

DPT Capstone Project
Spring 2016
GGarner
RE: Instructional Design Front End Analysis

Project Description and Overview (1 page overview)

This capstone addresses health promotion in physical therapy through yoga with a focus on optimizing health through a biopsychosocial model of care. The project will be educational in nature, targeting its use in the Health and Wellness Promotion course in the School of Medicine, Department of Physical Therapy at The University of North Carolina at Chapel Hill, with a future goal of interdisciplinary instruction at other schools of medicine.

Instructional Goal: Students enrolled in Health and Wellness (H&W) courses in physical therapy (PT) graduate programs will demonstrate application of rationale and guidelines for using a mind-body biopsychosocial-driven model of care for clinical and/or wellness care.

Instructional Objectives: At the conclusion of completing visual, auditory, and experiential instruction in the H&W course, PT graduate students will be able to:

1. Describe the history of physical therapy and medical practice and the significant transitions that occurred from the 20th to 21st centuries with 100% accuracy.
2. Complete an analysis of literature in order to engage in competent discussion about evolution toward universal adoption of a biopsychosocial (BPS) model of practice.
3. List a minimum of two methods of assessment within each of the five pentagons of the BPS model with 100% success.
4. Discuss application of guidelines for theoretical yogic BPS assessment via case study analysis/clinical mockup with 80% success.

Needs Analysis

Instruction in health and promotion topics that embrace mind-body medicine are necessary because there is not only a departmental, but also a universal, need for expanded education in mind-body medicine and wellness and prevention, especially in light of great need for healthcare reform and the increased involvement and utility of physical therapy and its expertise in life coaching across the lifespan. This instruction would fill a perceived gap in PT education that calls for a shift from the acute-driven physical therapy care of the 20th century to care of epidemic rates of chronic disease and disability (Dean et al., 2009, 2011), driven by lifestyle choice and behavior management. Health promotion in physical therapy is not yet a common theme found in all physical therapy education, and development of coursework that would focus on lifestyle management via what Roger Nelson, in the 44th McMillan lecture, envisioned as “PT as life coach” has enormous implications for widening physical therapy horizons, chiefly opportunities for collaborate, interdependent, and interprofessional practice. Attention to change readiness, identification of obstacles to practice, and partnership-based communication building for fostering creativity are all critical components of yogic biopsychosocial practice and evolving physical therapy and general medical practice, all of which will be addressed in this capstone project.

Additionally, instruction is imperative because the profession of physical

therapy, and medicine in general, needs to use bold language to take an active role in healthcare reform. The Centers for Disease Control's (CDC) statement, "Real health care reform starts with prevention," (Anderko et al., 2012) contains the bold language necessary to propel wellness services through community action and education to the forefront of healthcare reform. Also not to forget is the epidemic rates of chronic disease that are, in large part, driven by lifestyle choices (Pomeroy 2012) which can be impacted by physical therapy intervention via health promotion. After all, the health of a nation is determined by the health of its citizens (Garner 2016).

The current language concerning wellness promotion in the Affordable Care Act (ACA) is myopic and singular in its discourse. It only addresses workplace wellness as the method for addressing wellness care. Current ACA language on wellness promotion does not currently include or cite the value of physical therapy to offer preventive screenings or wellness services (Anderko et al., 2012, Wellness Programs 2016, ACA and Wellness Programs Fact Sheet 2013, US Dept. HHS 2016).

While the ACA is laudable in many ways, it is only a preliminary first step toward healthcare reform. Many Americans will and do fall through the cracks this binary approach provides (or fails to) – including but not limited to those who are self-employed, employed by a small business with few employees, and those whose employer offered no wellness programs. Those without knowledge of the

importance of prevention (and the “how’s and why’s”) would also fall through the proverbial crack. If they do not know these services are valuable, they will not partake in them. Specifically, the middle-class socioeconomic climate shared by the majority of most Americans dictates that most may miss out on receiving wellness services due to the limitations of the “workplace wellness program” crevasse.

However, action to secure physical therapists’ place in the prevention and wellness sector as a practitioner of choice can begin on a local level. For example, universities can include education in physical therapy programs to prepare their students to take on the important role of “life coach” in order to address epidemic rates of chronic disease in this country.

Workforce wellness programs are important but they are, by far, not the only methodology to affect public health promotion. PT’s need to be situated on the frontlines of medicine, in ER’s, in free-standing clinics, in workplace health programs - including education like the one offered in this capstone - so that we can be practitioners of choice within an interdisciplinary team, to offer Americans their best chance at an optimal quality of life and longevity. The instruction provided in this capstone would be a first step toward preparing PT’s to take an active role in health promotion across the lifespan, including wellness/prevention screening, via offering an optional yogic-based biopsychosocial model of assessment.

Learner Analysis

Learner analysis that considers the learner as a whole, rather than as a diagnosis, is the preferred approach because it is the most biopsychosocially-driven, rather than a myopically linear biomedically-driven, model. Morrison, Ross, and Kemp (2007) offer the most likely holistic candidate, which trends toward universal design. The overarching requisite for its successful application is mindfulness.

Mindful design recognizes no individual exists in a vacuum – with respect to learning style, competency level, or motivation. Like the biopsychosocial model (see figure 1), which also reflects

Maslow's hierarchy of learning (figure 2), our ability to learn exists on a continuum, affected by all points of the pentagon (see figure 1). As such, the

strategies presented

in this project are developed with universal design in mind. That is, they should be useable by any student population, whether or not learning disabilities are present.

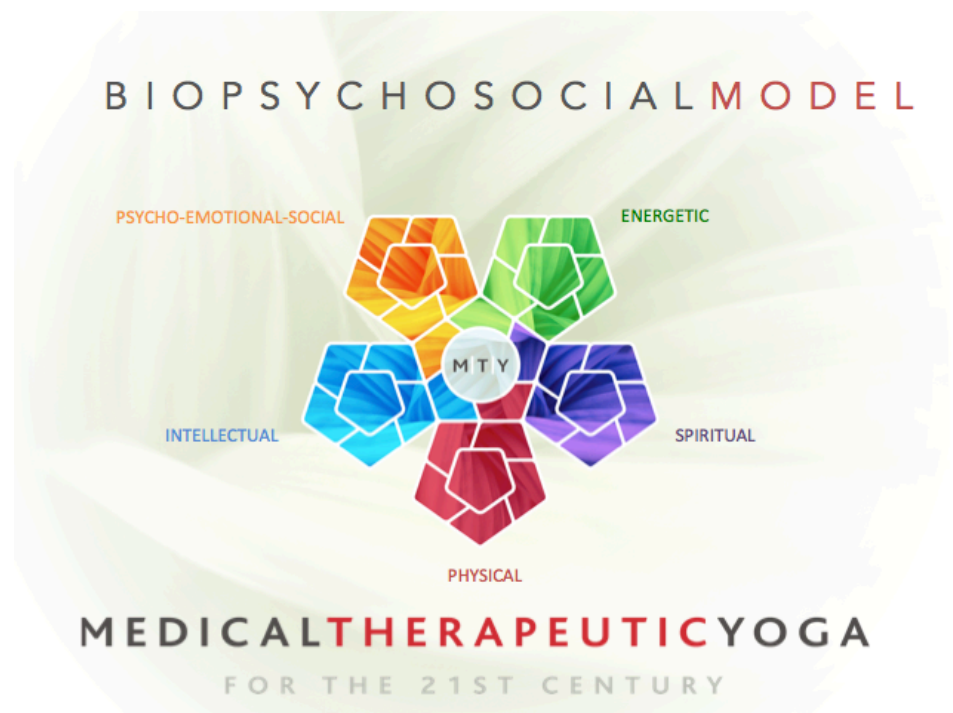


Figure 1 The Biopsychosocial Model ©2015 Ginger Garner.

This unifying theoretical approach has the most universal appeal to all subsets of learners and cultural contexts.

Because the audience is not a defined group, and can encompass a wide range of learners with varying backgrounds in sciences, math, and fine arts, it is impossible to inventory learning styles via questionnaire. However, the

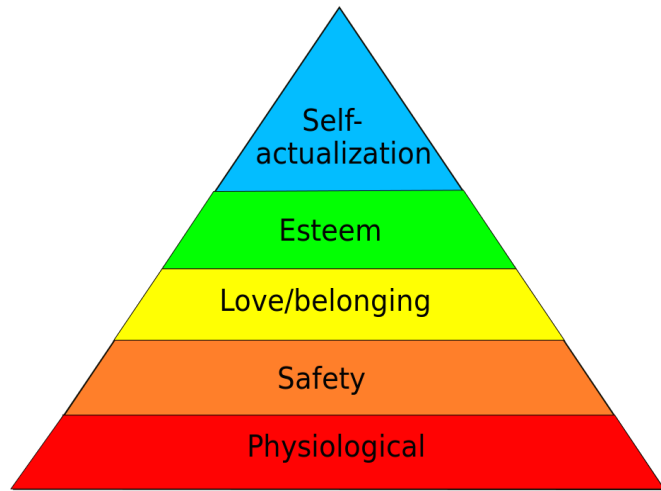


Figure 2 Maslow's Hierarchy of Needs with permission from By FireflySixtySeven [CC BY-SA 4.0 (<http://creativecommons.org/licenses/by-sa/4.0>)], via Wikimedia Commons

following variables have been observed to apply to the learners in question:

1. General characteristics: Learners are graduate level entry or transitional level doctoral students who will initially be limited to The University of North Carolina at Chapel Hill's DPT (doctor of physical therapy) program, specifically the Health and Wellness course. They will have widely varying academic backgrounds with bachelor's degrees that could include physics, biology, chemistry, mathematics, sports medicine, exercise physiology, or any number of fine art degrees. Differences in cultural backgrounds may also exist. Each will have excelled in their field, since acceptance to PT is a highly competitive field based on academic excellence, standardized test scores, volunteerism,

extra-curricular activities, personal statement/mission, and service in the community. Age will also vary, however the majority of students typically fall in the 22-32 year old age range category.

2. Entry competencies – No knowledge of yoga or public health is required to participate in the course unit; however, students will have already completed 1-2 years of doctoral studies before they are able to enroll in this class. A basic knowledge of behavioral change and facilitation of it, behavior models/theories, health care system styles, and community health/planning and implementation is typical of this learner. In the UNC-based Health and Wellness course, students will have already completed this curriculum before participating in the unit I design.
3. Learning styles – Students at this level of learning should have mastered a certain level of proficiency in visual, aural, and kinesthetic learning styles. However, instructional materials will include all three learning types.

Task Analysis

Use of Topic Analysis (Morrison, Ross, & Kemp 2006) is most conducive to task analysis of this instructional design project. Topic analysis helps evaluate cognitive knowledge required to successfully complete the instruction. In this case, students need to understand the “why and how” of using a mind-body-driven

biopsychosocial model in practice. In this way, analysis can move from general topic to specific variables which will help not only achieve, but create, the instructional goal and objectives and instructional intervention. Also, the instructional goal is not exclusively procedural-driven, nor is it critical incident in nature, making it even more important to analyze larger themes via an outline and move toward specific substrates (via the information processing analysis) in order to achieve the instructional objectives. Smith and Ragan's (2004) outline (below) guides the final construct for completion of this task analysis.

Outline

- I. Learning Goal - Students enrolled in Health and Wellness courses in physical therapy graduate programs will demonstrate application of rationale and guidelines for using a mind-body biopsychosocial-driven plan of care for clinical and/or wellness care.
- II. Types of learning in the goal – The learner may not understand why utilization of a mind-body biopsychosocial (BPS) model can offer a thorough, person-centered, partnership-based assessment. The learner would need to consider why a fundamental shift in paradigmatic thinking may be necessary in order to embrace health promotion practice in physical therapy, which is addressed by objective 1. The majority of the complementary approaches practiced in a CDC report (2007) are used in yoga, therefore, it most easily lends itself to

universal application of an expanded, mindful approach to the existing World Health Organization (WHO) (2002) and Institute of Medicine (IOM) (2011) supported biopsychosocial model. Additionally, in 2008 the number of Americans practicing yoga jumped by 87% to 16.5 million, while in 2012 the number rose another 29% to 20.5 million (Yoga in America Survey 2008, 2012). In 2016 the number of practitioners surpassed 36 million (Yoga in America Survey 2016). Understanding the potential value of inclusion of a yogic-based health promotion model will be provided through an historical analysis of physical therapy and medical practice in the US in order to demonstrate how the acute-driven WWII care via early PT's or "rehab aides" of the 20th century must evolve to meet the epidemic needs of lifestyle-induced chronic disease processes that dominate our health care landscape today.

- III. Information-Processing Analysis – Both procedural (knowledge of the yogic-driven BPS model) and declarative knowledge (factual information about application of theory) are required to master the instructional goal and objectives. Of those knowledge types, they include both tacit (covert and cognitive) and explicit (overt and measurable) behaviors (Clark 2015). Cognitive ability is assumed to be a certain acceptable level per admission into the program, but any learners with disabilities (attention deficit

hyperactivity disorder [ADHD], autism spectrum disorder [ASD], or dyslexia for example) will be worked with on an individual level, should problems with synthesis of information due to learning or cultural differences be identified during the semester. The procedural analysis is represented in figure 3.

IV. Prerequisite analysis – The learner must have an intact executive functioning skillset, which is assumed since they are already enrolled in the course and will have successfully completed 1-2 years of doctoral-level coursework already. See the preceding learner analysis for details.

V. Development of learning goal and objectives (see the page 1 overview).

In review, there are two task analyses in this section – a sweeping topic analysis about the general skillset to be acquired, and an information processing analysis (figure 3) that allows for both procedural and declarative knowledge to be demonstrated and/or acquired. Finally, all learner types – visual, aural, and kinesthetic - will be included in instructional technique design.

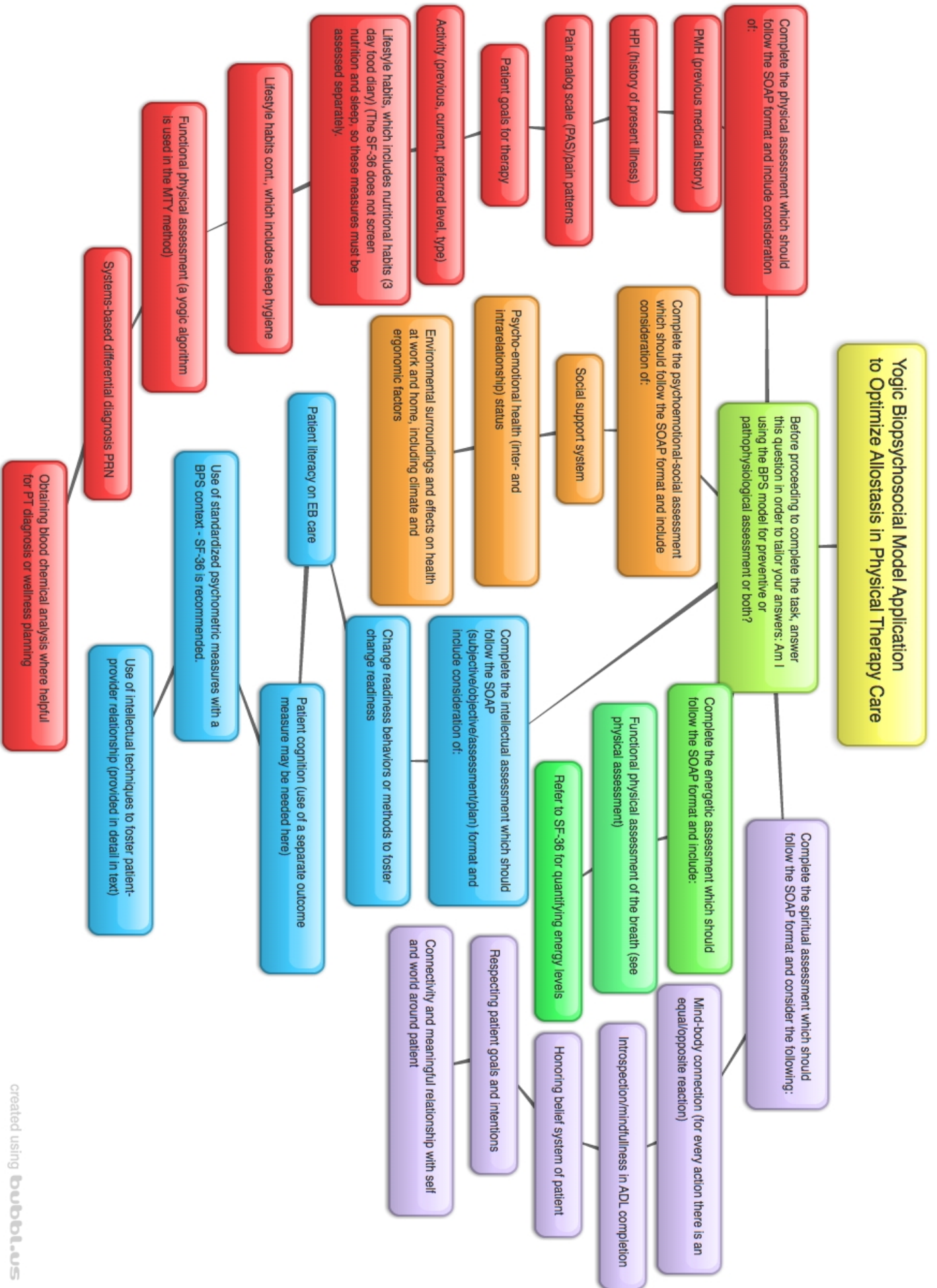


Figure 3. Procedural Analysis for Yogic Biopsychosocial Model Application to Optimize Allostasis in Physical Therapy Care

Instructional Goals/Performance Objectives

The needs and learner analysis have guided development of the following instructional goals and performance objectives.

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ABCD “Backstory”

The “ABCD” method is used in instructional design as a checks and balances for thorough development of performance objectives based on front-end analysis.

A is for audience (who is the learner), B is for behavior (what measurable and observable behavior will be learned, whether cognitive, psychomotor, affective, or interpersonal), C is for condition (when/what type of conditions, such as environment or with what equipment or instructional aides, will the student learn), and D is degree (how much, to what degree, constitutes acceptable performance).

Objective 1

A - graduate physical therapy students enrolled in the Health and Wellness course(s)

B – describe the history of PT practice and the significant transitions that occurred from the 20th to 21st centuries in an online forum post.

C – after listening to a podcast and reading articles made available via Sakai.

D – 100% success per post rubric

Objective 2

A - graduate physical therapy students enrolled in the Health and Wellness course(s)

B – discuss the evolution of medicine and rehabilitation toward universal adoption of a BPS model of practice via an online forum post.

C – after completion of an analysis of literature (literature will be provided in Sakai)

D – 100% success per post rubric

Objective 3

A – graduate physical therapy students enrolled in the Health and Wellness course(s)

B – list methods of assessment for each of the five pentagons of the BPS model

C – after completion of the unit on yogic-driven BPS model assessment

D – 100% success

Objective 4

A - graduate physical therapy students enrolled in the Health and Wellness course(s)

B – discuss application of guidelines for theoretical BPS assessment via yogic philosophy

C – after completion of a case study analysis/clinical mockup

D – 80% success

Post & Case Study Rubric - Post must be a reflection that includes accurate historical and/or scientific analysis with citations in AMA format, proper use of the BPS model (inclusion of all five limbs and a discussion of rationale that fits the patient case), 850 word or less, written at an acceptable graduate level for grammar and syntax, with a minimum of 1 response to a classmates' post.

Instructional Strategy/Plan

To arrive at the conclusion(s) stated from the previous front end analysis, observation and field research in use of the BPS model has been conducted for the last 5 years, with the most intense work being conducted during the last 3 years of doctoral studies. The main driver for creation of this capstone question was observation of a perceived need for a shift from biomedical toward a more holistic approach, observed not only in education and literature (Dean et al., 2009, 2011) but in clinical practice, from graduate work beginning in 1996 to present (Garner 2016). The adopted yogic BPS approach presented in this capstone has well served countless numbers of patients from clinical practice via myself and my students, particularly from the year 2000 forward.

Learning Environment - The learning environment will support the type of instructional strategies that need to be in place to optimize learner experience and competency. Distance or e-learning, is the mode students at UNC Chapel Hill will be taking the H&W course, and is the new benchmark for graduate learning across many medical disciplines. The efficacy of distance learning is influenced by multiple factors but is driven by keeping a user and learner-centered focus (Sandars & Lafferty 2010). Adult learning theory, or active learning, places the learner in a dynamic role where he/she becomes part of an interactive process of learning (Cook & Dupras

2004), such as can be experienced through asynchronous online discussion boards via SAKAI at UNC. The learning environment for the students in question, in addition to being learner-centered (instructional materials which appeal to all learning types and offer support for those with any learning disability), will also be community-centered (focus on practical application of objectives), include measurable objectives that are clearly outlined for the week-long unit of instruction, and offer web-based resources including multi-media, hyperlinks, and online communication. Multi-media resources are particularly effective tools that supplement but do not replace, well planned instructional design (Cook & Dupras 2004). Fostering community learning with instructor support allows students more time with content engagement, which improves assimilation and retention of the information, and is at “the heart and soul of effective asynchronous learning” (Hanover Research Council 2009, pg. 3). The overarching themes of effective online instruction include 3 facets of mindful presence: social, cognitive, and teaching presence (Pelz 2004). Social presence encourages affective, interactive, and cohesive action, cognitive presence requires demonstration of sustainable discussion, and teaching presence is consistent attendance to the two former qualities, including diverse characteristics Pelz (2009) lists for for discussion facilitation and direct instruction. Immediate feedback can also be included as part of the learning environment, as the instructor (myself) will make herself available for synchronous learning and discussion (via email).

Instructional Techniques

Instructional techniques that will honor learner needs and environment will include:

- Visual Learning Technique - Reading assignments, to include multi-media hyperlinks, appeal to the visual learner and can facilitate creative thought, self-reflection, and clarify relationships between, and/or foster a more in-depth study of, concepts (Cook & Dupras 2004).
- Aural Learning - Multimedia Voice Thread/Podcast
- Experiential & Abstract Learning
 - Self-assessment, reflection, and application allow the learner to take new information learned and assimilate, compare it against, and make conclusions about how it will affect existing knowledge, which assists in development of clinical reasoning (Cook & Dupras 2004).
 - Authoring - "Just-in-time" instruction through analysis of a clinical case study and Voice Thread will accomplish two instructional design goals: 1) The learner must "learn and apply" a solution, a critical element of just-in-time learning (Cheuh & Barnett 1997). 2) The learner will need to interact within his/her community, which facilitates discussion and application of partnership theory, social interaction and engagement, and community learning (Collison et al., 2000, HRC 2009).

- Direct Contact with instructor – The instructor (myself) will be available for direct email for those students with questions or difficulties due to social, cultural, or learning issues. This makes the work the students do more inclusive and thorough, facilitating awareness and personal interaction.

Instructional Materials

The following instructional materials were created with the graduate level student of health and wellness promotion in mind, and include the following elements:

Readings

- Sanders et al., 2013. Biopsychosocial care and the physiotherapy encounter: physiotherapists' accounts of back pain consultations.
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3585922/>
- Book Chapter (expected publication June 2016); copy included is NOT the final copy to be used when the project is actually carried out next fall but it does contain all the information to be included in the chapter): The Biopsychosocial Model for Yoga in Healthcare from **Medical Therapeutic Yoga: Biopsychosocial Rehabilitation and Wellness Care**. Handspring Ltd. Scotland. Garner, G. 2016. *(This includes an overview of BPS model use for many*

other diagnoses, but the case study will target back pain because of its epidemic prevalence. This also includes a reivew of the WHO ICF model, covering supplemental resources including WHO, IOM, and Jette.) The book chapter and references are listed in the Products section of the Capstone site.

Case Study Reading

- Kamper et al., 2015. Multidisciplinary biopsychosocial rehabilitation for chronic low back pain: Cochrane systematic review and meta-analysis.

<http://www.ncbi.nlm.nih.gov/pubmed/25694111>

Assignment – The assignment and case study are found in the Products section of the Capstone site.

- BPS Case Study Patient Scenario & Reflective Questions to facilitate Discussion Board (DB) post and response.
- Experiential practice – Guided medical yoga practice for breathwork and meditation (prerecorded) - Choose any breathwork guided meditation and/or yoga posture practice from <http://www.gingergarner.com/category/garner-yoga-podcast/>. After the practice (DURATION: some are 5' and others are up to 45'), take a moment to self-reflect on how it will effect your current or future clinical practice as a physical therapist and record a Voice Thread considering these

questions. The purpose of the Voice Thread is to deepen the level of students' integration of the materials outside the classroom through experiential and abstract learning via use of technology-facilitated "authoring." The Voice Thread need be no longer than 3-5' and can be shared via the Forum or, if beneficial for classmates and others, on social media. Will you consider the use of yoga to delivery biopsychosocial-sensitive care? Does yoga seem like a feasible option for intervention? How would being able to use yoga as a form of physical therapy influence your decision to accept a job position? (ex: Does the facility you are considering employment with offer safe space for therapeutic yoga instruction? Would your potential employer allow for group-based therapies that are yoga-driven?) Note: There will be additional material to choose from once the book is published in June 2016, which can be made available to students in the fall term of 2016.

Supplemental Resources

- Podcast - Garner, G & Drummond, J. 2014. History of PT and Future of Wellness Services in PT. <http://www.gingergarner.com/2014/08/08/future-wellness-services-within-physical-therapy-live-interview/> . An updated version of this Podcast, including recent evidence-base and APTA's recent position statement(s) will be made available in June 2016.

- For more information on creating partnership-relationships in patient care:
Book Chapter: Garner, G. 2014. The Role of Relationship in Creativity from Fostering Creativity in Rehabilitation. Nova Press, NYC. Taylor, M (ed). Link to the book chapter is located in the Products section of the Capstone site.
- For more information on use of yoga in rehabilitation as a methodology: Garner, G. (expected publication June 2016). Medical Therapeutic Yoga: Biopsychosocial Rehabilitation and Wellness Care. Handspring Ltd. Scotland.
<http://www.handspringpublishing.com/product/medical-therapeutic-yoga/>
- Jette AM, 2006. Toward a common language for function, disability, and health. *Physical Therapy*, 86(5), pp. 726. <http://ptjournal.apta.org/content/86/5/726.long>
- World Health Organization., 2002. Towards a common language for functioning, disability and health: ICF. Geneva.
<http://www.who.int/classifications/icf/training/icfbeginnersguide.pdf>
- Institute Of Medicine (U.S.), 2011. Committee On Advancing Pain Research, Care, and Education. Relieving pain in America a blueprint for transforming prevention, care, education, and research.
<http://www.nationalacademies.org/hmd/Reports/2011/Relieving-Pain-in-America-A-Blueprint-for-Transforming-Prevention-Care-Education-Research.aspx>

Assessment and Evaluation

How many learners will engage in the instruction? Approximately 25, but exact number will be determined on fall 2016 enrollment. The evaluation component will not be possible to complete until fall 2016 term, however, the following strategies are suggested to provide a methodology for evaluation once the online educational material is presented to students.

Formative Evaluation Strategies

Mid-term evaluations by Karen McCulloch, Matthew Taylor, Carla Hill, and Patricia J. Slagter van Tryon were completed and reviewed, with all recommendations heeded.

See the following summary of formative evaluations:

The main suggestions from the capstone committee concerned the instructional materials used. The main suggestion from the capstone advisor included recommendation to incorporate suggested changes from Carla Hill, and to also address the nature of sedentary Americans as a justification for capstone creation, which included clarification on why the ACA wellness program was myopic (if it actually is) and a question on whether or not health promotion education in PT schools is indeed not yet universal. An attempt was made at clarification of these questions by updating the front-end analysis introduction.

- Matthew Taylor PhD, PT suggested adding additional BPS studies that showcase a wider range of diagnoses.

DECISION: The solution was provided by having students read the entire book chapter from Medical Therapeutic Yoga in the required reading, as it includes evidence-based support and citations for use of the BPS model across a wide range of diagnoses.

- Patricia J. Slagter van Tryon, EdD submitted feedback for improving organization of my existing instructional front-end analysis and defending my needs analysis and instructional materials selection.

DECISION: Her feedback took the longest to incorporate but has now improved the readability and flow of the ID analysis, as well as offered me the opportunity to expand the evidence-base to defend my analysis and capstone. Additionally, she noted that my approach, constructivist in nature, "lends itself well to many instructional techniques, and authoring would be a strong addition to the work...having students build with the new knowledge." "It takes the technology you are using and moves its integration one level deeper." Web-based resources that would scaffold the interaction and sustain

it outside of the course experience could enrich the students' experience.

DECISION: Instead of journaling the experiential yoga practice reflection independently, the students could be encouraged to record a Voice Thread, less than 3-5 minutes, via a low-tech option such as recording a voice memo

on their smartphone or on their laptop computer, to share with their classmates in the larger realm of social media.

- Carla Hill PT, DPT suggested less readings and increased Voice Thread use to review the readings students will have already seen earlier in the coursework.

More specific feedback from Carla included: *"Here is some specific feedback to consider when revising,"*:

-WHO ICF: The students will have previously learned the ICF model so perhaps instead of re-reading the article a brief review could be included in a VT.

-Shumpert: early in the semester the students read a couple articles that lay the foundation for PTs to be engaged in H&W in their practice and they spend a couple weeks learning/discussing several behavior change theories including SCT and HBM; considering all that, students will likely view this as redundant. If there are certain findings within that you want to highlight, consider including in VT.

Shumpert et al., 2009. Examination of the role of health promotion in physical therapy. <http://msahperd.com/wp-content/uploads/2013/10/An-Examination-of-the-Role-of-Health-Promotion-in-Physical-Therapy.pdf>

DECISION: Because of the redundancy of this article, Shumpert and WHO ICF model reading was removed from the readings. The WHO ICF model is discussed in the book chapter required reading, making it redundant to include as a separate article and/or include as a Voice Thread.

-Miciak: I'm not familiar with the 'common factors' model. If this is imperative to your case study, I'd say ok to keep it; if not, I'd say reconsider because I already get students commenting about how many models and theories are covered in the previous units.

Miciak, M., Gross, D.P. And Joyce, A., 2012. A review of the psychotherapeutic 'common factors' model and its application in physical therapy: the need to consider general effects in physical therapy practice. *Scandinavian Journal of Caring Sciences*, 26(2), pp. 394-403.

DECISION: Miciak was removed from the readings because it is likely a topic for later discussion, not for an introductory discussion that this capstone provides. Additionally, I concur with Carla's point that introducing an additional model at this time could be overwhelming for students.

-Kamper x2: seems there may be significant overlap with these, so pick one, otherwise students likely won't read the 2nd one if it seems duplicative.

Kamper et al, 2014. Multidisciplinary biopsychosocial rehabilitation for chronic low

back pain. <http://www.ncbi.nlm.nih.gov/pubmed/25180773>

DECISION: The latest one was chosen and the other discarded.

-Sanders: may be good as an intro (early) reading since the abstract appears to provide the foundation for including this lesson on BPS in the PT curriculum

DECISION: Per Carla's suggestion, this article was retained in the reading list.

Summative Evaluation Strategies

Two forms of evaluation could be used in summative evaluation, qualitative and quantitative. Course outcome effectiveness could be determined via a questionnaire that includes both types of evaluation (quantitative and qualitative). Additionally, the success of the students in completing the assignment can also be used to judge the instructional outcome. The last of the three summative evaluation components includes a self-reflection that will be completed in full after the capstone materials have been posted and feedback is received.

1. Student evaluation includes:

- Reflective questions to consider for students' discussion board post and response
 - Demonstration of use of rationale and guidelines for BPS application via case study analysis
 - Guided yoga experience (prerecorded) with self-reflection
2. [Instructor evaluation](#) includes a quantitative and qualitative evaluation that was adapted with permission from Evaluation Toolbox (2016).

I will not have formal summative evaluation results until fall 2016, when students complete the course instruction in the Health & Wellness course here at UNC.

3. Self Evaluation - This will be completed in full once evaluations of, and questions concerning, the capstone are received via the capstone website.

However, I would like to suggest improvements I know that can be made in the project as it currently stands prior to its defense:

After making changes to the introduction and instructional materials, the instructional materials list shrunk significantly, which is probably a good idea for students so they are not overloaded. However, I would like to see the materials offered expand and grow, but first that would probably require having more teaching time. I am completely open to that possibility and, in the future, would be happy to expand on the material taught so that a more comprehensive experience in health promotion (through a biopsychosocial,

interdisciplinary, integrative medicine lens) could be offered to the students. I would also like to see an expanded offering of experiential practices available for students, which I indicated would be made available for the fall term after I film an extensive collection of them in May 2016. Finally, as use of an integrated biopsychosocial model becomes more widely used in physical therapy, I hope to expand on the material offered in this course section beyond my own book chapters, podcasts, and experiential instruction (yoga practices).

References

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