Development of Psychomotor Skills in Doctor of Physical Therapy (DPT) Students via a Modified Collaborative Model post COVID-19

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Development of Psychomotor Skills in Doctor of Physical Therapy (DPT) Students via a Modified Collaborative Model post COVID-19
Susan J Leach, PT, DPT, PhD

Background

- In Spring Semester 2020, 28 2nd year DPT students were taking their 3rd in a 3-part series of didactic and lab classes preparing them to work with patients with neurologic dysfunction.
- Following Spring Break, all in-person classes at UNM were cancelled as a sequelae of COVID-19.
- Remaining didactic content was completed in an on-line format within 6 weeks.
- Outstanding psychomotor content was postponed until June 8 when students could return to campus with a maximum of four students plus an instructor in the same room.
- Prior to COVID-19, labs were divided into 2 groups with 14 students per group. Now there were 8 subgroups of 3 or 4 students per subgroup.
- Each subgroup trained for 2 hours, two days per week.
- Schedule included a 10-minute mid-class break & 10 minutes to disinfect the space.

Objectives

1) Compare lab class formats for psychomotor development pre-COVID versus post-COVID
2) Analyze instructor strategies for psychomotor development pre-COVID versus post-COVID
3) Differentiate student learning strategies for psychomotor development pre-COVID versus post-COVID
4) Discuss if post-COVID lab strategies prepare students better for collaborative models of clinical education than pre-COVID lab strategies

Change in Resources + Groups

<table>
<thead>
<tr>
<th>Ratio: 1:14</th>
<th>Classrooms: 2</th>
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<tbody>
<tr>
<td>Classroom occupancy: &gt; 45 + several instructors</td>
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<table>
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<tr>
<th>Ratio: 1:28</th>
<th>Classrooms: 2</th>
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<tr>
<td>Classroom occupancy: 4 students + 1 instructor</td>
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Collaborative Model of Clinical Education

- Unlike the 1:1 clinical education model where one student is paired with one clinical instructor, the collaborative model of clinical education used during PT clinical education experiences involves 2 or more students completing a clinical education experience while supervised and educated by one clinical instructor usually in a 2:1 or 3:1 student-to-teacher ratio.6
- In this model, students collaborate with each other, share learning experiences, and adopt the role of teacher in addition to the student role. Benefits of the collaborative model include peer learning, peer support, peer discussion, teamwork skills, and independent learning.
- Using a modified version of this collaborative model, students successfully completed 1 Skills Check, 1 family training video, 1 OSCE, and 2 practical exams during an 8-week timeframe.

Student Responses

- The 4 students to one professor model was the most effective model for learning we have had thus far in this program. I was able to practice skills more efficiently with the time to learn and receive feedback from the instructor.
- Just more class time or larger/smaller group time with professors. We do what we can, but the professors have so much experience and knowledge, it was a little weird at first because traditionally it is not common, but I think it worked really well.
- The one-on-one time or at least the small group with the professor time. We received really good input and the practice sessions were efficient in that respect without having to wait for our turn like in traditional labs.

Lessons Learned

- Clinical education: Collaborative Model
- Online education: Community of Inquiry Framework
- Bridging the gap: From Simulation to Clinical Practice

References

1. https://www.wnp.org/post/noses-person-year-me

Disclosure: Author of this presentation does have the following to disclose concerning possible financial or personal relationships with commercial entities that may have a direct or indirect interest in the subject matter of this presentation:
- Susan J Leach – nothing to disclose