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Susan J. Leach

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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.

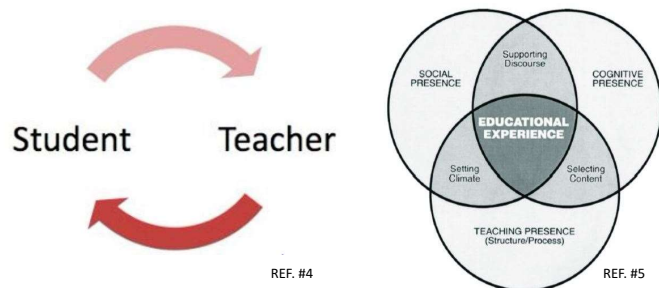
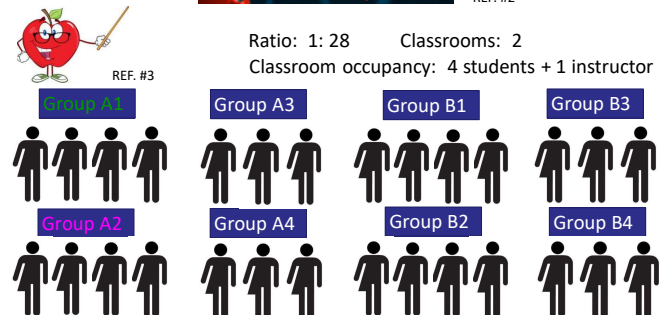
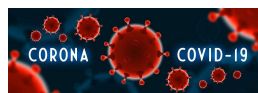
Schedule	Instructor demonstration/feedback	Student Independent Practice	Instructor demonstration/Feedback	Student Independent Practice
12:30 pm	Lab 1: Group A1 Preparation: CVA OSCE Bed mobility/Transfers			
1 pm	Lab 2: Group A2 Preparation: CVA OSCE Bed mobility/Transfers	Lab 1: Group A1 Practice: Bed mobility/Transfers		
1:30 pm		Lab 2: Group A2 Practice: Bed mobility/Transfers	Lab 1: Group A1 Preparation: CVA OSCE Ambulation/Stairs	
2 pm			Lab 2: Group A2 Preparation: CVA OSCE Ambulation/Stairs	Lab 1: Group A1 Practice: Ambulation/Stairs
2:30 pm				Lab 2: Group A2 Practice: Ambulation/Stairs

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

Ratio: 1: 14 Classrooms: 2
Classroom occupancy: > 45 + several instructors



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 professor took an interesting approach of encouraging us to teach our peers and critique ourselves... It was a little weird at first because traditionally it is not common, but I think it worked really well.	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 so more time practicing in front of them etc. could never be a bad thing.	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.
Practicing with classmates helped me learn. I felt more confident approaching classmates on confusing content than the instructor.	Being in a small group with the professor readily available to answer questions and watch as we practiced was huge! I truly felt that I was confident in my hands-on skills because of this set up.

Lessons Learned

- Clinical education: Collaborative Model⁶
- Online education: Community of Inquiry Framework⁵
- Bridging the gap: From Simulation to Clinical Practice⁷

References

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 6. Rindfleisch AB, Dunfee HJ, Cieslak KR, et al. Collaborative model of clinical education in physical and occupational therapy at the Mayo Clinic. *J Allied Health.* 2009; 38(3): 132-142.
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- 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