

QUALITATIVE RESEARCH ON THE STUDENT PERCEPTION IN CLINICAL TUTORING

Author



Giulia Molinari
Msc, AIMO Accademia Italiana di Medicina Osteopatica, Saronno, Italy



Emanuele Giusti
PhD – Università Cattolica – Milano, Italy

Introduction

Osteopathy students' clinical skills and personal competences are developed during clinical internship and in particular through the relationship with the reference mentor. This occurs as a result of the interaction between concrete experiences, emotions and cognitive processes experienced within the tutor-student relationship.^{1,2}

Aim

This study aims to investigate students' interpersonal perceptions that either promote or hinder their learning process, and as a consequence their clinical practice, during the osteopathic clinical internship

Methods

- ➔ Qualitative research
- ➔ 3 focus group
- ➔ 24 osteopathy students
- ➔ Convenience sampling
- ➔ Semi-structured open-ended questions



THE ROLE OF THE TUTOR: BETWEEN JUDGE AND MENTOR

- ➔ Tutor position perceived by the student
- ➔ Motivation for teaching
- ➔ Expectation of the tutor

COMPARISON: MORE USEFUL THAN A THOUSAND PIECES OF INFORMATION

- ➔ Importance of feedback
- ➔ Dialogue space

SERENITY IN MAKING MISTAKES AND ERROR MANAGEMENT

- ➔ Management of patient approach
- ➔ Critique as an opportunity for growth

MENTOR AS LOOKOUT SHIP... OR LIFEBOAT

- ➔ Exploration of values
- ➔ Clinical support
- ➔ Ability to empathize with their student

"I have seen that the people who can give you the most osteopathically speaking are also the ones who can come to you in difficulties"

Conclusion

The position that the tutor impersonates plays a fundamental role in the student's perception of himself and his/her own professional effectiveness; in him/her he finds a professional example, a support figure and a mentor. In conclusion, a tutor who is

able to provide professional and personal support, to understand the individual student's potential by helping him/her according to his/her abilities, and to create a space for dialogue and confrontation rather than critically identifying inadequacies, will

be perceived by the student as a positive figure for his/her clinical development.

This qualitative analysis offers several insights for improvement including the selection of tutors based on student feedback, unanimity and agreement with respect to working methods, and increased moments of listening and dialogue.

1 – Lewin, D., 2006. Clinical learning environments for student nurses: key indices from two studies compared over a 25 year period. *Nurse Education in Practice* 7, 238e246.

2 – Roxburgh M., Watson R., Holland K., Johnson M., Lauder W., Topping K. (2008). A review of curriculum evaluation in United Kingdom nursing education. *Nurse Education Today* 28 (7), 881–889.