Virtual World Interprofessional Education: A New Way to Teach End of Life Care

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Disclosures

• None
Objectives

• Identify methods to contact other health professions programs and institutions to collaborate in developing interprofessional education opportunities

• Describe the virtual world educational setting in which interprofessional education can occur, including the strengths and weaknesses of this setting

• Discuss assessment and outcome measures used to evaluate this pilot interprofessional education experience
Finding IPE Partners

• Nearby health professions schools
• Schools within our same institution
• Internal grants for pilots in IPE from our medical school, to help inform creation of a longitudinal IPE curriculum
Using the Virtual World for IPE

• Previous programs run in Second Life for faculty development, CME, and health sciences IPE, focused on palliative care
• This pilot was developed to see if small groups (3-6) of interprofessional health sciences students could meet in Second Life to complete a one time curriculum program, and to assess outcomes
Second Life
Schizophrenia Experience

WARNING:
The experience room may be disturbing or frightening to you. Please be aware of any triggers.

Click to Teleport to Pam's Experience
Strengths and Weaknesses of Virtual World Education

• Strengths:
  – Students can participate from any location, scheduling is easier
  – Virtual layout allows for standardized patients, group activities, immersive experiences

• Weaknesses:
  – True interpersonal interaction is limited, unable to see body language
  – Technical glitches, learning curve for use
Assessment

• Survey of participants’ attitudes and perceptions about SL for IPE education
• Validated IPE scales
  – RIPLS (Readiness for Interprofessional Learning Scale)
  – ATHCT (Attitudes Toward Health Care Team Scale)
• Team reflective writing – qualitative analysis
Preliminary Results - Attitudes and Perceptions of Second Life Virtual World Learning Platform

- **91.4%** positive about the use of standardized patient sessions for practicing discussing advance directives
- **91.7%** positive about a virtual world platform (Second Life) for learning about palliative care
- **94.5%** favorable about usefulness of a virtual world team quest for learning about interprofessional teamwork in healthcare
- **48%** found navigating virtual world technology (Second Life) to be moderately or extremely easy
- **61.1%** of participants would highly recommend or recommend with enthusiasm this educational program
Preliminary Results – Readiness for Interprofessional Learning Scale (RIPLS)

• Pre to post comparison by use of a Wilcoxon Signed Ranks Test
  – Rating scale ranged from 1 to 6 (higher scores indicating more agreement)
  – Statistically significant improvement was seen in two of the subscales
    • Subscale 1 (Team Work and Collaboration)
      – Mean score increased (slightly) 4.48 to 4.60 (p = .034) and
    • Subscale 3 (Positive Professional Identity)
      – Mean score increased from 4.30 to 4.57 (p = .019)
Preliminary Results – Attitudes Toward Health Care Team Scale (ATHCT)

• Pre to post comparison by use of a Wilcoxon Signed Ranks Test
  – Rating scale ranged from 1 to 6 (higher scores indicating more agreement)
  – Statistically significant improvement was seen in two of the subscales
    • Subscale 1 (Team Value)
      – Mean score increased from 5.07 to 5.26 (p = .019)
    • Subscale 2 (Team Efficiency)
      – Mean score increased from 4.58 to 4.82 (p = .048)
Preliminary Results

• No statistically significant changes pre to post for:
  – RIPLS subscale 2 (Negative Professional Identity)
  – RIPLS subscale 4 (Roles & Responsibilities)
  – ATHCT Subscale 3 (Physician Shared Roles)
Preliminary Results – Qualitative analysis of themes from student reflective writing

- “Fun”
- “Convenient”
- “Safe”
- “Anonymity”
- “Leveling of role boundaries”
- “Empathy” experience with virtual technology
- “Challenge of unfamiliar technology”
- “Difficulty in reading body language/expressions”
Conclusions

- Virtual World IPE can be an effective part of a global IPE curriculum
- Addresses some of the scheduling difficulties of IPE experiences
- Is best within a longitudinal curriculum
- Can be used for palliative care, end of life, and many other subjects that are particularly relevant to team-based care
Discussion

• Questions?
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