

WEBVTT

1

00:00:00.090 --> 00:00:01.459

Kevin Wong: Since we're on it I have.

2

00:00:06.590 --> 00:00:08.330

Karen Abraham: Good morning.

3

00:00:08.340 --> 00:00:10.649

Karen Abraham: Welcome back! Everyone.

4

00:00:10.920 --> 00:00:13.709

Karen Abraham: Share my screen here. Real quick

5

00:00:17.170 --> 00:00:37.310

Karen Abraham: welcome back to day. 2 of the Pti disruptive Innovation summit, hoping everyone had a chance to rest and reflect on our stimulating plenary session. We are very excited to continue our discussion today about the application of the learning sciences, and physical therapy education.

6

00:00:40.954 --> 00:01:08.880

Karen Abraham: Before we do get started, we do wanna thank our our sponsors, rehab essentials again for their generous support of this event, and to maximize our time. We're gonna jump right in. I'm gonna turn the program over to Mary Blackinton and Laurel Abrazi, who will be facilitating session one which will focus on application of the learning sciences to physical therapy education. So take it away, Mary.

7

00:01:09.070 --> 00:01:19.620

Mary Blackinton: Okay, great, thank you, Karen. And you're gonna share the screen again when when I if you wanna do that to start when I start introducing the speakers

8

00:01:20.111 --> 00:01:43.379

Mary Blackinton: just to have all their names front and center. So thank you all. Welcome back. Thanks for coming today, too. We're really excited about it. And I'm really pleased to present the first session. So our first topic is the application of the learning sciences to Pt education. And it's relevant really, to all physical therapy, education and practice

9

00:01:43.470 --> 00:01:55.440

Mary Blackinton: our session. One speakers re represent a variety of institutions from R, one. Public institutions to a private, not for profit. Faith based institutions.

10

00:01:56.116 --> 00:02:13.589

Mary Blackinton: And they, our presenters, represent entry level through post, professional residency, education and work in institutions with diverse curricular models, including residential flipped hybrid and one with a competency and entrustment framework.

11

00:02:14.287 --> 00:02:40.769

Mary Blackinton: And so the order of operations is, there are actually 4 speakers in this first session. I'm gonna introduce all 4 of them. Now and then. Each of the speakers are going to share their screen, and when they're done they'll stop sharing, and the next speaker will start when we're done with all 4 speakers. Then we'll come back together. We'll give you some directions before going out to breakout groups.

12

00:02:41.309 --> 00:02:51.720

Mary Blackinton: So again, the full biography of all of our speakers that you see in front of you today is on the Pti website under the disruptive innovation summit.

13

00:02:52.540 --> 00:03:05.549

Mary Blackinton: And I'm really pleased to announce that we begin with Adam Persky. Adam is professor and associate Dean of professional education at the University of North Carolina School of Pharmacy.

14

00:03:05.640 --> 00:03:21.449

Mary Blackinton: He sets the stage for us this morning by discussing evidence based teaching and learning strategies applicable to the classroom and clinical practice, and it's a very logical continuation from the presentation by Nikki and Maria yesterday.

15

00:03:21.550 --> 00:03:27.800

Mary Blackinton: His session is slightly longer, because he's going to set the groundwork with the evidence that's available.

16

00:03:28.040 --> 00:03:41.719

Mary Blackinton: He's then followed by our 3 ignite speakers, and they include Susie Steele, who's assistant professor and soon to be assistant program director from Concordia University at Am. Ann arbor.

17

00:03:41.780 --> 00:03:50.720

Mary Blackinton: Next we'll have Priscilla Weaver, Clinical Professor and Director of Educational Transformation at Northern Arizona University.

18

00:03:50.840 --> 00:04:07.560

Mary Blackinton: and last, but not least we'll have Kevin Juan, Professor of Rehabilitation and Regenerative Medicine at Columbia University. Kevin represents the application of the learning sciences, and post professional education in his role as a Residency director.

19

00:04:07.670 --> 00:04:17.519

Mary Blackinton: So without further ado Karen, I'm gonna have you stop sharing, and it is my extreme privilege to announce and bring center stage. Adam Percy.

20

00:04:21.529 --> 00:04:29.497

Adam Persky (he/him) | School of Pharmacy: Well, thank you for the invitation to come. Talk to everybody today. It's always great to see one other schools and other disciplines.

21

00:04:30.305 --> 00:04:39.449

Adam Persky (he/him) | School of Pharmacy: And I can safely say that whatever troubles or issues you're having in your curriculum, whether it's didactic or experiential or clinical or post-guddle training.

22

00:04:39.489 --> 00:04:41.519

Adam Persky (he/him) | School of Pharmacy: we're all having the same problems.

23

00:04:41.699 --> 00:04:46.129

Adam Persky (he/him) | School of Pharmacy: I go to lots of places to talk to people, and we all kind of struggle together so

24

00:04:46.179 --> 00:04:49.379

Adam Persky (he/him) | School of Pharmacy: hopefully. This summit's a great way to bring people together.

25

00:04:49.489 --> 00:05:00.859

Adam Persky (he/him) | School of Pharmacy: find resources that can might be helpful to you. So if there's anything I can do in the future, you have my contact information on the screen. Please feel free to reach out. I can. Always happy to give my 2 cents

26

00:05:00.929 --> 00:05:02.779

Adam Persky (he/him) | School of Pharmacy: and just a small

27

00:05:03.579 --> 00:05:21.129

Adam Persky (he/him) | School of Pharmacy: side note. I see someone named Phil wearing a university of Miami hurricanes shirt. My wife went there. She's a very proud alum. I'm a Gator by, you know. Phd. Training. So there is some conflict there, but I will make sure she knows that there's a kings fan inside the audience today.

28

00:05:22.239 --> 00:05:28.209

Adam Persky (he/him) | School of Pharmacy: So my job today is twofold one to talk about how we learn. And

29

00:05:28.289 --> 00:05:30.819

Adam Persky (he/him) | School of Pharmacy: I like talking about how we learn

30

00:05:30.929 --> 00:05:38.199

Adam Persky (he/him) | School of Pharmacy: from a cognitive science perspective because it makes it easier to make decisions about what we should do in the classroom or experiential space

31

00:05:38.239 --> 00:05:45.499

Adam Persky (he/him) | School of Pharmacy: to solve, to troubleshoot what we're doing versus just simply adopting active learning strategies for the sake of active learning strategies.

32

00:05:45.569 --> 00:05:55.269

Adam Persky (he/him) | School of Pharmacy: And the second part kind of already mentioned, is to help set up the other speakers as far as how what they're doing is evidence based and fits into the model of how we learn.

33

00:05:57.549 --> 00:05:59.319

Adam Persky (he/him) | School of Pharmacy: So let me start with

34

00:05:59.599 --> 00:06:00.969

Adam Persky (he/him) | School of Pharmacy: the first part of

35

00:06:01.289 --> 00:06:15.569

Adam Persky (he/him) | School of Pharmacy: when we talk about learning, what do we mean. So we're all on the same page. So I like using the definition to left here that the ability to acquire new information skills and retrieve that information when needed to apply to a future problem

36

00:06:16.419 --> 00:06:19.239

Adam Persky (he/him) | School of Pharmacy: so involves both learning and retrieving.

37

00:06:19.319 --> 00:06:33.379

Adam Persky (he/him) | School of Pharmacy: 2 big parts of it is retention that we're gonna learn something. And hopefully, we keep that stuff in memory for long periods of time. We're dealing with professional programs, health sciences. So we learn day one in the foundational classes.

38

00:06:33.429 --> 00:06:41.009

Adam Persky (he/him) | School of Pharmacy: We need to remember when we're dealing with patient care 3, 4, or 5 years down the road, very different to maybe some of the undergraduate models.

39

00:06:41.299 --> 00:06:44.239

Adam Persky (he/him) | School of Pharmacy: Retention is hard getting students. Remember, things is hard.

40

00:06:44.299 --> 00:07:00.739

Adam Persky (he/him) | School of Pharmacy: The transfer part that is using what we learn in one context in a slightly different context, what we might learn about a modality and a young adult patient. How does that transfer to what we might do in a geriatric patient a much harder ask for the learner. So when we talk about learning, we're talking about all these things.

41

00:07:02.539 --> 00:07:08.399



Adam Persky (he/him) | School of Pharmacy: So how do we learn? And this is going to be a 10,000 foot view to kind of frame the rest of the

42

00:07:09.049 --> 00:07:10.319

Adam Persky (he/him) | School of Pharmacy: to 20 min.

43

00:07:10.629 --> 00:07:14.619

Adam Persky (he/him) | School of Pharmacy: So in most circumstances there's someone you see on the left here

44

00:07:14.799 --> 00:07:30.819

Adam Persky (he/him) | School of Pharmacy: that is speaking, that has visuals so like right now, you see slides in front of you. You hear my voice in the classroom. It's very much like this in the clinical setting. It's your preceptor. It is the the patient that you're hearing. There are things you can see

45

00:07:30.949 --> 00:07:33.919

Adam Persky (he/him) | School of Pharmacy: now, there's lots of things in our environment to pay attention to.

46

00:07:34.229 --> 00:07:37.599

Adam Persky (he/him) | School of Pharmacy: Now, if we pay attention to something in our environment.

47

00:07:37.719 --> 00:07:49.729

Adam Persky (he/him) | School of Pharmacy: then that's one of our our first key places for interventions that there's things we can do to help direct our learners attention and motivation. And I would say, this is probably one of the hardest things that we have to do as as

48

00:07:49.839 --> 00:07:54.349

Adam Persky (he/him) | School of Pharmacy: instructors as preceptors is to help this attention and motivation.

49

00:07:54.719 --> 00:08:02.709

Adam Persky (he/him) | School of Pharmacy: So what I mean by attention attention is kind of the spotlight that you are focusing on so right now, hopefully, your attention is on

50

00:08:02.909 --> 00:08:05.559

Adam Persky (he/him) | School of Pharmacy: me and the content and stuff on the screen.

51

00:08:05.649 --> 00:08:09.709

Adam Persky (he/him) | School of Pharmacy: If the phone was to ring, your attention would probably go to that phone.

52

00:08:09.899 --> 00:08:16.219

Adam Persky (he/him) | School of Pharmacy: Now, the next step is well, what do you do? Once your attention is broken and that really comes back to motivation.

53

00:08:16.299 --> 00:08:20.959

Adam Persky (he/him) | School of Pharmacy: Is your motivation to answer the phone? Or is your motivation to go back? Listen to me. Talk

54

00:08:21.499 --> 00:08:30.949

Adam Persky (he/him) | School of Pharmacy: so again. We're always kind of making these choices of what we're being attentive to and what we're going to dedicate our motivation to. But again, this is a place for us to be motive to to intervene.

55

00:08:32.489 --> 00:08:36.359

Adam Persky (he/him) | School of Pharmacy: Once we pay attention to something. It goes into what's called working memory.

56

00:08:36.589 --> 00:08:44.149

Adam Persky (he/him) | School of Pharmacy: which is a small space in our, you know, has a finite capacity. It can only hold things in a very temporary storage place.

57

00:08:45.459 --> 00:08:49.909

Adam Persky (he/him) | School of Pharmacy: I'm a baker on the side. Well, more for fun.

58

00:08:50.029 --> 00:08:57.109

Adam Persky (he/him) | School of Pharmacy: and I equate it to my bench top. No, the the place where I can mix ingredients need dough.

59

00:08:57.239 --> 00:08:58.959

Adam Persky (he/him) | School of Pharmacy: I can only do so much there.

60

00:08:58.999 --> 00:09:06.579

Adam Persky (he/him) | School of Pharmacy: If I want to do more work, I have to get that stuff out of my counter and put it somewhere else. So working memory is kind of like that counter space that you're working on.

61

00:09:06.999 --> 00:09:10.579

Adam Persky (he/him) | School of Pharmacy: And we know that people with lower working memory capacity

62

00:09:10.649 --> 00:09:18.549

Adam Persky (he/him) | School of Pharmacy: have more off task thoughts. This is kind of the bottleneck in the system. If we overwhelm working memory capacity, there's only so many things we can do.

63

00:09:18.849 --> 00:09:23.279

Adam Persky (he/him) | School of Pharmacy: So our goal is to take stuff from working memory this kind of

64

00:09:23.329 --> 00:09:27.069

Adam Persky (he/him) | School of Pharmacy: temporary storage place and put it into long-term storage.

65

00:09:27.979 --> 00:09:31.609

Adam Persky (he/him) | School of Pharmacy: and we can do it through what's called and encoding and consolidation.

66

00:09:31.819 --> 00:09:34.179

Adam Persky (he/him) | School of Pharmacy: So this is the other place we can

67

00:09:34.559 --> 00:09:43.939

Adam Persky (he/him) | School of Pharmacy: put our efforts in, and probably where we put most of our efforts in when we do active learning, when we're doing all these, you know, muddiest points or jigsaws or other things. We're kind of helping.

68

00:09:44.179 --> 00:09:46.029

Adam Persky (he/him) | School of Pharmacy: encoding and consolidation.

69

00:09:46.309 --> 00:09:50.819

Adam Persky (he/him) | School of Pharmacy: So this is where we're really kind of trying to change brain structure.

70

00:09:50.919 --> 00:10:00.939

Adam Persky (he/him) | School of Pharmacy: that when we start learning something, we have new dendritic growth, neuronal growth making new connections. That's the encoding part. We're kind of starting those branches.

71

00:10:00.979 --> 00:10:06.299

Adam Persky (he/him) | School of Pharmacy: Consolidation is when we're kind of reinforcing that neuronal growth. So it stays there for longer periods of time.

72

00:10:06.649 --> 00:10:11.419

Adam Persky (he/him) | School of Pharmacy: So we're learning something. We're putting it working memory. It's going to long-term storage hopefully.

73

00:10:11.519 --> 00:10:18.079

Adam Persky (he/him) | School of Pharmacy: And the next part is well, we have to get it out of long term storage because we're going to use it to solve problems going back to that definition.

74

00:10:18.249 --> 00:10:22.869

Adam Persky (he/him) | School of Pharmacy: So how do we make information more accessible, so we can use it when we need it.

75

00:10:23.219 --> 00:10:35.579

Adam Persky (he/him) | School of Pharmacy: And we can build this kind of 2 by 2 grid here of storage strength. Is it stored well in memory, or is it not stored? Well, memory? And how accessible is it when we need it? Is it highly accessible or not so accessible?

76

00:10:36.609 --> 00:10:42.849

Adam Persky (he/him) | School of Pharmacy: So your ATM password stored really? Well, really accessible. If I asked you for it, you can just blurt it out. Please don't.

77

00:10:43.079 --> 00:10:47.479

Adam Persky (he/him) | School of Pharmacy: But it lets you kind of use, an idea of like, what does knowledge really feel like

78

00:10:47.949 --> 00:10:52.529

Adam Persky (he/him) | School of Pharmacy: if we move to the right high storage strength? Something you learned really well.

79

00:10:52.579 --> 00:10:59.499

Adam Persky (he/him) | School of Pharmacy: but low accessibility, low retrieval strength. Maybe something you learn in your childhood, childhood friend, phone number.

80

00:10:59.719 --> 00:11:08.879

Adam Persky (he/him) | School of Pharmacy: example I often use is in my class. I sometimes give fill in the blank answers, and the question was, What is the breakdown product of red blood cells?

81

00:11:09.059 --> 00:11:10.869

Adam Persky (he/him) | School of Pharmacy: And one of the students wrote.

82

00:11:11.589 --> 00:11:33.139

Adam Persky (he/him) | School of Pharmacy: It's on the tip of my tongue. It's like a kid's name, Billy something, but I don't know the word, and that's exactly what we're talking about. They know it. It's tip of the tongue, but they can't access it. And the word is Billy Ruben. That's the breakdown product we're looking for. So kind of knows what it starts with. Kind of. It's a kid's name, but couldn't generate the word. So that's kind of that we call marginal out kind of that tip of the tongue, sensation.

83

00:11:34.329 --> 00:11:36.759

Adam Persky (he/him) | School of Pharmacy: low storage strength, but high retrieval.

84

00:11:36.799 --> 00:11:43.569



Adam Persky (he/him) | School of Pharmacy: What'd you have for dinner last night? Right now? You can tell me with some detail what you had for dinner a week from now you have no idea.

85

00:11:43.749 --> 00:11:46.709

Adam Persky (he/him) | School of Pharmacy: So when students studied the night before your exam.

86

00:11:46.809 --> 00:11:59.909

Adam Persky (he/him) | School of Pharmacy: what they're doing is increasing retrieval strength, but not really helping storage strength, they can pass your exam and do well, it doesn't mean they're going to retain that information, because what they did was really just make it very accessible without really learning it for long term storage.

87

00:12:00.069 --> 00:12:06.359

Adam Persky (he/him) | School of Pharmacy: and if it's not stored and not retrievable, you probably never learned it. In the first place, for example, what my Twitter handle is

88

00:12:06.589 --> 00:12:10.759

Adam Persky (he/him) | School of Pharmacy: so this is kind of the basis of all the ways we can intervene to help learning.

89

00:12:11.039 --> 00:12:24.669

Adam Persky (he/him) | School of Pharmacy: Now, the next 3 slides are a little bit more in depth for these 3 areas, and I don't have the time to go into detail. But you'll have the slides. You can look at them at your own leisure. But when we get to attention and motivation, there's lots of things we have to consider

90

00:12:24.759 --> 00:12:26.679

Adam Persky (he/him) | School of Pharmacy: curiosity relevancy.

91

00:12:26.959 --> 00:12:32.269

Adam Persky (he/him) | School of Pharmacy: our approach to students. We make a big difference in the classroom and in the clinic, as how, as far students learn to it.

92

00:12:32.459 --> 00:12:36.569

Adam Persky (he/him) | School of Pharmacy: But the end of the day, what attention and motivation is trying to do is

93

00:12:36.619 --> 00:12:53.389

Adam Persky (he/him) | School of Pharmacy: mind wandering. Being off. Task doesn't help learning. So we want to help students and trainees be on task and active learning and experiential learning helps these on task thoughts. That's really what we're trying to do with laws of the active learning part is keep people on task

94

00:12:55.089 --> 00:13:12.139

Adam Persky (he/him) | School of Pharmacy: when we get to encoding, encoding consolidation again. Lots of things, so many things, an overwhelming amount of things we could do, and the article outside in the left is from the Journal Science, a pretty prestigious journal. It goes through this and say, Hey, if you do these things, there's like 15 million combinations of things you can do.

95

00:13:12.379 --> 00:13:14.689

Adam Persky (he/him) | School of Pharmacy: But I'm going to summarize it in 4 words.

96

00:13:15.119 --> 00:13:16.349

Adam Persky (he/him) | School of Pharmacy: Elaboration.

97

00:13:16.429 --> 00:13:19.539

Adam Persky (he/him) | School of Pharmacy: help students elaborate on what they're doing, asking, why?

98

00:13:20.859 --> 00:13:24.459

Adam Persky (he/him) | School of Pharmacy: Why do we have ball and socket joints. And why do we have hinge joints

99

00:13:25.109 --> 00:13:27.709

Adam Persky (he/him) | School of Pharmacy: provide distinctiveness? We learn by differences.

100

00:13:27.899 --> 00:13:33.809

Adam Persky (he/him) | School of Pharmacy: What's the difference between a ball and socket joint and a hinge joint as far as stability or motion

101

00:13:34.199 --> 00:13:35.529

Adam Persky (he/him) | School of Pharmacy: make it personal.

102

00:13:35.669 --> 00:13:42.329

Adam Persky (he/him) | School of Pharmacy: Why do we even need to know these joints has impact me as a physical therapist? How might impact me as a healthcare provider

103

00:13:42.749 --> 00:13:43.819

Adam Persky (he/him) | School of Pharmacy: and

104

00:13:43.979 --> 00:14:04.629

Adam Persky (he/him) | School of Pharmacy: have it apply to real world problems that they actually will actually use it. For why do I even need to know about these joints. How is it gonna affect me? How am I gonna apply it? So if we're teaching things that you simply have to memorize stuff with no application. It's much harder for them to know why they're learning it and harder for them to apply it and transfer those skills later on.

105

00:14:05.809 --> 00:14:08.579

Adam Persky (he/him) | School of Pharmacy: And the third part, the retrieval and accessibility

106

00:14:08.589 --> 00:14:14.969

Adam Persky (he/him) | School of Pharmacy: having people retrieve stuff from memory, asking questions, using clickers again. Lots of things we can do to help

107

00:14:15.459 --> 00:14:19.849

Adam Persky (he/him) | School of Pharmacy: our students and our trainees retrieve information to make it accessible.

108

00:14:21.659 --> 00:14:29.789

Adam Persky (he/him) | School of Pharmacy: Now, I'm going to try to preview some of the things that we talked about a little bit later and kind of link to what I just talked about, to what they might be talking about.

109

00:14:30.349 --> 00:14:31.409

Adam Persky (he/him) | School of Pharmacy: So

110

00:14:31.639 --> 00:14:33.559

Adam Persky (he/him) | School of Pharmacy: at the very level of

111

00:14:33.729 --> 00:14:42.289

Adam Persky (he/him) | School of Pharmacy: educational practices, instructional alignment to align our learning objectives with our assessments and our structural delivery. You first start with the goals.

112

00:14:42.519 --> 00:14:51.329

Adam Persky (he/him) | School of Pharmacy: then you developed assessments to know students and making progress towards those goals and have achieved those goals. And then how do we help students coach them

113

00:14:51.379 --> 00:14:52.609

Adam Persky (he/him) | School of Pharmacy: through this model?

114

00:14:52.679 --> 00:15:10.969

Adam Persky (he/him) | School of Pharmacy: So learning goals are about motivation. Here's what I expect of you. Assessment is kind of about that retrieval part. Also part of motivation and instructional delivery is really about the encoding, encoding consolidation. It's about the retrieval part so, but really foundational. It's not sexy, it's not innovative, it's just very foundational.

115

00:15:11.919 --> 00:15:28.519

Adam Persky (he/him) | School of Pharmacy: And if you do this you will see large effects, improvements in your in your teaching. The alignment really helps you figure out what's

important and what's not important, and helps communicate to the students what's important and not important as well, so something very simple can be very impactful as far as changing practices.

116

00:15:30.419 --> 00:15:31.349

Adam Persky (he/him) | School of Pharmacy: Now

117

00:15:31.579 --> 00:15:53.889

Adam Persky (he/him) | School of Pharmacy: we now have this thing called entrustable professional activities or Epas is started in medicine pharmacies adopted them, dentistry slowly getting there. And now, physical therapies doing there. So it's kind of like a new version of a learning objective. But really, it's for a workplace activity where learning objectives are much more describe this muscle architecture. This is more what you expect to do in a workplace.

118

00:15:54.169 --> 00:16:03.599

Adam Persky (he/him) | School of Pharmacy: So it's a task, a responsibility that you're entrusted to perform at the end. So when you graduate, you're expected to do this as a fully functional physical therapist.

119

00:16:05.219 --> 00:16:07.849

Adam Persky (he/him) | School of Pharmacy: it's executable, it's observable.

120

00:16:08.959 --> 00:16:23.949

Adam Persky (he/him) | School of Pharmacy: and it's kind of a self-contained aspect of it. So it's really kind of translating what we do in the classroom to what we expect to happen in the workplace. So these Epas are kind of the the new version of what we expect to do in the workplace.

121

00:16:24.069 --> 00:16:27.209

Adam Persky (he/him) | School of Pharmacy: So this is how we set the goals.

122

00:16:27.819 --> 00:16:29.289

Adam Persky (he/him) | School of Pharmacy: how we assess them

123

00:16:29.419 --> 00:16:31.069

Adam Persky (he/him) | School of Pharmacy: also a little bit different.

124

00:16:31.229 --> 00:16:35.779

Adam Persky (he/him) | School of Pharmacy: We kind of what's called making a trustment decision. How trustworthy

125

00:16:35.839 --> 00:16:37.579

Adam Persky (he/him) | School of Pharmacy: is this trainee

126



00:16:38.099 --> 00:16:50.119

Adam Persky (he/him) | School of Pharmacy: really at the end of the day. Are you willing to walk out of the room? Get coffee, and leave your trainee there to do the job you're set to do. If the answer is yes, then it's a high level of entrustment.

127

00:16:50.749 --> 00:16:52.529

Adam Persky (he/him) | School of Pharmacy: low level of supervision.

128

00:16:52.669 --> 00:17:04.109

Adam Persky (he/him) | School of Pharmacy: So it's about not only what they can do, but do you trust them? Are they good people? Do they know they have humility? Are they reliable? So it's much more than just like a knowledge based assessment.

129

00:17:04.709 --> 00:17:08.909

Adam Persky (he/him) | School of Pharmacy: So there's a whole continuum here of less entrustment to greater entrustment.

130

00:17:09.019 --> 00:17:12.849

Adam Persky (he/him) | School of Pharmacy: If you're unwilling to leave this person unsupervised.

131

00:17:12.889 --> 00:17:24.569

Adam Persky (he/him) | School of Pharmacy: what level of supervision do they need? Do they? Do? You need to be over their shoulder, watching every move? Or can you state, step back and kind of observe and intervene when needed? So how much supervision that's really what's get at the basis of entrustment decisions.

132

00:17:26.629 --> 00:17:37.179

Adam Persky (he/him) | School of Pharmacy: And this approach is is different, a way of assessment. There's 2 big ways. We can assess people holistic. You see the big picture. You observe what this person is doing. It's very holistic

133

00:17:37.299 --> 00:17:46.679

Adam Persky (he/him) | School of Pharmacy: versus analytical, which is much more rubric driven here is, do they have the knowledge? Are they professional? Are they communicating or scoring each aspect of it?

134

00:17:46.929 --> 00:17:48.489

Adam Persky (he/him) | School of Pharmacy: So depending on

135

00:17:48.619 --> 00:17:54.909

Adam Persky (he/him) | School of Pharmacy: the the skill depending on the assessment? We can do it holistically, or we can do it as a more analytical approach.

136

00:17:57.319 --> 00:18:13.809

Adam Persky (he/him) | School of Pharmacy: And why is assessment important? One. It helps with accessibility. 2. It helps us and the learner gauge what they know and don't know. Imagine you never got feedback on on what you are learning. You would never know whether you're right or wrong. So percent correct on the Y-axis

137

00:18:13.869 --> 00:18:21.979

Adam Persky (he/him) | School of Pharmacy: predicted performance and actual performance on the X Axis predicted performance is, I'm going to give you a test. How well are you going to do on this test?

138

00:18:22.399 --> 00:18:28.029

Adam Persky (he/him) | School of Pharmacy: If the instructor is fluent, you come in, you give a great lecture. You are a great lecturer.

139

00:18:28.109 --> 00:18:30.419

Adam Persky (he/him) | School of Pharmacy: you know. You probably know who you are

140

00:18:30.429 --> 00:18:35.139

Adam Persky (he/him) | School of Pharmacy: and the students leave, and they're like man. That was that made so much hint. It was fantastic.

141

00:18:35.169 --> 00:18:37.859

Adam Persky (he/him) | School of Pharmacy: They would say I would get to 66 on this. Exam.

142

00:18:38.539 --> 00:18:44.169

Adam Persky (he/him) | School of Pharmacy: Someone comes in who's not a great lecturer. Maybe they don't communicate that. Well, they're not a great teacher

143

00:18:44.319 --> 00:18:47.309

Adam Persky (he/him) | School of Pharmacy: and the students leave like that wasn't such a great thing.

144

00:18:47.429 --> 00:18:50.269

Adam Persky (he/him) | School of Pharmacy: They make that prediction. They predict to get a 50

145

00:18:51.069 --> 00:18:52.809

Adam Persky (he/him) | School of Pharmacy: when you actually test them.

146

00:18:52.839 --> 00:18:54.569

Adam Persky (he/him) | School of Pharmacy: They perform about the same.

147

00:18:55.179 --> 00:18:56.129

Adam Persky (he/him) | School of Pharmacy: So

148

00:18:56.999 --> 00:19:09.969

Adam Persky (he/him) | School of Pharmacy: sometimes making things easy, making things more fluent is deceptive to a learner. So they're overconfident. They're overconfident by almost 20 points. They thought they get a 66. They got a 48, because they thought it was easy

149

00:19:10.489 --> 00:19:15.729

Adam Persky (he/him) | School of Pharmacy: compared to this, this fluid instructor. They're overconfident, but by a much smaller amount.

150

00:19:16.039 --> 00:19:18.939

Adam Persky (he/him) | School of Pharmacy: So learning has to be hard.

151

00:19:19.129 --> 00:19:34.449

Adam Persky (he/him) | School of Pharmacy: It's what we call desirable difficulty. It's hard, but be overcome with effort. So active learning, experiential learning is all ways to kind of make learning harder. So students have a better idea of what it actually takes to do the text that that's asked of them.

152

00:19:36.629 --> 00:19:42.479

Adam Persky (he/him) | School of Pharmacy: And then we give feedback to them. You know we can do it 2 ways. We can just tell them.

153

00:19:42.839 --> 00:19:52.469

Adam Persky (he/him) | School of Pharmacy: hey, here's the feedback. Here's what you did right. Here's what you did wrong. It's accurate, it's very efficient, and we feel good about ourselves. We're like, Hey, we gave them feedback. Good for us.

154

00:19:52.979 --> 00:19:54.469

Adam Persky (he/him) | School of Pharmacy: The Downside is

155

00:19:55.389 --> 00:19:56.179

Adam Persky (he/him) | School of Pharmacy: well.

156

00:19:56.339 --> 00:20:00.109

Adam Persky (he/him) | School of Pharmacy: the learner may not process it very deeply. They're like, oh, whatever

157

00:20:00.329 --> 00:20:06.649

Adam Persky (he/him) | School of Pharmacy: they may not be very attentive to it, it may not engage your long-term memory, and it kind of steals their chance to shine.

158

00:20:07.659 --> 00:20:10.489

Adam Persky (he/him) | School of Pharmacy: Conversely, we can have them generate their own feedback.

159

00:20:10.619 --> 00:20:16.709

Adam Persky (he/him) | School of Pharmacy: It forces them to give attention to what they did. It engages their long-term memory, gives them that thrills of success.

160

00:20:17.469 --> 00:20:20.069

Adam Persky (he/him) | School of Pharmacy: The downside is well, they might be wrong.

161

00:20:20.169 --> 00:20:26.589

Adam Persky (he/him) | School of Pharmacy: or they might be frustrated or flounder when trying to figure out what I did right or what I did wrong, and they might fail at it.

162

00:20:26.939 --> 00:20:29.579

Adam Persky (he/him) | School of Pharmacy: So how do we do this? In maybe a more

163

00:20:29.819 --> 00:20:37.829

Adam Persky (he/him) | School of Pharmacy: reasonable way. Well, we can combine the 2. What do you feel? Went well, the self-discovery part. And here's what I saw.

164

00:20:38.139 --> 00:20:50.049

Adam Persky (he/him) | School of Pharmacy: So this works really well in the clinical setting, where there's more one on one sorts of interactions. So again, kind of mixing the 2 feedback mechanisms to really make sure that learners are leaving with a better sense of what to do next time.

165

00:20:51.749 --> 00:20:58.979

Adam Persky (he/him) | School of Pharmacy: And if we want to give feedback on critical thinking, so there's 3 aspects of critical thinking, the attitude or disposition to think critically

166

00:20:58.989 --> 00:21:03.879

Adam Persky (he/him) | School of Pharmacy: the knowledge that to actually use critical thinking, and then the actual thinking process.

167

00:21:04.139 --> 00:21:07.069

Adam Persky (he/him) | School of Pharmacy: So if someone gets the wrong answers, because well.

168

00:21:07.139 --> 00:21:11.659

Adam Persky (he/him) | School of Pharmacy: did they actually engage that system to think critically? Or this went with their gut reaction?



169

00:21:12.049 --> 00:21:13.659

Adam Persky (he/him) | School of Pharmacy: Were they missing knowledge

170

00:21:13.799 --> 00:21:18.739

Adam Persky (he/him) | School of Pharmacy: that, hey? You've got the wrong decision because you're missing this key piece of information about the patient?

171

00:21:19.129 --> 00:21:30.479

Adam Persky (he/him) | School of Pharmacy: Or were they wrong because they didn't go through the correct process? They didn't weigh the evidence correctly. So again, just a preview of critical thinking, and how we might intervene as far as a feedback mechanism.

172

00:21:32.719 --> 00:21:51.339

Adam Persky (he/him) | School of Pharmacy: And then you heard the word community based education. It's not a new thing. It's not a new term that's been around for a very long time. It's really about focusing on helping students become competent on the outcomes. Everybody's there to learn. So how do we help all students achieve the learning objectives of our courses in our curriculum?

173

00:21:51.769 --> 00:22:02.229

Adam Persky (he/him) | School of Pharmacy: We want to do it in a way that supports the students, that we're using active learning, and we want it to be as authentic as possible to making sure they're doing real tasks to understand what really is.

174

00:22:02.989 --> 00:22:06.379

Adam Persky (he/him) | School of Pharmacy: You know special about this application part.

175

00:22:06.619 --> 00:22:13.009

Adam Persky (he/him) | School of Pharmacy: The big thing about common space education which makes it so hard is this the third bullet point of time

176

00:22:13.449 --> 00:22:15.389

Adam Persky (he/him) | School of Pharmacy: we all learn at different speeds.

177

00:22:15.609 --> 00:22:25.939

Adam Persky (he/him) | School of Pharmacy: Some of us passed our driving test on the first time some of us passed our driving test on 3 tries. It doesn't mean we're we're bad drivers. We take 3 times to pass it. It just means it took us longer to figure things out.

178

00:22:26.129 --> 00:22:33.759

Adam Persky (he/him) | School of Pharmacy: So compspace education is about removing this time element, which is probably the hardest thing for us to do, because we have 3 or 4 years of graduate student.

179

00:22:33.769 --> 00:22:37.479

Adam Persky (he/him) | School of Pharmacy: How do we build this time variability into our curriculum and our courses?

180

00:22:39.199 --> 00:22:42.849

Adam Persky (he/him) | School of Pharmacy: And then we have the experiential learning part. We all know experiential learning

181

00:22:42.879 --> 00:22:56.469

Adam Persky (he/him) | School of Pharmacy: is, meets a much better results. So number of correct answers on the Y axis. Weeks after learning on the X lecture, we can leave class, and we forget things pretty quickly. Experiential. We tend to remember things. It's much more emotional.

182

00:22:56.479 --> 00:22:59.619

Adam Persky (he/him) | School of Pharmacy: The the seeing, the patience, the doing, the smells

183

00:22:59.689 --> 00:23:17.449

Adam Persky (he/him) | School of Pharmacy: does a lot of things to reinforce learning. So we like experiential learning, which is why a lot of our professional programs have key parts of experiential learning. Why postgraduate training comes more important because it kind of accelerates that learning. So lots of key things. And what we're doing with active learning is trying to bring that experiential learning into the classroom.

184

00:23:17.829 --> 00:23:22.409

Adam Persky (he/him) | School of Pharmacy: And for the classroom, we kind of use Colbe's model for experiential learning.

185

00:23:22.469 --> 00:23:28.579

Adam Persky (he/him) | School of Pharmacy: So it's kind of like we're gonna try some things. We're gonna make some predictions. It's a cyclical thing

186

00:23:28.639 --> 00:23:39.699

Adam Persky (he/him) | School of Pharmacy: again. What we're doing in the clinical setting on a one on one basis for learning. We're trying to bring in the classroom when we have 50, 61 100 300 students that we're trying to get to engage in the material.

187

00:23:41.919 --> 00:23:44.249

Adam Persky (he/him) | School of Pharmacy: So to summarize. You know.

188

00:23:44.259 --> 00:23:47.179

Adam Persky (he/him) | School of Pharmacy: understanding how we learn helps us

189

00:23:47.359 --> 00:23:51.679

Adam Persky (he/him) | School of Pharmacy: solve problems. Better, helps us make better decisions about teaching and learning.

190

00:23:51.709 --> 00:23:55.859

Adam Persky (he/him) | School of Pharmacy: The goal is to keep students on task and practicing what they need to practice.

191

00:23:55.899 --> 00:24:07.489

Adam Persky (he/him) | School of Pharmacy: and that this assessment is the most valuable part to the students, because that's where the grade comes from. So your assessments really show them what you value, so making them authentic or helping them really do the tasks that they need to do.

192

00:24:07.649 --> 00:24:18.969

Adam Persky (he/him) | School of Pharmacy: And there's a lot of way to accomplish their goals. I can't come in here and say, if you did, XY. And Z, you would have great results, because it's it's dependent on the students dependent on you and dependent on your curriculum.

193

00:24:19.139 --> 00:24:26.569

Adam Persky (he/him) | School of Pharmacy: and I knew that's through a lot at you. But I had 20 min to do it. So at least hopefully, some food for thought, and maybe setting up the other

194

00:24:26.769 --> 00:24:32.719

Adam Persky (he/him) | School of Pharmacy: instructors. The kind of the other speakers kind of talk about how they implement some of these things.

195

00:24:32.809 --> 00:24:37.479

Adam Persky (he/him) | School of Pharmacy: So thank you again, and whatever I can do in the future, please let me know.

196

00:24:56.800 --> 00:25:00.279

Susie Steele: Bear with me just a minute. Here, get my slides out

197

00:25:04.360 --> 00:25:05.650

Susie Steele: all right.

198

00:25:05.880 --> 00:25:07.719

Susie Steele: Can everybody hear me? Okay?

199

00:25:08.330 --> 00:25:23.879

Susie Steele: Alright. My name is Susie Steele. I am a faculty member at Concordia University in Ann arbor, Michigan. And I'm going to take a very quick few minutes just to give you a few examples of how some of the learning principles that Dr. Persky was just talking about

200

00:25:23.980 --> 00:25:28.470

Susie Steele: what that might look like in entry level dpt education. So

201

00:25:28.560 --> 00:25:44.160

Susie Steele: before I jump into those examples. I wanna just give you a little context about our program. So you know where we're coming from? We run a full time year round program. It spans over 7 semesters. So we run on a 16 week semester schedule.

202

00:25:44.170 --> 00:26:08.847

Susie Steele: Each semester is split into 2 8 week terms, so our learners are turning over new courses 3 to 4 new courses every 8 weeks. So it is a very accelerated program by which they're learning. And so it really because of that, acceleration is imperative that we engage our learners early, and we engage them fully. And so we have a lot of mechanisms by which we can do that.

203

00:26:09.390 --> 00:26:24.369

Susie Steele: I don't have time to go into kind of all of those today, but I want to just highlight a couple. So our blended program. We rely heavily on the flipped classroom model. So our students do a lot of their passive learning, their asynchronous content before they come into our class.

204

00:26:24.490 --> 00:26:49.729

Susie Steele: and once once they come into class, we're face to face with them. That's our opportunity, then, to really dive into that experiential learning. And so our program partners with rehab essentials, rehab essentials is key and providing a lot of that asynchronous content for our students. And then that really allows our faculty to focus in on developing really impactful educational activities within the classroom to really bring that content to light.

205

00:26:50.160 --> 00:27:03.410

Susie Steele: The second point I want to make is, we have a strong commitment to the master adaptive learner model. And we're very explicit about that with our students when they come in. I think it's important for them to know that ahead of time, because in order to get to that

206

00:27:03.410 --> 00:27:27.700

Susie Steele: approaching that level of adaptive expertise, they really have to understand why we're putting them in situations that may feel uncomfortable or may feel frustrating to them. And so, in the point being, we want to to push their learning and to give them those deep experiences, so that when they're in those unknown situations as a practitioner, they're going to be better equipped to navigate those successfully. So those are kind of 2 of the areas we really lean into

207

00:27:28.069 --> 00:27:47.010

Susie Steele: so the activities I'm gonna talk about today, I'm gonna try to get through 4 of these. These were all completed by first year. Pt. Students in their first semester. So the very first one I wanna highlight for you is when they were learning how to do a patient history. So this was in week 9 of our first semester. So a first week of a new course for them.

208



00:27:47.010 --> 00:27:58.670

Susie Steele: The learners told me they felt like this was really the very first, like real Pt. Thing that they were getting to do so. Their attention was high, their motivation was really high. It was a new task for them, and they were really excited about it.

209

00:27:58.790 --> 00:28:15.750

Susie Steele: And then to kind of up up the ante a little bit. We brought in a person from the community to serve as the patient for our students, which really just made it much more authentic for them. And so so what we did there pre work included watching videos and doing readings to understand what a patient history was

210

00:28:16.063 --> 00:28:38.490

Susie Steele: and then we started our class with, just a quick QA. Just to clear up any points that they needed to have clarified before they did the activity. Just so. We all had a shared understanding of what a patient history was. So what they did when we came into the classroom. I created. This shared Google Doc for all of us and what it was. I gave them basically the categories for a patient history.

211

00:28:38.920 --> 00:28:50.829

Susie Steele: And the students were then put into pairs. Each pair was basically responsible for coming up with what they were. Gonna ask the patient what that would look like. And then they had to document on this shared Google form

212

00:28:50.830 --> 00:29:14.090

Susie Steele: what what their answers from the patient were, and so each of them had an opportunity to do. A little piece of a patient history. And what this did. We had this up on a

monitor. You can kind of see a little bit in that picture on the top where all the other learners in an adjacent classroom could see what was happening and what was being documented and then they could make adjustments before they went in to speak with the patient. And so what it did. It created this very

213

00:29:14.230 --> 00:29:19.829

Susie Steele: authentic experience for our students, and that's what really cemented it, I think, for them right? So.

214

00:29:19.930 --> 00:29:35.499

Susie Steele: after all, the students had an opportunity to go, then we debriefed as a large group, and we talked about the experience. We gave the pats on the backs right? Because this is like their first real successful Pt thing they got to do. And we had some feedback from the patient as well, which was real, meaningful to the students.

215

00:29:37.270 --> 00:30:02.990

Susie Steele: The second activity focused on teaching principals. So we spend a fair amount of time in our program, teaching our students how to be good educators. And so for this particular activity, they did some pre work with videos and reading. Just understanding kind of basic learning theory or reviewing basic learning theory. And then some basic considerations for what we need to think about when we're going to design a education experience.

216

00:30:03.308 --> 00:30:13.489

Susie Steele: So they did the pre work we came into the classroom. I do. Oftentimes I'll do like a large group mentimeter quiz. It's all anonymous, but it just allows me to know.

217

00:30:13.490 --> 00:30:31.320

Susie Steele: Yes, they did the pre work. They have an adequate amount of knowledge that they're going to be able to engage in the activity. And so again, in this case they did. They knew their stuff. And so we went forward with the activity. So another shared Google, Doc, I promise, I do other things, too, and shared Google docs.

218

00:30:31.678 --> 00:30:51.839

Susie Steele: So this one, basically what I gave to the students. I gave them a real life type of tasks. So Dr. Persky was talking about application and real life situations. Right? So this was that way for them to start putting that knowledge into work, and then I also gave them the headings at the top of things that they needed to think about in order to teach a group.

219

00:30:51.970 --> 00:31:13.310

Susie Steele: So the students were put into small groups of like 3 or 4 students, and they had. They were assigned one of these situations in which teaching had to occur. And so the students task was to go through the Google Doc and fill in all the boxes. What were their learners. What was the audience characteristics? What were they trying to teach them? What are some learning activities that might be effective?

220

00:31:13.646 --> 00:31:29.120

Susie Steele: How are they gonna assess their learners. So so, thinking about all of those things we have to think about before we teach and so once they filled all that in we shared out to the larger group, and and just kind of shared their experience and what they learned. And this was really

221

00:31:29.120 --> 00:31:51.850

Susie Steele: powerful in that. It was one of those activities that they made connections that I never could have taught them myself, right or reading could have taught them. So it was one of those activities where I if I just kind of got out of the way and let the learning happen. It it really was was a unique experience for them. They they, one of the groups commented. You know, they had little kids, and they needed maybe a lot of activities in order for to keep their attention.

222

00:31:52.113 --> 00:32:08.960

Susie Steele: Another group commented that you know, their activity was real specific to an environment. So they need to think more about the environment. So. Again, I'm not super concerned if their answers are that accurate. But what I want them to learn is, is, what do I need to think about to be an effective educator, and I think they did that here

223

00:32:10.750 --> 00:32:33.769

Susie Steele: so fast forward. About 4 more weeks we got to an end of semester assignment. So this is like week 16 of the first semester still, on that content of learning principles, teaching principals. Excuse me. They were in groups of 3, and they had to identify essentially a community of learners. And then they had to figure out something to teach those group of learners.

224

00:32:34.048 --> 00:32:51.900

Susie Steele: They had to develop a learning activity. They had to develop objectives, and then they had to assess their learners, and once they completed all of that, then they came back and presented to the group about that experience, and how it went for them. So there was action, right? They were applying the principles that they learned. But then they also

225

00:32:52.320 --> 00:33:13.669

Susie Steele: we're reflecting upon that experience, too, to kind of make that learning go to a deeper level. So these are just some examples from our student presentations. We had one group. They were T. They took some high school runners in the area and taught them sprinting mechanics. We had another group who wanted. They took some faculty and wanted to teach an exercise program for stress management, and that was their assessment piece there. So

226

00:33:13.937 --> 00:33:35.600

Susie Steele: so they had fun with it, right? But at the core of it we got to the objective of they. They had to be teachers, and they had to, you know, go through those steps of what it means, and and put that an an effective educational experience together. So again, they learned a lot from the application of it. And and we're really able to kind of now have a lived experience from which they can. They can grow

227

00:33:36.990 --> 00:33:54.560

Susie Steele: the last one I want to share with you. So this was done in about week 12 of our first semester, our learners were in a course where they were learning how to assess multiple dimensions of health in people. And one of those dimensions was was doing basically a comprehensive fitness profile.

228

00:33:54.920 --> 00:34:06.159

Susie Steele: and so so we had a shout out to Dr. John Gamboa, who provided this amazing fitness, profile, assessment to me that I was able to share and use with my students

229

00:34:06.535 --> 00:34:11.900

Susie Steele: and and so they previewed the instrument, familiarize themselves with that before they came to class.

230

00:34:12.230 --> 00:34:38.819

Susie Steele: Then, when we came into class, I had set up stations with instructions and materials so that they each could go through and complete all of the assessments and and learn about those assessments. And they were basically filling in the data for themselves. And so then, after class, what we had them do was this reflective assignment 2 to 3 pages, where they had to reflect on what they did, what they learn, what it felt like. So trying to pull in a little bit of that emotional piece

231

00:34:39.108 --> 00:35:03.619

Susie Steele: and how they might apply that going out into the, you know, treating patients into the clinic. So these are just some excerpts from some of those papers. So these couple of writers. Here they leaned a little bit more into making connections with other content we had discussed. So the top writer, he commented on how this aligned with the bio psychosocial model of healthcare and and and kind of pulling those pieces together that we had talked about previously. With this activity.

232

00:35:03.937 --> 00:35:20.300

Susie Steele: The bottom writer there. He took a little bit more specific approach and was recognizing. You know, if I do these tests, it's gonna give me good information where I can make some really specific goals. So he worked more along that patient client management model and was tying it to different aspects of patient care.

233

00:35:21.810 --> 00:35:36.269

Susie Steele: And then a couple of others. They they kind of went along the lines more of a personal perspective, personal reflection on this activity. And so the writer on the top was talking about. You know how some of this information can be a little difficult. It can be sensitive.

234

00:35:36.553 --> 00:35:58.410

Susie Steele: And going through this experience. She really felt that first hand, what that might feel like. And so it was a very powerful experience for her, and that she was now able to kind of develop that empathy for patients and and really think deeply about, you know, what does that feel like to share that information or receive that information. And how might I do that in a in a supportive way, for our patients?

235

00:35:58.762 --> 00:36:23.620

Susie Steele: The bottom writer there it was an interesting comment. They they thought this was going to be easy, and it wasn't easy. And so I think it just speaks again to experiential learning really gives the the learner a sense of, you know, pers perception of what we think's gonna happen. And what really happens is very different sometimes. And so having that experience and being able to recognize that what we think is maybe easy for patients may not be the case. So

236

00:36:23.881 --> 00:36:45.748

Susie Steele: so those are just a few of the activities that we did with some of our our first year learners in the first semester. I thought it was really interesting, as I was putting this together, too, so, and I didn't tell our learners what I was asking them this question for, but I asked them, you know what's one word that you would use to describe our curriculum. And some of those are some of the answers that they provided to me right? So

237

00:36:46.130 --> 00:36:58.349

Susie Steele: I think it really speaks to that idea of experiential learning. Right? It can be difficult for our learners. It can be a challenge for our learners. It's unique. And that is often. That's something that they have

238

00:36:58.400 --> 00:37:20.950

Susie Steele: gone through to the extent that we're putting them through, that at at this stage of their learning. But I think they recognize how applicable it is, how collaborative it is, and it really some of the change we have seen in the students over just that first semester has been really quite amazing. So so I think you know, speaks to the fact. We're leaning into that applied learning. And and they're benefiting from that there from that experience. So

239

00:37:21.280 --> 00:37:22.290

Susie Steele: thank you.

240

00:37:51.210 --> 00:37:54.210

Priscilla Weaver: Okay, just a thumbs up, Mary, that you can see my screen

241

00:37:55.130 --> 00:37:56.619

Priscilla Weaver: perfect. Thank you.

242

00:37:57.100 --> 00:38:05.960



Priscilla Weaver: Alright. So I am here to ignite the academic and clinical community to embrace competency and entrustment based dpt education.

243

00:38:08.480 --> 00:38:15.770

Priscilla Weaver: as quoted by Stephen Covey. To begin with, the end in mind, means to start with a clear understanding of your destination.

244

00:38:15.830 --> 00:38:23.679

Priscilla Weaver: It means to know where you're going, so that you better understand where you are now, and so that the steps you take are always in the right direction

245

00:38:24.560 --> 00:38:35.890

Priscilla Weaver: when applied to dpt education. The end in mind is a graduate physical therapist on their first day of clinical practice, delivering safe and effective care to a patient unsupervised.

246

00:38:36.310 --> 00:38:40.200

Priscilla Weaver: Still recognizing the importance of mentorship and lifelong learning.

247

00:38:44.970 --> 00:38:56.309

Priscilla Weaver: a competency and entrustment based education. Framework has a clear understanding of the destination through the outcomes of competencies and entrustable professional activities or epas.

248

00:38:56.570 --> 00:39:03.379

Priscilla Weaver: the competencies being the knowledge, skills, attitudes, and values required of a physical therapist for clinical practice.

249

00:39:03.730 --> 00:39:13.100

Priscilla Weaver: the EPA's being the essential clinical activities or tasks entrusted to the learner by graduation to execute unsupervised. On day one

250

00:39:14.030 --> 00:39:21.359

Priscilla Weaver: the EPA's draw the connection between the learner's abilities or competencies. To these essential tasks or work activities.

251

00:39:21.530 --> 00:39:25.529

Priscilla Weaver: For example, an EPA could be gathering a history

252

00:39:25.810 --> 00:39:34.469

Priscilla Weaver: to carry out this EPA, a learner should possess the abilities such as active, listening, communicating, critical thinking, and managing time

253

00:39:37.400 --> 00:39:46.449

Priscilla Weaver: displayed is Northern Arizona University's competency and entrustment based education, framework for our hybrid and residential dpt programs

254

00:39:46.550 --> 00:39:53.729

Priscilla Weaver: to the right side, you will visualize the outcomes of competencies, and to the left side the outcomes of Epas

255

00:39:54.360 --> 00:40:03.290

Priscilla Weaver: centered are the domains of competence which are the broad competency areas that represent the Pt. Profession and aspects of the University Mission.

256

00:40:03.870 --> 00:40:13.869

Priscilla Weaver: Starting on the right side, the competencies fall out of the domains of competence and are scaffolded each semester within the courses as course learning outcomes

257

00:40:14.170 --> 00:40:23.359

Priscilla Weaver: the milestones of competence are the benchmarks of the progression of competence, and the readiness of each learner for clinical education and practice.

258

00:40:23.390 --> 00:40:26.339

Priscilla Weaver: We will return to the left side in a few slides

259

00:40:29.990 --> 00:40:34.390

Priscilla Weaver: visual of the intentional placement of our 3 milestones of competence.

260

00:40:34.570 --> 00:40:41.890

Priscilla Weaver: Again, these are the benchmarks to measure progression in the competencies and readiness for clinical education or practice.

261

00:40:42.360 --> 00:40:59.880

Priscilla Weaver: The first milestone is placed prior to a first full time clinical experience, and represents through assessment the learner's achievement of a threshold of competence to progress, to clinical education, to carry out the Epas with a specified level of supervision.

262

00:41:00.740 --> 00:41:14.380

Priscilla Weaver: The second milestone is placed to our prior to our terminal clinical experiences, and represents a higher threshold of competence, to progress, to clinical education, to carry out the EPA's with increasing autonomy.

263

00:41:14.770 --> 00:41:25.669

Priscilla Weaver: Lastly, the final milestone of competence represents an achievement of the established competencies for the curriculum and readiness for clinical practice post graduation.

264

00:41:29.790 --> 00:41:35.229

Priscilla Weaver: Now we are going to move to the left side of the framework relating to the EPA's in the grade bubbles

265

00:41:35.580 --> 00:41:43.739

Priscilla Weaver: as a reminder. The EPA's draw, the connection between the learners' abilities to the work activities of a physical therapist.

266

00:41:44.120 --> 00:41:58.579

Priscilla Weaver: The EPA's and competencies are matrix together to outline the critical competencies from the right side, that the learner must apply and integrate to carry out an EPA in clinical practice with increasing autonomy.

267

00:41:59.070 --> 00:42:12.470

Priscilla Weaver: For the example EPA, of gathering a history. Some of the critical competencies may be the learner's ability to provide person centered care, utilize motivational interview strategies, or demonstrate active listening.

268

00:42:12.850 --> 00:42:17.789

Priscilla Weaver: These are some of the abilities the learner must possess to gather a history.

269

00:42:18.420 --> 00:42:29.449

Priscilla Weaver: And now to the very left side of the screen the assessment of EPA shifts to levels of entrustment and supervision for carrying out the EPA's while on clinical education.

270

00:42:30.310 --> 00:42:33.650

Priscilla Weaver: Let's talk further about the entrustment decisions

271

00:42:37.350 --> 00:42:42.290

Priscilla Weaver: entrustment decisions are the decisions to entrust a learner with an EPA,

272

00:42:42.840 --> 00:42:48.129

Priscilla Weaver: it's assigning the responsibility of something valued or important to another person.

273

00:42:49.140 --> 00:42:52.450

Priscilla Weaver: These entrustment decisions can be made ad hoc.

274

00:42:52.470 --> 00:42:54.050

Priscilla Weaver: or summatively.

275

00:42:54.640 --> 00:43:09.870

Priscilla Weaver: Both types of decisions are based around qualities that enable trust in the learner similar to what Dr. Persu is talking about, such as being reliable, truthful, recognizing limits, asking for help and being able to receive that feedback.

276

00:43:10.860 --> 00:43:24.350

Priscilla Weaver: The ad hoc entrustment. Decisions occurred daily by the clinical instructor for the learner to practice Epas at a specified level of supervision depending on the patient and many other factors in the environment.

277

00:43:25.760 --> 00:43:38.590

Priscilla Weaver: The summative entrustment decision does not occur daily, but are decisions that occur at specific times in the curriculum, such such as at the end of a full time, clinical experience, and the end of the curriculum.

278

00:43:39.090 --> 00:43:50.889

Priscilla Weaver: A summary of decision is making a decision of the specified level of supervision for each EPA. Going forward to the next clinical or to future practice after graduation.

279

00:43:51.440 --> 00:44:02.720

Priscilla Weaver: It is a decision that evaluates all the ad hoc data that has been collected over the course of clinical experiences, and ultimately over the course of the learner's time in the program.

280

00:44:03.920 --> 00:44:18.300

Priscilla Weaver: A clinical Competency Committee within the academic program makes the summative entrustment decisions informed by the systemic observations of the clinical instructor, and other information gathered through a variety of sources

281

00:44:20.420 --> 00:44:37.680

Priscilla Weaver: prior to graduation. The final summative and trustman decision is made for each EPA and signified responsibility of the learner after graduation and licensure to safely and effectively carry out each EPA unsupervised on day. One

282

00:44:42.230 --> 00:44:53.279

Priscilla Weaver: represented here is a 5 level scale of entrustment and supervision for use in clinical education for each EPA that represents a scaling of trust and autonomy.

283

00:44:54.010 --> 00:45:18.260

Priscilla Weaver: When we are thinking of ad hoc entrustment, decisions that happen daily. The CIA is having the learner practice within these levels and rating the learner frequently versus the summative and trustman decision that occurs at the end of the clinical experience by the Clinical Competency Committee, and is a permission to act at a specified level for the next clinical or for future practice.

284

00:45:18.760 --> 00:45:20.560

Priscilla Weaver: Let's go over this scale

285



00:45:21.490 --> 00:45:22.830

Priscilla Weaver: level one.

286

00:45:22.870 --> 00:45:26.930

Priscilla Weaver: The learner may be present, but may not practice the EPA.

287

00:45:27.080 --> 00:45:31.590

Priscilla Weaver: The learner is observing the CI gather the history, for instance.

288

00:45:32.930 --> 00:45:38.439

Priscilla Weaver: level 2. The learner may practice the EPA under direct proactive supervision.

289

00:45:38.490 --> 00:45:40.660

Priscilla Weaver: With the Ci. Physically present.

290

00:45:40.900 --> 00:45:43.580

Priscilla Weaver: It could be a coactivity with a CI

291

00:45:43.640 --> 00:45:46.489

Priscilla Weaver: or the Ci. Is ready to step in to assist

292

00:45:46.500 --> 00:45:50.140

Priscilla Weaver: if needed. When the learner is gathering a history. For example.

293

00:45:51.380 --> 00:45:57.120

Priscilla Weaver: level 3. The learner may practice the EPA under indirect reactive supervision

294

00:45:57.210 --> 00:46:10.179

Priscilla Weaver: with the Ci. Not physically present next to the learner, but maybe outside the room, listening, you know, or across the gym, and is quickly available and provides feedback afterwards versus during the encounter

295

00:46:11.110 --> 00:46:17.990

Priscilla Weaver: level 4 is where we want the C. Id. Have the learners practicing, especially on a terminal clinical experience.

296

00:46:18.200 --> 00:46:32.060

Priscilla Weaver: The learner is practicing as if they are unsupervised. Recognizing the CIA is still providing that legal oversight, however, the learner is demonstrating their ability to practice unsupervised, for after graduation.

297

00:46:32.440 --> 00:46:40.739

Priscilla Weaver: Level 4 is the entry level expectation for the final summative and trust and decision at the end of the dpt curriculum

298

00:46:42.290 --> 00:46:53.719

Priscilla Weaver: level 5 is a post professional level of supervising others. To carry out an EPA, such as a dpt learner on clinical education or mentoring another. Pt.

299

00:46:54.010 --> 00:47:01.949

Priscilla Weaver: The learner can practice these roles as a student, but there would not be the expectation to meet this level in dpt education.

300

00:47:06.600 --> 00:47:08.720

Priscilla Weaver: We began with the end in mind.

301

00:47:09.030 --> 00:47:18.960

Priscilla Weaver: We have returned to this graduate physical therapist on her first day of clinical practice, where she is delivering safe and effective care to a patient unsupervised

302

00:47:19.180 --> 00:47:49.129

Priscilla Weaver: in a competency and entrustment based education, framework, progressive competence of the competencies and autonomy of the Epas have allowed the graduate a clear destination to climb up Millish pyramid, with the addition of trust at the top, representing not only performance, but also in trustment to carry out the essential responsibilities of a physical therapist. So let me ask you, are you ready to embrace a competency and entrustment based framework in your program?

303

00:47:51.320 --> 00:47:53.949

Priscilla Weaver: And here are my references. Thank you for your time.

304

00:48:24.270 --> 00:48:40.130

Kevin Wong: Hi! Everybody greetings. A couple of other things about myself and my buyer that might be relevant is, first of all, I spent my 30 something year careering both clinical and clinical care and academia. Currently.

305

00:48:40.919 --> 00:49:00.319

Kevin Wong: currently, I run the Clinical Residency program. And I've designed 2 actually clinical Residency programs of different designs that were both apta certified. So that's to say, I'm pretty comfortable with what advanced practices. But I've also been a captain on sided. So I'm very comfortable with content of what entry level is

306

00:49:00.550 --> 00:49:01.230

Kevin Wong: T.

307

00:49:01.570 --> 00:49:25.269

Kevin Wong: First of all, what is advanced care, and one of the things about advent entry level that's already been discussed is, you know, the person should be autonomous. They should be safe. You should use evidence, but sometimes you're gonna need supervision, for complex scenarios and complex scenarios are often difficult, because they might be unusual, uncommon, unresearched, or heterogeneous advance.

308

00:49:25.360 --> 00:49:37.770

Kevin Wong: A level of practice are all those things consistently. But it's also adaptable and effective in situations that might be conf, complex or conflicting. So, for instance, that could be

309

00:49:38.190 --> 00:49:39.010

Kevin Wong: dumb.

310

00:49:39.480 --> 00:49:59.791

Kevin Wong: different multiple different problems interacting just from my own current clinical caseload people with head injury, who also have arthritis, people who have Parkinson's, but also have ridiculopathy. People who have cancer, but also have spinal stenosis. But that could also mean interventions that are difficult to

311

00:50:00.540 --> 00:50:16.939

Kevin Wong: to show their show their efficacy within the research or to do in a complex scenario. For instance, a L. 5. Muscle energy technique involves using hip internal rotation as a lever, but that becomes very difficult to do

312

00:50:18.140 --> 00:50:27.221

Kevin Wong: when you have a transfer amputee who has no tibia in order to grasp and then sometimes the evidence conflict. So, for instance,

313

00:50:27.730 --> 00:50:41.739

Kevin Wong: a a anterior to posterior shoulder. Mobilization is more effective in producing external rotation, and people with frozen shoulders than posterior to anterior, which would be more consistent with the concave convex rule.

314

00:50:42.733 --> 00:51:07.999

Kevin Wong: So and then, of course, expert levels all those things, but also be able to innovate new techniques. Now, in preparing our getting our our residents. Attention. First, you have to prepare the learner to learn, and so part of that is, knowing your audience. I always considered that Number one, and that might mean knowing the person's biases right? Judging from my social media, feed, some of the things that might be common would be

315

00:51:08.010 --> 00:51:23.670

Kevin Wong: evidence as medicine or randomized control trials as the foundation for a for evidence based practice, or maybe manual therapy doesn't do anything at all. So these would be some things that people might be coming into class with.

316

00:51:23.989 --> 00:51:40.289

Kevin Wong: We do an activity called deconstructed dogma which is really like a journal club where we deconstruct some of the assumptions that have been made and and carry on, and physical therapy, even though they've been discredited over 30 years of research. So, for instance, I might be

317

00:51:40.790 --> 00:51:49.299

Kevin Wong: McConnell taping for vmo activation or scapularis kinesi, as connected to pain and disability of the shoulder.

318

00:51:50.502 --> 00:52:08.689

Kevin Wong: But ultimately a Journal Club is really just talk. And even though for all the clinical scenarios that I'm mentioning, I have references in case someone gets individually curious. So although we have research to back these, the these ideas up. Really. Let's just talk it

319

00:52:08.710 --> 00:52:10.370

Kevin Wong: and talk is cheap.

320

00:52:14.600 --> 00:52:17.890

Kevin Wong: So we do. Another activity called resident as.

321

00:52:18.250 --> 00:52:22.480

Johnnie Burnett: Bob saying something was he came by our house, and there was something on. He did not just.

322

00:52:22.480 --> 00:52:23.209

Kevin Wong: Please, mate, could you.

323

00:52:23.210 --> 00:52:23.740

Johnnie Burnett: First.

324

00:52:23.740 --> 00:52:25.060

Kevin Wong: Excuse me, could you mute.

325

00:52:25.060 --> 00:52:27.390

Johnnie Burnett: It's sent on the back porch, I said. A snake.

326

00:52:28.120 --> 00:52:30.250

Kevin Wong: Excuse me, could you mute, please? Thank you.

327

00:52:30.730 --> 00:52:46.909



Kevin Wong: So we do. Another activity, experiment, experiential learning, activity called resident subject. That could be, for instance, identifying a impairment on a resident and then asking them to choose the technique, to try to overcome that, letting them do that.

328

00:52:47.050 --> 00:53:00.959

Kevin Wong: seeing how they failed, and then showing them another technique that they're about to learn, and then following up in subsequent weeks to show that not only not only did it work in the moment, but that it worked and maintained its gain week after week after week.

329

00:53:02.126 --> 00:53:02.763

Kevin Wong: Now

330

00:53:03.860 --> 00:53:30.340

Kevin Wong: in which I just mentioned a randomized control trials and evidence based practice and a lot of times in evidence based practice. We hold the randomized control trial as the pinnacle of the evidence. However, randomized control trials. Ideally use homogeneous samples, therefore, don't include unusual or uncommon cases. And then they, we have to ideally use a standardized treatment approach.

331

00:53:30.711 --> 00:53:52.268

Kevin Wong: But that standardized treatment approach does not account for individual needs. And then the Rcts, a group average which excludes the outliers so you can see how randomized control trial, as I always say to people subjects are not the same things as as your actual patients. And so we think, what is, there's something better.

332

00:53:53.030 --> 00:54:18.699

Kevin Wong: And so what we teach is something called research based practice. And how we get there is we use a technique called research based learning. And so in research, based practice or research based learning, it's perfect for your cases that are unusual or uncommon, but also really for everybody. Cause not everybody responds in the way that is anticipated. So this could be something as simple as at its most basic

333

00:54:19.090 --> 00:54:30.420

Kevin Wong: reliability testing. We can test between one resident, and another, or a resident and a faculty so that would be integrated reliability. We can test integrated reliability from

334

00:54:30.500 --> 00:54:33.219

Kevin Wong: one week to the next week to the next month.

335

00:54:33.280 --> 00:54:38.450

Kevin Wong: That's very one very simple way. Or we could use some quasi

336

00:54:38.900 --> 00:54:53.110

Kevin Wong: experimental techniques like testing and retesting testing me. Testing is good. But again, quasi experimental. Better to do safe time series, design, whether you have at least 2 assessments on each side, or

337

00:54:53.200 --> 00:55:19.939

Kevin Wong: even better borrowing from N equals, one research methodology, we would have pre phase and post phase that would include at least 3 measures. And that's an experimental design that can establish cause and effect conclusions. So that would be a better way to do it, and how this might work out in a classroom or in the clinic can be as simple as treating one person, and then, you know, or, you know, treating

338

00:55:20.854 --> 00:55:42.910

Kevin Wong: like one person, and then waiting to start the other person say, if there is a waiting list you could go work on the left side on Monday, and then work on the right side on Wednesday, or we could break it down into simple into planes. We can work on shoulder flexion today. We can work on shoulder abduction the next week, or really

339

00:55:42.920 --> 00:55:50.809

Kevin Wong: within different angles of each plane, so we could work at 90 degrees, which is not the same thing as 145

340

00:55:51.290 --> 00:56:09.299

Kevin Wong: or we could work on comparing different conditions. For instance, a different treatments. We could use exercise versus manual therapy, or, honestly, you can do an exercise dose of one sort versus an exercise dose of another sort. To get a comparison of what is working. You know this, what is not working

341

00:56:09.711 --> 00:56:29.779

Kevin Wong: for those of you who might have ethical concerns about this kind of approach in clinical practice. Just bear in mind there's 0 chance that every that any patient can have all of the impairments and functional limitations treated in one single day. So really, this is just a thoughtful planned out

342

00:56:30.338 --> 00:56:53.079

Kevin Wong: intentional ordering of your treatments? And then with assessment and reassessment, hopefully, multiple times to establish a really sound research methodology to practice but also in the clinic. And I know my portion of this is really about post professional training. But you should know we apply the same techniques in entry level training.

343

00:56:53.910 --> 00:56:54.885

Kevin Wong: So

344

00:56:56.460 --> 00:57:15.039

Kevin Wong: these are just some suggestions that you could use. The proof, though, is ultimately in the pudding. You know, in the in the lab. We assess our resident success within the session. But and they also write a reflection about how they use this approach in the clinic and with clinical mentoring.

345

00:57:15.420 --> 00:57:37.719

Kevin Wong: But the ultimate is showing how they can apply this approach to unusual, uncommon, unheard of unreached cases. I tried double on the relative. Most recently acumans strain even morale to parasitica, not commonly in the in the evidence base to

show whether that could actually occur because that is overall. The point is, can we make patients better.

346

00:57:37.720 --> 00:58:00.953

Kevin Wong: all the teaching that we do should be aimed at that goal. So the basic takeaways, why should you attempt to use research based teaching and learning. In in into leading to research. Based practice is number one. It is very engaging and motivating for students, residents or and or patients. Also, it allows us to teach and practice in areas where there is

347

00:58:01.780 --> 00:58:15.089

Kevin Wong: without solid evidence. My primary research area is amputations, and it's a very heterogeneous population, spinal cord same way, pediatrics same way. And then, finally, we emphasize scientific thinking

348

00:58:15.440 --> 00:58:24.649

Kevin Wong: in problem solving by having them use the scientific method so that they're able to solve problems in the clinic long into the future.

349

00:58:24.890 --> 00:58:26.279

Kevin Wong: Thank you so much.

350

00:58:34.930 --> 00:58:51.109

Mary Blackinton: Okay, well, I'd like to say, even though we're all on mute. If everybody could show a warm round of virtual or not applause, we really would really appreciate it. We had such great perspectives from each of the 4 presenters.

351

00:58:51.839 --> 00:58:56.930

Mary Blackinton: And now we're about to transition into our active involvement.

352

00:58:57.491 --> 00:59:07.120

Mary Blackinton: So very shortly, Karen is gonna put everyone into breakout rooms. Your breakout room time is for 30 min

353

00:59:07.280 --> 00:59:24.975

Mary Blackinton: in your breakout room. I know you're excited about that because you're active learners right? In that room. We would like you to identify someone to write the notes that you talk about on the jam board. The purpose of the jam board was

354

00:59:25.540 --> 00:59:51.430

Mary Blackinton: to really get everyone to have a voice in past summits. We've had use kind of few people talking. This allows everyone to talk and then share your ideas. After that 30 min session, at which time we'll all get back together again, and my colleague Laurel, will begin the next session by kind of summarizing what we're seeing on the jam board, and then also open it to questions and answers

355

00:59:51.520 --> 01:00:18.589

Mary Blackinton: so without further ado, you have 30 min. Don't forget. If you don't know where the jam board is. It has been put in the chat so you can click on it there. It was also in the email sent to you by Karen earlier this week. So if you go into the chat, you should be able to see the link to the jamboard, and we look forward to getting back together with you in about a half hour.

356

01:00:18.800 --> 01:00:21.180

Mary Blackinton: Karen, is there anything else to add?

357

01:00:22.710 --> 01:00:24.972

Mary Blackinton: Oh, yeah, these are the questions.

358

01:00:25.640 --> 01:00:26.820

Mary Blackinton: Thank you.

359

01:00:31.010 --> 01:00:32.540

Mary Blackinton: Alright, awesome.

360

01:00:36.650 --> 01:00:37.690

Mary Blackinton: Alright.

361

01:00:37.690 --> 01:00:58.510

Karen Abraham: Yeah, okay, yeah. I just wanna make sure everybody saw the the questions and they are on the jam boards at the top. So you know ask everybody to to discuss the the questions that reflect on the the information just presented. So you will get your invitation to join your your breakout room momentarily.

362

01:01:00.040 --> 01:01:02.679

Mary Blackinton: Thank you all. We look forward to seeing you in 30.

363

01:01:36.190 --> 01:01:39.478

Karen Abraham: Alright. I think everybody's in their rooms so.

364

01:01:39.890 --> 01:01:42.139

Laurel Abbruzzese | she/her: Thank you to our speakers.

365

01:01:42.140 --> 01:01:43.860

Karen Abraham: Yes, thank you. That was

366

01:01:45.050 --> 01:01:46.270

Karen Abraham: amazing.

367



01:01:47.210 --> 01:01:49.567

Mary Blackinton: And laurel, do you? Is it

368

01:01:50.660 --> 01:01:56.156

Mary Blackinton: worthwhile to for you to share your screen? If you're on the on jam on the topic,

369

01:01:56.500 --> 01:01:58.140

Mary Blackinton: on top of Number one.

370

01:01:58.620 --> 01:01:59.527

Mary Blackinton: and that way.

371

01:01:59.830 --> 01:02:05.110

Laurel Abbruzzese | she/her: Not. Anyone will start writing right away, but I will. I will do that. Hold on.

372

01:02:05.110 --> 01:02:09.169

Mary Blackinton: I'm always little over anxious, aren't you? We could all label me as the overranious.

373

01:02:09.440 --> 01:02:14.181

Laurel Abbruzzese | she/her: I thought I had 30 min before having this. But I'll do that right now. Hold on.

374

01:02:16.410 --> 01:02:17.059

Greg Hartley: Mary. We're kind of.

375

01:02:17.060 --> 01:02:19.300

Laurel Abbruzzese | she/her: Not a good time to run to the bathroom.

376

01:02:19.881 --> 01:02:25.190

Mary Blackinton: Sorry, Laura. Well, you could share it. And then Ron, just gonna forget to mute.

377

01:02:25.920 --> 01:02:26.500

Laurel Abbruzzese | she/her: Yeah.

378

01:02:29.630 --> 01:02:44.170

Mary Blackinton: Yeah, I really liked. I think, our session to the speakers. It was worthwhile for us to meet, cause I think Adam really hit on the key points that you all wound up bringing forward. So it was really nice.

379

01:02:44.707 --> 01:02:56.039

Mary Blackinton: And Adam talking about consolidation. Really was a a part of what the designing for failure framework was on. So that was also really fun to see that overlap.

380

01:03:00.460 --> 01:03:04.637

Priscilla Weaver: I agree. Thanks, Adam, I was like perfect. What a great setup.

381

01:03:05.280 --> 01:03:06.180

Adam Persky (he/him) | School of Pharmacy: You're welcome.

382

01:03:06.770 --> 01:03:09.167

Priscilla Weaver: And I was glad it matched, too.

383

01:03:09.940 --> 01:03:12.089

Adam Persky (he/him) | School of Pharmacy: That's always my call. Nope.

384

01:03:13.600 --> 01:03:22.010

Karen Abraham: Yeah, I got all all of them linked very nicely together. Actually. So yeah. And related back to.

385

01:03:22.270 --> 01:03:25.949

Karen Abraham: you know, to last night session. So that was great.

386

01:03:26.080 --> 01:03:26.810

Karen Abraham: So

387

01:03:32.843 --> 01:03:33.306

Karen Abraham: and

388

01:03:33.770 --> 01:03:37.750

Mary Blackinton: We lose Susie, or am I just not seeing her on the screen.

389

01:03:39.410 --> 01:03:40.361

Karen Abraham: Yeah, she might have.

390

01:03:40.600 --> 01:03:42.229

Kevin Wong: Yeah, Adam, for setting this all up.

391

01:03:42.870 --> 01:03:43.615

Mary Blackinton: Yeah.

392

01:03:44.360 --> 01:03:45.130

Adam Persky (he/him) | School of Pharmacy: You're welcome.

393

01:03:46.090 --> 01:03:47.689

Peter Altenburger: Yeah, I don't see her on the screen.

394

01:03:48.890 --> 01:03:52.010

Peter Altenburger: She's not unassigned. She got assigned. She's in a

395

01:03:53.850 --> 01:03:56.250

Peter Altenburger: Oh, yeah, she's in. She's in room one

396

01:03:56.650 --> 01:03:57.290

Peter Altenburger: alright.

397

01:03:57.290 --> 01:03:59.520

Mary Blackinton: Want me to text her, to tell her to come out.

398

01:04:00.380 --> 01:04:02.799

Karen Abraham: Yeah. Oh, sorry. I'm not sure how that happened.

399

01:04:05.190 --> 01:04:07.179

Karen Abraham: I thought I made her a co-host, but.

400

01:04:10.430 --> 01:04:12.728

Peter Altenburger: You know. She she dropped off and came back in Karen. You.

401

01:04:12.920 --> 01:04:15.277

Karen Abraham: Oh, that's why cause I didn't

402

01:04:15.670 --> 01:04:17.319

Peter Altenburger: Should have just not

403

01:04:17.340 --> 01:04:20.510

Peter Altenburger: kept it because you she dropped down, went back in.

404

01:04:20.800 --> 01:04:21.510

Karen Abraham: Oh!

405

01:04:22.050 --> 01:04:24.580

Laurel Abbruzzese | she/her: I'll be right back. I'm just going to take 2 min.

406

01:04:24.860 --> 01:04:25.540

Karen Abraham: Sir.

407

01:04:27.480 --> 01:04:32.173

Mary Blackinton: I just texted her that she could leave the breakout room hopefully. She's paying attention to it.

408

01:04:32.770 --> 01:04:36.679

Mary Blackinton: Well, maybe not. Maybe she's trying not to divide her attention.

409

01:04:37.980 --> 01:04:40.160

Peter Altenburger: Question once got content.

410

01:04:40.330 --> 01:04:41.210

Karen Abraham: Yeah.

411

01:04:42.070 --> 01:04:42.950

Karen Abraham: And there's.

412

01:04:44.760 --> 01:04:52.720

Priscilla Weaver: So it's a large group discussion. Is it focused on the jam board? Or how does that work for that 30 min, or it could be anything. It's open discussion as well.

413

01:04:52.720 --> 01:05:00.421

Mary Blackinton: I think it's gonna be combination. It's the first time we're doing it this way. So I think the first thing is that

414

01:05:00.800 --> 01:05:02.829

Mary Blackinton: Laurel was going to kind of

415

01:05:03.220 --> 01:05:14.300

Mary Blackinton: talk about the main things that she say saw on the jam board. But during this time, right now, as you're seeing things pull up. If there's something that you see that you would

416

01:05:14.950 --> 01:05:16.830

Mary Blackinton: like to



417

01:05:17.400 --> 01:05:19.979

Mary Blackinton: touch, base on, or whatever. Then?

418

01:05:20.450 --> 01:05:32.390

Mary Blackinton: you know, Laura could also call on, you know, any of the 4 of you to to, but it's really it's really meant for them to apply and to move it forward. So then, when they go back to

419

01:05:32.997 --> 01:05:39.119

Mary Blackinton: their institution or their environment on Monday, that they'll have some concrete ideas.

420

01:05:40.040 --> 01:05:47.969

Karen Abraham: Yeah. And the idea is not. It's not to be a. QA. You know. Last night was certainly to be a. QA. With the speakers.

421

01:05:49.510 --> 01:05:55.300

Karen Abraham: you know the purpose of this. You know the presentations this morning is just to get people thinking.

422

01:05:55.350 --> 01:06:01.190

Karen Abraham: And then the discussion is, as Mary said, you know, how do we go forward? You know, not to go back

423

01:06:01.580 --> 01:06:10.330

Karen Abraham: to ask you specifically, well, how do you do this in your program? And you know, how do you do? You know, because you don't want to get stuck in that? You know those

424

01:06:10.600 --> 01:06:16.929

Karen Abraham: the details of the specific examples. But you know. And so when Laura gets back, I'll remind her to

425

01:06:16.950 --> 01:06:20.240

Karen Abraham: remind everybody that the purpose of this is not

426

01:06:20.430 --> 01:06:23.650

Karen Abraham: a QA. But to, you know really

427

01:06:24.020 --> 01:06:26.140

Karen Abraham: general discussion around the topic.

428

01:06:26.410 --> 01:06:27.470

Priscilla Weaver: That's really helpful.

429

01:06:29.600 --> 01:06:33.309

Laurel Abbruzzese | she/her: Yeah. And I still have those questions we discussed, you know.

430

01:06:34.150 --> 01:06:40.420

Laurel Abbruzzese | she/her: which ideas need to be unpacked a little bit more. Which of these themes inspire actionable. Next steps.

431

01:06:40.772 --> 01:06:44.519

Laurel Abbruzzese | she/her: Are there any themes that are coming forward that we should question

432

01:06:44.580 --> 01:06:46.580

Laurel Abbruzzese | she/her: like? So it wasn't really about

433

01:06:47.267 --> 01:06:50.120

Laurel Abbruzzese | she/her: Q. And a. It was how we little deeper.

434

01:06:50.170 --> 01:06:50.815

Laurel Abbruzzese | she/her: right?

435

01:06:51.780 --> 01:06:55.779

Laurel Abbruzzese | she/her: so hopefully we are able to get there in 30 min of the 4.

436

01:06:55.780 --> 01:06:56.510

Karen Abraham: Yeah.

437

01:06:56.750 --> 01:07:02.930

Mary Blackinton: Karen. Is there a way to pull Susie in against her will? I don't know that she saw my.

438

01:07:02.930 --> 01:07:07.339

Karen Abraham: Yeah, I can move her. I can move to.

439

01:07:07.970 --> 01:07:10.319

Karen Abraham: Oh, can I move her out of a room?

440

01:07:10.950 --> 01:07:12.409

Mary Blackinton: I don't know about that.

441

01:07:12.740 --> 01:07:13.770

Mary Blackinton: It's been a while

442

01:07:14.130 --> 01:07:14.700

Mary Blackinton: I like.

443

01:07:14.700 --> 01:07:16.290

Laurel Abbruzzese | she/her: Send a reminder.

444

01:07:16.430 --> 01:07:17.200

Laurel Abbruzzese | she/her: She's out here.

445

01:07:17.200 --> 01:07:19.130

Karen Abraham: I can move over to the main session. Here are you.

446

01:07:19.130 --> 01:07:22.080

Laurel Abbruzzese | she/her: There are 4 pages with 4 different questions.

447

01:07:22.790 --> 01:07:25.126

Karen Abraham: Alright. Let me send it out through the chat, because.

448

01:07:25.360 --> 01:07:25.980

Greg Hartley: Yeah.

449

01:07:25.980 --> 01:07:26.560

Karen Abraham: Yeah.

450

01:07:27.210 --> 01:07:29.840

Greg Hartley: I was just gonna say, I think you can send a a

451

01:07:30.310 --> 01:07:35.459

Greg Hartley: as host. You can send an individual chat, but you can also broadcast to all the rooms.

452

01:07:35.460 --> 01:07:37.309

Karen Abraham: Oh, broadcast to all the groups. Yeah.

453

01:07:37.310 --> 01:07:42.699

Mary Blackinton: So remind them. So when when it went to topic one, how do you get

454

01:07:42.910 --> 01:07:46.810

Mary Blackinton: to the second discussion question?

455

01:07:47.700 --> 01:07:50.140

Steve Tepper: There's the arrow, it says one out of 8.

456

01:07:51.280 --> 01:07:54.590

Steve Tepper: Do you see where it says disruptive innovation, physical.

457

01:07:54.990 --> 01:08:01.299

Mary Blackinton: Yes, got it. Okay, perfect. Look at you see, being all techy and such.

458

01:08:02.920 --> 01:08:04.270

Steve Tepper: Want it?

459

01:08:04.900 --> 01:08:05.860

Steve Tepper: Yeah, that's it.

460

01:08:06.160 --> 01:08:11.360

Mary Blackinton: I think you have to remind people of that. You're right. I should have done my job going forward.

461

01:08:13.181 --> 01:08:16.910

Mary Blackinton: Maybe, if it's too late.

462

01:08:19.069 --> 01:08:21.059

Greg Hartley: Well, what could happen is.

463

01:08:21.489 --> 01:08:26.649

Greg Hartley: one of us, or several of us, maybe, could jump into the rooms and just remind them.

464

01:08:27.069 --> 01:08:29.249

Karen Abraham: Well, Laura just sent a note so hopefully.

465

01:08:29.250 --> 01:08:29.930

Greg Hartley: Okay.



466

01:08:31.930 --> 01:08:34.759

Karen Abraham: Yeah. And she just told them how to do it, too. So

467

01:08:35.325 --> 01:08:35.840

Karen Abraham: yeah.

468

01:08:36.920 --> 01:08:39.028

Mary Blackinton: What would we do with that laurel.

469

01:08:39.330 --> 01:08:41.690

Karen Abraham: Who understands how to do all this stuff. Yeah.

470

01:08:41.880 --> 01:08:43.279

Laurel Abbruzzese | she/her: It looks like

471

01:08:43.569 --> 01:08:48.499

Laurel Abbruzzese | she/her: there's more than one person added to the jamboard from each room, too. Yeah, this is a lot of.

472

01:08:48.500 --> 01:08:49.350

Karen Abraham: He's fine.

473

01:08:49.350 --> 01:08:51.970

Laurel Abbruzzese | she/her: This doesn't seem like the key takeaomes.

474

01:08:52.140 --> 01:08:53.919

Laurel Abbruzzese | she/her: Seems like a lot so.

475

01:08:54.189 --> 01:08:56.598

Peter Altenburger: Yeah, I know it was.

476

01:08:57.589 --> 01:09:04.276

Peter Altenburger: We talked about putting that in Chat, Gpt or something. And I was like, No, yeah, that's not gonna work.

477

01:09:04.580 --> 01:09:13.210

Karen Abraham: Yeah. So I did get 2 things after yesterday's session, which I thought was interesting. Oh, I did never turn. I turn, never turn the recording off.

478

01:09:16.680 --> 01:09:34.219

Karen Abraham: Okay, it is 1 35 so just to try and keep us timely. So we, I'm sure we all have a lot of things to accomplish this weekend and try and keep us on schedule. I'm gonna go ahead and get started. So I am gonna share my screen one more time.

479

01:09:39.310 --> 01:09:42.460

Karen Abraham: Okay, so welcome back.

480

01:09:44.517 --> 01:10:01.690

Karen Abraham: We are excited to begin session. 2 session 2 is gonna focus on faculty, preparation and development, and we are excited to have Steve Tepper and Kim Bernado as our session facilitators. So Steve.

481

01:10:02.620 --> 01:10:20.439

Steve Tepper: Happy to do this. One of the things that I thought was very interesting was, is while we're closing down the last section somebody mentioned. You know, it was really good that in some ways we were demonstrating some of the issues that we've been talking about all along, that we were showing examples of

482

01:10:20.440 --> 01:10:43.819

Steve Tepper: hey things didn't quite work the way that we were hoping was. So we're trying to reconvene. Think, tweak as we're going about it. So with humility, I am trying to just go, please. I think the best way we could do this is for the jam boards. If we could just get one or 2 people to sign up on the jamboard so that they can put in and input it. I think

483

01:10:43.820 --> 01:10:51.823

Steve Tepper: I think that's gonna help out a lot. It turns out we can't all sign on at one time. And so that was, that was an issue with it.

484

01:10:52.100 --> 01:11:16.459

Steve Tepper: So one of the things that we all do realize when it comes to faculty is obviously we're the linchpin. And so faculty preparation is incredibly important. And so one of the things is, we have 3 different people today to talk about faculty development faculty preparation to be able to run. Maybe some of these more challenging ways of going about education.

485

01:11:16.800 --> 01:11:34.709

Steve Tepper: So without any further ado, I'm gonna introduce the 3 of them. So I think you know, probably the people. But I'm gonna go ahead and do it. Anyhow, we have Lisa Van Hoos, who's an associate professor program director in the Physical Therapy Department at University of Louisiana, Monroe.

486

01:11:34.770 --> 01:11:44.069

Steve Tepper: It's gonna be followed by Carl de Rosa, clinical professor and program director for the Northern Arizona University, Dpt. Hybrid program.

487

01:11:44.150 --> 01:11:51.869

Steve Tepper: and finally Stanley Wilson, acting Dean at the College of healthcare and sciences at Nova, Southeastern University.

488

01:11:52.430 --> 01:11:57.850

Steve Tepper: so that any further, Lisa, please go ahead and take over.

489

01:12:13.220 --> 01:12:14.400

Steve Tepper: You're muted.

490

01:12:19.230 --> 01:12:21.799

Lisa VanHoose: So sorry about that. I hit it twice

491

01:12:21.850 --> 01:12:27.519

Lisa VanHoose: so, but we will continue to model examples of of learning success.

492

01:12:27.530 --> 01:12:51.010

Lisa VanHoose: But I am Lisa van Houston. I am a professor, and also the program director at the University of Louisiana, Monroe. Many of you also know me from the Eugena Center. And so I'm going to be taking you through some lessons that we have learned at Ulm, as we have transitioned from more linear learning, slash teaching models to more adaptive

493

01:12:51.440 --> 01:12:57.749

Lisa VanHoose: teaching strategies. And what we have learned along the way in regards to faculty development.

494

01:12:58.690 --> 01:13:14.810

Lisa VanHoose: So for most of us in Pta and Pta we have adopted constructs from the master adaptive learning model. And that model is highly focused on self-regulation activities of the student learner.

495

01:13:14.820 --> 01:13:30.670

Lisa VanHoose: And so in our delivery of the Master adaptive learning model for many of us, we have kind of doubled down on what's known as linear learning, where the learning follows a very structured, a very predetermined path.

496

01:13:30.670 --> 01:13:50.559

Lisa VanHoose: But in that path we've allowed for active learning and other strategies for the learner to take ownership and to really kind of focus on the outcome. And so, as you see here on the screen, it's that conversation about them being able to adjust and to plan and to assess and also to regulate their learning.

497

01:13:51.390 --> 01:14:01.883

Lisa VanHoose: But the question that we had at Ulm was, what happens when 80% of our focus is primarily on student responsibility.

498

01:14:02.490 --> 01:14:10.019

Lisa VanHoose: does that allow us, as faculty learners, to also be actively engaged in our own development?

499

01:14:10.190 --> 01:14:35.460

Lisa VanHoose: And so we started diving into the literature. And so what we found was that the best educational outcomes occur when both the student and the faculty recognize that they are responsible for learning. And so from a faculty to student perspective. That's what they call coordinated learning, coordinated student learning where the responsibility, the primary responsibility

500

01:14:35.520 --> 01:14:52.470

Lisa VanHoose: does still reside with the student learner. But we as the faculty as educators, we understand our role and our responsibility in making sure that that learning experience is very coordinated and adapted to the needs of that individual.

501

01:14:52.940 --> 01:15:15.360

Lisa VanHoose: And so from that lens from that educational lens of adaptive learning. What we started to understand was that we had a greater need. In regards to what our faculty knew about pedagogy and Androg, what they knew about just general learning theories and change theories. And so we said, Wait a minute.

502

01:15:15.360 --> 01:15:27.089

Lisa VanHoose: We need to carve out space to really develop ourselves. So that then we can actually be a high quality, high functioning resource to students in their learning.

503

01:15:27.090 --> 01:15:53.539

Lisa VanHoose: And so the image that you see on the screen talks about that right? All the inputs that go into the development of the learner. But then, also how we as faculty, we have to have the knowledge, skills and abilities to use the data to be able to create learning environments and also to be able to predict how those environments might help different types of learners or individual learners.

504

01:15:53.770 --> 01:15:58.479

Lisa VanHoose: And so that is the key to adaptive teaching is that

505

01:15:58.540 --> 01:16:23.319

Lisa VanHoose: you are taking. It is a very data driven approach that then you're able to tailor to a cohort tailor to an individual. But the key is is it takes structures that are gonna give you frequent data facts. It also takes time to be able to analyze that data, and it also takes a commitment to slowing down to sometimes making the curriculum

506

01:16:23.340 --> 01:16:30.550

Lisa VanHoose: learner so that you can actually do a really nice assessment and a valid evaluation system.

507

01:16:31.300 --> 01:16:48.524

Lisa VanHoose: So we knew that we were committed to using more holistic versus analytic assessment strategies, because that aligned with our commitment to holistic admission for prospective students, and it aligned to our mission of our graduates



508

01:16:49.050 --> 01:17:09.040

Lisa VanHoose: having a a desire and a commitment to holistic practices. But we knew that there were gonna definitely be skills that we were gonna have to address as a community of learners as dpt educators. So when we started looking at our accreditation standards and our Saxos coc standards.

509

01:17:09.090 --> 01:17:27.630

Lisa VanHoose: What we realized was that a lot of the standards were pushing us towards more master clinician outcomes. So then, we were like, okay, we're going to need a different set of mentors so that we could develop into master educators. That was the other thing that we found in this process.

510

01:17:27.910 --> 01:17:29.180

Lisa VanHoose: And so

511

01:17:29.230 --> 01:17:46.659

Lisa VanHoose: one of the things that our school of education drove us to was this conversation around the latter of adaptation. And so our first question was was, what strategies did we typically use? As dpt educators? And as we had that

512

01:17:46.690 --> 01:18:11.779

Lisa VanHoose: uncomfortable conversation, what we realized a lot of times was that we would assign different types of tasks to different students, right based on their

qualifications, be it what we knew about them, from the admissions process, or what we had seen in their first couple of weeks within the program, or from the first semester. So we were doing what more? What is called more differentiation.

513

01:18:12.423 --> 01:18:18.630

Lisa VanHoose: From Pre K. Through twelfth grade educational research. And we were challenged on that.

514

01:18:19.070 --> 01:18:40.139

Lisa VanHoose: We were challenged to really try to adopt and implement more strategies related to strategic task variation and getting to the place of even more responsive task variation where in that case the people gets to choose. And so there was an earlier conversation about that example of choice right

515

01:18:40.140 --> 01:18:51.869

Lisa VanHoose: that for a learning objective, giving the people the individual multiple ways in which to engage with that material, and also to be assessed on that material.

516

01:18:52.290 --> 01:18:54.420

Lisa VanHoose: And so that stretched us

517

01:18:54.769 --> 01:19:13.009

Lisa VanHoose: because when we talked as a team about what our experience had been as student physical therapists for most of us we had come from a pretty much, you know, walk in step, type of curriculum where this is what we need you to learn. We're gonna tell you how to perform it, and you better

518

01:19:13.050 --> 01:19:41.390

Lisa VanHoose: perform it exactly how we expected it. Right. This very high stakes assessment. And so that was how we were developed, and we had a value for that. And so then, when we started having these conversations about doing things differently. Many of the faculty, including myself, we had to deal with these feelings of. Okay, why are we, you know, dumbing it down, are we, you know? Are we gonna have graduates that are gonna be less prepared.

519

01:19:41.390 --> 01:19:56.930

Lisa VanHoose: And the research from our educational mentors actually showed us that we were wrong in our intuition that actually, when you provide these more responsive tasks, variations on, when you use more personal support and challenges.

520

01:19:56.930 --> 01:20:14.369

Lisa VanHoose: that it improves the rigor and the Rev. Relevancy for the learner, and they actually outperform many in many can. And they outperform when you have those more standardized linear teaching strategies. And so we were excited to know that

521

01:20:14.590 --> 01:20:16.760

Lisa VanHoose: we were nervous about it.

522

01:20:17.220 --> 01:20:20.590

Lisa VanHoose: We knew that we were doing something slightly different.

523

01:20:20.982 --> 01:20:25.209

Lisa VanHoose: And because of that, we knew we're gonna have to take a bold initiative.

524

01:20:25.780 --> 01:20:29.970

Lisa VanHoose: So that initiative that we took was we created a policy

525

01:20:30.040 --> 01:20:48.719

Lisa VanHoose: that said that during the first year, which is semesters, one through 3 for us, and also during the third year, which is semester 7 and 8, we are an 8 semester program that there would be no dpt faculty led directed student nutrition.

526

01:20:49.930 --> 01:21:04.650

Lisa VanHoose: and we battled this com. This was a hard conversation for us, right? The fact is that during semesters, one through 3, a faculty member, a course coordinator could not recommend a student for attrition.

527

01:21:05.296 --> 01:21:10.900

Lisa VanHoose: So student attrition is defined as voluntary and involuntary departures from learning

528

01:21:11.130 --> 01:21:28.530

Lisa VanHoose: what we designed was a policy that said that we would only accept student turnover, which was voluntary departures. And so we had to build a structure where it would support student critical thinking and reflection about their career choice

529

01:21:28.530 --> 01:21:48.940

Lisa VanHoose: and their ability to meet their goals. So that mean we, we are constantly giving them frequent feedback about their knowledge and their skills and about what the next semester is gonna hold. And if they feel like right that they are gonna be able to meet those expectations of the next semester. And so we do a lot of what we call mentor coaching.

530

01:21:49.060 --> 01:21:51.380

Lisa VanHoose: But this takes a lot of time.

531

01:21:51.560 --> 01:21:55.980

Lisa VanHoose: So we had to create that time by creating this policy.

532

01:21:56.010 --> 01:22:01.970

Lisa VanHoose: We also had to create a policy similar for a faculty that said, You know what

533

01:22:02.350 --> 01:22:26.050

Lisa VanHoose: you're going to learn as you go. And we expect that. And you're, gonna you know, have these successes and learning. We don't call them failures. They are successes and learning, but that means that they can't be high stakes. Right? So if you have a student evaluation, and we typically do 3 of them in a semester where the students are like. You know what? This is? A hot mess. It's all kind of over the place

534

01:22:26.190 --> 01:22:28.870

Lisa VanHoose: that's not going to impact your employment.

535

01:22:29.260 --> 01:22:39.619

Lisa VanHoose: What will impact your employment is if you don't come up with a development plan, or if you don't reassess yourself, that's what we're most focused on is the development and the learning.

536

01:22:39.810 --> 01:23:08.830

Lisa VanHoose: Now, one of the mistakes that we learned during this process, as you see here on the screen. This talks about master. Adaptive learning and optimal pathways to clinical experience is once you implement something. There often is what's called the early Adopter bump, right where you have a drop off and performance. And we definitely saw that we saw that for the students. And we also saw that for the faculty, because what students heard in this policy was, I got plenty of time.

537

01:23:09.120 --> 01:23:14.139

Lisa VanHoose: I got 3 semesters right, they're thinking, oh, whatever happens, I can make it up.

538

01:23:14.590 --> 01:23:19.169

Lisa VanHoose: Well, what Faculty heard was, we're going to be working harder than the students.

539

01:23:19.190 --> 01:23:38.310

Lisa VanHoose: and so we had to then slow back down, bring the community together and talk about our why, that was the other thing that we realized, and we had to explain why we were allowing more time for all learners, both faculty and students, to spend more time in what's known as the zone of proximal development.

540

01:23:38.600 --> 01:23:54.220

Lisa VanHoose: And so here are the competencies that we identified as a team that we were going to need to be able to pull off our curriculum. And also this goal of having no faculty led attrition.

541

01:23:54.220 --> 01:24:13.360

Lisa VanHoose: And so a big part of it was change, leadership and management, also understanding structural and social determinants of learning. Faculty had to learn about educational philosophies, learning, therapy, theories, curriculum design. We had to learn about different methods of deliveries.

542

01:24:13.420 --> 01:24:17.790

Lisa VanHoose: And so you're probably going well, how'd you all do that? We're still doing it?

543

01:24:18.194 --> 01:24:29.909

Lisa VanHoose: What we have told the faculty is that this is a continuous work that we'll be doing because we're having to challenge and unlearn about 100 years of dpt education, culture and climate.

544

01:24:29.910 --> 01:24:53.510

Lisa VanHoose: We talk a lot about co-creation of learning spaces. Right? So our students have a really high level of psychological safety. They will pull you aside and say, Okay, this is what she did really good in class today. Here's some ideas of how you could do something better. That is one thing that we've all committed to is that if you give a critique, you also have to give a solution.

545

01:24:54.178 --> 01:25:18.529

Lisa VanHoose: Students. Now understand the why of this policy of that. We need time to learn who you are as an individual and then co-create a learning experience that works better for you and faculty. Understand that we're not doing this because we're a new program, or because we have less qualified students because we're a first year program. We're doing it because it aligns right with best practices and teaching and learning.

546

01:25:19.136 --> 01:25:35.799



Lisa VanHoose: We've also created a training program for faculty. So as faculty are teaching, they also are students in our internal training program, where every month they're expected to do homework. And we sit and we discuss it and talk about implementation.

547

01:25:36.362 --> 01:25:56.559

Lisa VanHoose: And so we're doing all of these things because we are trying to create master adaptive clinician educators. We want educators that can really perform in our well-defined, very mission driven standardized training program but with that we're still able for it to be culturally responsive.

548

01:25:56.900 --> 01:26:22.039

Lisa VanHoose: And so for us, our focus is on developing rural and underserved generalists. So my challenge to you is to join us in transforming dpt education while using concepts from universal design of learning and adaptive learning evidence. Because we do truly believe that we can transform society if we transform dpt education.

549

01:26:22.080 --> 01:26:39.409

Lisa VanHoose: And so this is just an example of one of the activities that faculty have to do weekly. We have a collaborative lesson plan. It's based on the week. So every course instructor is responsible for going in and putting in the information about

550

01:26:39.450 --> 01:26:44.459

Lisa VanHoose: how did they assess themselves in regards to the concept, content that they have to deliver?

551

01:26:44.490 --> 01:27:03.449

Lisa VanHoose: What do they need to discover about the students? What did they learn about their instructional strategies also? How are they pursuing mastery in that content area? And they're very open with the students about where they're at in regards to their mastery, and how we bring in other resources

552

01:27:03.450 --> 01:27:15.120

Lisa VanHoose: to address any deficits. And then they do a Qa. And a quality, improvement, activity after each week to talk about what went well, what they're gonna keep and what could be better.

553

01:27:15.160 --> 01:27:22.439

Lisa VanHoose: And so I'm going to end with this quote that says, How do we resist the urge to spend so much time teaching to the test

554

01:27:22.510 --> 01:27:24.870

Lisa VanHoose: which for us is the npt

555

01:27:24.970 --> 01:27:33.039

Lisa VanHoose: that we exclude the love, the laughter, the art, the music, the play, and the other lessons that are essential to human development.

556

01:27:33.130 --> 01:27:37.289

Lisa VanHoose: And how do we keep the humanity in our profession. Thank you.

557

01:27:43.400 --> 01:27:45.199

Steve Tepper: Thank you so much, Lisa

558

01:27:46.630 --> 01:27:47.610

Steve Tepper: Carl.

559

01:27:51.150 --> 01:27:53.320

Steve Tepper: You're going to get spotlighted.

560

01:27:54.290 --> 01:27:55.390

Steve Tepper: Good.

561

01:27:59.730 --> 01:28:01.170

carlde Rosa: Let me just find that.

562

01:28:03.070 --> 01:28:04.340

Steve Tepper: Share screen.

563

01:28:05.900 --> 01:28:07.230

carlderosa: Tab, one.

564

01:28:13.280 --> 01:28:14.740

Steve Tepper: Should be down on the bottom.

565

01:28:16.070 --> 01:28:18.310

carlderosa: Yeah. I'm sorry.

566

01:28:18.630 --> 01:28:19.320

Steve Tepper: That's heck!

567

01:28:19.320 --> 01:28:20.549

carlderosa: Delay. There

568

01:28:24.190 --> 01:28:27.929

carlderosa: it kicked me out to preferences. Steve, do you have my slide.

569

01:28:29.860 --> 01:28:30.790

Steve Tepper: Aaron.

570

01:28:31.150 --> 01:28:32.040

Steve Tepper: do you? Wanna.

571

01:28:35.040 --> 01:28:38.130

Karen Abraham: Why don't we go on to Stanley and I'll pull up Carl's slides.

572

01:28:38.130 --> 01:28:38.820

carlderosa: Okay.

573

01:28:39.130 --> 01:28:42.240

Steve Tepper: Is that? Okay? Okay, alright, Stanley.

574

01:28:42.870 --> 01:28:44.690

Steve Tepper: We're gonna put you up there.

575

01:28:44.870 --> 01:28:46.479

Steve Tepper: and then we'll go back to Carl.

576

01:28:50.920 --> 01:28:52.340

Steve Tepper: There's Stanley.

577

01:28:52.450 --> 01:28:53.440

Steve Tepper: great.

578

01:28:56.020 --> 01:28:57.809

Stanley Wilson: Okay, can you see my screen.

579

01:28:59.190 --> 01:29:03.399

Steve Tepper: Yes, we can. Yup and I was gonna say, make it larger, great, perfect.

580

01:29:03.680 --> 01:29:04.650

Stanley Wilson: Okay.

581

01:29:04.860 --> 01:29:12.829

Stanley Wilson: alright. Like everybody mentioned. I'm Stanley Wilson and want to introduce you to Kate, the center for academic and professional excellence.

582

01:29:13.632 --> 01:29:18.459

Stanley Wilson: A Senate at whose design and creation in 2,010

583

01:29:19.009 --> 01:29:23.489

Stanley Wilson: was both out of the need to bridge the gap from clinic to academia.

584

01:29:23.570 --> 01:29:32.019

Stanley Wilson: and to somewhat engender excellence in teaching and learning among the faculty in my college, and, of course in the university.

585

01:29:32.290 --> 01:29:34.330

Stanley Wilson: it came from a place

586

01:29:34.440 --> 01:29:39.890

Stanley Wilson: of trying to counter my own personal experiences when I started in Academia

587

01:29:40.775 --> 01:29:44.020

Stanley Wilson: and but I guess for most of us

588

01:29:44.070 --> 01:29:57.849

Stanley Wilson: who practice in the Academy we walked right into the clinic into the academic world a world to some degree which we were unfamiliar with the rigorous demands of teaching scholarship, research.

589

01:29:58.712 --> 01:30:00.799

Stanley Wilson: and and and service.

590

01:30:01.588 --> 01:30:13.089

Stanley Wilson: We kinda know that we're able to be able to stand in front and maybe lecture or deliver something on a subject matter that we're very familiar with in a very competent manner.

591

01:30:13.280 --> 01:30:15.110

Stanley Wilson: but the whole idea of

592

01:30:15.240 --> 01:30:16.620

Stanley Wilson: scholarship

593

01:30:16.830 --> 01:30:18.680

Stanley Wilson: and service, and



594

01:30:18.910 --> 01:30:26.170

Stanley Wilson: all the issues of teaching we were mere Bates. So it was against this backdrop that the center was created

595

01:30:26.200 --> 01:30:38.259

Stanley Wilson: to help, expedite and enhance the teaching and learning process when novice and experience and seasoned faculty, by the way, which is, is rather interesting because it wasn't just for novice faculty.

596

01:30:38.530 --> 01:30:44.129

Stanley Wilson: Broadly, the mission of this, the center was to encourage enlighten experience, professional growth

597

01:30:44.190 --> 01:30:51.400

Stanley Wilson: through participation in continuing education and structured programs as well as the use of evidence-based resources.

598

01:30:52.600 --> 01:30:53.540

Stanley Wilson: So

599

01:30:54.440 --> 01:31:01.689

Stanley Wilson: there are 4 academies essentially, that make up our Cape or the center for academic and professional excellence.

600

01:31:01.710 --> 01:31:12.140

Stanley Wilson: teaching and learning, of course. And there are the components that we did a research Academy leadership and management and the Academy for career enrichment for administrative staff.

601

01:31:12.190 --> 01:31:26.999

Stanley Wilson: What was evident, however, and what in in looking at this in long term, is that all of all of them actually 2, 3 and 4 are incorporated as part of teaching and learning. And so that's one of the things that I wanted to point out is that

602

01:31:27.230 --> 01:31:37.949

Stanley Wilson: it's not just about the idea that teaching and learning is one thing, and research is another, and leadership is another. They're all incorporated there.

603

01:31:38.970 --> 01:31:39.880

Stanley Wilson: So

604

01:31:40.120 --> 01:31:46.349

Stanley Wilson: the art of teaching and learning. For example, in this particular area we're going to forward is housed in Cape

605

01:31:46.500 --> 01:31:51.709

Stanley Wilson: and is designed to kind of examine the basic fundamentals of teaching and learning

606

01:31:51.940 --> 01:31:55.859

Stanley Wilson: to explore current and emergent principles of teaching and learning

607

01:31:56.050 --> 01:32:01.940

Stanley Wilson: to investigate various approaches to and offer strategies for evidence-based student assessments.

608

01:32:02.060 --> 01:32:10.739

Stanley Wilson: and finally, to propose application designs for the use of contemporary classroom technology geared towards the enhancement of instruction.

609

01:32:11.180 --> 01:32:15.080

Stanley Wilson: And the goal, obviously is to offer ideas that will stimulate

610

01:32:15.190 --> 01:32:21.859

Stanley Wilson: faculty to adopt and implement dynamic and create and creative teaching and learning philosophies.

611

01:32:21.920 --> 01:32:31.779

Stanley Wilson: Of course we use a a hybrid approach in terms of both synchronous and asynchronous sessions with some face to face sessions.

612

01:32:32.250 --> 01:32:46.320

Stanley Wilson: So he just said that teaching is the highest form of learning. This was aptly stated by Seneca, the Roman stoic philosopher, statesman, dramatist, and humorous, who opined that while we teach, we learn

613

01:32:46.630 --> 01:32:52.490

Stanley Wilson: as such an important goal of any good academician is to achieve a level of instructional excellence

614

01:32:52.560 --> 01:32:57.580

Stanley Wilson: where teaching and learning becomes mutually inclusive.

615

01:32:57.860 --> 01:33:01.329

Stanley Wilson: And the task model that you're looking at the learning pyramid

616

01:33:01.540 --> 01:33:08.730

Stanley Wilson: best illustrates that. Not that that notion we're learning is that it's pinnacle.

617

01:33:08.740 --> 01:33:11.650

Stanley Wilson: When learners become teachers

618

01:33:11.840 --> 01:33:20.680

Stanley Wilson: from the initial step of knowledge, acquisition through the process of synthesis. Forgive me here. I don't know why this move back a little bit here.

619

01:33:22.750 --> 01:33:28.839

Stanley Wilson: where, where the initial step of knowledge acquisition through the process of synthesis and analysis of the knowledge.

620

01:33:28.970 --> 01:33:35.569

Stanley Wilson: learning only becomes fully written while teaching when teaching is its perfect fruit.

621

01:33:36.320 --> 01:33:42.550

Stanley Wilson: As teachers, we should not view our role as only ones of just relaying information to students

622

01:33:42.730 --> 01:33:46.700

Stanley Wilson: cultivating a spirit of social consciousness. Consciousness

623

01:33:46.850 --> 01:33:51.529

Stanley Wilson: affords us the unique privilege to positively impact student lives

624

01:33:51.570 --> 01:33:56.020

Stanley Wilson: as we imparted them. The skills needed to be accomplished. Professionals

625

01:33:56.050 --> 01:33:58.200

Stanley Wilson: in their chosen careers.

626

01:33:58.806 --> 01:34:05.549

Stanley Wilson: If you ever had the opportunity, I would encourage you to watch the movie, Mr. Hollins Opus, and that kind of vividly.

627

01:34:06.335 --> 01:34:08.299

Stanley Wilson: Illustrates that point.

628

01:34:09.038 --> 01:34:14.409

Stanley Wilson: Essentially, we must have a passion for the craft of teaching by conveying a willingness

629

01:34:14.630 --> 01:34:19.159

Stanley Wilson: to be daring and resourceful as we push the limits

630

01:34:19.290 --> 01:34:20.730

Stanley Wilson: of convention.

631

01:34:21.470 --> 01:34:24.759

Stanley Wilson: We cannot be just slide readers.

632

01:34:25.270 --> 01:34:30.210

Stanley Wilson: I would also encourage you to watch that movie Dead poet society.

633

01:34:30.810 --> 01:34:34.570

Stanley Wilson: I think that also brings that into into the frame.

634

01:34:35.060 --> 01:34:48.160

Stanley Wilson: So we we should be essentially looking at our style, and how we operate and understand that it is really beneficial. If we are very creative in our approaches to teaching.

635

01:34:48.570 --> 01:35:00.750

Stanley Wilson: For Kate, our timeline began in 2,010, where we established the Teaching and Learning Academy, and we had our first graduating class in 2,011 we exact. We

636

01:35:00.750 --> 01:35:20.050

Stanley Wilson: developed an executive council, and then we, the other academies, came into play, and I'm not going to bore you half to that. But the the arrow is is on fill at its very end for a specific reason, because this is an evolutionary dynamic process that certainly does not end with just

637

01:35:20.130 --> 01:35:22.460

Stanley Wilson: this few things in the future.

638

01:35:22.560 --> 01:35:32.599

Stanley Wilson: The center is looking to be to put on these very courses here and in development is a non tuition, voluntary, self-paced.

639

01:35:32.670 --> 01:35:40.370



Stanley Wilson: full module course, and somebody mentioned that earlier on artificial intelligence for students in our health professions division.

640

01:35:42.370 --> 01:35:50.970

Stanley Wilson: So it began. Part of it is, of course, very, very interdisciplinary or interprofessional in terms of how it's done.

641

01:35:51.470 --> 01:35:54.910

Stanley Wilson: We have students, an anesthesiologist, assistant.

642

01:35:54.980 --> 01:36:01.120

Stanley Wilson: athletic training, ideology, I mean, I say, students, but they are faculty. Let me make that clear.

643

01:36:02.042 --> 01:36:04.449

Stanley Wilson: Audiology, criminal justice.

644

01:36:04.510 --> 01:36:06.420

Stanley Wilson: dental medicine

645

01:36:07.191 --> 01:36:16.030

Stanley Wilson: Osteopathy, Osteopathy, education, exercise in sports, science, health, science, occupational therapy, physician, assistant assistant.

646

01:36:19.720 --> 01:36:26.120

Stanley Wilson: pharmacy, physical therapy, nursing, respiratory, therapy, sonography.

647

01:36:26.330 --> 01:36:38.409

Stanley Wilson: speech, language, pathology, and even we have had faculty from our youth school where we have faculty start at that, go all the way from kindergarten all the way up to high school.

648

01:36:38.540 --> 01:36:46.699

Stanley Wilson: The instructors themselves come from many places in our campus with the business school of Education, Health, science.

649

01:36:46.780 --> 01:36:51.419

Stanley Wilson: and we also employ faculty from other universities across the country.

650

01:36:51.760 --> 01:36:57.149

Stanley Wilson: It is this is the versity that makes keep the experience validable, valuable, and enriching.

651

01:36:57.790 --> 01:37:00.540

Stanley Wilson: The good part also is we have employed

652

01:37:01.174 --> 01:37:04.860

Stanley Wilson: our graduates from the courses as

653

01:37:05.010 --> 01:37:07.700

Stanley Wilson: individuals who teach in the program as well.

654

01:37:08.020 --> 01:37:13.380

Stanley Wilson: This is just just a recent one that happened in 20 November 2023,

655

01:37:13.490 --> 01:37:17.639

Stanley Wilson: where again we had a speech language pathologist, Dr. Kapoor.

656

01:37:18.295 --> 01:37:23.144

Stanley Wilson: Dr. Kruger from our optometry program and from our

657

01:37:23.940 --> 01:37:30.859

Stanley Wilson: athletic training program, Dr. Swan. And they put on Grand Rong's building an interactive professional activity.

658

01:37:32.180 --> 01:37:49.209

Stanley Wilson: some of the outcomes. And again, this is just a small, we've done a more extensive kind of outcomes. But just for time's sake we've had about 285 graduates of faculty, and that in all of our programs here. And you can see the areas again in which they they graduated.

659

01:37:50.411 --> 01:38:19.929

Stanley Wilson: These are some testimonials that came up from individuals who themselves participated in in the academies, teaching and learning and research, and so forth, and again wouldn't read them and bore you after that, because, as I stated in my thing, I don't want to be a slide, reader. So this is another testimonial from our sonography, faculty, nursing faculty, occupational therapy faculty.

660

01:38:20.180 --> 01:38:36.889

Stanley Wilson: And then, when all of this is done, we have a nice graduation with presentations. Now, all of the graduates of the in teaching and learning research academies. They have to present their products at the end of of the sessions.

661

01:38:37.110 --> 01:38:39.510

Stanley Wilson: 2 colleagues

662

01:38:39.630 --> 01:39:00.069

Stanley Wilson: ensuring that they do about a 10 to 15 min platform presentation on what they learned, and how again, it it, it affected them, and would they give them awards, or in some instances depend upon what they have completed, they are inducted into the Academy itself.

663

01:39:01.440 --> 01:39:26.119

Stanley Wilson: And essentially so. We we found this to be very helpful, for when new faculty, as they come in, as well as for season faculty who are looking to refresh themselves, and it's been very helpful to us along the way, and as I said, this came about because clearly I found myself when I was teaching somebody mentioned, I think, in the chat imposter syndrome, and I thought to myself, What am I doing here?

664

01:39:26.641 --> 01:39:35.519

Stanley Wilson: And so I said, we need to do something about improving there. And so hence we started this, the various academies. Thank you all very much.

665

01:39:38.510 --> 01:39:39.840

Steve Tepper: Thank you, Stanley.

666

01:39:41.080 --> 01:39:46.839

Steve Tepper: Do believe now, Karen, that we'll be able to get Carl's slides

667

01:39:47.220 --> 01:39:48.050

Steve Tepper: up.

668

01:39:52.800 --> 01:39:55.880

Steve Tepper: and so, Carl, can you see the slides as well.

669

01:39:55.880 --> 01:40:03.336

carldeirosa: Yeah, I can. Yeah, thanks very much. I apologize for that. You put the zoom upgrade on, and then you gotta go back and change

670

01:40:03.920 --> 01:40:27.472

carldeirosa: system settings. I didn't realize haven't used zoom in a in a while. So it's but I just wanna start by saying it's really an honor to share some thoughts with so many friends and colleagues that are in the audience. many have been wonderful influences, and in a lot of ways to my careers. So this is a thank you. Before I even start I took a little different approach to thinking about faculty development.

671

01:40:27.860 --> 01:40:41.320

carldeirosa: And I put it in the context of a barrier that has been continually identified regarding implementation of competency and entrustment based education, educational paradigms

672

01:40:41.823 --> 01:40:51.749

carlderosa: at that barrier, as a lot of, you know, is really the faculty's limited knowledge limited skills, limited added and sometimes different attitudes

673

01:40:51.760 --> 01:40:54.940

carlderosa: surrounding competency based education.

674

01:40:55.180 --> 01:41:02.859

carlderosa: and in particular, you know the ingredients that are necessary to be successful in that paradigm.

675

01:41:03.460 --> 01:41:12.630

carlderosa: So I thought I'd discuss some of those ingredients to facilitate the discussion that follows. If I can grab the next slide. Karen.

676

01:41:13.949 --> 01:41:20.180

carlderosa: the down of the I can't see the words on the slides there.

677

01:41:21.813 --> 01:41:22.520

Steve Tepper: Can't either.

678

01:41:26.610 --> 01:41:27.440

carlderosa: There we go.

679

01:41:29.440 --> 01:41:31.899

carlderosa: So the

680

01:41:32.930 --> 01:41:35.260

carlderosa: The the discussion is really

681

01:41:36.687 --> 01:41:40.370

carlderosa: the discussion on on faculty development

682

01:41:40.380 --> 01:41:43.573

carlderosa: is is really on a specific topic.

683

01:41:44.040 --> 01:41:51.949

carlderosa: the the development process in a competency and entrustment based framework.

684

01:41:52.548 --> 01:42:02.131

carlderosa: There have I? I think everybody knows there's been a lot of wonderful and thought provoking call to action papers and and great presentations within our



685

01:42:02.650 --> 01:42:16.359

carlderosa: Pt education, community. But actual design and implement implementation is few and far between. You know, we're we're trying to figure it out. And one barrier that is often alluded to

686

01:42:16.590 --> 01:42:24.679

carlderosa: is the multiple challenges that faculty face with such a, you know, very big paradigm shift.

687

01:42:25.354 --> 01:42:31.030

carlderosa: Then, in the next slide. I I want you to sort of look at this

688

01:42:32.027 --> 01:42:36.000

carlderosa: in a backward design way, you know.

689

01:42:36.170 --> 01:42:47.012

carlderosa: What do you want? Faculty to understand? To know? To be able to do with this endpoint, with the endpoint being the the

690

01:42:48.230 --> 01:42:52.250

carlderosa: come seeing and trust me, based educational framework.

691

01:42:52.500 --> 01:42:56.750

carlderosa: So this slide is sort of the big, important picture.

692

01:42:57.100 --> 01:43:20.519

carlderosa: I'm gonna talk a little bit about each of the bullet points. But I think this is what's new. This, this is what my lens has been on as a program director in regards, in in a program that's trying to implement competency and entrustment based education. This is what you know. We've tried to bring forward to the the faculty.

693

01:43:21.256 --> 01:43:37.420

carlderosa: And this th. These are paradigm shifts, you know, and the the the paradigm shifts and these bullet points are, you know, first of all, this model educational model requires a lot of curriculum integration.

694

01:43:38.060 --> 01:43:56.079

carlderosa: I'll talk about that in in a little bit it. It really also changes the faculty's responsibilities. And we've we sort of heard bits and pieces of this throughout the morning. But it changes the role of faculty from being teachers to coaches.

695

01:43:56.755 --> 01:44:02.850

carlderosa: It changes the role of the faculty from being assessors of the learner

696

01:44:03.000 --> 01:44:08.520

carlderosa: versus stage sages on the stage. The person that's delivering the information

697

01:44:09.480 --> 01:44:24.619

carlderosa: it really requires a a fundamental shift in how we think about assessing our learners through the use of strategic use of formative and summative assessments.

698

01:44:25.270 --> 01:44:34.769

carlderosa: And lastly, it's it really requires the the learning models to unleash the intrinsic motivators

699

01:44:35.223 --> 01:44:53.989

carlderosa: for learning as opposed to the extrinsic. Again, we've heard bits and pieces of that already. I'll try to tie some of the things that have been said previously into this. So it's really looking. It's a new way of looking at the educate educational paradigm.

700

01:44:54.599 --> 01:45:07.850

carlderosa: The next slide it talks just a little bit about. You know the curriculum. I I am sure that if I ask everybody in the audience, is your curriculum integrated? I think everybody would say, Yeah, it is.

701

01:45:07.950 --> 01:45:18.400

carlderosa: But the reality is, you know, the way that we traditionally have taught. Courses are in silos, and it's up to the student to figure out how to integrate a lot of it.

702

01:45:18.650 --> 01:45:36.199

carlderosa: And it's really a challenge. It's a challenge for faculty to to to put courses together. We have a in an integrated model. So it th. This means when I say siloed curriculum, you know we have courses in orthopedics, and we have courses in physiology, and we have courses in

703

01:45:36.569 --> 01:45:59.120

carlderosa: in something else. And you know, by and large in a you know, an exam and physiology, or an exam. And anatomy is not a proxy for confidence, you know, and so we've got to figure out a way to UN silo the curriculum and integrate it for the learner, so we can coach them through that process.

704

01:45:59.360 --> 01:46:02.219

carlderosa: So that that's a very

705

01:46:02.589 --> 01:46:22.270

carlderosa: that's a very big shift for faculty to think like that working in an integrated map integrated model, even when they try to integrate the the model into a big course, they wanna put it into their little module, you know their little section, and then they leave, and that can't happen. It's got to be integrated

706

01:46:22.940 --> 01:46:36.670

carlderosa: the next slide Karen. Thank you. And then this this change really a fundamental change from faculty. Being teachers to faculty being coaches.

707

01:46:37.160 --> 01:46:51.129

carlderosa: I I know my long history in education. It was. I was more of a teacher. I you know I was delivering content. It was more content centered. It was directive. I was giving them the information. I was telling them how to apply it.

708

01:46:51.770 --> 01:47:17.210

carlderosa: The coaches role is a lot more learner centered. It's it's really trying to create the environment and promote the development of students to not just get them to pass exams. But as Kim top mentioned in her in your QA. It's this being successful toward the evol, this evolving career toward clinical experience.

709

01:47:17.270 --> 01:47:25.040

carlderosa: So there's there's a real skill set from that's very different from coaching versus teaching.

710

01:47:25.904 --> 01:47:27.599

carlderosa: Go ahead Karen

711

01:47:28.425 --> 01:47:32.959

carlderosa: and that coaching requires that the

712

01:47:33.030 --> 01:47:50.020

carlderosa: the faculty member really understands the purpose and the and the use of formative versus summative assessments. And I, you know, I think the the homeland for me in terms of really understanding the difference between the 2

713

01:47:50.020 --> 01:48:03.159

carlderosa: was really in that that very top first line. There, underneath formative assessment, formative assessments are assessments for learning. You're teaching by assessing assessments for learning.

714

01:48:03.260 --> 01:48:24.145

carlderosa: whereas summative assessments are assessments of learning. It's it's it's it's the end that end high stakes evaluative approach. That that is the documented on this on the bottom of the slides end of the instructional period. Honestly, if if I had my way. And you know, we we wanted to make

715

01:48:24.630 --> 01:48:38.789

carlderosa: the curriculum that we're implementing totally pass fail. I think we're gonna get there. It just it was such a paradigm shift for a major big university to have that in the model. A total pass fail model?

716

01:48:39.242 --> 01:48:58.970

carlderosa: That that. They they balked at that, but if I had my way it would be. Every course would be formative assessments and coaching people along the way low stakes process. Fo, again focusing on ongoing real time feedback to enhance learning and improve performance.

717

01:48:59.336 --> 01:49:21.240

carlderosa: Even though I said you wouldn't have any assignment of assessments. I think some of you know me know that I exaggerate a little bit. We probably have to have a a few in there, but th! This is truly, I think a key part of competency and trustment based program is to understand the strategy to use for implementing formative assessments

718

01:49:21.450 --> 01:49:37.059

carlderosa: and and and and coaching coaching the person up, coaching the person up, basically to get the get the learner up so you can get them to that more holistic endpoint.

719

01:49:37.260 --> 01:49:38.790

carlderosa: the next slide.

720

01:49:39.574 --> 01:49:59.955

carlderosa: And then this is this is really a skill. I mean, this is, I mean, these. All of these things are really what the faculty development process are about. I mean, how do we develop the skill to unleash a learners? Intrinsic motivators, you know, and it. It really is as I've looked at how you know our faculty have have,

721

01:50:00.320 --> 01:50:16.736

carlderosa: you know, do implemented this. And working with learners. You see a difference amongst the faculty on who's that transcendent coach, I mean, who's who's the one that's really been able to unleash

722

01:50:17.310 --> 01:50:37.510

carlderosa: The that intrinsic motivation of the students. I think it's probably one of the most important aspects of this whole competency and entrustment based educational process. This ability again, to unleash. I I use that word on a unleash the learners intrinsic motivators.

723

01:50:38.050 --> 01:50:39.840

carlderosa: and then the next slide.

724

01:50:40.636 --> 01:50:47.483

carlderosa: And then you know the the the last bit here is that

725

01:50:48.390 --> 01:50:55.629

carlderosa: there's there's almost like a business aspect to any paradigm shift that you make even in education.

726

01:50:56.049 --> 01:51:00.850



carlderosa: And and the business aspect is you? You gotta have the right culture

727

01:51:01.311 --> 01:51:15.029

carlderosa: and whether you're, you know, converting a program from, you know the model it is now to a competency and trust with faith model. Or it's a startup framework. It's a new program. And you're trying to get.

728

01:51:15.646 --> 01:51:19.479

carlderosa: you know, a a Cbee model in place.

729

01:51:19.490 --> 01:51:22.350

carlderosa: it it all really comes down to the culture

730

01:51:22.530 --> 01:51:30.609

carlderosa: and and what you what you know, what you really hope to have in that culture is first and foremost knowledgeable

731

01:51:30.710 --> 01:51:37.509

carlderosa: but motivated faculty faculty that are motivated to change mo that faculty that are interested in change.

732

01:51:38.563 --> 01:51:54.620

carlderosa: I can't emphasize enough. The second bullet. You gotta be comfortable with with ambiguity. It was such a wonderful keynote talk yesterday. This is all about productive failure. I mean this? Is it defined?

733

01:51:54.670 --> 01:52:00.040

carlderosa: And you got to be comfortable with, and ambiguity to make these paradigms shift?

734

01:52:00.602 --> 01:52:27.400

carlderosa: When you're working with un siloing courses to putting models together. Faculty have to be able to park their passions in favor of consensus. If it doesn't work. If it's a vote, a 5 to 4 vote means we're gonna do this. That's not a consensus process. That means there's 5 winners and 4 losers. So there's got to be a consensus process. That moves, you, moves you forward.

735

01:52:27.780 --> 01:52:50.850

carlderosa: and there's a desire to to coach student learning from the assessment standpoint rather than a teaching standpoint. That that's gotta be the culture that everybody sees. Everybody really wants to focus on their learning activities. Cause that's what they did. That's what they've done their whole career. But this is really focusing on the assessment from the assessment standpoint.

736

01:52:51.323 --> 01:53:13.290

carlderosa: And again, it's how can I learn to unleash the intrinsic motivation of students? That's where my focus is. That's that's what we want faculty to learn that that's what we're

trying to teach each other. And lastly, it's gotta be real. You know it's just like any business I mean you. You don't make a change, a paradigm shift like this unless it's part of your strategic plan.

737

01:53:13.310 --> 01:53:23.099

carlderosa: And so you. You really want to be sure that your strategic plan supports A, you know, this paradigm shift to competency and entrustment based education.

738

01:53:23.790 --> 01:53:30.150

carlderosa: And that's that's the the name of that, too. So thank you.

739

01:53:33.440 --> 01:53:41.999

Karen Abraham: Hmm! Thank you so much. Carl. All right. I am. Gonna send out the link to the jam board.

740

01:53:42.376 --> 01:53:57.823

Karen Abraham: And then. I'm also gonna set you off into your small groups. We'll do the same as we did last time. You'll have 30 min to you know. Consult with your groups. There are 3 different questions.

741

01:53:58.467 --> 01:54:15.309

Karen Abraham: That you'll have there at the top of the the jamboard. Please put your sticky notes on there. As Steve mentioned, it might be valuable just to have one person in the

group to get into the jamboard and be the the scribe for the group. We'll bring you back together, and then we'll have a wrap up discussion.

742

01:54:15.310 --> 01:54:19.270

Steve Tepper: And Karen, can I have you for just 1 s just to wrap up

743

01:54:19.914 --> 01:54:46.880

Steve Tepper: because I really wanna thank all 3 of the individuals that just presented. Because, Lisa, I really appreciated you talking about how you made a little bit of mistake when you're expressing to the students, hey? You're not gonna fail out of the program. And you brought that up. And I thought again that you're just mimicking what we've been talking about, that sort of struggle that failure. Concept. And Stanley, I just wanna thank you for your innovative approach.

744

01:54:46.880 --> 01:54:52.399

Steve Tepper: making it into professional, the faculty development. And Carl, who is being very humble.

745

01:54:52.400 --> 01:55:18.419

Steve Tepper: I would like you all to realize. Not only did he bring the hybrid program to Nau and do the Cb. And trustable professional attributes he did it with all 3 programs there, the one in Phoenix that's face to face, the one at Nau that's face to face, but also his hybrid program. So he changed the culture at 3 different components. So each one of them thank you very much.

746

01:55:18.740 --> 01:55:21.800

Steve Tepper: Karen. Get them into the groups.

747

01:55:31.180 --> 01:55:32.810

Steve Tepper: and the way we go.