Virtual Interprofessional Education
Large-Scale, Deep Space Conversations
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Summary
Educational technologies can enhance the delivery of large-scale interprofessional education. Guided, asynchronous discussion forums increase opportunities for large and small group interaction, and can be a vehicle for more inclusive and in-depth conversations to help prepare students collaboration in their future healthcare practice.

Background
Annually, 1,000 pre-licensure students (usually in year 1 or 2) from 12-14 programs take a required experiential course called Interprofessional Health Team Development. Students are divided into sections of 30-50 students, and interprofessional teams of 6-8 students. Guided by facilitators (faculty members or community-based practitioners), the teams work through case studies, simulations, and other activities to learn the essentials of collaborative practice.

Educational technologies are used to enhance course delivery. In particular, discussion forums are used for large and small group interaction. These have become a vehicle for inclusive, learner-centred, in-depth conversations. They also support the “flipped” classroom, making face-to-face class time available for other purposes.

Methods
From 2015-2017, discussion forums were created for a variety of different purposes in the course. Students were required to participate in these forums as part of their course grade. Detailed written instructions were provided on the intended use of each forum and the expectations regarding student postings. Facilitators were trained to guide these forums.

Qualitative content analysis was performed to gather data on the nature of student and facilitator interactions. Surveys and interviews were conducted regarding student and facilitator satisfaction with discussion forums and other aspects of online learning.

Results
Preferred format for the module containing the discussion forums:
- Completely online: 60%
- Completely face-to-face: 22%
- Blended: 18%

Advantages of online asynchronous discussion forums:
- Create opportunities for students and facilitators to communicate that would not be possible face-to-face.
- More time for students to write thoughtful messages.
- Allow all students to participate equally in large group discussions (compared with face-to-face conversations).
- Easier to schedule facilitators to moderate online discussions than to host in-person sessions.
- Facilitators are guides rather than leads; reduce didactic aspect.
- Devote precious in-class time for active teamwork; less after-class time needed for team homework (which is difficult to schedule).
- Small teams can interact outside of class time, track team activities, and record decisions.

Best practices include:
- Provide professional development for facilitators on using questions and comments to promote deeper learning.
- Provide course credit for students who post messages.
- Provide detailed written instructions on the intended use of each forum and the expectations for student postings.

Themes heard regarding large discussion forum on health disciplines:
1. Roles, including a lack of understanding about:
   - The roles each profession plays.
   - The range of environments in which each profession may work.
   - How each discipline links to others on an interprofessional team.

2. Communication, including the need for:
   - Patient-centered care. Certain professions (e.g. dentists) have a reputation for being disliked by patients.
   - Better understanding of the roles and responsibilities of other professionals, to improve communication and collaboration.

3. Enhancing patient care, including the need to:
   - Advocate for the needs of patients. E.g. a nurse and OT might help coordinate care between the patient and other providers.

Results (continued)
4. Common misconceptions, including:

<table>
<thead>
<tr>
<th>Cost of care</th>
<th>All health care costs are covered by the health care system in Canada. (Fact: The costs of dentistry and PT care, for example, are not covered.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender stereotypes</td>
<td>Female physicians go into pediatrics, OB-GYN, and family practice. Any woman in scrubs is a nurse.</td>
</tr>
<tr>
<td>Personality stereotypes</td>
<td>People without communication skills go into lab work.</td>
</tr>
<tr>
<td>Education and capabilities</td>
<td>MDs in family medicine are not smart enough to go into specializations.</td>
</tr>
<tr>
<td>Pay</td>
<td>Certain health professionals (e.g. dentists, MDs) are only in it for the money.</td>
</tr>
<tr>
<td>Professional identity issues</td>
<td>We always “live what they preach.” E.g. dietitians always eat healthy, kinesiologists are all very fit.</td>
</tr>
<tr>
<td>Media influence on stigmas and misconceptions</td>
<td>Nurses are women. Pharmacists are pill counters.</td>
</tr>
<tr>
<td>Time required for a task</td>
<td>The turnaround time for lab tests should be fast. (Fact: There are multiple, often complex, steps required for accurate test results.)</td>
</tr>
</tbody>
</table>

About the University of Alberta
- Founded in 1908
- 37,830 students from 143 countries
- 500+ graduate programs
- 200+ undergraduate programs
- Top 5 Canadian university
- Top 100 in the world
- Health science disciplines:
  - Nursing
  - Occupational Therapy
  - Pharmacy
  - Physical Therapy
  - Radiation Therapy
  - Recreation Therapy
  - Speech-Language Pathology
- Organizational structures
  - Interprofessional Learning Pathway
  - Interprofessional Competency Framework

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