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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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
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
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)

3. Observe performance

4. Debriefing

Reflect on experience of patient, provider, and observer roles

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
### Logistics

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

#### 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)

#### 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

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

### Scheduling - flexible vs. fixed
## Overview of Program Results

<table>
<thead>
<tr>
<th></th>
<th>ESHP 2016-17</th>
<th>ESHP 2017-18</th>
<th>AVIT 2018 Spring</th>
<th>AVIT 2018 Fall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved knowledge of topic area</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Increased empathy</td>
<td>✔️</td>
<td>✔️</td>
<td>(-)</td>
<td>(-)</td>
</tr>
<tr>
<td>Recognize benefits of IP teams</td>
<td>( - )</td>
<td>( - )</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Increased confidence/self-efficacy</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
</tbody>
</table>

( - ) 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

• Virtual world simulation allows for interprofessional education for students at various locations

• Collaborations with community partners enhances learning, program development, and sustainability
Questions and Discussion

For further information, contact: susan.toth-cohen@Jefferson.edu
References


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