360-Degree Assessment Model for Fostering Reciprocal Development of ProfessionalBehaviors and Communication Skills Across Academic and Cooperative Education Experiences

CAFCE 2008
Niagara Falls, Ontario
Lorna Hayward, EdD, MPH, PT,
Betsey Blackmer, EdD, MEd, PT
Northeastern University
Boston, MA, USA
Overview

- Introduction
- Research project
- Definition of terms
- Purpose of reflection
- Introduction to the 360-Model
- Preliminary study results
- Discussion of results and potential application

360° Assessment Process
- Peer assess
- SP assess
- Self assess
- Instructor assess
- Video tape
- Debriefing
Introduction

Research\(^1\) demonstrates that employer expectations for desired professional skills in new graduates are not met.

Essential skills include:

- Teamwork
- Critical thinking
- Communication
- Personal accountability
- Effective work habits.
Introduction

- Educators need to understand what skills are required for successful entry into the workplace.
- Educators must design pedagogy that explicitly teaches and rewards identified skills.
Introduction

Project purpose: pilot test a curricular model that explicitly teaches and rewards the acquisition of:

- professionalism and
- communication skills.

Two year study funded by CAFCE

Currently finished year one.
Study Setting

- NU: urban setting, private, 20,000 grad and undergrad students.
- NU has had a co-op program since 1909.

Program:
- 6 ½ year entry-level doctor of physical therapy (DPT).
- Only PT program with co-op
- Two 6 month co-operative education experiences
- 100 students per class.
Purpose of Model

- Evaluate student demonstration of:
  - professionalism, and
  - communication skills.

- Assess student learning from “360-degree” perspective.

- Model relies on standardized patients (SP) and online communities of practice (CoP).
APTA Professional Values

Core Values describe the 7 professional behaviors for the DPT.²

Study focus:
- Accountability
- Compassion & Caring
- Integrity
- Professional duty
- Social responsibility.
Definition of Terms

**Standardized Patients:**
- Experiential pedagogy.
- Laypersons trained to mimic a “patient.”
- Consistent and reliable.
- SPs act as teachers & evaluators of students.
- Provide written and verbal feedback to students.
Definition of Terms

Communities of Practice (COP)⁴:

- Learning is situated in a community of inquirers who share meaning, interpretations & ideas.
- Learning relates to lived experiences (connects academic & community work).
- Learning relates to cultural context of the present and collective history.
- Content learned has value & is meaningful.
Definition of Terms - Reflection

- Reflection helps students learn during work experience.
- Reflection is a tool to promote self-directed professional growth development.
- Writing makes learning explicit.
360 Degree Feedback Loop

- 360 Feedback loop origins in business.
- Provides feedback on performance.
- Multiple perspectives: colleagues, managers & self.
- Explicitly documents strengths & areas for development.
360 Degree SP-CoP Model

- Our model integrates the 360° feedback loop.
- Incorporates online CoP.
- Relies on SPs to simulate a patient interaction.
- Includes reflection on experience and self assessment.
- Feedback sources: instructor, peers, SP, self, and video tape.
360 Degree SP-CoP Model

Virtual Community of Practice

SP CASE
- Questions
- Dialogue

SP Assess

Peer Assess

Self Assess

Instructor Assess

Debrief

Video
Study Design

- **Research questions:**
  - Will the Model provide faculty with a method to realistically assess DPT student ability to communicate and demonstrate professional behaviors necessary for success on co-op?
  - Will the Model have a long term impact on communication and professional behaviors?
Study Design

- Quasi experimental mixed methods design

  Four phases:
  1. Focus groups with 8 physical therapy (PT) co-op employers. Students self assess professional behaviors & communication skills.
  2. Intervention: implemented SP-CoP Model in a course for 3rd year DPT students
  3. Post test 1: students reassess professional behaviors & communication skills.
  4. Post test 2: students reassess professional behaviors & communication skills 4 months into 2nd co-op (April 09)
Subjects

- Eight PT co-operative education employers
- 104 NU 3rd year DPT students.
- Employers were purposively sampled.
- Students were a convenience sample.
Demographics – Employers

- Four females, Four males
- Physical therapists
- All supervisors
- Caucasian
- Hospitals 2, Private clinics 6
- Average years of experience: 16 years
  - Range 7 to 35 years
Demographics - Students

- 104 Students
- Females 83  Males 21
- DPT students
- 3rd year of 6
- All but 14 had completed a 6 month co-op term
Phase 1: Employer Focus Group

- Completed a focus group with 8 PT co-op employers.
- Tape recorded and transcribed.
- Data were used by course faculty to shape 5 case studies used in the SP-CoP Model.
Phase 1: Focus Group Data Trends

**Desired behaviors**
- Adapt to environment
- Team player
- Communicate needs & requests
- Look at job as an educational opportunity
- Knowing scope of the job
- Organized
- Time management
- Punctual
- Appropriate dress
Phase 1: Focus Group Data Trends

Desired Behaviors:
- Adapt communication to level of listener
- Respectful of different ages, cultures
- Effectively interaction with other people
- Take initiative-self directed
- Become fabric of the company
Phase 1- Focus group trends

- **Observed behaviors:**
  - Cyber multi-tasking
  - Cell phone use
  - Lack of initiative
  - Poor attention regarding job rhythm
  - Inappropriate communication
  - Poor professional appearance
  - Not turning mistakes into learning opportunities
  - Bad behavior
Phase 1: Self-Assessment

- All 104 students enrolled in “PTH U305 PT Professional Seminar” completed a survey to self-assess their mastery of core values and communication skills.
- The self-assessment instrument was the Professionalism in Physical Therapy: Core Values Self Assessment (PPTCV).
Phase 1: Survey Data

- PPTVC is scored via 5 point Likert scale with: 1 = being never; 2 = rarely, 3 = occasionally, 4 = frequently, and 5 = always.
- PPTVC: seven sections with 68 questions.
- N = 62 of 104 students fully completed PPTVC surveys; 88% female.
Phase 1: PPTCV Survey Data

Seven sections:

1) Accountability
2) Altruism
3) Compassion and Caring
4) Excellence
5) Integrity
6) Professional Duty
7) Social Responsibility
Phase 1: PPTVC Scores

- **PPTVC average scores per section:**
  1) Accountability = 3.5;
  2) Altruism =3.0;
  3) Compassion/Caring =3.9;
  4) Excellence = 3.5;
  5) Integrity = 3.7;
  6) Professional duty =3.7;
  7) Social Responsibility =2.8.
Phase 1: Interpretation

Students rate themselves highest in:
- Compassion & caring
- Integrity
- Professional duty

Lowest in:
- Accountability
- Altruism
- Social responsibility
Phase 2: Intervention

- Course PTH U305 PT Professional Seminar 1
  - 2 credit 16 week course for 3rd year DPT students.
  - Offered in the spring, mandatory for DPT students.
  - Students have spent the previous summer and fall semester on co-op.
  - Designed to assist students with the development of professional behaviors.
  - Designed to foster reciprocal integration of learning between co-op and the classroom.
  - SP-CoP Model is integral to the course.
Phase 2: Educational Goals for SP-CoP

- Demonstrate professional behaviors.
- Demonstrate effective communication & interpersonal skills.
- Participate in self and peer assessment.
Phase 2: SP-CoP Intervention

- Paper based cases posted on course website.
- Established online CoPs of 5 students & mentor.
- Faculty mentor posts questions and facilitates online dialogue.
- Student groups prepare for SP interaction.
- Selection of student PT.
- Videotape 20 minute student-SP interaction.
- Group answer guiding questions about the interaction.
Phase 2: Intervention-360° Assessment

- Competency rubric (instructor, peer, self)
- SP rubric (patient)
- Reflective assessment (all students)
- Video tape
- Documentation.
- Debriefing with instructors.
360° Model

Debriefing

SP assess

Peer assess

Instructor assess

Self assess

video tape
Phase 2: Intervention - Reflection

- What did you learn as a result of the SP interaction?
- How did the 360 Model impact the learning for you and your team?
- What was your impression of the online discussion?
- What did you learn about your development as a clinician?
Phase 2: Data Trends

What did you learn as a result of the SP interaction?

- Interpersonal skills to gain trust, build relationship
- Be confident
- Dress professionally, use appropriate language
- Have patience
- Importance of carefully choosing what we say to patients
- Treat patients as individuals
- Consider eye contact and listening to patient
- Consider what the patient could be feeling—what are their needs.
- Consider body language and tone of voice
- Know the facts—be prepared
- Begin thinking like a clinician—problem solving
- View a situation from multiple perspectives
- Think on the fly
- See application of classroom learning
- Avoid distracting mannerisms
Phase 2: Data Trends

- How did the 360 Model impact the learning for you and your team?
  - Increased awareness of different perspectives
  - Allowed for self critique,
  - Feedback from multiple perspectives-whole experience
  - Pinpointed what went well & what did not
  - Feedback from patient
  - 360 provides a framework for thinking like a clinician
  - Learn from others, share thoughts, compare opinions
  - Identify areas for improvement (personal)
  - Ability to prepare, interact & reflect
Phase 2: Data Trends

What was your impression of the online discussion?
- Convenient
- Advance organizer
- Preparation for interaction
- Focused preparation
- Provided direction
- More time to think, think deeply
- Safe environment
- Required all group members to participate
- Enjoyed instructor and peer feedback
- Would rather meet in person
Phase 2: Data Trends

What did you learn about your development as a clinician?

- Will remember and avoid mistakes viewed (self compare)
- Important to incorporate many aspects of patient condition
- Noted small changes in communication & treatment made a big difference for patient
- Expect the unexpected.
- Gained appreciation for the patient perspective.
- Emphasized value of respect
- Realized what they know and don’t know
- Appreciated the value of good communication (verbal & non verbal) to establish trust
- Learned to work with others
Phase 3 – Re-assess

- April 08 Retake of PPTCV
- Data entry and analysis of PPTCV forms for preliminary analysis.
- Phase 4 – April 2009 retake of PPTCV
Discussion

Debriefing

SP assess

Instructor assess

Peer assess

Self assess

video tape

Self assess

Peer assess

Instructor assess

SP assess

Debriefing

Discussion
Discussion

- Wider application?
- Usefulness of employer feedback?
References


