I HAVE A DREAM, THAT ONE DAY SOON, ALL ACUTE CARE CURRICULUM WILL...

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DISCLOSURES

• No relevant conflicts of interest or financial relationships.

LEARNING OBJECTIVES

At the conclusion of this presentation, participants will be able to:
• Demonstrate implications of healthcare change upon the delivery of acute care physical therapy
• Utilize the Acute Care Practice Analysis and the Core Competencies document to design escalating learning objectives
• Ascertain quality of learning activities for carryover from classroom to clinic
CURRENT STATE OF AFFAIRS

- Transition from volume to value
  - Lingering productivity standards / demands
- Onboarding needs have elevated to ensure independent practice
  - Students and “new hires” lack necessary preparedness
- Shift of mindset towards clinical education
  - “Professional obligation” converting to “paid service”
- Conversion of educational mission
  - Training students shifting towards training residents

CURRENT STATE OF AFFAIRS

- Increased size of physical therapist student cohorts
- Reduced number of acute care clinical education sites
- Limited number of qualified primary and associated acute care faculty
  - Paucity of development opportunities with academic mentors
- Underrepresented experiences within 2016 CAPTE standards
  - No particular practice setting is mentioned; no mandate for type of clinical education experiences
CURRENT STATE OF AFFAIRS
• Mismatch between entry-level curricula and current practice
  – Artificial classroom vs. complexity of hospital environment
  – Slow / low-risk vs. rapid / high-consequence clinical decision making
• Challenge to secure clinical education experiences in a hospital setting
  – Insufficient academic preparation + inability to obtain relevant clinical experience unprepared workforce to meet 10-15% vacancy rate in acute care hospital positions

STANDING AT A CROSSROADS
• Do nothing
• Push problem down-stream for the clinic to solve
• Hold academic entities responsible for student preparedness

ACUTE CARE CURRICULAR RESOURCES
• Historical documents guiding entry-level education either neglected or had minimal focus on acute care practice
  – Minimal Skills Document
  – Normative Model
  – NPTE Exam Blueprint
• Currently there are two published documents that more specifically address acute care practice
  – Acute Care Practice Analysis
  – Core Competencies of Entry-Level Physical Therapy Practice
ACUTE CARE PRACTICE

• What is it that we do?

ACUTE CARE PRACTICE ANALYSIS

Improve standard of care

Enhance focus on acute care in clinical education

Enhance influencing guiding documents

Close the gap between academic prep and clinical practice

ACUTE CARE PRACTICE ANALYSIS

Knowledge

Behaviors

Skills

Complex Environmental Influences

Fluctuating and/or unpredictable physiologic responses of patients

Fast-paced, highly time-sensitive

Multi-system, life-span, acute-on-chronic

Professional Roles, Responsibilities, Values
CORE-COMPETENCIES OF ENTRY-LEVEL ACUTE CARE PHYSICAL THERAPY PRACTICE

- Serves as “a guiding document to clarify to all stakeholders the unique and overlapping skills required for an entry-level clinician to be safe and effective on day one of practice”
- Describes the synergistic factors necessary for delivery of effective acute care practice
- Omits specification of terminal performance benchmarks
  - Outlines “what to do,” not “how well to do”

CONSIDERATIONS FOR DESIGNING LEARNING ACTIVITIES

- Obtain consensus from qualified faculty/staff on interpretation of guiding documents that is representative of acute care practice
  - Differentiate competency expectations at beginning, middle, and end of curriculum
- Devise escalating learning objectives for high-impact activities
  - Goal is to ensure pre-clinical readiness to enable skill refinement during full-time clinical education experiences
- Ensure cost and time effectiveness
COMPONENTS OF LEARNING ACTIVITIES

- Emphasis on Safety
- Common patient populations
- Communication requirements
- Time constraints
- Influence of acuity
- Environmental challenges/distractions
- Hospital regulations

HIGH-IMPACT LEARNING ACTIVITIES

- Ensure scaffolding of instruction
- Segmental instruction alone represents an over-simplification of care and precludes necessary integration and repetition
- Need to strengthen students’ higher order thinking skills
- Assist students in pattern recognition

ASSESSING STUDENT COMPETENCY

- Cultivate and calibrate a pool of qualified faculty assessors
- Utilize weighted standards to emphasize student mastery over most critical aspects of task
  - “Auto-fails” for safety
- Evaluate clinical decision-making in addition to skill performance
  - Transition weighting from skill to clinical decision-making as curriculum progresses
    • Determine if students “do” the correct thing for the correct reason
    • Probe the “why”
  - Requires time investment
CLASSROOM EXAMPLE

Early in Curriculum

CLASSROOM EXAMPLE

Late in Curriculum

SIMULATION EXAMPLE

Early in Curriculum
SUMMARY

- Cultivate and calibrate teaching teams with acute care expertise to establish and assess levels of performance.
- Plan for time requirements needed for effective delivery of instruction and analysis of student performance.
- Incorporate opportunities for repetition and integration.
- Adhere to established standards of performance—Ensure clarity of academic policies.
- Ensure student preparedness for independent practice in hospital setting upon graduation.

REFERENCES
