APTA Combine Sections Meeting
CPR or DNR: Revive or Abandon Current Acute Care Curricular Approaches?
Part 2
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Presenters
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No relevant conflicts of interest or financial relationships exist.

Learning Objectives
At the conclusion of this presentation, participants will be able to:
   1. Identify and analyze the shortcomings of various acute care curricula with respect to 21st century clinical practice demands.
   2. Incorporate educational pedagogy when designing active learning experiences that prepare students for the reality of acute care practice.
   3. Construct rubrics that assess the critical thinking/reasoning skills required to practice in the acute care setting.
   4. Formulate strategies to overcome obstacles associated with the delivery of a quality acute care curriculum.

NOTE: Information posted here is intended to provide an outline of the presentation. Enhanced slides will be used on-site, and posted in advance of the conference (replacing these).

Content Outline
I. Teaching and learning strategies
   a. Ultimately want to close the theory / practice gap in professional education
      i. Assumes practice is occurring to standards as advocated by our professional organization
      ii. If not, relies upon the transfer of needed education to students so they might function as agents of change
   b. Experiential learning
      i. Practice-based and learner-centered education
      ii. Links theory taught in classroom with practice realities
iii. Relevant settings are the ideal environment
   1. Facilitate formation of professional identities while promoting skill acquisition
iv. Promotes learner confidence
v. In PT academic curricula, experiential learning occurs via:
   1. Laboratory exercises
   2. Simulation activities
   3. Clinical education experiences

c. Adult learning
   i. Self-directed process
   ii. Learner should:
      1. Understand the value of the learning experience
      2. Engage in experiential learning opportunities
      3. Utilize problem-solving approaches and be responsible when decision-making
      4. Learn those elements that promote successful management of future situations

d. Metacognition
   i. Utilize prior experiences and knowledge to problem-solve novel situations
      1. Reflective and analytical component
      2. Requires cognitive flexibility
      3. Best if able to incorporate an experiential encounter with the cognitive thought process

e. Simulation

II. Acute care instruction: Obstacles
a. Curricular dilemma
   i. Vast breadth of acute care knowledge to be taught
      1. Outline provided in analysis of practice
      2. Entry-level core competency documents
   ii. Constrained by curricular credits and content-hours allocated to acute care teaching
   iii. Timing
      1. Often taught early in curriculum
      2. Not always revisited
         a. Implicit message?
   iv. Hospital-based acute care clinical education not consistently required
      1. Implicit message?

b. Faculty
   i. Qualified faculty scarcely available
      1. Limited faculty development opportunities to cultivate pool of qualified primary and associated faculty
   ii. Type-cast faculty serve as the reminder to think about “acute care”

c. Residency programs: develop expert clinicians or move clinician to the appropriate entry-level standard?
III. Acute care instruction: options to promote higher-level functioning of students to meet current practice demands
   a. Clinical skill development and practice should occur in an integrated and longitudinal fashion
      i. Acute care therefore becoming a curricular thread and content theme
   b. Learning opportunities should be comprehensive
      i. Full case-based instruction, practice, and assessment and not simply an isolated skills-check
   c. Repetitive practice opportunities should be provided in authentic learning environments
      i. Simulation and/or clinical experiences of sufficient frequency and duration to promote learning
   d. Timely and quality feedback should be provided
      i. Qualified mentors skilled in academic and clinical instruction
   e. Clinical deficits should be identified and opportunities for remediation ensured
      i. Activities and experiences must occur that realistically highlight needed skills to determine level of mastery required for contemporary practice

IV. Develop learning activities
   a. Learning objectives align with educational research
   b. Qualified faculty / staff (internal and external) to offer developmental feedback
   c. Cost and time-effective
   d. Develop best mechanism for evaluation / assessment of effectiveness of learning activity (rubric)
      i. Both in short and long-term
   e. Emphasize clinical decision-making
      i. Understand implications of information presented
      ii. Identify what information is essential, but missing
      iii. Predict patient presentation based upon information received
      iv. Prioritize appropriately
      v. intervene and monitor accordingly
      vi. Prognosticate, communicate, and discharge plan
      vii. Probe the “why”

V. Simulation / experiential learning
   a. Utilization at UD
      i. Trained, but not standardized, actors used during interprofessional encounters
         1. Activities
         2. Skills addressed
         3. Barriers
         4. Assessments
      ii. Skills assessments and practicals in simulated learning environments - hospital beds, real medical equipment, hospital gowns/socks/ID bands, etc.
1. Activities
2. Skills addressed
3. Barriers
4. Assessments

b. Simulation at UC
   i. High-fidelity simulation
      1. Activities
      2. Skills addressed
      3. Barriers
      4. Assessments
   ii. Objective structured clinical examination (OSCEs)
      1. Activities
      2. Skills addressed
      3. Barriers
      4. Assessments
   iii. Standardized patients
      1. Activities
      2. Skills addressed
      3. Barriers
      4. Assessments

VI. Metacognition/ modeling
   a. UD – rounds with clicker quizzes
   b. UC – clicker quizzes

VII. Assessment of learning activities
   a. Have learning activities promoted automaticity, pre-planning, and critical thinking?
   b. Have learning activities promoted appropriate examination and intervention skills?
   c. Have learning activities promoted necessary and accurate post-encounter actions?
   d. Have learning activities promoted clinical decision-making?
   e. Did rubrics or methods for assessment truly evaluate critical analysis and problem solving skills?

VIII. Academic-clinical partnerships
   a. Need to be carefully planned and implemented
      i. Create mutually beneficial relationships
      ii. Ensure shared vision and beliefs
   b. Requirements
      i. Strong communication
      ii. Flexibility
iii. Mutual goals

c. Clinical partnerships at UD
   i. Identify and utilize premier facilities for student clinical training (full-time internships)
   ii. Engage multiple facilities (community-based and academic medical centers)
      1. Alternate models of clinical education
      2. Increase internship opportunities while limiting staff resources

d. Clinical partnerships at UC
   i. Integrated clinical experiences
      1. Real patients in real facilities - scenarios arranged and facilitated by clinical and academic faculty as part of lab courses

IX. Question / Answer
References:


