

PHYT 736 DPT2 Lab Evaluation Survey Results

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Completing falls risk screening and assessment of independent Carol Woods residents was beneficial to my learning.	8	13	3	1	0
Administering screening and assessment of residents in the Higher Levels of Support (HLOS) buildings was beneficial to my learning.	21	4	0	0	0
Selecting and administering additional tests beyond the Carol Woods Assessment items (e.g. TUG, arm curl, 4 stage balance, etc.) was helpful to my learning.	6	18	1	0	0
I feel this experience was beneficial to practicing my clinical reasoning skills with the older adult population.	8	14	3	0	0
Overall, I enjoyed this lab experience.	8	16	1	0	0

What did you enjoy most about this lab experience? Give examples from both the independent and HLOS experiences.

- yes - learning how to give more appropriate directions to assist in their understanding. showing genuine interest in the residents
- getting to interact individuals with different levels of care needs and seeing a large variety
- I liked the opportunity to practice assessments on adults on both sides of the spectrum, both in instructing/implementing the test and when interpreting the results and explaining them to the participants.
- I enjoyed that we got to experience two different sides of Carol Woods through the varying levels of service. It was beneficial to interact with these types of residents as we were forced to alter our instructions and the way we conducted the testing based on the resident that was in front of us at that time. For example, the folks that were seen in the fitness center were active and physically able to score average, if not above average, on most tests. Conversely, the patient that we saw in the HLOS unit demonstrated signs of a cognitive impairment, and her evaluation took longer due to the alterations and coaching that took place throughout. This was great practice and applicable to a true patient care setting.
- I enjoyed most the individual interactions with the residents. I enjoyed being able to compare groups from the independent and HLOS to see differences in assessment scores.
- I enjoyed getting to use clinical reasoning to decide the appropriate test to administer to residents.

- The independent experience was better organized in my opinion than the HLOS one. I liked that we had a lot of space and all the needed equipment in that gym space. All the patients were excited to be there and wanted to engage with students.
- I enjoyed the opportunity to work with higher and lower-level functioning patients back to back to provide a better perspective on tailoring the tests to the patient. I liked that we had ample time and were allowed to work independently with a partner to administer the tests.
- Working with the HLOS patients was much more beneficial. Choosing our own outcome measures and some clinical thinking was better.
- The HLOS was the most helpful as we had not interacted/screened this population before. I liked the challenge of trying to find additional tests to complete based on the patient presentation, but I do wish more time was allotted for this.
- I liked being able to see a wide variety of physical fitness amongst the residents. I also liked the independence we were given to practice our clinical reasoning skills with the knowledge we were prepped with beforehand.
- interacting with residents, getting to practice my skills
- I enjoyed interacting with the residents and seeing the differences in independence between the two different groups. I especially enjoyed working with the HLOS residents because they allowed me to practice my guarding and cueing techniques more.
- Have a practical application of what we have been learning about the past month or two, and being able to see examples of people who score low and high on the assessments.
- I enjoyed going out in the community and practicing what we've learned on actual people instead of our classmates.
- Getting to know the residents and administering the tests
- I enjoyed gaining some proficiency with some tests we discuss frequently in the program in general (BBS, TUG). I thought that was helpful for me to hone my skills.
- both settings were relaxed and not intimidating, residents were willing to participate; it was great to work with HLOS for the first time
- I enjoyed getting to choose assessments based on our own judgment, beyond the Carol Woods assessment.
- The enjoyment and motivation the patients had. HLOS was more helpful for my learning.
- Interacting with patients
- I enjoyed working with patients who required higher levels of care.
- working with the HLOS residents was most enjoyable. I had a great time working with them. It's also notable how age does not play as big a role in function level as compared to activity level. Asking about activity level is a whole lot more crucial in this population
- Being able to interact with the higher level residents
- administering the mini-COG to HLOS residents and seeing what clocks they made; hearing from an independent resident about all the ways he is trying to preserve his health

What would you suggest for future classes completing this lab experience? Give examples from both the independent and HLOS experiences.

- Read over the outcome measures beforehand to give yourself an idea of what they each consist of
- I felt it was a little disorganized at the start and we ended up spending most of our time in one area, and very little time in the second area.
- Clarify expectations a bit more ahead of time. There was some confusion on our end about expectations of us, what the residents expected, and what we were supposed to tell them at the end of the session(s).
- Prior to the night before the experience, I was unaware that we were to administer the senior fitness test. For this reason, I would advise students to review those tests in advance so that testing runs

smoothly and you're prepared from the first resident to the last resident. Instructions should be clear and not fumbled through so that the resident trusts you and your evaluation of them is efficient. Another thing I would suggest is to not be afraid to take a deeper dive into their cognitive status. My partner and I administered a Mini-Cog, and this screening tool was much more beneficial to us than a physical screen or assessment. We gained insight into her cognition that will better serve us when considering a treatment plan.

- I suggest providing a bit more instructions prior to the event. I was unaware that we were doing the Carol Woods screening on top of our own so a little more information on how the day was going to run would have been helpful.
- I felt like there wasn't clear communication about what was expected of us and what we would be doing at Carol Woods. Also, the number of residents booked per hour vs the amount of groups we had to administer testing was disproportionate. I felt very rushed towards the end and like I wasn't actually able to choose a secondary outcome measure to administer to the residents because there was pressure on me to assess more people than to assess a few people in depth. I really like working at Carol Woods and wanted to be able to help as many residents as possible but that was kind of stressful.
- Work in smaller groups (we had a lot of groups of 3 and it could have been done in groups of 2) to make sure more patients are able to be seen and each group gets a longer time with their patients to feel less rushed.
- I think that this event was well organized. I don't recommend any changes to the experiences.
- Many of the independent patients do not need the Carol Woods measures and could benefit from more difficult evaluations. I would try more HLOS than independent in the future. The more clinical reasoning allowed, the better, since filling out the forms doesn't seem super helpful for every patient and we did the same thing as 1st years
- We already complete a lab at Carol Woods with the independent residents, so I feel it would be more useful to spend more time with the HLOS residents and have more time to actually practice some of the assessments/tests discussed in class. Time was super short and we didn't get to do much more than the standard Carol Woods assessment which we have already practiced before.
- Be cognizant of the different screenings and assessments available and then be confident in what you choose to do! Pay attention to the patient's physical and mental abilities. Listen to them. And don't be afraid to change your assessment if you realize it's not the most appropriate.
- there wasn't enough time to complete both the outcome measure and the fitness assessment, the CW staff was pushing us to see 9+ residents in 2 hours, so we really didn't have the time to complete the other outcome measures we would have liked and to really spend the time working with the residents like I would have liked because there was so many people waiting in line
- None- I thought this experience was great.
- More equipment ready to use in HLOS setting. More clear expectations of what we would actually be doing ahead of time.
- I thought that the screen and then the additional testing was confusing at first, so in the future maybe a better explanation of what the experience entails!
- Less residents and more quality time with them. This felt very similar to what we did in Motor Development last year. It would have been more beneficial to administer tests, review them with a professional and then go and speak to the resident about their results and what it means and how they should address deficits.
- I think the instructions should be explained a little better before hand. Giving us instruction in class about how to perform the SFT would have been nice, then actually allowing us a practice run at the BBS or brief BEST in class would have also helped me better instruct patients on what to expect.
- focus solely on HLOS since we already had independent experience in lifespan class
- I think differentiating between the first year Carol Woods experience and the one in this class would be helpful.
- See as many patients as you can. You get more out of it
- Being more prepared before the event begins

- Make sure that you have time to see patients on both sides.
- know your outcome measures. use a gait belt. give them a chair to hold onto so they don't grab onto you instead. use simple commands, and talk LOUD
- I thought the project overall was not well organized. Limited information was provided before going to the event and when we arrived, most people did not have a clear idea of what we should do and the space was not prepared.
- do a mini-cog on the independent residents to see what you find; could be more meaningful experience if we interpreted the SFT results that the first years do and build on that as opposed to doing the same tests over again