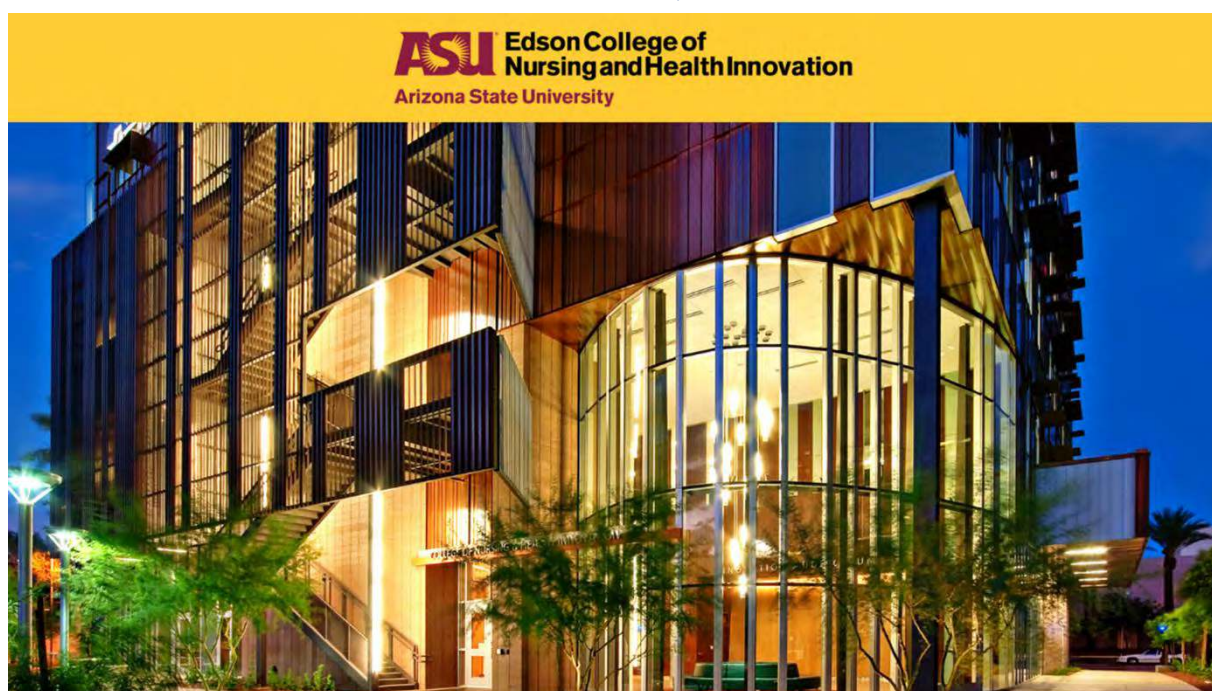


Report from a STINT teacher exchange to Arizona State University

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Part 1 (2) Sofia Vikström

Preparation and planning

My Arizona State University exchange began with a contact visit March 7th through 15th 2020, which showed to be the spring break week. It meant faculty were a bit freer, but I lacked the opportunity to see any teaching and learning activities. It would also prove to be the last week USA held their borders open for foreign travel prior to closing March 14th due to the COVID 19 pandemic. Little did I know then that my trip planned for the autumn of 2020 would be postponed until January 2022!

During the planning week, I had a meeting booked with Dr Gonzales Associate Director, International Students and Scholars Center at the (larger) Tempe Campus. There I got a thorough introduction to the procedures that were to follow prior to, and at the start of my fellowship period.

Also, my superb host Dean Judith Karshmer at Edson College of Nursing and Health Innovation had worked with her assistant to set up a schedule where I got to meet her and all her key team-members; Dr Kenny, Assistive Dean; Dr. Thatcher, Senior Associate Dean; Dr Coon, Associate Dean for Research Initiatives, Support & Engagement and Dr Brewer, Edson Director, Academic-Practice Partnerships. In our different meetings we discussed how they could have best use of my knowledge and what I could have use of learning. A ruff plan was that I could contribute to their goal to apply innovation/development work in the master programs, and that I could contribute to Aging courses and a Professional leadership course. At that time ASU had held the position as the No.1 University of

Innovation for 5 years (now 7) in a row. The College had also fairly recently received a huge donation for increase innovation and simulation education from the inheritance funds of J. Orin Edson, the Philanthropist entrepreneur of plastic molded speedboats, Bayliners. Hence their adjusted institutional name *The ASU **Edson** college of Nursing and Health Innovation*.

The plan for my learning included insights in how health innovation is made part of the course syllabuses, and how the university take initiatives to develop the Arizonian health care landscape further. Also, ASU was at that time - and still is – very advanced in terms of digital education, which I wanted to learn more about. As the Edson College and ASU in collaboration with the MAYO clinic had several ongoing development projects in pipeline in 2020, I have actually found myself lucky to experience several of them in finished or nearly finished states in 2022 (see pictures of the Health Future Center (HFC) on the MAYO premises below).



Other than the meetings mentioned above, me and my husband spent most of the contact week visiting different housing, primarily gated communities, to get an idea of travel-time, costs and amenities. We were also at one point introduced to two glorious mountain walks in northern Arizona, by a former Swedish, now Arizonian resident who was a close friend to one of my Swedish colleagues at Karolinska Institutet (KI) (see picture). I also met Hanna, a KI PhD student in Physiotherapy who had been at ASU for a 2 month's visit. She gave me some useful insights into the work life at my future ASU workplace. We also shared anxiety for how to ensure getting flights home.



Tasks and responsibilities

Official allocations

When my sabbatical work started in February 2022, I had the role of a participant observer, a teacher, a co-teacher and a co-examiner in a handful of courses both online and at campus. One common request posed to me was to record my teaching material, and to make sure I kept the content short (preferably >15 minutes). The pre-recorded teaching lectures were then posted on the learning platform in reasonable time prior to a digital or live seminar where the content was further discussed, and any questions from students addressed. Sometimes it was enough to record online while I was teaching, to post the lecture on the course web later. Campus classes were all live.

I contributed (mostly individually) to the Clinical Nursing PhD course in Team leadership (DNP 716). My lecture elements were *Quality Improvement work through Design thinking* as well as a workshop where I presented, and we discussed *Swedish versus US health care systems*. I also co-taught with Dr Medland, who with her experience from several health care leadership positions, proved to be a great role model. She also used icebreakers, energizers and named the 10-minute pauses *health breaks*. A valuable distinction that focuses on promoting a healthy work life balance.

Most of my teaching was for courses in Aging coordinated by Dr Glover, such as the course *Administrative Systems Management in Aging* (HCA 506) which included the topic of rehabilitation services available in different health care settings, such as, home care, long-term care health and hospice. All my teaching sessions there were simultaneously recorded, and some were planned to be used in more than one course. Also, three of my lectures will be translated to mandarin and be used in a twin ASU Aging course that they hold for a Chinese partner university. Also, the *Global Health organization set up module* in Dr Lasers course will be able to use a health care comparison lecture as well as a rehabilitation one. The only downside to this was that my lectures were then by default non-interactive. However, we interacted in class once the lectures (and recording) had ended.

Self-allocations

ASU have vast opportunities for learning, and I was both interested in Innovation and entrepreneurship learning and in interprofessional learning activities. I was lucky to be very generously invited to join the learning and innovation courses and initiative taken by Dr Hall (inventor and head of the HEAllab including ASU MAYO innovation initiatives). I got to contribute and immerse in interprofessional workshops like Hackatons for health where students worked with clinicians and faculty and R&D unit members to identify and solve pressing health care problems.

I also spent multiple days with the interprofessional colleagues at GRACE simulation center where teachers with support of standardized patients, performed several fruitful formative and summative examinations, including Objective Structured Clinical Examinations (OSCEs). As an OT and visiting lecturer, I did not have the full authority or specialist skills to take on the full role as examiner. However, I eventually could contribute by assessing individual students providing a first draft of the examination-form with descriptive observations, that a qualified assessor could have use of. I took the initiative to meet with a part-time MAYO, part-time faculty at the College of Health Solutions, Dr Sauber as she is an OT with a very similar competence profile and interest as me. She in turn, introduced me to a US Norwegian Dr Dahl. Both are very active in the allied OT in Arizona (AZOT) and in the world OT organization WFOT. They invited me to a "*OT lunch on the lawn of the Capitol building*", where I got to meet students and faculty from all the 6 university colleges who provide OT programs on master's or PhD level. That opened for opportunities to two visits to Swedish born program head for OTPD training, Dr Andersson at *Huntington University*. I was invited to teach students in the 1st and 3rd semester OTs which was fun. I also joined the AZOT chair Prof.

Carpenter on a study visit to a private older person's day center at Oakwood Creative Care and their Reg OT MsC Lukasiewicz. They also enabled me to listen in via link on the annual AZOT conference.

In common for all the events and learning activities I participated in was that they were all planned and conducted with the highest of standards, and with impressive skills in those leading or supervising them. Also, several events were on Friday afternoons until Saturday afternoons, and yet they had great key-note speakers, and grading expert staff and all organizers present the full days.

Activities during the Teaching Sabbatical

It took a few weeks to gain access to the workplace and start working. Not only due to formalities like getting interviewed by the international office and get keycard access to buildings, receiving my workstation set-up etcetera, but also due to me and my family catching COVID-19. Fortunately, I could still perform a few planning meetings online with the representatives Dean Karshmer suggested. To improve on my English writing, I also took the opportunity to be a reviewer for three different scientific journals while I waited to join the workplace. You get requests from journals all the time as a research-active scholar, but there is seldom room to accommodate them, although they help widen your knowledge about research methodology, study set-ups, and updates in the field of one's expertise. However, these online tasks made me even more adamant to immerse in campus based, face to face interactions as soon as we all got well, and I could go to my office.

As I already had some insights in what teaching was requested from me, I also started preparing my teaching. When I gained access to the ASU work- and study web platform, which included their brilliant online library service, preparations to teaching worked effortlessly. I later found faculty added a Google Drive to each course where they share course material and detailed instructions, content of tasks, etcetera. I was invited there too, to see the sessions of others and upload mine.

I was welcome to listen-in on lectures or seminars if I wanted. I did to a certain extent, although as most of these were digital (as ASU excels at it), I still felt compelled to rather seek encounters in campus-based learning environments to immerse in the full teaching and learning experience.

One person that truly went out of her ways to invite me to events was Prof. O' Brien, manager of the GRACE center for innovation in nursing education, and clinical professor in the Master of Health care innovation course. Not only did I get to participate in multiple formative examination sessions with students as patient voices for simulation dolls, and OSCE- examinations with professional standardized patients, but she networked for me to partake in similar activities run at the GRACE center by the College of Health Solutions, led by Dr Dykstra. I contributed to her course by 'role-playing' an OT in several short and sweet (45 min/ session) interprofessional learning workshops.

I got to join Dr O' Brien to a national health care event called *The Flexner conference* in central Phoenix where we prepared a so-called *Poverty simulation workshop* for conference participants. They were assigned roles as challenged citizens and got limited means to survive the day (to experience how that affected them). As pointed out by STINT in their *2021 Country report USA*, US was ranked very high regarding income inequality in 2017 and scored the worst of all Western nations. Hence there is a need of workshops that forces wealthy health care leaders to immerse in poverty life conditions.

The simulation center GRACE-center resided in a former shopping mall, very close to the College(pic).



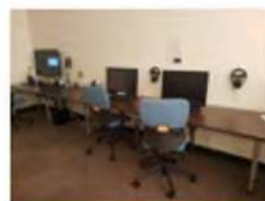
Important lessons

From my ASU experience, teaching using Flipped classroom techniques is something I now have come to hold high and will strive to do to a larger extent. To be forced to cut down on or condense lecture materials and instead meet the students in discussions with questions they pose is really both challenging and deeply rewarding. Equally, this exchange has built my confidence and improved my arguments to introduce an interprofessional IPL-activity similar to the HEAllab first -semester mini-innovation module (described below). This would benefit students to collaborate from early on, in a motivational task, with low levels of prestige involved.

I have an increased ambition to include students from higher semesters, as well as PhDs and post-docs in learning activities. At the GRACE-simulation center (pictures below) they regularly had use of students as standardized patients. They go to study a manuscript and read the patient history of the person they are supposed to impersonate, and then get to listen and join discussion seminars on the performance of the fellow student being assessed. Students give peers feed-forward messages too.

Also, nurse students are assigned a handful of credits they get to earn through documented voluntary services. It ranges from being a standardized patient, to doing certain hours of civil service. E.g., in 2021, most nursing student helped with vaccinating the citizens of Arizona against COVID 19.

The mentioned set-up seemed to be a brilliant way to include students learning in an inclusive *community of practice* that e.g. pedagogues like Lave & Wenger, and Vygotsky suggest to benefit sustainable, internalized learning.



I was suggested by the ASU-MAYO interprofessional link person Dr Petersen to investigate the studies by Gunaldo Patel who, like e.g., Paulo Ricouer, show that collaboration and a supportive environment can enhance the pathway from a novice learner to a competent practitioner. Also, Gilbert, Yan, & Hoffman showed sufficient data to demonstrate that successful IPE during the education enhances collaborative practice in the field and that this collaboration improves health outcomes. Despite this, methods integrating IPE curricula into health programs are varied at this time and a gold standard approach has not yet been identified, which Dr Petersen underscored as true.

Dr Petersen generously invited me to their AZ Nexus meetings, a group they formed with the explicit task to create more IPL activities in health care educations in Arizona. Dr Petersen is also one of the founders of a student-run learner workshop initiative the IPE SIG; Interprofessional Education Special Interest Group Arizona, where students discuss e.g., mobilization of a patient out from surgery, and how to work together on that as a team. Her success of reuniting interprofessional student groups to join is inspirational as we face similar challenges, in that grading and provision of credit-points calls for learning outcomes measures to be stated in a syllabus. As that is the case, IPE participation is not compulsory at ASU, but merely encouraged. I heard one college pay students for their IPL presence...

Another important lesson that applies for both Stockholm and Arizona is that although we have access to medical students from all health care professions, the study locations can be vastly wide-spread and thus schedules need to be prepared so that students can potentially combine their IPL learning activity off their main-campus with yet another valuable possibility for learning. Maybe supervisions could be moved to the IPL learning campus, or a study-visit that could provide new insights could be arranged. See the vast stretches of the city of Phoenix from above in the picture below, still not covering e.g., the Tempe campus, the West campus and MAYO/ HFC in the north.



Comparison between the host and the home institution in Sweden

- Pedagogy and its importance

ASU students are a diverse group of students who range from out of state citizens to being from rural Arizona. They either pay or have received a study stipend. Commonly they take a greater number of courses than the 4-5 that usually make up full time studies. Adding to that, several work and might also have a long travel to reach university, as they commonly search for cheaper living quarters.

With the mentioned prerequisites, teaching need to be delivered with high quality, and yet only take up a limited amount of students' time (in terms of synchronous learning activities). In Sweden, we

often fill the weekly schedule, and talk about “full-time studies”, although we often request individual reading and written reflective assignments too. No wonder our students are stressed!

Another initiative I was repeatedly welcome to join was students’ final examination seminars. Whether it was presentations on a stage, poster-mingles, online presentations of their thesis works or filmed presentations that we could visit a personal learning web-folder to view and feedback on, faculty was more than welcome to assist in making the seminars as similar to a scientific talk as possible. Sponsored food and drinks were served to further underscore the professional context. Here, we have a lot to learn. To bridge over to working life by using presentation-formats in front of live audiences and simulate evidence-based professionalism show what is expected after graduation.

One interesting experience when I requested face-to-face sessions with faculty to discuss my contributions, was that several told they seldom visited the campus or rarely interacted with other faculty. Of course, COVID played a role, but still I heard my self repeatedly say that ‘*Maybe the perk of having me here is to assist you to become aware of what your colleagues are doing, to start connecting with them*’. In a way a foreign visitor can contribute to in-house networking too. At my university I would say we have a brilliant ambition for teaching and learning competence sharing. Our Academic Vice President for Higher Education Prof. Annika Östman Wernersson hold regular meetings with the program directors and other pedagogic leaders, where sharing and reflecting on teaching and learning is encouraged. We strive for the same open and reflective teaching- and learning climate at the divisions in our department. It might be the case at ASU too, although I did not experience it. Maybe the Swedish tradition of daily meetings and conversations over coffee (fika) is partly key to the success. I would gladly return post COVID to implement such informal meets 😊.

- Curriculum and courses offered - How teaching is conducted

Most courses I got insights in ran over the full semester, with material to study followed by weekly seminars and/or supervisions to support students learning. Few seemed to be heavy on lectures.

Some courses entailed practical training performed in different healthcare or societal settings. One such initiative was the full-term introductory Pre-college course Student Health Outreach for Wellness (SH♥W). Dr Harell and colleagues have networked with several non-governmental organizations (NGOs) that all have in common that they and their activities support vulnerable, disabled persons in the outer margins of society. Students contribute with weekly support and do a creative collage of it. I offer *theoretical* intro courses mainly, like basic Anatomy or Physiology.

The IPL activities at The College of Health Solutions that I got to play the OT in were online events called *Team Behaviors IPE*. Students had viewed a video beforehand and had the task to a) identify symptoms they recognized, b) conclude on a few health care problems, and c) to choose 1 problem to discuss and create an SMART intervention plan (“for follow-up in one month”). A very effective 45 minutes session including pre-and post- workshop evaluations of knowledge on other professions.

- Use of technology/IT in education

The Mercado building GRACE center had 13 simulation treatment rooms, 7 IT-monitoring rooms, several interactive seminar rooms with monitor and sounds to see and hear peer-students, and a pair of examiner rooms with 8 computers that could be set up to see activities in any of the 13 rooms.

Students’ IT use consisted of e.g., making films and recorded digital posters that could be reacted and commented on over the span of 2 weeks for any audience with access to the student-link. This way, participants or guests at community practices or NGOs who had collaborated with students in their project could get insight and react to the final product.

To record lectures beforehand, with fewer dialogue-based interactions during the unfolding of the lecture material did at first not sound appealing at all. However, the possibility for students to view the recordings in their own time, and then search for further or deeper insights to contribute to the formative literature seminar was a very fruitful learning activity in relation to those- sometimes- very monologue-based seminars I have sometimes experienced in Sweden.

- Forms of examination –

Somewhat like my home university, *The Edson college of Nursing and Health innovation* have developed innovative examination methods that correspond conveniently with competences, and contexts that students might be requested to deliver in in their future work life.

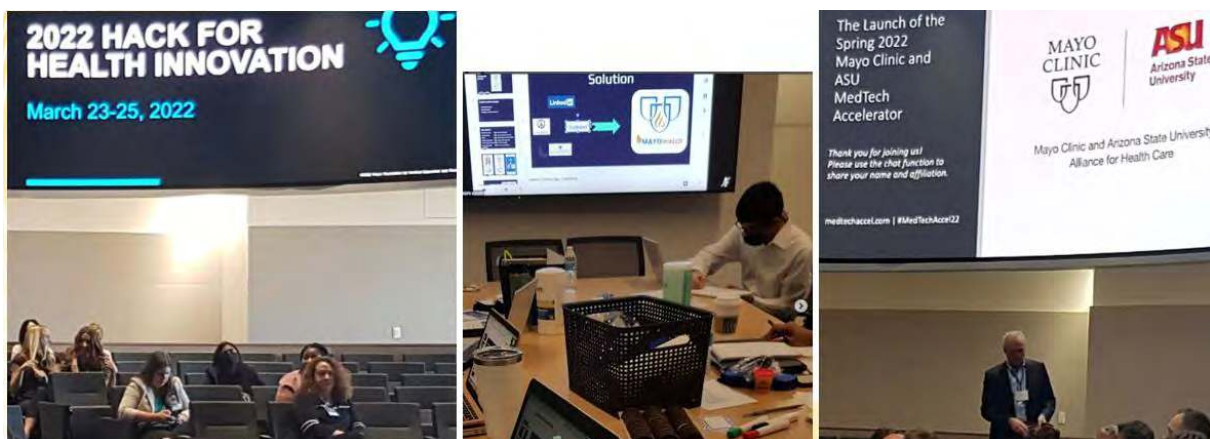
In the simulation center GRACE center, the OSCCE examination- which was a summative final exam for DNP, clinical PhD nursing students- was impressively structured, with very precise and clear assessment criteria. In Dr Medlands leadership course students got to create the criteria to be used.

- The relationship and/or status of pedagogical merits compared to research merits

The only major difference identified between my home university and ASU Edson College, was that – although all teachers seem to struggle to perform research and publish- there was a visible division between those who were engaged merely in research, and those who mainly filled they hours in teaching- and learning activities. Similarities identified was that there seemed to be quite a few clinically active nurses, probably mostly DNP’s that were engaged in courses. These were primarily visible at the simulation centers, where they played an important role as both role-models and expert examiners (guided by forms created in collaboration with ASU course leaders).

Karolinska Institutet have a tradition of meriting research very highly. However, since about a decade ago the university have had *Learning units* who have provided staff with necessary pedagogical skill building courses, and there is also a Pedagogical Academy that play an important role in acknowledging and encouraging pedagogical development and research. ASU also host a larger Pedagogic Department to support faculty development within the constantly evolving teaching- and learning. But, neither university bridge teaching with research to meet societal needs very efficiently.

ASU now proudly boast with both the Health Future center and the HEALlab, with activities that enable participation in innovation workshops like Hackathons and Med Tech Accelerators to support ideating, defining, and visualizing solutions with prototypes for health challenges. The HEALlab only opened a few years back in the newly built Wexford building downtown Phoenix. Rick Hall, director of HEALlab set the activities in full effect, including a learning initiative where first semester program-students make solutions to health-related problems of teachers who are ‘challenge givers’ (see pics).



- To what extent educational programmes conform to labour market needs

In my view, ASU have taken brilliant initiatives to meet the needs of citizens of Arizona and Arizonian health, primary and community care. The SHOW course mentioned above in one example and an Aging innovation course run by Dr Nunez another. In the latter course students identify an NGO or community health care facility that they visit as volunteers for a few weeks to immerse and build relationships. The staff then collaborate with the student to identify a challenge they have that the student could focus on to explore solutions to in the thesis work. They show very impressive results!

- Competence development and career opportunities for teachers.

ASU is a huge university, and in my experience, it seems the abundance of colleges and units enable teachers and PhDs and postdoctoral students to have a large variety of opportunities. They have a new, full institution called the Department of Entrepreneurship and Innovation (E&I). It serves all faculty at ASU, health care partners and professionals as well as other societal partners and citizens.

The Health Future Center in collaboration with the MAYO clinic and ASU also set up innovation workshops as well as more specific entrepreneurial initiatives to build rapport and facilitate prototype refinement. One example is a pitch competition called *Roadrunner Sprint*, where the 1st, 2nd and 3rd prizes were different amount of funding for continued project development and progress.

The HEAllab course involve diverse student groups to work through an innovation process to solve solutions for a challenge a faculty provided them with. That way, the faculty as the supervisor also get insights in the way innovations can be created and problem solved. A learning for faculty too!



Recommendations

I will recommend my department to support an even more thriving Scholarship of teaching and learning working climate. Personally, I will make sure to welcome and involve international colleagues, as I know brilliant mutual learning can occur and it can be eye opening in-house too.

Hence, it is no wonder I will strongly recommend my fellow staff colleagues to apply for a STINT Teaching Sabbatical fellowship!

2022-07-18

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Action plan: Topics to address and, if possible, introduce in Sweden

I as an individual have reconsidered the often-lengthy teaching sessions- commonly lecture based and campus based/ inhouse- teaching that has been a norm at most Swedish courses I have known. Now I am more prone to involve and empowering students by sharing short trigger lectures that they can use and do further searches from to lift in seminars. It feels more fruitful and student engaging.

My department management team and I share the interest of creating interprofessional learning activities. We have an activity mentioned in the annual departmental activity plan, that was initiated by our Head of Department Maria Ankarcrone and will be initiated by me and a colleague with mutual IPL interest this coming academic year.

The training apartment we just finished at KI would benefit from being used for IPL simulation activities. Home based care simulations are very relevant to Swedish care in addition to clinical ones as care is increasingly performed in home settings.

After our creations of different IPL initiatives at our department (who host the largest number of students), our university students will have a possibility to join certain IPL- learning activities, both on a voluntary basis, and potentially withing the scoop of their curriculum.

Also, an early introduction of innovative developmental work out from a challenge defined by a faculty, like in the HEALlab initiative, would be good both for IPE among students, give staff new perspectives and to meet innovation learning outcomes stipulated by the Board of Higher Education.

In my view, research- and development activities like at the Health Future Center where they hold regular 'Hackathons for health', and also invite innovators and entrepreneurs to ASU/MAYO Med Tech Accelerators is great. I think we should create much more Health Innovation & Entrepreneurship workshops where participants with a relatively solid and unique idea/prototype can learn how to refine it, apply for funds, or reach out to investors and potential producers.

Potentially, the region of Stockholm would also benefit from a regional interprofessional education network like the Nexus. The interprofessional learning in the Arizona IPE Nexus network which hold three kinds of meetings; Connect, learn and planning IPL event. The Nexus is also a national initiative where the following program declaration: *"The Nexus is designed to intentionally link the health professions education and health systems for interprofessional workforce development of future and current health professionals while simultaneously demonstrating learning and health outcomes"*.

- Continued relationship with the host institution

I have initiated a potential collaboration with an IPL practice coordinator for ASU/MAYO and will potentially write a problematizing multiple case study piece on challenge driven education collaborating with community stakeholders. Also, colleagues at Huntington University have reached out, and I might collaborate on evaluating the setup of an innovative dementia housing hub.

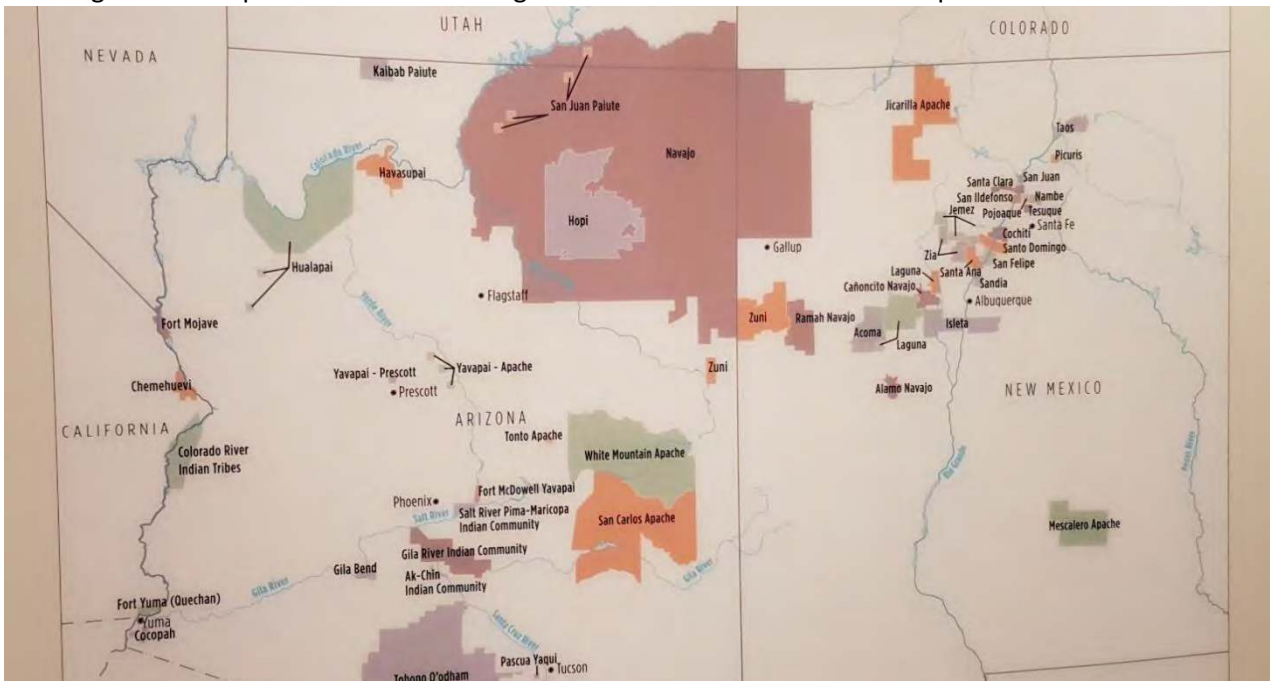
If a HEALlab IPL-activity is a result of the upcoming IPL-actions, we are welcome to write a paper on the experiences along the ASU one, in collaboration with Dr Hall and his colleagues.

Further, Kelly Davis, PhD, Psychologist, Ass Prof & PhD Doctorate Program executive, Senior Director, Research Education and Training will collaborate on sharing her research topic focusing on domestic violence, which is an important knowledge, that has resulted in a new national learning outcome to be addressed in most Swedish health care educations. We are planning for Dr Davis to visit Sweden and share her knowledge with our teachers as well as students in some seminars.



Arizona referred to as the copper state due to abundances of the mineral or the Grand Canyon state!

Finally, you could not write a report on Arizona without addressing the still very present, and fairly thriving native American tribes (See pic below) that have continued to perform their traditional ways and kept their culture parallel to a society much built around the presence of corporate chain-firms focusing on consumption. ASU Edson College work hard to also address their special health needs.



Native americans have sat seeds in our hearts too, as we visited several of their sacred sights. One unforgettable memory is when we kayaked along the Lower Salt Lake passing abundances of their wild horses by the shores!



Me and my family are truly grateful. Now I have new missions to fulfill. Onwards and upwards!

My sincere thanks to STINT for providing me with funding and support! / Sofia