

AATE Conversations: Preparing for the Unexpected – Teaching Skills and Procedures On-Line



For concerns about time demands...

We are spreading the responsibility across the entire faculty. It can't just be the 2 instructors of the courses. The other 2 faculty members and our clinical athletic trainer on the academic staff are all going to step up.

I have them do a random few set of skills via video, video to be no longer than 5 minutes. I will then give them verbal feedback through our submission portion of Canvas so I am not giving a rubric score for these just verbal feedback to spot check their application of skills prior to a practical, also video recorded.

PRECEPTORS ARE GREAT AT THIS FEEDBACK!

Additionally, we are combining our first and second years together so we are getting PAL and then also combining the time together

In terms of student load we have decreased our synchronous classroom times to account for the time it will take to review videos. We still meet for classes but not the length we did in person. Students seem to feel that better balance

Time limits are a great option...it requires them to approach the task mindfully as opposed to "winging it"

For When Students don't have a Model...

If they have a shoe and a broomstick that can adequately replicate how to perform ankle special tests from a technique perspective since they can't do those maneuvers on their own.

We are also getting videos from alumni who are committed to helping out the profession as well.

Online identifying correct/incorrect maneuvers.

For practicing...

I just held a 10 minute zoom session with each of my students to review special tests. They utilized a partner at home with them and doing this synchronously allowed me to provide immediate feedback which I thought was extremely helpful.

For those without resources...

Asking the students to get creative, like we often do for low-resourced rehabilitation.

2 pens instead of goniometer so I can see if their basic placements and movements are correct

There is an online template for a paper/cardboard goniometer

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There are multiple apps that can help with some of this lack of equipment. Dr. Goniometer or Angles can help with goniometry. Hudl technique can help with gate analysis. Imuscle2 can help make an exercise plan for specific muscles. It may not be perfect, but asking students to take pictures and submit can help your grading.

For when you think that some skills cannot be taught or assessed in this environment...

Some schools are choosing incomplete grades. An example of this is provided on the aate.org/covid-19 website.

Alternatively...

This is an excellent opportunity to work on clinical reasoning with our students. This lends itself very well to the online environment.

We are planning to integrate skill practice into future program in services and intentional clinical education experiences (planned review/practice in needed skills). Preceptor education is also an opportunity to make sure our preceptors know what skills our students will need more “reps” with as they re-integrate into clinical education.

Some things are best left in clinical education, but we can maximize this time to get the learners to better understand the why and demonstrate decision making in this environment.

This is a good opportunity to look at our curricula and see how we sequence things, perhaps there are clinical education tasks that are better suited for online and we can emphasize those now.

In this stressful time, our professional program is leaning on scenarios and decision making to fill the clinical education gap. We are trying to teach fewer skills (doing our best online) with an understanding that with returning students we can “catch up” as needed in person. Tougher discussion for graduating students but they have most “skills” by now. Clinical decision-making and “clinical thinking” is the emphasis (run cases with preceptors, etc).

We will be holding open lab/study halls for a few hours each week in the fall, hosted by faculty and preceptors where we focus on hands-on skills (e.g., modalities, some gen med techniques) that aren't as easy to replicate in the online environment. It's also made our first year students less anxious about the rest of this semester.

Really encourage people to consider focused, intensive learning sessions (1-2 days) with hyperfocus on a specific concept. Open labs are great, but focused curricula will help them bring all the concepts together.