



Self-Confidence and Preparedness for In-Patient Clinical Experiences for First-Year DPT Students After an Early Longitudinal Integrated Clinical Experience

CONTROL ID: 2342371

POSTER NUMBER: 1004

AUTHORS: Fitzsimmons, Amber¹; Ovitt, Daniel²; Ferrier, Rebecca³; Spates, LaKendra B.⁴; Lee, Jeannette⁵

AUTHORS/INSTITUTIONS: A. Fitzsimmons, Physical Therapy and Rehabilitation Sciences, University of California, San Francisco, San Francisco, California. D. Ovitt, Rehabilitation, UCSF Medical Center, San Francisco, California. R. Ferrier, Safety Office, University of California, San Francisco, San Francisco, California. L.B. Spates, Medical Center Administration, UCSF Medical Center, San Francisco, California. J. Lee, Physical Therapy, UCSF/SFSU, San Francisco, California

Purpose/Hypothesis: Integrated clinical experiences (ICE) allow learners to integrate skills learned in the didactic setting to that of “real world” clinical settings (1). ICE education models capitalize on authentic learning situations with real patients to potentially produce learning outcomes in cognitive, psychomotor, affective and interpersonal learning domains (2). Our innovative ICE model leveraged the quality improvement and patient safety needs of an academic medical center, with the early clinical learning needs in our entry level DPT program. Using Kern’s curriculum development model (3), an ICE curriculum was designed for first year DPT students to engage with patients and to promote safe patient mobilization in the acute care setting. The purpose of this study was to examine the effects of a yearlong ICE in the acute care setting on learners’ self-confidence and preparedness for inpatient clinical experiences.

Number of Subjects: Fifty first year entry level doctoral students (mean age 25.3; range 21-34) participated in the ICE. A majority (46%) of the first year DPT learners had 21-60 hours of previous acute care volunteer observation or paid work experience prior to participation.

Materials/Methods: The ICE was embedded as a mandatory component in two historically didactic courses offered during the first year. Weekly, learners rotated onto four floors (oncology, cardiovascular, liver/kidney transplant, and adult general surgery) in the academic medical center, where they integrated the material they learned in class with patient care activities such as: educating patients on the physiological and emotional benefits of early mobility; instructing patients in therapeutic exercises; and supervising independent patients with ambulation. Clinical encounters had specific learning objectives and required completion of a skills checklist, peer feedback and/or self- reflection narratives (4).

Results: A pre-post test study design using the validated 15-item Acute Care Confidence Survey by Greenwood et al. (2014) (5), showed statistically significant improvement from baseline

to re-assessment (0-9 months) in total score and all four subscales (instruction, mobility, manual, and judgment). Each subscale reported p-values < .001. No significant differences were noted between genders. Greatest improvements were noted in the judgment and mobility subscales. Students reported increased confidence in their patient interactions prior to going to their first 10-week clinical clerkship.

Conclusions: Combining didactic coursework with integrated clinical experiences during a longitudinal curriculum in the first year DPT curriculum appears to increase learners' self-confidence and preparedness for inpatient clinical experiences. .

Clinical Relevance: Early integrated clinical experiences offer authentic and realistic environments for students to practice their skills, while simultaneously offering opportunities to take part in patient safety and quality improvement initiatives at the medical center system level.