Live webinar recorded February 21, 2019

Microlearning: Little Messages with a Big Impact

Transcript

Jenny Inker: Good afternoon and welcome to today's live events. We're so pleased you could join us today. I am Jenny Inker, gerontologist and joint program director of the assisted living administration specialty area at Virginia Commonwealth University Department of Gerontology. I am mostly your host and moderator for today's webinar.

Jenny Inker: Our webinar today is part of our seventh series in the mental health and aging training initiative, which brings together the geriatric mental health planning partnership in collaboration with the VCU department of gerontology and the Riverside Center for Excellence and Aging and Lifelong Health. This series has been funded by a grant from the Virginia Center on Aging and we are most grateful for their continued support. This initiative has produced a library of 19 webinar's which have attracted close to 5,000 attendees. As a reminder all of our webinars are archived and all resources and materials are available for review and download for free.

Jenny Inker: Before we begin, I'd like to mention a couple of housekeeping items. We kindly ask that you help us out in continuing this free offering by taking five minutes to complete the demographic survey which we shall send by email. Certificates of Attendance will be made available one week after the event. To receive your certificate you will have to complete the exit survey which should pop up following the exit from the webinar and which will also repeat by email.

Jenny Inker: Today's interactive webinar titled, Microlearning, little message with a big impact, will address a timely topic and will feature two talented presenters from the Riverside Center for Excellence in Aging and Lifelong health. Mary Martha Stewart is the director of Culture Change and Clear Path for Riverside Health System. She is responsible for developing and implementing innovative programs and services including, Action Packed Household Model, A Personalized Medication Program, Microlearning as an effective training tool in person centered dementia care, The Families Caregiver Intervention Program, Spiritual Care Using Clinical Pastoral Education, and many more.

Jenny Inker: Dr. Christy Jensen is director of Health Services Research with the Riverside Center for Excellence in Aging and Lifelong Health and she's an adjunct instructor in the Department of Gerontology at Virginia Commonwealth University. Dr. Jensen is a master trainer with the Rosalind Carter Institute for Caregiving and was named the 2015 Applied Gerontologist of the Year by the Southern Gerontological Society. Her current work focuses on programming and training to support family and professional caregivers with Microlearning representing the newest of these training approaches.

Jenny Inker: Our webinar today will begin with a presentation from our two presenters, which will be followed by a question and answer period. To submit your questions, please use the questions tab on the control panel on your screen. Feel free to submit your questions throughout the presentation. Following the presentation I will share your questions with the panelists, and we will address as many as possible in the time remaining. Also, please note that we will be showing three very short videos during today's webinar. These videos should be available for viewing through the webinar screen. Should you have problems viewing these videos we will also make them available through a link in the webinars control panel and as such you may be able to view these from your own browser. All videos and resources will also be posted on the webinars page by Monday morning. So, without further ado I will now ask Mary Martha to begin the presentation.

Mary M Stewart: Thank you Jenny. Welcome everyone to Microlearning. Thank you for your interest in our work. It's wonderful to have the opportunity to share with you the why, the what, and the how of Microlearning.

Mary M Stewart: Next slide.

Mary M Stewart: Christy and I had two core team members working with us on our Microlearning project. We have the honor doing the presentation today but Sonya Barsness and Jenny Inker were very involved in our project team and for me it was really fulfilling to work with this group of creative marge and committed women. We had an idea and we trusted each other to make it come alive.

Mary M Stewart: Next.

Mary M Stewart: So, as we get started we really want to hear from you and we have our first poll. We want to hear from you about your biggest training challenges. You may be an educator, or a trainer, maybe you're responsible for training in your organization, or you may see challenges in training in those sessions that you attend.

Mary M Stewart: What are your training challenges? Take some time to answer the poll. Are your challenges low attendance? Scheduling the night shift? Too much information to remember? Is your turnover really high? How on earth do you train current staff when you're just trying to fill positions? Or maybe you don't have any training staff at all or you could be a training team of one. What do you see in your organizations?

Christy Jensen: Great. This is Christy Jensen joining you. I appreciate you taking a few minutes here to just tell us about your training challenges and it looks like more than half of you said low attendance. We can certainly relate to that and we will be sharing with you a little bit more about what the nursing home staff shared with us in this particular project. Then coming second in, is turnover at 39%. Pretty high percentage, although I actually may have expected that to be a little bit higher and then coming in next, few or no training staff that you have accessible. Then at 19 and 17%, too much information to remember from the trainings. We know some multi day or multi hour, those certainly can experience information overload and then scheduling the night shift. Mary Martha, any thoughts or surprises about their responses?

Mary M Stewart: Really not surprises Christy. I think you all validated what I was experiencing on my job.

Mary M Stewart: Next slide please.

Mary M Stewart: Microlearning really grew out of a pain point. You can see my avatar with the little pain point over my fingertip but that's not where I was feeling it. I was really feeling it in my head. Some very challenging times at work. A few years ago at Riverside we were transforming our nursing homes from a medical model to the household model. This change required a lot of training for a lot of team members. We were delivering really excellent training in a very traditional format in eight and four hour sessions but we were experiencing all the challenges of a 24/7 healthcare operation. Low attendance even though the training was mandated. How on earth do you get to the night shift because their equally as important but not many of us wanted to come in and do in person training at 2am in the morning.

Mary M Stewart: Next slide please.

Mary M Stewart: I started thinking there has to be a better way to do this. We know how important education is in healthcare especially on an ongoing basis but it's not easy. It's not easy to take nurses,

and CNA's, and doctors away from providing direct care to residents and patients. It's not easy for them to attend a four hour training session.

Mary M Stewart: Next.

Mary M Stewart: This is what we typically see at an inservice, oftentimes boredom, sometimes we see busy manager's multitasking on their phones and their laptops and the reality is, if people are not engaged in education, if they are bored, if it's not meeting their needs, the information is not sticking and they aren't using it on the job.

Mary M Stewart: Next.

Mary M Stewart: In healthcare, we often deliver a large chunks of training infrequently. Eight hours of training on dementia care once a year for example. So, we started thinking can we flip this approach by providing bursts of training frequently. Getting to the nugget of what we want people to know and breaking down all the information there is to what is really essential.

Mary M Stewart: Next.

Mary M Stewart: Our experiences and challenges with traditional training and looking for ways to make ideas stick brought us to microlearning. It's a solution to a problem and I think a problem that many of you all experience to. The best way to understand our version of microlearning is to view a lesson. This lesson is one that we developed as part of your series on person centered dementia care.

Mary M Stewart: Don't worry everybody, there's not going to be a quick quiz. When we actually implemented microlearning there were two quiz questions after each lesson. We hoped that everybody was able to see the microlearning lesson through the webinar, we also provided a YouTube link if you needed to go outside the webinar to look at the lesson, but the essence of the lesson, the nugget was, to step into the world of Mrs. Wilson, a person living with dementia who told her aid Lisa that she had a bath. Lisa just went with the flow and said, "Okay, you already had a bath, I'm not going to argue with you, I'm not going to tell you you're wrong, how about if I rub a little lavender lotion on you?". Mrs. Wilson was fine with that. That's the nugget, that's the take away from this lesson. I really hope that you all were able to view the lesson. If not, after the webinar, the YouTube links will be available and we'll also share other ways you can access lesson.

Mary M Stewart: Next slide please.

Mary M Stewart: So, another poll. We really really want to hear from you and your initial reaction to this microlearning lesson. It probably lasted about four minutes, hopefully it seems short and brief to you. I'm pretty sure that you're gonna remember if you could see it. You're going to remember Mrs. Wilson and Lisa. But tell us what you thought. Tell us if you like the video clip and the audio, did you like the animation? Did you feel like you can use what you learned in caring for people with dementia? Did you like the brevity, the shortness of the lesson? Maybe you didn't like it and we want to hear that to. So, take a minute to complete the poll and tell us what you thought.

Nico: Just a few more seconds.

Mary M Stewart: We understand if we don't get close to 100% here with responses, if folks weren't able to see the lesson they may not want to respond right now.

Mary M Stewart: Great. That's kind of what I was thinking. So, 41% of you said that it was the video clip and the audio that you liked, again we were allowed into the room of Mrs. Wilson and she was

brushing or combing her hair and her aid Lisa stepped in to invite her to take a bath. You were able to see that piece from the video clip. So, 41% of you said that was your, if you had to pick one thing you liked about that lesson, that was it.

Mary M Stewart: Of course, behind that at 36% was liking the brevity of it, the short lesson. Twenty percent said that you felt like you could use what you learned in caring for persons with dementia. That is certainly one of the key take aways we're going to talk about in just a little bit. Then 4% appreciating the animation and no one, thank you, said they didn't like the format from those of you that were able to see it.

Mary M Stewart: Next.

Mary M Stewart: Yeah, we really appreciate that everyone liked what they saw. Thank you very much.

Mary M Stewart: Next slide please.

Mary M Stewart: Why is microlearning a solution? That's a pretty bold statement to say that traditional training doesn't work but really a lot of training isn't effective because of how we're wired as human beings. We don't remember what we've learned and apply it because 20 minutes into a four hour training session our neurons that transmit information have dropped. No wonder. I'm sure you've experienced this. Anybody attend a really long training, perhaps all day, and maybe you leave remembering one or two things and only use one or two things because our brain just can't handle all that information.

Mary M Stewart: Next slide.

Mary M Stewart: It's helpful to compare microlearning to traditional training to really understand how it's different. Traditional training can be very costly. How do you take direct care staff away from the floor for four or eight hours? That's very expensive to do. It can be very structured and rigid and it's trainer driven. Microlearning on the hand is cost effective. You don't have to take anybody away from their job. They can actually do the training while their still providing direct care. It's flexible and it is learner driven. Now we know that traditional is absolutely appropriate for some skills and knowledge and microlearning is not meant to necessarily replace training but it compliments existing training and it could be a better way to ensure information is received and applied.

Mary M Stewart: Next.

Mary M Stewart: We think that our microlearning is learner centered and we want to share with you how we designed and developed our lessons so that they would be learner centered.

Mary M Stewart: Next slide.

Mary M Stewart: One way that our microlearning lessons are learner centered is that they can be viewed in multiple ways. From your PC, from your laptop, from your tablet, or your smart phone, they can be viewed anywhere that you have an internet connection. They can be viewed on your schedule, on the schedule of the learner.

Mary M Stewart: Next slide.

Mary M Stewart: Our design addresses different learning styles. Seeing, hearing, reading, the videos are particularly effective for learners to see the application of the knowledge and the skills and the attitude in real life scenarios. That video that you saw, that was filmed at a nursing home. For anybody who works at a nursing I'm sure you saw that was a very typical situation in a nursing home.

Mary M Stewart: Also, the lessons are available 24/7. Learners can view them at anytime that is best for them and they don't have to be away from direct care very long so, you can get the night shift.

Mary M Stewart: Next slide.

Mary M Stewart: Microlearning is flexible in that it provides a library of topics that learners can seek based on what they know. They can go back to these topics as needed. So, once you view a lesson you can keep viewing it as often as you want if you need a refresher.

Mary M Stewart: Next slide.

Mary M Stewart: Learners can be assigned lessons based on their role, their manager can say, "We think based on your role maybe some challenges that you're having or based on your expertise, these are the lessons we'd like to assign to you", but a learner can make decisions like that for themselves to. Maybe they feel like they want to learn more about how to communicate with someone living with dementia. They can choose to participate in those lessons.

Mary M Stewart: Next slide.

Mary M Stewart: That's a little bit about our design and development which was very intentional for microlearning. Let's talk a little bit about our journey. How do we make this idea for microlearning, this project, how do we move beyond the idea phase and actually put it into action. Because that's the hard part, right? Lots of times we all have ideas and the challenge is how do you make it come alive? We'll share a little bit about that.

Mary M Stewart: Next slide.

Mary M Stewart: The first thing that we did was look at our existing partnerships and we formed new ones. We really formed relationships or sought people that we already knew who had like minded values and a like minded vision. The other thing that we did was really essential was we applied for a grant. We applied and we received civil money penalty funds from the Department of Medical Assistant services. These funds come from nursing home fines. They are administered again by DMAS and organizations, non profits, and nursing homes can apply for these funds.

Mary M Stewart: The money is put back into nursing homes to benefit the residents so, it's a really good thing. We received a two year grant for 215 thousand dollars. We established a relationship with a company called Grovo also. They were part of the partnership. Grovo was really important it stands for Grow your vocation, because they provided the web based platform. A web based learning platform where we could host the lessons and learners could access those lessons. We recruited nine different nursing homes. They each had to have a Medicaid population and they agreed to participate in our pilot project.

Mary M Stewart: I give all the credit to these nursing homes who were willing to take the leap with us and to try something new or different. Some of these nursing homes were Riverside nursing homes but the majority were not.

Mary M Stewart: Next slide.

Mary M Stewart: A little bit about the nitty gritty of the project. Some of the parameters that we put in place. We wanted to ensure that we include all nursing home staff, not just CNA's, not just staff that provided direct care but the business office staff. Dietary, housekeeping, we wanted to make sure that everybody who came in contact with the residents had the training. We covered all the cost for the nursing homes so there was no expense to them.

Mary M Stewart: We rolled out one lesson a week for 52 weeks. That seems almost impossible, right? For a full year learners participate in this training. Remember the idea of little burst of training over long periods of time.

Mary M Stewart: Next slide.

Mary M Stewart: We did everything in our power to prevent binge watching. Now we all know that we love a little, a good binge watch every now and then but it's really not helpful when it comes to training. We put things in place like rolling out a lesson once a week, so people couldn't look in advance, we just posted one lesson a week. We couldn't do everything in our power to prevent binge watching I'm sure some people did it. Really the point was not to hurry up and get the training over with, it was to learn one or two ideas at a time, recall and apply the information.

Mary M Stewart: Next.

Mary M Stewart: We discovered along the way that our microlearning project is a little more than just creating little videos. It's really about the package and the content. It's a package of content and delivery that's equally important.

Mary M Stewart: Next slide.

Mary M Stewart: Microlearning is a little bit like downsizing. We have to take everything that's in this great big house and pair it down into a smaller house. Truly taking the essentials and packing into something that is functional, comfortable, accessible, and nice to look at.

Mary M Stewart: Next slide.

Mary M Stewart: Our main goal was that the content, language, the concepts, the approaches, the videos be person centered. By person centered we mean values of choice, dignity, respect, self determination, meaningful living with dementia and focused on seeing the perspective of the person living with dementia.

Mary M Stewart: Next. Next slide.

Mary M Stewart: The design of the lessons was very intentional. They had to be interesting. Using videos and animation, not a typical PowerPoint that holds the learner's attention, brief, under 10 minutes, and ideally under seven minutes. Informal, making the lessons more conversational, informal, using simple side language, speaking the language of the audience particularly a CNA's, focused. Each lesson has a very clear and focused point or couple of points and practical and relevant. Using real life examples and videos to drive home points and to connect the dots between person centered values and practice.

Mary M Stewart: Next slide.

Mary M Stewart: We did downsize. We downsized an existing curriculum. CMS's hand in hand curriculum. There's a link on your slide if you want to look at this curriculum online. CMS developed this toolkit in response to the Affordable Care Act. This act mandated that the topics of dementia care and abuse be a part of the annual training for nurse aid. It was given to every nursing home across the country free of charge. But guess what? A lot of nursing homes were struggling to implement the traditional training for all the reasons we talked about earlier. They have the same challenges with training that we did.

Mary M Stewart: Next slide.

Mary M Stewart: In addition to the CMS curriculum, the hand and hand toolkit, we held some focus group with nursing home staff to ask them other topics that they would like in this microlearning. There were two themes that emerged. Working with families and caring for the caregiver. We created some lessons specifically around these topics. We really wanted to be a responsive to what the nursing home staff were telling us was important to them. The lessons are divided into six topics. Meeting people with dementia where they are, living with dementia, listening and speaking, actions and reactions, being with a person with dementia, different approaches and you make a difference.

Mary M Stewart: As an example about language. You know in healthcare oftentimes we talk about behaviors. A person with dementia has behaviors. Well, we all have behaviors. In our microlearning we talk about actions and reactions. We don't about behaviors, that just a little example of the person centeredness of our curriculum.

Mary M Stewart: Next slide please. I'm sorry I messed up this is my first webinar. I was just talking about the topics and this is a visual of what the topics are for microlearning. My apologies.

Mary M Stewart: Next slide please.

Mary M Stewart: The average length of a lesson was six minutes long, not very long.

Mary M Stewart: Next slide please.

Mary M Stewart: The total hour of the 15 lessons was 5 hours and 52 minutes. 5 hours and 15 minutes. I think the length of the hand in hand toolkit might have been six hours. We shaved a little time off of that. But those 52 lessons really added up to a decent amount of training.

Mary M Stewart: Next slide.

Mary M Stewart: In our lessons we really teach people to meet people with dementia where they are. Microlearning is really a way to meet people where they are, to meet learners where they are. In our education we really tried to practice what we preach.

Mary M Stewart: That's it for my section and I'm going to turn it over to Christy to talk about the results of the project.

Christy Jensen: Thanks Mary Martha. I'm going to take the next 15 minutes or so to provide you an overview of our outcome. You're also going to get the opportunity to view another part of a microlearning lesson where you'll get to hear directly from our participants.

Christy Jensen: Next.

Christy Jensen: So why? Why did we capture the outcomes. Well can answer this in several simple ways. One our funder DMAS that Mary Martha mentioned earlier was certainly interested to know that their funds over those two years were being spent to benefit the nursing home residents and their staff. But we really were asking is this training impactful. Can it be of benefit and not just the content but the training modality and how it's being delivered in the brief bursts. We do consider our approach to the evaluation as assessment driven.

Christy Jensen: Next slide.

Christy Jensen: But how? We considered the approach to be multi pronged and by that I mean it was a mixed message that included both quantitative surveys and qualitative focus groups and opened ended interviews. I'll discuss all of those briefly in just a minute. We also were

gathering information through Grovo so the learning management system provided us with data. We were gathering information from the trainees themselves, and from the administrators and other leaders at the facility. We're able to come at this from multiple angles. That allowed us to have outcomes at the individual trainee level and at the facility level.

Christy Jensen: Next.

Christy Jensen: Here you can see that there were this multi pronged approach. We had pre and post test. I'm gonna explain those in a little bit more detail shortly but before these nine nursing homes began the microlearning lessons we did ask them to consent to be a part of a pilot project and to complete a brief, it was about 10 minute pre test. This not only helped us gather demographics about how long the staff had been at the facility and any other training that they've had, but we were also able to deploy the dementia attitude scale, which is a 20 item standardized tool that asks about attitudes and knowledge towards working with persons with dementia. We used a subset of items from a job satisfaction scale.

Christy Jensen: That comprised again, about 10 minutes of time that we asked to be a pre test. To really allow us to get a baseline. Then we deployed those questions again at the post test, after the 52 microlearning lessons were complete. As Mary Martha mentioned earlier, and if you were able to follow along with the lesson with Mrs. Wilson, it did tell the learner at the end that there would two quiz questions following. After each of the 52 lessons there were two quiz questions that appeared, and they were either in the form of a true/false or multiple choice and primarily focused on the content. Really to verify that the trainee, the nursing home staff member was paying attention and to verify what they captured. I can tell you now that they shared with us that when they tried to go straight to the quiz and skip the lesson, they didn't do very well on the quiz. Overall once they completed the lesson their pass rate for the quizzes was very high, up in the upper to mid 90s percentage.

Christy Jensen: I'm gonna talk a little bit more about the focus groups, and the exit interviews as a part of our qualitative measure, but then we also as I mentioned, received information from Grovo they could tell us how many of the licenses that we had available to us were actually being used and with what frequency. We were also able to determine the completion rate for the staff.

Christy Jensen: Next slide.

Christy Jensen: I think I probably highlighted this in the previous slide in terms of who was involved. I want to add one addition of a group of folks that probably benefited from this pilot project that we did not actually assess. I wanted to share that with you because we believe the Grovo team, this is a company out of New York, who helps create this learning management platform, this system, probably from our discussions with them had had no exposure to dementia, had no knowledge or experience with it, or how to train folks to provide better dementia care. While we didn't do a survey of the Grovo staff, there were a number of folks on their team involved in the back end, putting up the pre tests and post tests for us, posting the lessons for us and again sending us information about the user's frequency and completion rate. We like to think they were also a beneficiary of this program.

Christy Jensen: Next slide.

Christy Jensen: Just in a quick view of this pie chart it's about 60% of the nursing home staff represented, the staff who completed the training represented those in direct care roles, both supervisory and non supervisory roles. Those supervisory direct care staff are likely the middle managers, so we were pleased that we were able to reach that group.

Christy Jensen: You can see it's a pretty diverse group of staff overall. The 22% that are in the yellow, the support staff represented staff including dining serving services, environmental services, and housekeeping and transportation. Again, we were pretty pleased with the diversity of the staff. We did not prescribe to the nursing home administrators who should receive the training. They had a certain number of licenses and then they could determine who they want to distribute those to.

Christy Jensen: Next slide. I'll just go ahead and move to the next slide please.

Christy Jensen: I think this is one of the punchline of this, it was really fascinating to us when we rolled all these lessons together, so 52 lessons that there were about 400 staff from the nine nursing homes that began the project with us. About 35 to 40% of them were regularly engaged over the 52 weeks. These 12,000 views or hits represent those team members and how ... If they saw all 52 lessons and in some cases, as Mary Martha mentioned earlier, it really becomes an online library and if they were to go back and access those lessons again. That's where the 12,000 hits comes from.

Christy Jensen: Next slide.

Christy Jensen: We'll take a look here briefly, don't worry this is not a webinar on statistics, but I do want highlight a little bit about the quantitative findings, and the two surveys that we used that comprised the pre and post test. Again, that allowed us to get a baseline and then to assess again after the 52 weeks.

Christy Jensen: Next slide.

Christy Jensen: The dementia attitude scale does really focus on three different areas in the 20 questions that are posed. The nursing home staff had the opportunity to rate their agreement or disagreement on a scale of one to five with how they felt about the statement. You're gonna get to see some examples of the statement on the next slide. The focus really for the scale was around confidence, and skills, and attitudes about working with persons with dementia. Traditional, between subjects T-Test here, where we compared those who completed our pre test, roughly 180 staff members, and those who completed our post test, 117, and we looked at their mean, or their average that's what the capitol M is, we can see that the average goes up by almost two points. From 72.7 to 74.5.

Christy Jensen: On it's surface two points may or may not sound exciting to you but statistically speaking that is a significant jump up and indicates that the attitude and the skills and the confidence in these nursing home staff, working with residents with dementia, increased.

Christy Jensen: Next slide.

Christy Jensen: Here you can see some of the specific questions that they were all, or statements, they were all phrased as a statement and then again you would identify your rating with that statement on a scale of one to five, your level of agreement. Here we took 26 matched pairs of nursing home staff, that we were able to follow through the entire 52 weeks, same staff, when asking these questions such as I feel uncomfortable being around persons with dementia, its possible to enjoy interacting with people with dementia, and we can do a lot now to improve the lives of people with Alzheimer's Disease and related disorders, that we found they weren't statistically significant at the .05 level, which is the standard level that we use to make a distinction, but they were significant at the .10 level.

Christy Jensen: Whether we want to argue they were statistically significant or not, I would argue that they are clinically significant because as you seen the direction of the arrows we had fewer people after the 52 lessons were completed, who said they felt uncomfortable. Fewer

people agreed with that statement. We had more staff who agreed with the statement about enjoying interacting with persons with dementia, and we had more staff after the 52 lessons that agree they felt they could improve the lives of persons with dementia.

Christy Jensen: Next slide.

Christy Jensen: The second tool that we used was just, not in its entirety it was a subset of four items from the nursing home, nurse aid, job satisfaction scale. Again, we took all of the staff members who completed the pre test compared them to those who completed the post test, you see the numbers are not equal from 190 to 128, just simply because of attrition and turnover. The number to focus on, the mean or average, 32.4 increased by exactly two points to 34.4. Again, doing a T-Test we did find this to be statistically significant. These questions ask about, do you feel supported in your role as nurse aid, do you feel like you get the training that allows you to do job well, and do you have satisfaction in your role. Those were the kinds of questions that were asked.

Christy Jensen: Next slide.

Christy Jensen: Again, we took a smaller subset of our overall sample, 26 pairs who started with us at the beginning and made it through the 52 lessons, looked specifically at the satisfaction item on this scale. This scale was ranked from a 1 to a 10 in terms of level of agreement with the statement. You don't see a huge jump up from an 8.19 out of 10, to an 8.77, but you still do see an increase. It's wasn't statistically significantly different, but again I believe clinically different enough.

Christy Jensen: Another thing that I will point out about this that we were pleased to see is that the score is an 8.19 in satisfaction out of the 10 to begin, before we began adding on the microlearning lessons. I think that was a lesson learned for all of us that there may be these perceptions that staff are not happy and don't feel comfortable or supported in their roles. We found that they were reporting they were in pretty good shape to begin with. Maybe part of that was because they work in a setting where their administrators are interested in the training and thus those were the nine that stepped forward and wanted to be a part of our pilot.

Christy Jensen: Next slide. Next slide. We'll take a look at the qualitative findings.

Christy Jensen: Just briefly, in addition to the scales that I mentioned, to the quizzes and the other quantitative measures. We wanted to get a little more depth from the participants, and we did this in two ways. We held series of focus groups with select staff from several of the nursing homes, we held these focus groups at two different times. One during the first quarter of our year of lessons and at this point it was really to see how the technology was working, to learn any challenges, and to also get feedback about additional lessons that we might include. That's where Mary Martha shared earlier that we received feedback about the importance of self care and learning more about family interactions. As a result of that focus group feedback we're able to build those lessons in. Those lessons were not already a part of the hand in hand curriculum.

Christy Jensen: We returned to several nursing homes during the third quarter of our project. Again, this was to connect and get more feedback from them about the utility. By then folks were sharing with us a little bit about the binge watching that they were delaying and not watching each week but doing them in a more rapid series. We also had folks start to share with us that come Monday morning they were looking forward to our message, and the prompt that said, here's your new lesson it's time to watch it. It became a part of their routine.

Christy Jensen: The interviews took place with about 14 or 15 administrators and facility educators. This took place at the end of the project, after the 52 lessons had been deployed. We had an

opportunity to sit down and speak with the administrators, and I'm gonna share a slide with you in just a few minutes that kind of highlights how they would summarize their experience with it. One interesting thing we learned from the interviews was how several of these staff, the administrators, were connecting what was happening in the microlearning lessons to their morning rounding meetings. We really thought that was fascinating, and a good way to show it being deployed.

Christy Jensen: Next slide.

Christy Jensen: Just wanted you to see, we as a team, decided there were six E words that just came to mind again and again as we were collecting and sorting through and summarizing the data. That it was easily accessible, it was engaging and inviting, it kept the staff attention, it was enjoyable. I mentioned earlier staff looked forward to the lessons, they liked the videos. They became very passionate about some of the characters like Mrs. Wilson and another one named Ms. Kacoto that they refer to and very much wanted to make sure they were well taken care of. Efficient, it really avoided the hassles of trying to get everyone together in a training room and be away from the floor. Effective, in that the staff told us that they felt they could deploy the skills they had learned in that lesson right away on the floor.

Christy Jensen: Next slide.

Christy Jensen: You can see here that one of the questions we asked in the post test was a list of what we thought might be outcomes or benefits that the staff would find that they liked. They could respond to more than one item and so these were the most popular responses. The small short lessons receiving three quarters of the responses and the video clips. Then being able to use what I've learned to care for people with dementia. That real ability to apply it right away came in at 61%.

Christy Jensen: Next slide.

Christy Jensen: Let me set this up briefly. I hope you'll be able to view it, it's just two and a half minutes of a larger video. Actually it's about five or six minutes in total. This is what we would refer to microlearning story. This is the microlearning lesson that where you could get hear directly from the voices of the staff who were representing those nine nursing homes and participating in the lesson. We're just gonna show a part of it, again if you're not able to follow along with us, you'll have access to the link and can watch it at your own convenience.

Christy Jensen: Okay. So, you actually got to see a sneak peek to our primary care provider project. Mary Martha is gonna talk to you about that shortly. Those have to acknowledge these were real caregivers and care receivers that spoke so eloquently about what they are looking for from their primary providers. Mary Martha will come back to that in a minute. The video that we were going to show you about staff feedback we won't do now just for sake of time. We'll make sure that the link is provided to you but I just wanted provide you a few quick quotes from some of the administrators and other staff and what they said because we were so pleased to hear that it was found to have great utility for them.

Christy Jensen: One of the staff members said, "This has taken a tough topic and made it more like common sense". Another said, "I'd like to consider microlearning to be short and sweet, it's just the little snippet that I needed. It's a really bite size piece and what I did the week before I remembered and carried into the following week". You'll be able to see that video in its entirety if you'd like to learn a little bit more about the experiences from the staff that participated.

Christy Jensen: There is one final slot I'm going to cover before I pass it back to Mary Martha, so if we can move to the next slide.

Christy Jensen: When we did the interviews with the administrators and educators, this is a chart they created. This is not our doing this was really what they shared with us. They said after 52 weeks, or a year of participating in microlearning these were the ways they made the distinction between traditional training and microlearning. I think we've covered all of these already as we introduced this, and it was what we were thinking might happen but then to have that validated, that the training resources in particular, having a minimal budget, limited time, limited access to quality trainers compared to having something that's going to be cost effective and consistent and engaging as the way microlearning can be presented.

Christy Jensen: Next slide.

Mary M Stewart: It's Mary Martha again, thank you Christy. I always appreciate how you're able to take data and make it understandable, it's quite a skill.

Christy Jensen: Thank you very much.

Mary M Stewart: Hopefully you all can see we're really excited about microlearning and we're passionate about it. We hope we've made the case for microlearning because we want to grow it. We definitely want more microlearning. We want to share with you another microlearning project that we completed in 2019. You saw a preview of that lesson, the one we just shared with you. It's a similar project to the microlearning 52, the person centered dementia care but this time it was with primary care providers, physicians, nurse practitioners, and physician assistants and residents. Medical residents. We had partnerships, we got funding from DARS through the administration on community living and then we recruited. I think we recruited about 35 providers to participate in this microlearning project.

Mary M Stewart: Next slide please.

Mary M Stewart: The focus of this training was delivering a diagnosis which you can imagine is hard to deliver and hard to hear. It's something that providers struggle with and the research shows that but it's a message that people living with dementia and their caregivers very much want to hear. The research bares that out as well. We developed five lessons on delivering the diagnosis. The titles were demystifying dementia, sharing the diagnosis, providing guidance, communicating, and more than meds. These lessons like our microlearning 52 lessons for nursing home team members were very much from the perspective of people living with dementia.

Mary M Stewart: Next slide.

Mary M Stewart: You saw a little bit of lesson four, communicating. This was the most popular lesson. Providers told us that they really appreciated what they learned from this microlearning lesson and that they could apply it immediately to working with their patients living with dementia and their caregivers. Nico, do we have time are we able to see the rest of the lesson?

Nico: Yeah. Certainly, just roll the previous video from where we stopped or-.

Mary M Stewart: That's correct.

Nico: Okay.

Mary M Stewart: I'm thinking there's about two to three minutes remaining and those joining us today would get to see the physician really practicing their communication skill. It's a little bit of a different look than our microlearning 52. We're not gonna show you the whole lesson, this one is pretty long. I think we'll just show you a few more minutes of it. Thanks Nico.

Nico: I apologize, somehow the videos got swapped in the process so I apologize for that. I apologize, somehow it's not starting for me. I'm sorry, in the interest of time, perhaps we can move on.

Mary M Stewart: Let me just share with everybody ... That's fine, thank you. That you heard from a husband caregiver then you heard from his wife who has dementia. Talking about the kind of things that she was looking for in interaction with her primary care provider. How difficult it was for her to receive that diagnosis. Then it moved to another husband and talking about that the wife didn't necessarily know who the doctor was as her disease progressed but she knew that he had a friendly demeanor and good bed side manner with her. That is what she held on to.

Mary M Stewart: Then the video continues with a doctor speaking with a daughter and her father. He just really displays for us, this is an actor that was prompted ... We think the actors probably benefited and learned about dementia care and rolling this out. He took a few minutes to really explain and understand better what was happening with this older patient, hearing both directly from him and getting some additional information and background from the daughter. He just delivers that in a very calm and helpful way that keeps both the daughter and the father feeling very validated in a challenging setting.

Mary M Stewart: I'd like to add a couple things. Our design for these five lessons was also very intentional. The person living with dementia and the caregivers that you saw at the beginning of the microlearning lesson. Those are real people, those aren't actors. They were really sharing their real feelings, emotions, and experiences which we found to be very powerful and we hope you did to.

Mary M Stewart: The second thing is we had a person living with dementia and a caregiver on our design team. As we were developing and designing and planning the lessons they gave us feedback throughout. We really took that designing and developing from their perspective very seriously and I think it comes through in the lesson. Christy is gonna tell us, in the next slide just a little bit about what the providers thought about microlearning.

Christy Jensen: We asked them some similar questions to what we asked the nursing home staff after they had completed the five lessons. What they felt about? Did they find it to be a benefit? You can see that about 95% said that they found it a helpful way to learn and about 80% said that they'd be interested in trying more microlearning lessons. We appreciated hearing that and we are in touch with them about other topics that they might want us to pursue.

Christy Jensen: A better appreciation for the perspective of the persons with dementia at about 96%, again very pleased to see this. Perhaps for some of these medical providers that wasn't an easy thing for them to admit. Then a better appreciation for the perspective of the family care partners at about 88%. We were pleased to receive that feedback from those primary care providers.

Christy Jensen: Next slide.

Christy Jensen: We learned a lot of lessons about microlearning and training and technology in these two projects. We'll just share in the next few slides we'll just share a couple of our lessons learned.

Christy Jensen: One thing is hang in there and stick it out. We had some challenges when we first started but eventually they fell away and eventually learners got into the grove of microlearning. It became their new normal for training. Just hang in there, everything will work out.

Christy Jensen: Next slide.

Christy Jensen: The other thing that was really important and that we learned was that not everybody is savvy with technology. Not everybody working in a nursing home is savvy with technology, so we had to rely on team members who felt very comfortable with technology supporting and helping their teammates. They were really willing to do this. We identified some champions, they came to the forefront in every nursing home who felt comfortable with technology. They just took the ball and ran with it and helped their other teammates. Just feel comfortable and confident with the Grovo platform.

Christy Jensen: Next slide please.

Christy Jensen: A couple things that folks told us, they gave us some really useful ideas for improvement and growth. They wanted additional topics. They felt great about the person centered dementia care but they had all kinds of ideas for other topics in nursing homes. They wished that they could have used the lessons a little bit more for discussion. Using the lessons as huddle so that they could give feedback to each other and bounce ideas off of each other. This training for our pilot was individual but you could very much use microlearning in a group session, in morning hustles, so people can talk about and discuss what they learned.

Christy Jensen: Next slide please.

Christy Jensen: Hopefully you want more microlearning because we want to share more microlearning with you. Our goal is to create a library of lessons that are free and accessible. Just a couple of ways you can access microlearning. You'll see that my email address Mary.Stewart@rivhs.com is available to you. If you are interested in downloading all of the lessons that we've created thus far and putting them on your organizations learning platform just shoot me the email and we will make that happen for you.

Christy Jensen: Also, the five lessons that we developed for primary care are available on Virginia AlzPossible website. All five lessons are easily accessible and of course available at no cost. We're on that website right now and you can see all the lessons that are available. I hope you'll take advantage of that.

Christy Jensen: We are also working on a new project. We're really excited, we're developing 10 new lessons for family caregivers based on a curriculum called, Caring for You Caring for Me, that was developed by the Rosalind Carter Institute. It's currently an in person support group type of curriculum but we are turning the 10 lessons into microlearning and they will be available on the Virginia Navigator website once we complete the pilot. I think some time in 2020. Seems so far away. Just know that those are going to be available to you to on the Virginia Navigator website once we finish the project.

Christy Jensen: Finally, I can't share all of the details with you right now but we are working with a national organization to put our 52 microlearning lessons for nursing home team members on their learning hub. Those will also be free and accessible to learners across the country. There are many opportunities for you all to take advantage of microlearning and we really hope that you will.

Christy Jensen: Next slide.

Christy Jensen: We appreciate you listening and learning about our project and how excited we are about microlearning. We think it's very effective. The data shows that it's effective. It's a good strategy for training and healthcare and organizations where they're a 24/7 operation. We want to hear what you take aways were this webinar. We're very interested in your ideas. What are other topics that you think would be good for microlearning? Maybe there are other learners that you think we should focus on, not just providers, and nursing home staff, and family caregivers but who else could benefit from microlearning?

Christy Jensen: Maybe you have other ideas about funding partners. Microlearning is not super expensive but it's not cheap and we are always looking for funding sources to create new lessons and so then we can make the lessons freely available. What other organizations would be interested in microlearning? Take a few moments to type into your question box and let us know what you're thinking.

Jenny Inker: Alright. Mary Martha and Christy have you come to the end of your presentation?

Mary M Stewart: Yes. We are looking forward to seeing what take aways the attendees have. Or other questions they have.

Jenny Inker: Wonderful. Okay. Well thank you so much and we do have some audience questions and let me start with this one.

Jenny Inker: We have some people sending in topics to, but let me start with the first audience question. Are you aware of any research about the use of microlearning in other professions?

Christy Jensen: I think when we first started this project in what 2015 or 2016, and we were working with Grovo they had identified it was a little bit less likely to be in the healthcare setting and more likely to be in the business sector. I'll let Mary Martha add to that.

Mary M Stewart: Microlearning is very popular in technology organizations. Organizations where there's a lot of innovation. We did not find any microlearning in healthcare. I know Christy and Jenny did a some research on the literature and we found very little research on microlearning.

Jenny Inker: Okay. Great. Thank you. We have a couple of folks who are sending in their topics so some of the suggestions for other topics that could be covered include management and leadership. Another suggestion is relating to traumatic brain injury and the direct care service providers who provide services to people living with traumatic brain injuries. Another group of topics around death and dying. So some quite varied topics being suggested here.

Mary M Stewart: Absolutely. That's helpful and we'll take note of those. I can share that some of the other topics that were provided after the microlearning 52 in the nursing home setting including more on communication, information about residents rights, facility responsibility, new nursing home regulations, abuse neglect and exploitation, and ethics. We are developing quite a list here of potential topics.

Christy Jensen: I would also like to share that we are working with a large health system out in the Pacific Northwest. They very much want microlearning on hospice and palliative care. They are applying for civil money penalty funds in their geographic area. We hope, fingers crossed, that they'll the funding and we will be able to start working on that project some time soon.

Jenny Inker: Wonderful. A couple of more topics rolling in here. Advanced care planning and also substance abuse and suicidal ideation. Another good group of topics coming in.

Jenny Inker: Let me ask another audience question here. This is a practically based question. If an organization is going to use microlearning, the question is, how do their staff get credit for

that? Do these lessons count towards continuing education requirements if you have a license? What's the view on that?

Christy Jensen: We did provide certificates of completion to learners. The requirements were they needed to pass their quizzes, receive 100%, and they also needed to complete the lessons within the quarter that they were posted. Essentially, a nurse could get up to 5 hours and 15 minutes of time to put towards their licensing requirement. We did not have official CEU's but many professions can just provide a certificate and get credit. So, they did get credit for microlearning.

Jenny Inker: Wonderful. I think we have time for one last question. We have an audience member who'd would like to hear your thoughts, Mary Martha and Christy, on using microlearning in the setting of small group homes supporting individuals living with intellectual disabilities. Our audience member says there are hundreds of these setting across the state of Virginia and how might microlearning be perhaps an affordable option to a business that serves less than four individuals in a setting. Great question.

Christy Jensen: That is a wonderful question. You are certainly a person that has the same values and vision that we do because we have just received a grant to develop five microlearning lessons for staff members who work in adult day and with the IDD population. Those lessons will be available, I don't think until 2020. We have a little time before they'll be available, but that is something very much that we are working on and we do have grant funds to create those lessons. So, stay tuned.

Jenny Inker: Wonderful. Thank you. Alright. Well, I think we'll wrap it up now. I want to thank you both Mary Martha and Christy for a very interesting and informative presentation and for joining us today and for so gracefully navigating some of our technical hiccups this afternoon. Thanks to, to our audience for participating in today's webinar. This webinar has been recorded so if you missed any portion of our presentation today, or you would like to share it with a colleague please visit the webinar page on our website. As a reminder, information alongside the survey links will be email to all registrants. Our next webinar in the series titled, Developing a Culturally Competent Workforce for a Culturally Diverse Population, is scheduled for Wednesday, March 13, 2019 at 1:30 to 2:45pm, eastern time. Until then, we thank you once again for joining us today and wish you a great rest of the day. Goodbye.