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

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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
  1. Clinical reasoning Physical Therapist Self-Efficacy (PTSE) score2
  2. Self-confidence rating treating patients, and
  3. Final APTA Clinical Performance Instrument (CPI)

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
- 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