The Current State of the Aquatic Exercise and Therapy Science: Peer-to-Peer Learning

Collaborative learning can occur peer-to-peer or in A large group setting. Peer learning, or peer instruction, is a type of collaborative learning that involves clinicians/participants working in pairs, small groups, or even large groups to discuss concepts or find solutions to problems. Peer learning also offers the opportunity to share barriers and faciliatory strategies to a particular problem, current event, or change in research outcomes.

Peer to peer learning often occurs in a class session after clinicians/participants are introduced to course material through a reading or video before the course or via a facilitated discussion/lecture. Clinicians/participants then respond to the question(s) to facilitate a group discussion in order to follow on with additional ideas, thoughts, or strategies. This discussion also provides a venue for further questions and answers. Similar to the idea that two or three heads are better than one, many facilitators have found that through peer instruction, clinicians/participants teach each other by creating awareness and addressing misunderstandings and clarifying misconceptions.

Clinicians/participants learn a great deal by discussing their ideas, thoughts, or strategies with others and by participating in activities in which they can learn from their peers. Clinicians/participants develop skills in organizing and planning learning activities, working collaboratively with others, giving and receiving feedback based on their learning and clinical expertise. In fact, 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).

So why peer-to-peer learning? As aquatic therapy/exercise continues to grow in popularity, more high-quality research is being conducted in numerous subject areas. However, while science can lead to best practice recommendations, aquatic therapy/exercise specialists 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 everyday one's practice and interaction with patients is at risk of becoming "tyrannized by evidence; for even excellent external evidence may be inapplicable to or inappropriate for an individual patient" (Sackett et al., 1997). Thus, one way to avoid this obsolesce and learn how "others" are using the evidence to facilitate changes in aquatic therapy/exercise to have the conversation.

Therefore, this peer-to-peer session will examine the evidence and recommendations related to "current" aquatic therapy/exercise topics (at least 2) through an interprofessional healthcare team approach to "bridge the gap" and promote interprofessional practice and clinical expertise between a diverse healthcare team. Aquatic therapy/exercise specialists will be asked to read selected readings before the session. During the session, a 5-10-minute overview will be provided for each reading. Following the overview, a facilitated discussion and question and answer will occur.

References

Sackett D, Richardson, Rosenberg, Haynes, Ed. "Evidence-Based Medicine: How to Practice and Teach EBM." 1st edition, Churchill-Livingstone, New York, 1997; p 2.

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Smith R. What clinical information do doctors need? *Br Med J* 1996;313:1062-8.

Straus SE, Sackett DL. Using research findings in clinical practice. *BMJ*. 1998;317(7154):339-42.