

10-2023

Does Implementation of a Lifestyle Medicine Curriculum Affect Student Wellness During Doctor of Physical Therapy Education?

Betsy J. Becker

University of Nebraska Medical Center, betsyj.becker@unmc.edu

Kathleen G. Volkman

University of Nebraska Medical Center, kvolkman@unmc.edu

Tessa Wells

University of Nebraska Medical Center, tessa.wells@unmc.edu

Nicole M. Sleddens

University of Nebraska Medical Center, nicole.sleddens@unmc.edu

Teresa Cochran

University of Nebraska Medical Center, teresa.cochran@unmc.edu

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Recommended Citation

Becker, Betsy J.; Volkman, Kathleen G.; Wells, Tessa; Sleddens, Nicole M.; and Cochran, Teresa, "Does Implementation of a Lifestyle Medicine Curriculum Affect Student Wellness During Doctor of Physical Therapy Education?" (2023). *Posters and Presentations: Physical Therapy*. 41.

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American College of Lifestyle Medicine Abstract Submission
Oct 29-Nov 1, 2023
Gaylord Rockies Resort, Denver, CO

Suggested Citation:

Becker BJ, Volkman K, Wells T, Sleddens N, Cochran T. Does Implementation of a Lifestyle Medicine Curriculum Affect Student Wellness During Doctor of Physical Therapy Education? American College of Lifestyle Medicine Annual Meeting, 10/29/2023-11/1/2023. Selected for poster presentation.

Does Implementation of a Lifestyle Medicine Curriculum Affect Student Wellness During Doctor of Physical Therapy Education?

Background

Current healthcare environments amplify the need for educational systems to forge healthy workforces to withstand stressors. Our study examines the effects of embedding a lifestyle medicine curriculum on student wellness in a Doctor of Physical Therapy (DPT) Program, simultaneously preparing students to implement lifestyle medicine with future patients and communities.

Methods

In a DPT program, we implemented a lifestyle medicine curriculum grounded within the Social-Ecological Model. This framework emphasizes student success in the program's pre-clinical phases, creates a purposeful "ripple effect" threading wellness strategies among peers, patients, and communities, and emphasizes wellness as a clinician over the 32-month curriculum. The Five Factor Wellness (FFW) Inventory and Psychological Capital (PC) Questionnaire measured student wellness at matriculation, mid-program, and graduation. We used Social Network Analysis (SNA) to examine the strength and types of peer connections.

Results

The response rate for two cohorts across the four-year study for the FFW was 100% and 80% (n=100/125) for PC and SNA. Race composition was White (84.0%, n=105), Asian (9.6%, n=12), Native Hawaiian or Pacific Islander (2.4%, n=3), Hispanic or Latino (2.4%, n=3), other-not described (.8%, n=1), and preferred not to answer (.8%, n=1); and 61.6% (n=77) were female. SNA: The average number of close classmate connections increased from 4.7 (0-28) to 12.9 (0-39) at mid-program and to 19.7 (3-43) at graduation. A repeated-measures ANOVA (Bonferroni correction) revealed significant increases in scores: matriculation-mid-program - FFW-coping (1.6, .2-3.0, p=.024), FFW-leisure (3.2, .8-5.5, p=.004), FFW-self-care (2.3, .7-3.9, p=.002), PC-efficacy (2.1, 1.3-2.9, p<.001), PC-optimism (1.6, .5-2.6, p=.002); mid-program-graduation - PC-efficacy (2.3, 1.5-3.0, p<.001), PC-hope (2.4, 1.4-3.4, p<.001), PC-resilience (1.7, .7-2.7, p<.001); matriculation-graduation - FFW-leisure (3.5, .6-6.4, p=.013), PC-efficacy (4.4, 3.3-5.4, p<.001), PC-hope (3.4, 2.4-4.3, p<.001), PC-resilience (2.2, 1.3-3.1, p<.001), PC-optimism (2.0, 1.0-3.0, p<.001).

Conclusion

Implementing a lifestyle medicine curriculum contributed to DPT graduates developing close connections among peers for support and friendship, being empowered with coping strategies to

regulate responses and manage negative effects of life events, taking responsibility for self-care measures, and improving psychological capital to persevere confidently toward goals.

Funding

Funding was provided by the College of Allied Health Professions Interprofessional Education Grant and the Physical Therapy Program of the University of Nebraska Medical Center.

Conflicts of interest of all authors – limit to 400 words

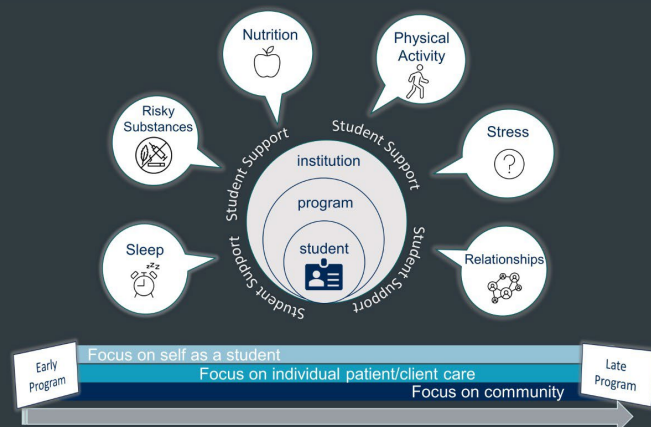
The authors have no conflicts of interest to report.

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{Poster – see next page}

Lifestyle Medicine Curriculum Improves Student Wellness During Doctor of Physical Therapy Education

~ a longitudinal 4 -year study ~

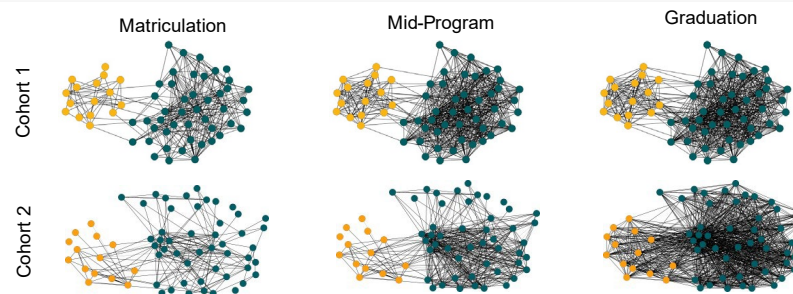


Betsy J. Becker, PT, DPT, PhD
Kathy Volkman, PT, MS, NCS
Tessa Wells, PT, DPT, GCS(tessa.wells@unmc.edu)
Nikki Sleddens, PT, MPT, CEEAA, ABD
Teresa Cochran, PT, DPT, FNAP

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More close connections developed among peers for
support and friendship over time

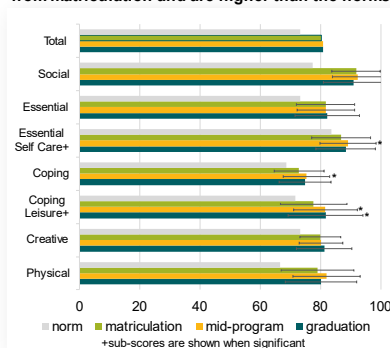


Each student is a circle | Lines connect close contacts | Color is campus location: rur (yellow) & urban (blue)

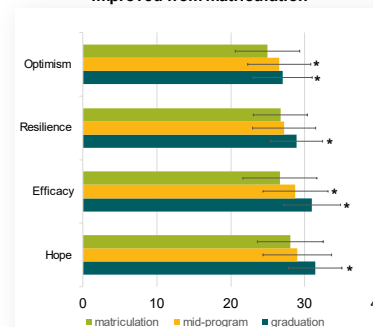
Higher Wellness Scores

Mean Scores and Standard Deviations are shown | * Significant increase compared to matriculation p<.05

Five Factor Wellness Inventory
Outcomes: means improved in all factors
from matriculation and are higher than the norms



Psychological Capital Questionnaire
Outcomes: means in all categories
improved from matriculation



Current healthcare environments amplify the need for educational systems to
forge healthy workforces to withstand stressors.



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