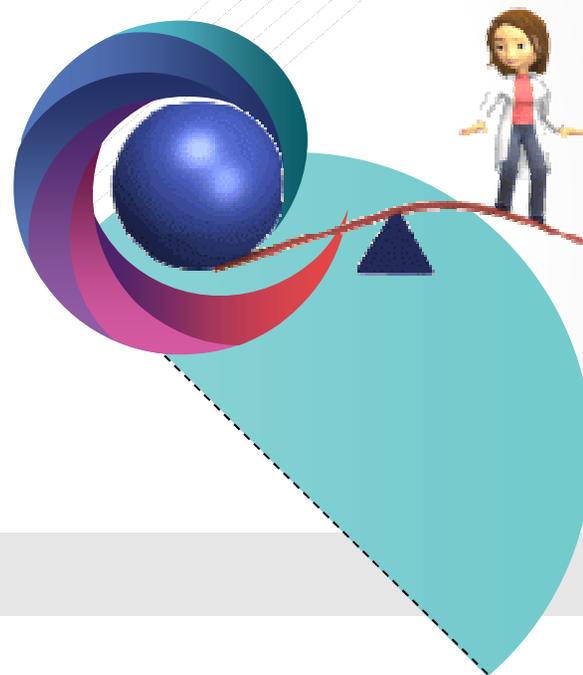
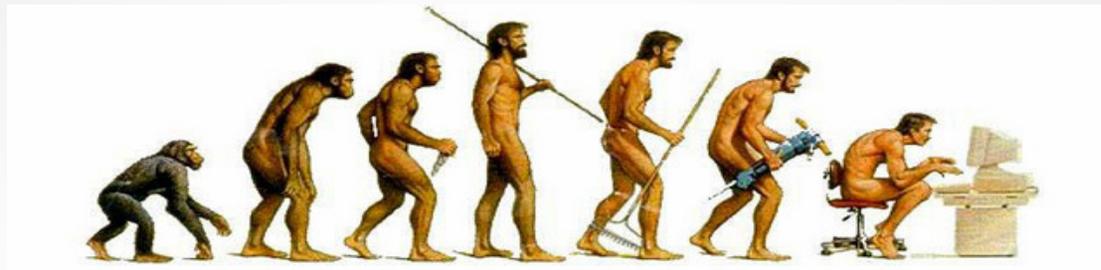


Shock to Hope: eLearning Experiences from the Trenches

Dr. Colla J. MacDonald
University of Ottawa



2011



	Matures	Baby Boomers	Generation X	Net Generation
Birth Dates	1900-1946	1946-1964	1965-1982	1982-1991
Description	Greatest	Me	Latchkey	Net
Attributes	Control Self sacrifice	Workaholic Optimistic	Independent Skeptical	Hopeful Determined
Likes	Respect for Authority Community Involvement	Can-do attitude Work ethic	Freedom Multitasking Work-life balance	Latest Technology Parents
Dislikes	Waste Technology	Laziness Turning 50	Red Tape Hype	Anything slow Negativity



Inevitable Change - *Shock*

- Technology has changed the way the world conducts business and universities cannot escape this influence
- The university consumer has changed:
 - busy working adults who have full-time jobs and family responsibilities
 - young high school graduates arrive on campus as “digital natives” accustomed to using technology for learning and socializing





- These learners want, need, and/or expect the flexibility, convenience, interactivity, animation, energy, and “frills” afforded by the use of technology in their courses and programs
- Buckingham (2007) and Hiemstra (2005) argued that these learners can accept and adapt to virtual environments more readily than previous generations
- Professors are being encouraged and sometimes even pressured to do the same





- The availability of well-designed, effectively implemented, and efficiently delivered online courses is essential in order to satisfy the unique needs of growing numbers of adult learners

(MacDonald & Gabriel, 1998; MacDonald, Stodel, Farres, & Gabriel, 2001; MacDonald, Breithaup, Stodel, Farres, & Gabriel, 2002; MacDonald & Thompson, 2005)





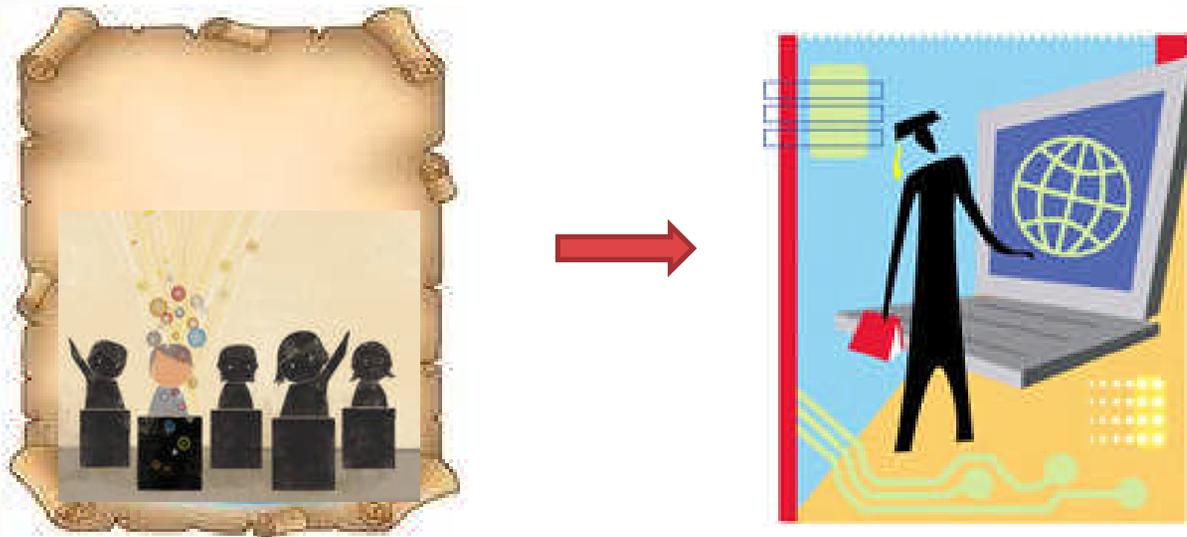
Denial

- Many educators are not taking advantage of the technologies currently available
- MacDonald et al. (2005) coined the phrase “the eLearning Contradiction” to describe the incongruity between the expressed need to integrate technology into teaching and what is currently occurring in the majority of universities





- Some visionaries have criticized traditional education institutions as outdated in their views and practices



- Drucker (1997) suggested that the antiquated processes of admissions, registration, and fixed class meeting places and times all indicate that institutions are not responding to the needs of their clients, nor are they taking advantage of universally available access to communication technologies



- 13 years after Drucker's (1997) prediction that university buildings are "totally unneeded", suggests that the "brick and mortar growth" within universities is thriving, contrary to the claims of visionaries over a decade ago





Bargaining (Pros)

- The benefits and limitations of online learning are well documented in the literature (MacDonald & Gabriel, 1998; MacDonald, Stodel, Farres, Breithaupt, & Gabriel, 2001)
- Supporters of eLearning promote its convenience and flexibility and argue that well designed eLearning can be equal to or superior to face-to-face courses
- They encourage critics to open themselves to new ways of organizing activities and instruction





Bargaining (Cons)

- Ardent defenders of face-to-face learning describe eLearning as “disembodied learning” where the new technology takes away the body from learning (Beckett, 1998; McWilliam & Palmer, 1996).
- Some academics regard the “potential benefits [of eLearning] as utopian claims and unlikely to hold true in practice” (Furnell, Evans, & Bailey, 2000, p. 283).
- Still others caution that because the pedagogical soundness of eLearning has not yet been fully investigated, there is not enough empirical evidence to support claims of its effectiveness (McElhinney & Nasseh, 1999; Noble, 2002; Reeves & Reeves, 1997; Speck, 2000).





Bargaining (Cons) con't

- Such critics suggest that online learning may be a “poor substitute for classroom teaching” (Beckett).
- Others identify a misfit of technological rhetoric within the realities of educational settings.
- Still more have complained about a lack of professional development and support for educators to learn and gain confidence with these educational technologies.
- Furthermore, questions have been raised regarding the pedagogical quality that technology provides (Duderstadt, 1999; Fox & Herrmann, 2000).





Guilt

- At a recent conference 2010, I was on an international panel of eLearning 'experts' and one speaker wanted to discuss the pros and cons of eLearning
- In a recent SSHRC proposal, one reviewer mentioned that I did not discuss the pros and cons of eLearning
- It is time to move beyond this debate (which I wrote about and published in 1998)
 - recognizing that eLearning, like face-to-face learning, has its strengths and limitations





Anger

- Further, professors may feel that their time is better spent securing research grants and publishing
- Professors need support in the way of training, time and recognition for their eLearning efforts
- Higher education has been shaped by debate among academics, industry experts, students, and politicians
- It is undeniable that, in recent years, budget restrictions and changing student enrolments have forced educators to become more efficient





Depression

- Although eLearning may not be the preferred mode of learning for everyone, there is a need for more accessible, convenient, and flexible learning for certain segments of the population
- This context requires educational institutions to improve in specific areas, including: quality of teaching; costs; marketing of programs; access and equality; and sensitivity to cultural preferences in topic and mode of study





- Educators may hesitate to turn to eLearning is because they believe that online learning isolates the learner and lacks interactivity
- Along with Lave and Wenger (1991), many would agree that learning is fundamentally a socially situated process that is enhanced when there is a commitment to the collective good and people engage in learning through and with others
- The online environment is not necessarily devoid of such social interactions and research has revealed it is possible to create a community online.
- In the context of online learning, increasing attention is being paid to the ways in which understanding is socially and culturally constituted, the setting in which activities are embedded, and the balance between the collective and the individual (Kirshner & Whitson, 1997; Lave, 1997; O'Connor, 1998; Phillips, 1995).





- MacDonald et al. (2005) suggested why professors may prefer to stay with their tried and true methods of teaching
 - There is little incentive for professors to devote the hours required to design technology-based resources when their teaching scores with traditional delivery methods suffice to obtain tenure and promotion
 - Further, professors may feel that their time is better spent securing research grants and publishing. (p. 80)





Acceptance

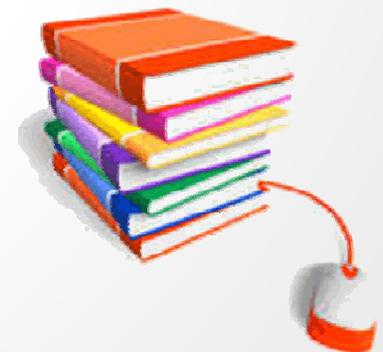
- Advocates of the use of new educational technologies have asserted that effective instruction with technology must be driven by sound pedagogical principals, involve critical thinking, and provide a real community to learners
- Benson (2003) found that although everyone wanted, quality courses, stakeholders brought different definitions of quality, which impacted the planning process





Lessons Learned from the Trenches

- Quality Standards
- Design: Cornerstone of effective eLearning
- Accountability





Quality Standards

- Quality has been defined in terms of the design of the eLearning experience, the contextualized experience of learners, and evidence
- Quality and design of eLearning courses are sometimes compromised in an “...effort to simply get something up and running” in response to pressing consumer demands (Dick, 1996, p. 59).
- McGorry (2003) adds, “although the number of courses being delivered via the Internet is increasing rapidly, our knowledge of what makes these courses effective learning experiences is limited” (p. 160).

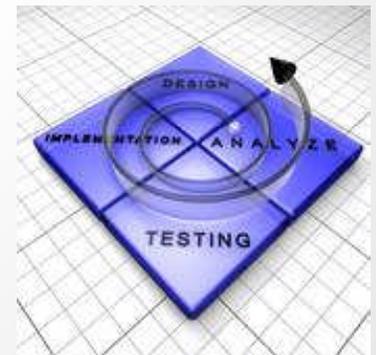




Pedagogical Models

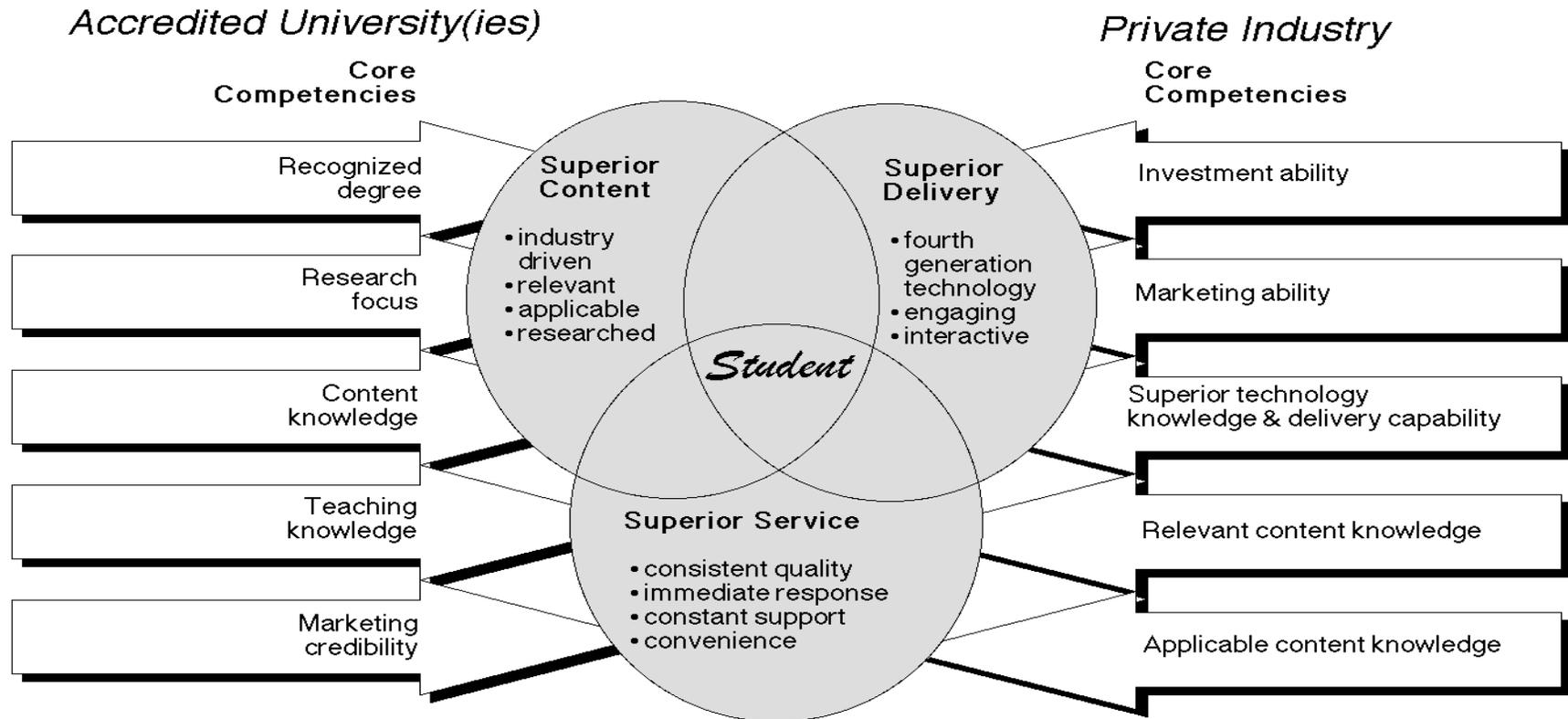
Educators and researchers have voiced concerns regarding quality standards with eLearning. One is a distressing gap between the use of technology and sound pedagogical models (Khan, 1997; Salmon, 2000; & Willis, 2000).

- Partnership Model (1998).
- Demand Driven Learning Model (2001)
- W(e)Learn Framework (2009)





The Partnership Model for Web-Based Learning



The Partnership Model for Web-Based Learning focuses on three distinct variables: superior content (industry driven, relevant, applicable, researched); superior delivery (fourth generation technology, engaging, interactive) and; superior service (consistent quality, immediate response, constant support and convenience for the student). These three variables are enabled through a partnership between private industry and accredited learning institution(s).

MacDonald, C.J., & Gabriel, M.A. (1998). Toward A Partnership Model for Web Based Learning. *The Internet and Higher Education: A Quarterly Review of Innovations in Post-Secondary Education*, 1(3), 203-216.



DDLM

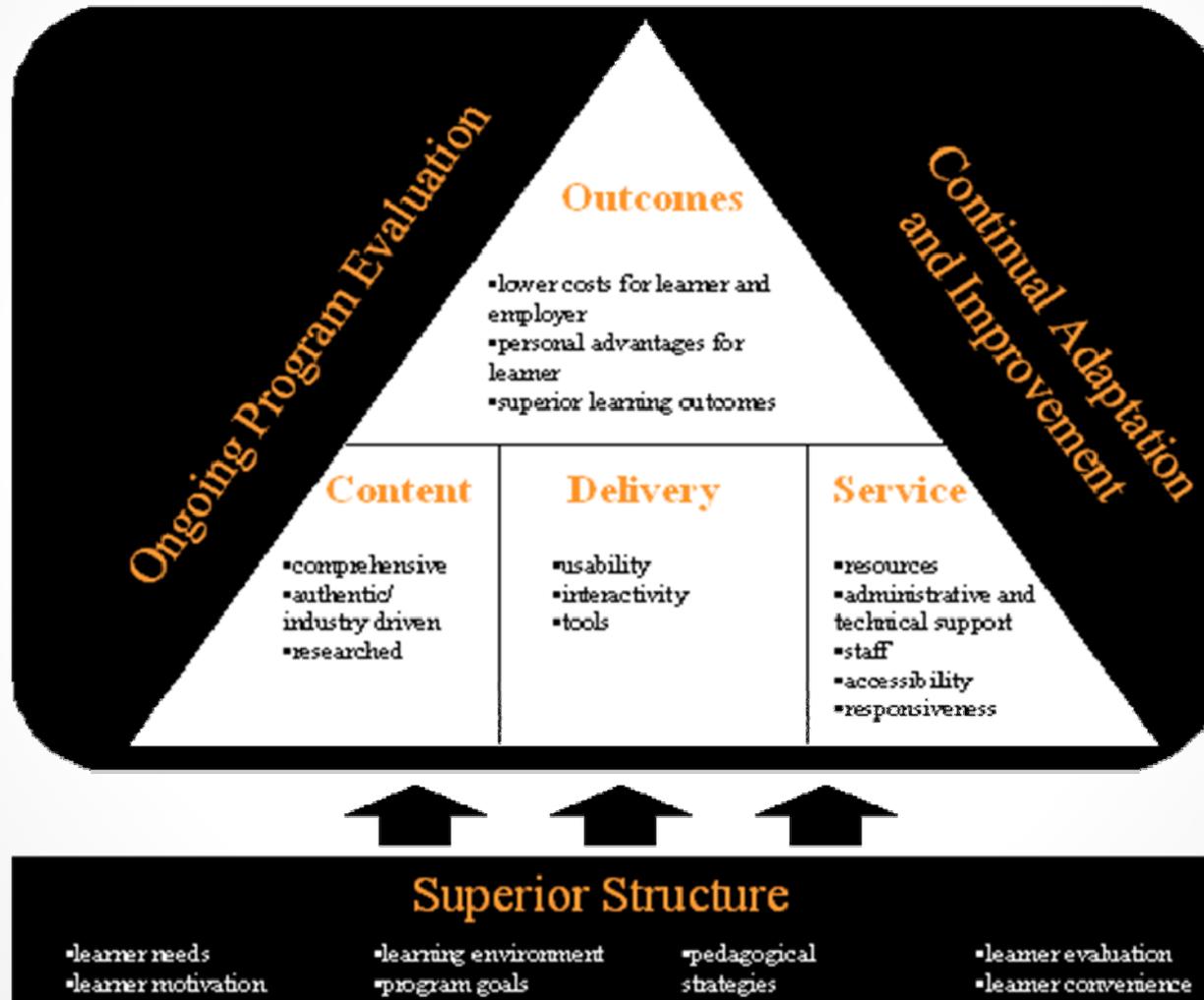
Five features make the DDLM an appropriate quality standard for eLearning:

- Designed to address the needs of adult learners and educators
- Created to support appropriate workforce learning contexts
- Developed through collaboration between academics and industry
- Includes an “outcomes” component and
- Provides a companion online evaluation survey





DDL M

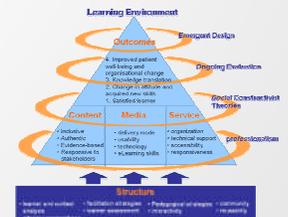




W(e)Learn

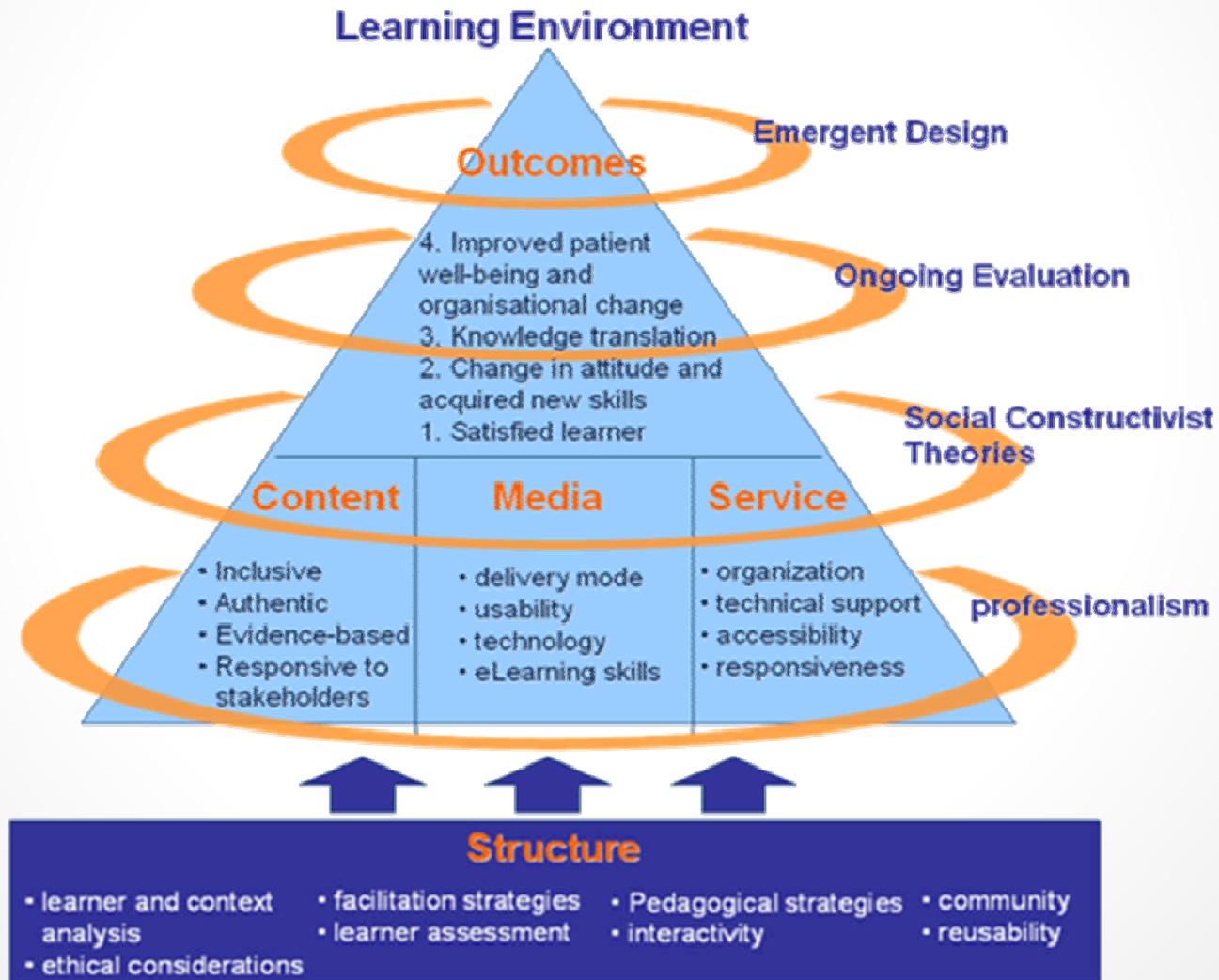
W(e)Learn outlines four critical dimensions of online IPE—
structure, content, media, and service

- grounded in socio-constructivist theories and interprofessionalism
- four levels of outcome, the pinnacle of which is organisational change towards IPC
- resulting improvement in care delivery that promotes patient well-being
- emergent design process
- (IPE it is continually evaluated so it can be adapted and improved as necessary) [interactive version](#)





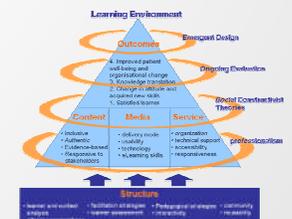
The W(e)Learn Framework





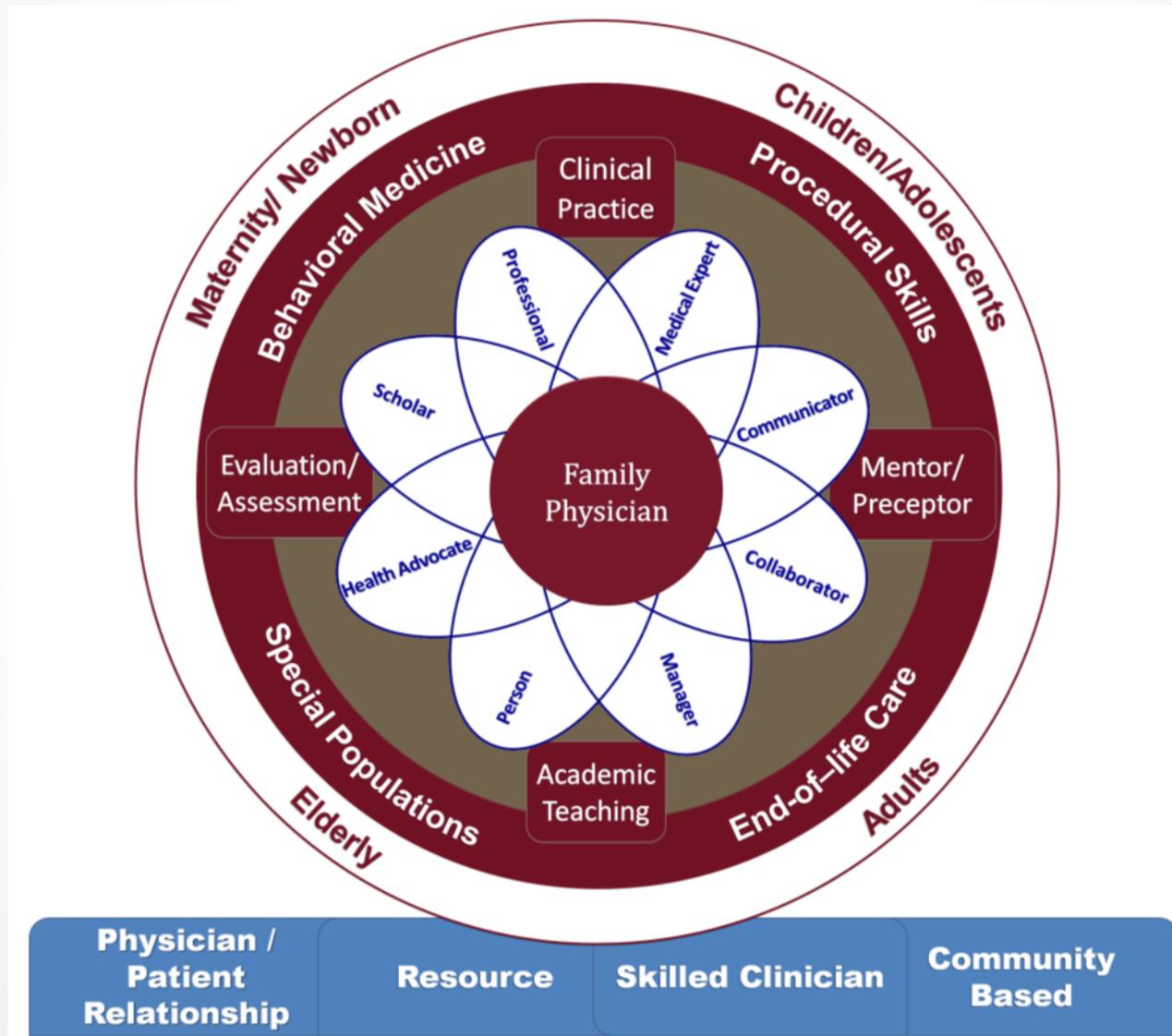
W(e)Learn References

- MacDonald, C. J., Stodel, E. J., Thompson, T-L., & Casimiro, L. (in press). W(e)Learn: A framework for interprofessional education. *International Journal of Electronic Healthcare*.
- Casimiro, L., MacDonald, C. J., L., Thompson, T-L, & Stodel, E. J. (2009). Grounding theories of W(e)Learn: A framework for online interprofessional education, *Journal of Interprofessional Care*, 23(3): 1-11.



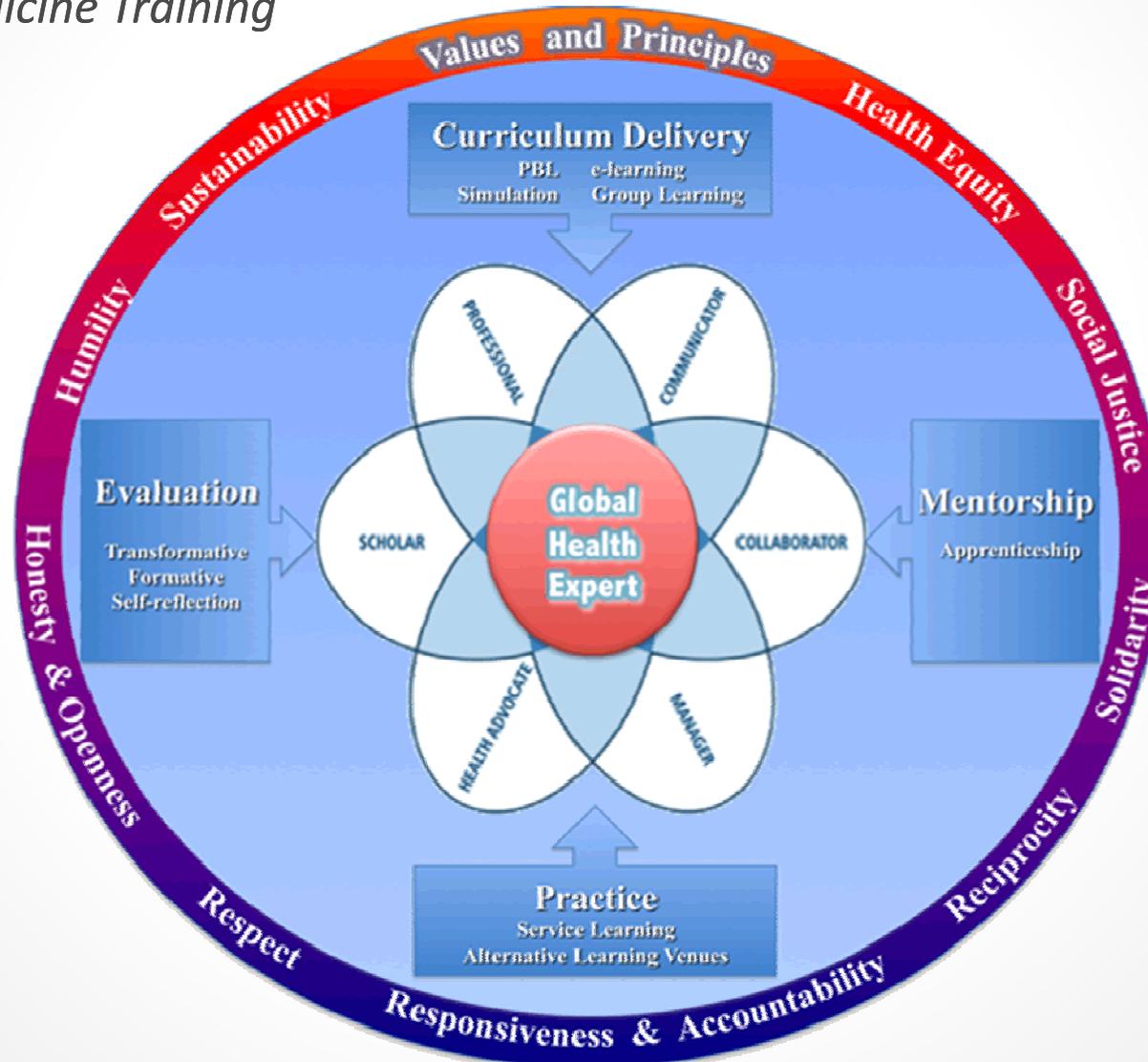


University of Ottawa Family Medicine Curriculum Framework





Framework for Global Health Education in Postgraduate Family Medicine Training





Accountability

- ❖ A lack of rigorous evaluation studies of eLearning programs (e.g., Arbaugh, 2000; Howell, Saba, Lindsay, & Williams, 2004; Lockyer, Patterson, & Harper, 1999; Robinson, 2001).
- ❖ Evaluating and assuring quality in eLearning programs has become critical for program improvement and long-term success (Rovai, 2003).
- ❖ Marquardt and Kearsley (1998) suggest “evaluation is particularly important in the context of technology use because it [technology] is highly susceptible to fads and marketplace trends” (p. 246).
- ❖ Robinson (2001) reports that in her three-year international study of distance learning initiatives, evaluation efforts were limited, largely due to lack of time and expertise





Need for IPE Assessment Instruments

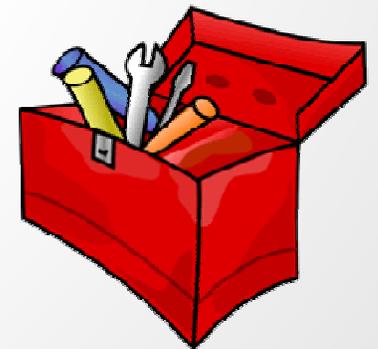
- The Canadian Interprofessional Health Collaborative has identified the lack of valid and reliable IPE evaluation tools as an area that still requires growth
- In response, MacDonald, Stodel, Thompson and Casimiro (2009) designed and published the W(e)Learn Framework as a quality standard to guide the design, delivery and assessment of IPE





Developing the Toolkit

- With the support of a Health Force Ontario grant, a bilingual toolkit of quantitative and qualitative instruments has been designed to assess IPE
- The instruments are currently being tested for validity in numerous interprofessional programs in Canada, the United States, the United Kingdom, and New Zealand





Toolkit

- Learner Contract
- [IP Learner Contract Exemplar](#)
- Team Contract
- [IP Team Contract Exemplar](#)
- [W\(e\)Learn Interprofessional \(IP\) Program Assessment](#)
- [ICCAS](#)
- Contrat de l'apprenant
- Exemple du contrat de l'apprenant (IP)
- Contrat de l'équipe
- Exemple de contrat de l'équipe interprofessionnelle (IP)
- [Évaluation de l'expérience d'apprentissage interprofessionnelle \(IP\)](#)
- [SACCI](#)





eLearning Evaluation Studies - *Structure*

- Learners have evolving learning needs
- Learners search for connection





Content

- Learners in this study did not absorb knowledge - they constructed it
- The small amount of prescribed course content, coupled with the personal and diverse nature of the topics explored in the papers, made it challenging for learners to find a common focal point as a group
- A key structural component of an online course is community, then the content, as well as the learning process and assessment criteria, need to align with this type of learning experience





Delivery

Two themes illustrated how delivery influenced the quality of this online learning experience

- becoming an able e-participant
- valued interactions.





Service

- An integrated approach to service is essential to a quality eLearning experience
- Shortfalls in service can have a significant impact on learners' experiences
- No faculty eLearning strategy or incentives to create eLearning courses
- Primarily early adopters created eLearning courses within the traditional infrastructure
- Higher education eLearning initiatives need to include support and development mechanisms





Outcomes

- A mindful weighing of benefits, drawbacks, and trade- offs
- Missing F2F contact was an issue but diminished as the course progressed
- Efficiency of this eLearning experience
- Convenience, novelty, and opportunity for a sense of adventure
- Applying what they learned in their work context, consistent with the expectations of the DDLM
- Learners felt a sense of accomplishment at the end of the course





Outcomes Cont'd

- Study highlights the challenges of offering a quality online experience
- A systematic integration of technology presented a challenge to a traditional F2F program
- Insights into the characteristics of an immersive robust eLearning culture emerged
- Learners participate when they are introduced to the use of learning technologies and software applications progressively throughout their program





Outcomes Cont'd

- Quality eLearning comes with a cost
- There are significant investments in time and energy
- Tension between research and education
- Some technologies added to the learning, others detracted
- Positive learning experience, even for those with minimal computer skills
- Ensure any necessary software is easily available
- Logistics of additional programmers





Outcomes Cont'd

Perceptions of quality in this course seemed to be strongly linked to:

- a fit between the content and design of this eLearning experience and the learners' needs, wants, and perceived competence
- ability to accomplish meaningful outcomes
- overall learning efficiency
- the quality of feedback from the e-moderator
- the evaluation provided constructive feedback to the design and facilitation teams that can be used to improve future deliveries.





Implications for Practice

- Using a tested learning model (DDL_M) as a quality standard to design and deliver an eLearning program contributes to success
- Service (quality and quantity of feedback and support) from the course delivery team were instrumental to the success
- Structure and pedagogical strategies contributed to the learners finding this course a rewarding experience





Implications for Practice Cont'd

- Content that was relevant and meaningful to the adult learners led to application of what they learned in their professional and personal lives
- Some learners enjoyed the learning community created in this course while a few found tasks required to build a community an annoyance that distracted from the task of completing their synthesis papers
- Quality in eLearning comes with a cost - enormous investments in time and energy





Samples of eLearning Projects

- C-FLO

http://innovation.dc-uoit.ca/cloe/lo/cf/CF_LO_content.html

- Caring Together

<http://www.caringtogether.ca/>

- ePhysician Health

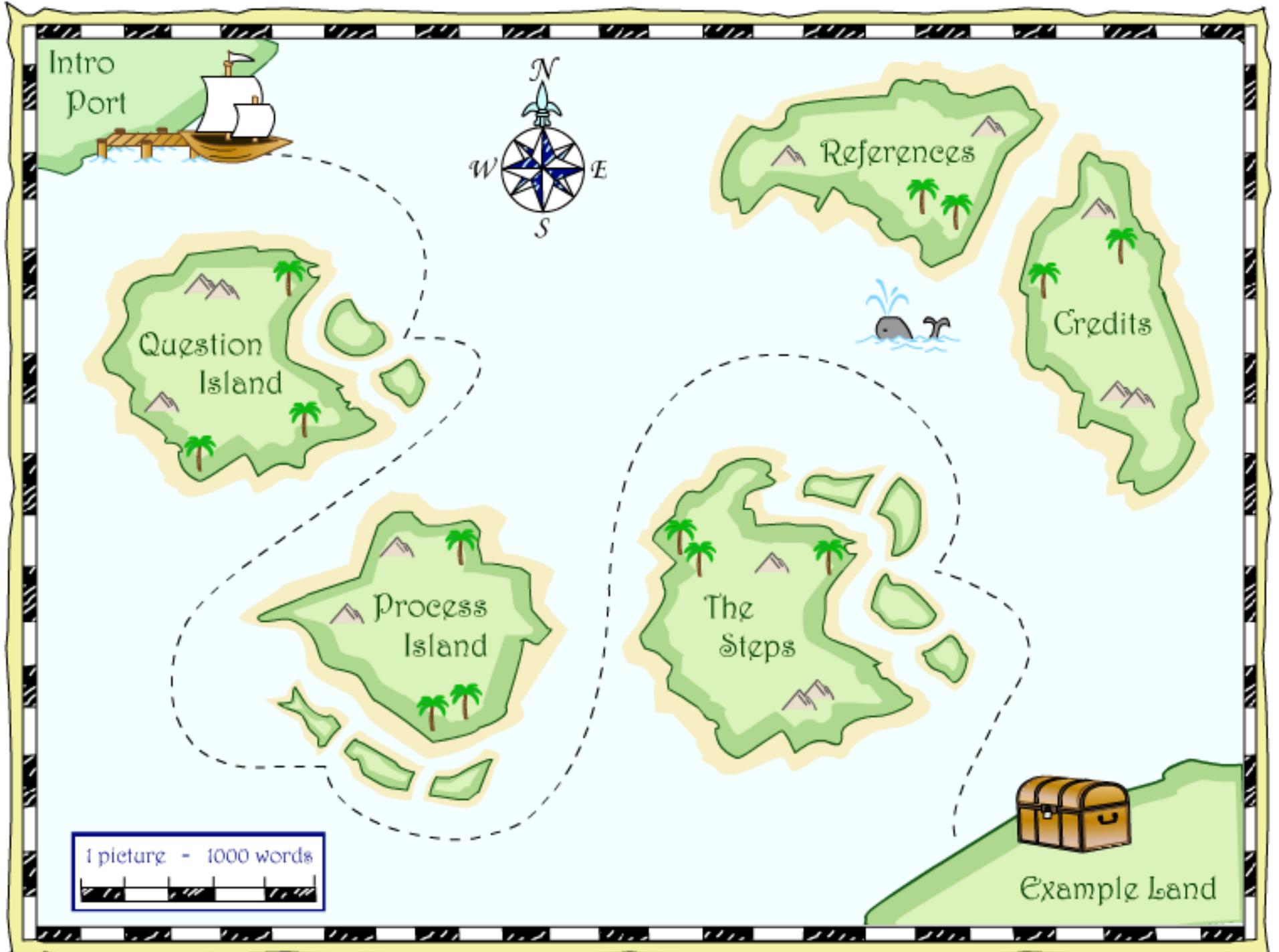
<http://ephysicianhealth.com/>

- eWorkplace Health

<http://eworkplacehealth.com>



C-FLOW



Intro
Port



References



Credits



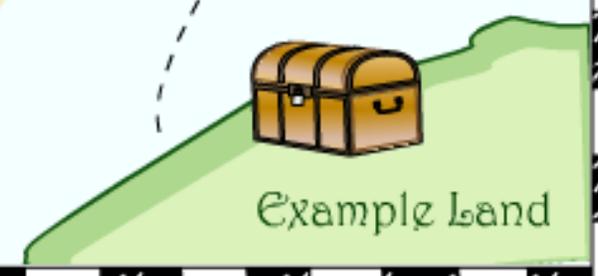
Question
Island



Process
Island



The
Steps



Example Land

1 picture = 1000 words



Table of Contents

Introduction & Objectives

Research Questions

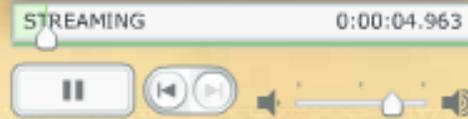
▶ How questions evolve (video)

Questions and more questions (video)

The Process of Developing a Conceptual Framework

Steps for Developing a Conceptual Framework

Examples



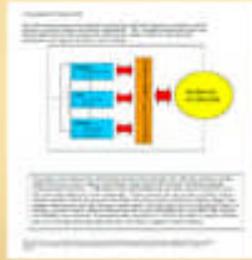
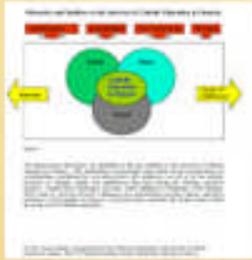
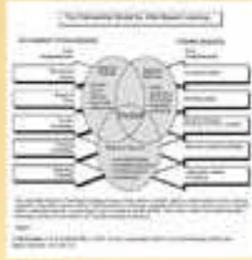
Research Questions

Your research questions are the heart of your research project. They will explain what you want to learn from your research, help you focus your research, and provide guidance for conducting your research (Maxwell, 1996). Given the critical role research questions play in your research, it is important you spend time developing and reflecting on them. Don't expect to be able to develop good research questions in one sitting; they will evolve over time.

Research questions should be of interest to the scientific community. Research should build on previous knowledge and the research question should reflect this. Research questions should be just that - questions! They should be clear and specific enough to guide your research. Writing questions that are too general or too narrow can lead to problems later on in your research. If your research question is too broad it will not inform you how to conduct the research. For example, you may have difficulties deciding who your participants will be, what data you should collect from them, and how you should analyze the data (Maxwell, 1996). Furthermore, if your research question is too broad you may quickly find that the scope of your research is unmanageable in terms of time and resources.

Conversely, if your research question is too focused, you may get tunnel vision and miss important things. If you narrow your focus too early in the research process you may miss important theories that could frame your research. Moreover, too narrow a question may prevent you from collecting important data relevant to your area of research.

Examples: Click on an image to view a full-size conceptual framework





Caring Together



HOME

1 2 3 4 5 **6** 7

Introduction



BACK



NEXT

This learning resource is organised into four sections.

Section 1

What is a good
end-of-life
journey?

Section 2

What does it
mean to care
together?

Section 3

Providing
palliative care
through effective
teamwork

Section 4

Reflecting on and
evaluating the
provision of
palliative care



Caring Together
in the last hours of life



HOME

Welcome to the Bookshelf

Here you will find text-based, audio, and video resources. These resources will help you answer the questions you have about caring for residents in the last stages of life and providing support to them and their family.

Don't rush your visit here. There are lots of valuable resources that are tailored to the different areas in which each team member provides care.



Understanding Palliative Care

Miscellaneous

Signs and Symptoms of the Dying Process

Medications / Drug Therapy

Symptom Control

Caring for the Resident and Family

Grief and Bereavement

Spirituality and Religion

If you know of other resources, **contact us** and we will add them to the shelves. When you have finished browsing, click Home to continue.



Caring Together
in the last hours of life



HOME

1 2 3 4 5 6 7 8 9 10 11 12 13 14

Section 1



BACK



NEXT

The content of this learning resource is based on information from palliative care. **Palliative care** aims to relieve suffering and improve the quality of life at the end of life. It strives to help patients and families address physical, psychological, social, spiritual, and practical issues associated with dying, as well as related expectations, needs, hopes, and fears.

Listen to Dr. Balfour Mount, who is considered to be the Father of Palliative Care in North America, discuss how we can bring about healing as we care for the dying and their families.



The Power of Healing, Dr. Balfour Mount, from CBC's *This I Believe*



Caring Together
in the last hours of life



HOME

Section 1



BACK

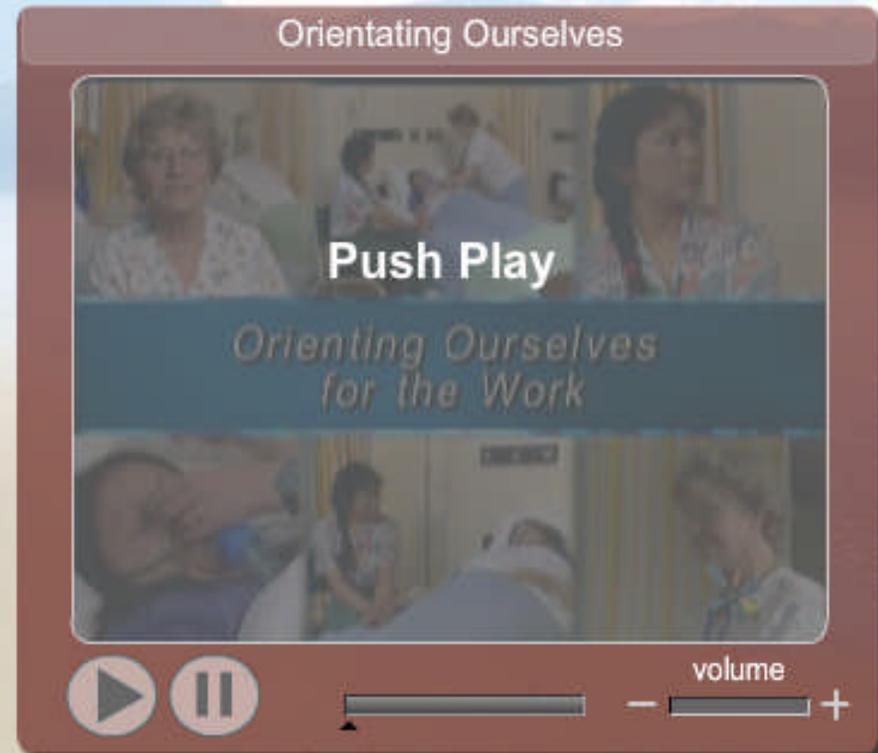


NEXT

Everyone has different needs and ideas about what a good end-of-life journey is. Below is a video of a nurse who found herself upsetting a resident's relative as she was not aware of the situation she was walking into. It is an excellent reminder for us to be centred in our work and focused on the task at hand - on the resident and family that we have come to care for. A pause to orient ourselves will lead us to more effective care and respect of the resident, especially given the "culture of busyness" that characterises many healthcare environments.

As you watch the video, ask yourself:

- What is happening?
- What issues does it raise?
- What emotions come to your awareness?
- What implications does it have for how we practice?



Caring Together
in the last hours of life

Used with permission from the Pallium Project



HOME

1 2 3 4 5 6 7 8 9 10 11 12 13 14

Section 1



BACK



NEXT

As you engage in this learning experience you will be following Rose on her end-of-life journey. You will get to know Rose through a photo album she and her family have put together. As you go through this album, pay attention to who Rose is as a person, the things she has accomplished in her life, and what her needs are as she comes to the end of her life journey. Print out a blank version of the pie and use it to record her current needs at the end-of-life as you look through the album. Don't forget to consider all four areas of the pie: physical, psychological, social/cultural, and spiritual. Feel free to look through the album as many times as you want. When you are ready, click on the album to start.

[Click here for a blank version of the pie](#)

Rose's Story

Begin



Caring Together
in the last hours of life



HOME

1 2 3 4 5 6 7 8 9 10 11 12 13 14

Section 1



BACK



NEXT



click +



click +



Caring Together
in the last hours of life



HOME

1 2 3 4 5 6 7 8 9 10 11 12 13 14

Section 1



BACK



NEXT

When you are dying, what would be important for the care providers to know? Within each of the four areas of the pie, type your answers in the boxes below. Click 'Next' once you have finished.

Physical

Manage my pain
Manage my disease

Psychological

Fear of hospitals
Maintain my dignity
Maintain my independence
Maintain my quality of life

Social/Cultural

Ensure family and friends are close
Ensure pets are taken care of
Death is a celebration of life

Spiritual

Prepare me and my family for death - make sure we are all ready when the time comes



Caring Together
in the last hours of life



HOME

Section 1

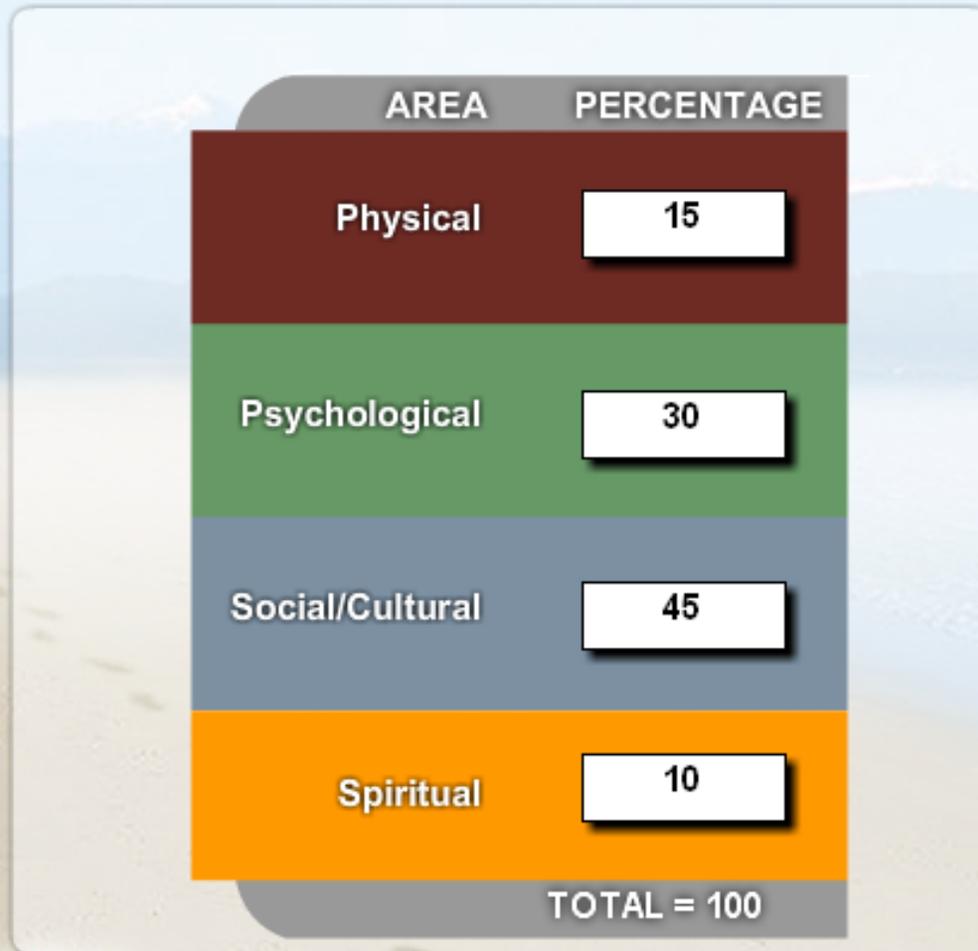


BACK



NEXT

People vary in the importance they place on the four areas of the pie. For example, some people are very spiritual, others are not. Rate the importance, using percentages, of each area of the pie for you.





HOME

Section 1



BACK



NEXT

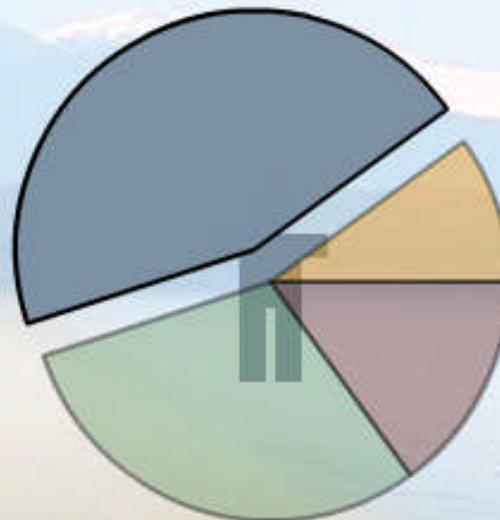
Social/Cultural (45%)

Ensure family and friends are close
 Ensure pets are taken care of
 Death is a celebration of life

Spiritual (10%)

Prepare me and my family for death - make sure we are all ready when the time comes

**Social/Cultural
45 %**



Psychological (30%)

Fear of hospitals
 Maintain my dignity
 Maintain my independence
 Maintain my quality of life

Physical (15%)

Manage my pain
 Manage my disease



Click here to print this exercise



HOME

Section 3



BACK



NEXT

You now know whom you have to obtain information from and whom you have to provide information to when caring for a resident who is dying. The next step requires you to effectively collaborate with these team members. Remember, there are seven elements of effective collaborative practice. Use the exercise below to help you review what the seven elements are. Enter the letters that form each element of collaborative practice in any order. Each incorrect letter you enter will result in one stone of the inukshuk being removed. Can you complete this exercise and leave the inukshuk standing?

1 of 7



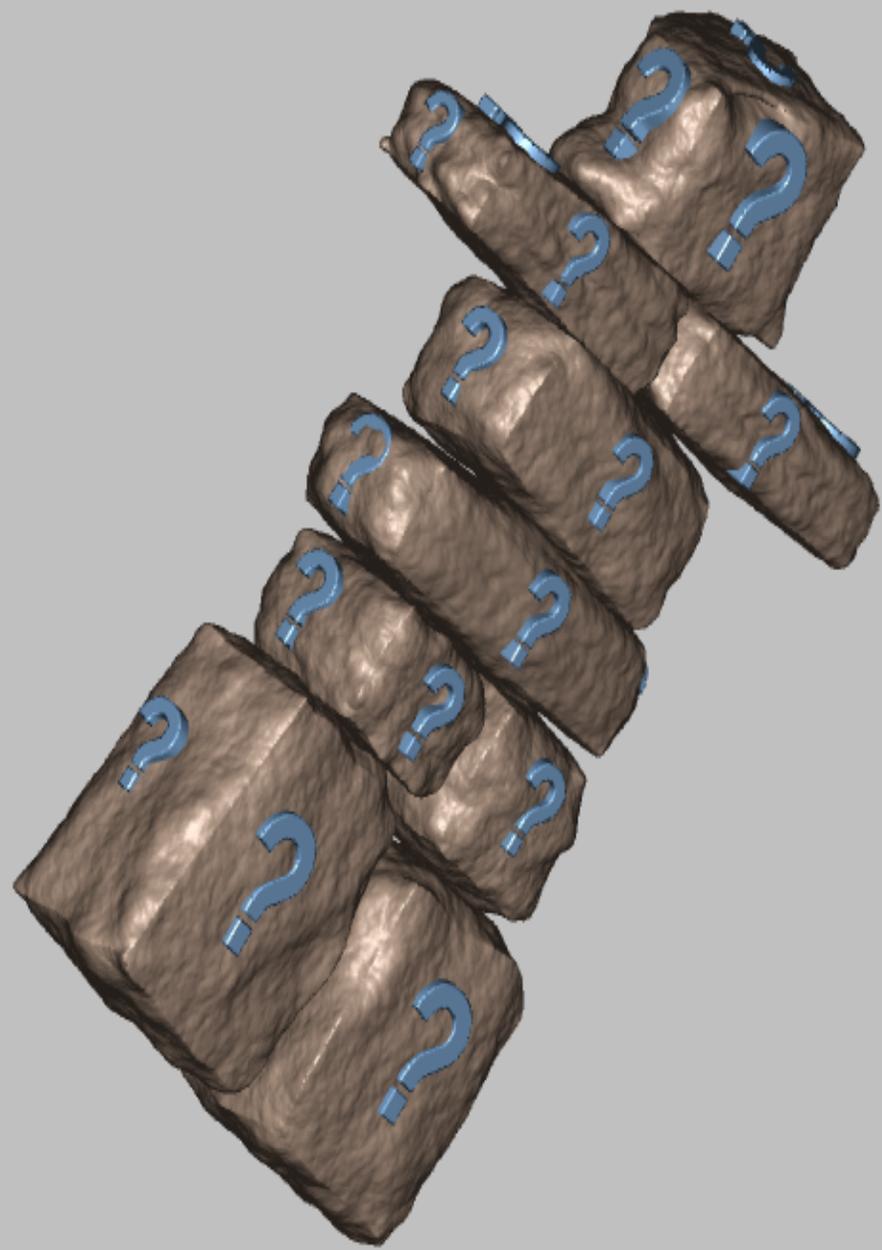
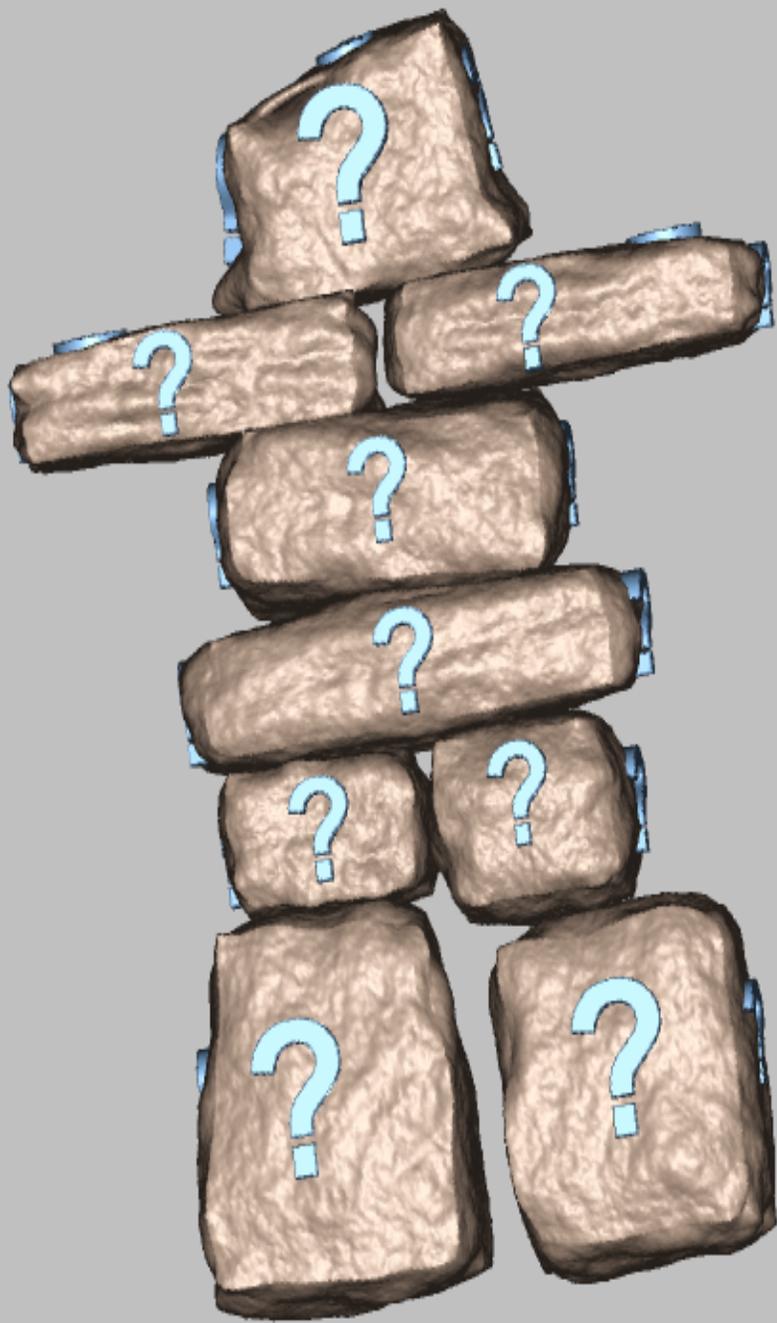
Hint

C _____ A _____

pick a letter

A B C D E F G H I J K L M
 N O P Q R S T U V W X Y Z







Ask Question

Place the cursor in the small text box above and type in a word or phrase about grief and mourning that you would like explained. Your entry should include ONE of the following words or phrases: absent mourning, anger, behavior, chronic, cognition, cognitive, delayed, depression, distorted, elements, emotions, emotional, frustration, grief, guilt, guilty, journey, masked, mourning, phases, physical, sensations, stages, tasks. Once you have finished typing, click "Ask Question".



ePhysician Health

Français



Enter

Project Team | e-buttons

Program Menu

-  Carpe Diem:
Resilient physician communities
- Substance use disorders
- Weight, nutrition, and fitness
- Depression, burnout, and suicide
- Anxiety
- Resilience
- Relationship with self

- Boundaries
- Primary care
- Disruptive behaviour:
Physician leaders
- Disruptive behaviour:
Medical students
- Disruptive behaviour:
Healthcare teams
- Disruptive behaviour:
Residents
- Disruptive behaviour:
Practising physicians

Other useful modules





Resilient Physician Communities



Dr. Derek Puddester
Director, Faculty Wellness Program
University of Ottawa

Video player controls including a play/pause button, a progress bar, a volume icon, and a full-screen icon. The time displayed is 0:49 / 23:52.

Addressing substance use disorders



Paul Farnan, MB, BCh, CCFP, ASAM/CSAM (C)
Medical Director, HealthQuest Occupational Health Corporation
[Contact Dr. Paul Farnan](#)



View Objectives

It is estimated that approximately 10-15% of healthcare professionals will misuse drugs or alcohol at some time in their career. Physicians have much the same risk for addiction as the general population; our rates are not outrageously high. We do, however, play an important role in the health and well-being of our patients. Hence, there is great concern about physician impairment as a result of drug or alcohol use. Yet physicians whose addictions have progressed to the point of impairment are just the tip of the iceberg. Far more common is the scenario where the physician with a substance use disorder is continuing to work and struggling to keep his or her life in order despite having a growing and pathological relationship with alcohol or drugs.

This module reviews some of the important issues relating to substance use disorders in physicians. It is intended to provide information that will be useful whether you are concerned about a colleague who might be on the path to impairment or whether you are the keeper of a personal secret that is evolving.



- The Focus
- The Reality
- The Strategies
- Next Steps
- Resources

What are substance use disorders?

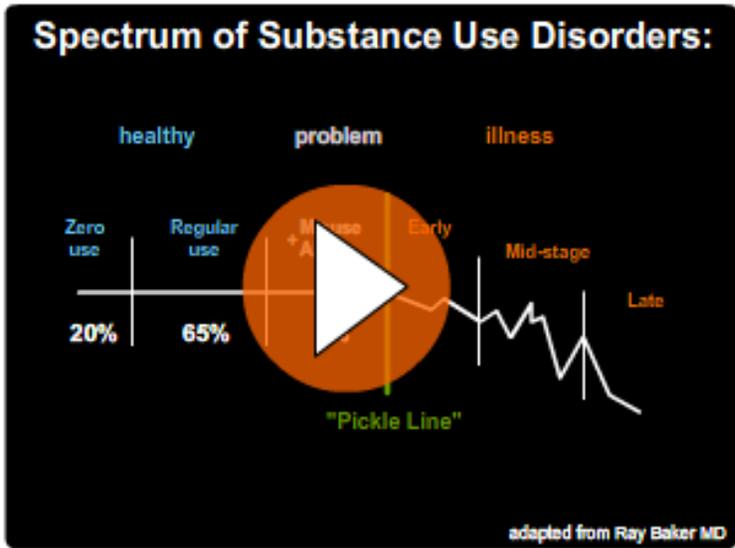
Defining substance use disorders

A simple way to consider substance use disorders is to divide them into two categories:

- Substance dependence
- Substance abuse

Key Characteristics of Substance Use Disorders

Substance Dependence (Addiction)	Substance Abuse
Tolerance	A maladaptive pattern of substance use
Withdrawal	Use resulting in failure to fulfill major obligations
More use than intended – impaired control	More control but poor decision-making
Persistent unsuccessful efforts to cut down/control	Recurrent use in physically hazardous situations
Spend excessive time in acquisition of substances, using, and recovering	Recurrent use resulting in legal problems
Social, occupational, and recreational activities are	Continued use despite recurrent social or





IPE Instruments



W(e)Learn Interprofessional (IP) Program Assessment

For your unique anonymous participant code, please provide your mother's first name initial, the day and month of her birthday: __ - __ __ __ __

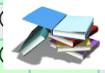
Please indicate your profession: _____

Please indicate if you are: a student _____ year of program _____ or practitioner _____

Please answer the following questions by filling in the circle that most accurately reflects your opinion about each of the following statements concerning your learning experience:

1= strongly disagree; 2= moderately disagree; 3=slightly disagree; 4= neutral; 5=slightly agree; 6=moderately agree; 7= strongly agree; NA= not applicable

	1	2	3	4	5	6	7	NA
1. The facilitator* promoted an open atmosphere in which all participants could be heard	<input type="radio"/>							
2. The facilitator promoted collaboration among learners	<input type="radio"/>							
3. The learning experience provided opportunities to learn about each other's professions	<input type="radio"/>							
4. The learning experience provided opportunities to learn with and from each other	<input type="radio"/>							
5. The learning experience provided opportunities to practice IP collaborative approaches to patient-centered care**	<input type="radio"/>							
6. The learning experience took into account learners' previous knowledge and experiences	<input type="radio"/>							
7. The learning activities promoted the application of the IP competencies	<input type="radio"/>							
8. The learning activities promoted collaborative problem solving	<input type="radio"/>							
9. The learning activities reflected situations encountered in practice	<input type="radio"/>							
10. The learning activities promoted mutual trust and respect among learners	<input type="radio"/>							
11. The learning activities contributed to achieving the learning objectives	<input type="radio"/>							
12. The content was consistent with my professional interests and needs	<input type="radio"/>							
13. The content included policies and regulations relevant to IP practice	<input type="radio"/>							
14. The content included knowledge and skills necessary for IP teamwork	<input type="radio"/>							
15. The content was applicable to a wide variety of healthcare*** contexts (e.g., hospital, community, etc.)	<input type="radio"/>							
16. The facilitator provided useful feedback	<input type="radio"/>							
17. My organization adequately supported my participation in the IP learning activity	<input type="radio"/>							
18. I enjoyed the IP learning experience	<input type="radio"/>							
19. I have learned knowledge that I will apply in practice	<input type="radio"/>							
20. I have learned skills that I will apply in practice	<input type="radio"/>							
21. The learning activities were well organized	<input type="radio"/>							
22. The facilitator modeled effective IP collaboration	<input type="radio"/>							
23. The learning activities were engaging	<input type="radio"/>							
24. The facilitator was knowledgeable about IP	<input type="radio"/>							
25. The facilitator was responsive to the learners' needs	<input type="radio"/>							
26. The learning objectives were clear	<input type="radio"/>							
27. I have improved my knowledge of IP competencies that I need to continue to develop	<input type="radio"/>							
28. I am motivated to change my practice towards providing more effective IP collaborative care	<input type="radio"/>							
29. I was provided with and/or made aware of useful tools and resources	<input type="radio"/>							
30. I have a deeper appreciation of the approach to collaborative patient-centered care	<input type="radio"/>							





Évaluation de l'expérience d'apprentissage interprofessionnel (IP)

Veillez inscrire l'initial du prénom de votre mère, le jour et le mois de son anniversaire à titre de code de participant: __ - __ __ __ __

Veillez inscrire votre profession ou le nom de votre programme: _____

Veillez cochez si vous êtes: étudiant _____ d'année du programme de formation _____ ou praticien _____

Veillez noircir le cercle qui représente le plus exactement votre opinion au sujet des énoncés suivants concernant votre expérience d'apprentissage:

1= en parfait désaccord; 2= plutôt en désaccord; 3= un peu en désaccord 4= Neutre; 5= un peu en accord; 6= plutôt en accord; 7= en parfait accord; S/O= sans objet

	1	2	3	4	5	6	7	S/O
1. Le facilitateur* a favorisé un climat d'ouverture où chacun a été écouté	<input type="radio"/>							
2. Le facilitateur a favorisé la collaboration IP entre les apprenants	<input type="radio"/>							
3. L'expérience vécue a fourni des occasions pour apprendre à propos de la profession des autres apprenants	<input type="radio"/>							
4. L'expérience vécue a fourni des occasions pour apprendre avec et à partir des autres apprenants	<input type="radio"/>							
5. L'expérience vécue a fourni des occasions pour pratiquer une approche de collaboration IP centrée sur le patient**	<input type="radio"/>							
6. Les activités d'apprentissage ont tenu compte des connaissances et des expériences antérieures des apprenants	<input type="radio"/>							
7. Les activités d'apprentissage ont favorisé l'application des compétences IP	<input type="radio"/>							
8. Les activités d'apprentissage ont favorisé la résolution de problèmes selon une approche de collaboration	<input type="radio"/>							
9. Les activités d'apprentissage s'appliquaient à des situations vécues dans la pratique	<input type="radio"/>							
10. Les activités d'apprentissage ont favorisé la confiance et le respect mutuels entre les apprenants	<input type="radio"/>							
11. Le contenu s'appliquait à divers contextes de soins*** de santé (p. ex., soins hospitaliers, interventions communautaires, etc.)	<input type="radio"/>							
12. Le contenu correspondait à mes intérêts et à mes besoins professionnels	<input type="radio"/>							
13. Le contenu a tenu compte des politiques et des règlements pertinents à la pratique IP	<input type="radio"/>							
14. Le contenu a inclus les connaissances et habiletés nécessaires au travail d'équipe IP	<input type="radio"/>							
15. Les activités ont contribué à l'atteinte des objectifs d'apprentissage	<input type="radio"/>							
16. Le facilitateur a donné de la rétroaction utile	<input type="radio"/>							
17. Mon organisme a appuyé adéquatement ma participation à l'activité d'apprentissage IP	<input type="radio"/>							
18. J'ai apprécié cette expérience d'apprentissage IP	<input type="radio"/>							
19. J'ai appris des concepts que je pourrai appliquer dans ma pratique	<input type="radio"/>							
20. J'ai appris des habiletés que je pourrai appliquer dans ma pratique	<input type="radio"/>							
21. Les activités d'apprentissages étaient bien organisées	<input type="radio"/>							
22. Le facilitateur a été un modèle de la collaboration IP	<input type="radio"/>							
23. Les activités d'apprentissage étaient stimulantes	<input type="radio"/>							
24. Le facilitateur connaissait bien le domaine de la pratique IP	<input type="radio"/>							
25. Le facilitateur a répondu rapidement aux besoins exprimés par les apprenants	<input type="radio"/>							
26. Les objectifs d'apprentissage étaient clairs	<input type="radio"/>							
27. J'ai amélioré mes connaissances au sujet des compétences IP que je dois continuer à développer	<input type="radio"/>							
28. Je suis motivé à changer ma pratique afin d'offrir des soins selon une approche de collaboration IP	<input type="radio"/>							
29. J'ai reçu et pris connaissance de ressources intéressantes et pertinentes au domaine de la collaboration IP	<input type="radio"/>							
30. J'ai appris à valoriser l'approche de collaboration centrée sur le patient	<input type="radio"/>							

* L'expression « Le facilitateur » peut être remplacée par « Les facilitateurs » selon le cas.

**Le terme « patient » englobe les mots client, bénéficiaire, usager, résident, etc.

***Le terme « soins » comprend les mots intervention, traitement, thérapie, évaluation, etc.





ICCAS – Interprofessional Collaborative Competencies Attainment Survey

For your unique anonymous participant code, please provide your mother's first name initial, the day and month of her birthday: ___ - ___ - ___

Please indicate your profession: _____

Please indicate if you are: a student _____ year of program _____ or practitioner _____

Please answer the following questions by filling in the circle that most accurately reflects your opinion about the following interprofessional collaboration statements:
 1= strongly disagree; 2= moderately disagree; 3=slightly disagree; 4= neutral; 5=slightly agree; 6=moderately agree; 7= strongly agree; na= not applicable

Please rate your ability for each of the following statements:

Before participating in the learning activities I was able to:

After participating in the learning activities I am able to:

Communication	1	2	3	4	5	6	7	na
1. Promote effective communication among members of an interprofessional (IP) team*	<input type="radio"/>							
2. Actively listen to IP team members' ideas and concerns	<input type="radio"/>							
3. Express my ideas and concerns without being judgmental	<input type="radio"/>							
4. Provide constructive feedback to IP team members	<input type="radio"/>							
5. Express my ideas and concerns in a clear, concise manner	<input type="radio"/>							
Collaboration								
6. Seek out IP team members to address issues	<input type="radio"/>							
7. Work effectively with IP team members to enhance care	<input type="radio"/>							
8. Learn with, from and about IP team members to enhance care	<input type="radio"/>							
Roles and Responsibilities								
9. Identify and describe my abilities and contributions to the IP team	<input type="radio"/>							
10. Be accountable for my contributions to the IP team	<input type="radio"/>							
11. Understand the abilities and contributions of IP team members	<input type="radio"/>							
12. Recognize how others' skills and knowledge complement and overlap with my own	<input type="radio"/>							
Collaborative Patient/Family-Centred Approach								
13. Use an IP team approach with the patient** to assess the health situation	<input type="radio"/>							
14. Use an IP team approach with the patient to provide whole person care	<input type="radio"/>							
15. Include the patient/family in decision-making	<input type="radio"/>							
Conflict Management/Resolution								
16. Actively listen to the perspectives of IP team members	<input type="radio"/>							
17. Take into account the ideas of IP team members	<input type="radio"/>							
18. Address team conflict in a respectful manner	<input type="radio"/>							
Team Functioning								
19. Develop an effective care*** plan with IP team members	<input type="radio"/>							
20. Negotiate responsibilities within overlapping scopes of practice	<input type="radio"/>							

1	2	3	4	5	6	7	na
<input type="radio"/>							
<input type="radio"/>							
<input type="radio"/>							
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SACCI – Sondage sur l'atteinte des compétences de collaboration interprofessionnelle (IP)

Veuillez inscrire l'initial du prénom de votre mère, le jour et le mois de son anniversaire à titre de code de participant: __ - ____ - ____
 Veuillez inscrire votre profession ou le nom de votre programme: _____
 Veuillez cochez si vous êtes: étudiant _____ d'année du programme de formation _____ ou praticien _____

Veuillez noircir le cercle qui décrit le plus exactement votre opinion au sujet des énoncés suivants sur la collaboration interprofessionnelle:

1= en parfait désaccord; 2= plutôt en désaccord; 3= un peu en désaccord 4= Neutre; 5= un peu en accord; 6= plutôt en accord; 7= en parfait accord; so= sans objet

Veuillez évaluer votre aptitude par rapport aux énoncés suivants:

Avant de participer aux activités d'apprentissage, j'étais apte à:

Après avoir participé aux activités d'apprentissage, je suis apte à:

Communication	1	2	3	4	5	6	7	so
1. Favoriser la communication entre les membres de l'équipe IP*	<input type="radio"/>							
2. Écouter activement les idées et les préoccupations des membres de mon équipe IP	<input type="radio"/>							
3. Exprimer mes idées et préoccupations sans porter de jugement	<input type="radio"/>							
4. Donner de la rétroaction constructive aux membres de mon équipe IP	<input type="radio"/>							
5. Exprimer mes idées d'une manière claire et concise	<input type="radio"/>							
Collaboration								
6. Faire appel à d'autres professions pour résoudre des problèmes	<input type="radio"/>							
7. Travailler et apprendre en collaboration étroite avec les membres de l'équipe IP	<input type="radio"/>							
8. Apprendre avec, à propos et à partir des membres de l'équipe IP en vue d'améliorer les soins prodigués	<input type="radio"/>							
Rôles et responsabilités de l'intervenant								
9. Identifier mes habiletés et contributions à l'équipe IP	<input type="radio"/>							
10. Être redevable de ma contribution à l'équipe IP	<input type="radio"/>							
Rôles et responsabilités des autres intervenants								
11. Comprendre les habiletés et contributions des membres de l'équipe IP	<input type="radio"/>							
12. Reconnaître comment les habiletés et les connaissances des autres complètent et chevauchent les miennes	<input type="radio"/>							
Approche de collaboration centrée sur le patient et la famille								
13. Utiliser une approche de collaboration pour déterminer la nature des problèmes d'un patient**	<input type="radio"/>							
14. Utiliser une approche de collaboration pour traiter le patient comme un tout	<input type="radio"/>							
15. Faire participer les patients et leur famille aux prises de décisions	<input type="radio"/>							
Gestion et résolution des conflits								
16. Écouter activement le point de vue des autres membres de l'équipe IP	<input type="radio"/>							
17. Tenir compte des idées des autres membres de l'équipe IP	<input type="radio"/>							
18. Résoudre les conflits entre les membres de l'équipe IP de manière respectueuse	<input type="radio"/>							
Fonctionnement de l'équipe								
19. Élaborer un plan de soins*** efficace avec les membres de l'équipe IP	<input type="radio"/>							
20. Clarifier les responsabilités qui se chevauchent d'une profession à l'autre	<input type="radio"/>							

1	2	3	4	5	6	7	so
<input type="radio"/>							
<input type="radio"/>							
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Learner Contract Exemplar for Facilitators

Interprofessional Core Competencies	Personal Objectives <i>I want to:</i>	Strategies <i>In order to attain my objectives, I will:</i>	Learning Outcomes <i>My learning outcomes are that I:</i>
<p>Communication <i>The ability to communicate effectively in a respectful and responsive manner with others.</i></p> <p>At the end of the learning activity I will:</p> <ol style="list-style-type: none"> 1. Communicate and express ideas in an assertive and respectful manner. 2. Use communication strategies (e.g. oral, written, information technology) in an effective manner with team members. 	<ul style="list-style-type: none"> • listen to the ideas and concerns of team members • ask team members for their opinions • reflect upon what team members say before responding • provide my point of view without being judgmental • voice my opinions and concerns respectfully • communicate effectively • identify how my unique communication style affects team members • be respectful of cultural diversity and visible minorities' needs • recognize and appreciate different communication styles • adapt my communication style to communicate more effectively • identify how ineffective communication may impede patient care • express my point of view with confidence • share important information • exchange ideas and discuss issues openly 	<ul style="list-style-type: none"> • not interrupt when team members are speaking • actively listen to what team members are saying • ask for clarification when I do not understand • be tactful when presenting an alternative perspective • be sensitive to other's personal situations • use the '24 hour rule' before reacting when upset • give credit when credit is due • actively listen to the ideas and concerns of team members 	<ul style="list-style-type: none"> • now share my knowledge and experience with peers more freely • feel that my opinions are valued • feel more comfortable speaking up and questioning procedures than I did before participating in this learning activity • am more motivated about work • make a conscious effort to listen to team members • have become more effective at collaboratively discussing clinical issues • have identified potential communication barriers that could impede patient care



Team Contract Exemplar for Facilitators

Interprofessional Core Competencies	Team Objectives <i>Our team members want to:</i>	Strategies <i>In order to attain our team objectives, we will:</i>	Learning Outcomes <i>Our learning outcomes are that we:</i>
<p>Communication <i>The ability to communicate effectively in a respectful and responsive manner with others.</i></p> <p>At the end of the learning activity members of the team will:</p> <ol style="list-style-type: none"> 1. Communicate and express ideas in an assertive and respectful manner. 2. Use communication strategies (e.g. oral, written, information technology) in an effective manner with others. 	<ul style="list-style-type: none"> • listen to team ideas and concerns • ask team members for their opinions • reflect upon what team members say before responding • provide points of view without being judgmental • voice opinions and concerns respectfully • communicate effectively • identify how our unique communication style affects others • recognize and appreciate different communication styles • adapt our communication style so we can communicate more effectively • identify how ineffective communication may impede patient care • express their points of view with confidence • share important information • exchange ideas and discuss issues 	<ul style="list-style-type: none"> • not interrupt when others are speaking • focus on what others are saying • ask for clarification when we do not understand • be tactful when presenting an alternative perspective • be sensitive to other's personal situations • use the '24 hour rule' before reacting when upset • give credit when credit is due • actively listen to ideas and concerns of others 	<ul style="list-style-type: none"> • now share our knowledge and experience more freely • feel our opinions are valued • feel more comfortable to speak up and question procedures • are more motivated about work • make a conscious effort to listen to others • are more prepared to listen to others • are more effective at collaboratively discussing clinical issues • have identified potential communication barriers that could impede patient care • function more democratically as a team





Hope

- MacDonald and Thompson (2005) found that designing quality online courses takes an enormous amount of time
- Drive to create online courses is often due to the determination of the professor
- Developing technology-based resources needs to be made easier, quicker, and more efficient





- In order to develop effective eLearning, educators need to become proactive in the development and use of technology in the teaching process
- Although some of the resistance to using eLearning is ingrained in educators' philosophical values and beliefs, some is due to their lack of time and knowledge of how to design and deliver effective online learning
- Making the transition to, and developing practices for, teaching with technology is not easy for many academic staff
- The gap between available technology tools and how faculty are using them is a catalyst to better understand the effectiveness of technology on learners' satisfaction and learning





- There is a need to understand how eLearning can be delivered in the most effective way possible
- The drive to create an online version is often primarily due to the determination of the professor and her ability to marshal the necessary resources and willingness to take the risk:
 - including other stakeholders as study participants to wrestle with how to create an integrated network of delivery partners
 - exploring what kinds of interactivity are really valued by the learners so that they are able to connect with others and engage in more effective learning experiences
 - investigating how to move stakeholders (learners, designers, and facilitators) past the first hurdles quickly so that they feel confident and competent.





- Include a graphical content map for each module to aid navigation
- Set up learners to succeed
- Only use video to convey information that cannot be delivered as effectively using text
- Use video to share engaging stories and personal testimonies
- The notion that you have to attract, develop and retain the best and brightest inside your corporate boundaries is becoming null





- Design is intertwined with facilitation strategies
- Designing an eLearning course lends itself to rapid re-design
- Facilitation strategies that enable instructors to adjust the course design in situ
- Attention must be paid to the sense of confidence and perceived level of competence
- Technology competence is not only the ability to master the interface. Ability to use supporting applications (i.e., Word or PowerPoint), troubleshoot system problems, and self-assess eLearning requisite skills is important





Hope Cont'd

- Creating a supportive learning community can be challenging
- Designing a quality eLearning course is a complex process
- Perceptions of quality in this course seemed to be strongly linked to
 - a fit between the content and design of this eLearning experience and the learners' needs, wants, and perceived competence
 - ability to accomplish meaningful outcomes, including enhanced computer literacy
- As new technologies emerge, eLearning designers and educators have more opportunities for fostering collaboration and interaction among learners to create a true learning community (Beldarrain, 2006)





Hope Cont'd

- It is a challenge offering a quality online experience in an organization still shaping an approach to eLearning
- As learners share the challenges and successes of participating in eLearning experiences, insights into the characteristics of an immersive robust eLearning culture emerged
- Weapons of Mass Collaboration: A collaborative approach is preferable.





The End



<http://www.ennovativesolution.com/Colla-WebCV/>

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