

Education and Pedagogy Consortium

February 16, 2017
10:06 am – 10:48 am

Called to order at 10:06 am by Chair, Sara Maher on Thursday, February 16, 2017 in La Corona Room.

Members in attendance: Sara Maher, Anita Santasier, Jeanne Cook, Donna Cech, Jacki Brechter, Paul Wiener, Jim Farris, Shawn Drake, Prabha Iyengar-Cox, Wendy Fox

Election Rotations

1. Positions rotations will be as follows:
 - One nominating committee member- 2018
 - Secretary- 2018
 - Vice Chair & Chair positions- 2019

Pre-Conference

1. There will be a preconference from Medical Education Research Certificate (MERC) prior to ELC scheduled on OCT 13-15, 2017. The goal of the certificate program is for educational researcher to speak the same language in the scholarship of education. Two (2) modules will be offered – morning and afternoon. Should be cost effective. CSM and ELC are the two targets to offer these courses. If there is a geographical distribution there may be a move to offer a regional course.

Request for suggestions for a speaking topic...no takers

Formation of Consortium

1. Questions asked about numbers of participants in the consortium, in APTA, and how the consortium was formed. Discussion about educational research and how it intersects with ACAPT and with other APTA sections. Focus is on evidence-based education.

Pocket Guide for Evidence-Based Instruction

1. Pocket Guide for Evidence-Based Instruction was handed out to members in attendance. Discussion on using the booklet for improving teaching. Use of teaching methods including muddiest point, word cloud, Kahoot, Fishbowl. How has it been used? Comments provided from the audience. Clinician stated that new grads do not have the critical thinking skills.
2. Discussion on providing feedback and effective learning strategies.
 - a. An experienced clinician will sit down with the graduate and provide feedback
 - b. Another clinician stated they use feedback all the time with motor skills. Feedback which incorporates having the subject “feel” it. Very hands-on. Can’t give feedback all the time.
 - c. At times there may be opportunities when students learn from failing.
 - d. Putting clinicians hands over students hands to “feel”
3. Another Clinician: is this the same as reflective learning. There is a gap in our literature related to the “debriefing”.

4. Many individuals joined in the discussion: Talking about not judging, asking the student; “how did you think that went?” Keep the evaluation out of the interaction. We need to not jump in so quickly.
5. Discussion about students/grads using a cookbook approach. Handout talks about using “we” so that both are on the same page and it is not a “me against you” approach; the difficulty of providing feedback in the clinic where there is not a lot of privacy. Making sure that feedback occurs close to the activity.
6. Discussion regarding the benefit of having multiple students and the feedback that they provide to each other; the value of having students provide feedback on each other’s SOAP notes so they can learn what to look for; also some use role play to help students see errors in performance.
7. Socratic can handle 50 individuals – creates a word cloud; can use their phones. There is one that costs per faculty user. There is also KAHOOT which is competitive and allots points for how fast someone answers a question.
8. Discussion related to attention spans and how short it is, and how to structure instruction to help students retain information. Clinicians are also primarily educators...so that it is not an either or (clinician vs teacher); one person states that clinicians are primarily educators. We need to give ourselves credit for the education that we do. As clinicians we teach a great deal. An added comment was that staff that have been around for 25-30 years that it is easier to do it themselves than it is to try and teach someone else. We need to emphasize to students that they are clinicians, yes, but they are actually educators first.
9. Discussion returned to attention span. Do students glaze over because of the way that we teach?

Discussion on “APSO”

1. One clinician noted that instead of using SOAP, her hospital is now using APSO format so that the assessment and plan were first. No other individuals had heard of this format for SOAP notes. Faculty determined that they would still teach the SOAP format.

Website Updates

1. Website updates are needed. Review the NCCE Consortia website and have a join section on the website. Shawn will work on updating the website.

The next meeting will occur during ELC 2017.

Meeting adjourned at 10:48 am.

Respectfully submitted,

Shawn Drake, PT, PhD
Secretary, Education and Pedagogy Consortium