

2-2016

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

Betsy J. Becker

University of Nebraska Medical Center, betsyj.becker@unmc.edu

Kathleen G. Volkman

University of Nebraska Medical Center, kvolkman@unmc.edu

Robin R. High

University of Nebraska Medical Center, rhigh@unmc.edu

Follow this and additional works at: https://digitalcommons.unmc.edu/cahp_pt_pres



Part of the [Physical Therapy Commons](#)

Recommended Citation

Becker, Betsy J.; Volkman, Kathleen G.; and High, Robin R., "Using active learning strategies to teach DPT students how to assertively address inappropriate patient sexual behavior (IPSB)" (2016). *Posters and Presentations: Physical Therapy*. 7.

https://digitalcommons.unmc.edu/cahp_pt_pres/7

This Conference Proceeding is brought to you for free and open access by the Physical Therapy at DigitalCommons@UNMC. It has been accepted for inclusion in Posters and Presentations: Physical Therapy by an authorized administrator of DigitalCommons@UNMC. For more information, please contact digitalcommons@unmc.edu.

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

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

Background/Purpose

*Inappropriate sexual behavior is defined as a "verbal or physical act of an explicit, or perceived, sexual nature, which is unacceptable within the social context in which it is carried out."*¹

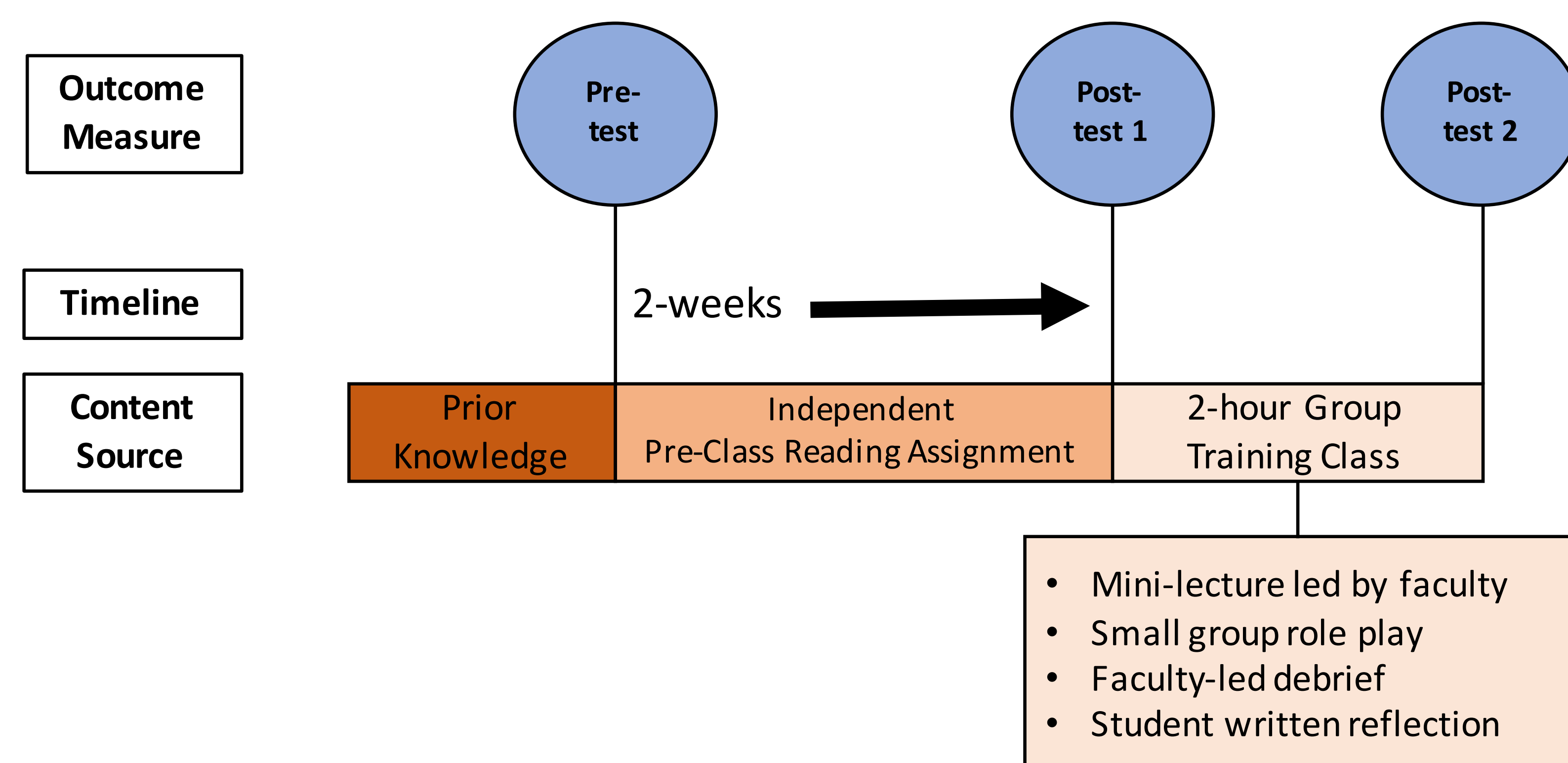
In a survey of U.S. PTs, 86% of the respondents reported experiencing at least one type of IPSB.² Cambier suggests it is important to train student PTs to use assertive techniques to handle IPSB.³ PT education programs are required to teach concepts of professional duty, communication skills, and cultural competency, however, management techniques of IPSB in the clinic are not uniformly taught in schools.⁴ The use of active learning methods such as role play simulation and small group discussion has been used to train other healthcare professionals to practice handling IPSB.^{5,6}

The aim of this study was to assess student outcomes following an active learning experience designed to:

- 1) teach students assertive techniques to manage IPSB,
- 2) promote critical thinking about the topic of sexuality, and
- 3) engage students in flipped and active learning methods.

Materials /Methods

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



Student Learning Objectives

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



Results

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

"It was helpful to have actual scenarios that have happened in the clinic. I have never really known how to handle these types of situations. I like the different methods and how you told us that it isn't our fault that it is an unusual situation."

"I learned and feel empowered that inappropriate behavior is not my fault, but that not dealing with it can hinder patients from reintegrating into the community."

Conclusion and Clinical Relevance

Students that completed this learning activity improved their knowledge of, comfort with and perceptions about IPSB based on our survey questions.

We recommend using flipped and active learning methods to instruct DPT students in assertive techniques to address IPSB. PTs often encounter IPSB in the clinic. Therefore practicing strategies in preparation for these situations could lead to more appropriate therapist-patient interactions.

References

1. Johnson C, Knight C, Alderman N. Challenges associated with definition and assessment of inappropriate sexual behavior amongst individuals with an acquired neurological impairment. *Brain Inj.* 2006; 20:687-693.
2. de Mayo RA. Patient sexual behaviors and sexual harassment: a national survey of physical therapists. *Phys Ther.* 1997;77(7):739-744.
3. Cambier Z. Preparing new clinicians to identify, understand, and address inappropriate patient sexual behavior in the clinical environment. *J Phys Ther.* 2013;27(2):7-15.
4. Commission on Accreditation for Physical Therapy Education Evaluative Criteria for PT Programs. http://www.captionline.org/uploadedFiles/CAPTEorg/About_CAPTE/Resources/Accreditation_Handbook/EvaluativeCriteria_PT.pdf Accessed May 4, 2014.
5. Zook R. Teaching staff to handle a patient's sexually inappropriate behavior. *J Nurs Staff Dev.* 2000; 16(4):181-183.
6. Hartl TL, Zeiss RA, Marino CM, Zeiss AM, Regev LG, Leontis C. Clients' sexually inappropriate behaviors directed toward clinicians: conceptualization and management. *Professional Psychol: Res Pract.* 2007;38(6):674-681.

