

1005 – Peer-to-Peer Learning

Beginner / Lecture

Sanibel, FL / Thursday, June 25, 2020 – 4:30-5:30 pm – 1.0 credit hour
(Classroom: 4:30-5:30 pm)

Faculty: David Berry, PhD, AT, ATC, ATRIC

COURSE DESCRIPTION: Collaborative learning can occur peer-to-peer or in larger groups. Peer learning, or peer instruction, is a type of collaborative learning that involves students working in pairs or small groups to discuss concepts or find solutions to problems. This often occurs in a class session after students are introduced to course material through readings or videos before class, and/or through instructor lectures. Similar to the idea that two or three heads are better than one, many instructors have found that through peer instruction, students teach each other by addressing misunderstandings and clarifying misconceptions.

Participants learn a great deal by discussing their ideas with others and by participating in activities in which they can learn from their peers. Participants develop skills in organizing and planning learning activities, working collaboratively with others, giving and receiving feedback based on their learning and clinical expertise. Peer learning is becoming an increasingly important part of many courses, and it is being used in a variety of contexts and disciplines in many countries and helps to address one of three tenants of evidenced-based practice (i.e., clinical expertise).

As aquatic therapy continues to grow in popularity, more is being written about the subject; however, while the science leads to best practice recommendation, aquatic therapy specialist cannot ignore the other tenant of evidence-based practice. Clinical expertise means integrating the accumulated wealth of knowledge and information from patient care experiences and formal education as *non-research forms* of evidence for making clinical decisions. Sackett et al. stated that it is the clinician's "proficiency and judgment" gained from school, continuing education, and clinical practice experience that should be considered when making patient care decisions. Clinical expertise is not just an afterthought. If clinical experience is not integrated, "practice risks becoming tyrannized by evidence, for even excellent external evidence may be inapplicable to or inappropriate for an individual patient" (Sackett et al., 1996, p. 71). This peer-to-peer session examines the current evidence and recommendations related an "current" aquatic therapy topic through an interprofessional healthcare team approach to "bridge the gap" and promote the interprofessional practice and clinical expertise between a diverse healthcare team.

COURSE OBJECTIVES:

- 1) Define interprofessional healthcare team.
- 2) Define the three tenants of evidence-based healthcare.
- 3) Discuss the current scientific evidence regarding a "current" aquatic therapy concept through a peer-to-peer approach.
- 4) Implement strategies to "bridge the gap" and promote the interprofessional practice and clinical expertise between a diverse healthcare team.

FACULTY: David C. Berry, PhD, AT, ATC, ATRIC, is a Professor, Athletic Training Program Director at SVSU, and author (*Emergency Trauma Management for Athletic Trainers*). He serves as an active member of the Board of Certification, American Red Cross Scientific Advisory Committee, and the Sports Education Council (Michigan Cardiovascular Institute) educating the community and professionals on emergency planning and sudden cardiac awareness.