

IMPLEMENTATION OF A COURSE ON WELLNESS CONCEPTS INTO A CHIROPRACTIC COLLEGE CURRICULUM

Cheryl Hawk, DC, PhD,^a Ronald L. Rupert, MS, DC,^b John K. Hyland, DC, MPH,^c and Anjum Odhwani, MD, MPH^d

ABSTRACT

Objective: The purpose of this study is to implement and evaluate a course on “wellness concepts” for chiropractic students, emphasizing national goals and evidence-based practices for health promotion and prevention.

Methods: Teaching methods included traditional lecture discussions and experiential activities, including objectives described in *Healthy People 2010*. Evaluation included pre- and posttests of students’ familiarity with and intention to use key concepts, resources, and practices; item analysis of multiple choice exams; and a qualitative survey.

Results: Increases in students’ self-reported familiarity were statistically significant for all but 2 of the 23 key topics assessed. At baseline, students already expressed intention to use most wellness-related practices listed, and showed significant increases for approximately half the practices listed at the posttest. Item analysis found students less able to correctly answer questions requiring analytic thinking than simple memorization. Students were most satisfied with the experiential portions of the course.

Conclusion: Although the course was successful at introducing students to national resources and initiatives related to wellness, health promotion, and prevention, these concepts may be more meaningful if integrated into a teaching clinic that encouraged practical application of course concepts. (*J Manipulative Physiol Ther* 2005;28:423-428)

Key Indexing Terms: *Health Education; Preventive Health Services; Chiropractic; Health Promotion; Attitude to Health*

It is now well-established that the leading causes of preventable death are modifiable behaviors.^{1,2} Thus, it is imperative that all health care providers actively support and encourage patients to make positive behavioral changes. The US Preventive Services Task Force³ has stated that, “The most promising role for prevention in current medical practice may lie in changing the personal health behaviors of patients long before clinical disease develops.” Toward this end, one of the objectives of *Healthy People 2010*, the blueprint for improving the health of America, is to increase the proportion of health professional training schools that include core competencies in health promotion and disease prevention.⁴

In a special issue of *Academic Medicine* in 2000, the Association of Teachers of Preventive Medicine published recommendations for establishing these core competencies in prevention and health promotion.^{5,6}

According to the Council on Chiropractic Education,⁷ the practice of chiropractic includes health promotion and health assessment, and the clinical training program must, “... integrate health assessment, health maintenance and health promotion as elements of patient care.” However, the body of evidence related to disease prevention and health promotion has not yet been integrated into the curricula of most chiropractic colleges in the United States.⁸⁻¹¹ To address the concerns described above, in 2003, a course in “wellness concepts” was introduced in a US chiropractic college (Palmer College of Chiropractic, Davenport, Iowa) to students in the term immediately preceding their clinical internship. This report describes the implementation and evaluation of the course.

METHODS

Course Development

In September 2003, a required 3-credit-hour course entitled “Wellness Concepts” was introduced into the college curriculum in the fifth trimester, the term immediately preceding the beginning of the students’ clinical experience. Originally, the course intended to introduce students to

^aSouthern California University of Health Sciences, Whittier, Calif.

^bParker Research Institute, Dallas, Tex.

^cParker Research Institute, Dallas, Tex.

^dParker College of Chiropractic, Dallas, Tex.

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Submit requests for reprints to: Cheryl Hawk, DC, PhD, Southern California University of Health Sciences, 16200 E. Amber Valley Dr, Whittier, CA 90609 (e-mail: cherylhawk@scuhs.edu).

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wellness-related procedures and practices they would be exercising during their clinical internship. However, over the 1-year interval in which we developed and taught the course, integration with the clinical internship was not yet in place.

The course was team taught by faculty from the college's research department, all of whom had experience and/or academic training in prevention and health promotion. Formative evaluation was used to assist course development. We instituted each new iteration at the beginning of a new trimester over a 1-year period (3 trimesters). The learning objectives of the course were for students to (1) be familiar with a wellness model of care emphasizing the essential features of multidimensionality and self-care; (2) recognize practice procedures consistent with national priorities and initiatives related to health promotion; (3) develop and exercise skills needed to access health promotion and prevention resources; and (4) be familiar with practical tools for assessment, screening, and counseling patients in the areas of greatest significance to their patients' health and most relevant to chiropractic practice.

Teaching Methods

Because of class sizes (80-110 students per class) and limited personnel, the course goals focused on familiarity with practices and procedures and use of resources, rather than actual skill building. Consistent with most courses at college, the format was primarily lecture. Each trimester, we attempted to increase the interactivity of the course through various types of group and individual activities and a greater use of case-based lecture discussions.

Content

The course was predicated on the importance of using evidence, rather than relying on formulas, for making clinical decisions to help patients improve and maintain their health. Content areas were identified through the instructors' examination of (1) literature on health promotion and prevention, including several textbooks for undergraduate wellness courses,^{12,13-15} one of which¹² was selected as the course text; (2) current content related to wellness in chiropractic college curricula^{7-11,16}; and (3) national recommendations for health professionals' involvement in prevention and health promotion, especially *Healthy People 2010* and the Association of Teachers of Preventive Medicine document mentioned above.^{4,5} The course covered the key areas listed in Fig 1.

Evaluation of Student Outcomes

Students were evaluated using 3 outcomes. Traditional multiple-choice examinations were used, and approximately half of the questions required that students recall specific facts; the other half required that they use synthetic and analytic thinking to apply their knowledge

- Wellness principles, with emphasis on multidimensionality and self-care
- National and community wellness initiatives, particularly government agencies such as *Healthy People 2010*, the United States Preventive Services Task Force, and the Centers for Disease Control and Prevention
- Health education/health behavior, focusing on the stages of change
- Epidemiology of wellness (principles of epidemiology and risk factors related to health status and prevention of chronic disease and disability)
- Assessment of risk factors and health status (including standard measures such as the SF-36)
- Topic areas for counseling:
 - Physical activity
 - Healthy diet (www.cdc.gov)
 - Stress management
 - Injury prevention (www.cdc.gov/ncipc)
 - Smoking cessation
- Other areas discussed included environmental and worksite health, sexual behavior, maternal and child health, geriatric health, and use of other substances such as alcohol and recreational drugs.

Fig 1. Key content areas for the course.^{12,17-19}

to an example or case rather than simply memorize terms. Details are outlined below.

Students were also evaluated on group projects. Two faculty members attended all the group projects and used a score sheet of weighted factors, which they then discussed and averaged after the presentations. These factors were appropriateness to target audience (10%), organization of presentation (20%), presentation skills (20%), practical application (30%), and use of resources (20%). Lastly, self-study assignments or wellness plan portfolios were scored on a pass-fail basis.

Evaluation of Course

The overall course evaluation included the following components to assess achievement of the course objectives, as well as students' opinions about the course and course content: (1) pre- and posttest of familiarity with concepts and intention to use wellness practices, (2) item analysis of exam questions, and (3) midcourse qualitative survey.

Pre- and posttests. These were conducted on the first and the last day of classes. The questionnaire was developed and piloted during the first trimester the course was offered, then refined and used in both the second and the third iterations of the course. The first section asked students whether they intended to use specific practices or resources in their future practice to assess the effect of the course on their attitudes. The second section listed key terms, concepts, and resource agencies included in the course content, and asked students how familiar they were with each of them, to provide information on their knowledge and familiarity with each of these.

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