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Filling the gap. Clinical skill acquisition with interactive online modules to supplement traditional instruction

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Background and Purpose

- Online resources are highly favored to augment learning especially by millennials for convenience, self-paced content, and versatility in learning styles. E-learning platforms are as effective as traditional face-to-face instruction but may be best utilized as an adjunctive resource for teaching psychomotor skills.
- There are no studies investigating the use of online technologies to supplement range of motion (ROM) skill acquisition and an overall deficiency regarding interactive learning platforms in doctor of physical therapy (DPT) curriculum.
- During the last two years at one institution, only about half of the class passed the lab practical exam.
- The study design was a prospective cohort study about supplemental modules created by a faculty student team to be highly engaging and media rich where the learner decides the pace and order of content delivered. Embedded quizzes provided immediate feedback for the learner to reflect on their understanding (Figure 1).
- Students were randomly divided into two groups with one group receiving access to the upper extremity (UE) modules and the other having access to the lower extremity (LE) modules. To reduce the crossover effect between the groups and maintain the integrity of the study, students were educated on the importance of only viewing the modules they had access to and faculty were blinded to group assignment. Midway through the semester all students had the option to choose if they wanted access to the last set of modules focused on the spine.
- The modules were well utilized by the students, increased confidence, and had a significant difference observed in first time pass rates between 2015 and 2014 (p=0.02), but no difference for 2015 and 2013 (p=0.40).
- All students opted in for use of the spine modules when given the choice.
- Favorable reports of interactivity, helping students learn, recommended use in the future and desired access beyond the semester.
- The modules were highly regarded, utilized by students, and result in increased lab practical pass rates.

Methods

Study Participants: 53/53 first-year DPT students consented to participate in this study.

Study Design: This was a prospective cohort study about supplemental modules created by a faculty student team to be highly engaging and media rich where the learner decides the pace and order of content delivered. Embedded quizzes provided immediate feedback for the learner to reflect on their understanding (Figure 1).

Students were randomly divided into two groups with one group receiving access to the upper extremity (UE) modules and the other having access to the lower extremity (LE) modules. To reduce the crossover effect between the groups and maintain the integrity of the study, students were educated on the importance of only viewing the modules they had access to and faculty were blinded to group assignment. Midway through the semester all students had the option to choose if they wanted access to the last set of modules focused on the spine.

Use of Modules in the Course: Modules supplemented 4 labs with faculty demonstrations, peer practice and lab assistant feedback. Students were assessed by a high-stakes lab practical of ROM measurements on a standardized patient: UE, LE and spine.

Analysis: Exact Chi-square tests were used to determine associations between groups for lab practical pass rates. Logistic regression was used to analyze differences between cohorts by year (r < 0.05).

Results

Data was analyzed from 44/52 students. 8 students were excluded (6 for not using the modules, 1 had previously taken the class, 1 viewed modules not of their assigned group). 34 females and 10 males with a mean age of 23 years (21-28), who reported race as Caucasian (n=18), Asian (n=2), and Hispanic (n=1).

Pass Rate

High stakes lab practical with standardized patient

- Significant difference observed in first time pass rates between 2015 and 2014 (p=0.02), but no difference for 2015 and 2013 (p=0.40).

Confidence Rating

Self-reported confidence of performing the skill (ranged from 0 to 5)

- Average student confidence at start: 4.310
- Average student confidence at end: 9.5/10

Module Usage

Learning through user engagement system, analytics & self-report

- Average use per student during the semester: 2.4 hours (range: 10 min to 7 hours)

Student Satisfaction

Anonymous end of semester course assessment

- All students opted in for use of the spine modules when given the choice.
- Favorable reports of interactivity, helping students learn, recommended use in the future and desired access beyond the semester.

What was the first-time lab practical pass rate?

<table>
<thead>
<tr>
<th>Year</th>
<th>Pass Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>0%</td>
</tr>
<tr>
<td>2014</td>
<td>20%</td>
</tr>
<tr>
<td>2015</td>
<td>63%</td>
</tr>
<tr>
<td>2016</td>
<td>71%</td>
</tr>
</tbody>
</table>

What did the students have to say?

- High stakes lab practical with standardized patient
- Significant difference observed in first time pass rates between 2015 and 2014 (p=0.02), but no difference for 2015 and 2013 (p=0.40).

– Average student confidence at start: 4.310
– Average student confidence at end: 9.5/10

- All students opted in for use of the spine modules when given the choice.
- Favorable reports of interactivity, helping students learn, recommended use in the future and desired access beyond the semester.

Conclusions

- There were significant improvements in first time pass rates from the previous year when the modules were not available.
- The modules were well utilized by the students, increased confidence, and had a high rate of satisfaction.
- This platform for supplemental materials should be strongly considered for attainment of ROM psychomotor skills and could be valuable for instruction of other foundational clinical skills in physical therapy.
- Strengths include outcomes that went beyond student satisfaction.
- Limitations include a small sample size from a single institution, and inherent inaccuracies in students recall of self-reported data.

References


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