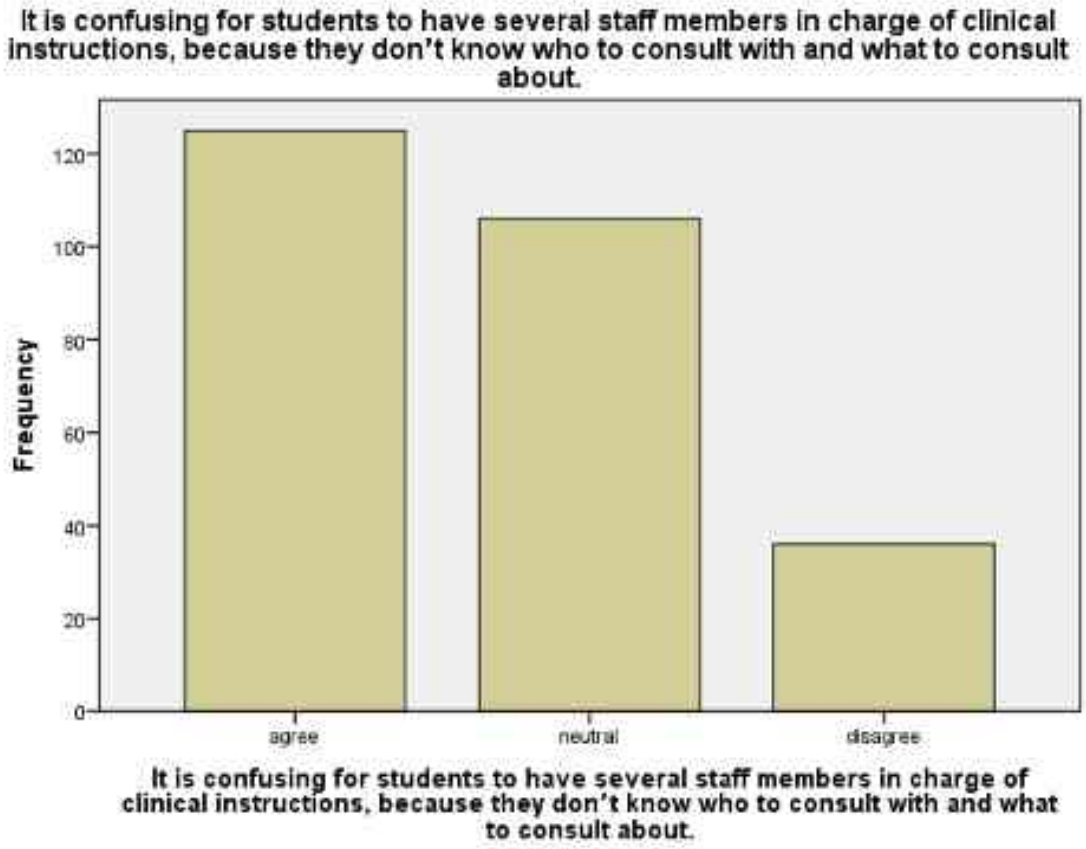

Figure 4.15: It is confusing students to have several staff members in charge of clinical instructions, because they don't know who to consult with and what to consult about.

Table 4.16: It is difficult for students to improve their behavior and attitudes for clinical practice without detailed behavioral guidance.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	agree	159	59.6	59.6	59.6
	neutral	76	28.5	28.5	88.0
	disagree	32	12.0	12.0	100.0
	Total	267	100.0	100.0	

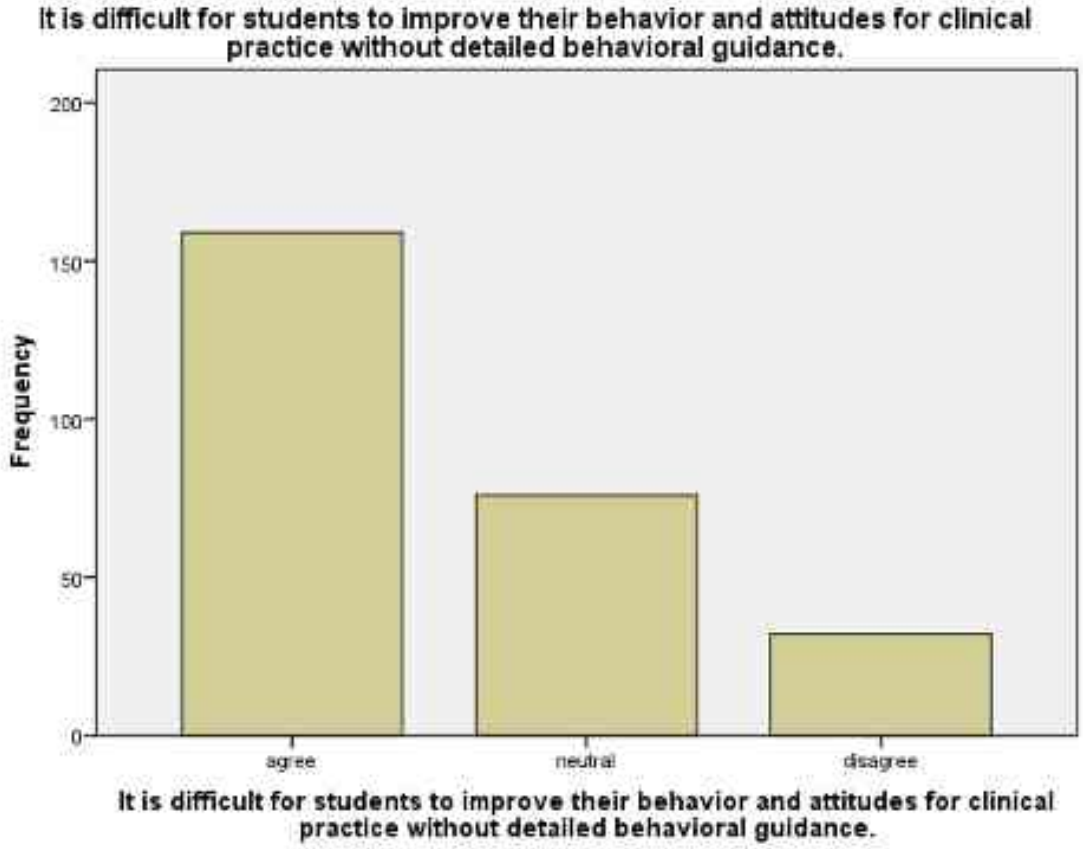

Figure 4.16: It is difficult for students to improve their behavior and attitudes for clinical practice without detailed behavioral guidance.

Table 4.17: Students feel distressed when they need to reflect on and ask questions about what they have observed.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	agree	115	43.1	43.1	43.1
	neutral	115	43.1	43.1	86.1
	disagree	37	13.9	13.9	100.0
	Total	267	100.0	100.0	

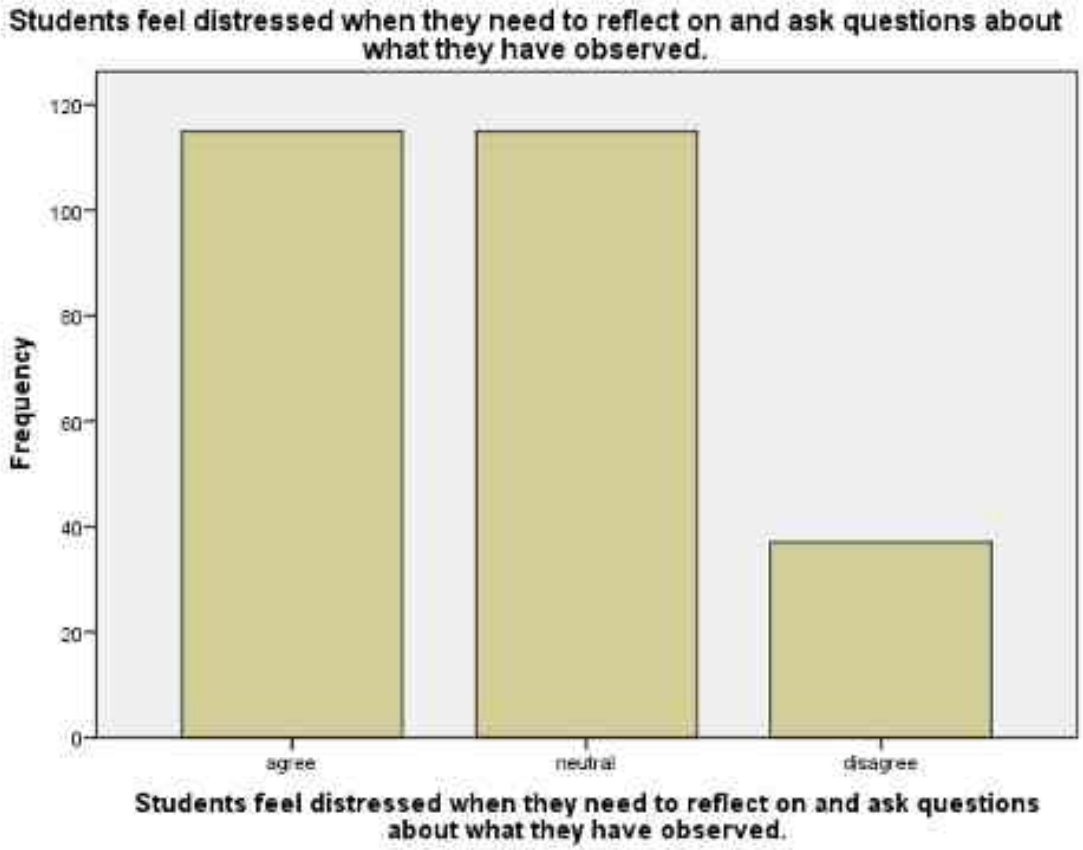

Figure 4.17: Students feel distressed when they need to reflect on and ask questions about what they have observed.

Table 4.18: It is difficult for students to appropriately communicate with CIs and establish favorable relationships with them.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	agree	124	46.4	46.4	46.4
	neutral	107	40.1	40.1	86.5
	disagree	36	13.5	13.5	100.0
	Total	267	100.0	100.0	

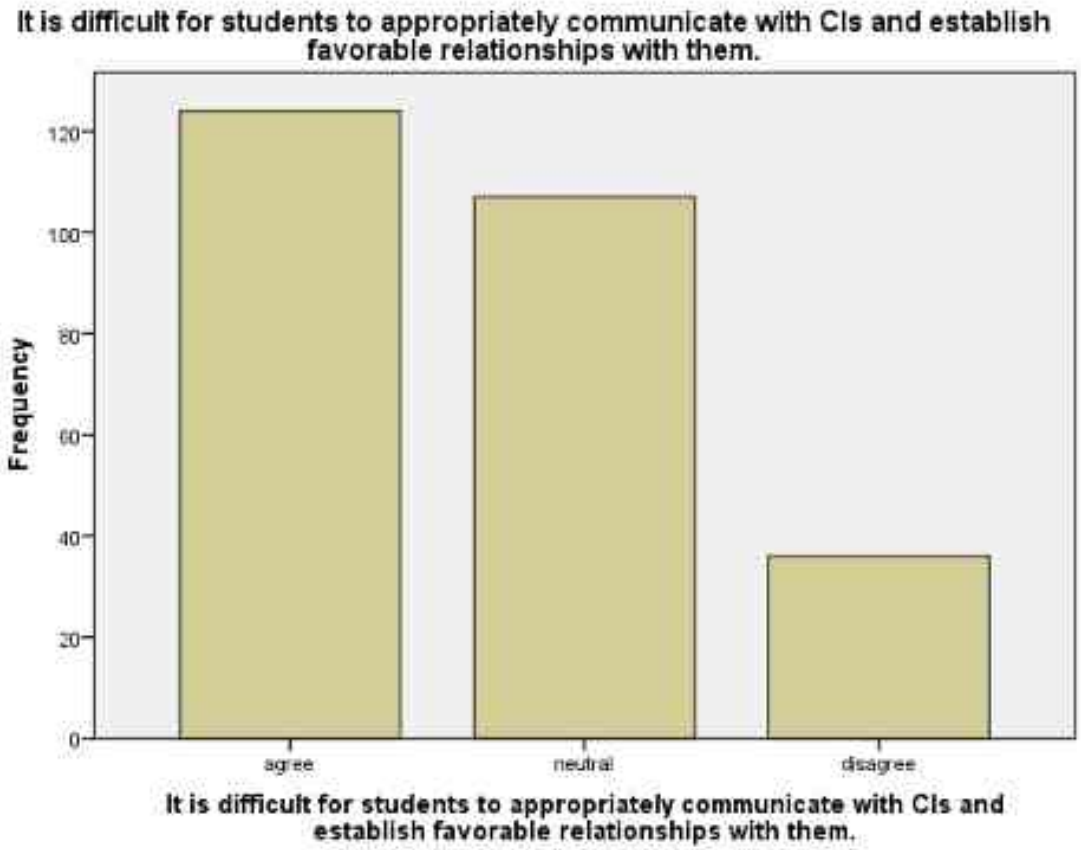

Figure 4.18: It is difficult for students to appropriately communicates with clinical instructor and establish favorable relationships with them.

Table 4.19: It is difficult for students to continue to actively participate in clinical practice after feeling depressed due to strict guidance provided by CIs.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	agree	138	51.7	51.7	51.7
	neutral	95	35.6	35.6	87.3
	disagree	34	12.7	12.7	100.0
	Total	267	100.0	100.0	

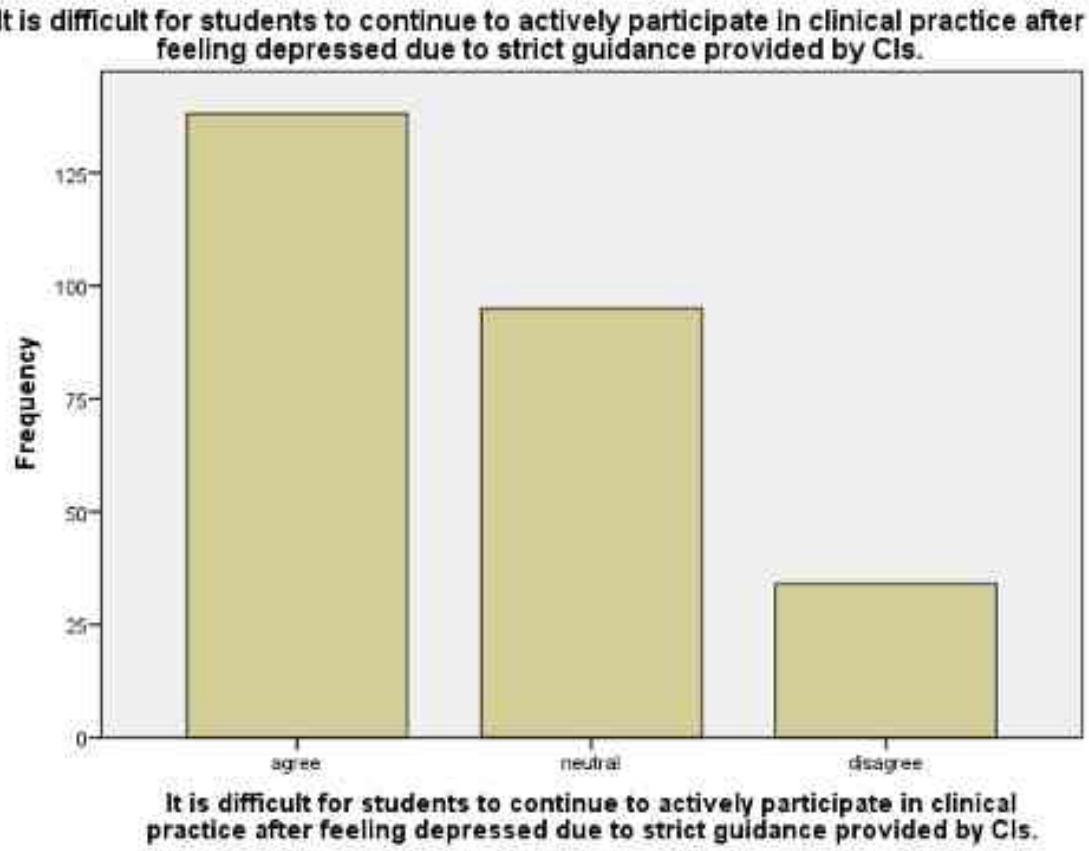

Figure 4. 19: It is difficult for students to continue to actively participate in clinical practice after feeling depressed due to strict guidance provided by clinical instructors.

Table 4.20: It is difficult for students to fulfill behavioral requirements and rules, which vary among clinical practice facilities.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	agree	138	51.7	51.7	51.7
	neutral	78	29.2	29.2	80.9
	disagree	51	19.1	19.1	100.0
	Total	267	100.0	100.0	

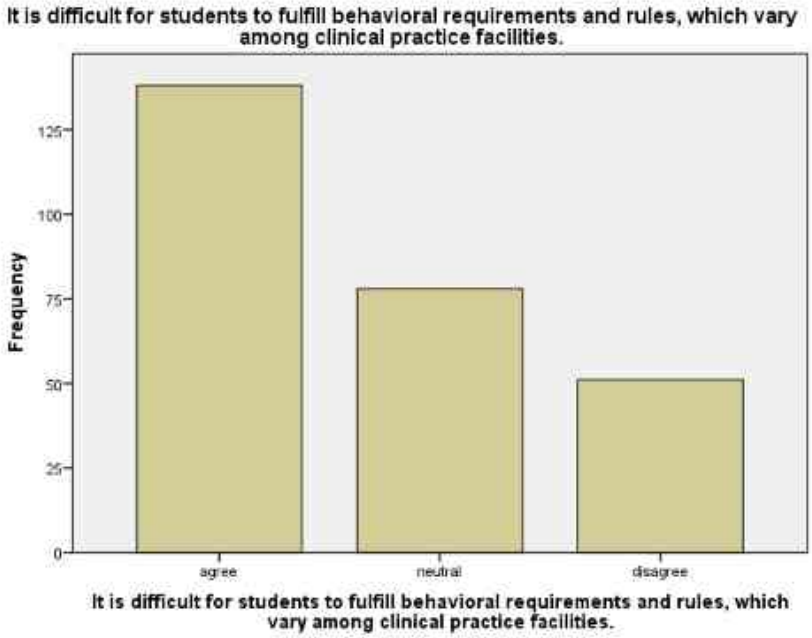

Figure 4.20: It is difficult for students to fulfill behavioral requirements and ruled, which vary among clinical practice facilities.

Table 4.21: It is difficult for students to make observation schedules and obtain permission for observation from PTs in charge.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	agree	128	47.9	47.9	47.9
	neutral	99	37.1	37.1	85.0
	disagree	40	15.0	15.0	100.0
	Total	267	100.0	100.0	

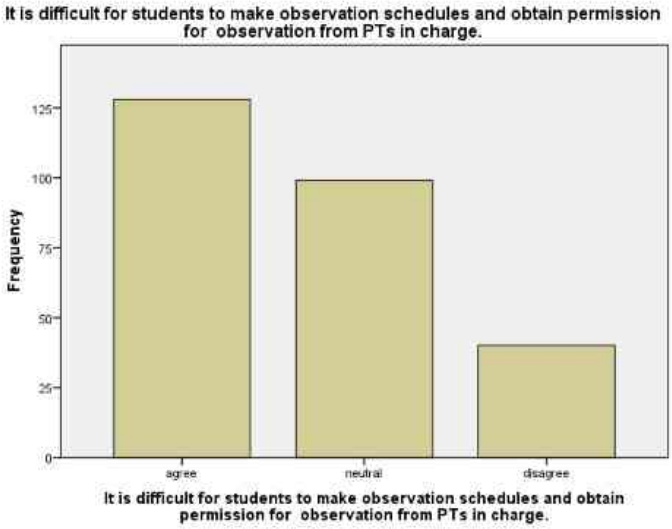

Figure 4.21 It is difficult for students to make observation schedules and obtain permission for observation from PTs in charge.

Table 4.22: It is difficult for students to appropriately converse and communicate with patients.					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	agree	110	41.2	41.2	41.2
	neutral	106	39.7	39.7	80.9
	disagree	51	19.1	19.1	100.0
	Total	267	100.0	100.0	

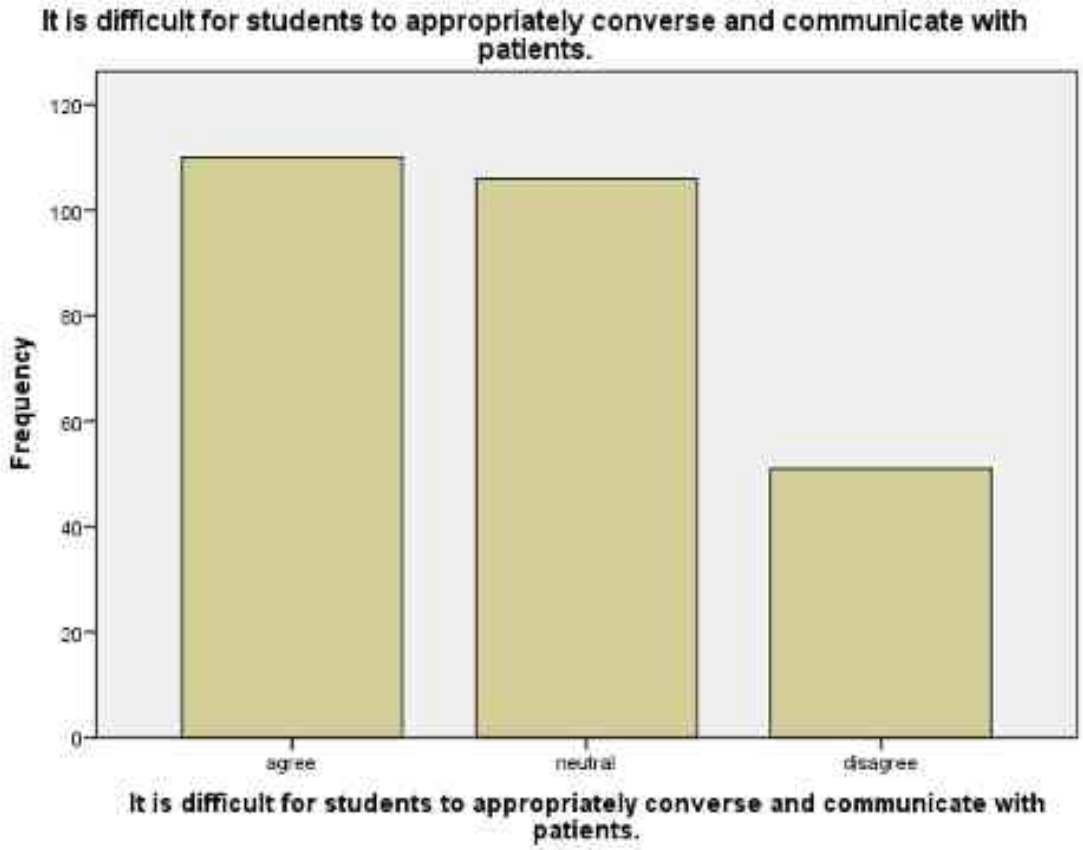

Figure 4.22: It is difficult for students to appropriately convers and communicate with patients

Table 4.23: It is difficult for students to correct their assessment/treatment skills at times other than the moments when they use these skills for patients.					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	agree	127	47.6	47.6	47.6
	neutral	99	37.1	37.1	84.6
	disagree	41	15.4	15.4	100.0
	Total	267	100.0	100.0	

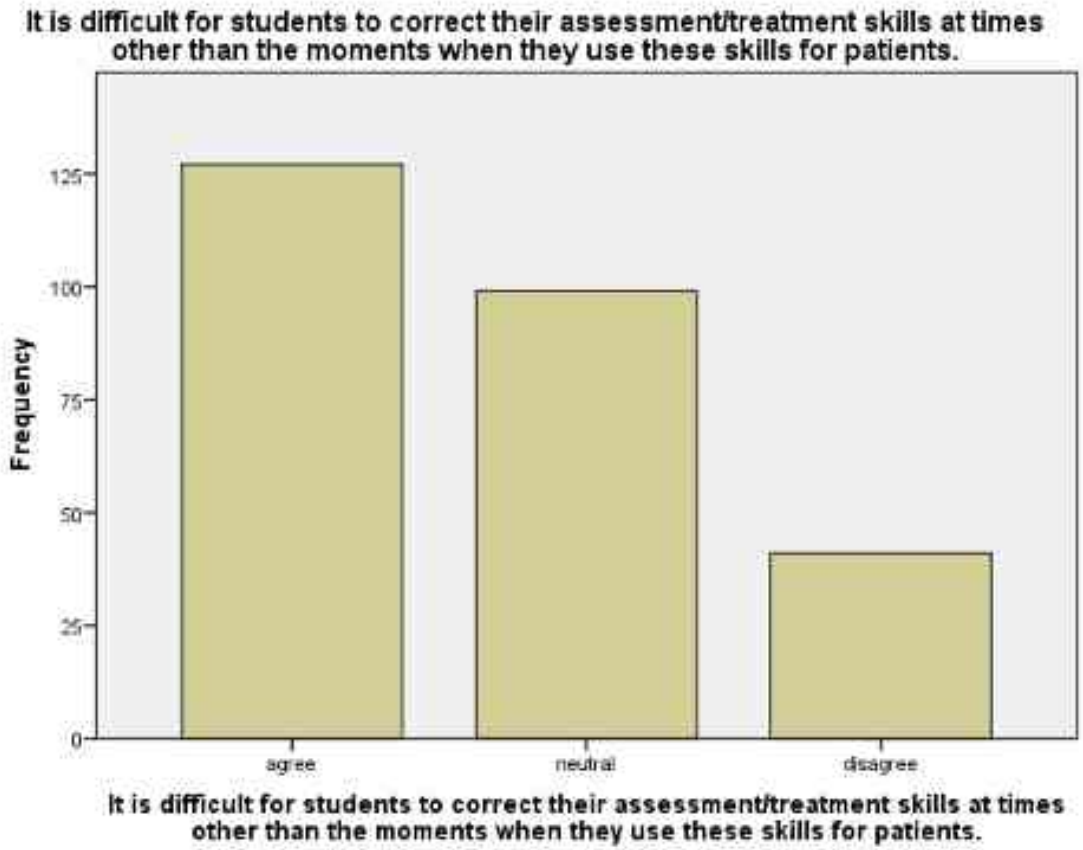

Figure 4.23: It is difficult for students to correct their assessment/treatment skills at times other than the moments when they use these skills for patients.

Table 4.24: Students feel uncomfortable when CIs stand watch closely this makes them tense.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	agree	146	54.7	54.7	54.7
	neutral	91	34.1	34.1	88.8
	disagree	30	11.2	11.2	100.0
	Total	267	100.0	100.0	

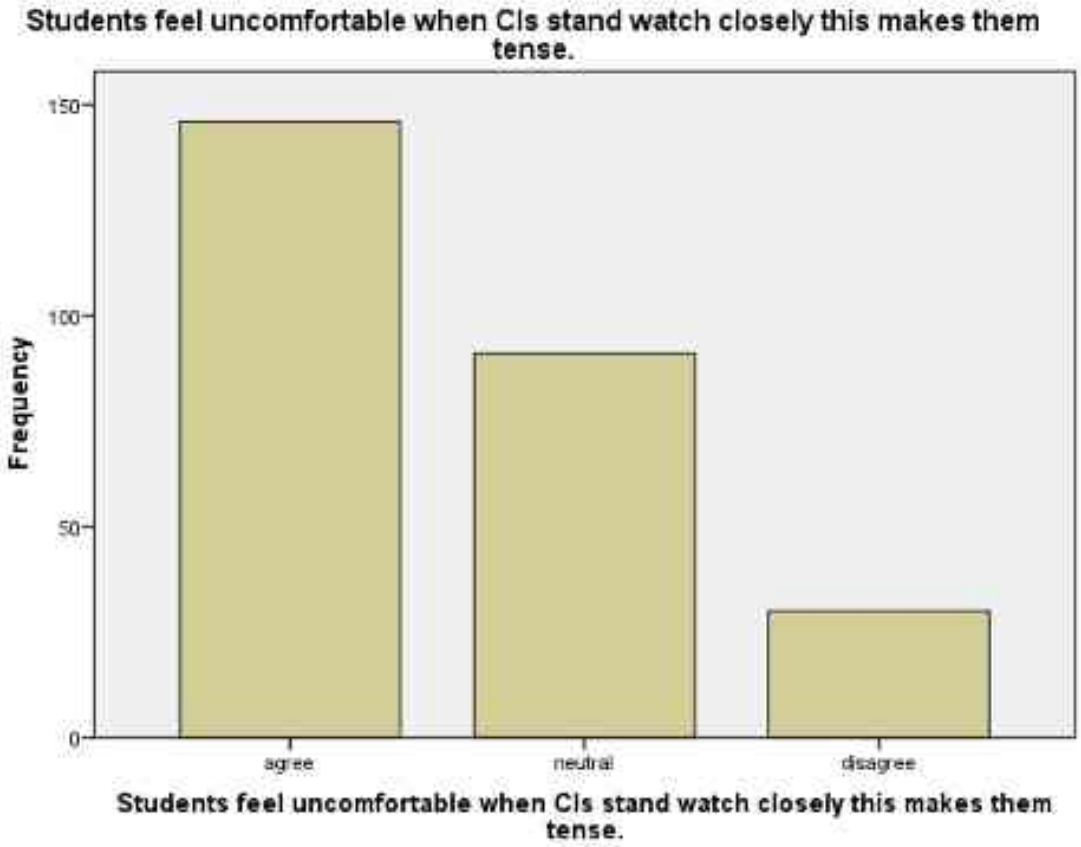

Figure 4.24: Students feel uncomfortable when clinical instructor stand watch closely this make them tense.

Table 4.25: It is inappropriate for CIs to negatively judge students' characters and impressions

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	agree	177	66.3	66.3	66.3
	neutral	65	24.3	24.3	90.6
	disagree	25	9.4	9.4	100.0
	Total	267	100.0	100.0	

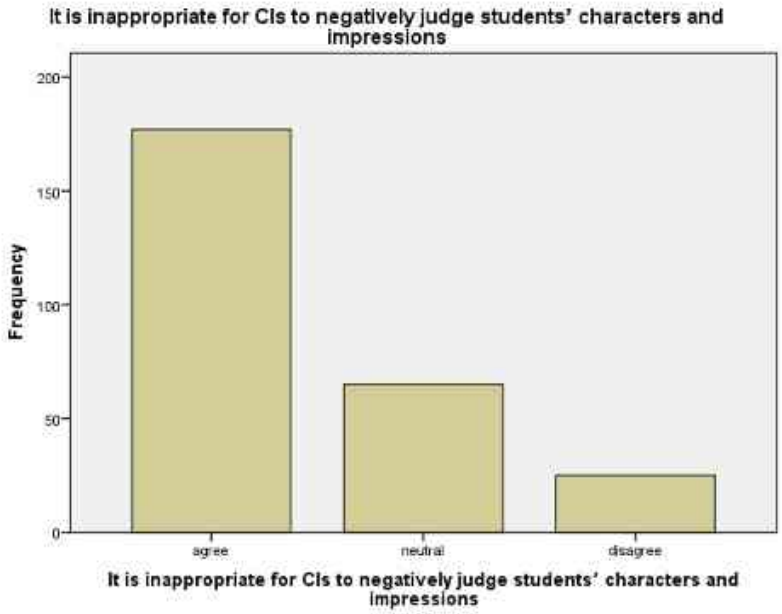

Figure 4.25 : It is inappropriate for clinical instructors to negatively judge students character and impressions.

Table 4.26: It is inappropriate for students to have a reduced sleep time due to heavy burdens of submitting daily notes and reports.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	agree	149	55.8	55.8	55.8
	neutral	98	36.7	36.7	92.5
	disagree	20	7.5	7.5	100.0
	Total	267	100.0	100.0	

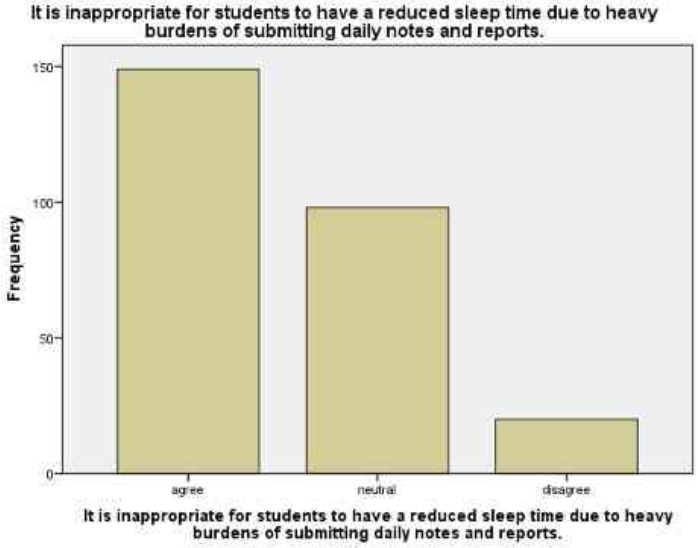

Figure 4.26: It is inappropriate for students to have a reduced sleep time due to heavy burdens of submitting daily notes and reports.

Table 4.27: It is inappropriate for CIs to show insincere attitudes toward students' questions and tasks.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	agree	137	51.3	51.3	51.3
	neutral	97	36.3	36.3	87.6
	disagree	33	12.4	12.4	100.0
	Total	267	100.0	100.0	

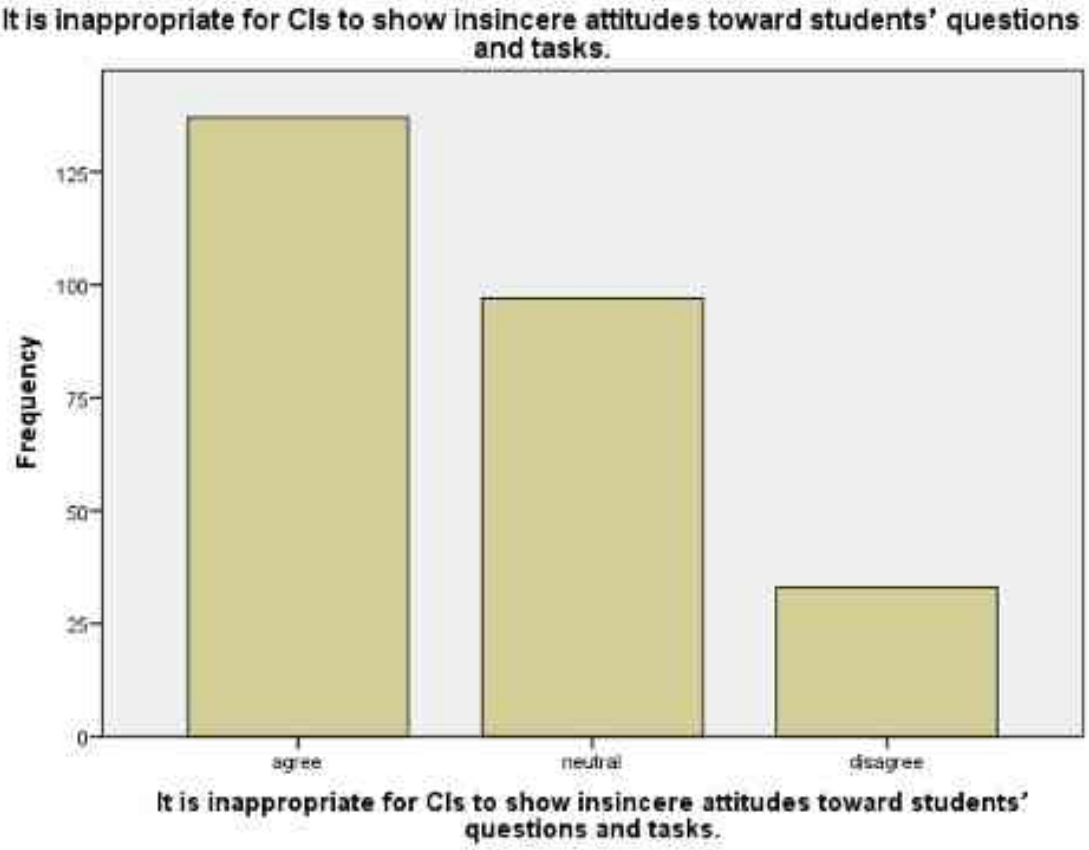

Figure 4.27: It is inappropriate for clinical instructor to show insincere attitude toward students questions and task.

Table 4.28: It is difficult for students to determine the extent to which they can practice based on their own judgment when CIs are absent.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	agree	113	42.3	42.3	42.3
	neutral	119	44.6	44.6	86.9
	disagree	35	13.1	13.1	100.0
	Total	267	100.0	100.0	

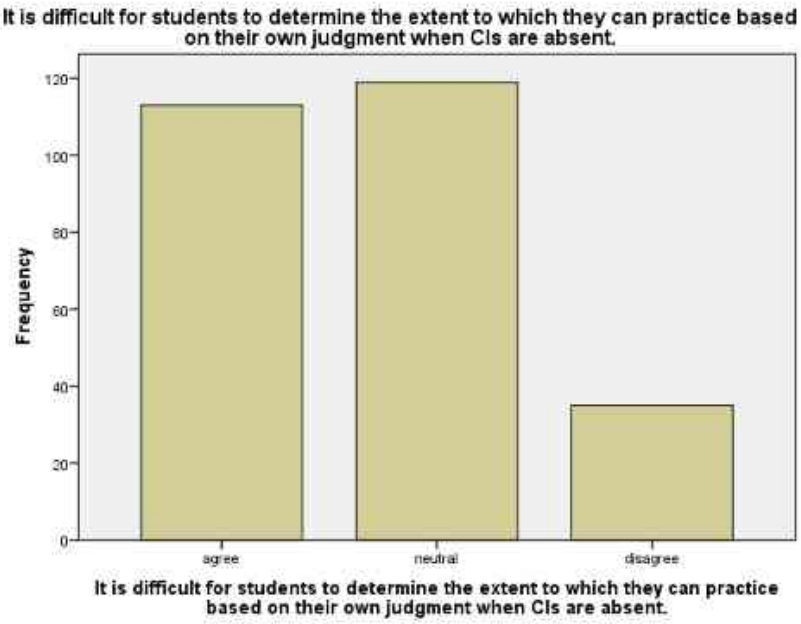

Figure 4.28: It is difficult for students to determine the extent to which they can practice based on their own judgment when clinical instructor are absent.

Table 4.29: Students expect CIs not only to respect their opinions, but also provide advice for them from the perspective of CIs.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	agree	131	49.1	49.1	49.1
	neutral	114	42.7	42.7	91.8
	disagree	22	8.2	8.2	100.0
	Total	267	100.0	100.0	

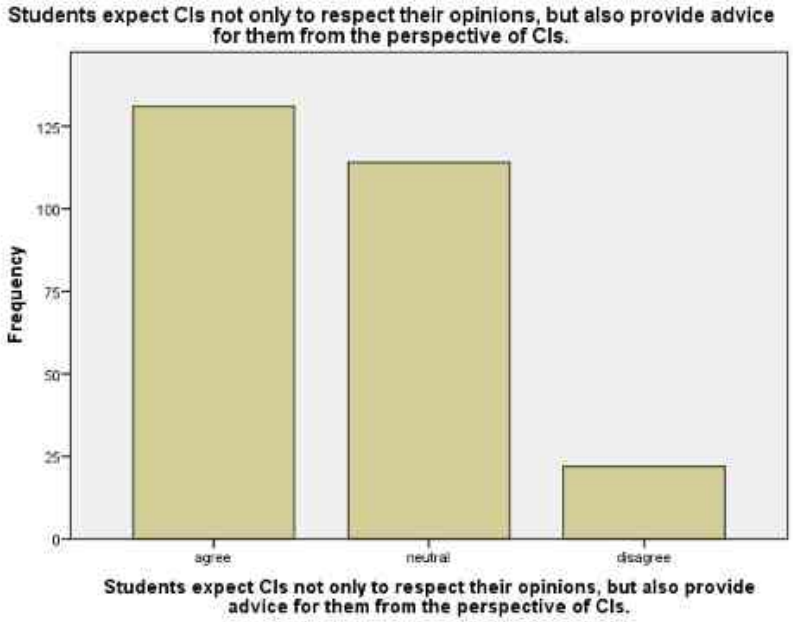

Figure 4.29: Students expect clinical instructor not only to respect their opinions, but also provide advice for them from the perspective of clinical instructors.

Table 4.30: It is confusing for students to have delays in clinical practice due to unexpected discharge.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	agree	122	45.7	45.7	45.7
	neutral	105	39.3	39.3	85.0
	disagree	40	15.0	15.0	100.0
	Total	267	100.0	100.0	

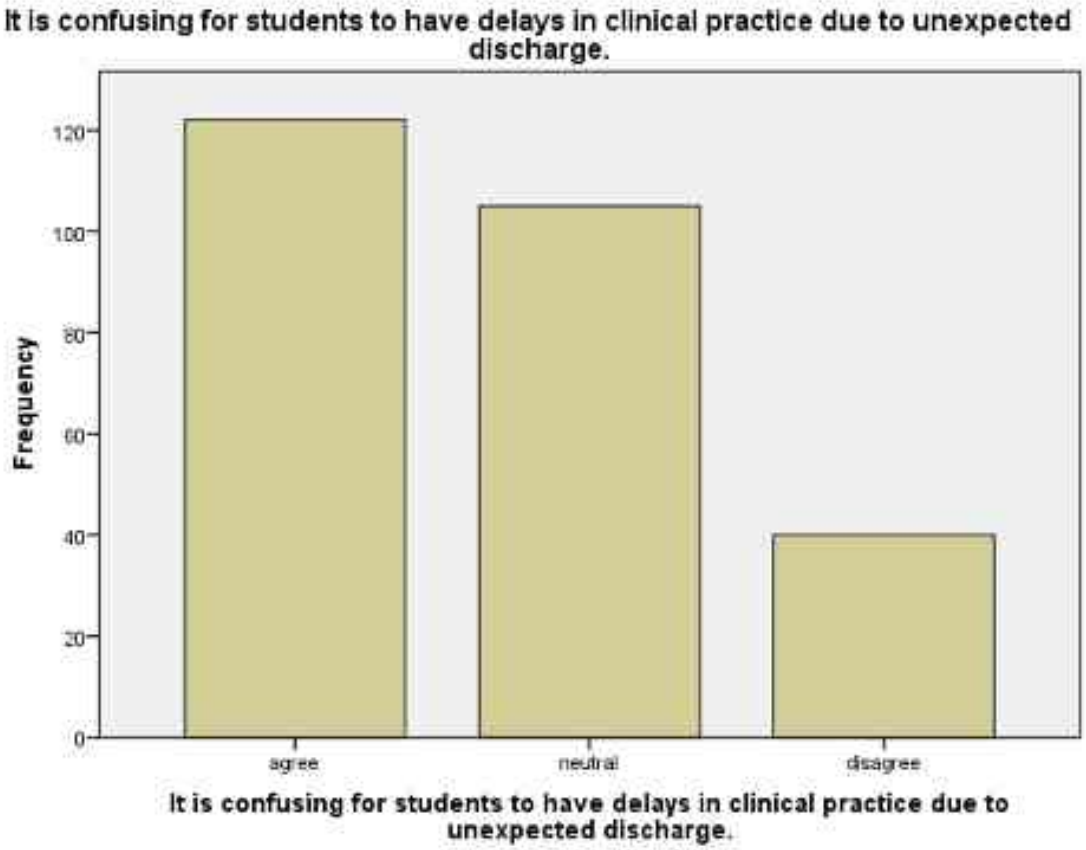

Figure 4.30: It is confusing for students to have delays in clinical practice due to unexpected discharge.

Table 4.31: Students expect CIs to coordinate holidays for both parties, and let them know schedules early.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	agree	132	49.4	49.4	49.4
	neutral	99	37.1	37.1	86.5
	disagree	36	13.5	13.5	100.0
	Total	267	100.0	100.0	

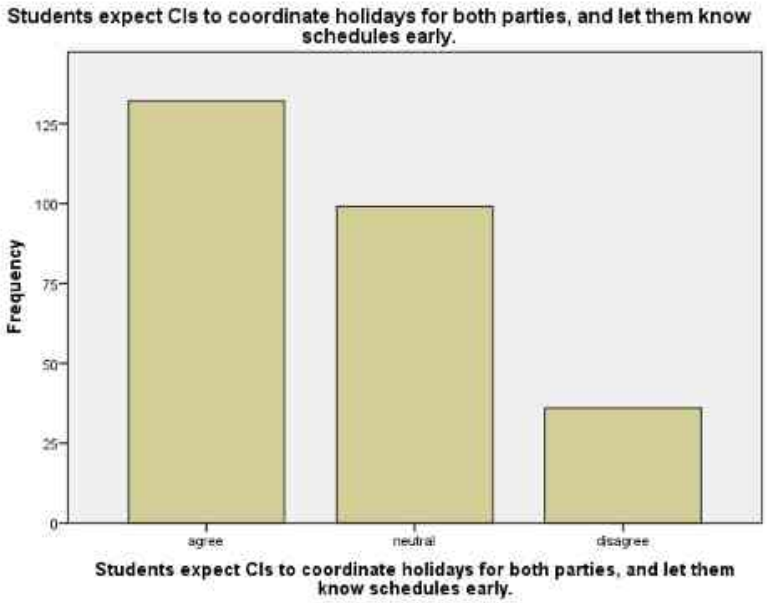

Figure 4.31: Students expect clinical instructors to coordinate holidays for both parties, and let them know schedules early.

Table 4.32: It is difficult for students to detect changes in patients conditions unlike CIs, because they still lack such focuses and senses.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	agree	124	46.4	46.4	46.4
	neutral	105	39.3	39.3	85.8
	disagree	38	14.2	14.2	100.0
	Total	267	100.0	100.0	

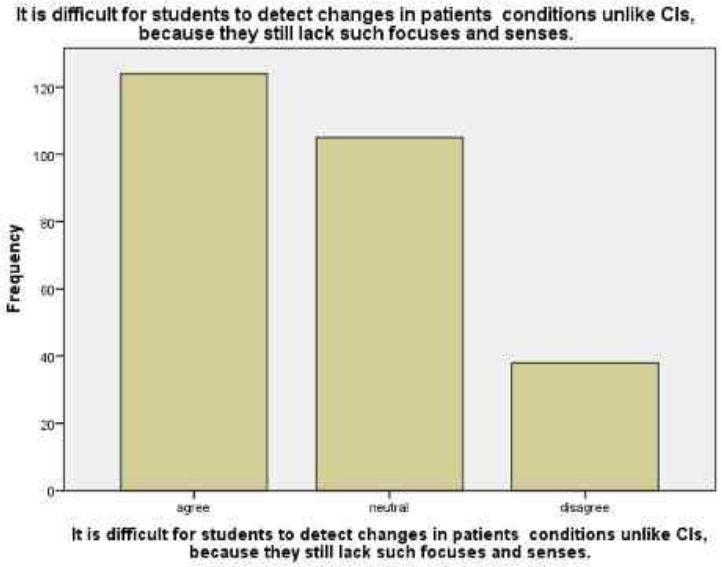

Figure 4.32: It is difficult for students to detect changes in patients condition unlike clinical instructor, because they still lack such focuses and senses.

Table 4.33: It is inappropriate to provide therapeutic interventions without confirming consistency between students' and CIs' ideas and treatment policies.					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	agree	133	49.8	49.8	49.8
	neutral	93	34.8	34.8	84.6
	disagree	41	15.4	15.4	100.0
	Total	267	100.0	100.0	

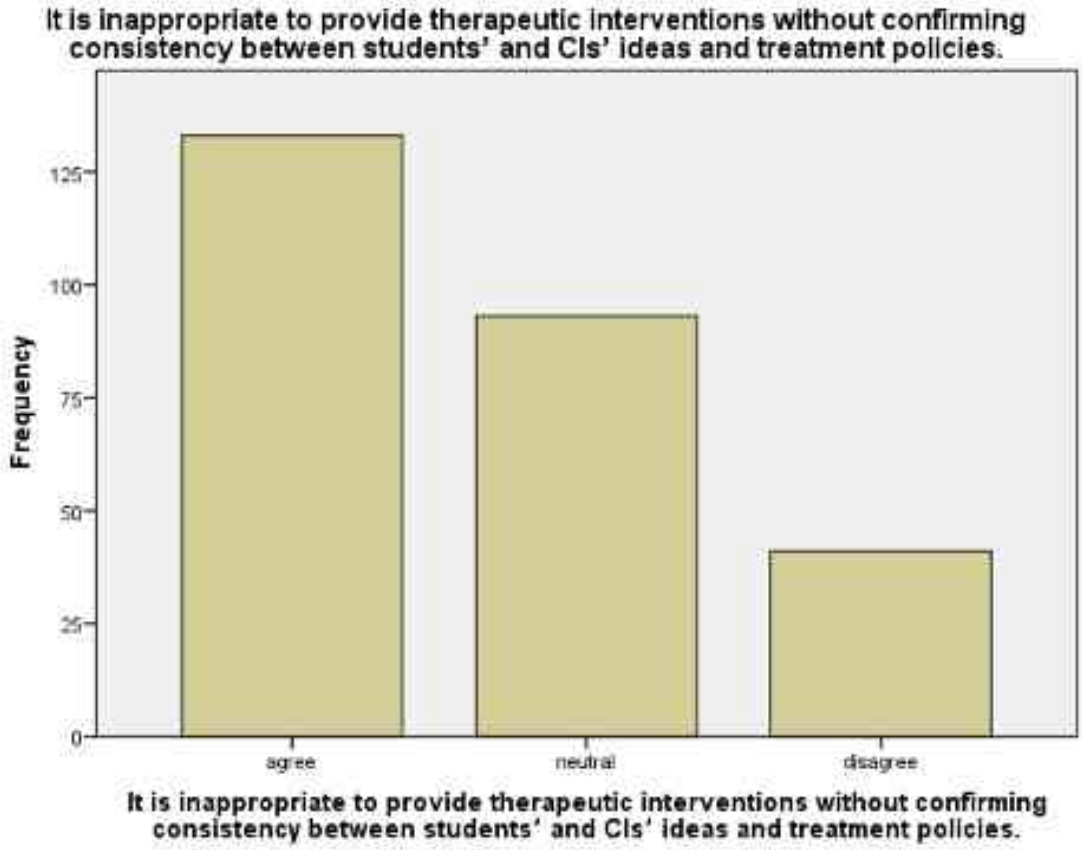

Figure 4.33: It is inappropriate to provide therapeutic interventions without confirming consistency between students and clinical instructors ideas and treatment policies.

Table 4.34: It is difficult for students to consult with CIs before organizing their opinions and questions					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	agree	138	51.7	51.7	51.7
	neutral	86	32.2	32.2	83.9
	disagree	43	16.1	16.1	100.0
	Total	267	100.0	100.0	

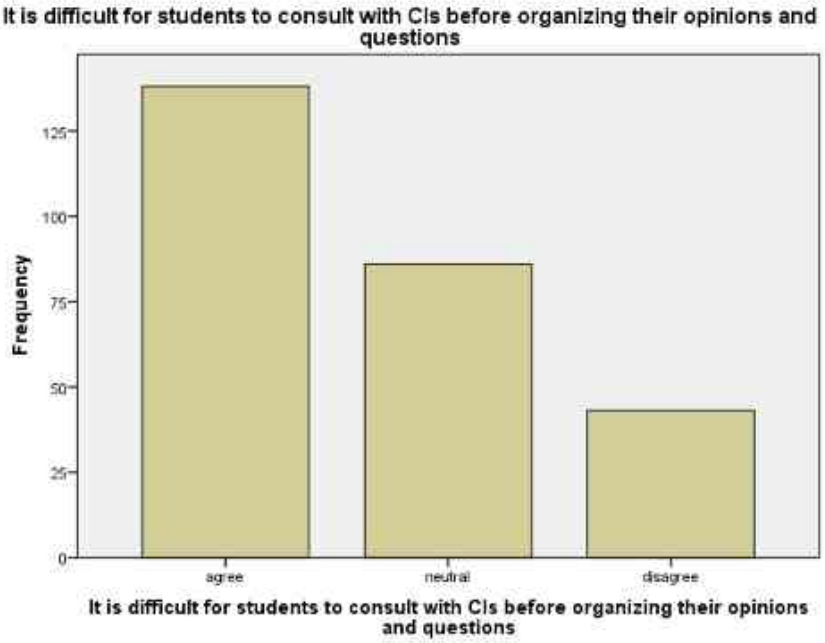

Figure 4. 34: It is difficult for students to consult with clinical instructor before organizing their opinions and questions.

Table 4.35: It is confusing for students when criticized for something individual students cannot manage or not directly related to physical therapy.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	agree	143	53.6	53.6	53.6
	neutral	90	33.7	33.7	87.3
	disagree	34	12.7	12.7	100.0
	Total	267	100.0	100.0	

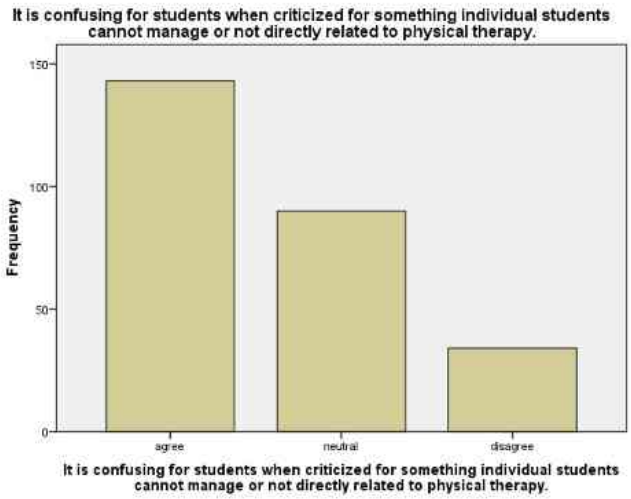

Figure 4.35: It is confusing for students when criticized for something individual students cannot manage or not directly related to physical therapy.

Table 4.36: Students feel confused on whether their commitments without sufficient knowledge and skills truly benefit patients.					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	agree	141	52.8	52.8	52.8
	neutral	91	34.1	34.1	86.9
	disagree	35	13.1	13.1	100.0
	Total	267	100.0	100.0	

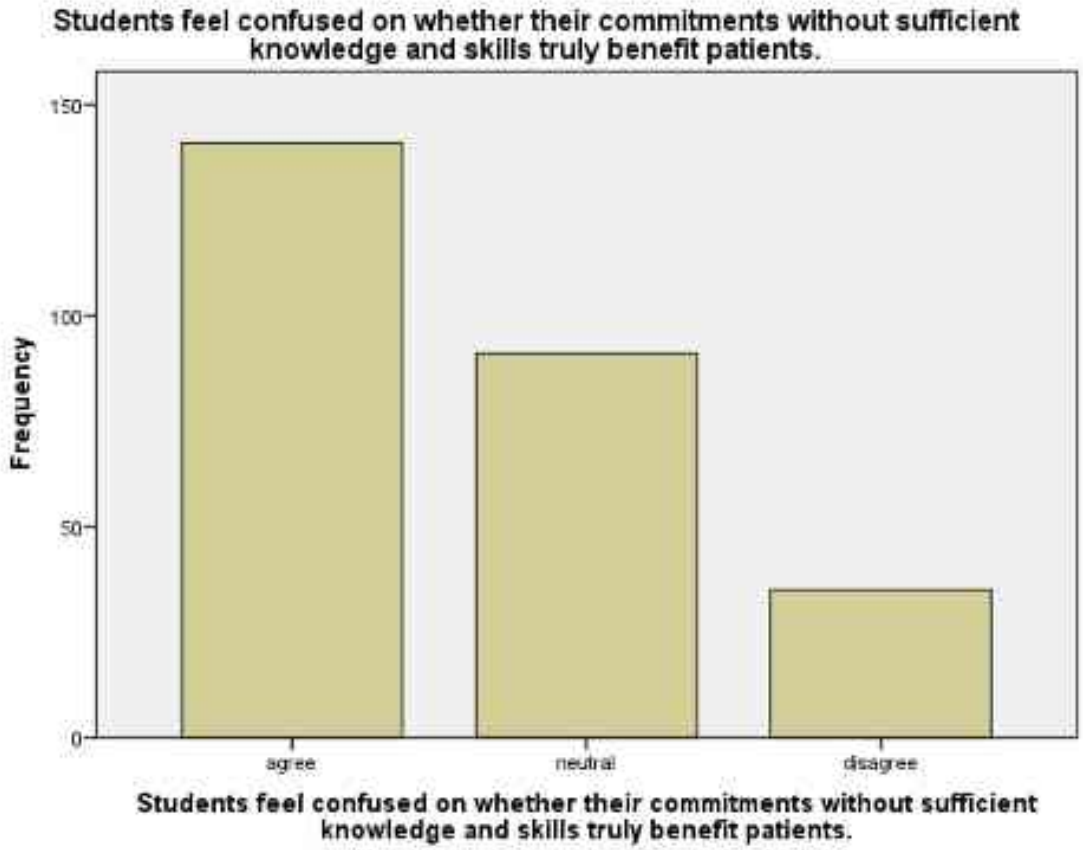

Figure 4. 36: Students feel confused on whether their commitments without sufficient knowledge and skills truly benefit patients.

Table 4.37: It is difficult for students without sufficient knowledge of diseases to conduct assessment and set goals for patients.					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	agree	180	67.4	67.4	67.4
	neutral	57	21.3	21.3	88.8
	disagree	30	11.2	11.2	100.0
	Total	267	100.0	100.0	

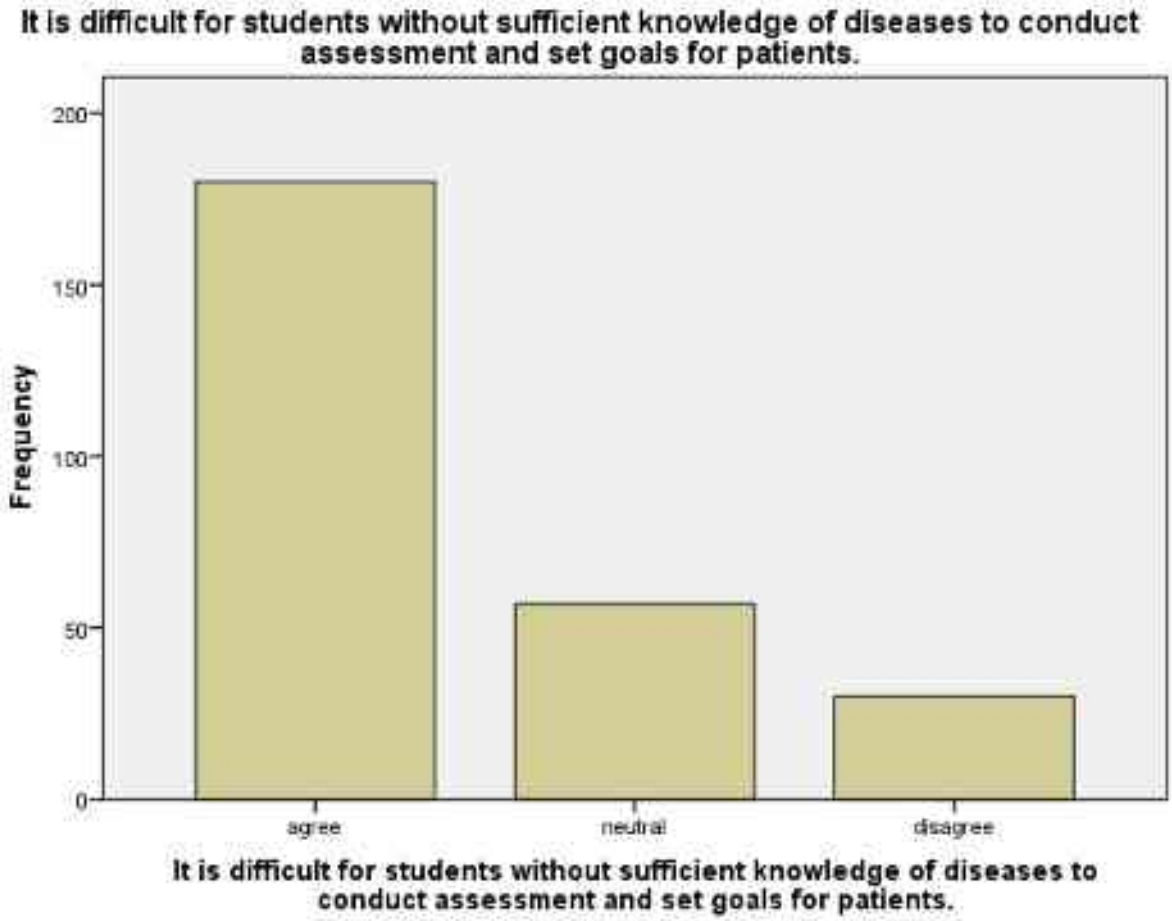

Figure 4.37: It is difficult for students without sufficient knowledge of disease to conduct assessment and set goals for patients.

Table 4.38: It is difficult for students to create detailed plans, with priority and time allocation in each physical therapy program taken into account.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	agree	143	53.6	53.6	53.6
	neutral	99	37.1	37.1	90.6
	disagree	25	9.4	9.4	100.0
	Total	267	100.0	100.0	

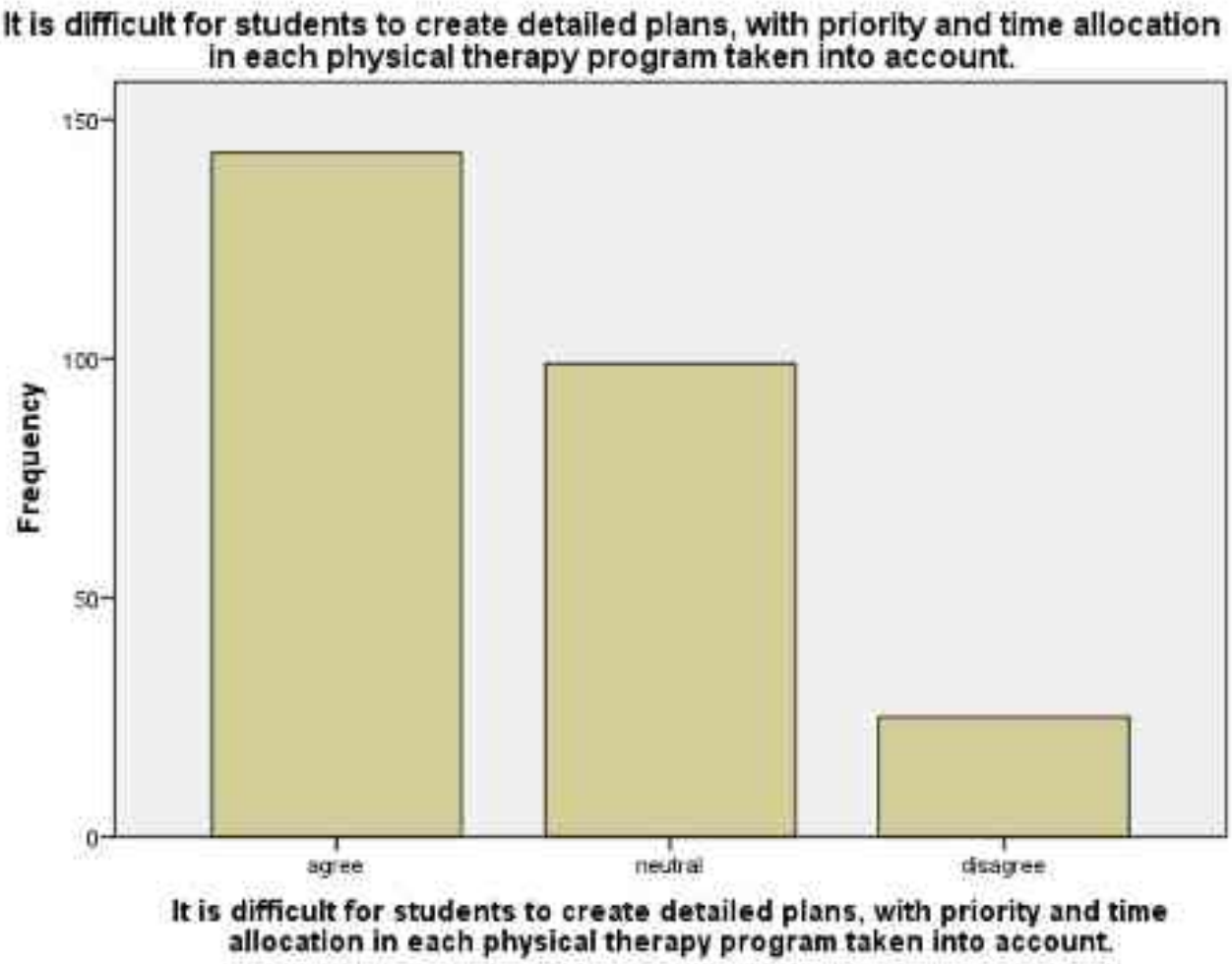

Figure 4.38: It is difficult for students to create detailed plans, with priority and time allocation in each physical therapy program taken into account.

Table 4.39: It is difficult for students to express their desires and requests during observation.					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	agree	118	44.2	44.2	44.2
	neutral	85	31.8	31.8	76.0
	disagree	64	24.0	24.0	100.0
	Total	267	100.0	100.0	

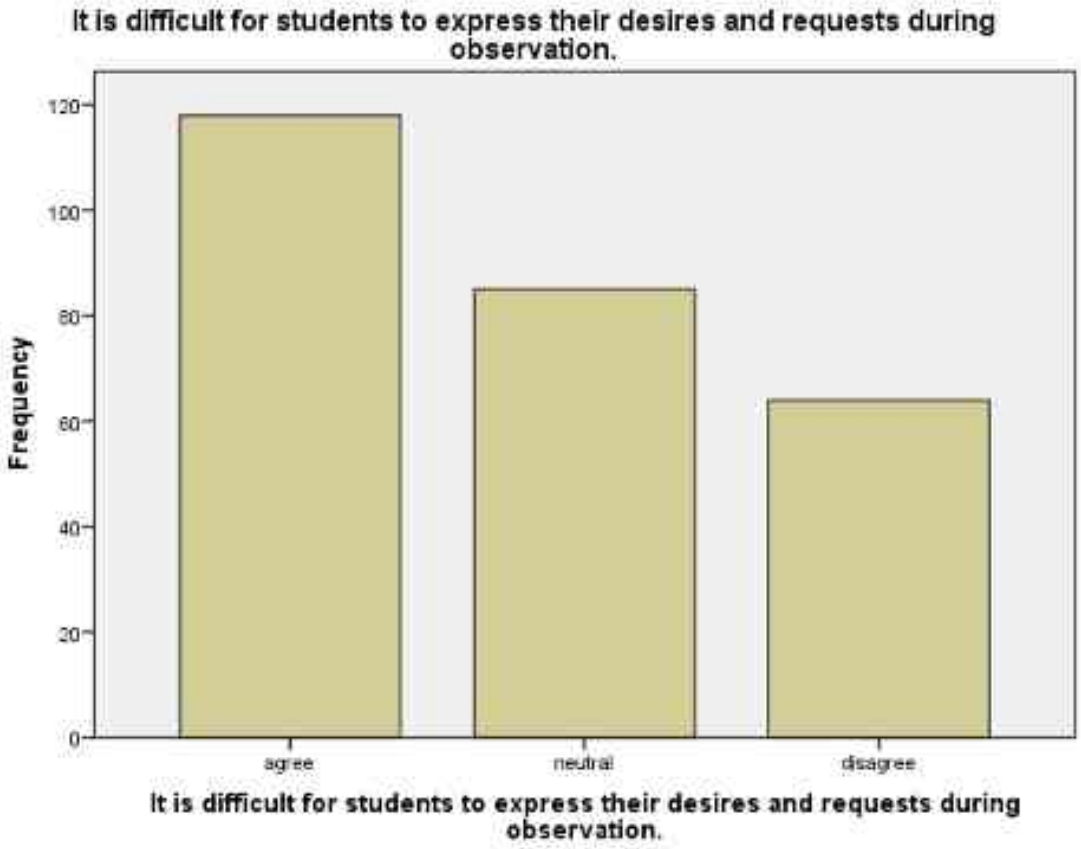

Figure 4.39: It is difficult for students to express their desires and requests during observation.

Table 4.40: It is difficult for students to identify patients problems by connecting the results of examination, measurement and observation.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	agree	109	40.8	40.8	40.8
	neutral	109	40.8	40.8	81.6
	disagree	49	18.4	18.4	100.0
	Total	267	100.0	100.0	

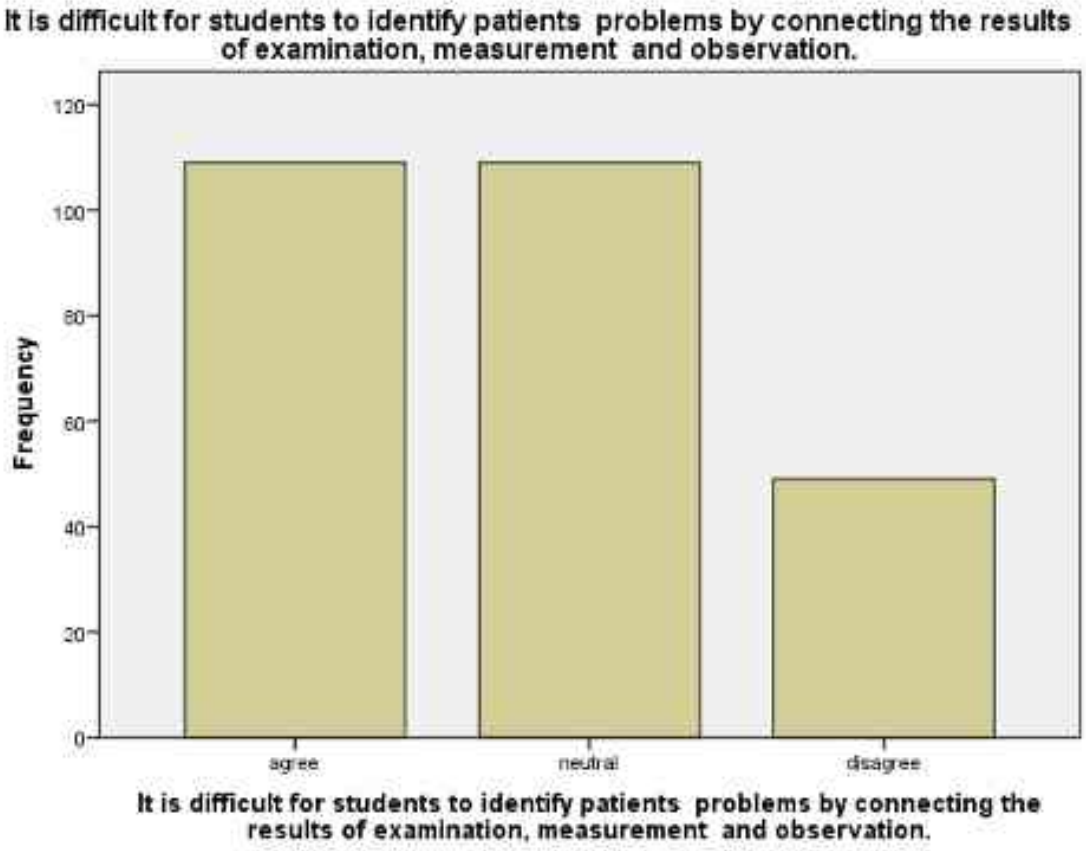

Figure 4.40: It is difficult for students to identify patients problems by connecting the results of examination, measurement and observation.

Table 4.41: It is difficult for students to express their own opinions in writing, and clearly convey these opinions to CIs through theorized reports.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	agree	116	43.4	43.4	43.4
	neutral	99	37.1	37.1	80.5
	disagree	52	19.5	19.5	100.0
	Total	267	100.0	100.0	

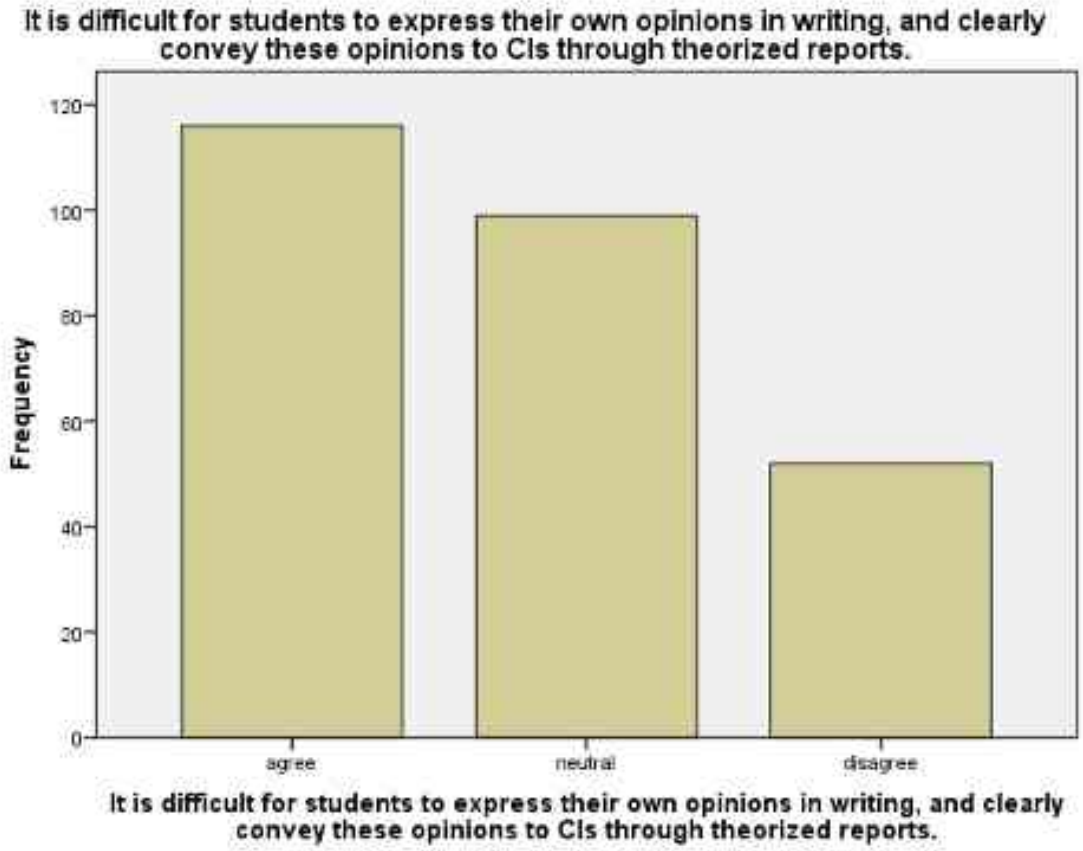

Figure 4.41: It is difficult for students to express their opinions in writing and clearly convey these opinions to clinical instructor through theorized reports.

Table 4.42: It is difficult for students to accurately express their opinions with words, and clearly convey them to CIs.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	agree	97	36.3	36.3	36.3
	neutral	101	37.8	37.8	74.2
	disagree	69	25.8	25.8	100.0
	Total	267	100.0	100.0	

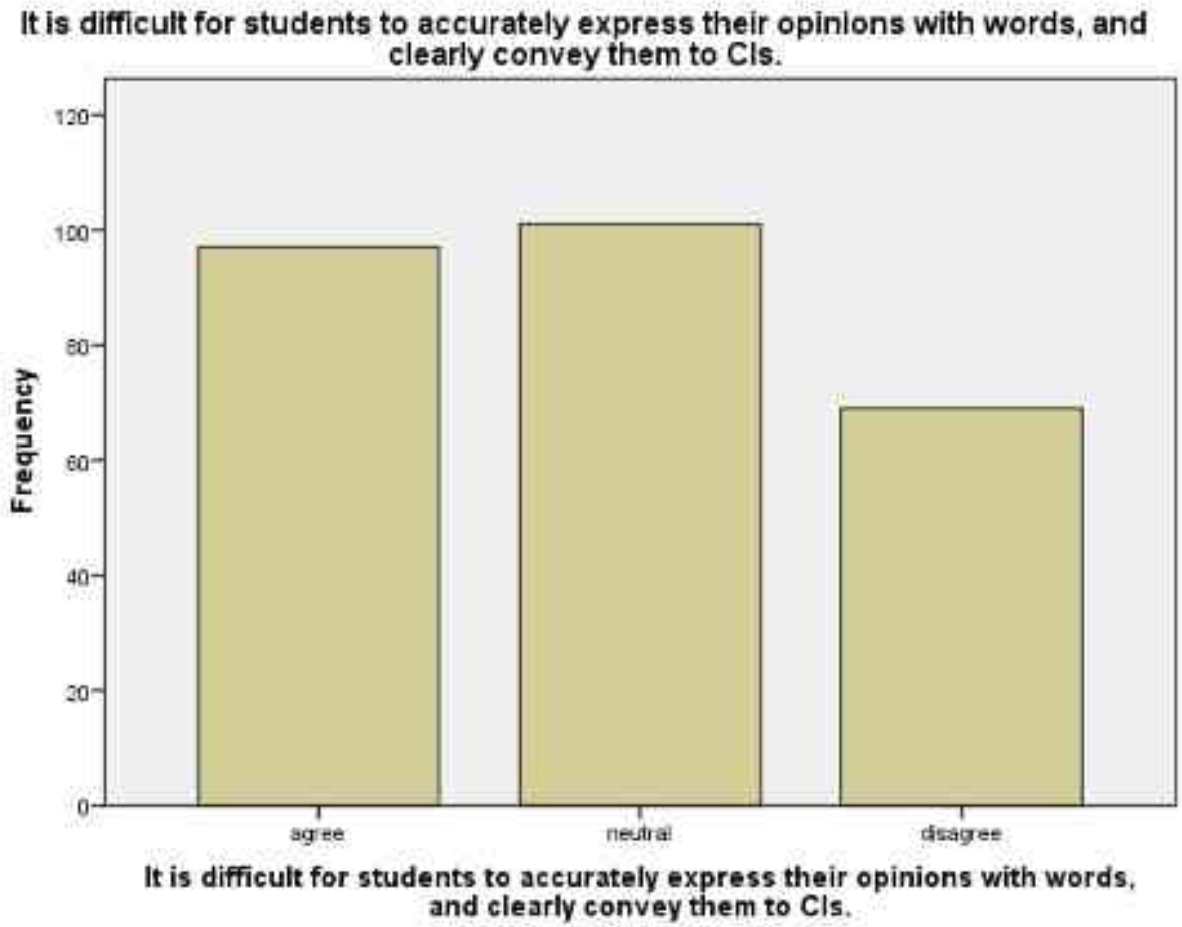

Figure 4.42: It is difficult for students to accurately express their opinions with words and clearly convey them to clinical instructors.

Table 4.43: It is difficult for students lacking basic knowledge to assess patients and identify the causes of their problems..

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	agree	124	46.4	46.4	46.4
	neutral	94	35.2	35.2	81.6
	disagree	49	18.4	18.4	100.0
	Total	267	100.0	100.0	

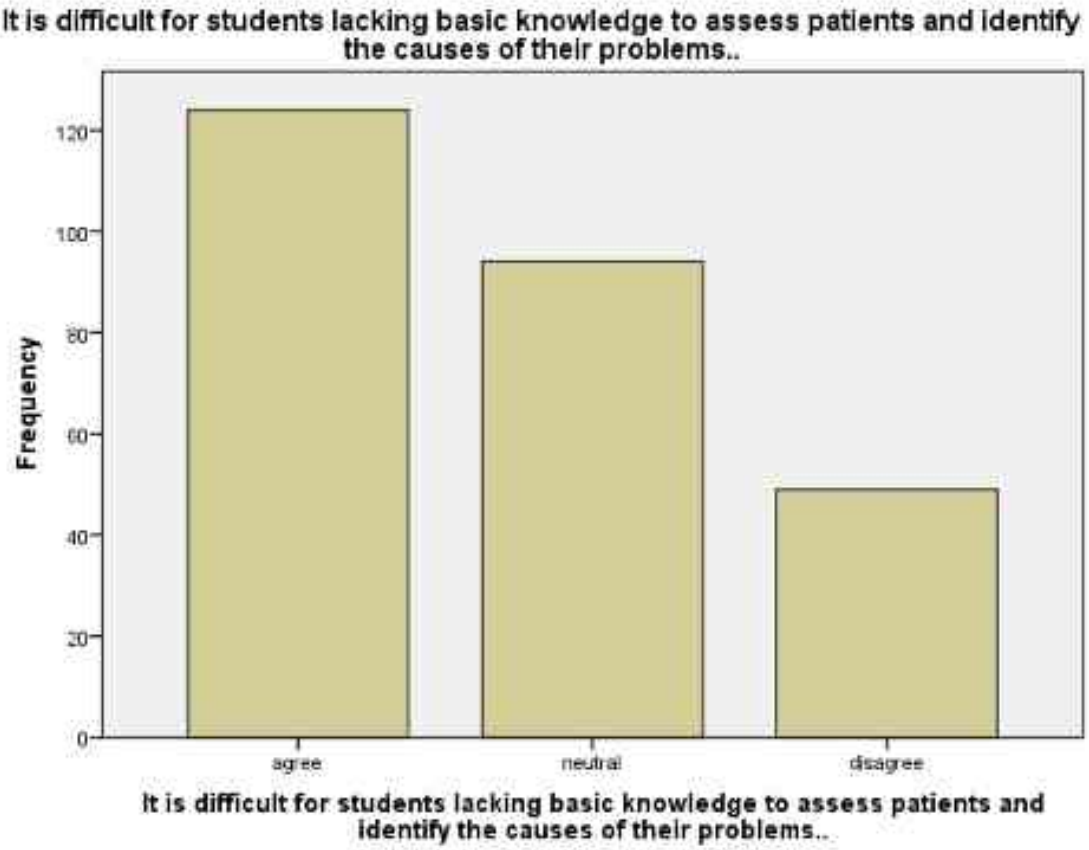

Figure 4.43: It is difficult for students lacking basic knowledge to assess patients and identify the causes of their problems.

Table 4.44: It is difficult for students lacking senses that are achievable through the experience of treatment to detect changes in patients conditions.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	agree	129	48.3	48.3	48.3
	neutral	85	31.8	31.8	80.1
	disagree	53	19.9	19.9	100.0
	Total	267	100.0	100.0	

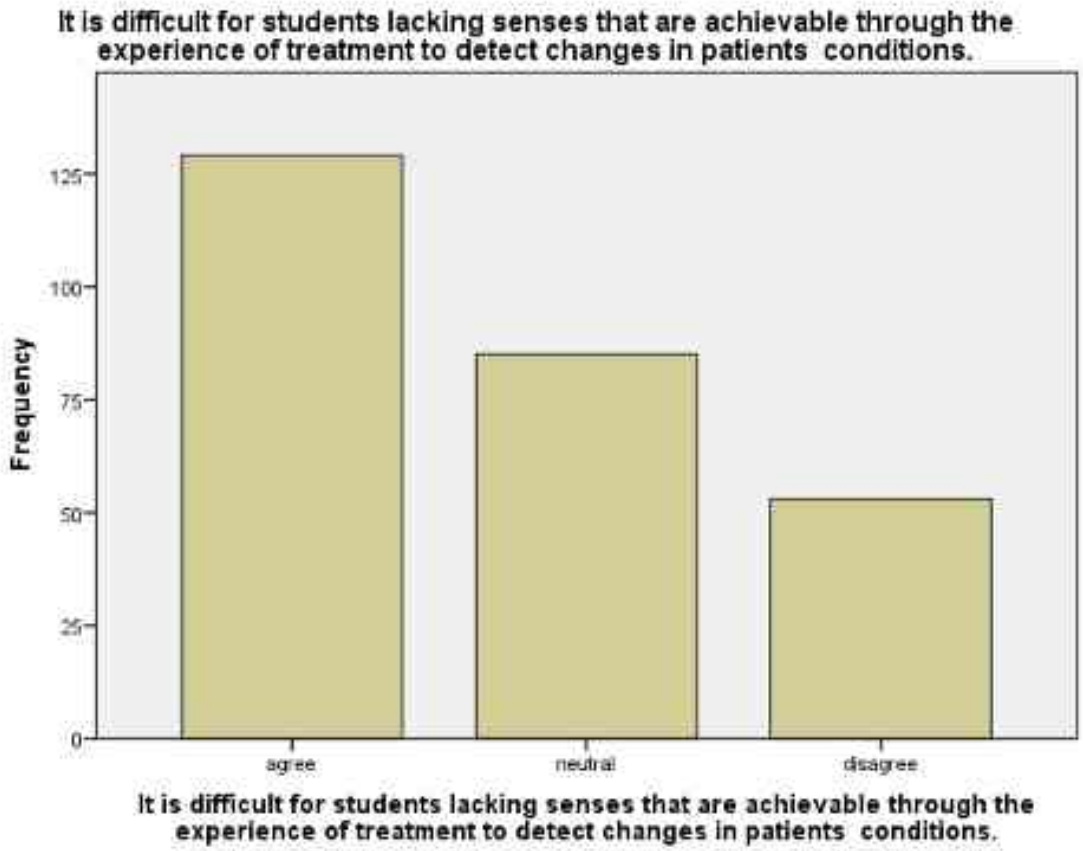

Figure 4.44: It is difficult for students lacking sense that are achievable through the experience of treatment to detect changes in patients condition.

Table 4.45: It is difficult for students to sufficiently communicate with patients in hospitals, where there are many patients, and limited timeframes are allocated to physical therapy.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	agree	159	59.6	59.6	59.6
	neutral	77	28.8	28.8	88.4
	disagree	31	11.6	11.6	100.0
	Total	267	100.0	100.0	

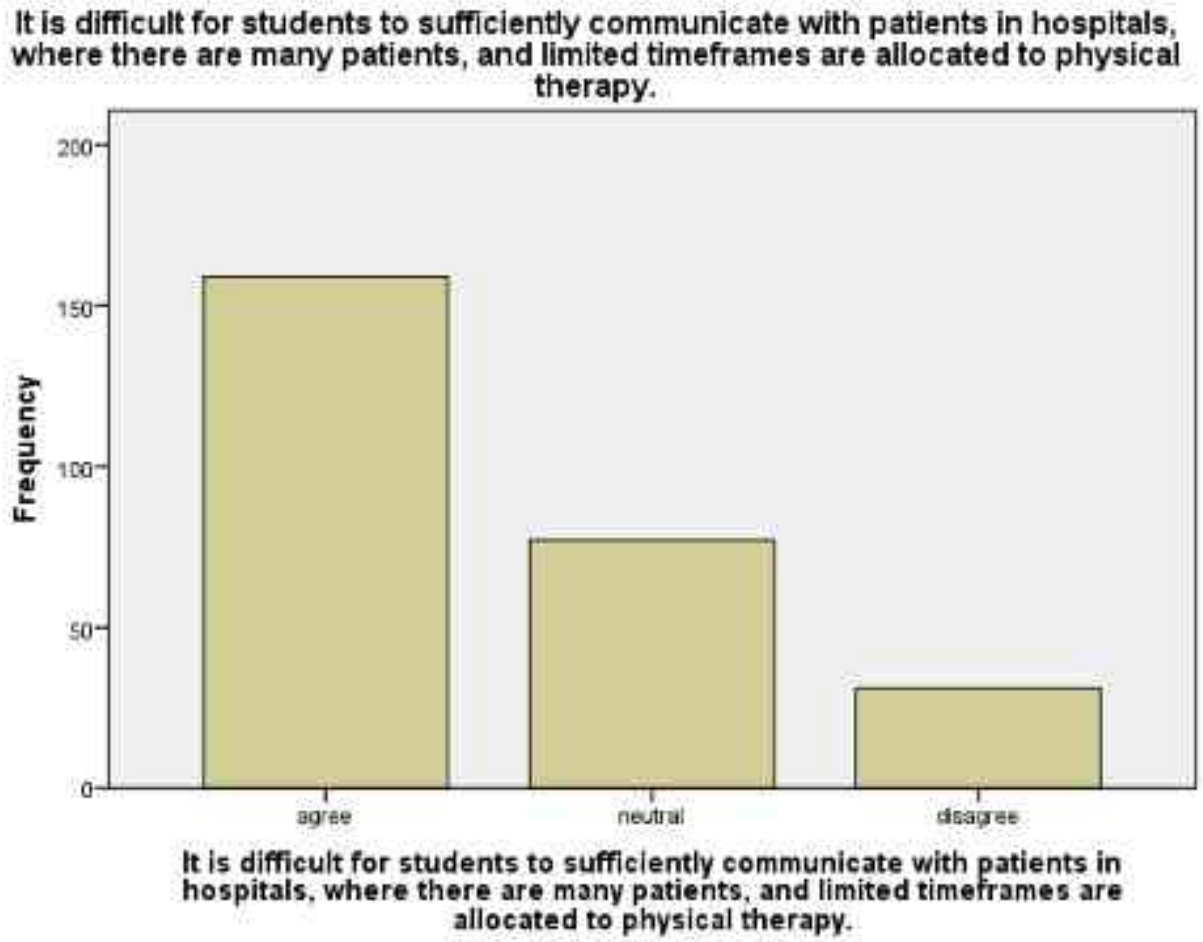

Figure 4.45: It is difficult for students to sufficiently communicate with patients in hospitals, where there are many patients and limited timeframes are allocated to physical therapy.

Table 4.46: It is confusing for students to appropriately manage patients' anxiety and/or negative statements.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	agree	131	49.1	49.1	49.1
	neutral	108	40.4	40.4	89.5
	disagree	28	10.5	10.5	100.0
	Total	267	100.0	100.0	

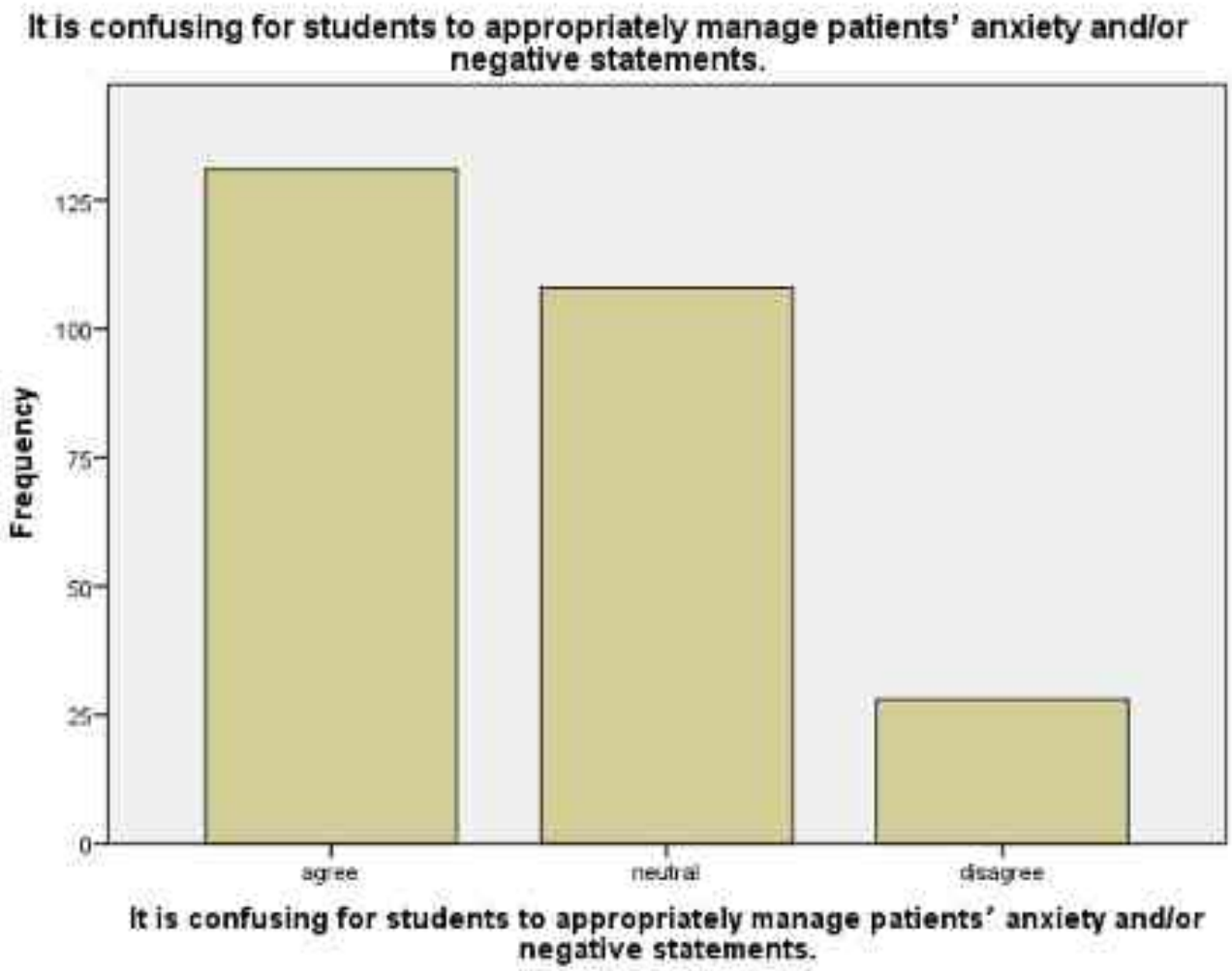

Figure 4.46: It is confusing for students to appropriately manage patients anxiety and/or negative statements.

Table 4.47: It is difficult for students to acquire necessary knowledge, and sufficiently absorb it during clinical practice

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	agree	127	47.6	47.6	47.6
	neutral	99	37.1	37.1	84.6
	disagree	41	15.4	15.4	100.0
	Total	267	100.0	100.0	

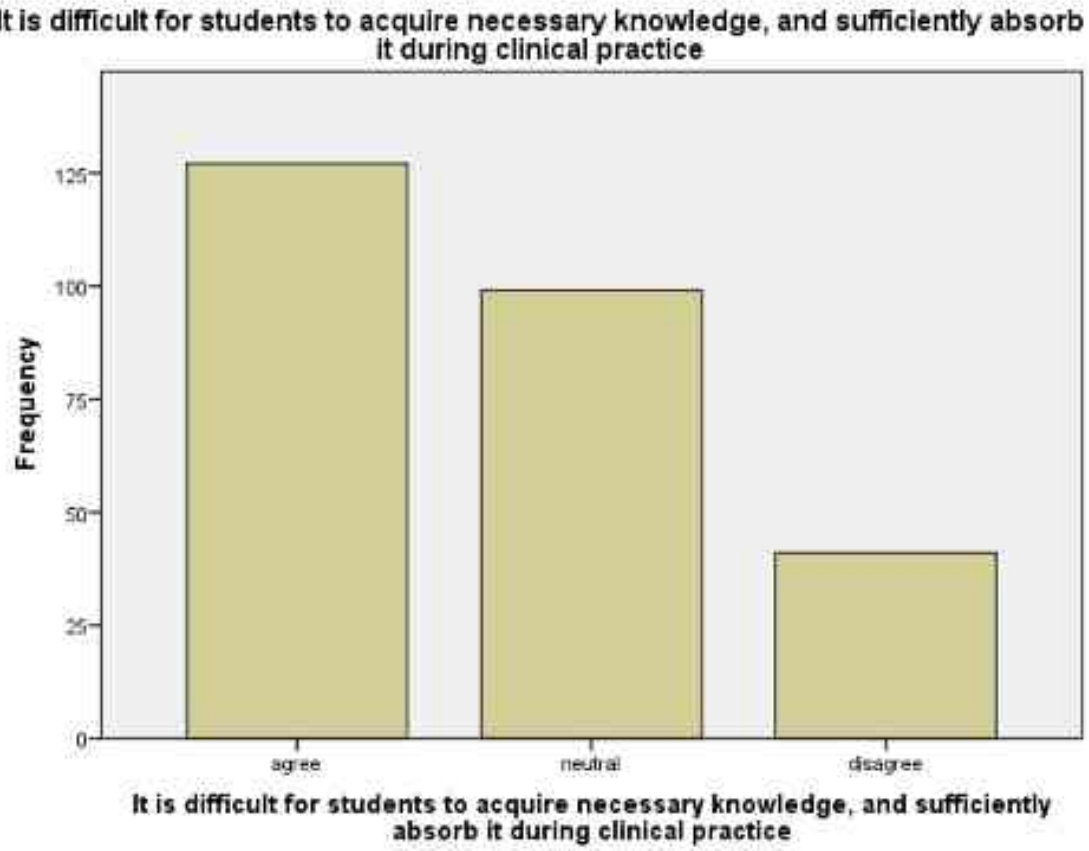

Figure 4.47: It is difficult for students to acquire necessary knowledge and sufficiently absorb it during clinical practice.

Table 4.48: It is difficult for students to obtain feedback that helps them organize their thoughts and deepen their understanding at appropriate times.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	agree	121	45.3	45.3	45.3
	neutral	104	39.0	39.0	84.3
	disagree	42	15.7	15.7	100.0
	Total	267	100.0	100.0	

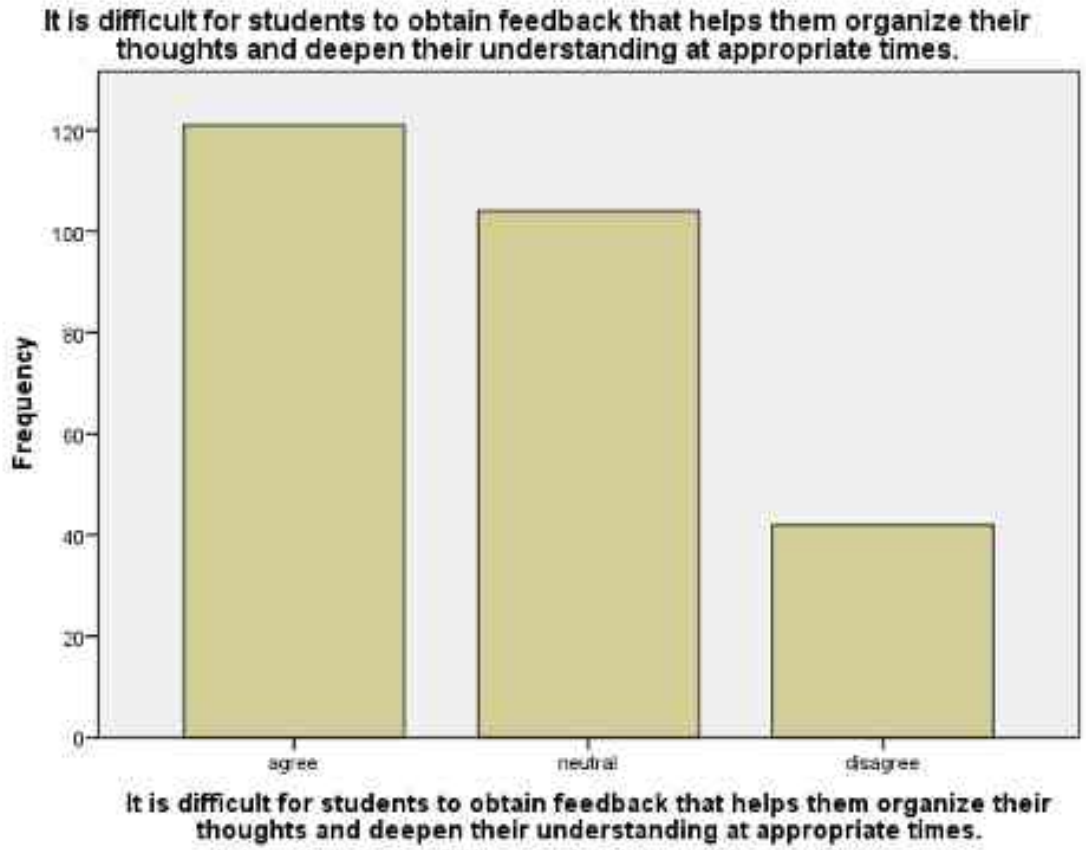

Figure 4.48: It is difficult for students to obtain feedback that helps them organize their thoughts and deepen their understanding at appropriate times.Table 4.49: It is difficult for students to appropriately treat pediatric patients and patients with dementia

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	agree	139	52.1	52.1	52.1
	neutral	105	39.3	39.3	91.4
	disagree	23	8.6	8.6	100.0
	Total	267	100.0	100.0	

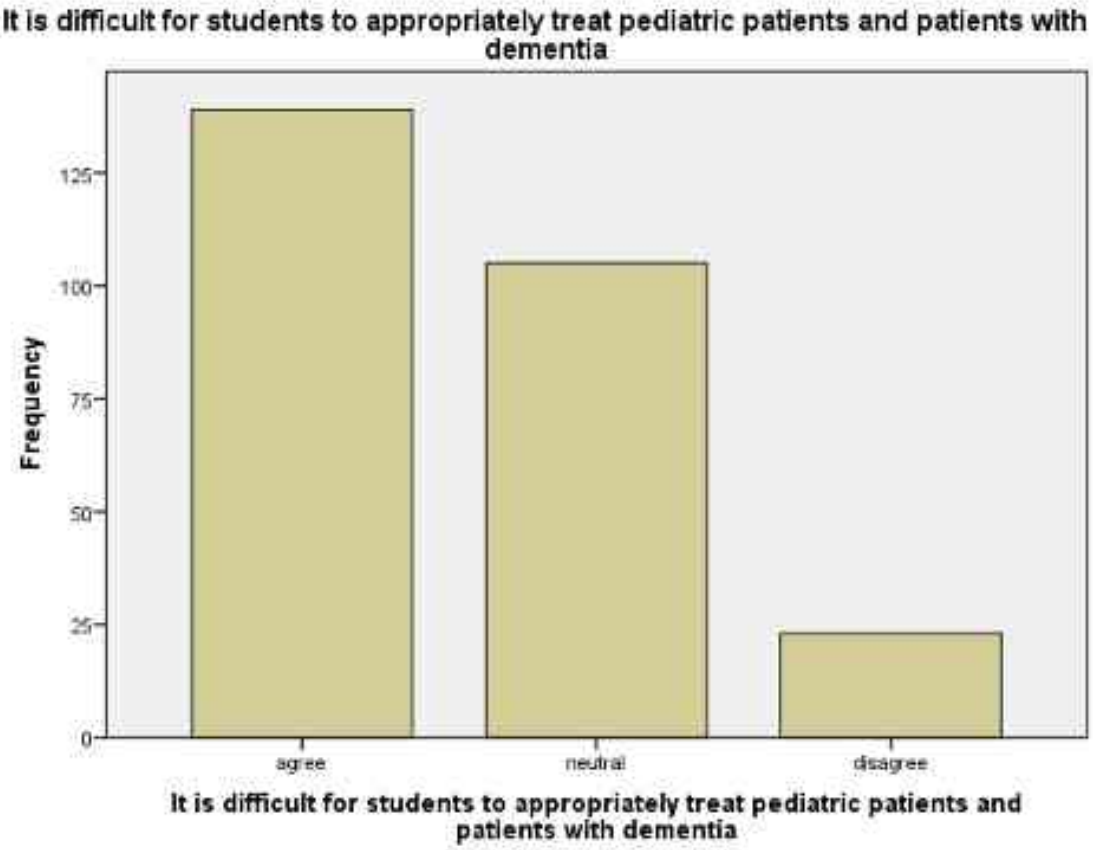

Figure 4.49: It is difficult for students to appropriately treat pediatric patients and patients with dementia.Table 4.50: It is difficult for students to establish favorable relationships with patients and their families

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	agree	116	43.4	43.4	43.4
	neutral	111	41.6	41.6	85.0
	disagree	40	15.0	15.0	100.0
	Total	267	100.0	100.0	

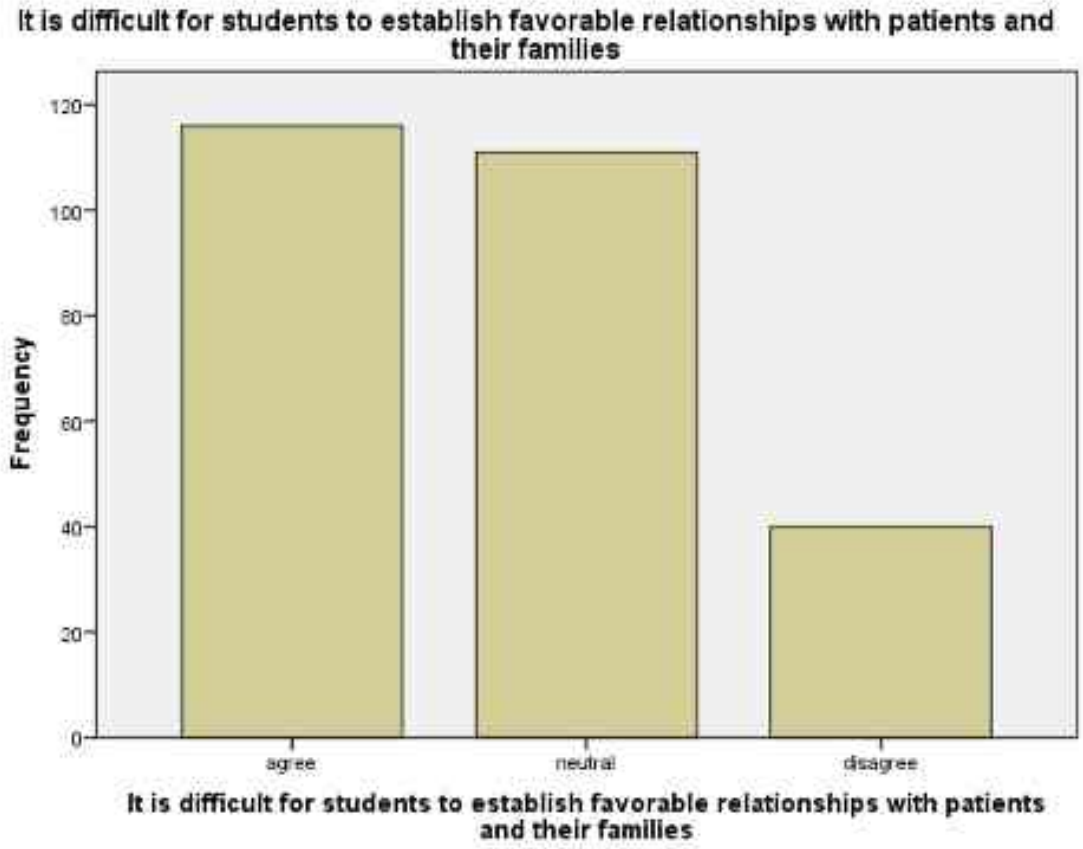

Figure 4.50: It is difficult for students to establish favorable relationship with patients and their families.Table 4.51: It is difficult for students to flexibly change programs according to changes in patients conditions.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	agree	115	43.1	43.1	43.1
	neutral	106	39.7	39.7	82.8
	disagree	46	17.2	17.2	100.0
	Total	267	100.0	100.0	

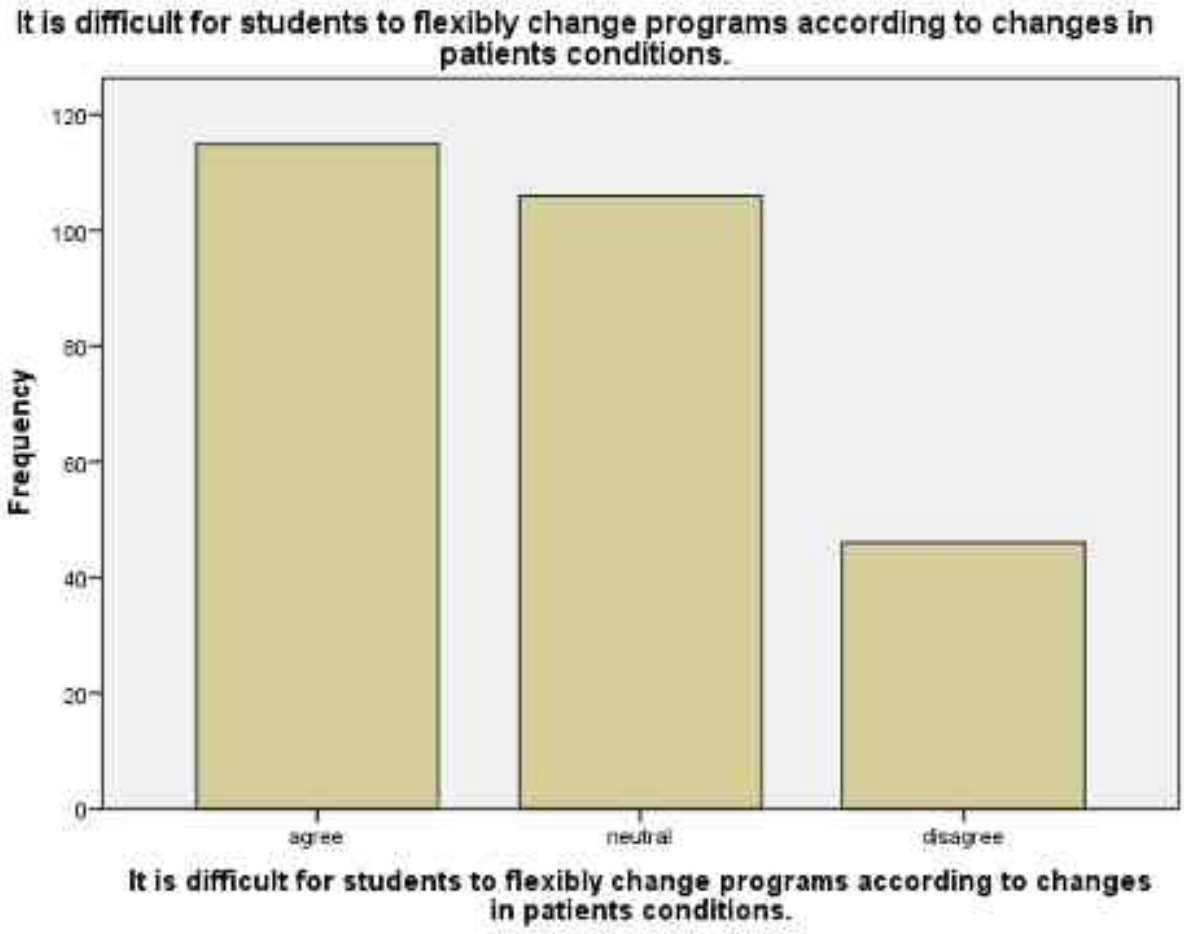

Figure 4.51: It is difficult for students to flexibly change programs according to changes in patients conditions.

Table 4.52: It is difficult for students to adapt to the atmosphere and environment during their first clinical practice.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	agree	135	50.6	50.6	50.6
	neutral	105	39.3	39.3	89.9
	disagree	27	10.1	10.1	100.0
	Total	267	100.0	100.0	

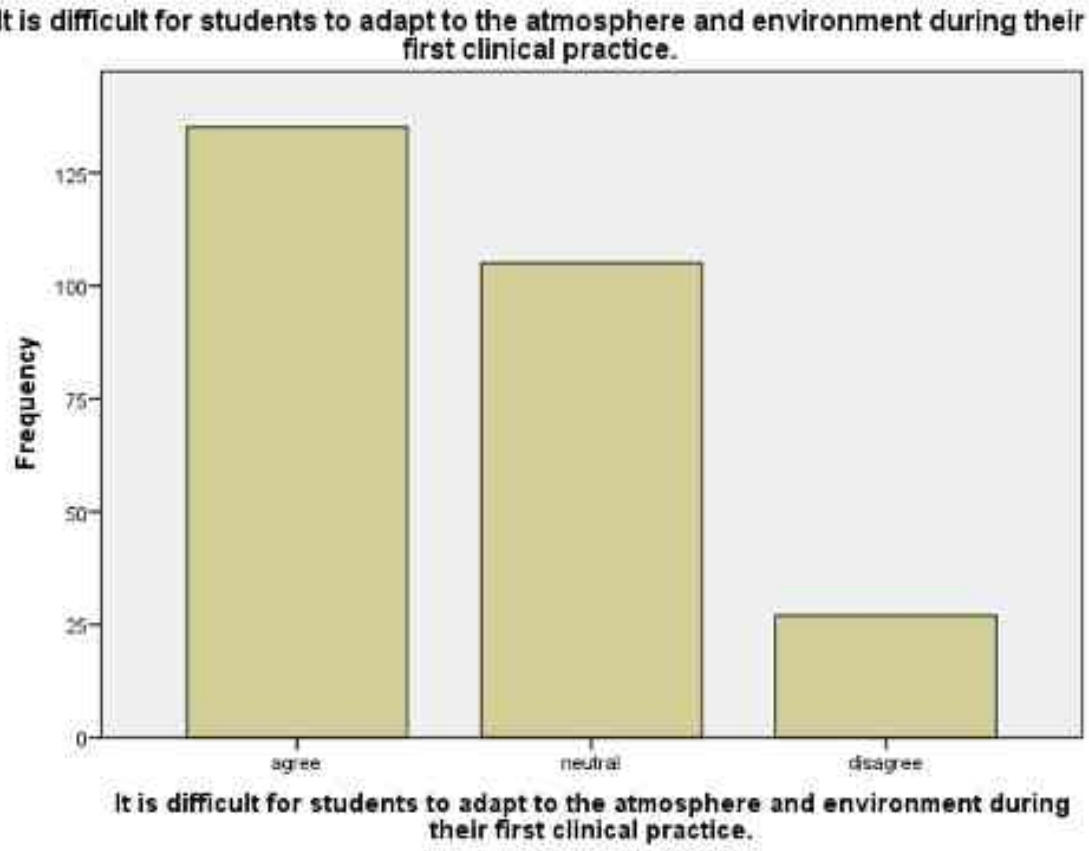

Figure 4.52: It is difficult for students to adopt to the atmosphere and environment during their first clinical practice.

5. DISCUSSION

In this discussion chapter, we will delve into the key findings obtained from the survey responses related to the perceived difficulties and challenges of physiotherapy students during clinical practice.

Our study included a diverse gender distribution, with 26.2% male and 73.8% female participants. This indicate a predominant representation of female students in physiotherapy program. Study conducted by Masae Shinozaki et al. in 2022. This study included 46.5% female and 53.5% male students.

Our study show clinical clerkships were done by 76% students and 24% students done other than clinical clerkship. The study conducted by Masaeshinozaki et al. revealed that students who done clinical clerkship were about 19.7%.

Students who agree to Q4 (Students and clinical instructor assess and treat patients together) were about 79.8% and study done by Masaeshinozaki et al find 76.4%.

Study conducted by Masae Shinozaki et al. revealed that most common style of clinical practice was "students have sufficient opportunities to communicate with patients other than their main cases, and assist with physical therapy for these patients" being chosen by majority, 90.6% of the students. Our study found 61.4% students who agreed to Q7.

Factor 1 which pertains difficulties related to communication of behavioral improvement/relationship building exhibited a standard deviation of 5.713. Additionally the mean score value reported by Masae Shinozaki et al. was 5.17.

For Factor 2 ,which involve difficulties obtaining supportive guidance/having appropriate learning environments coordinated, a standard deviation of 6.02 was observed. Furthermore Masae Shinozaki et al. documented the mean score value of 7.24 for this factor. Which achieve highest mean value.

Factor 3 focusing on difficulties organizing/expressing clinical reasoning for physical therapy demonstrated a standard deviation 9.50. Masae Shinozaki revealed a mean score value of 6.26.

In case of factor 4 which concern difficulties learning in the clinical practice environment a standard deviation of 6.32 were found. Masae Shinozaki reported a mean score value of 5.09.

Finally Factor 5 which encompasses difficulty managing patients/adapting to the environment showed a standard deviation of 4.085. Masae Shinozaki reported mean score value of 6.33.

6.CONCLUSION

According to our study "perceived difficulties of physical therapy students during clinical practice". Study conclude that students gave varied responses indicate the complex nature of the clinical learning environment and suggest areas for improvement in expressing and organizing clinical reasoning for physical therapy and overall student environmental support and guidance.

7.RECOMMENDATIONS

This study is only conducted on DPT students of Hyderabad Sindh. It is recommended that study should done internationally or involve other province that will be more beneficial and explore more about perceived challenges faced by physiotherapy students during clinical practice. Our study conducted on 267 sample size , other studies should be done on large population for more accurate and reliable results. We recommend that more updated questionnaire should be used to address underlying difficulties of physiotherapy students during clinical practice to explore more about difficulties of students.

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