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Original Study

Using the Jigsaw Cooperative Learning Method to Teach Medical Students About Long Term and Postacute Care

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A B S T R A C T

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Since many of the frailest and most vulnerable Americans reside in nursing homes, medical students need focused education and training pertaining to this setting. A unique cooperative learning experience utilizing the jigsaw method was developed to engage and expose students to the institutional long term and postacute care (LTPAC) setting and the roles of personnel there. To accomplish these goals, small groups of medical students interviewed LTPAC personnel about their role, generally, and in relation to a specific patient case. These groups were then rearranged into new groups containing 1 student from each of the original groups plus a faculty facilitator. Each student in the new groups taught about the role of the LTPAC professional they interviewed. To assess the effectiveness of this learning experience, students and LTPAC personnel provided written feedback and rated the activity using a 5-point Likert scale (1 = worst; 5 = best). Students also took a knowledge test. The activity received ratings from students of 3.65 to 4.12 (mean = 3.91). The knowledge test results indicated that students understood the roles of the LTPAC personnel. In general, the jigsaw exercise was well-received by participants and provided an effective means of introducing medical students to the nursing home environment.

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Institutional long term and postacute care (LTPAC) has become a critically important area of patient care, as many of the frailest and most vulnerable elders are cared for in nursing homes either for short or long periods of time. In 2010, there were 1.4 million older adults living in 16,071 nursing homes across the United States.¹ Another 1.7 million persons experienced temporary or short stays in skilled nursing facilities (SNF)s for rehabilitation and 1.23 million older adults lived in other care settings such as assisted living or residential care.^{1,2} Unfortunately, there are far too few physicians and other health professionals with appropriate training in LTPAC to care for that population. Although the geriatrics content has increased in medical schools in the United States, students are still receiving insufficient LTPAC content. A survey of medical schools in

1999 and 2000 showed that a modest 69% of medical schools had a teaching nursing home, and 65% had curricular content regarding interdisciplinary teams.³ The 2013 American Association of Medical Colleges' Medical School Graduation Questionnaire indicates that most graduating students believed that their instruction in the care of geriatric patients (84.8%), long term healthcare (81.4%), and teamwork with other health professions (89.5%) was adequate; however, only about one-third of students had any experience with home care or nursing home care during medical school, suggesting that students' self-reported data on this questionnaire overestimate the adequacy of LTPAC education.⁴ In comparison, 95.8% believed the instruction in the care of hospitalized patients was adequate.⁴ Taken together, the data suggest that more emphasis on the LTPAC settings, especially the nursing home is needed in the medical school curriculum.

In response to this need for medical student education about the institutional LTPAC setting, we employed a novel cooperative learning technique called the jigsaw method. The objectives were to define LTPAC posthospital care, the scope of services it entails, and to describe the roles of the various members of the nursing home interprofessional team. This article will describe the jigsaw method, and discuss the results of our evaluation of this innovative activity.

Heidi K. White and Sandro O. Pinheiro contributed equally to this work.

The authors declare no conflicts of interest.

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Methods

Jigsaw Method

The jigsaw method is a cooperative learning strategy that is broadly applicable to many educational settings, working well for any material that can be segmented into equal parts among students. The basic procedure for orchestrating the jigsaw method involves dividing the students into 'expert' groups, with the same number of expert groups as the number of segments of material. The students in each 'expert' group study their assigned material, and discuss how to best communicate it to the larger group.⁵ When the discussions within the 'expert' groups are complete, 1 student from each 'expert' group forms a 'jigsaw' group. The members of the 'jigsaw' groups teach each other what they have learned.⁶ The instructor acts as a facilitator, monitoring the groups to make sure they are on task and do not have any gross misperceptions.⁵

Long Term Care Jigsaw Exercise

Medical students early in their clinical training at Duke University took a weeklong required experience in geriatrics entitled the Clinical Core on Aging. In general, the experience was designed to introduce students to various aspects of the care of older adults, in different settings. As part of the week, students spent a half-day at a local continuing care retirement community interacting with residents and staff. The jigsaw exercise was employed during this half-day as a means of introducing students to the structure and function of the LTPAC setting.

The objectives of the jigsaw exercise were to define LTPAC and the scope of services it entails, and to describe the roles of the various members of the nursing home team. To accomplish these goals, 10

key members of the LTPAC team were identified. A group of 50 students was divided into 10 'expert' groups of 5 students. Each 'expert' group was given 30–45 minutes (Figure 1, step 1) to meet and interview 1 member of the LTPAC team. To facilitate the interview, the students were given a brief (1–3 sentences) description of the position and some suggested questions, as well as a clinical case to frame the interview. Each student in the group was to become an 'expert' in the role of their assigned member of the healthcare team. After the interview the students in the expert groups were allowed 15 minutes to confer with their members to discuss the main talking points about their professional's role in general and in relation to the clinical case. Next, they would share these talking points as the case was discussed in the jigsaw groups. The groups were then rearranged into 'jigsaw' groups containing 1 expert student from each of the original groups along with a faculty facilitator (Figure 1, step 2). The 'jigsaw' groups met for 1 hour during which each student in the group offered insights into how the LTPAC professional that s/he interviewed would typically interact with the patient in the case during the various stages and problems encountered in the nursing home stay (admission, deconditioning, colostomy care, depression, lost hearing aids, lack of primary care physician that visits the SNF, and discharge planning). The goal for each 'expert' was to teach his/her peers about the role that the person s/he interviewed has in patient care, in general, and specifically with regard to the case. The faculty facilitator was given a facilitators' guide to ensure that essential material/concepts were covered in each 'jigsaw' group. The entire exercise was repeated in order to accommodate all 100 students.

Evaluation Strategies

The jigsaw exercise was assessed using a mixed-method approach. This approach is generally thought to yield a more

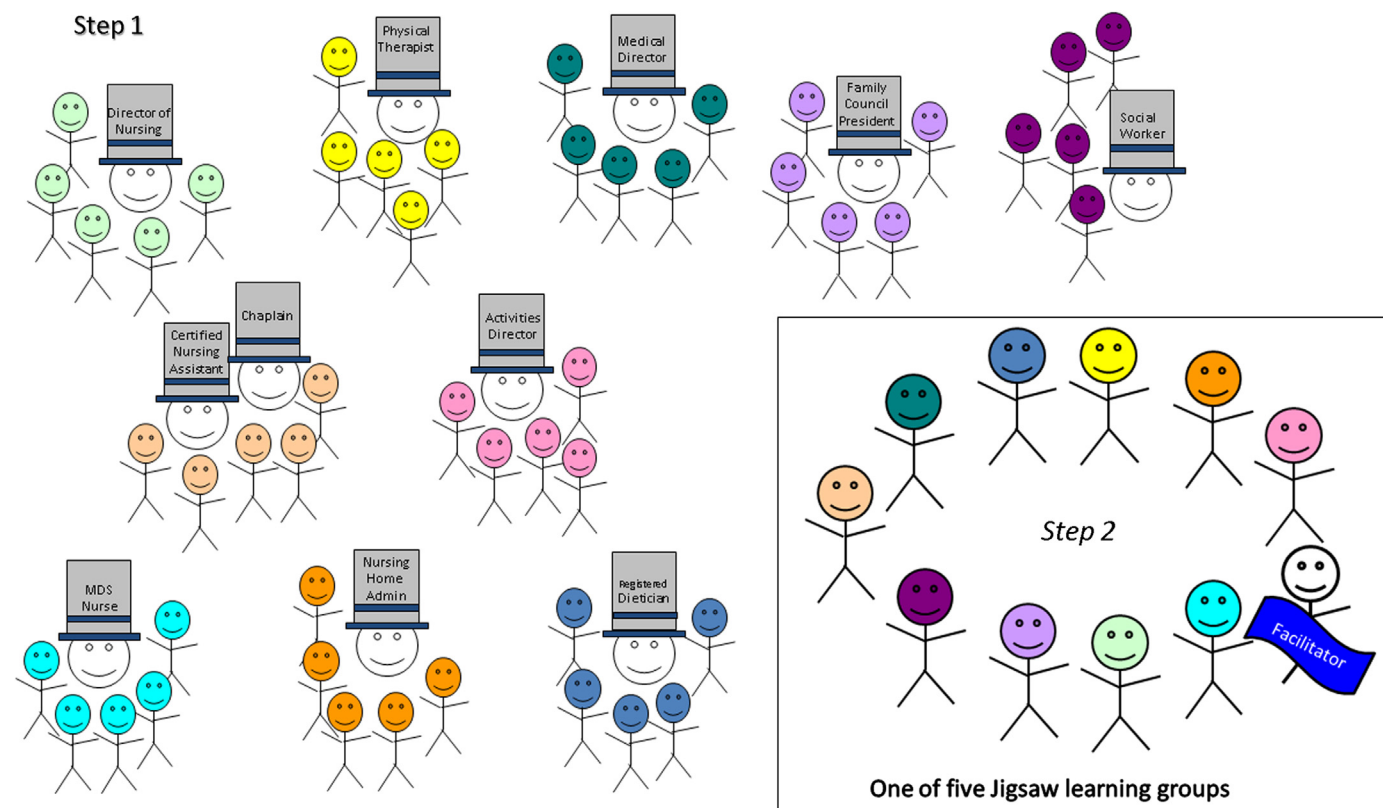


Fig. 1. Pictorial representation of the jigsaw method.

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