

Effect of Medical and Physical Therapy Near-Peer Small Group Preceptors for Clinical Skills and Professionalism

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Objectives

- Discuss the role of peer assisted learning (PAL) in IPE
- Contrast faculty development needs and resources for faculty and student preceptors
- Develop strategies to increase faculty and student engagement (“buy-in”) for IPE and IPC
- Describe processes to develop interprofessional relationships critical to successful IPE for small groups
- Negotiate challenges for longitudinal IPE experiences

Agenda

- Introductions
- Overview of Doctoring course
- History of Peer-Assisted Learning in Doctoring
- MD, DPT Faculty and Student Perspectives
- Outcomes, Challenges and Learnings
- Discussion

Doctoring/Doctoring for Physical Therapists

- Doctoring course (2010)
- Basic structure
 - Year-long
 - Facilitated small-groups (8 students)
 - Case-based
 - Standardized patients
 - Content
 - Professionalism, communication, interprofessional, physical examination, interview (sem 1), physical examination (sem 2)
 - 4 8-week modules parallels integrated basic science courses

Small Groups

- 8 students
 - Composition has evolved
 - 5 MS1 students/3 DPT1 (2010) – not all groups with DPT
 - 6 MS1students/2 DPT 1
- MD or DPT faculty preceptor
- MS4 student preceptor (2010 – present)
- DPT 3 student preceptor (2012 pilot test – present)
 - DPT 3 available only for sem 1
 - MS 4 may be away on Acting Internship
- Group composition changes IP and group dynamics
 - In-group socialization, core mass

Educational Anchor for PAL

- Preceptors supported by structured learning in other courses
 - MS 4 = required Doctoring 4 course
 - DPT 3 = Capstone Seminar course
- Focus on education and mentoring
- Provides clear role expectations

IPE-related course objectives

Doctoring 1

- Establish & maintain a climate of mutual respect, dignity, integrity, and trust
- Identify team members' roles and responsibilities associated with each role
- Understand one's own roles and personal limits as an individual provider and seek help from the other members of the team to optimize health care delivery

Faculty Development

- Buy-in from faculty and students
- Structured faculty development session
- Pre-semester intensive IP and content-specific
- During semester – 1-2 PM before groups
- Challenge of IP faculty development with so many small groups and faculty changes

Peer Assisted Learning

- Peer-assisted learning
- Peers = same educational level
- Near-peers = ahead in level (one year; 2 -5 years)
- Linked to course – Doctoring 4 – Capstone Seminar
- Comparative effectiveness of near-peers and faculty
- Generational effects?
- Faculty role is to teach near-peers to coach and teach
 - “Facilitate interprofessional learning in small groups for physical therapy and medical students.” (Capstone seminar syllabus)

Benefits of Peer-Assisted Learning

- Approachability and enhanced awareness of learning outcomes due to “cognitive congruence” (Taylor et al., 2015)
- Increased communication and educational skills (Dandavino et al, 2015)
- 10 reasons to use peer-teaching; analogy of the guild “journeyman” as an intermediate stage between apprentice and master (Cate & Durning, 2007)
- Systematic review demonstrates academic and benefits with poor understanding of long-term benefits (Yu et al, 2011)
- Interprofessional perspective not systematically explored?

Challenges

- Different clinical frameworks – different processes and purpose for interviewing, exam, clinical reasoning
- Scheduling, scheduling, scheduling!
- Number differential (MS = 180, DPT = 50; Faculty even greater)
- Buy-in
 - If I have an MD or DPT preceptor, am I missing skills important for MY PROFESSION?
 - Informal socialization
 - DPT 3 – 2015-2016 = first year that DPT3s had a DPT preceptor as year 1
- Language – importance for inclusiveness
 - MD versus “health care professional”
 - Medical orientation versus functional

DPT Experience

- History of Collaboration
- Changes made since Inception?

Perspective on DPT Preceptoring

- Year 1 Viewpoints on DPT 3 Inclusion
 - Voice in the Group
 - Role of PT in Inter-professional Care
- Year 3 View Points on “second look”
 - Collaboration with MS4
 - Role of Mentor to DPT 1
 - Reflections

Perspective on DPT Preceptoring

- MS 4 on working with DPT faculty
Preceptor
 - Challenges
 - Benefits

Outcomes

For MS1 and DPT 1

- Patient-centered +++
- Professionalism +++
- Interprofessionalism + -
- Physical Exam Skills + -

- Valued more by DPT3 than DPT1 - professional identity formation?
 - Bebeau and Monson propose professional identity formation based on Kegan: Independent operator to Team-Oriented Idealist to Self-Defining Professional

For MS4 and DPT 3

- Patient-centered +++
- Professionalism +++
- Interprofessionalism +++
- Physical Exam Skills ++ ?

Other Outcomes

- Informal and affective learning
- Handling power, conflict, negative role models, and disempowerment
- Hidden curriculum and socialization
- Translation to practice?

DPT Student Reflections

- Reflecting on professional development – perspective on who I have become professionally
- Enhancing teaching abilities
- What I did not see in year 1 and helping others see it...
- Providing constructive feedback
- Building confidence
- Collaborative development
- Interprofessional idealism versus realism

Faculty Perspectives

- Enhancement of faculty collaboration outside of classroom
- Heightened awareness of other professions
- Desire for greater variety of professions and disciplines
- “Ownership of the other” – DPT faculty responsible for MS 1 and 4 and vice versa

Tips and Advice

- Patience
- Just this year – hitting our stride for DPT-led skills session
 - Struggle for the steering wheel
 - DPT preceptor development
 - Shared expectations – delineated
 - Acceptance of roles – Year 1 and Year 3/4
 - Integration into curriculum

Discussion

- Questions?

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