2-2016

Using active learning strategies to teach DPT students how to assertively address inappropriate patient sexual behavior (IPSB)

Betsy J. Becker
*University of Nebraska Medical Center*, betsyj.becker@unmc.edu

Kathleen G. Volkman
*University of Nebraska Medical Center*, kvolkman@unmc.edu

Robin R. High
*University of Nebraska Medical Center*, rhigh@unmc.edu

Tell us how you used this information in this short survey.
Follow this and additional works at: [https://digitalcommons.unmc.edu/cahp_pt_pres](https://digitalcommons.unmc.edu/cahp_pt_pres)

Part of the Physical Therapy Commons

**Recommended Citation**
[https://digitalcommons.unmc.edu/cahp_pt_pres/7](https://digitalcommons.unmc.edu/cahp_pt_pres/7)

This Conference Proceeding is brought to you for free and open access by the Physical Therapy at DigitalCommons@UNMC. It has been accepted for inclusion in Posters and Presentations: Physical Therapy by an authorized administrator of DigitalCommons@UNMC. For more information, please contact digitalcommons@unmc.edu.
Using active learning strategies to teach DPT students how to assertively address inappropriate patient sexual behavior (IPSB)

Betsy J. Becker, PT, DPT, CLT-LANA¹, Kathleen Volkman, PT, MS, NCS¹, Robin High, MBA², 1.Division of Physical Therapy Education, College of Allied Health Professions, University of Nebraska Medical Center (UNMC), Omaha, NE; 2.College of Public Health, Department of Biostatistics, UNMC, Omaha, NE

Background/Purpose

Inappropriate sexual behavior is defined as a "verbal or physical act of an explicit, or perceived, sexual nature, which is unacceptable within the social context in which it is carried out."¹ In a survey of U.S. PTs, 86% of the respondents reported experiencing at least one type of IPSB.² Cambier suggests it is important to train student PTs to use assertive techniques to handle IPSB.³ PT education programs are required to teach concepts of professional duty, communication skills, and cultural competency, however, management techniques of IPSB in the clinic are not uniformly taught in schools.⁴ The use of active learning methods such as role play simulation and small group discussion has been used to train other healthcare professionals to practice handling IPSB.⁵,⁶

The aim of this study was to assess student outcomes following an active learning experience designed to:
1) teach students assertive techniques to manage IPSB,
2) promote critical thinking about the topic of sexuality, and
3) engage students in flipped and active learning methods.

Materials /Methods

Faculty developed eight case scenarios for the in-class discussion and role play. Students completed three pre- and post-class paper surveys about their beliefs and knowledge about IPSB. The flipped model involved reading an assigned article on the topic prior to the class, brief instruction by faculty, interactive small-group discussion, role play, and a large group debrief in class.

Student Learning Objectives

1. Adjust interactions with patients/clients appropriately in response to inappropriate patient sexual behavior.
2. Recognize factors influencing inappropriate patient sexual behavior.
3. Discriminate between patient beneficence and nonmaleficence as it relates to a patient/client case of inappropriate patient sexual behavior.
4. Practice assertive techniques and document encounters for inappropriate patient sexual behavior.
5. Analyze the effectiveness of techniques used during an encounter with a patient demonstrating inappropriate patient sexual behavior.

Results

- 43 of 45 students reported reading the preparatory article prior to class and all students engaged in the in-class active learning method.
- There was an interaction between gender and the survey question on knowing how to respond to IPSB (Figure 1). Females perceived their abilities to be lower than the males initially, but they scored higher post-instruction for this question.
- Students reported an increase in confidence that they could remain professional when faced with a situation of IPSB (p=.004).
- Students reported that assertive techniques are the most appropriate strategy for IPSB (p=.001).
- Student were satisfied and supported flipped and active learning methods for future use (Figure 2).

Conclusion and Clinical Relevance

Students that completed this learning activity improved their knowledge of, comfort with and perceptions about IPSB based on our survey questions. We recommend using flipped and active learning methods to instruct DPT students in assertive techniques to address IPSB. PTs often encounter IPSB in the clinic. Therefore practicing strategies in preparation for these situations could lead to more appropriate therapist-patient interactions.

References