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Learning Objectives

Upon completion of this course, you will be able to:

• Formulate a professional development plan for initiating or advancing your acute care faculty physical therapy education practice.
• Develop or revise your current acute care education teaching strategies to meet students’ acute care education needs.
• Adopt an evidence-based teaching method into your acute care curriculum.
Expectations for Educators

CAPTE Required Elements for Faculty

**Standard 4:** The program faculty are qualified for their roles and effective in carrying out their responsibilities

4A. Each core faculty, program director, and clinical education director demonstrates:
   - Doctoral preparation
   - Contemporary expertise
   - Effective teaching and student evaluation
   - Current license to practice PT in US jurisdiction

PT Standards and Required Elements, CAPTE 2016
Expectations for Educators

CAPTE Required Elements for Faculty

Each core faculty:
• 4B: Has a well-defined, ongoing scholarly agenda
• 4C: Has a record of institutional or professional service

Each associated faculty:
• 4D: Has contemporary expertise in assigned teaching and has demonstrated effectiveness in teaching and student evaluation

Collective core and associated faculty include an effective blend of individual academic and clinical preparation (4K)
Expectations for Educators

Expertise looked for when seeking to hire acute care educators

• Clinical experience and expertise
• Clinical instructor (CI) experience
• Credentialed CI
• Certifications (ABPTS v. others)
• Record of scholarship
• Familiarity engagement with APTA and component chapters
• ACUTE CARE EXPERIENCE
Faculty Development

Professional Development Plan: What to do to prepare your resume for future teaching

• Service expectations
• Well-defined, ongoing scholarly agenda
• Clinical certification
• Academic doctoral degree
What needs to be taught in acute care?

- Acute Care therapists think differently than other types of physical therapists in part because they make decisions when patients are often in medical crisis (Masley et al., 2011).

- This decision making process relies heavily on the therapist’s interprofessional relationships with the medical team, management of emotions and ability to make judgments in action that are best for an individual patient’s circumstances (Holdar, Wallin, & Heiwe, 2013; Masley et al., 2011; M. Smith, Higgs, & Ellis, 2010).

- Acute Care Practice requires emotional intelligence and professional behaviors which has been identified in physicians and other health professions (Galal, Carr-Lopez, Seal, Scott, & Lopez, 2012).
Defining Acute Care Education

How is it different from other DPT curricula?

• Spans all content areas of practice
• Focuses on “acuity of condition” not patient diagnosis
• Educating students to make “dynamic decisions” in the acute care environment where patients’ presentations change (Masley et al., 2011)
Defining Acute Care Education

What is out there to guide how to teach acute care?

• Each individual physical therapist curriculum is guided by the *Normative Model of Physical Therapist Education* (American Physical Therapy Association, 2006).

• Nationwide Acute Care Practice Analysis (Gorman, 2010).

• Core competencies of Entry Level practice in Acute Care Physical Therapy (Greenwood et al.).
Educational Theory to assist with acute care education

• “Learning is What Matters Most” (Jensen, 2011). Jensen (2011) describes how students need to understand the situation, not just the decision.
Theory of Reflection

- Simulation requires reflection, which has been theorized to assist students in learning critical thinking (Schön, 1987).

- Thought *on action* versus thought *in action*
Theory of Self-Efficacy

• Bandura’s social cognitive theory (1993) has been utilized to explain the role simulation has in enhancing students’ self-confidence and performance.

• Social cognitive theory posits a direct relationship between a student’s self-efficacy and his or her level or performance (Bandura, 1993).
Emotional Intelligence Theory

• Emotional intelligence refers to one’s ability to appropriately express and assess one’s own emotions, as well as understand the emotions of others (Salovey & Mayer, 1990).

• Clinical decision-making requires affective and professional behaviors associated with emotional intelligence (Goleman, 2006).
Kolb’s Learning Theory

- Kolb’s learning theory posits that a combination of experience, reflection, conceptualization, and experimentation are needed to foster learning (Kolb, 1984).
Transformative Learning Theory

- Transformative learning theory explains that a meaningful context can transport an adult learner into a new reality by moving through ten purposeful stages of learning (Mezirow, 1991).
Situated Learning Theory

- Learning occurs as a construct of culture, context and activity (Lave, 1988)
- Social interaction and community of practice are key.
- Learning is unintentional "legitimate peripheral participation. (Lave & Wenger, 1991)
Educational Models

- **Bloom’s Taxonomy** is a hierarchy of objectives and learning activities (Bloom, 1984).

- **Webb’s Depth of Knowledge** is that students gain the skills to perform in new situations, without prior knowledge based on relating previous thinking to new thinking (Webb, 2002).

- **Understanding by design** is an educational model created by Wiggins and McThie (1998).
Acute Care & Interprofessional Education

- Team-based learning through:
  - Cases
  - Simulation
  - Reflective Writing
  - Concept Mapping
• Team-based Learning
  • Identifying roles and roles of other healthcare professionals
  • Applying relationship building principles to form effective healthcare teams
  • Communicate with all members of the healthcare team, patient and family in a way that promotes the team approach to address prevention and treatment of disease

»IPEP Competencies 2016
TWO CURRICULAR EXAMPLES WILL BE PRESENTED
• Curricular example 1: Texas Tech University

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• Curricular example 2: Northeastern University
ACUTE CARE TEACHING METHODS
Online Discussion Board

**Background:**


Online Discussion Board

- **Discussion Board**
  - Paired with clinical observation of a selected evaluation
  - Students perform weekly reflective writing with guiding questions of different aspects of the evaluation
    - Emphasis on critical thinking links to within the evaluation
    - Interprofessional education also interwoven into the reflective writing
Sample discussion week:

- Consider the systems review discussion from last week and the subjective history discussion from week #1. Please look at the answers to these original guiding questions (including the additional questions in bold type) and revise them from your original posts (if needed), then post the revised answers:
  - What questions led to specific tests and measures in the examination?
  - What from the systems screen led to specific tests and measures?
  - Was the order of the tests important and why?
  - Did certain tests lead to other tests during the exam?
  - What impairments did the tests and measures observed identify? Please explain.
  - What did you learn about this particular aspect of the evaluation (tests and measures), and what might you do with the learning in the future as a PT student and eventually as a PT?
Case Integration

Background:


Sample Lab Case: HPPT 8314 IPT

Lab objectives – students will:
- Obtain relevant information from the mock chart (physician dictated H&P and lab values)
- Conduct a patient introduction and interview
- Perform a systems screen on the patient
- Determine and demonstrate relevant tests and measures
- Complete the PT evaluation including diagnosis, prognosis, goals and discharge planning
- Develop an intervention treatment plan
Case Integration

Practical Examination: HPPT 8314 IPT

Case-based demonstration of:
• Critical thinking
• Problem-solving
• Depth of knowledge within this content area
• Execution of psychomotor skills

Formal grading rubric
Concept Mapping

**Background:**

- Concept maps should be introduced early in the curriculum to assist with students’ self-confidence and awareness of clinical decision-making (Torre et al., 2007).

- Decision trees utilized by Cahalin et al. (2011), have been successful in physical therapist education.
Determine if Mrs. Mullen is safe to go home

What do I know from the chart that effects safety?
- Fell at Home
- Uses cane outside home
- Lives with daughter
- Has B fx and hx of knee replacement
- Age

What do I primarily need to evaluate?
- Balance, gait, safety, awareness, strength, fxl mobility

What am I deciding between for d/c plan?
- What does she need to do to go to OP, which is least amount of assistance
- She needs to be Independent because she was Independent prior

She fell at HOME

Home PT is best choice due to not I and safety issues at home.
Simulation

**Background:**

- The evolution of simulation education in physical therapist programs over the last several years is preceded by success within physician education (McIndoe, 2012; Scalese, Obeso, & Issenberg, 2008).

- Simulation education involves the creation of realistic clinical scenarios through which physical therapist students can actively participate in patient management using actors or computerized manikins (Shoemaker, Riemersma, & Perkins, 2009).

- Use of medical simulation has shown positive outcomes in physical therapist students’ confidence, technical acute care skills and engagement with the acute environment (Ohtake, Lazarus, Schillo, & Rosen, 2013; Michael J. Shoemaker et al., 2011; N. Smith, Prybylo, & Conner-Kerr, 2012).
Simulation at TTUHSC

- HPPT 8314 – IPT
- HPPT 8224 – Clinical Reasoning 2
Simulation at Northeastern

- Utilized in four courses to assist with acute care education
- Simulated patients and patient manikins are utilized
- Utilized for formative and summative learning activities
- Interprofessional and In silo
- Case example, planning forms and video will be presented
Clinical Education

• That aspect of the professional curriculum during which student learning occurs directly as a function of being immersed within physical therapist practice. These experiences compromise all of the formal and practical “real-life” learning experiences provided for students to apply classroom knowledge, skills, and professional behaviors in the clinical environment.

• 6L: The curriculum plan includes clinical education experiences for each student that encompass, but are not limited to:

• CAPTE does not require acute care clinical education experiences
WHAT CAN I DO TO PREPARE?
Question and Answer Session
Final Questions


