

# 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

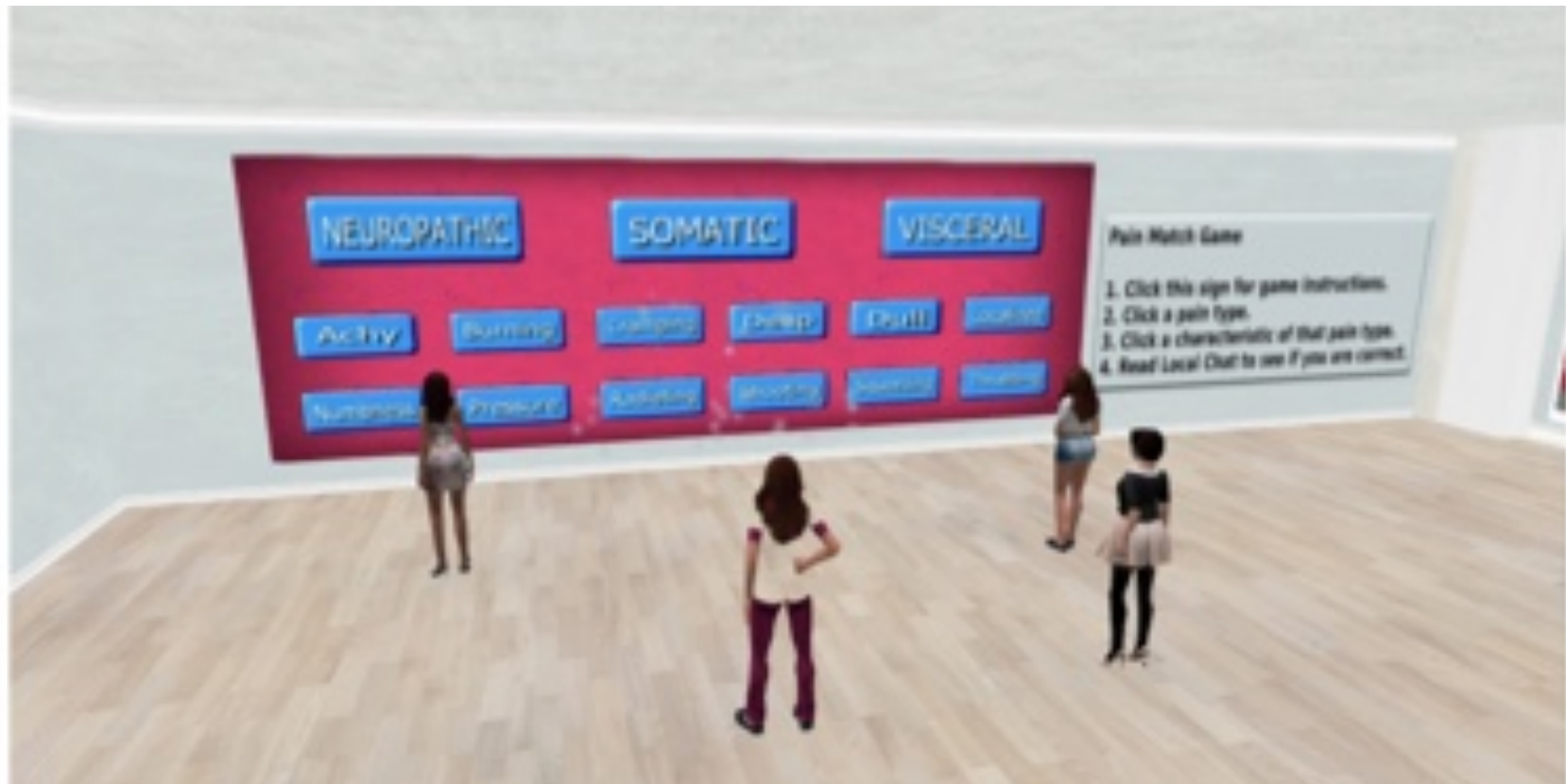
- Previous programs run in Second Life for faculty development, CME, and health sciences IPE, focused on palliative care
- This pilot was developed to see if small groups (3-6) of interprofessional health sciences students could meet in Second Life to complete a one time curriculum program, and to assess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

# Second Life











# Schizophrenia Experience



# Schizophrenia 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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