

# **Flipping the Interprofessional Classroom:**

## **Collaborating in Real and Virtual Space**

**JoAnne Davies, Louisa Fricker, Sharla King,  
Tracy Onuczko, Tara Hatch, Diane Janes, Carol Brown**

**Festival of Teaching (May 6, 2016)**



# Session Objectives

1. Define “flipped classroom”
2. Background on Interprofessional Education (IPE) @UAlberta
3. How & why flipped activities incorporated into large course INT D 410 (BL Award)
4. Evaluation results



# Flipped Classroom

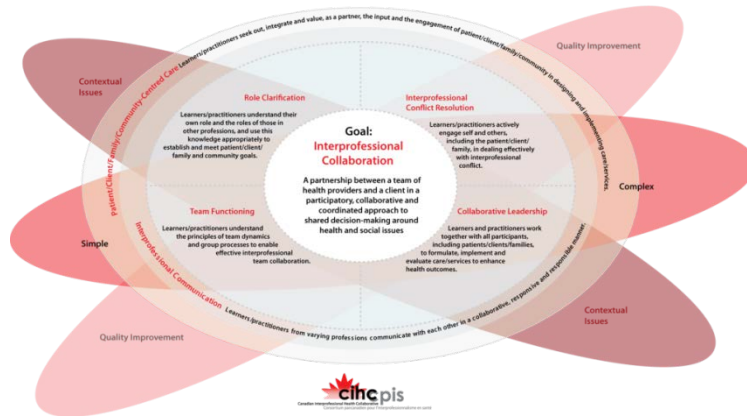
- Popular trend in education
- Blended approach (online & face-to-face)
- Study content online pre-class; do “homework” or active learning in class
- More time in the classroom for interaction with instructors and peers



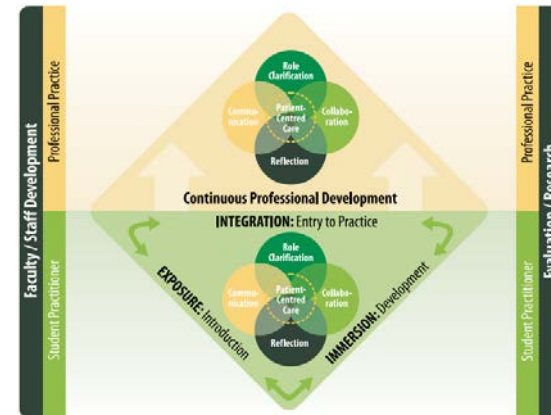
# IPE @UAlberta

## IP Competencies Frameworks

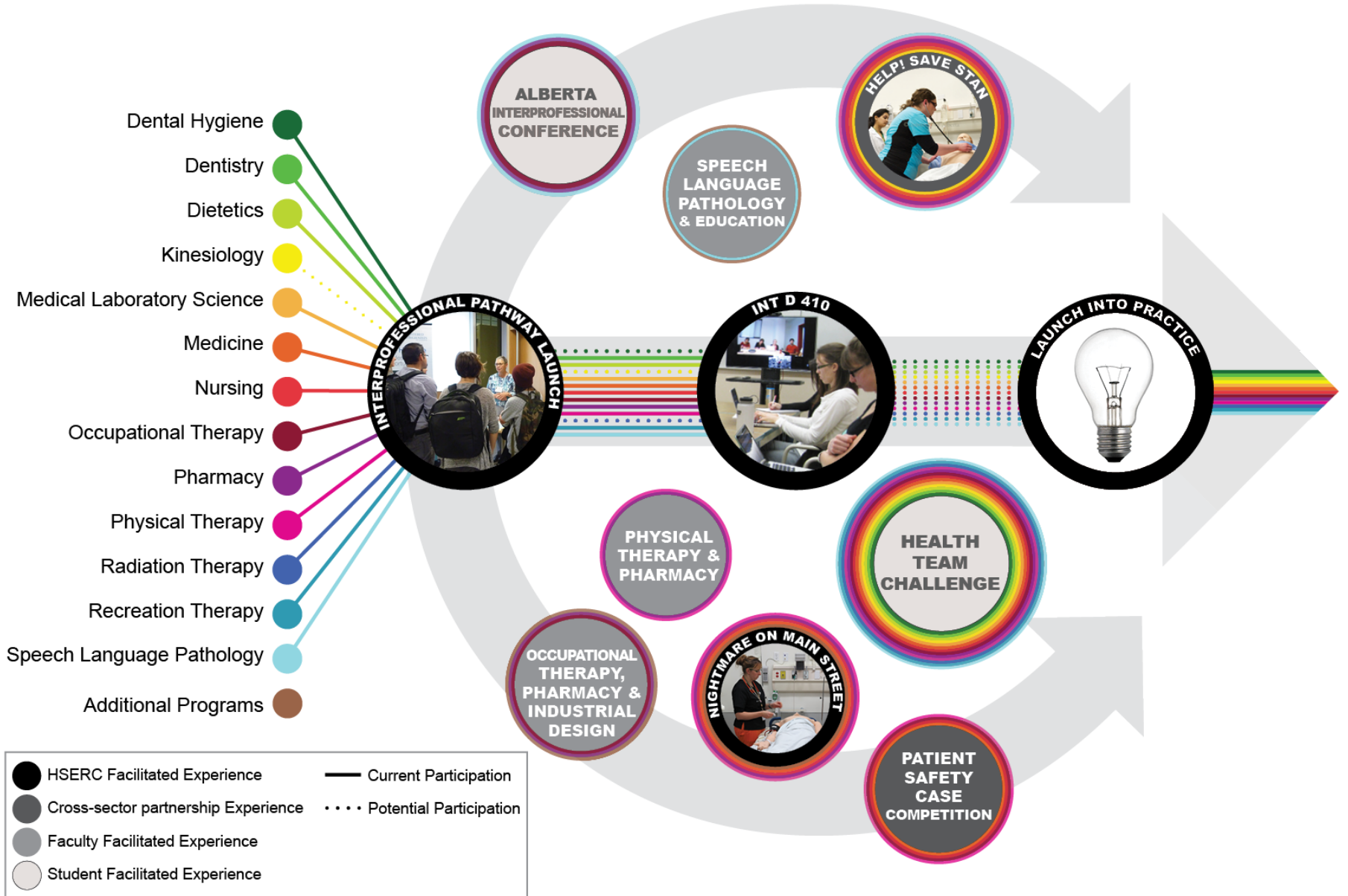
### CIHC



### UAlberta



# INTERPROFESSIONAL LEARNING PATHWAY



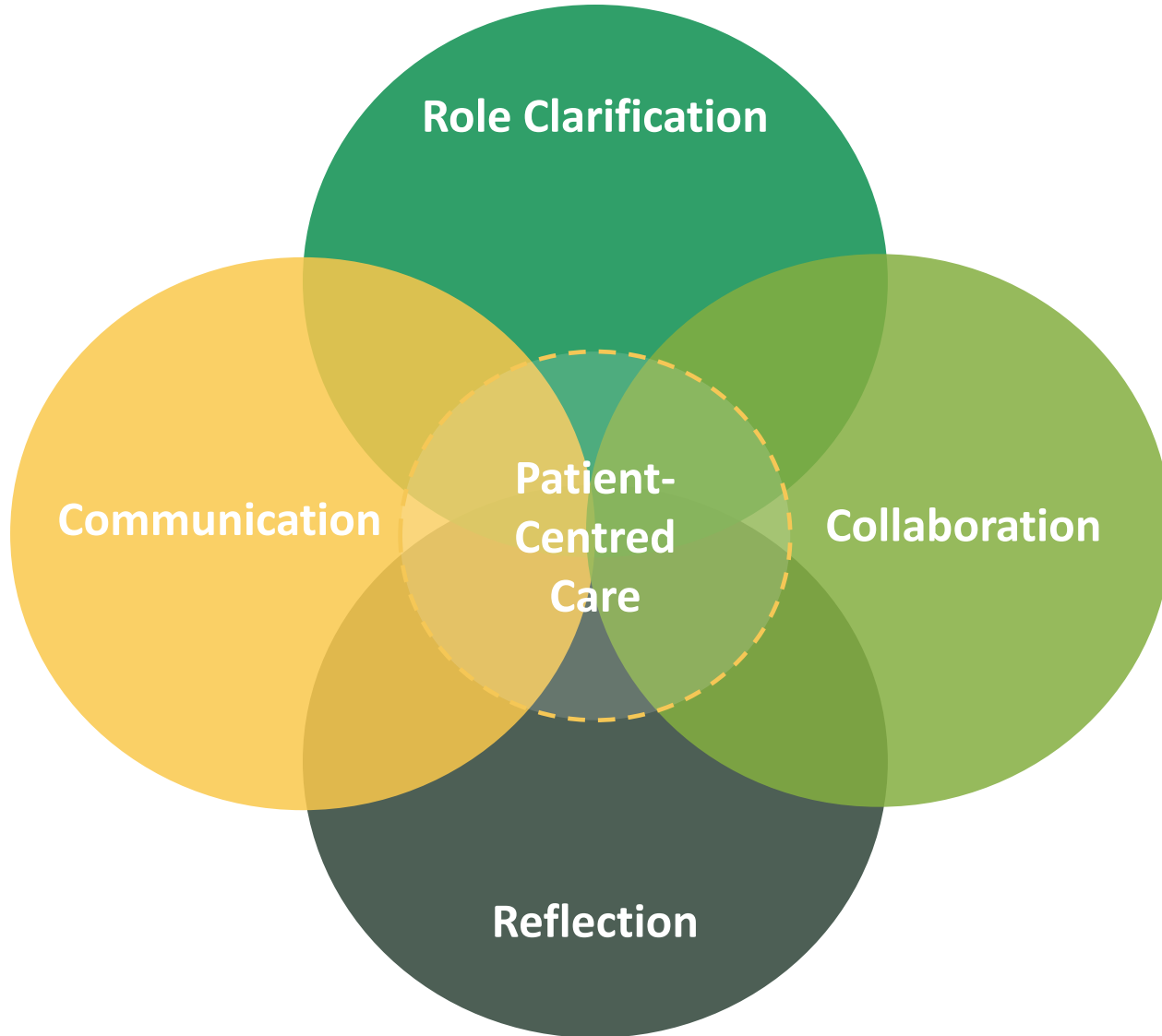
# Introductory IPE Course



**1095 students** from 11 different health science disciplines were enrolled in the INT D 410 Winter 2015 course.



# Competency-Based Course Examining Team Process







# Flipped Activities

1. First class of term delivered entirely online (async)
  - “Why IPE?” multimedia elearning module; self-check quiz

## Rationale:

- Replace text article readings, bring concepts alive
- Reduce in-class time allocated to didactic presentation
- Replace first weekly 3-hour class
- Greater consistency across 25+ course sections
- Ease first week course administration (late registrants, section change requests, some students away 1<sup>st</sup> week)



Menu Transcript

- 1. Part 1: Why IPE Matters
  - 1.1. Part 1: Why IPE Matters
  - 1.2. Students
  - 1.3. Practitioners
  - 1.4. Practice starts with education
  - 1.5. Definition
  - 1.6. Patient safety
  - 1.7. Patient satisfaction
  - 1.8. Job satisfaction
  - 1.9. Staff retention
  - 1.10. Who is driving and defini...
  - 1.11. From good intentions to i...
  - 1.12. Building blocks of intentio...
  - 1.13. Individual and collective c...

# IPE @ UAlberta

Interprofessional Education  
*at the University of Alberta*



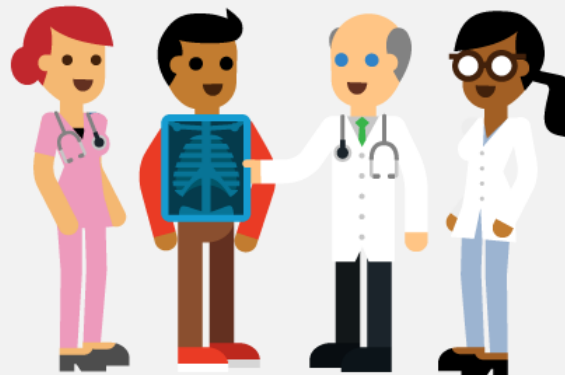
Menu Transcript

## Collaborative leadership

Note that in collaborative leadership, it's not always the healthcare practitioner who is in the leadership position. In some cases, it may be a patient, or there may be a patient and a practitioner working in a co-leadership collaboration. And finally, collaborative leadership can be fluid, based on which team member's expertise is needed at a particular point in time.

# Collaborative leadership

Shared between practitioners and the patient.



# Flipped Activities

2. Online prep for class 2 (asynchronous)
  - Discipline-specific text discussion forums

## Rationale:

- More student participation than in-person discussions (each student required to post to receive credit)
- Students practice communicating virtually
- Faculty more guides than leads; reduce didactic aspect
- Easier to schedule faculty to moderate discussions
- More in-class time for synthesizing, active teamwork
- Less after-class time needed for team homework
- Optimizing facilitators – more time to provide guidance





### Does the "Male Nurse" stigma still exist?

by [REDACTED] - Tuesday, 6 January 2015, 11:12 AM

After explaining to my friends and relatives that I had decided on nursing as my undergraduate program and future profession, most were in joyous agreement with my decision. However, as soon as I mentioned "nursing" with certain individuals, I was greeted with an awkward silence followed by an array of questions and comments. "You want to be a male nurse?" or "Interesting", or simply "Why?" were all said.

For some, a nurse is still a female health professional, and this is not a bad thing by any means. Change requires time and proper education regarding the adjustment of one's current mindset. We are presently in Alberta, home to an evolving and rapidly changing construction industry seeing more and more women undergo apprenticeships for trade work in an industry that is predominantly male. Therefore, this misconception is an issue of redefining societal acceptance; negative stereotypes can and should be broken. I believe that gender should be both diverse and equal in every workplace. With this being said, a male nurse is a **nurse**, first and foremost.

Has anyone else experienced a similar event? Do you think that our diversity of practice as nurses is changed with gender diversity in the workplace?

[Reply](#)



### Re: Does the "Male Nurse" stigma still exist?

by [REDACTED] - Tuesday, 6 January 2015, 11:22 AM

From a female perspective, I believe that one of the reasons this stereotype exists is because of the amount of males compared to females within the program. I remember thinking the same thing when I was younger. Now that I am in this program myself, I believe that a nurse is a nurse, regardless of their gender. The increasing amount of males choosing this path for this profession is completely progressive. I believe that the diversity in gender could also help some patients feel more comfortable in their vulnerable positions. Some patients may prefer a certain gender to the other, making it easier for the patient to trust their nurse with each and every concern they may have. This can be an advantage toward providing the patient with the best care that we possibly can. I definitely agree that this misconception still exists throughout society, and that the stereotype should and will eventually become nonexistent.

[Show parent](#) | [Reply](#)



### Re: Does the "Male Nurse" stigma still exist?

by [REDACTED] - Friday, 9 January 2015, 12:30 PM

Although society today has adapted more of an open mind concerning the acceptance of others and a greater awareness of gender equality, I personally believe that there is a stigma towards male nurses that still exists. I agree that this stigma is nowhere near the degree to which it once existed and it has improved over the years along with many other human rights movements, but there's no doubt that male nurses still may have to deal with this issue when choosing to pursue a career that at one time was a career field exclusively for women. The stigma attached to male nurses in my mind, is similar to that of a stay at home dad, it is getting more popular and less scrutinized by others however for those who still harbor that old school black and white mindset, may be in for a slight culture shock when seeing this gender "role reversal" first hand.

[Show parent](#) | [Reply](#)

# Flipped Activities

3. Online prep for class 4 (asynchronous)
  - LiveBook online platform for “Mr. Mysenko” case study (videos, quizzes, electronic charting, online team planning)

## Rationale:

- Improve student preparation for in-class work on this case
- Students practice virtual collaboration
- Annotated guide through patient care scenario; questions to consider; team complete patient chart
- Track student activity in reviewing the case materials
- Team space to co-construct written plan for class
- More in-class time for practice in team-family meeting with standardized patients)



## Meet Mysenko



### Concerns

What does John say he is concerned about regarding his dad?

- He abuses his medication
- He sleeps all day
- He can't remember names of family members
- His wife passed away recently and seems depressed

## Admission Chart

Record basic details about the patient.

Patient Name

Reason for Admission

PMHX (Past Medical History)

Rx (Prescription Drugs)

[Previous](#)[Give Up](#)[Next](#)

# Methods

- Surveys:
  - Short open-ended satisfaction/feedback survey soon after they completed each of Class 1 & Class 4
  - Longer survey near the end of the course (quantitative and open questions) – this was part of the larger multi-course campus Blended Learning Awards program
- Examined student usage tracking data from course management system & case study platform
- Student interviews
- Discussions with faculty



# Evaluation Results

Student survey regarding online Class 1 (60 responses; n=600)

## **What aspect(s) of these activities do you feel will be helpful to for your work in this course or future practice?**

- Gave a quick intro to the course so we didn't have to spend a full class learning it from the instructor.
- I liked the video because I learn better visually instead of reading about the concepts.
- The online activities helped me better understand team roles and other health professions so we can enhance our collective competence to better help the patient.

## **Suggestions for improvement:**

- IPE intro module too long (shorter edited version is now in use)
- Voiceover team functional roles video too long, lacks example of health team in action (have now created new shorter animation, which will include a realistic example of a health team meeting demonstrating effective team function)





# Evaluation Results

Survey re: online case study (12 responses; n=85)

- **How easy was it to navigate LiveBook or use the interactive features?**  
6 said easy, 6 mentioned technical issues.
- **What did you like most about using LiveBook for the Mysenko case?**  
Interactive, everything in one place, see video & patient chart side-by-side, the whole team could work together.
- **Any comments about the elearning approach?**  
Each step was self-explanatory; the questions given were helpful; you were able to use it on your own time.
- **Suggestions for improvement**  
See group members, add printing function, indication of who made updates, provide in-class demo of LiveBook beforehand, fix technical glitches.



# Evaluation Results

End of course survey (93 responses; n=600)

1. In which format would you prefer the content from the first class (Introduction to IP concepts & professional roles) be offered?

- |   |     |
|---|-----|
| - Completely online (as it was)               | 60% |
| - Completely face-to-face                     | 22% |
| - Blended (some online and some face-to-face) | 18% |



# Evaluation Results

End of course survey

2. If the same course was being offered in different formats, which course format would you prefer?

- Completely online 29%
- Completely face-to-face 17%
- Blended (some online and some face-to-face) 54%



# Evaluation Results

End of course survey

3. If you had a choice between participation in classroom discussion or online discussion which would you choose?

- |  |     |
|--|-----|
| - Online discussion                    | 34% |
| - Classroom discussion                 | 38% |
| - Both online and classroom discussion | 21% |
| - No discussion                        | 8%  |



# Evaluation Results

End of course survey

4. If the Mr. Mysenko case study was used again, which format would you prefer to work on the case study?

- Completely online 21%
- Completely face-to-face 41%
- Blended (some online and some face-to-face) 38%



# Other Online IPE Learning

- Distance/online stream of INT D 410 for 10 yrs (85 students in Edmonton, Camrose, Calgary)
  - Adobe Connect (eClass Live web-based meetings)
  - Videoconferences (Rehab Med VC system)
  - Google Hangouts/Docs
  - eClass (asynch activities)
- Added a flipped component to INT D 410 facilitator training; traditionally was just f2f workshops; now includes 8 weeks (1 hr each) of asynchronous online modules to complete prior to f2f workshops.



# Next Steps in Flipped Learning

- Continue to develop online resources for flipped learning in the large IP course INT D 410.
- Added a flipped component to facilitator training; traditionally was just f2f workshops; now includes 8 weeks (1 hr each) of asynchronous online modules to complete prior to f2f workshops.
- Develop further online case studies in LiveBook.
- Incorporate flipped learning activities in future IPE development.



A person wearing a grey pinstriped suit jacket is holding a white tablet computer. The tablet screen is black and displays the text 'Thank you!' in a large, white, sans-serif font. Below this, the website address 'www.hserc.ualberta.ca' is displayed in a smaller, white, sans-serif font. The person's hands are visible at the bottom of the tablet, and the background is a plain, light-colored surface.

Thank you!

[www.hserc.ualberta.ca](http://www.hserc.ualberta.ca)



# Contact

JoAnne Davies

joanne.davies@ualberta.ca

Louisa Fricker

louisa.fricker@ualberta.ca

Sharla King

sharla.king@ualberta.ca

Health Sciences Education & Research Commons (HSERC)

Edmonton Clinic Health Academy (ECHA) 2-263

[www.hserc.ualberta.ca](http://www.hserc.ualberta.ca)

