



Point of Learning:

Teaching Point of Care Tools at the State of Determination

DATE: OCT 28, 2019 at Pacific Northwest Chapter, Medical Library Association (PNC/MLA 2019)

PRESENTED BY: LAURA ZEIGEN, MA, MLIS, MPH, AHIP, Health Sciences Education & Research Librarian | Asst. Professor

Points of Contact in Curriculum – PA Program



School of Medicine
Physician Assistant Program

[OHSU Home](#) [Find a Doctor](#) [MyChart](#) [Donate](#) [Jobs](#) [Directions](#) [Contact](#)

Search all of OHSU

Enter keyword



[About](#) [Applicants](#) [Students](#) [Alumni](#) [PA Certification Review](#) [Employment](#) [Support the Program](#) [Professional Resources](#) [Contact](#)

Division of Physician Assistant Education

The OHSU Physician Assistant Program, located in Portland, Oregon, is a 26-month full-time master's level program, ranked among the top 10 programs in the nation. [Read about us](#)



Academic year curriculum

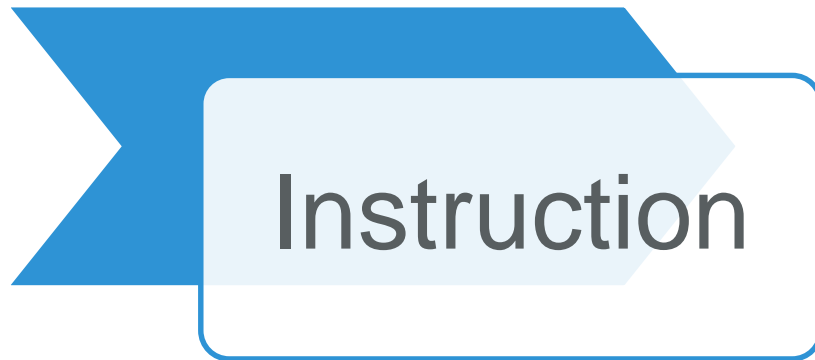
The following description reflects the Master of Physician Assistant Studies academic curriculum in the entry level program for those interested in becoming a physician assistant. The academic phase emphasizes:

- a strong foundation in basic science education
- comprehensive exposure to primary care and specialty areas of medicine
- introduction to patient care through weekly experiences with community physician and physician assistant mentors
- hands-on experience performing histories, physical exams, and developing assessments and management plans during mentoring activities
- development of clinical thinking processes through faculty facilitated weekly small group activities utilizing problem-based learning
- the use of medical informatics and evidence-based medicine to make better clinical decisions
- methods to improve patient interactions and provide more effective medical care
- formalized evaluations of clinical competencies and skills throughout the year

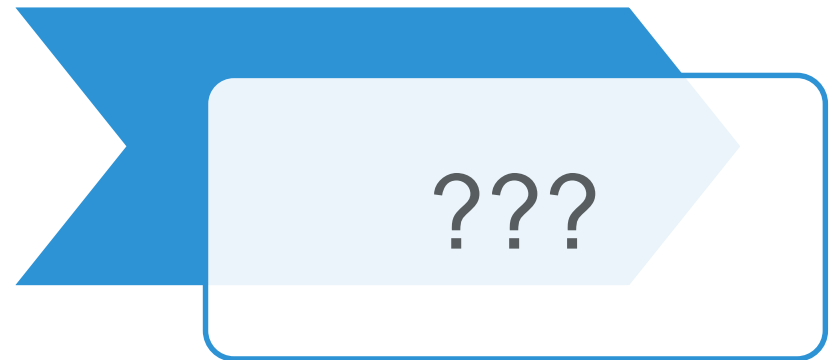
Clinical year curriculum

All students participate in clinical training activities in a variety of settings at program-provided sites. Students are not required to supply their own sites or preceptors. In keeping with the mission of the program, a majority of the clinical opportunities are located outside of metropolitan Portland, many in rural and urban medically underserved sites throughout Oregon, Southwest Washington and Western Idaho.

In theory...

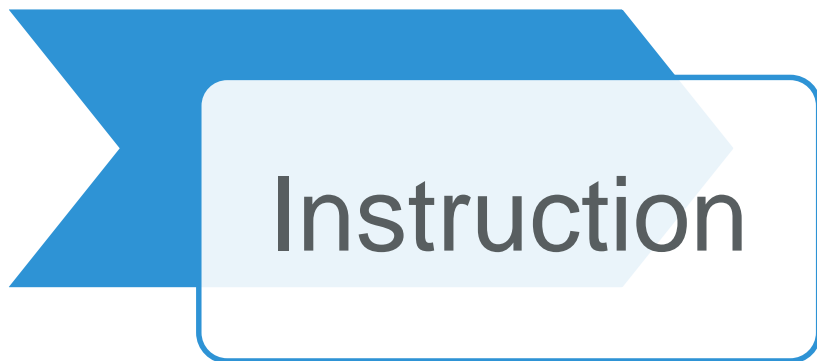


Ready and eager students!

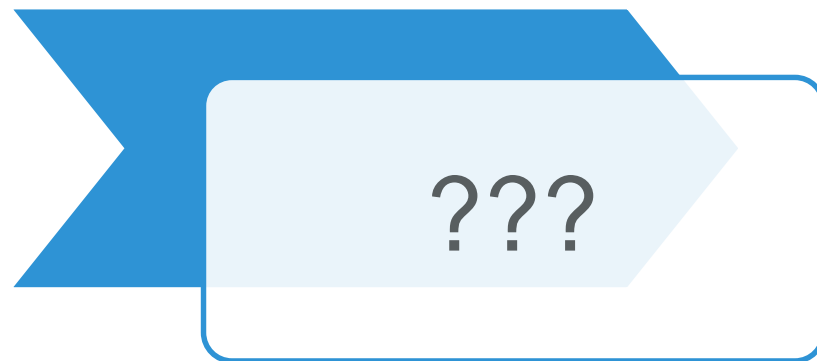


Ready and eager clinicians!

In reality...



Why are we doing this?
How is this relevant to me?
I see no immediate need for this.



I am aware of EBP, but don't have
the time, skill set, confidence,
opportunities to engage.

Challenges



- How do we support learner readiness to learn a topic?
- How do we make learning “stick”?

Models and Theories from Health Behavior Change

- Transtheoretical Model of Health Behavior Change (aka “Stages of Change”) (Prochaska and DiClemente, 1983; Prochaska and Velicer, 1997)
- Theory of Planned Behavior (Ajzen, 1991)
- Diffusion of Innovations (Rogers, 2003)
- Self-Determination Theory (Deci and Ryan, 1991)
- Social Cognitive Theory (Bandura, 1991)

Transtheoretical Model of Behavior Change (aka “Stages of Change”)

Behavior changes (including health behavior changes and motivational interviewing of patients) should be appropriately adapted for **stage of readiness** of that patient to engage in that behavior.

(Prochaska and DiClemente, 1983; Prochaska and Velicer, 1997)

Transtheoretical Model of Behavior Change (aka “Stages of Change”)

- Pre-contemplation
- Contemplation
- **Preparation – aka “Determination”**
- Action
- Maintenance

Theory of Planned Behavior

A person's **intention to engage** in a particular behavior is key to them engaging in that behavior (indicates motivation).

Social influence and normative beliefs are involved.

(Ajzen, 1991; Klaidt, McDermott, and Haines, 2019)

Other ideas from behavior change

- Knowledge (of “best practice”) by itself does not change behavior.
- Learning occurs at points where learner is ready and motivated and sees relevance.
- Self-efficacy, attitude, and supportive environment (including opportunities to practice) also must support the change.
- People learn by observing others.

Learner must...

- **See need** for this learning (relevancy)
- Become **aware of a gap** in their knowledge
- Be at a **point of readiness** to receive that information they would not have been at before
- Have **opportunities to practice** the concepts hands-on over time to develop that skill

Laura's Theory/Model Mashup

Pre-contemplation Don't know what they don't know

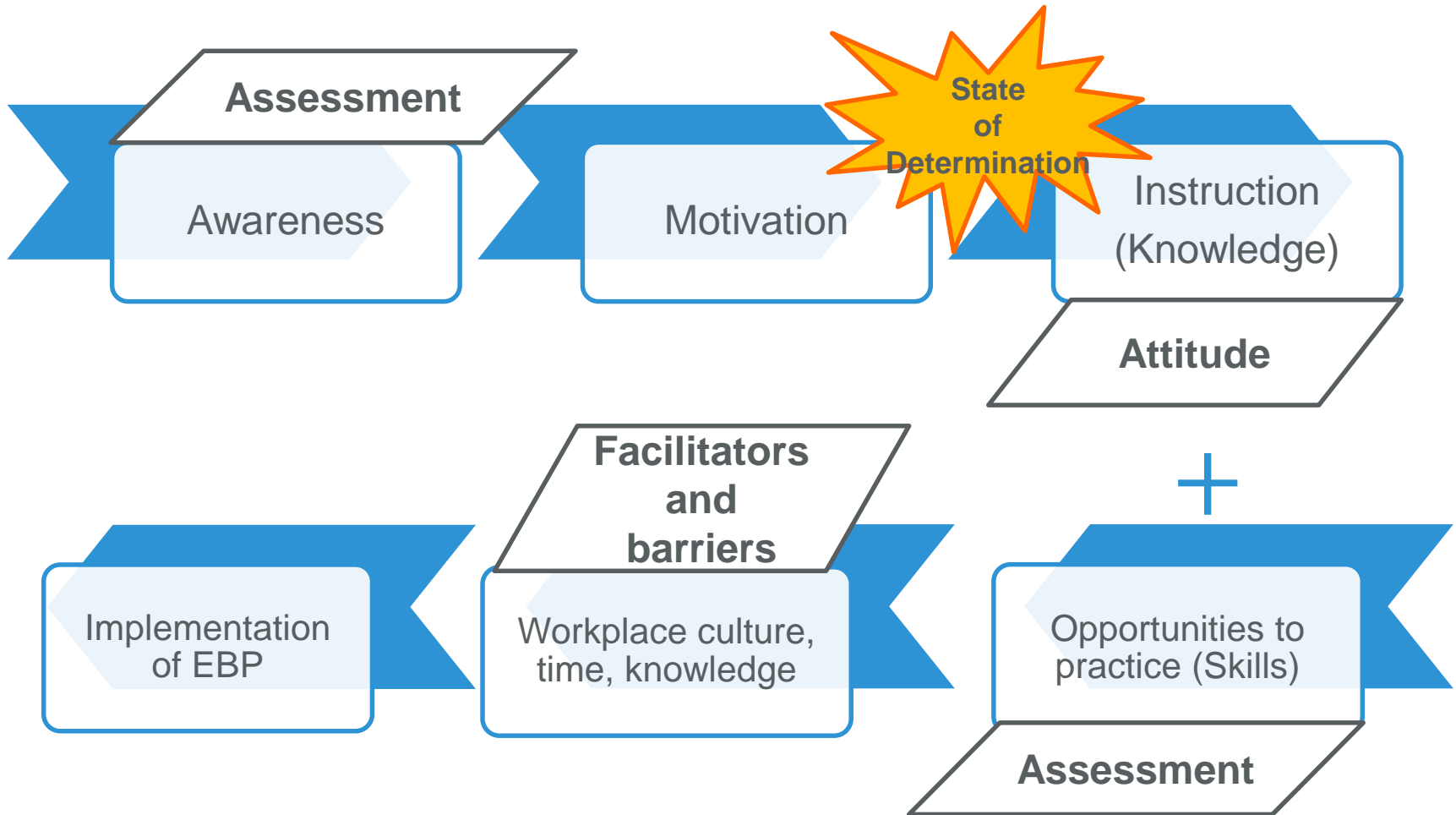
Contemplation Assessment => Awareness/Intention

Preparation/
Determination Instruction/Knowledge/Attitude

Action Practice/Skills
Assessment => Self-Efficacy

Maintenance Overcoming of contextual barriers
Full implementation sustained over
time

Ideally...



Transition to Clinical Year

- Reporting systems (Typhon, other)
- Community of Practice project
- Tools for the field



Point of Care Tools



Library

[OHSU Home](#) [Find a Doctor](#) [Donate](#) [Jobs](#) [Directions](#) [Contact](#)

Text Size [A](#) [A](#) [A](#)

[About](#)

[Library Search](#)

[Using the Library](#)

[Services](#)

[Data](#)

[Your Library Account](#)

[Contact the Library](#)

[OHSU Library](#) > [LibGuides](#) > [Mobile Resources Guide](#) > [Home](#)

Mobile Resources Guide

Useful mobile apps available through the OHSU Library

[Home](#)

[OHSU Library Recommended Mobile Apps](#)

OHSU Library Recommended Mobile Apps

- [AccessMedicine](#)

[AccessMedicine](#) provides information on basic sciences and medicine, including the Lange Current Diagnosis and Treatment



Mobile Resources

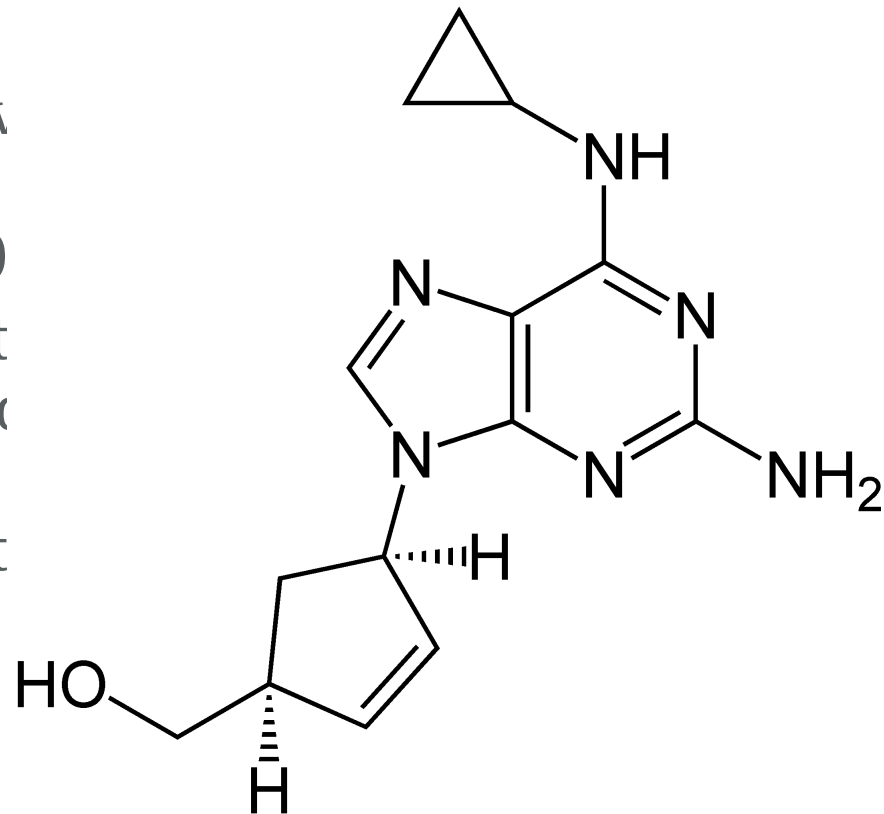
- Access Medicine
- AHRQ ePSS
- Dynamed Plus Clinical Topics
- Nursing Reference Center
- UpToDate
- Visual Dx

Unbound Medicine

- Bates' Pocket Guide to Physical Examination and History Taking
- Davis' Drug Guide
- Harrison's Manual of Medicine
- Johns Hopkins ABX Online
- Micromedex

Using assigned application, search on

- Abacavir (drug)
- HIV (or human immunodeficiency virus or acute retroviral syndrome) (disease)
- Fever, headache, fatigue, swollen lymph glands, rash, sore joints or muscles, sore throat (symptoms)





Evolution of class

- Lecture
- Lecture and downloading of applications
 - Technical difficulties
- Peer-learning/small groups
 - Help each other set up accounts
 - Evaluate assigned application
- Report out
 - For which situations or information would this tool be most helpful?
 - Cool features



Future Possible Directions

- Incorporate peer feedback
- Incorporate assessment
 - “gap awareness”
 - peer assessment
 - confidence AND competence
- Incorporate opportunities to practice
- Investigation of mobile applications being used in practice
- Figure out “point of determination” for other parts of information instruction



Thank You

Questions?

Laura Zeigen, zeigenl@ohsu.edu

References

Ajzen, I. (1991). The theory of planned behavior. *Organizational Behavior and Human Decision Processes*, 50(2), 179-211. doi:10.1016/0749-5978(91)90020-T

Bach-Mortensen, A. M., Lange, B. C. L., & Montgomery, P. (2018). Barriers and facilitators to implementing evidence-based interventions among third sector organisations: A systematic review. *Implementation Science*, 13(1). doi:10.1186/s13012-018-0789-7

Klaic, M., McDermott, F., & Haines, T. (2019). Does the theory of planned behaviour explain allied health professionals' evidence-based practice behaviours? A focus group study. *Journal of Allied Health*, 48(1), E43-E51.

Pashaeypoor, S., Ashktorab, T., Rassouli, M., & Alavi-Majd, H. (2016). Predicting the adoption of evidence-based practice using “Rogers diffusion of innovation model”. *Contemporary Nurse*, 52(1), 85-94. doi:10.1080/10376178.2016.1188019

References

Prochaska, J. O., & Velicer, W. F. (1997). The transtheoretical model of health behavior change. *American Journal of Health Promotion*, 12(1), 38-48.

doi:10.4278/0890-1171-12.1.38

Prochaska, J. O., & DiClemente, C. C. (1983). Stages and processes of self-change of smoking: Toward an integrative model of change. *Journal of Consulting and Clinical Psychology*, 51(3), 390-395. doi:10.1037/0022-006X.51.3.390

Rogers, E. M. (2003). *Diffusion of innovations* (5th ed.). New York, NY: Free Press.