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Clinical Reasoning Readiness and Confidence of DPT Students with PT Interventions Using Telehealth

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Background

- Telehealth service-delivery content has an emerging footprint on entry-level physical therapy programs¹
- Students' readiness for clinical reasoning with virtual versus traditional face-to-face service-delivery remains unknown.**
- A need exists to review DPT students' clinical reasoning readiness and confidence with PT interventions using telehealth

Purpose

- To evaluate DPT students' clinical reasoning readiness and confidence during clinical experiences with and without telehealth as determined by
 - clinical reasoning Physical Therapist Self-Efficacy (PTSE) score²
 - self-confidence rating treating patients, and
 - final APTA Clinical Performance Instrument (CPI) clinical reasoning and summative ratings³

Methods

- Survey-based descriptive and exploratory cross-sectional design
- The survey was administered after mid-term of clinical experiences and involved 28-questions on clinical reasoning self-efficacy, confidence treating, and demographics
- Participants- 211** second and third-year DPT students from multi-campus private health science university during Fall 2020 clinical experiences; **35** students participated directly in telehealth

Results

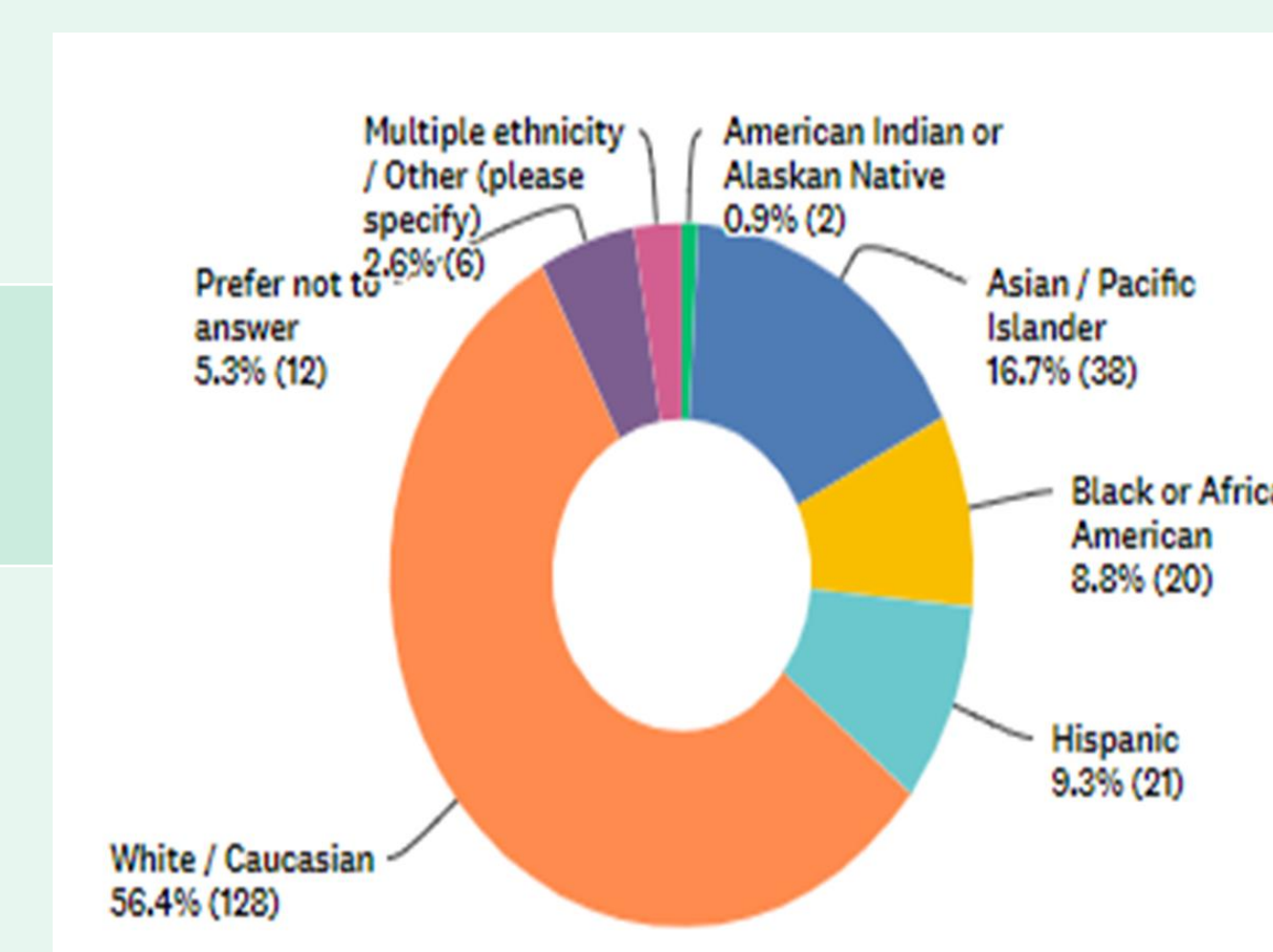
DPT Student Respondents during Fall 2020 Clinical Experiences

Wilcoxon Signed-Ranks Test $\alpha=.05$

Clinical Reasoning Self-Efficacy (PTSE) with and without telehealth
n=35, $p<.0001$, $r=.53$

Confidence treating initial with and without telehealth
n=35, $p=.098$, $r=.28$

Confidence treating subsequent with and without telehealth
n=35, $p=.005$, $r=.48$



Mann Whitney U Test $\alpha=.05$

CPI clinical reasoning ratings with and without telehealth
n=211, $p=.721$

CPI summative ratings with and without telehealth
n=211, $p=.539$

Results

- Clinical reasoning self-efficacy (PTSE)-** difference in clinical reasoning self-efficacy with and without telehealth $n=211$, $p<.0001$, $r=.53$
- Confidence-** no difference in confidence treating with and without telehealth on initial patient visits $n=211$, $p=.098$; difference with confidence treating with and without telehealth on subsequent patient visits $n=211$, $p=.005$, $r=.48$
- Clinical Performance-**no difference with Clinical Performance Instrument (CPI) ratings from clinical instructors for students with and without telehealth for clinical reasoning ($n=211$), $p=.721$ and summative ($n=211$), $p=.539$.

Discussion/Conclusion

- According to clinical instructors, **DPT students demonstrated ample clinical readiness and strong clinical performance during clinical experiences with and without telehealth**
- DPT students providing **PT interventions using telehealth reported lower clinical reasoning self-efficacy (PTSE)** when compared to traditional service-delivery
- Greater DPT students' confidence treating using telehealth at initial visit compared to subsequent visits, suggests a lack of student readiness for providing subsequent telehealth visits
- Final CPI ratings did not differ between DPT students with and without telehealth

Limitations

- DPT students recruited were from one large, multi-campus private university
- Self-efficacy answer choice options were defined on a 5-point scale limiting elaboration on participant responses

Future Research

- Investigate factors impacting student beliefs and perceptions using telehealth to explore ways to facilitate best practice when transitioning from classroom to clinical experiences

References

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