

10-23-2019

## Jefferson Center for Interprofessional Practice and Education (JCIPE): Enhancing Services to Underserved Populations through Innovative Virtual World Training and Collaborative Partnerships

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### Recommended Citation

Toth-Cohen, PhD, OTR/L, Susan; Salzman, MD, Brooke; and Kazharova, LCSW, LCADC, Oksana, "Jefferson Center for Interprofessional Practice and Education (JCIPE): Enhancing Services to Underserved Populations through Innovative Virtual World Training and Collaborative Partnerships" (2019). *Department of Occupational Therapy Posters and Presentations*. Paper 61.

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Jefferson Center for Interprofessional Practice and Education (JCIPE)

# **Enhancing Services to Underserved Populations through Innovative Virtual World Training and Collaborative Partnerships**

**October 23, 2019**

Susan Toth-Cohen, PhD, OTR/L, Brooke Salzman, MD, Oksana Kazharova, LCSW, LCADC



## OBJECTIVES

After attending this presentation, participants will be able to:

1. discuss the development, implementation, and evaluation of two interprofessional virtual training programs focused on vulnerable populations
2. articulate the key role of community partners in creating and sustaining virtual training programs
3. identify useful strategies for implementing virtual training incorporating the flexible learning framework
4. apply basic information and lessons learned to your own ideas about current or potential training programs





# Simulations focused on vulnerable populations

- Enhancing Services to Homeless Populations (ESHP)
  - Learn effective strategies and apply knowledge of appropriate resources to address needs of persons experiencing homelessness
  - Work effectively in IP teams
- Alzheimer's Virtual Interprofessional Training (AVIT)
  - Learn effective strategies to address health needs of persons with Alzheimer's Disease and their caregivers
  - Work effectively in IP teams





# Guiding Framework: Flexible Learning Model 1-3

## Flexible Learning Model Applied to Virtual Simulations

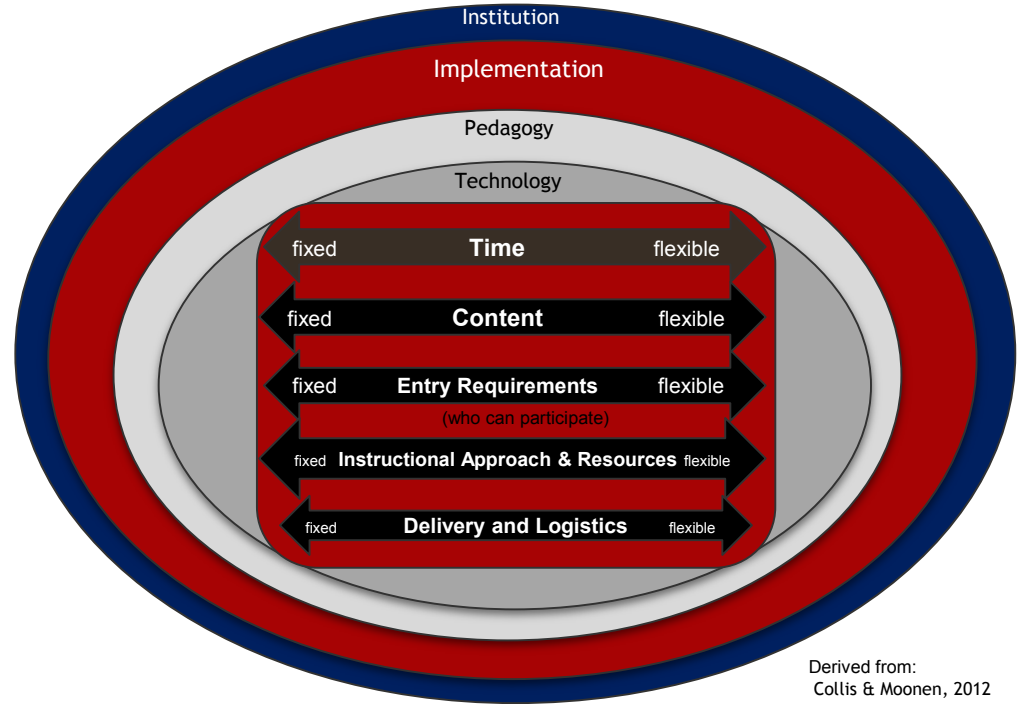
**Time** – duration of simulation/entire program

**Content** of the Program or Course (specific to homeless population or persons with Alzheimer's and their caregivers)

**Entry Requirements** (who can participate in the program or course)

**Instructional Approaches and Resources** – preparatory material (case bios, resource articles and websites, videos); simulation; debriefing

**Delivery and Logistics** – Second Life JCIPE Sim Center; student-scheduled (ESHP) or scheduled by faculty (AVIT)



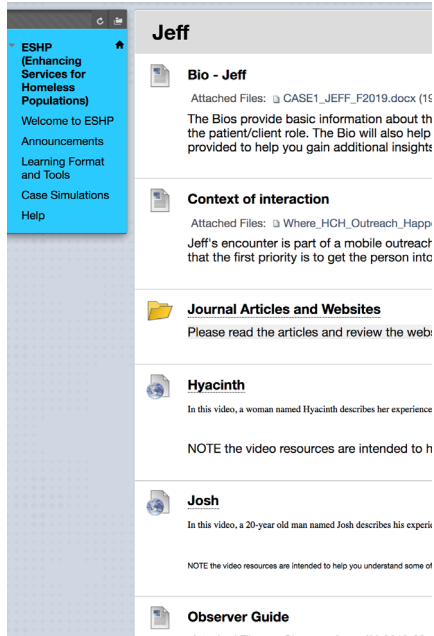
Derived from:  
Collis & Moonen, 2012





# Overall Structure: Program Simulations

## 1. Preparation



## 2. Patient/client encounter (videotaped)



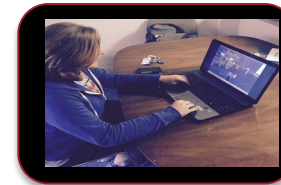
Virtual Sim Center

### Triad Model 4, 5

- Students enact the case simulations in teams of three: Patient/client; provider; and observer
- Rotate through each role in 3 different cases

3.

Observe performance



## 4. Debriefing

Reflect on experience of patient, provider, and observer roles





# Logistics

## Recruitment

- Students from all across Jefferson via Recruitment flyer
- Look for balance of disciplines within the teams of three

## Consent

- Consent Interview
- Demonstration of virtual world program
- Q&A

## Implementation

- Approximately 12 hours total (ESHP)
  - 6 hrs total (AVIT)
  - Scheduled by student team (ESHP)
  - Scheduled by faculty (AVIT)
  - Option for clinical site experience (ESHP)
- Scheduling - flexible vs. fixed

## Evaluation

### ESHP

Pre- and post-tests (MC and TF)  
Pre- and post-qualitative interviews (confidence/self-efficacy)\*  
Debriefings (each case)  
JTOG individual

### AVIT

Pre- and post tests  
Debriefings (each case)  
Post-interview  
(AVIT) - starting with next rotation, interview questions will be incorporated into debriefings





# Overview of Program Results

	ESHP		AVIT	
	2016-17	2017-18	2018 Spring	2018 Fall
Improved knowledge of topic area	✓ <input type="checkbox"/>		✓ <input type="checkbox"/>	✓ <input type="checkbox"/>
Increased empathy	✓ <input type="checkbox"/>	✓ <input type="checkbox"/>	( - )	( - )
Recognize benefits of IP teams		✓ <input type="checkbox"/>	✓ <input type="checkbox"/>	✓ <input type="checkbox"/>
Increased confidence/self-efficacy ☆	✓ <input type="checkbox"/>	✓ <input type="checkbox"/>	✓ <input type="checkbox"/>	✓ <input type="checkbox"/>

( - ) Data not gathered

☆ Strong finding





# Key Roles of Community Partners

## Development

*Partner contributions to ESHP and AVIT  
including case simulations*



## Implementation

*Assistance with onsite component,  
recruitment (future application for staff)*



## Continued development & quality improvement

*Ongoing consultation and review*





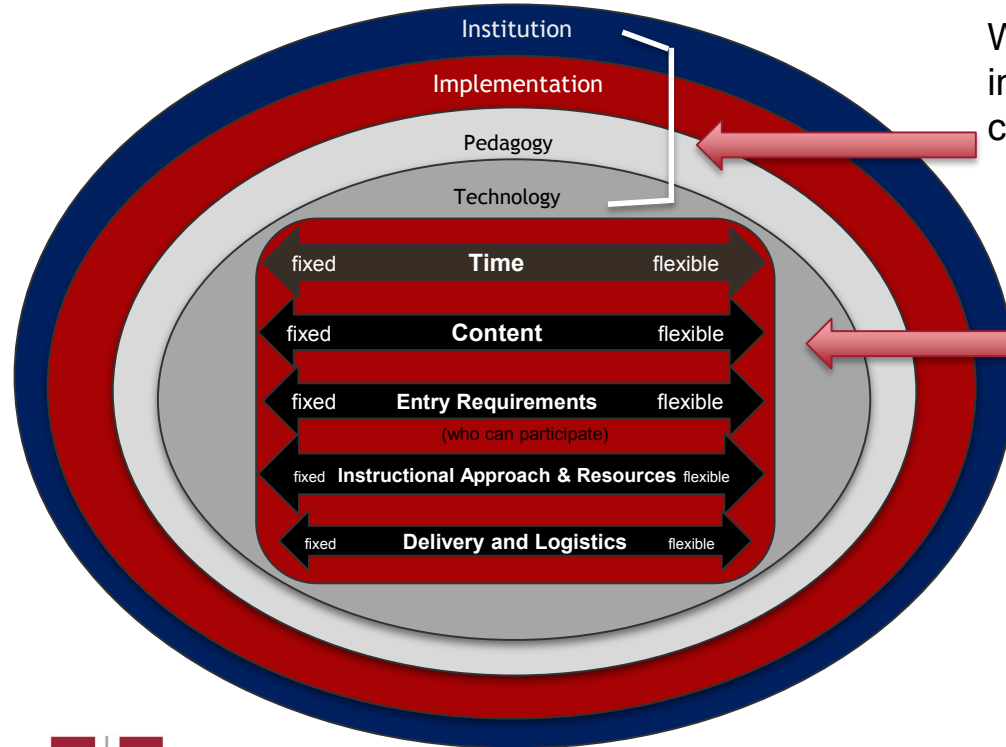
# Community Partner Reflections

- Build relationships with students, potentially recruit them
- Gain valuable input, "fresh" perspective on service delivery improvement
- Expand agency's professional network;
- Providers working directly with students onsite can help shape future professionals.
- Coordinating students' and onsite staff's schedules can be challenging; requires flexibility from both





# Strategies for implementing virtual training using the flexible learning model



What key considerations do you need to take into account? [e.g., resources, institutional culture, strategic plans]

What are your aims and needs in relation to the 5 elements of flexibility?



# Evaluating virtual training using the flexible learning model

- 1 Evaluate targeted outcomes (e.g., knowledge, self-efficacy)
- 2 Examine the 5 aspects of flexible learning to target potential changes

## Flexible Learning Model Applied to Virtual Simulations

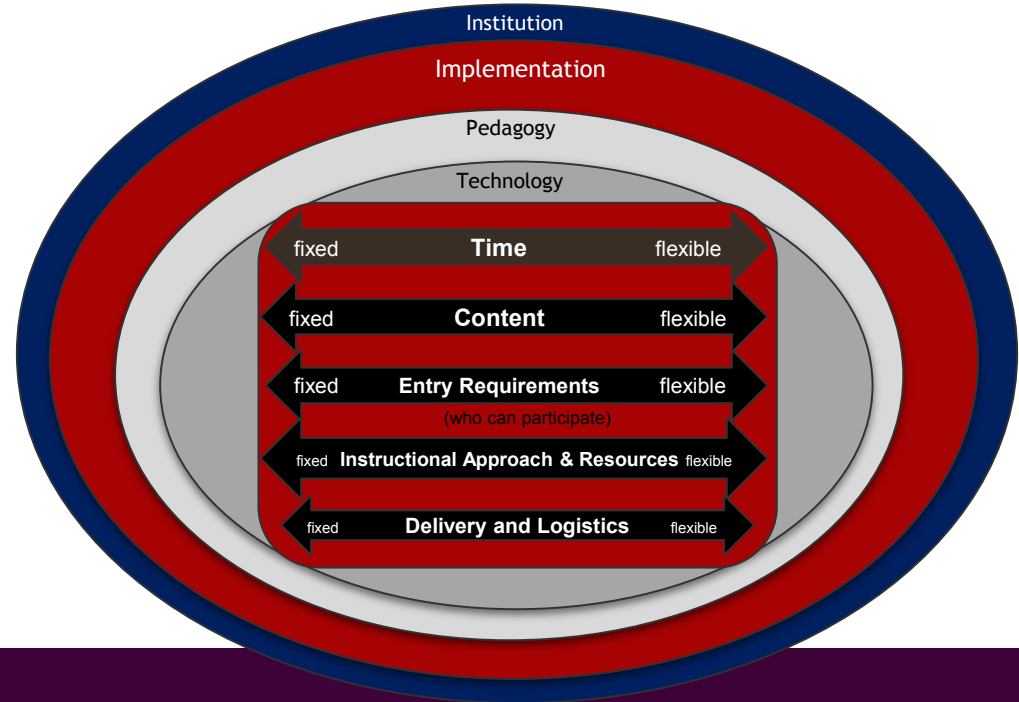
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# Lessons Learned

- Virtual world as safe space to improve skills working with vulnerable populations<sup>6</sup>
- Virtual world simulation allows for interprofessional education for students at various locations<sup>7</sup>
- Collaborations with community partners enhances learning, program development, and sustainability





# Questions and Discussion



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For a full bibliography on use of virtual training for IPE addressing underserved populations, contact [susan.toth-cohen@jefferson.edu](mailto:susan.toth-cohen@jefferson.edu)

