*Las Vegas, NV* ● *October 25 – 27, 2017* 

# DEVLEARN

Session 206

# Your Game Plan for Designing & Developing Mini-Scenarios

Angela Shertzer

Pennsylvania College of Health Sciences





### Convert 1-credit course to mostly self-directed

- Increase # of seats
- Decrease faculty role in course
- Decrease student time on course
- Flexibility & autonomy for students



## Resistant subject matter expert?



Show examples of interactive scenarios

- Need to speak the same language
- Underline the value

#### Show examples

#### another scenario

Module 3
 Objectives
 Video: Provider Experience
 Dealing with Challenges

Scenario: Suzanne

POLARS

Scenario: Nick

Funding Sources

Stigmas

Privacy and Confidentiality

Conclusion

The next slides are a scenario example from a training for physicians and providers to practice dialog with patients who need a referral for substance use disorder treatment.

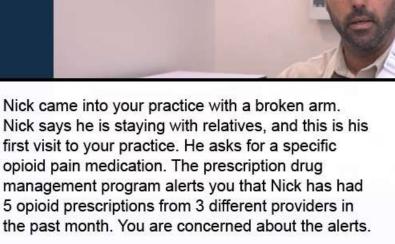




#### Table Of Contents

- Slide Title
- Module 3
- Objectives
- Video: Provider Experience
- Dealing with Challenges
- Scenario: Suzanne
- POLARS
- Scenario: Nick
- Funding Sources
- Stigmas
- Privacy and Confidentiality
- Conclusion

#### Let's look at another scenario



#### Table Of Contents ■ Slide Title Module 3 Objectives Video: Provider Experience Dealing with Challenges Scenario: Suzanne POLARS Scenario: Nick Funding Sources

Stigmas

Conclusion

#### What would you say? Click one of the speech bubbles to respond

Click one of the speech

Nick, I'm concerned about the impact these pain medications are having on your life. You mentioned that the medications are causing problems at home - you are neglecting family responsibilities, and your wife is complaining about your drug use. I'm concerned that the pain medications are being used for more than back pain. What do you think?

Nick, it sounds like you're having some serious problems with the pain meds. How do you feel about that?

bubbles to select the best thing to say to Nick.

Privacy and Confidentiality

Table Of Contents

Slide Title

Module 3

Objectives

Video: Provider Experience

Dealing with Challenges

Scenario: Suzanne

POLARS

Scenario: Nick

Funding Sources

Stigmas

Privacy and Confidentiality

Conclusion

#### How does he respond?

Click to watch the patient respond



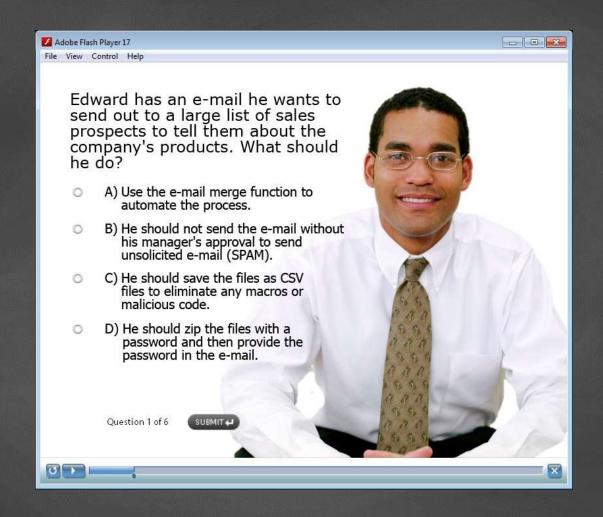


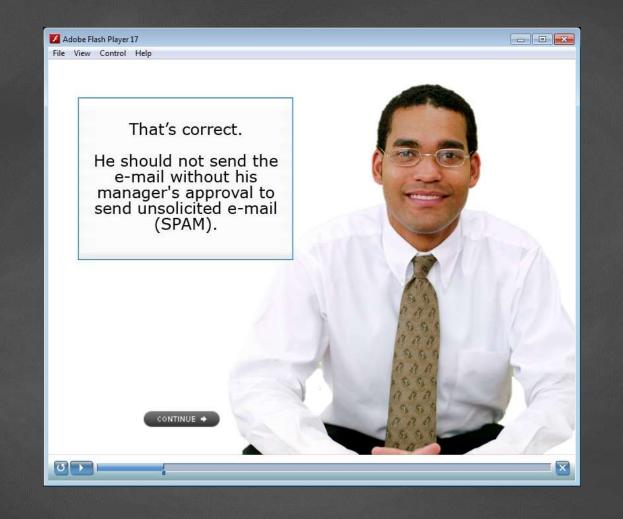
# miniscenarios

- Opportunity to practice making realistic decisions before working with real patients
- Retrieval & integrate theory into practice
- Low-stakes (safe) practice
- Encourage thinking
- Frame decision within a story
- Simulates challenges learner may meet in real world

## Value?





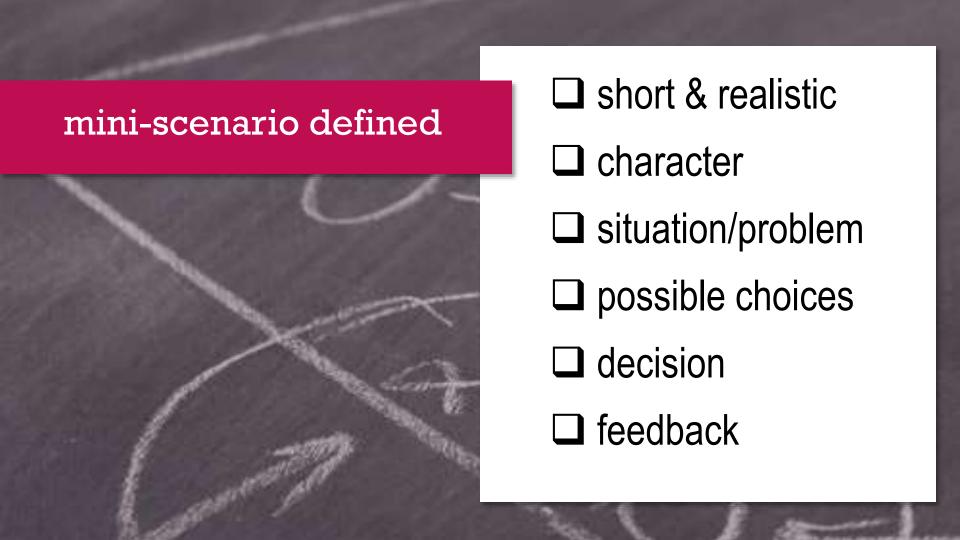


#### Need to show multiple problems?

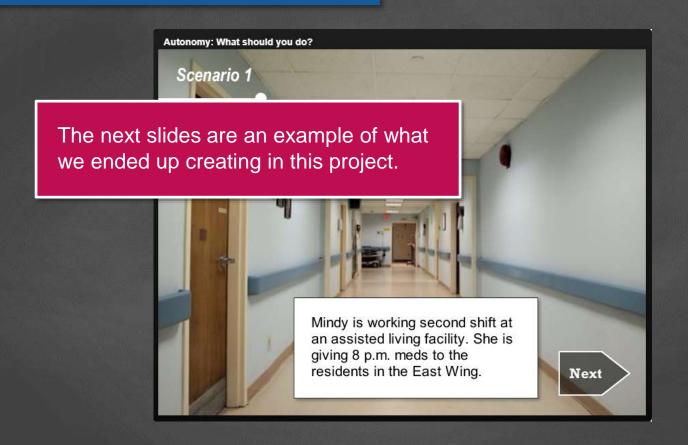
Multiple miniscenarios worked for this project because:

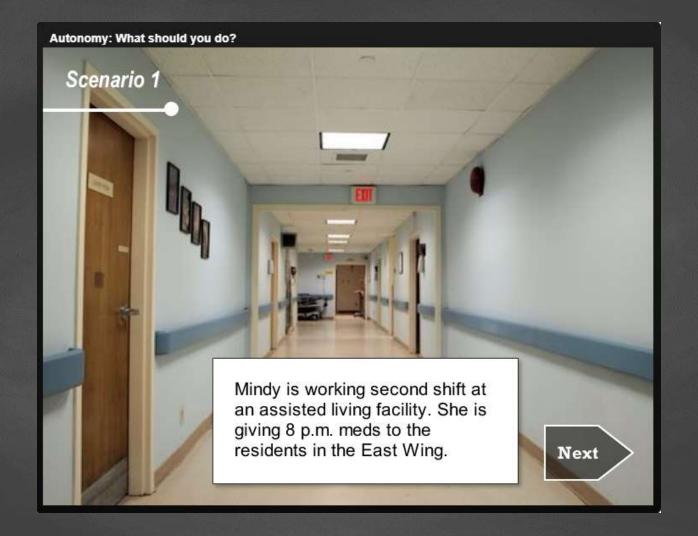
- Learners need familiarity with many dilemmas.
- Wanted to structure problems within a framework of ethical concepts.

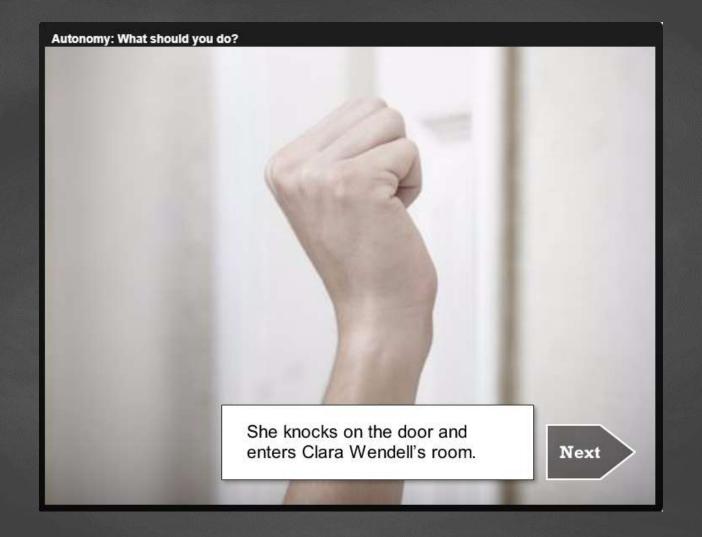
miniscenarios

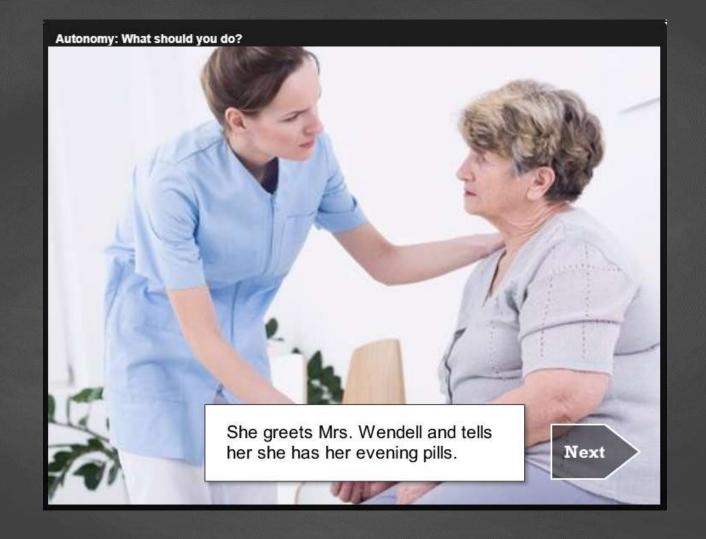


#### mini-scenario

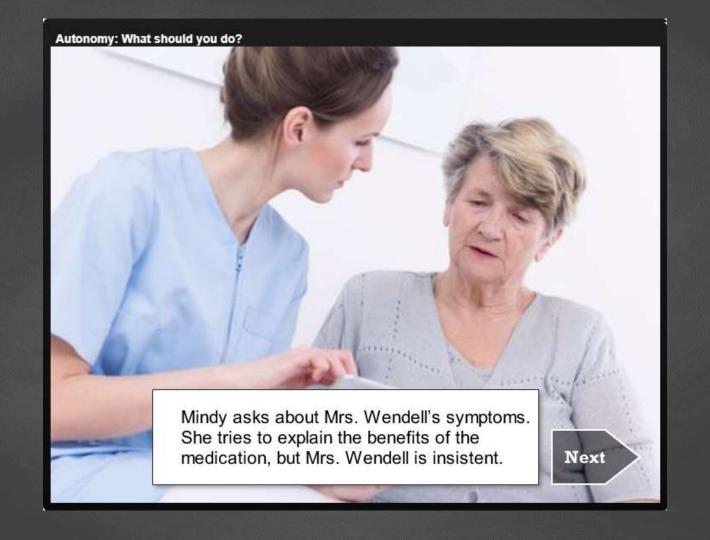




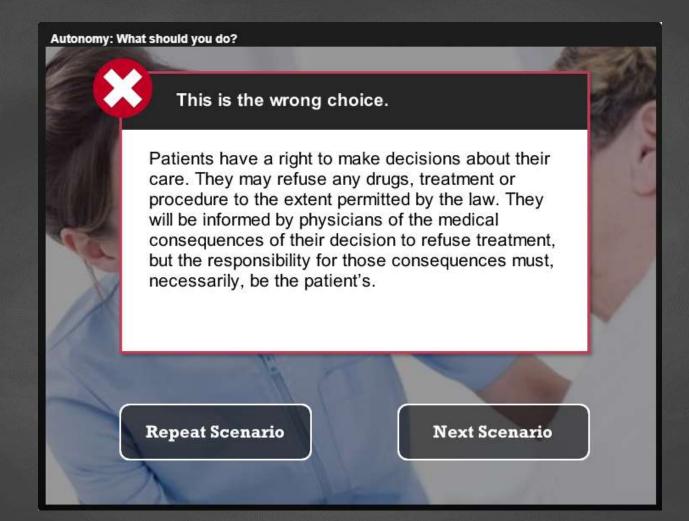


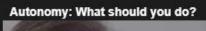










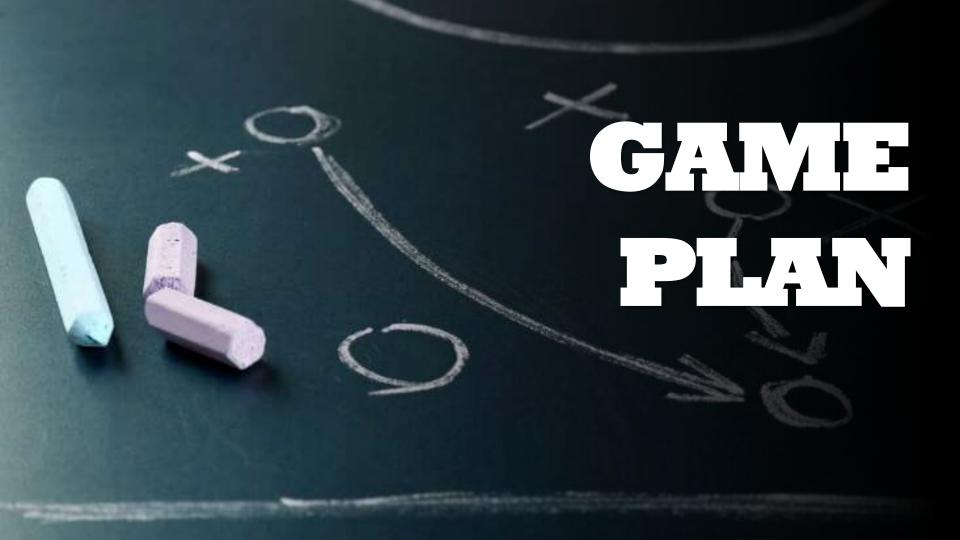


This is the right choice.

Patients have a right to make decisions about their care. They may refuse any drugs, treatment or procedure to the extent permitted by the law. They will be informed by physicians of the medical consequences of their decision to refuse treatment, but the responsibility for those consequences must, necessarily, be the patient's.

Repeat Scenario

**Next Scenario** 



# How in the world...?

Work with your SME

# Reast harm - do reast amount of harm

- NONMALEFICENCE (not nanmalfeasance & m book, legal term) nonmaleficence. I had a patient who lived in a nursing home, had fallen while trying to nonmatericence. I nad a patient who rived in a nursing nome, had rained while trying to the light switch on, and had broken his hip. It was time for his bath, so the patient care assistant was helping me move him from side to side. She, not knowing the patient's condition, had pushed on the hip that he had broken, and had surgery on to flip him on his side. He screamed in pain. I allowed him to rest for a little bit until the pain sensation had decreased, but then I asked the PCA to switch sides with me, so that I could monitor where my hands were placed and how much pressure I applied to his sore hip. She was in a hurry, my nanus were piaceu anu now muen pressure i appneu to ms sore mp. one was in a nurry, but I really cared about how painful that must have been for him, so when transferring him that had been for him, so when transferring him from the bed to the chair I made sure that his hip was well padded upon transferring and we moved at his pace. When repositioning a patient with a broken hip, the nurse and aide allow the patient to rest a bit before continuing until the pain sensation decreased.
- Nuc Med where I used to work, we were always short staffed and we had to transfer patients on our own when we weren't supposed to. Nonmaleficence principle can be applied to this case – the principle of doing the least amount of harm to the least amount of appueu to uns case — the principle of doing the least amount or narm to the least amount of people. [1] Not following patient safety puts them in danger. This a good example of poor patient care, and technically noncompliance Even though the unit was short staffed, the patient care, and technically noncompliance even mough the unit was short statien, the lechnologist waited until a second staff member could help transfer a patient instead of doing it by a love
- Nuc Med Nonmaleficence means to do as little harm as possible to the smallest amount of people possible. I observed this countless times in the clinical setting. Nuclear medicine technologists inject patients with radioactive isotopes in order to take pictures of a selected body

#### Sources

patient as the

unical factors as wall

sts use the least amount of isotope as possible to still get clear images of to get good images to help the patient, but they also do the least harm he dose. A nuclear medicine technologist inject patients with MINIMIZE radioactive 150 to pes se year was while I was in

```
"Tell me
the ,,
story...
```

- Case studies
- Real-world examples
- Worst-case scenarios
- Common mistakes
- Books/articles

#### Sources



	Week	Activity	#	Interactives & Mini-scenarios	Principle or Co	oncept
				Week 2: Autonomy mini-scenarios		
	2	Scenarios	1	Pt doesn't want meds	Autonomy	
	2	Scenarios	2	Heart cath & refuse surgery	Autonomy	
	2	Scenarios	3	Student asked to leave	Autonomy	
	2	Scenarios	4	Mother refuses vaccinations	Autonomy	
				Week 3: Beneficence & Nonmaleficence mini-scenarios		
	3	Scenarios	1	dental hygenist, pt with aids	Beneficence	
ı	3	Scenarios	2	new diagnosis, angry patient	Beneficence	
	3	Scenarios	3	hospice long-lost daughter	Beneficence	
	3	Scenarios	4	ED pt with POLST, daughter wants CPR	Beneficence/I	
	3	Scenarios	5	sleepy mom holding newborn	Nonmaleficer	ما
				Week 4: Justice mini-scenarios		In
	4	Scenarios	1	wheelchair leg broken	Justice	de
	4	Scenarios	2	transgender patient with UTI	Justice	۵.
l	4	Scenarios	3	homeless patient, paranoid schizophrenic	Justice	ac
				Week 5: Integrity mini-scenarios		or
	5	Scenarios	1	dying patient changes mind	Integrity	Oi
	5	Scenarios	2	coworker using someone else's password	Integrity	m
	5	Scenarios	3	wasting meds need a witness	Integrity	:
	5	Scenarios	4	ultrasound shows bad news	Integrity	ın:
ı i						

Instructional designer should add structure and order, as well as make sense of the information.

Practice area

nursing cath

nursing

dental

nursing

#### Track the scenarios – structure

# subject matter expert



#### Get creative

- Research (YouTube, experts, other models)
- Ask for help

Write as best as you can so the client has something to respond to.

	A	В	D	Е	G	Н	I	J
1	Interactives & Mini-scenarios	# questions or cases	Plan	Storyboard	Find images	Develop	Review	Revisions
2			Angie & Vickie	Angie	Angie	Angie	Vickie	Angie
3	Wk 1: What principle is being upheld?	10	Done	Done	n/a	Done	Done	Done
4	Wk 2: Which tort?	10	Done	Done	n/a	Done	Done	Done
5	Wk 2: Mini-scenario: Autonomy (3-4 cases)	4	Done	Done	Done	Done	Done	Done
	Wk 3: Mini-scenario: Beneficence & Nonmaleficence (5							
6	cases)	5	Done	Done	Done	Done	Done	Done
7	Wk 4: Mini-scenario: Justice (3 cases)	3	Done	Done	Done	Done	Done	Done
8	Wk 4: Code of Ethics: Match statements to principle	10	Done	Done	n/a	Done	Done	Done
9	Wk 5: Mini-scenario: Integrity (3 cases)	4	Done	Done	Done	Done	Done	Done
10	Wk 5: Patient Bill of Rights	6	Done	Done	Done	Done	Done	Done
11								

#### 16 mini-scenarios

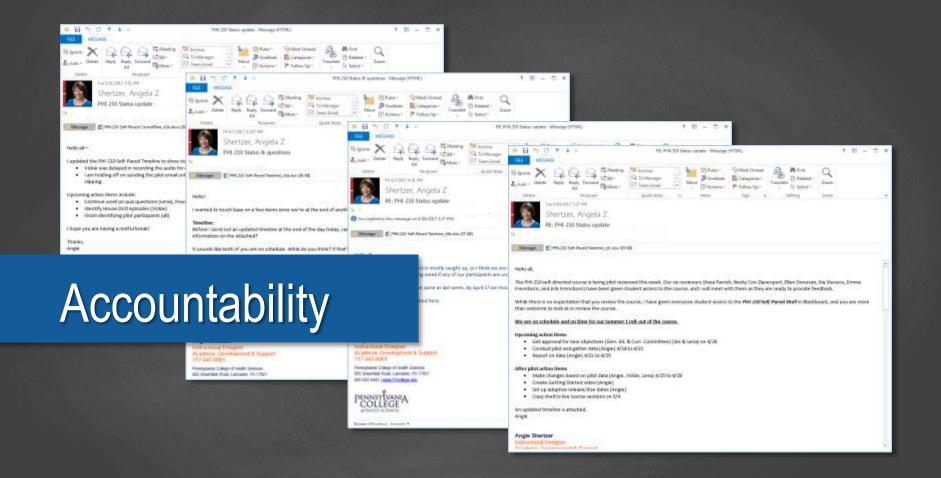
We built 1 template the whole way through (including QA testing) and then reused – saves on development edits

Scope

Tasks		Who	When	Statu
Blackboard setup				
Set up Blackboard	shell	Angie	2/6/2017	Don
Copy existing con	tent to shell	Angie	2/6/2017	Done
Course Design				
Rewrite course ob	jectives (remove "discuss")	Lena & Vickie	2/17/2017	Don
Get approval for r	new objectives (Gen. Ed. & Curr. Committee)	Lena & Vickie	March	509
Create syllabus		Vickie	March	659
Assess existing or	nline content for self-paced course use	Vickie	March	75%
Assessment				
Identify quiz ques	tions	Lena	March	
Identify exam que	stions	Lena	March	
Build quizzes and	exam		March	
Design & Developme	ent: Interactives			
Plan interactives	Plan interactives Develop interactives		Feb/March	509
Develop interactiv			March	
Develop Interactiv	ve mini-scenarios (3, 4, 5, 6)	Angie	March	
Develop interactiv	ve case studies	Angie	March	
Design & Developme	ent: Content			
Schedule new exp	ert videos	Vickie	Feb/Mar	759
Record new exper	t videos	Angie	March	
	to videos	Angie	March	
	ints	Vickie	March	
eline		Angie	March	
		Angie	March	
	ouTube links & podcast	Lena & Vickie	March	
Course				

	Rapid development, Simple projects	Average typical project	Advanced, Complex More media	
Instructor-led Training (ILT)	22:1	43:1	82:1	
Level 1 eLearning (Basic) Content pages & assessment	49:1	79:1	125:1	
Level 2 eLearning (Interactive) Level 1 plus 25%+ interactive exercises	127:1	184:1	267:1	
Level 3 eLearning (Advanced) Simulations, Games	217:1	490:1	716:1	

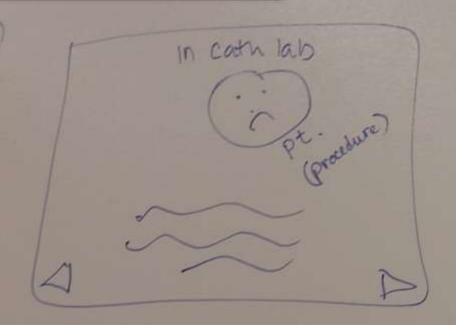
Chapman Alliance (Chapman, Bryan). (2010). How Long Does it Take to Create Learning? Retrieved from https://www.slideshare.net/bchapman\_utah/how-long-does-it-take-to-create-learning

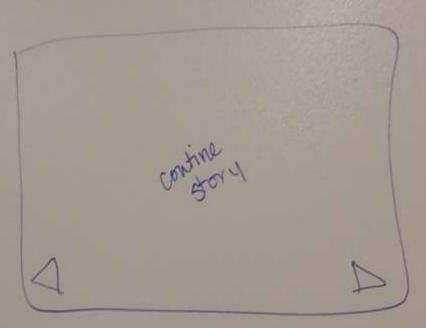


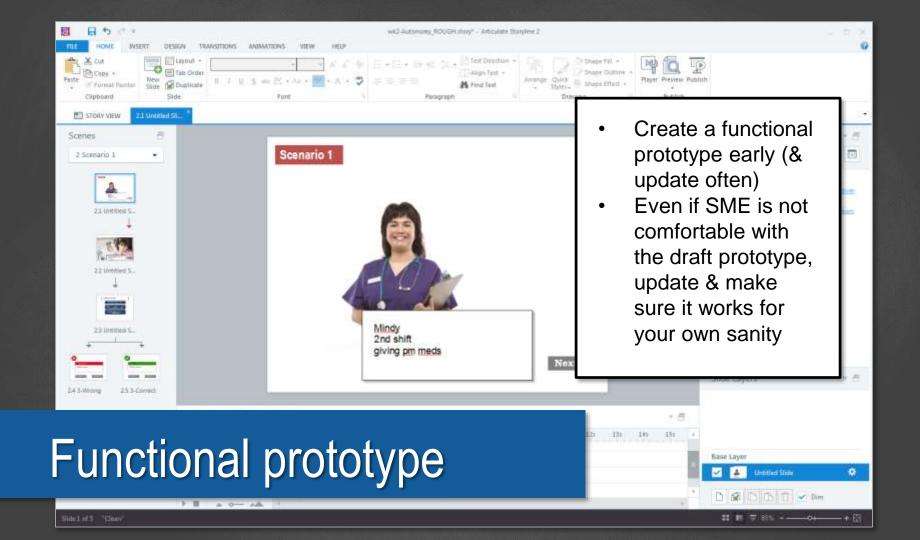
# translate plans into functional prototype

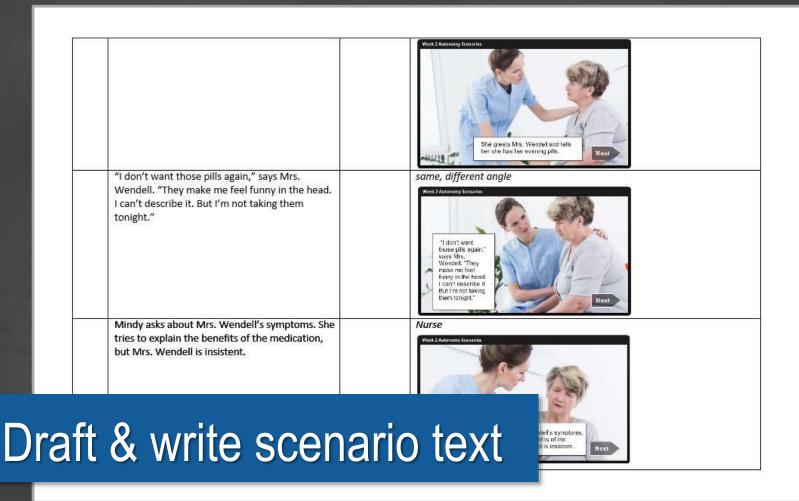
Storyboard & prototype

## Map it out









	What should Mindy do?	Work 2 Autonomy Scenario
	Option 1: Hide the pills in applesauce	What should Mindy do?
	Option 2: Tell Mrs. Wendell that she must take the meds while Mindy watches	Hide the pills in applesauce  Tell Mrs. Wendell that she most take
	Option 3: Report Mrs. Wendell's concern to the physician	the meds while Mindy watches  Report Mrs. Wendell's concern to the physician
8		Option 1: Hide pills in applesauce Feedback: This was the wrong choice.
		Patients have a right to make decisions about their care. They may refuse any drugs, treatment or procedure to the extent permitted by the law. They will be informed by physicians of the medical consequences of their decision to refuse treatment, but the responsibility for those consequences must, necessarily, be the patient's.

 George said that he was hungry and needed a snack. He seemed agitated.

"I'm hungry," sighed George. "Where the heck is my snack?"

# Draft & write scenario text

Write your dialog so it sounds like you are there in the room with the characters.

"I'm hungry," sighed George. "Where the heck is my snack?"

## Draft & write scenario text

Monique saw another healthcare provider accessing a patient's record using someone else's user logon ID and password.

# Write answer choices

## What should Monique do?

- Report them to her supervisor.
- Sign in using the same ID.
- Do nothing. It's really not a big deal.



## What should Monique do?

- Report them to her supervisor.Right
- Sign in using the same ID.
  Wrong
- Do nothing. It's really not a big deal. Wrong

#### Question

Correct answer

Distractor (logical but wrong)

Distractor (logical but wrong)

Right

Wrong

Wrong

# Give solid choices

# Write good feedback

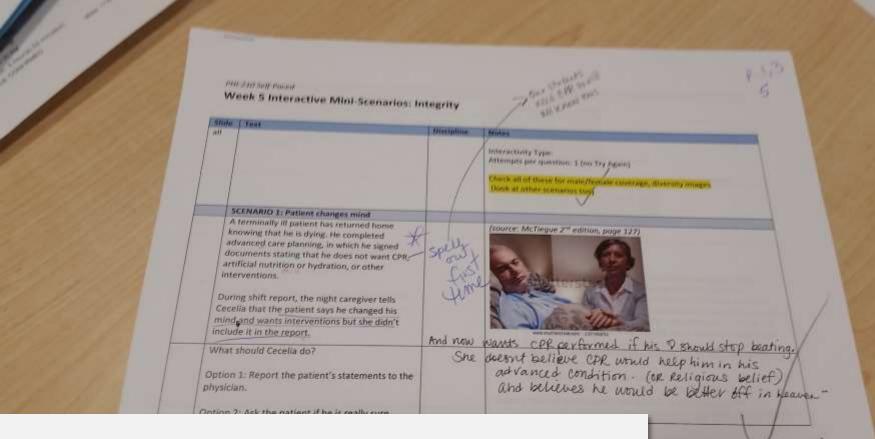
#### Intrinsic

- Natural consequences
- Play out the story

#### **Instructive**

- Immediate & corrective
- Good for beginners

# Which is better? BOTH



#### Review & feedback

# What's in your toolbag?

Develop it

# Super-charged multiple choice

- Articulate Studio (Presenter/QuizMaker)
- Storyline
- Adobe Captivate
- Any tool with branching or quizzing

# Find image series

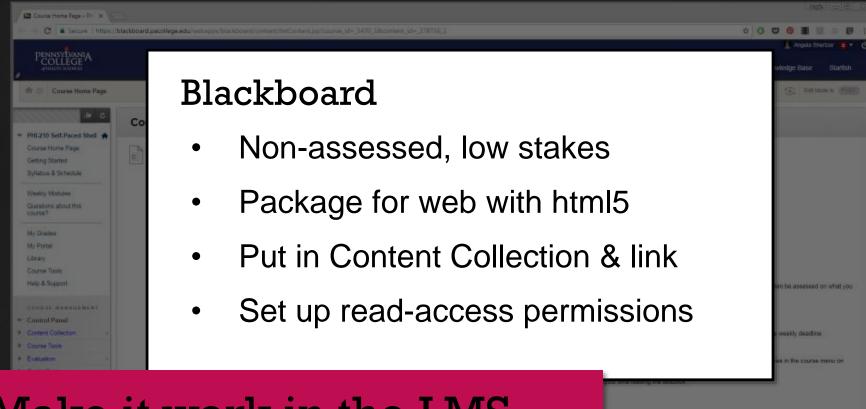
\* Do you need them?

- Stock photography
- Character bundles
- DIY photo session









#### Make it work in the LMS



# Cathy Moore

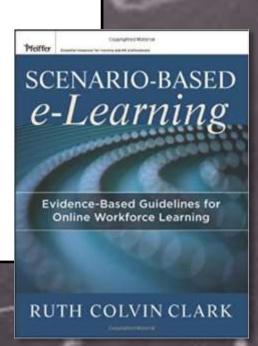
LET'S SAVE THE WORLD FROM BORING TRAINING!

#### Resources

**Cathy Moore** <a href="http://blog.cathy-moore.com">http://blog.cathy-moore.com</a>

- Scenario examples
- Online course

Ruth Clark Scenario-Based e-Learning book



# miniscenarios 🔷

# 

Session evaluation: DevLearn mobile app

Resources: <u>devlearn17.com/resources/</u>

#### **Angela Shertzer**

Instructional Designer angieshertzer@gmail.com

