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Innovative Tech & IPE: Enhancing Stroke Care for Women in Rural Communities BECKY KINNISON, OTD, OTR/L, BCPR Assistant Professor, Creighton University STACIE CHRISTENSEN, PT, DPT, NCS, CBIS, CSRS Assistant Professor, University of Nebraska Medical Center

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Disclosure

We do not have any financial relationships with ineligible companies to disclose.

Learning Objectives

- 1. Explore the use of interactive technology and hybrid learning models in interprofessional education (IPE) for stroke care.
- 2. Discuss strategies for overcoming barriers to implementing technology-enhanced IPE in rural healthcare education.
- 3. Apply lessons learned from this initiative to improve their own interprofessional teaching and stroke care programs.

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Background

NE Stroke Task Force Background

Through a block grant secured through DHHS in partnership with the Nebraska Stroke Task Force, an interprofessional committee was formed to determine gaps in Nebraska rural practices and response to women experiencing strokes.





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Methodology

- Data Collection:
 A literature review
- Gap analysis
 Review of Nebraska Outcomes

- Brainstorming Sessions:
 Defining the Target Audience
 - Identifying Educational Gaps
 - Choosing Conference Delivery Methods
 Managing Resources and Locations
 - Considering dream partnerships

Critical Decisions

- Key strategies to target multiple sites in Nebraska
 Virtual conference
- · What practitioners
- Seeking suitable venues for broad outreach.



Program Details

Finding our goals:

- Engage various practitioners · Address NE's stroke needs
- Target audience includes:
 Nurses
- Physicians
- Advanced Practice Providers
- Occupational Therapists
 Physical Therapists
- Speech Language Pathologists

 Case Managers



· Target multiple sites in · Virtual conference

- Northeast Nebraska
- o Omaha/Lincoln Metro
- o Central/Western Nebraska Panhandle.



Creating a team

- Excel partnered to implement smart walls in Norfolk, Omaha, Kearney, and Scottsbluff for an interactive one-day conference featuring live presentations at all sites.
 A Partnership was bom!

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Technology Choices

Engagement Equity

- Technology that kept both in person and alternate sites engaged
 Real-time poling and participation
- Mentimeter, Padlet

Tech Infrastructure & Integration:

- Seamless access to tools like medical imaging viewers (iWall).
- QR Code access to imaging on devices

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A literature review and gap analysis identified



Our Own State:

- On average in Nebraska men get discharged to inpatient rehab 3% more than women versus 1%
- more than women nationally · On average in Nebraska men get treated with
- Alteplase with in 30 min 7% more often than women versus 3% more than women nationally In Nebraska and Nationally men have an 11% more likelihood to have a stroke ages 46-65 than
- In Nebraska and nationally men have 2.5% longer length of stay in a hospital than women.

Important findings

- Important findings:

 Reproductive & Pelvic health Post-Stroke

 Often overlooked for women post-stroke.

 Emphasis on pelvic health is essential due to stroke-related disabilities.

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 Pregnant women face a threefold increase in stroke risk.

 Previctions and hormonia the control further elevate risks.

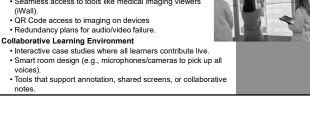
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Literature Analysis

sex-based disparities in stroke care.





- Successful Multi-Site Hybrid Conference

 Engaged diverse healthcare professionals

 Fostered collaboration among attendees Increased awareness of sex-specific stroke factors

 Positive Outcomes

 Positive Outcomes

- Participants reported greater confidence in addressing stroke-related challenges
 Project recognition: iExcel Rural Outreach Award
 Invited to share lessons at international conference

Future Plans

- Expansion through an impact study
 Research on interprofessional education
 Continuation of an ongoing annual conference

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- · Site restrictions impacted participation
- Online registration challenges noted
- · Scheduling conflicts arose among committee
- Obtaining CEs for all disciplines
- Technology Challenges
- · Plans to address these limitations in future iterations





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Conclusion

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Interprofessional education is essential for addressing healthcare disparities and improving outcomes. By prioritizing team-based learning and collaborative problemsolving, healthcare professionals can enhance rehabilitation strategies and outcomes for underserved populations.

Key Take Aways to Share Team Up and Tune In: Connect with the gurus of every field—education, tech, and trending topics. Collaboration is key! Wranglers for the Win: Harness the talent of those who can corral big ideas into actionable plans. Everyone needs a "to-do" champion! Short and Snappy Meetings: Catch up early and often! A series of quick huddles trumps lengthy, rare gatherings. Action Items Ahoy!: Wrap up every meeting with clear action steps. Leave with purpose and a plan!

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Presence Punch: On-site participants showed more enthusiasm than remote learners, yet both excelled conceptually. Tech Tango: Effective hybrid classes require high-quality audio, video, and interactive tools to engage remote students. Design Drama: Classroom setup and social interaction enhance participant enthusiasm, with teamwork fostering community spirit. Teacher Twists: Instructors enjoy the real-time interaction of hybrid classes compared to fully online formats. Hurdle Hustle: Remote learners may feel isolated due to tech issues, and teachers struggle to gauge understanding in remoteonly settings. Future Fusion: Hybrid learning should blend various teaching methods, social interaction, and technology for optimal education. Live engagement tools are essential for keeping participants engaged in large classes or livestreams.

