Career-related student learning outcomes: Using experiential learning opportunities to enhance knowledge and skills related to job settings for student learners in health care professions

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Experiential learning opportunities and professional development

The speakers have no conflicts of interest to disclose.

Experiential learning opportunities and professional development

Abstract: Workplace incivility in professional job settings appears to be on the rise, although one might expect that basic skills in civil behaviors be modelled and taught to everyone from an early age. Recently, student learning outcomes in higher education programs have expanded to include those that prepare students to possess competencies, skills, attributes and values needed to successfully participate in diverse and complex environments including professional work settings. We report on several experiential learning opportunities provided to undergraduate and graduate students in health care related professions and adult learners designed to enhance understanding of the necessity of and performance of civil behaviors at work.

Experiential learning opportunities and professional development

Objectives:

- a. Appraise the usefulness of concepts associated with experiential learning in various educational settings to demonstrate skills related to professional behaviors on the job (including workshops held at worksites);
- b. Describe how students can be inspired and taught to think of themselves as change agents for positive improvement in workplaces (for example, through learning stress management techniques for themselves and to teach others how to reduce stress); and,
- c. Evaluate the importance of teaching students about diverse personalities and intergenerational workplace dynamics.

Experiential learning opportunities and professional development

Experiential learning is both a philosophy and methodology in which instructors purposefully engage with students in direct experiences and focused reflection in order to increase knowledge, develop skills, and clarify values.

(Association for Experiential Education

http://www.aee.org/)

Experiential learning opportunities and professional development

Well-planned, supervised and assessed experiential learning programs can stimulate academic inquiry by

promoting interdisciplinary learning,

civic engagement,

career development,

cultural awareness,

leadership, and

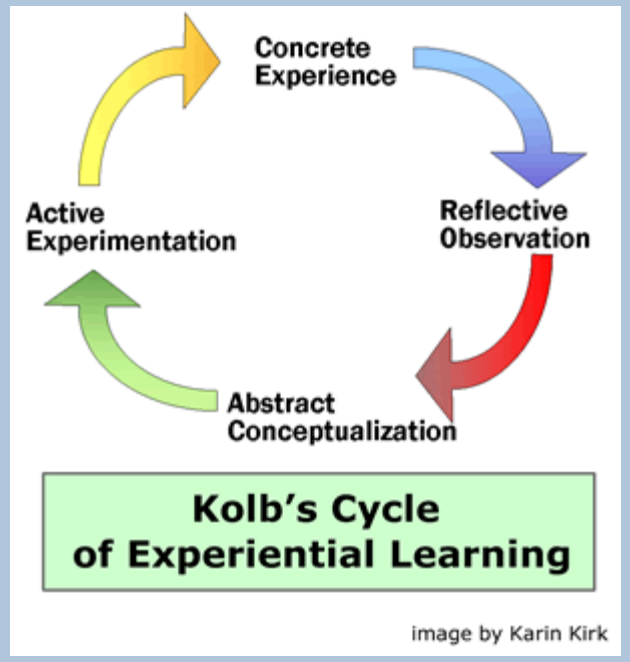
other professional and intellectual skills.

Experiential learning opportunities and professional development

According to Kolb (1984)

1. Learning is best conceived of as a process, not in terms of outcomes.
2. Learning is the process of creating knowledge.
3. Learning is a continuous process grounded in experience.
4. Learning involves transaction between the person and the environment.
5. Learning is the holistic process of adaptation to the world.
6. The process of learning requires the resolution of conflicts between dialectically opposed modes of adaptation to the world.

Experiential learning opportunities and professional



Kolb, D. (1984). Experiential learning: Experience as the source of learning and development. New Brunswick, NJ: Prentice-Hall.

Experiential learning opportunities and professional development

The Experiential Learning Process

1. Experiencing/exploring=Doing
2. Sharing/reflecting=Explaining what happened
3. Processing/analyzing=Examining what's important
4. Generalizing=Answering the question "So what?"
5. Application=Answering the question "Now what?"

Experiential learning opportunities and professional development

The learner has a concrete experience.	**Students were asked to review charts of persons attending congregate meal sites to determine nutritional risk.**
The learner makes observations and reflections based upon that experience.	**"Not everyone in Central Illinois is like my grandparents. There are people who do not have enough to eat. This is called nutritional risk."**
The observations and reflections are synthesized into a new conceptual understanding and interpretation of the experience.	**"People receiving meals may only get one meal a day. It is important to provide guidelines that can help them eat healthier when they receive food from family/friends."**
This conceptual understanding is applied and is used to guide new and purposeful experiences.	**"We will design a brochure with refrigerator pull-out that discusses healthy eating after age 50."**

Integrating with Continuing Education at Bradley University

BRADLEY
University

OLLI at Bradley

Volunteer-Led

Welcoming & Social

Work with Bradley University and Methodist College students

Projects from the Community Wellness Program, Bradley University

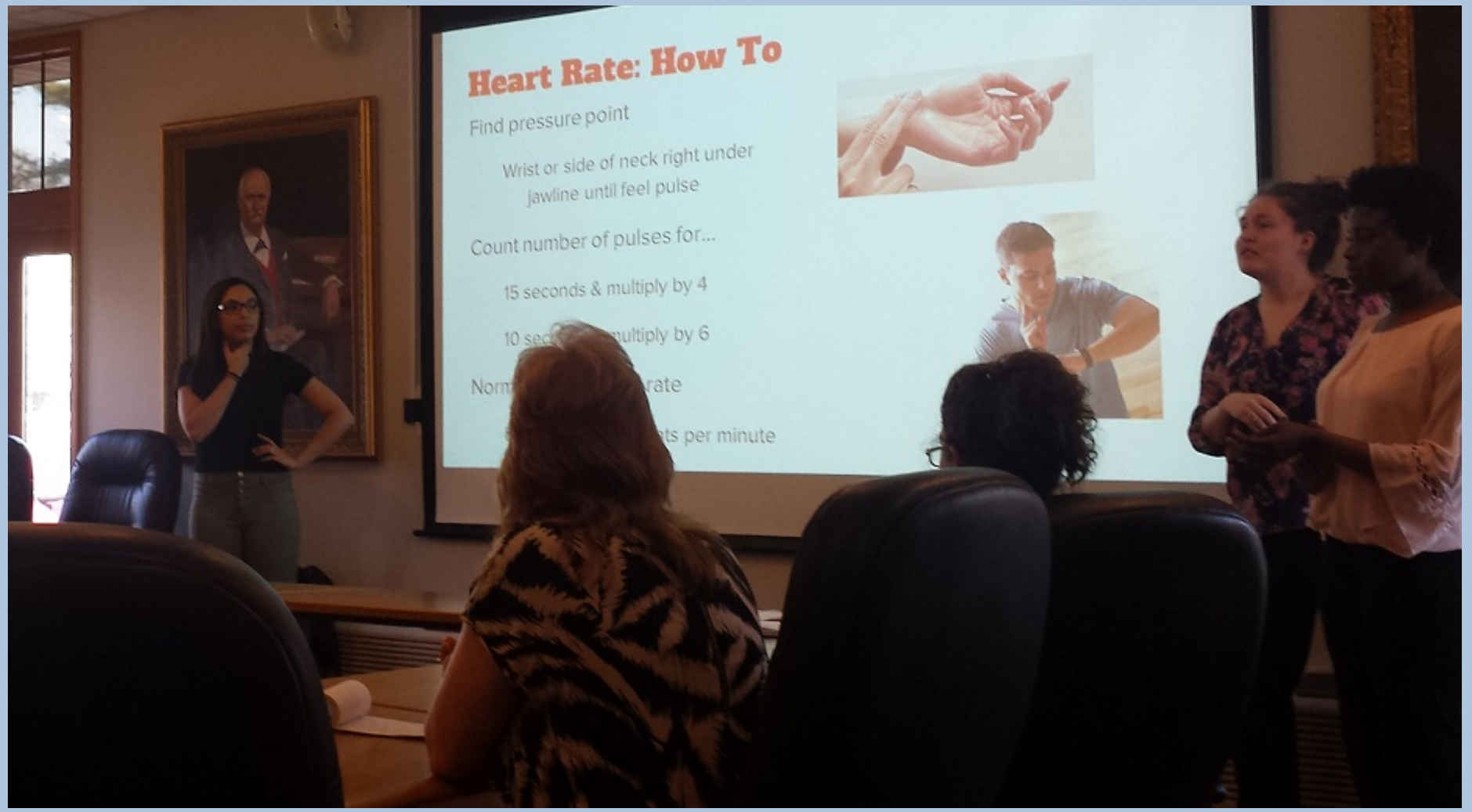
Using University-Community Partnerships for Experiential Learning

- Service learning
  - Apply course concepts
    - Deeper learning
  - Provide service to the community
    - Meaningful experiences

Worksite Wellness Programs

- Courses: Program Planning and Evaluation
- Partners: Non-profit, social service organizations

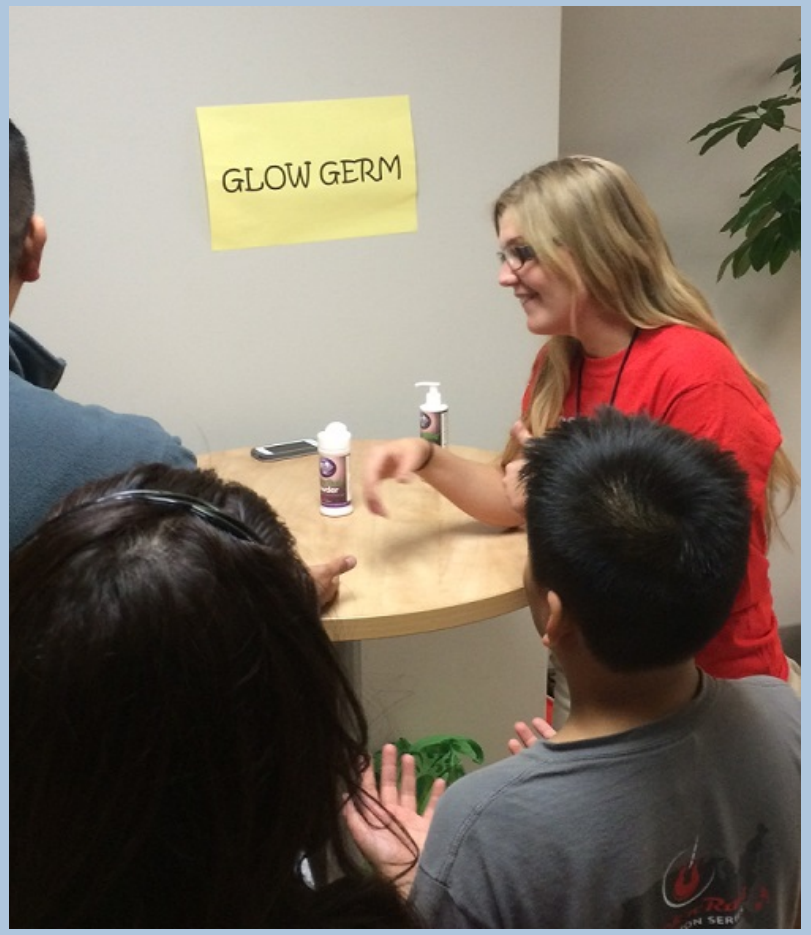
- Goals/Outcomes
  - Students plan, implement, and evaluate programs
  - Provide worksite wellness programming


Heart Rate: How To
Find pressure point
Wrist or side of neck right under jawline until feel pulse
Count number of pulses for...
15 seconds & multiply by 4
ultiply by 6
rate
ts per minute

Healthy Kids Day

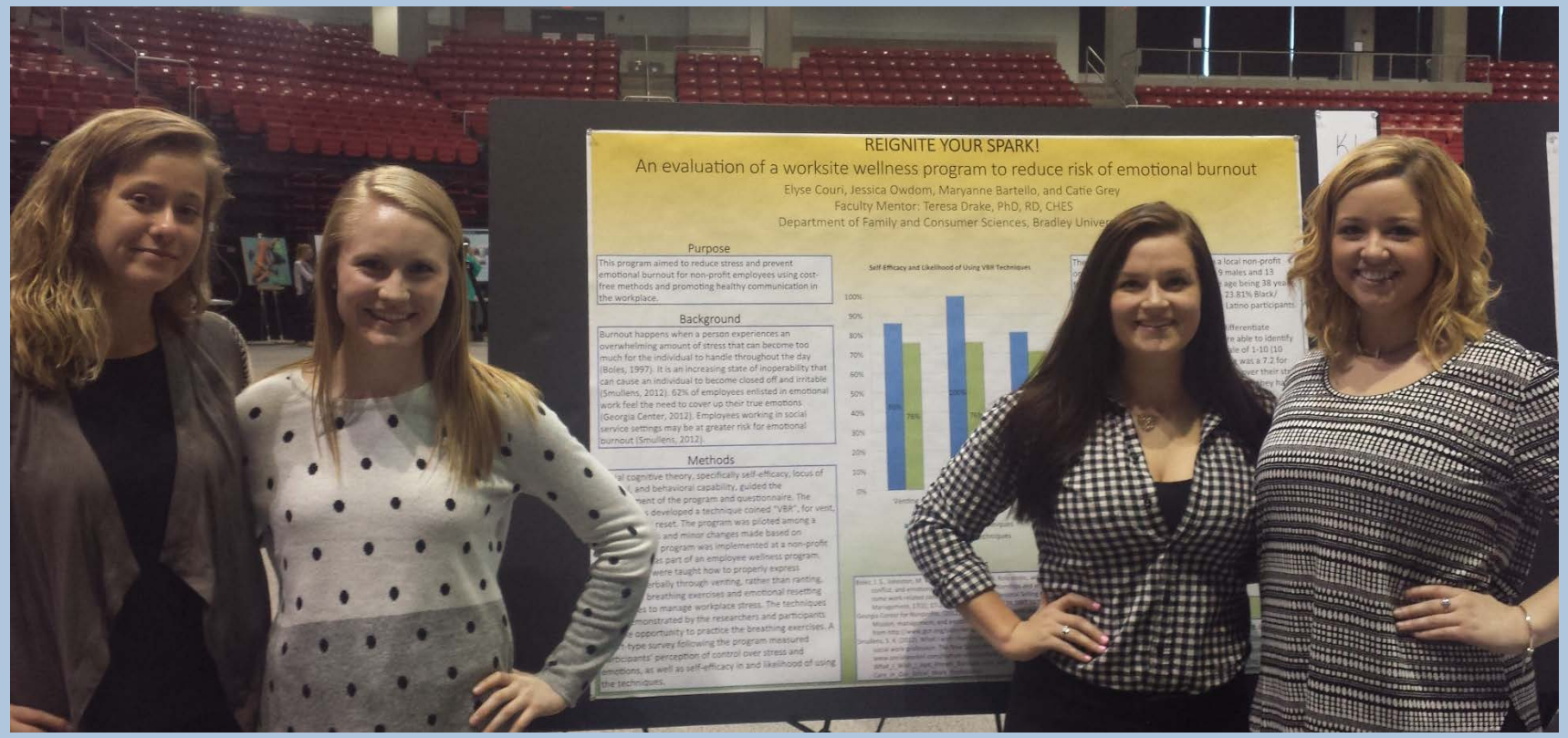
- Course: Leadership and Advocacy in Community Wellness
- Partner: YMCA

- Goals/Outcomes
  - Students manage and administer a program
  - Provide program management


GLOW GERM


POLICE

Sharing Outcomes



College of Education and Health Sciences,
Bradley University

Parent survey results, for children with ADHD.

Kellum[1] , Danielle, Connie Sifuentes[2] , and Dr. Lori Russell-Chapin[3]

Introduction to PCORI:

PCORI's purpose is to help patients, clinicians, purchasers, and policy makers make better informed health decisions by prevention, diagnosing, and treating disorders and other health conditions through several types of research.

Methods:

- Researched DSM5, listed ADHD symptoms
- Read Material
- Looked at surveys, and created out own
- Put survey online through SurveyMonkey.com
- Sent to Parents of children with ADHD
- Collected Data

Goals

- Apply for grant
- Get parents involved
- Study relevant symptoms of children with ADHD

Results: Data shows that the majority of parents of children with ADHD, had many of the same traits in common. Over 83% of the parents, had children with the same symptoms.

Discussion: The most common traits were..

1. *The children were easily distracted*
2. *They made careless mistakes with schoolwork*
3. *They had excessive procrastination issues*

***Conclusion:* We found that the parents if children with ADHD, did validate the symptoms that we were studying.**

Technical:

- *Through CREST*
- *Use of Surveymonkey.com*
- *Neurofeedback*
- *Brain scan EEG*

https://www.surveymonkey.com/s/9C7GHG7

Collaborative Lobbying at State and National Levels: Beta-Phi, ICA, AMHCA Days on the Hill

BRADLEY UNIVERSITY

Department of Leadership in Education, Human Services, and Counseling

Lori Russell-Chapin, PhD, CCMHC, ACS, LCPC, DCMHS
Nancy Sherman, PhD, ACS, LCPC, NCC
Emily Lawrence, BS
Shauna Summers, LPC, NCC, MA, MS
Charlotte Uteg, LPC, NCC, MA

Why should counselors and counseling students lobby at the state and national levels?

- Teaches graduate students the importance of professional advocacy.
- Provides opportunity for graduate students to collaborate with state and national counselor organizations.
- Educates legislators about the counseling profession.
- Promotes counselor identity.
- Provides counselors and students with skills and frameworks for continuing professional advocacy efforts.

2014 ACA Conference / Chi Sigma Iota

Legislation

•Illinois House Bills

▪1002
- ❖What the bill does: Adds as a member of the State Educator Preparation and Licensure Board one school service personnel certificate holder or holder of a Professional Educator License with a school service personnel endorsement who is employed in the public schools and who has been nominated by a statewide professional school service personnel organization.

▪1005
- ❖What the bill does: Includes a clinical professional counselor (LCPC) to sign a written order of restraint or seclusion after direct observation and examination to prevent the recipient from causing physical harm to themselves or others.

Both bills have been passed!

• Federal Senate Legislation

▪S.1155: the "Rural Veterans Mental Health Care Improvement Act"
- ❖Encourages the U.S. Department of Veterans Affairs (VA) to hire more mental health counselors by authorizing their paid employment as interns.

▪S.562
- ❖Adds mental health counselor (MHCs) and marriage family therapist (MFTs) services under part B of the Medicare program.

Both bills are pending

What graduate students said about the experience:

•"This experience inspired me to become more engaged in social justice by engaging me in the process and walking me through the legal and advocacy process."
– Shauna Summers

•"My heart brought me back to a time of awe when hearing stories of people who changed the world; leaders who advocated for truth and love while living lives of integrity. I was again reminded that I could be one of those people. A feeling sprung forth inside of me; an urge to step beyond the 'shy little girl' of my childhood and into the confident woman of my present and future. My next step is to accept the calling of leadership and let her."
– Emily Lawrence

The Efficacy of Neurofeedback when Applied to Post-Concussion Syndrome

Joseph Palakeel, Connie Sifuentes, Emily Brabec, Shawntayja Tolliver, and Dr. Lori Russell-Chapin

College for Education and Health, Bradley University

Abstract

Can the use of neurofeedback treatment aid in the process of brain growth for patients who suffer from post-concussion syndrome?

Every year millions are admitted into hospitals with concussions. Several are later diagnosed with the same symptoms as concussion patients, resulting in post-concussion syndrome. Despite its commonality, there is no widespread treatment in use. The purpose of this research is to analyze the effects of neurofeedback when applied to patients with post-concussion syndrome. Equipped with tests such as a 5-channel QEEG, head injury questionnaire, and neurofeedback, we were able to compare the final results to all of the pre-test results of our subject. Five brain sites and brainwaves were treated which ranged from SMR at Tz, SMR at O1, TAG at fpz, SMR at Cz, finally to Alpha at Cz. After a period of twenty treatment sessions, all symptoms improved exceptionally, with only a few lingering symptoms. The data provides evidence that neurofeedback does positively affect those with post-concussion syndrome.

Backround

Neurofeedback is the regulation of brain waves by training the brain to produce the most efficient brain wave. Post-concussion syndrome is caused by mild traumatic brain injury or a concussion. Symptoms may include headaches or dizziness and in some cases, insomnia and anxiety. The subject of our study was diagnosed with post-concussion syndrome after suffering from a Mild Traumatic Brain Injury (MTBI) during exercise.

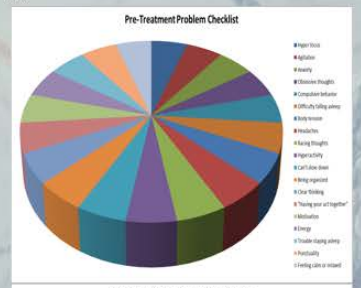
Goals

•Apply for a grant to continue the research.

•Observe the efficacy of neurofeedback on post-concussive syndrome

Methods

We used a 5-channel electroencephalogram (EEG) as a pre-test to get a baseline and to understand the severity of the injuries sustained. It also allowed us to pinpoint the areas of her brain that needed attention. Then, for twenty 20-minute sessions, we used neurofeedback (NFB) with a Nexus system and BioTrace software to regulate the brain waves and train the brain to produce the necessary waves. Neurofeedback uses classical and operant training to correct the brain waves. Then, we used another EEG as a post-test to see if the brain is in a healthier state.



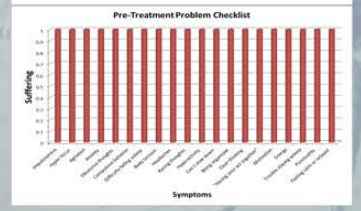


Figure 1 Our subject, before beginning the neurofeedback sessions, did a checklist of symptoms she was experiencing.

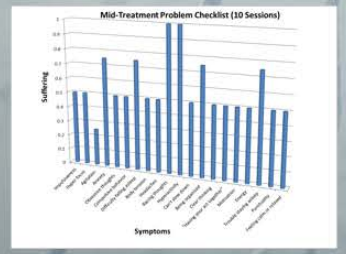


Figure 2 This graph shows the symptoms that most improved during the first 10 sessions of neurofeedback.

Materials

•5-channel EEG
•Neurofeedback
•A Symptom Checklist
•Problem Checklist
•Head Injury Questionnaire
•Insomnia Severity Index
•Psychopathy Checklist (PCL)
•T.O.V.A. (Auditory)
•Amen Clinic ADD Questionnaire
•Burns Anxiety Inventory

Results

We discovered that after 20 sessions of NFB, our subject had only a few remaining symptoms compared to the 20 stated at the beginning of the treatment sessions. Overall, the subject exhibited major improvement. The significance is that neurofeedback can be used to treat post-concussion syndrome. The drawback to our research is that the results are isolated to one subject. However, we have been able to collect data that could prove promising.

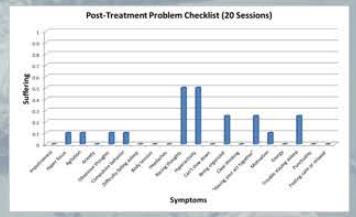


Figure 3 Our subject, after 20 sessions of NFB, completed another symptoms checklist.

Pre-Test	Treatment	Post-Test
Decreased Short Term Memory	Work to increase Alpha Response at Cz	Normal Alpha Response at Cz
Traumatic Emotional Stress	Work to increase Alpha Response at Cz	Normal Alpha Recovery at Cz
Decreased Stress Tolerance	Work to Increase Theta/Beta Ratios Eyes Open at O1	Low Theta/Beta Ratio Eyes Open at O1
Sleep Disturbance	Work to Increase Theta/Beta Eyes Closed at O1	see above
Traumatic Emotional Stress	Work to Increase Alpha Response at O1	see above
Increased Arousal	Work on Decreasing F3 Beta Compared to F4 Beta	Normal Theta/Beta Ratio at Both F3 & F4
Excessive Chatter	see above	see above
Anxiety	see above	see above
Stubborn Behavior	Work to Decrease Gamma/Beta Ratio at Fz	High Gamma/Beta Ratio at Fz
Obsessive/Compulsive Behavior	see above	see above

Figure 4 This table provides the main symptoms that were treated for the patient. Highlighted in yellow are the issues the patient still experiences.

Conclusion

Neurofeedback does help to treat the symptoms of post-concussion syndrome. Based on what both the quantitative and qualitative data display, the symptoms eventually improved with sessions of neurofeedback therapy. The only drawback to the research is that it is isolated to one subject.

- 20 sessions of neurofeedback dissipate the symptoms
- Continue our research with more subjects

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Pilot Research Study on Veterans with PTSD & Methods on Symptom Reduction

Russell-Chapin,L.,K.Russell.,Sampson., and P.Ryder.
affiliations

Introduction

What is PTSD?

- Post traumatic stress disorder or commonly known as PTSD is a mental health condition that's triggered by a terrifying event either experiencing it or witnessing it.
- Symptoms may include flashbacks, nightmares and severe anxiety, as well as uncontrollable thought about the event.
- This research seeks to address the impact of post-traumatic stress disorder (PTSD) on veterans and their families by enhancing treatment outcomes, encouraging treatment participation and completion and decreasing treatment expense by introducing a new treatment for intrusive and hypervigilant symptoms for PTSD.

Hypotheses

(H1) As compared to the pretest and untreated group controls and the EMPR treatment participants treated with the same RTM protocol will show clinically significant post-treatment decreases in PTSD symptom scores.

(H2) ANY reduction in PTSD symptoms after treatment with RTM will persist within the clinically significant range at a follow-up

(H3) There will be statistically significant differences in the pre/post- test fMRI's of the RTM and EMDR treatment control group.

Methods:

- This study will begin in cohorts of 15 participants each, 5 assigned to each study will begin in cohorts of 15 condition. Participants will be randomly and blindly assigned to an EMDR treatment group, a RTM treatment group or a control group.

Treatment follow-ups : 2-6 weeks post treatment

- Recruitments
- Veterans drawn from a local pool awaiting treatment via pre-existing arrangements with local veterans groups who suffer from PTSD will be screened for comorbid axis I or axis II diagnoses using the Mini-international neuropsychiatric interview (M.I.N.I 6.0) or three other specific test evaluating the selected veterans.

Data

Starting in June and ending in August we've collected a lot of data. This data will include the steps that our pilot research study has taken so far. Between Sept of 2001- August 2011 about 13-17% of veterans had used veterans affairs health care. Their was a low motivation to seek mental help for veterans during this time. This event later began a research study for veterans with PTSD. Both warriors and veterans had a high likely chance that they would have PTSD. This was because of all the traumatic memories they had. To know someone had PTSD they might have a lot of traumatic reminders. They may also have a pattern of events that may include :

1. Not interacting as much with others as usual, staying to yourself a lot.
2. Behavior changes
3. They may feel on edge

These symptoms made us wonder how might they be fixed, or what can we do to help. We began looking and we came upon some places that would allow us to find out. So we went out and passed flyers to about 21 places here in Peoria. Which helped us find some veteran volunteers for this research study. Then the study began.

Data Resolution

This study will include the veterans who volunteered that have tested postitive for PTSD and no other mental disorders. We will be using them to see whether or not we can reduce their symptoms by using a non-invasive treatment that deals more with a psychological/mental way of trying to reduce their symptoms of PTSD .

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