From Student to Therapist: Exploring the First Year of Practice

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Objectives. The transition from classroom to clinical practice challenges many health professional students. This study used a phenomenological approach to explore the lived experience of rehabilitation students during their final placement and first year of practice.

Method. Students (n = 6) in occupational therapy and physical therapy wrote reflective journals every 2 weeks during their final fieldwork placement and first year of practice. The researchers independently analyzed the journals for common themes. An independent peer completed a blind analysis of two journals. Data were also compared with published first-person accounts of novice practitioners.

Results. The lived experience of the first year of practice included four consecutive stages: Transition, Euphoria and Angst, Reality of Practice, and Adaptation. Themes from the journals included great expectations, competence, politics, shock, education, and strategies.

Conclusion. Recognizing the stages in the process of transition from student to therapist may assist in educational curriculum development and clinical support and supervision for new graduates. Educators need to continue to make education practice relevant while maintaining a theoretical perspective.

Schwertner, Pinkston, O’Sullivan, & Denton, 1987; Slocum, 1998). The purpose of this study is to gain understanding of this transitional experience and to identify key behaviors and value shifts. Such understanding will inform and guide academic curriculum development and supervision of students and novice therapists.

**Literature Review**

A body of work exists that examines the differences between novice and expert practitioners (Benner, 1985; Benner, Tanner, & Chesla, 1995; Jensen, Shepard, Gwyer, & Hack, 1992; Parker, 1991). In physical therapy, Jensen and colleagues noted a number of dimension differences between the attributes of novices and experts and called for longitudinal studies that would track the shift from novice to expert and reveal how these skills are acquired (Jenson, Shepard, & Hack, 1990; Jenson et al., 1992). Many researchers have suggested that expert clinicians have skills not taught in academic courses.

Whether the development of expert practice is simply a matter of time and clinical exposure is also alluded to in the literature. Jenkins, Mallett, O’Neill, McFadden, and Baird (1994) argued that professional performance represents a continuum of skills and that with the growth of knowledge and experience, novice practitioners will become more and more expert. Hollis (1993) labeled the concept of schemata (i.e., encoding, storing, recalling, and applying information based on previous experiences) as a skill of the experienced therapist. Rogers (1983) described a similar process used by experts where clinical experiences are stored and classified in memory and retrieved as needed for application to new clients. Experts are seen to think differently from novices (Benner, 1985; Hollis, 1993; Rogers, 1983).

Curtis and Martin (1993) and Smith (1989) have commented on the “unrealistic expectations” many new graduates in physical therapy are perceived to have and the consequent stress they experience. May, Morgan, Lemke, Karst, and Stone (1995) suggested that the transition from the classroom to the clinic is one of the most challenging experiences students will face. Rogers (1987) was perhaps the most optimistic about the classroom–clinical transition, pointing out that the routine of clinical practice is one of discovery and learning from clients and testing out one’s own clinical judgment. In nursing, Benner (1985) described a model of skill acquisition that is based on increasing levels of proficiency through five stages of career development: novice, advanced beginner, competent, proficient, and expert. The process Benner described requires increasing skill across these stages, with each stage recognizable by discrete capabilities. The development of a practitioner through the stages depends on the clinical experience and length of time spent in the profession.

Miles-Tapping, Rennie, Duffy, Rooke, and Holstein (1992) contended that a strong professional self-image comes from mentorship. Likewise, in nursing, Ollson and Gullberg (1991) maintained that the professional role is defined and assimilated by new graduates during work experiences through role repetition, role modeling, and interactions. They believed that a successful mentoring experience does not happen “automatically” but requires access to a good role model.

In their exploration of the early mentorship experiences of occupational therapy leaders, Schemm and Bross (1995) found that 81% of their sample identified mentoring as an effective means of socializing new therapists into the profession. Sydenham (1990) stated that the potential mechanism to “bridge the gap” between idealism and burnout within physical therapy is the development and implementation of mentorship and sponsorship at all levels of training and employment.

How to help students make the transition from novice to expert status is not well understood. Hinojosa and Blount (1998) indicated that one concern of entry-level professional education in occupational therapy is the development of practice skills that provide the foundation for a competent therapist. However, they added that an exclusive focus on practice competence is no longer adequate to support the many facets of occupational therapy, and all professionals must make a lifelong commitment to continuing competence. The emphasis many curricula in all health professions place on problem solving and continual learning suggests that recognition of this practical reality is growing. Burke and DePoy (1991) suggested that novices need to observe master clinicians, converse with them, and compare them with each other in order to become skilled. Only by understanding expert practice can we clarify the developmental steps of mastery, excellence, and leadership and, therefore, inform curriculum development. The current study explores the lived experience of rehabilitation students during their final placement and first year of practice.

**Method**

In our examination of the transition from student to therapist, we used a phenomenological approach. We studied the lived experience of becoming a therapist as it happened, using the work of van Manen (1990) as a guide and seeking to capture the meaning in that experience as expressed by the participants. Our participants were student occupational therapists and physical therapists in their final fieldwork placement and their first year of practice. To understand the transitional experience as it occurred, rather than viewing it through the lens of hindsight, the participants kept reflective journals during the time of the study, writing journal entries regularly, usually as often as every 2 weeks. Journals were submitted to the authors monthly by postal mail or e-mail. In the same manner, the authors responded to the journal content with written questions and comments.
All students \((n = 120)\) in the 1996 graduating classes of occupational therapists and physical therapists at McMaster University in southern Ontario, Canada, were asked to participate in the study both via e-mail and in person at the end of a regularly scheduled class. At this point in the educational curriculum, the authors were no longer responsible for any evaluation of the students approached for the study. Twelve students agreed to participate in the study. Of these, 3 did not submit journals despite follow-up contacts; 3 wrote journals only through the final clinical placement and then ceased participation. Six rehabilitation students, 3 occupational therapists and 3 physical therapists, completed the study. All were women.

Participants’ place of practice after graduation varied. All three physical therapists practiced in the southwestern United States, whereas the occupational therapists practiced in Australia, an isolated town in the Canadian north, and the urban, central region of southern Ontario. Two participants took temporary positions, whereas the others worked under time-limited contracts (6 months–2 years). None of the participants had secured permanent full-time employment in their first position. The pattern of seeking positions abroad and of taking temporary positions reflected an upheaval in the Canadian health care system and a consequent shortage of openings at the time the participants graduated.

An interview with an occupational therapist who had been practicing for 4 months was completed before the study to help identify possible domains for exploring the participants’ lived experience. Each author read the journals submitted during the study independently. We used the selective highlighting approach suggested by van Manen (1990) to identify themes. Recurring themes were compared for similarities and differences. An independent reading and coding of themes of two journals was done by an occupational therapy faculty member not involved in the study. This peer review resulted in a similar set of themes, confirming those generated by the authors. Data were also compared with published first-person accounts of the first year of practice in a variety of professions (Benner et al., 1995; Slocum, 1998; Stefaniak, 1998).

**Results**

**Data Collection Phase**

Initially, the authors planned to reply to the participants’ journals with clarification questions only. As the study pro-

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**Figure 1. Pictorial representation of stages and themes.**

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gressed, however, we frequently gave advice, empathized, and, at times, challenged a particular stance; therefore, we became participants in the experience. One participant wrote eloquently about a client who had attempted suicide and how the experience affected her. Because of the emotional impact of the experience, the first author reciprocated by sharing her own professional experiences and feelings in this regard. Another participant requested help with coping strategies during a stressful work period, a request we believed should not be ignored.

Four consecutive stages unfolded in the journals during the final placement and the first year of practice. The language used in the journals graphically conveys the “highs and lows” of the participants’ experience and describes the total time as energy and time consuming and, therefore, physically and mentally exhausting. The Transition stage was first—an eager “marking time” through the final placement. Transition was followed by the Euphoria and Angst stage, as participants began professional practice with both excitement and trepidation. Next was the Reality of Practice stage during which the participants encountered a not-always-pleasant experience. Finally, the Adaptation stage marked the beginning of their new world of professional practice. For those participants (n = 3) who held more than one position during this time, these stages tended to be cyclic, although each new position took less time to adjust to and appeared less stressful.

Within these chronological stages, a number of recurring themes were enfolded: great expectations, competence, politics, shock, education, and strategies. Although these were less chronological in nature than the stages, the majority of the data in great expectations came during the Transition and Euphoria and Angst stages. Likewise, the greatest number of strategies were developed by the participants in the Adaptation stage (see Figure 1). Each theme is discussed in the following sections and is illustrated with selected quotes from the journals.

**Great Expectations**

Great expectations dominated the period of the final placement and first job. As our naming of the theme suggests, our participants’ expectations, like Pip’s, were not always met or were met in an unanticipated fashion. The great expectations were mainly positive, and the selected quotes are all from the final placement or the extreme early phase of having a license (see Table 1). Participants looked forward to their professional status, an easing of financial stress, and getting on with life after being “on hold” for many years as students.

The excitement was mixed. Woven within the eager anticipation is a thread of concern, represented here only in the last two quotes in this section of Table 1. The participants believe that their opportunities are only limited by their creativity and determination, but as the participant notes in the final quote, they may be challenged just to make the first steps on their professional road. Participants were looking forward to graduation and professional practice despite nervousness about the transition.

**Competence**

During the Transition stage and the Euphoria and Angst stage, participants often had moments of self-doubt and concern about their competence (see Table 1). From early practice came the heartfelt comments about not being as fast or as skillful as experienced therapists and needing more time. The participants struggled with the feeling that if a more experienced therapist was treating the client, he or she would be making better progress, and their treatment schedule and productivity would meet expectations. The self-doubt, however, was only one part of their reactions to practice. Participants also acknowledged the new responsibilities and gradually began to express an increasing confidence in their own abilities. They enjoyed many aspects of starting their postgraduate careers, and their journals described the joys and stresses of their first weeks on the job. As time passed, concerns about competence were described in terms that showed less self-preoccupation and a greater focus on and concern for the clients’ welfare.

**Politics**

One ongoing theme, beginning in the Euphoria and Angst stage and continuing through the study, centered on workplace politics. Without exception, politics, organizational battles, paperwork, and the hierarchy of the system startled and often angered the participants (see Table 1). The strength and frequency of comments on this theme surprised us. We thought that the university curriculum educated our students effectively about health care. Yet, perhaps in our enthusiasm to show best practice and highlight the professions we value so much, we had shielded students from some of the more unpleasant aspects of day-to-day practice. The discrepancy between the academic experience and the workplace reality may be what Smith (1989) was describing when she wrote of the overinflated expectations of new professional graduates.

**Shock**

The journals from the first months of practice, during the Euphoria and Angst and Reality of Practice stages, reflected intense feelings of shock (see Table 1). The degree of this reaction shocked us as researchers reading the journals of students we had taught. It also caused us to reflect serious-

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1In the Charles Dickens (1887/1961) novel Great Expectations, the hero, Pip, is taken out of his environment by a mysterious benefactor and raised to be a “gentleman.” He develops expectations about his benefactor and about the future for which he believes he is being prepared. When these expectations prove wrong, Pip is appalled. Ultimately, the reality that he wished to reject brings him greater growth and satisfaction than the future he had anticipated ever could.
Table 1
Themes and Selected Quotes

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| Great Expectations | “Soon I will be a ‘real’ therapist.”  
“I will be interesting to join the ‘OT’ world and become a part of the change.”  
“I am preoccupied with what will become of me when it’s [the placement] is done.”  
“I am now registered as a ‘real’ therapist—feels great!”  
“It’s nice to introduce myself as an OT [occupational therapist] and not as a student.”  
“I am anxiously awaiting the time when I will be able to develop my own style and techniques of the day-to-day PT [physical therapist] life and not always work on another person's schedule.”  
“It has been presented to us that the possibilities are endless. And perhaps they are. But I’d just like to know where it is that I go to begin.” |
| Competence   | “I still know nothing...Everyone else at school seemed to feel the same way.”  
“It feels like a million years ago that we did this [range of motion, muscle testing] in class.”  
“People ask me questions and really expect me to answer!”  
“This shift to being a ‘real’ therapist has instilled some new confidence in myself.”  
“All of the new learning is very tiring.”  
“I don’t feel I am contributing very much.”  
“I’ve been finding it difficult to know how much time I should be seeing clients, how many clients I should see, and for how long.”  
“What I had learned long ago in pediatrics came back to me.”  
“As my confidence is going up, I am able to see more clients now.”  
“I feel competent to discuss global health care issues and our Canadian professional organizations.”  
“I also find it difficult when I do an assessment, and I think I have some idea about what the problem may be, but I do not have the skills to pinpoint the problem, nor do I have the skills to correct the problem.”  
“My abilities are night and day from when I started this job 8 months ago!” |
| Politics     | “The biggest issue...is the politics of the hospital.”  
“This is the first time I have found myself so immersed in the politics of an organization, and it’s a little frustrating.”  
“It’s scary to be caught up in all this change.”  
“...the tension at work between some of the workers—some people know ‘everything,’ some are unwilling to look at a new idea, some people are lazy when it comes to helping out another coworker.”  
“There is a fair amount of politics—more than meets the eye.”  
“I think I will learn a great deal working in a private health care system, but I am not sure I will totally enjoy the restrictions.”  
“I still cannot believe all the paperwork.”  
“It bothers me that some ‘so-called’ team members are given ‘higher ranks’ than others—they are no more important than me.” |
| Shock        | “I now know what everyone was talking about when they mentioned ‘new grad burnout.’”  
“My introduction to the work world has been a bit shocking. Two days before I began at [hospital], the administration informed all hospital employees that a $32 million budget cut was in the plan and would be instigated by Christmas.”  
“One of our clients jumped off a railway bridge and is now on a ventilator...what I don’t understand is why he did it...what is it that can make a person pull the trigger, take pills, or jump off a bridge?...I can’t ever imagine feeling that alone or upset.”  
“...gunshot wounds—we never learned that!”  
“I never in my dreams thought that I would be treating wounds.”  
“I’m exhausted.”  
“I do have to provide more supervision and instruction than humanly possible.”  
“Job satisfaction is extremely low.”  
“I left work because I was either going to start crying or be sick to my stomach from exhaustion.”  
“Thank goodness I only have myself to worry about right now and not a family that needs my time and energy.”  
“Stats were a nightmare—having to account for every minute of your day.”  
“I have cried every night when I arrive home...this cannot go on.” |
| Education    | “My clinical experience was really helpful in the interview.”  
“We’re obviously known for our self-directedness, which felt like a curse at times when we were in school.”  
“We don’t know enough about equipment and splinting.”  
“Charting and documentation was never addressed in school, and I think it should be.”  
“We should have a workshop on job searching.”  
“A McMaster background is a real asset for employers and other employees.”  
“The university did a good job of teaching us that [client-centered, holistic, empathic practice].”  
“The majority of my learning has come from my placements.”  
“I am well trained to seek out information that I do not have.”  
“It felt good to be comfortable enough to give her feedback—even though I barely knew her. So Mac [McMaster] has definitely been helpful for that!”  
“I have been thinking about the training I received at McMaster. One of the things I have noticed is I have fairly good assessment skills and do try to use objective measurements...Treatment on the other hand is definitely not a strong point.”  
“Mac [McMaster] has instilled in me the need to be informed.” |
| Strategies   | “I work like a fiend to get to know every aspect of the facility, and above all I ask questions.”  
“When I got home from work I was in a funny mood and took a long walk on the beach. It was peaceful and in a way it was therapeutic. I think it is important to do stuff like that—especially after a hard day.”  
“One of the nurses seems to have the same goals as myself, so I think we will work well together.”  
“One of my biggest challenges will be to make sure I separate my work life from my home life.”  
“I’m taking some time to reorient myself to my life; family and friends are beginning to become very important.”  
“I am in the process of shopping for a computer so I can get on line and get information.”  
“I guess I have to adjust my hours so that I don’t give as much time to the wound care/acute inpatient therapist and get started on rehab sooner. I will have to assign more care to the PT technician so I have more time to complete paperwork.”  
“I have decided to alter my charting style.”  
“Well, not a great deal has changed at work, but I continue to try and make positive changes. I have also decided that what I cannot change in terms of the situation, I can change my response to or my attitude towards.”  

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ly on our education process. The theme of shock extended across knowledge, skill, and attitude areas and affected participants’ professional and personal lives. As they saw variations in care standards, professional capability and dedication, and particularly facility politics and relationships, they were shocked and occasionally horrified at all these issues they had not anticipated in their practice.

The participants appeared to have thought that practice would be less stressful than student life. There were stress and fears of burnout, concerns about carrying out specific treatments, and dismay about the pace and stress of work. These reactions were most profound during the initial months, including the Reality of Practice stage. Although length of stages varied with each participant, by the end of the Reality of Practice stage, or roughly halfway through the first year, there seemed to be an increasing awareness that politics, ethics, paperwork, and a difficult pace are part of practice. The transformation to clinician required an acknowledgment that these issues were part of the job and needed to be dealt with in a way that allowed continued professional and personal growth. Until this acknowledgment, participants appeared to be compromised in their ability to develop strategies in the Adaptation stage.

Education

Not surprisingly, the participants still gave their educational program a lot of thought. Comments were both positive and negative (see Table 1). Specifically, they felt well prepared for such things as information seeking, problem solving, and professional issues and organizations. Several comments carried the sentiment of the final quote in Table 1 for this theme: The institution had instilled in them a need to know, which was encouraging for us given the emphasis that most institutions now place on creating lifelong learners. This theme was addressed several times during the study and cannot be tied directly to a stage. As shown in Figure 1, education was most commonly discussed at the start of professional practice, revisited periodically during the year, and frequently noted by participants in their final reflections on their first year.

Of course, the participants also noted gaps in their education. They believed that they lacked techniques and knowledge in specific practice areas. These areas varied with the type of position they took, making perceived skill deficits difficult to examine or address from a curriculum standpoint. The variety and range of gaps force us as faculty members to recognize that we can never educate every student to the specific clinical skill requirements of their first position, regardless of the length of the academic program. We will always hear “we never learned that” no matter how much we crowd into our curriculum. The comment that “the majority of my learning has come from my placements” as an example of a number of similar comments may reflect how well or poorly we are managing to link principles, theory, and practice.

Strategies

Encouragingly, from roughly the 4th to the 6th month of practice, starting from the latter part of the Reality of Practice stage and continuing to the end of the study, we saw adaptive strategies in our participants, flowing through both professional and personal lives (see Table 1). The participants attempted to master their new environment, attacking their problems with all the determination they had shown in striving for educational success. The participants took continuing education courses, sought mentors through old school contacts and new professional relationships, and, at times, went directly to supervisors with suggestions to resolve problematic situations. In an effort to regain control over their mushrooming professional duties, they began to adapt how they practiced—changing how they delivered care, limiting their time at work, and streamlining tasks, such as charting. The participants also sought to reestablish a meaningful personal life as one way of reducing stress. Again, as involved researchers, our reactions were mixed—pleasure that former students were beginning to find a balance in their lives and to adapt and grow mixed with sadness as we watched some of the idealism fade.

Discussion

This study describes the lived experiences of six rehabilitation students, beginning with their final fieldwork placement and continuing through their first year of practice. During this period, analysis of journal entries showed four chronological stages: Transition, Euphoria and Angst, Reality of Practice, and Adaptation. Within and across these stages, the themes of great expectations, competence, politics, shock, education, and strategies were enfolded.

The participants grappled with the challenges of workload, time management, job searching, and paperwork. An appreciation of what it meant to be a therapist seemed to be enhanced by access to mentors and support, opportunities for continuing education, and each participant’s motivation and efforts to make changes when required. The idealism of the new graduate appeared to be tempered, at times painfully, by the reality of the workplace. Within the year of the study, we saw an evolving appreciation of the complexity of clinical practice and an awareness that one person could not change a system overnight. In two cases, participants also learned when it is important to give up on a bad job and move elsewhere. These participants elected to change jobs, even when it meant financial loss, when they found themselves in a work situation that was unacceptable and unchangeable.

This study included two disciplines, work in a variety of specialty practice areas and settings, and diverse geo-
graphic regions. Within this array of work environments, the participants’ lived experiences reflected very similar themes. Many of the stages and themes we have noted with novice therapists are reflected in published first-person accounts of the first year of practice. A newly graduated nurse described her feelings as follows:

[At the end of a day] I feel tired and I feel maybe a sense of worry or concern. Did I get everything, did I do everything I was supposed to do? Did I notice changes fast enough? So there’s this kind of checking and rechecking (Benner et al., 1995, p. 51).

This quote suggests a feeling of angst and identifies concerns about competence on the part of the novice nurse congruent with the stages and themes we found.

Likewise, an occupational therapist wrote:

...overwhelmed before I even walked in the door....I’ve been climbing a steep learning curve...the first year of anything new is a year of transition, learning to be a therapist instead of a student....How many times have we said to ourselves, “When will I ever feel like a ‘real’ therapist?”

working long hours, an ongoing challenge to manage my workload, set timely deadlines? With a varied support system, I have been able to draw on other’s experiences to build on my own knowledge base and to maintain my sanity most of the time! (Stefaniak, 1998, pp. 13–14)

This therapist described stages similar to what we have named Transition, Reality of Practice, and Adaptation. The quote also reflects issues of competence and the development of strategies.

The evolution of the themes of competence and strategies can be related to the stages of Benner’s (1985) skill acquisition model. In this model,

increasing proficiency is reflected by changes in three general aspects of skilled performance: there is movement from reliance on abstract principles to the use of one’s own past experiences; the learner’s perception of the demand situation changes—the situation is seen less and less as a compilation of equally relevant bits and more and more as a complete whole in which only certain parts are relevant; and the learner pursues a passage from detached observer to involved performer. (Benner, 1985, p. 13)

As the participants developed context-specific coping mechanisms, they seemed to become less preoccupied with concerns of incompetence and more aware of their own competence. Benner explained that with experience and mastery, the skill is transformed and the clinician moves to a higher level of expertise. By the same token, each exposure to new learning appeared to make the next exposure a new and transforming learning opportunity.

The themes that are more affective in nature—great expectations, politics, shock—suggest a shift in values with time, the development of professional perspective with ongoing experience in a reality-based practice. Benner (1985) suggested that experience does not refer to the mere passage of time or longevity, although time is necessary. Rather, experience is the refinement of preconceived notions and theory through encounters with many practical situations that add nuance to theory. Furthermore, Benner stated that theory offers what can be made explicit and formalized, but clinical practice is always more complex and presents many more realities than can be captured by theory alone. In our study, the specific value shifts of the participants were the recognition of work as including boring staff meetings, paperwork, and ungrateful clients; the recognition of teamwork as being an ongoing challenge; and the need to change and adapt one’s therapeutic approach or to modify the ideal process of care to the reasonable process of care. This process of shifting values was reflected in the data as the participants moved through the Reality of Practice stage to the Adaptation stage.

For some participants, there appeared to be a growing emergence and awareness of the client as the heart of health care practice. The participants’ perspectives shifted from a preoccupation with self as a therapist to an awareness of the clients’ needs as fundamental to the therapeutic relationship. The client-centered perspective seemed to develop as participants’ confidence in their competence and abilities increased.

The writings that our participants so generously shared with us concur with the literature on professional socialization—it is not an easy process. As so many have noted (Miles-Tapping et al., 1992; Ollson & Gullberg, 1991; Schemm & Bross, 1995; Sydenham, 1990), mentors need to assist novice professionals through the stressful transition. It appears from these findings that clinicians and educators need to make themselves available as mentors, and educators need to specifically teach students how to look for and find suitable mentors. Only one participant in the study had access to a senior supervisor who participated in supervision sessions with her. This lack of supervision or mentoring to new graduates may hinder the transition from fieldwork student to therapist.

Embry, Guthrie, White, and Dietz (1996) suggested that formal analysis of clinical decision making may be time consuming and impractical within treatment sessions. Our study supports their premise that insufficient time exists for novice therapists to engage in formal decision-making strategies and that using a clinical path protocol may provide a practical approach for inexperienced clinicians. Interviewing frameworks and assessment and treatment outlines may be seen as a means of coping while the new graduate is expanding his or her experience base. Along similar lines, Cust (1995) recommended that novice therapists increase their metacognitive awareness (reflection on activities that are usually performed without conscious awareness) in order to learn from experience and to apply the learning in new situations. Examples of metacognitive awareness activities include keeping a journal and other writing tasks. One participant wrote the following description of the study journal as therapeutic:

You really seem to be getting all of my tirades on these pages. My pet peeves about life etc. It’s kind of like therapy really. After a long, hard day it feels good to sit and just b[itch]h, b[itch]h, b[itch]h.

For new graduates, having to articulate their thoughts...
through reflective activities may clarify gaps and discrepancies in knowledge.

The discrepancy the participants perceived between practice and academic education is one that has been noted before. Many educators struggle with ways of linking theory and practice (Madill, Vargo, & Brintnell, 1990; Parker, 1991; Peloquin & Abreu, 1996). Our study merely supports the importance of continuing to do this. These data suggest the need to facilitate the student-to-therapist transition, and to do this, we need to better understand this transition. We also need to educate our students about the transition process and give them some resources that, in turn, may help them to understand the shift as they live through it and to progress through it more smoothly. We must educate and prepare students for “real” practice. We can do this by teaching what practice is like and how to manage the stresses and frustrations of practice in a way that allows continued striving for “best practice.” Teaching skills for coping with stress and burnout will prepare students more effectively for the political challenges of practice and can be integrated in case study examples and small group work. One of the authors incorporates sessions on coping with stress and burnout into her course teaching in response to a study participant’s request. The McMaster University curriculum now includes job search workshops, and students have a session on the issues related to the transition to “therapisthood” in their final academic course. These classroom activities demystify the transition process, predict the potential issues, and allow new graduates to proactively consider strategies that they may need to put into place to support the transition.

Limitations

The participants in the study were 6 female volunteers from a class of 120 students. Their ability to keep and share journals for more than 1 year may reflect personal traits that are not universal to rehabilitation students. By volunteering for and completing the study, the participants were perhaps more introspective by nature than nonvolunteers or dropouts. Some participants identified altruistic reasons for participating related to furthering our knowledge about novice practice. Our study does not reflect the transition experience of male therapists or nontraditional students. Because published first-person accounts used in comparison were also by women, we recognize that male therapist experiences may be different from that of our participants. Nontraditional students entering a rehabilitation education program after an often extensive work period and with additional responsibilities also may have comparable experiences. Further study of other groups of novice therapists is needed to determine whether they experience similar transitions. Studies targeting support and the stages of professional practice for novice therapists may also be beneficial.

The active involvement of the authors in the journals may have influenced or guided the development of the stages and themes. However, the reflection of similar stages and themes in other published first-person accounts suggests a universality in the development of clinicians through the first year of practice.

Conclusion

The findings of this study revealed the lived experience of the final placement and the first year of practice for rehabilitation graduates as one of constant stress and professional development. The themes developed from the study participants’ journals included great expectations, competence, politics, shock, education, and strategies and were seen with all participants. The analysis of the data led to an overarching pattern of the challenge of adaptation to a professional practice and the ultimate loss of naïveté and idealism experienced by the novice therapist. Encouragingly, our data also show that successful adaptation can occur, as it did for all our participants, and that the difficulties experienced appear to be predictable. This finding implies that intervention can be targeted to the stages of adaptation and can hopefully alleviate some of the angst and distress that precede adaptation. As one participant wrote in her last journal entry:

On a closing note I would just like to say that I feel like I am valuing my McMaster education more and more as I progress in the world of the “real OT” (as my student OT friend refers to me). Although I still feel weak in many clinical skills, McMaster has given me the resources to pick anything up easily, and in a very self-directed way. I am very proud of my education, and am enjoying my choice of career more and more as I move on into the realm of “those OTs with experience!”

References


