THEORY BURST #2: BUILDING EXPERIENTIAL LEARNING ACTIVITIES LINKED TO IPEC® CORE COMPETENCIES

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THEORY BURST: BUILDING

Our Approach
Examples
Lessons and Advice
# LEARNING MATERIALS

<table>
<thead>
<tr>
<th>Audiences</th>
<th>Students, Faculty, Preceptors, Practitioners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Types</td>
<td>Interactive eLearning Modules, Simulations, Workshops, Train-the-Trainer Programs, Clinical Experiences, Courses</td>
</tr>
</tbody>
</table>

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OUR VISION

- Competency-based
- Clinically relevant
- Interactive and engaging
- Applicable to all health professions
- Connect education and practice
- Evidence-based
- Easily accessible

BUILDING PROCESS

- Competencies
- Content & Delivery
- Dissemination
- Application & Evaluation
- User Review & Pilot
Building Process

- Competencies
- Content & Delivery
- Application & Evaluation
- User Review & Pilot
- Dissemination

What Are You Finding Challenging?

- Competencies
- Content & Delivery
- Application & Evaluation
- User Review & Pilot
- Dissemination
**BUILDING IPEC®-BASED EXPERIENCES**

1. Specify learning focus
   - (e.g., roles, communication, team-based care processes)

2. Select 3-4 relevant IPEC® competencies – keep it simple
   - Stage of learner
   - Level of content (e.g., beginning team communication vs. conflict management)
   - Type of experience (e.g., interactive module, clinical application)
   - Accreditation requirements

3. Gather your team
   - Content experts, Project Coordinator
   - Instructional Designers
   - Reviewers (e.g., students, faculty, practitioners)
EXAMPLE: CARE COORDINATION

VE1: Place interests of patients and populations at center of IP health care delivery and population health programs and policies.

VE4: Respect the unique cultures, values, roles/responsibilities and expertise of other health professions and the impact these factors can have on health outcomes.

RR1: Communicate one’s roles and responsibilities.

RR3: Engage diverse professionals who complement one's own professional expertise to develop strategies to meet specific health and healthcare needs of patients and populations.

CC1: Choose effective communication tools and techniques.

CC2: Communication information in a form that is understandable.

TT3: Engage health and other professionals in shared patient-centered and population-focused problem solving.

TT7: Share accountability for outcomes.

Interprofessional By Design™ Teaching and Learning Strategies
LEARNING METHODS

Content Review

Please provide your feedback by answering the rating scale questions and providing your comments and recommendations. If you have questions or need assistance, please contact the project administrator.

1. Please rate your level of agreement with the following statements:

- The information is presented clearly.
  - Strongly Agree
  - Agree
  - Disagree
  - Strongly Disagree
  
Comments & Recommendations:

- The information is presented in a manner that holds my interest.
  - Strongly Agree
  - Agree
  - Disagree
  - Strongly Disagree
  
Comments & Recommendations:

- The information is presented in an unbiased manner.
  - Strongly Agree
  - Agree
  - Disagree
  - Strongly Disagree
  
Comments & Recommendations:

- The module contains a good balance of text, graphics, and audio narration (if applicable).
  - Strongly Agree
  - Agree
  - Disagree
  - Strongly Disagree
  
Comments & Recommendations:
STUDENT FEEDBACK

“All of the information was presented very clearly and was easy to understand, there were not any instances when I felt confused or felt that something was not explained well.”

“Matching team roles was helpful in thinking about how each health care provider would fit into each role. It is nice to be able to think about the concepts for a bit instead of just hearing a lecture.”

“The module was easy to navigate with the menu slide having the four main sections.”

“The module used a great balance of slides that contained text, animation, and other graphics.”

“The information is not reliant heavily on text and uses graphics throughout to hold my interest. The use of activities are an excellent way to reinforce the knowledge taught while breaking up the lecture.”

“The information represents all professions involved clearly. The information emphasizes teamwork and does not place any particular profession, like a doctor, as the central role of a team.”

COMPETENCY-BASED EVALUATION

Interprofessional by Design™
Optimizing Care Coordination through Teams and Framework

### Satisfaction

<table>
<thead>
<tr>
<th>Number of Items</th>
<th>Level 1 Reaction</th>
<th>Level 2 Reaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1 Sliding</td>
<td>1 point</td>
<td>3 point</td>
</tr>
</tbody>
</table>

*Level 1 Reaction: This level measures how participants in a training program react to it.*

### Learning

<table>
<thead>
<tr>
<th>Number of Items</th>
<th>Level 2 Reflection</th>
<th>Level 3 Learning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1 Sliding</td>
<td>1 point</td>
<td>3 point</td>
</tr>
</tbody>
</table>

*Level 2 Reflection: This level measures the extent participants have advanced in skills, knowledge, or attitude.*

### Practice Application

<table>
<thead>
<tr>
<th>Number of Items</th>
<th>Level 3 Transfer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1 Sliding</td>
<td>4 points</td>
</tr>
</tbody>
</table>

*Level 3 Transfer: This level measures the transfer that has occurred in learners’ behavior due to the training program.*

### Practice Preparation

<table>
<thead>
<tr>
<th>Number of Items</th>
<th>Level 3 Transfer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1 Sliding</td>
<td>4 points</td>
</tr>
</tbody>
</table>

*Level 3 Transfer: This level measures the transfer that has occurred in learners’ behavior due to the training program.*

### Training Quality Improvement

Formation Assessment for Learning

<table>
<thead>
<tr>
<th>Number of Items</th>
<th>Level 3 Transfer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategy</td>
<td>3.2.2</td>
</tr>
</tbody>
</table>
| Technique       | Participant summarization and reflection after learning experience to make meaning for themselves.*
LESSONS LEARNED

- Takes more time/resources to build than you may anticipate
- It takes a team and a systematic process
- IPEC® competencies vary in complexity; sequencing important
- Be aware of professional jargon, biases
- Start with self-assessment; overestimation of team competence common
- Vary teaching techniques
- Build in lots of practice with feedback
- Faculty and preceptor preparation essential
BUILDING FROM EXPERIENCE TO PROGRAMS

LEADING INTERPROFESSIONALLY
THANK YOU!

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