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## 16. THE TALE OF TWO PROMISING NOVICES

*Lana and Jean*

Several years ago, seven colleagues from the United States interested in the early professional development of novice physical therapists undertook a qualitative study to explore this under-investigated area of therapist learning and growth. We were building upon the work of Jensen and colleagues (1999, 2007) who had completed a landmark study of expertise in physical therapy practice in the U.S. Their work raised this intriguing question: What factors, internal or external, led some therapists toward growth into mastery yet not others? We decided to begin our search for answers by studying promising novice therapists during their first 3 years of practice. More details on the study design, methods and findings have been reported elsewhere (Black et al., 2010; Mostrom et al., 2011). Data collected during the investigation included reflective journal entries, frequent semi-structured interviews, and a field observation. Portions of the data provide the source for the stories we share in this chapter. Here we tell a brief tale of two of these promising novices, Lana and Jean (pseudonyms), drawing primarily on their own words, as they travelled different paths during their early careers. We conclude the chapter with some reflections on their journeys and consider both the divergence and convergence of their paths. Finally, we consider how their stories might inform our understanding of novice learning and development “in situ” – of learning in and through practice in the early careers of physical therapists.

### THE STORY OF LANA

Lana graduated from a physical therapist educational program in the U.S. with a Master’s degree in physical therapy as well as a Doctorate of Physical Therapy. Like many other programs in the U.S. at the time, her program was in transition from awarding a MS degree as the first professional degree to the DPT degree. Students in Lana’s graduating class could elect to complete additional courses and credits to receive the DPT degree. Not surprisingly, Lana elected this option.

Lana, like Jean, was invited to participate in a study of promising novice clinicians in their early careers because she met several criteria: she had demonstrated many characteristics and attributes associated with professionalism throughout her time in the program, including a high degree of engagement in professional or service activities; she had a grade point average above 3.0 (4.0 scale); and she had excelled in her final year clinical internships. For Lana, one of

those internships was a paediatric rotation and there she found her clinical “love” and “niche.” As a result, to start her physical therapy career she decided to seek employment in a setting where she could work with children.

### *The Setting*

Lana’s first position was at a regional children’s centre affiliated with an urban hospital and health system. Inpatient and outpatient rehabilitation services were provided by a team of physical therapists, occupational therapists and speech-language pathologists who worked in collaboration with physicians, nurses, prosthetists, orthotists, psychologists, respiratory therapists, and social workers, among others. Lana was one of seven physical therapists on the paediatric rehabilitation staff and she worked with both inpatients and outpatients. She spent the first 3 years of her professional career here, leaving at the end because of family circumstances that required a move to a different region.

### *The Focus*

The focus of the study we undertook was to systematically, qualitatively and longitudinally investigate the early learning and professional development of promising novice therapists. The questions we sought to answer were many:

What are the sources and nature of learning for new professionals during their early years of practice? What forces or factors influence the nature and trajectory of professional development during this time? What facilitates and constrains learning? What experiences shape the formation of professional identity for novice clinicians? How do novices change over time? Why do some therapists grow toward expertise and not others? (Black et al., 2010, p. 1761)

### *The Strategy*

Through reflective journals, interviews and observations we had multiple opportunities to read the words, hear the voices, and observe the actions of our participants as we became companions in their professional and personal journey during their first 3 years of practice as a physical therapist. We turn now to a brief glimpse of Lana’s journey.

*Year One* Lana’s first year of practice was one of significant learning and growth, largely supported by a network of mentors and colleagues who welcomed her and quickly saw her as a valued member of the rehabilitation team. In turn, she gained confidence in her abilities and potential to contribute to the team and the lives of her patients. Lana selected her first job because she wanted and hoped for the type of mentorship that she came to experience there. The mentorship available at the centre was both formal and informal.

They offer a mentorship program where you are teamed up with another therapist to essentially show you the ropes and to meet with you on a weekly

basis to assist you with any questions or concerns. I found this to be an asset as I had many questions about paperwork, routines, and clinical questions. I also found that [the] team of PTs, OTs, and speech therapists all work closely together and a close team environment is really where I find myself fitting well.

Over the year, weekly meetings with Lana's assigned mentor were gradually discontinued as a rich network of informal mentoring among therapists and across disciplines replaced the structured program. In Lana's words we also hear how this network of supports and community contributed to her growing confidence and early identity as a "real" therapist and contributing member of the team.

Now that I am becoming more a part of the team, I find senior therapists coming to me with questions. It's nice to know that I can offer ideas or suggestions even though I may not always have the most experience. I feel that my opinion is valued just as much as everyone else, and that's a rewarding feeling.

The children and families Lana worked with on a daily basis were another primary source of learning during her first year of practice. When reflecting on her learning through engagement with her patients, she often focused on lessons learned through some of her most challenging cases. Among these was an 8-year-old with a history of stroke who had recently undergone a craniotomy for brain cancer. The child was one of several children in a refugee family that did not speak English and had difficulty getting to therapy due to language and transportation barriers. As Lana worked with the child and family through an interpreter, she learned that the child was not yet enrolled in school even though the family had been in the country for more than 6 months. Therefore she not only tried to improve the child's strength and function, but also made numerous contacts with physicians, social workers, refugee services, and the school, to advocate for the child and family.

This is just one of many stories of challenging cases that Lana shared as she progressed through her first year of practice. The common thread was that she was constantly learning through her experiences with her patients, and each of them was shaping who she was as a therapist and as a person.

*Year Two* As Lana moved through her second year of practice, she continued her learning through interaction with patients, family members and professional colleagues. She found rewards in many aspects of her work, including praise and recognition from her patients and their parents, physicians, and her department manager. All of these forms of feedback contributed to confidence in her ability as a therapist and the desire to expand her knowledge and skills even more. Lana described two of the most meaningful of these experiences this way:

I recently received this letter from a 13-year-old patient: "Dear Lana, Thank you so much for being my physical therapist. I definitely could not have gotten to the point that I'm at without you. Although it's been tough, I've had fun doing it and I want to say thank you so much."

A second compliment came from a paediatrician who called Lana to thank her for her work with a young girl she was seeing who had lived the first 9 months of her life in an orphanage in China and had significant developmental delays.

The paediatrician called me to personally thank me for doing such a great job with her and she said she was glad that we had therapists of my calibre!

During Lana's second year at the centre, one of us (EM) had the opportunity to complete a field observation of her working in the clinic. On that day, Lana worked with children ranging in age from 3 months to 11 years, with diagnoses that ranged from various forms of cerebral palsy and developmental delay, to vanishing white matter disease, to closed head injury. What was most remarkable about the day was that even though Lana was busy and in perpetual motion, the activities and transitions within therapy sessions and between therapy sessions were fluid yet flexible, according to the needs and responses of the children or their parents. As a result, there was a sense of calm to the sessions in spite of all the activity they entailed. When asked about this, Lana said she tried to follow the child's lead to keep them and the parents engaged:

You can tell when a kid needs a break or when they're tired or when they are just not interested in the activity and they've played with that toy for too long and they want a different toy. You can just sense it ...

In the same interview, Lana commented that the skills she felt most critical to her success with children and their families were her communication skills and "just that involvement, that personal involvement."

A formative event toward the end of Lana's second year of practice was her first opportunity to serve as a clinical instructor and supervisor for a physical therapist student. Although she admitted to being nervous and "unsure" about having a student and questioned what she might have to offer, she found that this experience helped her learn and grow even more as a therapist and person.

I never realised how much knowledge and experience I had to share with this student until I began to mentor her and answer her questions. Watching her form some special bonds with her patients was also rewarding and knowing that I played a role in her professional development. I was also sad to have my student go, as I felt that she taught me many things as well.

*Year Three* The third year of Lana's time in the paediatric rehabilitation unit was marked by administrative and structural change at the rehabilitation unit, involving reorganisation of the paediatric staff into inpatient and outpatient teams. Not surprisingly, as with most change, there was some stress and dissatisfaction among team members associated with the change, including Lana. In response, the department scheduled a multi-day conference to assist participants in the transition, with an aim of empowering them to be part of the process in a positive and transformative way. Lana said the course emphasised the importance of working together to make each individual and the team work better:

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I took a lot of this to heart and felt empowered to start making changes .... After attending the conference, I decided to propose blocking a specified time in my schedule each week to complete evals [evaluations] to improve efficiency and decrease stress. I took the necessary steps to make this a reality .... Making one small change in my schedule has had a ripple effect with everyone else. Everyone is moving forward with change, is communicating more effectively, and is resolving conflict in a better way.

As she had often done before, Lana engaged herself and her colleagues in a collaborative exchange of ideas and strategies to enhance the work environment for all. In the midst of all this change, Lana began to work with more students and welcomed that responsibility, even when working with students who struggled. She pointed out that she viewed her work with students as an opportunity for reciprocal teaching and learning, and reiterated her enjoyment of continuous learning:

Well, you are still learning every day. You're learning from your patients, from your students, and you're learning from your colleagues. You can always learn new things and ways to do things.

Indeed, learning through everyday experience and interaction was a recurrent theme for Lana. As she finished her third year of practice, Lana was preparing to give birth to her first child and she knew there were many more changes in store on the horizon. During a final interview, she reflected on her first 3 years of practice:

I think I travelled the path I wanted to travel. I just wanted to learn and I wanted to become an experienced therapist and I wanted to become a mom and have a family .... I felt like a student at the beginning and now I feel like an experienced therapist. I went from having a mentor to being a mentor, from being a student to having students and teaching students .... I don't feel like an expert by any means. I could work for 20 years as a paediatric therapist and I don't know if you would ever feel like you were an expert. That's just me – because you know you're human and I feel like your learning is always an ongoing thing and you can always better yourself.

We now turn to a different story of another participant in our study: Jean.

## THE STORY OF JEAN

Jean was a promising novice physical therapist who graduated from an accredited physical therapy program in the U.S. with a Doctorate of Physical Therapy. Like Lana, Jean demonstrated excellence in her performance academically and clinically. She was recognised as a leader in the classroom and excelled during clinical experiences.

*The Setting*

Jean began her first job after graduation in a hospital setting where she was involved in outpatient care and aquatics. She changed jobs after a year because of challenges she faced in that setting. Jean felt dissonance and discomfort in some levels of her practice in the hospital, and due to her inability to change the situation she felt the need to change jobs. She moved to a skilled nursing facility as a full-time staff member in her second year of practice. In Jean's third year of practice, after having a child, she became a part-time and "on call" physical therapist in another hospital setting. She felt this was how she could find balance in her personal and professional life and still progress professionally. Thus, during her first three years of practice, Jean worked in three different settings.

*Year One* In an early interview with Jean she was asked what she looked for in her first job. She had looked for a professional community where there were experienced therapists and where mentorship was available.

We have a mentor program that lasts a year ... she [the mentor] sits right next to me and she's been in the practice for over 20 years. So I really felt comfortable asking her questions and she asks me questions. We talk about patient care, and while I have a patient, what do I do ...

Although Jean sought out a mentor in the form of a more experienced therapist, she discovered early that her own instinct and intuition, enhanced by her education, were vital resources in patient treatment. She came to the realisation that she sometimes just "knew" what to do with her patients. Jean felt at ease with her patients and, through experience, became more trusting of her intuition regarding how different patients would react and respond to her in therapy.

Confidence improved on a daily basis. Jean found that after 4 months of practice she was able to teach students who were at her level one year ago. Part of this ability to educate others was attributed to the guidance she had received from her mentor. The mentor helped her with developing broad treatment strategies or principles for patient management, rather than focusing on specific diagnoses.

Progress in communication skills occurred rapidly for Jean. Early on she recognised the need to be an active listener and soon identified communication as her most important skill. Reading nonverbal communication was an essential component of patient care for her. She discussed this in response to a question about how she made clinical decisions:

... knowing when the patient is ready to progress to the next step has gotten a little bit easier just by reading people's faces and that nonverbal communication.

*Year Two* Jean soon became frustrated with her first job in the hospital. She felt that her ability to practise in the way she wished was being negatively affected by administrative dictates:

The longer I am employed here, the more I begin to feel like a number. We have outcomes meetings quarterly where we get told how we should practise. Administration wants us to average a certain number of patient visits ... I find this difficult to follow because not every patient is the same.

Because of her frustration Jean changed jobs and moved to a skilled nursing facility at the beginning of her second year of practice. As she progressed through the second year, communication skills became even more critical for her as her professional role and interactions with others expanded.

I am the professional who is in contact with the director of the group home and I am the one doing most of the discharge planning and consulting nursing when necessary.

Jean began to feel the influence of the workplace culture on her performance as a physical therapist and also felt that she was a positive professional influence at the clinic. Although new in her role at the facility, she became a strong patient advocate when she felt some healthcare providers were providing substandard care. She felt it was her responsibility and obligation to report concerns and try to initiate change. Productivity standards were required in her new position. This was a challenge for Jean in her first job but now, in her second year, she was able to respond to this challenge and still feel that she was providing quality care for her patients. She wrote:

Although productivity is stressed at my current job, I still feel that I can meet the productivity goal and give excellent care in the process.

Formal and informal opportunities for continuing education were key factors in her ongoing development. Jean found many resources to advance her learning and problem-solving skills, including the patients themselves. At one point she encountered a patient with a thoraco-lumbar rotation dysfunction so severe that the patient came into the clinic with her trunk flexed to 90 degrees. Jean looked through literature and sought consultation from physicians and other colleagues but was unable to find information on how to treat this patient. Jean felt comfortable telling the patient that she was unsure of how to best treat her. She informed the patient that they were going to go through a "process of trial and error" to solve the problem. Jean felt that her honesty gained the trust of the patient and, working together, they were able to achieve a successful outcome.

*Year Three* Confidence was Jean's greatest area of growth as her role changed from a full-time to a part-time position. Her priority became her newborn child, but she found that she could continue to advance professionally even while balancing new demands in her personal life. Evaluations became more systematic and fluid and treatment sessions progressed smoothly even when changes occurred in the treatment plan. As Jean reported,

I ... start with one thing and see where the patient is going and then maybe you decide to do something completely different than what you thought ... and that's not such a big deal.

Her focus was totally on the patient. At this point, Jean was very comfortable and confident in her ability to deliver highly individualised quality care. She continued to stress that active listening to the patient was key to successful encounters.

Jean continued learning from patients and sought relevant literature to support her care throughout her third year of practice. She continued to seek out other healthcare professionals for advice. Learning now also occurred through working with students. She felt that working with students "makes you a better practitioner by far... really makes you think." Jean was a valued mentor and teacher for colleagues as well. She developed educational programs for nurses and other healthcare providers at the agency, including programs for contracture management and wound care. At this point Jean felt she was "someone who could get it done."

By year three Jean was content and satisfied with her profession:

I feel like I have found my calling in life by serving such a wonderful group of patients. I feel good about what I do for a living, and although I may come home exhausted at the end of the day, a big part of my identity lies with the work that I do with my patients.

### *Challenges Faced*

Most of the challenges for Lana occurred during the third year of practice. Even so, she and her colleagues weathered the winds of organisational change and sought to recreate a supportive community of practice that would enhance their learning and growth as practitioners and enable them to provide high-quality services for the children and families they served and to whom they were so committed.

Finding balance between her professional and personal life in the first year of practice was a challenge for Jean. Her struggles also focused around addressing psychosocial issues in patient care. Jean realised that patient progress was not always related to objective physical findings but often hinged on the patient's mental or psychosocial status. Treatment of the patient as a whole became increasingly significant.

Early in her career Jean also felt that she had a "reality check" when considering her professional role. A rehabilitation physician had requested that *all* physical therapy treatments be approved prior to initiation with patients. She saw this as a barrier to autonomous practice and felt it challenged and undermined her professional role as a therapist. She felt that this real-world barrier was limiting the exercise of her professional judgement; this was disconcerting to her.



*Critical Reflections*

When Lana entered our study she had been identified as a promising novice therapist. She indeed seems to have fulfilled that promise as she completed the journey through her early years of practice. Lana's openness and commitment to learning through experience, her thoughtful and frequent reflection on that experience as expressed through journals and interviews, her caring, compassionate ways and dedication to her patients, and the supportive community of practice in which she worked were important factors in her early development as a therapist.

Jean travelled a very different path from Lana's in her early career, but she too, seemed to fulfil the promise identified when she entered the study. In our concluding reflections we grapple with the similarities and differences in Lana and Jean's experiences and the question of whether their learning and development as novice therapists might have been influenced by participation in our study.

## CONCLUDING REFLECTIONS

Both these novices sought out and recognised the importance of mentorship in their early years of practice. The mentorship they received was structured and somewhat formalised during their first year of practice but this gradually gave way to more informal, but no less important, networks of mentorships through daily engagement with and learning from colleagues and other health professionals with whom they worked. Learning in the context of practice and through interactions with these colleagues and with their own patients was a key resource for professional growth and the development of their professional identity.

The stories of Lana and Jean connect with those of other participants in our study. In spite of many different individual journeys, common themes and transitions emerged in the larger sample of 11 therapists. These themes and transitions are illustrated in the conceptual model shown in [Figure 16.1](#). During the first year of practice, learning was continuous but primarily directed inward toward self, contributing to an increase in confidence in therapist clinical and communication skills. Fuelled by increased self-confidence, therapist learning took an outward turn during the second year as Lana and Jean began to externalise that learning through teaching of students and colleagues. Finally, in their third year of practice, both recognised their transformation from being a mentee to becoming a mentor for some. Was the study itself a form of intervention? The design of our study gave Lana and Jean many opportunities to engage in reflection on their learning and professional development during their first three years of practice. They wrote reflective journals regularly, engaged in reflective dialogue with investigators through interviews, and participated in field observations that were followed by interviews and mutual examination of those observations.

**Novice Therapist Development**

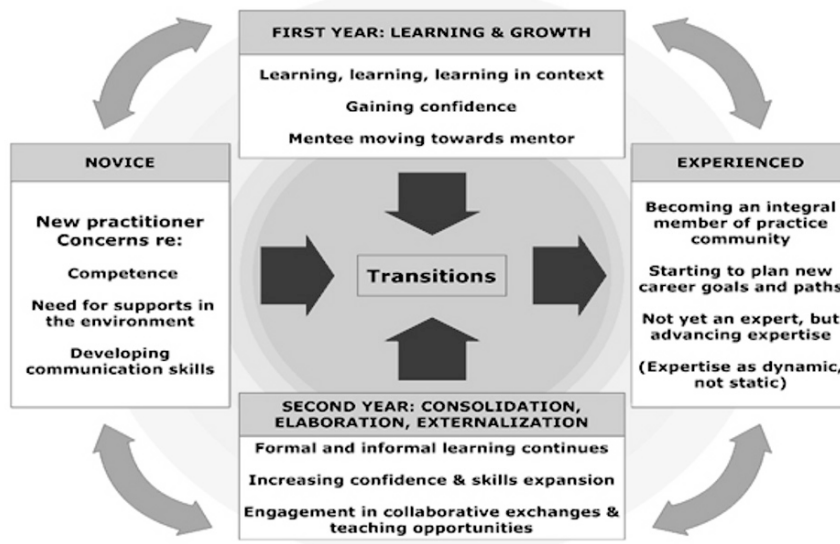


Figure 16.1. Conceptual model representing the learning and development of novice physical therapists during the first 2 years of practice

As Schön (1983, 1987) and others (Jensen et al., 1999, 2007) have pointed out, professional competence and expertise is not a state of being; rather, it is a dynamic and iterative process that is critically linked to the ability and willingness to engage in reflection in and on practice. The stories of Lana and Jean also resonate with the findings of Wenger (1998), McNally (2006) and O’Brien (2011) that highlight the importance of informal learning, interpersonal relationships, and “supported participation” within communities of practice as central to workplace learning and professional identity formation.

We have described the powerful learning that occurs in the community of practice in those first years of practice, but many unanswered questions remain, such as: How much of the professional learning and growth can be attributed to participants themselves? Did they already have a predisposition toward development of the reflective “habits of mind” (Epstein & Hundert, 2002) that are hallmarks of professional competence and mastery? Were these seeds already sown? If so, to what degree were these habits cultivated and nurtured by the workplace environment and participation in our study?

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