Does Ethnicity impact DPT Students' Clinical Readiness and Performance? An exploratory study





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Background

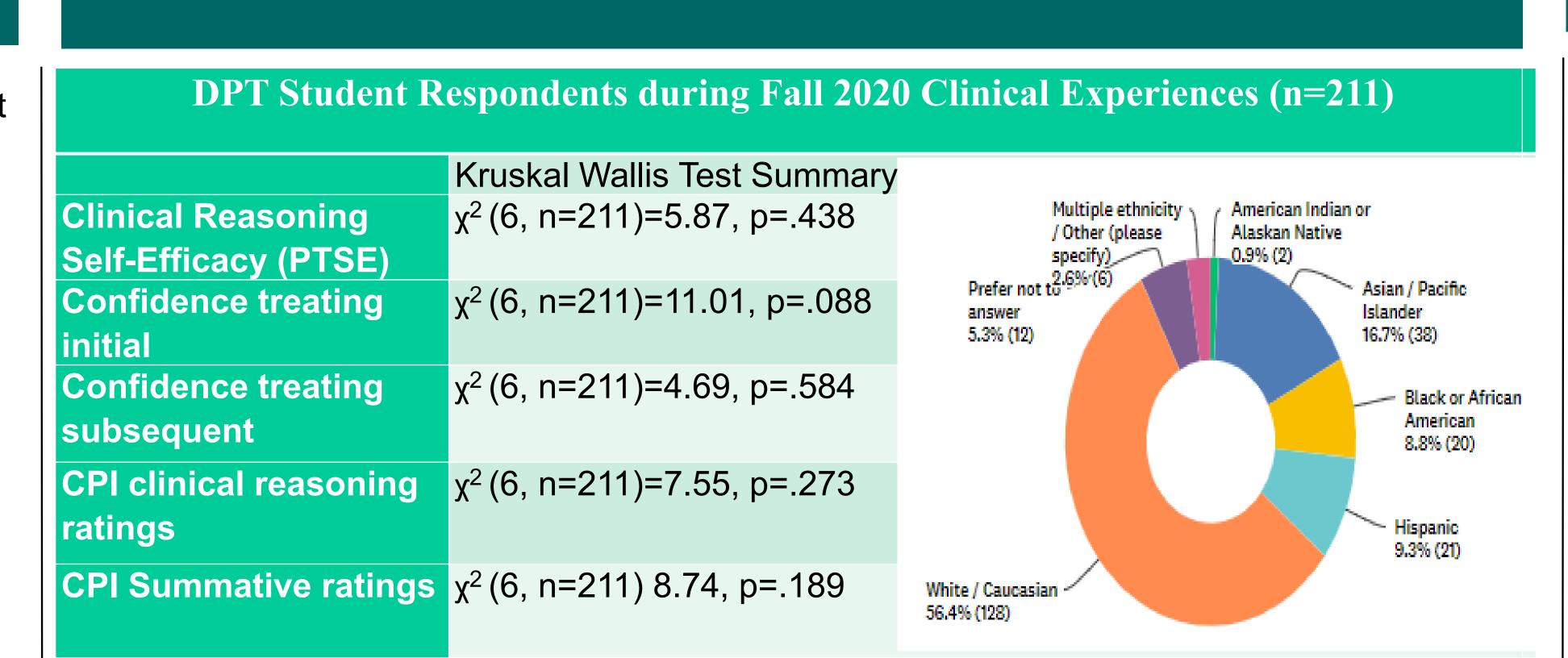
- The DPT students' ability to derive a clinical decision is dependent on the students' self-efficacy, defined as beliefs or perceptions of how well they can execute courses of action required to deal with prospective situations¹
- Understanding DPT students' clinical reasoning self-efficacy is essential to prepare them for successful clinical experiences
- Null Hypothesis: Among diverse ethnic groups, there is no difference in clinical reasoning self-efficacy, confidence treating patients, and clinical performance
- Previous literature suggests variation across ethnic groups on clinical performance ratings by clinical instructors during clinical experiences²
- Further assessment of the impact of ethnicity on clinical readiness and performance is warranted

Purpose

To explore the influence of ethnicity on clinical readiness and performance among DPT students as determined by (1) clinical reasoning Physical Therapist Self-Efficacy (PTSE) score during clinical experiences³ (2) self-confidence rating treating patients, and (3) final APTA Clinical Performance Instrument (CPI) clinical reasoning and summative ratings by clinical instructors⁴

Methods

- Survey-based descriptive and exploratory cross-sectional research design.
- 28-question survey administered at mid-term of clinical experiences
- Participants- 211 2nd and 3rd year DPT students from multi-campus private health science university during Fall 2020 clinical experiences
- A 5-point Likert scale to assess student clinical reasoning selfefficacy
- A 5-point Likert scale to assess student confidence treating at initial and subsequent visits
- APTA CPI (2.0) clinical reasoning and summative ratings retrieved for each student
- A *Kruskal Wallis test* to analyze differences between groups; α=.05



Results

- 7 groups were identified; American Indian or Alaskan Native, Asian/Pacific Islander, Black or African American, Hispanic, White/Caucasian, Multiple ethnicity, and Prefer not to answer; 38.3% of respondents identified with an ethnic group other than White/Caucasian
- Clinical reasoning self-efficacy (PTSE) no difference across 7 groups (p=.438)
- Confidence treating- no difference across 7 groups at initial visit (p=.088), and subsequent visits (p=.584)
- **CPI Ratings** no difference across 7 groups for clinical reasoning item (p=.273), and summative score (p=.189)

Discussion

- According to clinical instructors, all ethnic groups demonstrated ample clinical readiness and strong clinical performance during Fall 2020 clinical experiences
- There was no difference across groups in clinical reasoning self-efficacy (PTSE)
- There was no difference across groups in confidence treating at initial and subsequent visits
- Our findings conflict with a previous report,² as evidenced by our results demonstrating no difference across groups in clinical performance on final CPI ratings
- Our findings suggest that ethnicity does not impact DPT students' clinical readiness and performance
- In our university system, diversity representation of 38.3% was greater than 26% reported by CAPTE aggregate data,⁵ identifying an opportunity to expand ethnic diversity in DPT programs

Conclusion

- All ethnic groups demonstrated strong clinical readiness and performance during all clinical experience levels
- Ethnic groups did not differ in clinical reasoning self-efficacy or confidence treating patients
- Although the gap appears to be closing, there continues to be underrepresentation of ethnic groups in DPT academic programs

Limitations

- DPT students recruited were from one large, multi-campus private university
- Self-efficacy answer choice options were defined on a 5-point scale limiting elaboration on participant responses

Future Research

 Investigate factors impacting underrepresentation of ethnic groups in DPT academic programs to explore initiatives to close the diversity gap and meet societal needs

References

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