Commentary on Wilson et al.¹

As I prepared to read the article by Wilson and colleagues,¹ my initial thought as a physiotherapy educator was, “Patient draping? Of course we are covering that within the Canadian entry-level physiotherapy curriculum ... aren't we? Even if we don't overtly cover patient draping with every assessment and treatment technique within the curriculum, surely we give the students enough of a foundation to apply principles of maintaining patient privacy and dignity through draping ... don't we?” Those were my assumptions as I began reading this article, eager to confirm that my thoughts about our students' preparation in the area of appropriate draping would be supported by research. Once I had the opportunity to read and reflect on the results of Wilson and colleagues' study and my own experiences in teaching physiotherapy students, however, many of my initial assumptions had changed.

Wilson and colleagues¹ surveyed both physiotherapy educators (PTE) and physiotherapy students (PTS) from Canadian entry-level physiotherapy programmes. This article brings to light their perspectives on patient draping as part of the entry-level physiotherapy curriculum.

Not surprisingly, the authors found that almost 100% of PTS and PTE surveyed believe that draping has an impact on patient dignity and that it is important for PTS to learn proper draping techniques. Despite these beliefs, however, the results also indicate that draping is not well defined within entry-level curricula and that only 60% of PTE report providing draping instruction for each area being examined. Sixty percent doesn't seem very high; however, an even smaller percentage of students report receiving draping education: only 25% indicated that they have learned draping in a step-by-step fashion, or within the context of each physical exam they are taught. Although Wilson and colleagues acknowledge that the PTS had not completed their curriculum when surveyed, and therefore may later have received more education related to draping, this discrepancy in perspectives is worrying for educators in the classroom and at the bedside. We need to consider revising our methods of content delivery in this area to ensure that students have an appropriate foundation that can be applied to varied clinical situations.

Wilson and colleagues¹ conclude that draping education should be explicitly covered in Canadian physiotherapy curricula and propose that a draping educational resource should be developed for both PTE and PTS. They specifically suggest that educational modules for some of the more challenging areas to examine/treat (pelvis, hip, respiratory, cardiovascular, and lumbosacral) be developed and implemented through a combination of preferred strategies, including instructor-led teaching and demonstration, practice with volunteer patients, and videos.

When designing draping modules for inclusion in entry-level PT curricula, one must be cognizant of existing time pressures

with respect to content delivery. To prepare students for practice upon graduation, we must convey a vast amount of knowledge and skills within a very short period. While patient draping is an important component of ensuring patient dignity, as Wilson and colleagues note,¹ other skills may take precedence within these busy curricula. It is also interesting that only 29.2% of PTE felt that more time should be spent on draping education. We need to consider innovative methods of delivering this content without further adding to class hours. Can instructors simply be more explicit in their draping instructions as they teach individual assessment and treatment techniques, or do we need a separate module to cover the principles and application of patient draping?

The results of this study have important implications for educators in both academic and clinical environments. Students do not feel they are prepared to drape patients appropriately. Because draping is an important component of ensuring a patient's overall dignity, educators in entry-level curricula must find ways to deliver this content and ensure that students feel confident in their ability to apply it in the clinical environment.

I would advocate a multi-pronged approach that starts with a self-study module addressing the principles and basics of patient draping and the importance of maintaining privacy and dignity. Following this, instructors need to be explicit in applying these principles and integrating patient draping into their demonstrations of individual clinical skills. Finally, the student's ability to drape a patient appropriately should be included in the criteria used to assess students in our practical skills exams.

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REFERENCES

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