



An Empowering Company

Sets 'Gold Standard' in Video eLearning with
ExpertusONE LMS

CASE STUDY

Unique ‘fly-on-the-wall’ production drives learner behavior change, while robust LMS and university-based evaluation focuses refinements and improves outcomes



SECTOR: Business of saving lives

DESCRIPTION:

The company's core aim is about empowering suicide prevention through education.

LEARNER TYPES:

People with suicidal thoughts

CHANGEMAKER:

CEO

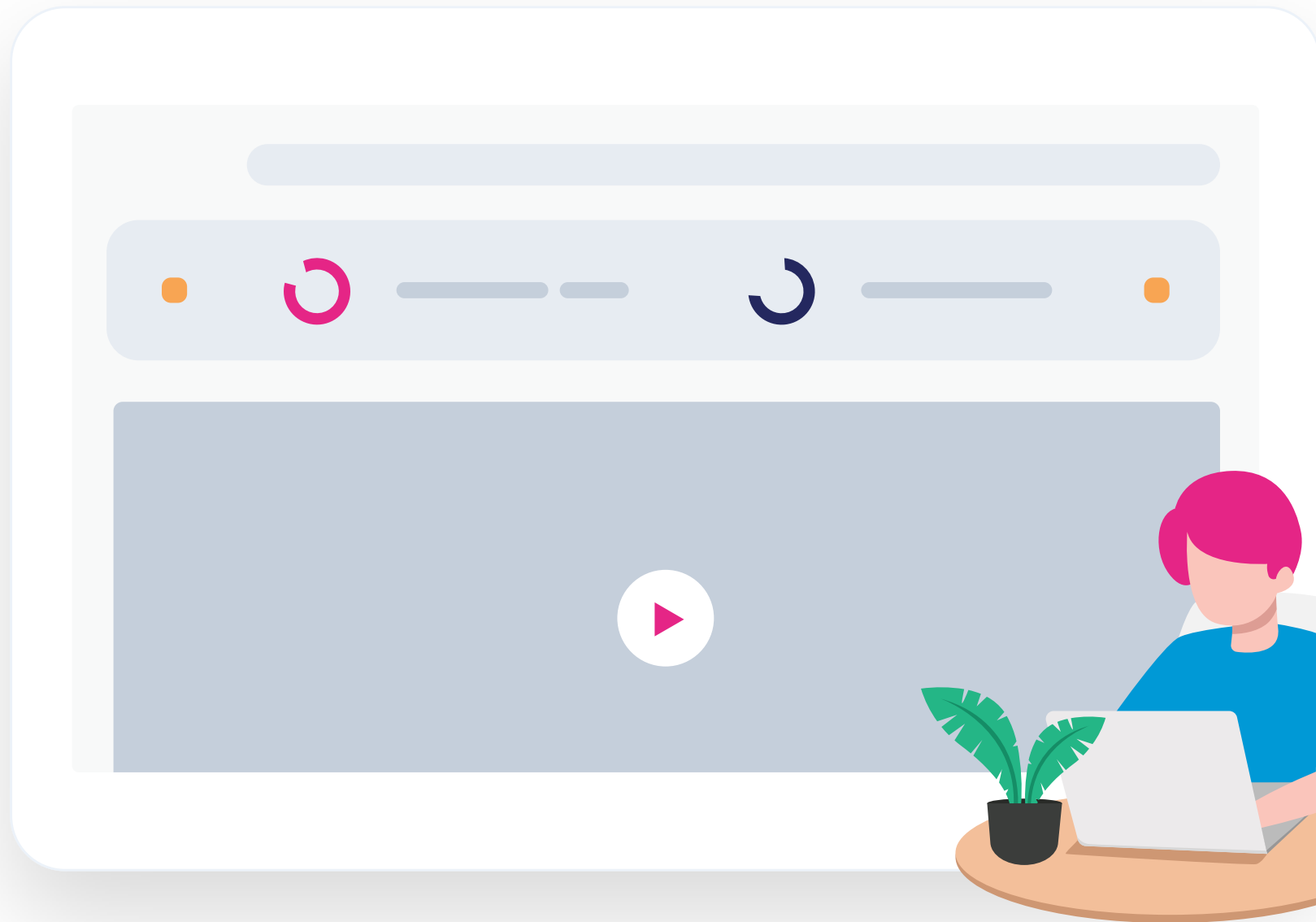
Business of saving lives

Instructional Designer

Business of saving lives

COMPANY OVERVIEW

The company is in the business of saving lives. Developing eLearning that empowers suicide prevention, its video-based programs enable professionals to be more effective, so that people at risk for suicide have better outcomes.

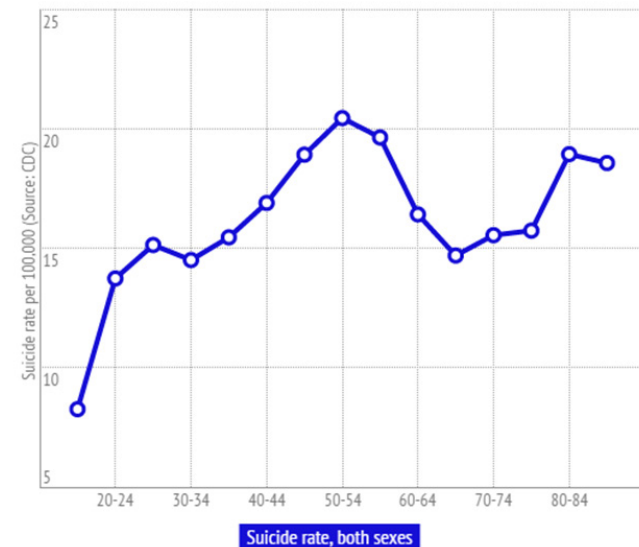


CHALLENGE

U. S. clinicians in behavioral health and substance abuse services regularly treat suicidal people. But most have little or no training in the evidence-based practices (EBPs) shown to improve patient outcomes. The result can be treatment that's at best ineffective, or at worst harmful, by potentially exacerbating suicidality in an at-risk person.

That's likely one of the reasons why there are 2.5 more suicides in America than homicides. And yet, global public health officials recognize suicide as one of the most preventable of deaths.

2013 U.S. Suicide Rate By Age Group



Suicide has been declared a crisis by global public health officials. With rates rising each year across most U.S. populations, it's now the nation's 10th leading cause of death.

In 2012, a task force for the American Association of Suicidology deemed that eLearning was a viable solution for bridging the life-threatening gap in professionals' continuing education for suicide risk assessment, management and treatment (because of its easy access, self-paced design and affordability). However, practitioners face two huge barriers to receiving it:

- There are only a handful of EBPs that are rigorously research-validated for improving outcomes in suicidal people.
- Of these, none are available online.

SOLUTION

Recognizing the serious gap in the proper training of professionals and how eLearning could easily address it, The company's Founder and CEO, a 12-year veteran of the suicidology field with 20+ years of strategic communications experience) decided to bring the best EBPs to practitioners via a video learning format.

“We chose to work with the brightest minds in suicide prevention, and assist in the transfer of science to service – that is, to move their evidence-based interventions from research journals to online videos where they could actually inform those in frontline practice,” the Founder and CEO explained.

The result was their first four-hour eLearning course: “Managing Suicide Risk Collaboratively: The CAMS Framework”.

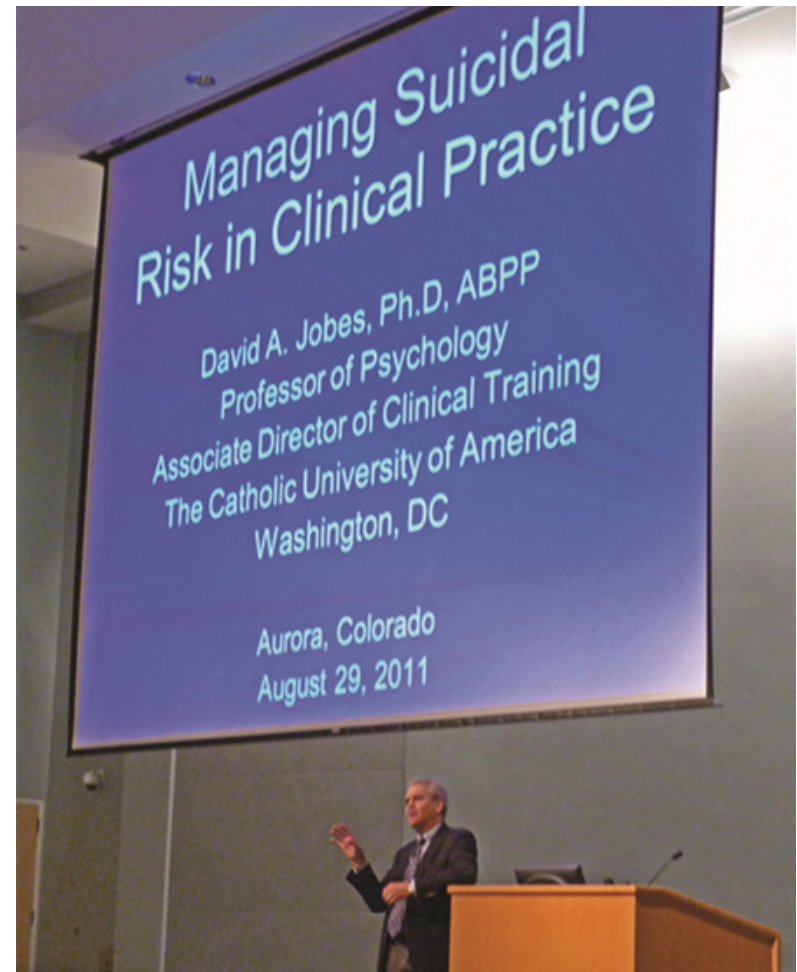
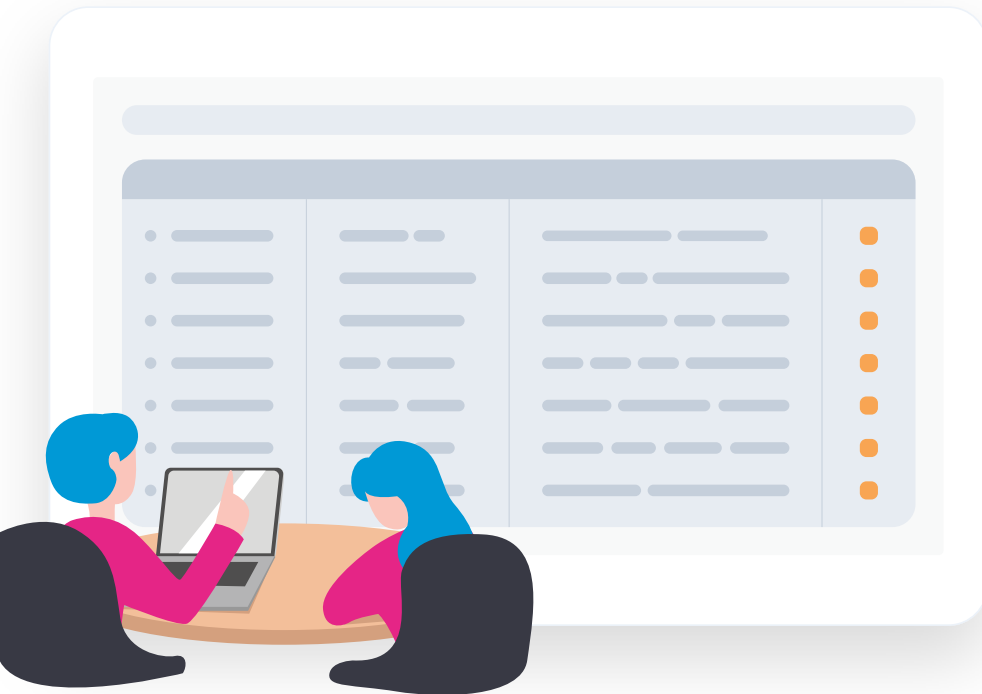
It was built around CAMS – the Collaborative Assessment and Management of Suicidality. CAMS is a suicide-specific clinical intervention that practitioners can apply to effectively assess, treat and manage suicidal patients. It targets social workers, mental health/substance abuse practitioners, marriage and family therapists, psychiatrists, psychologists, case managers and more.

About the CAMS Framework

CAMS is the Collaborative Assessment and Management of Suicidality. Supported by a 25-year evidence base, and globally respected, CAMS was developed by the internationally esteemed suicidologist and clinician/ researcher David A. Jobes, Ph.D.

"Prior to our online course, clinicians wanting to learn the CAMS Framework had to attend in-person didactic training; this was inefficient, limiting and resource-intensive. So we chose to use a video-based format," the Founder and CEO said. "Clinicians today want 'show me' versus 'tell me' training. It's rare that professionals can actually observe a clinician of Dr. Jobes' caliber in session with a suicidal patient... these experiential scenarios are priceless," the Founder and CEO said.

"Seeing is believing. Data and case studies provide good info. But clinicians really need to see what you're talking about," Dr. David Jobes, CAMS' developer, said. "We were excited to do something different because clinicians can connect with video better. And if it's done properly, it should yield better results than live training because of its affective engagement."



A traditional didactic approach to training clinicians in the CAMS Framework wasn't working because it was too resource-intensive. The company's video-based eLearning course, however, has already garnered a lot of attention and use, in part for the efficiencies that eLearning bring to the learner experience.

The Founder and CEO agreed, adding, "Video is the best format for conveying an emotional experience – which, in turn, improves learning engagement and knowledge retention. Another reason that we chose to do a video-based eLearning course is because we had the resources ready to deploy with seasoned SMEs as our talent, plus our team of videographers, instructional designers, graphic designers, branding experts, sound engineers and motion picture editors – most with 25+ years of experience."

The assets required to create this course were not insignificant, but warranted, given the overwhelming need for professionals who treat suicidal people to actually see how a trained, expert clinician effectively engages with patients to mitigate risk – for the clinician, the system where they practice and for the suicidal individual.

Program Goals

Change Clinician Behavior

The primary goal for the company was to change clinician behavior. They wanted to deliver an evidence-based treatment that's been shown to more rapidly resolve suicidality.

"We wanted to move beyond the didactic, lecture-based training that's ineffective at changing clinician behavior, to a more accessible and interactive video forum – one that highly motivates viewers to learn something they can retain and use to improve patient outcomes," the Founder and CEO commented.

Lower Training & Treatment Costs

Their primary goal of changing clinician behavior led to a secondary, but highly significant goal... reducing training and treatment costs for healthcare systems.

- In-person training costs average around \$1,500 per clinician-learner. However, the company's four-hour video eLearning course costs only \$159 per learner.
- Inpatient psychiatric hospitalization for suicidality can average at \$10,000 per patient. Alternatively, treating suicidal patients in an outpatient setting (when possible) with the CAMS Framework (typically 12 weekly sessions) costs around \$3,000 – a \$7,000 savings per patient.

Given that more than 40,000 Americans die by suicide each year, and more than 650,000 receive emergency room treatment for an attempt, employing an evidence-based outpatient treatment such as the CAMS Framework can generate enormous savings for health systems, taxpayers and communities.

Elevate eLearning Production

A final program goal was to raise the bar for the training industry at large by delivering a highly engaging video with exceptional production value.

"The field of suicidology, where life-and-death outcomes are at play, certainly warrants this," the Founder and CEO explained. "And given the other training options available, we were confident our training would heighten clinician engagement and inspire behavior change."

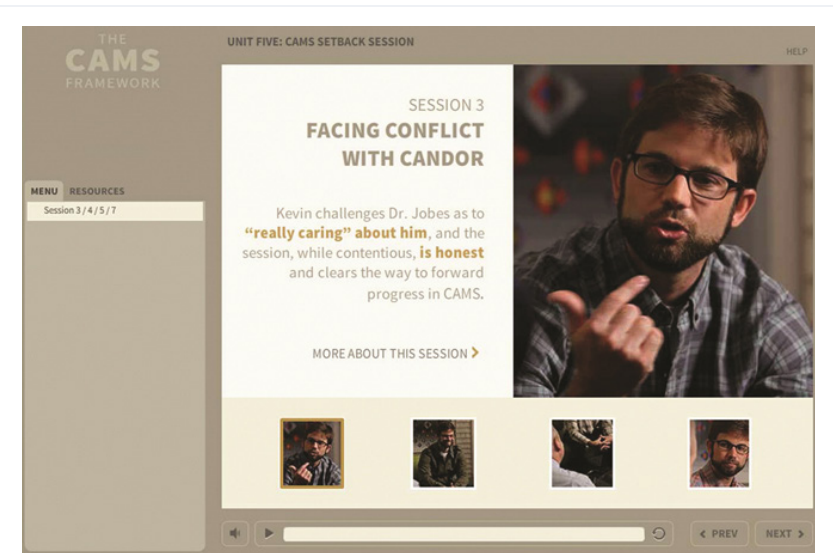
"If you're going to spend the time and money to create video-based eLearning, you might as well do something with the insight, goals and design to make it successful," Dr. Jobes said. "There's a lot of bad training out there. So we wanted to make something of quality and substance."

Program Design

Unique Real-life Production: Creating a Compelling 'Fly on the Wall' Experience

The company wanted to produce its video-based eLearning as realistic as possible to garner a genuine emotional connection, response and understanding from learners.

"We've heard time and again from clinician-learners that they rarely get to see an expert clinician in session with a suicidal patient," the Founder and CEO explained. "So we decided to present Dr. Jobes and a 'patient' (who was actually his former graduate student, now university professor Stephen O'Connor, Ph.D.) in a real-life clinical situation with multiple camera angles and cuts to give viewers a true 'fly on the wall' experience."



SME Stephen O'Connor, Ph.D. played the role of a suicidal patient in the Empathos CAMS training. Dr. O'Connor used his experience with suicidal patients to deliver a compelling, on-camera performance that was unscripted and realistic.

Before shooting, the company invested significant resources into the Instructional Design of the eLearning program. They ultimately divided it into six units and made it heavily video-based so learners would be more engaged and informed (in ways that words on a slide simply can't match).

In addition to presenting real-life scenarios between a provider and patient, the company supplemented these videos with interactive activities and exercises to test knowledge gain. Again, to:

- Keep the learning audience's interest
- Help them retain their newfound knowledge and skills
- Inspire behavior change – i.e. actually implement the CAMS Framework

EXPLORE



KEY IDEA



EXPERT INSIGHT



RESOURCES



ACTIVITY



The company's Sr. Director of Branding created an original template and graphics for the video training, including these icons to call out noteworthy content to learners.

Unscripted Storytelling: Boosting Learning Retention & 'Making It Real'

The company's SMEs insisted that the video training be unscripted.

Having both worked with scores of suicidal patients over their careers, Drs. Jobes and O'Connor were confident in role-playing the scenes – basing their interaction on real-life experiences in clinical settings with patients. In fact, few retakes were necessary because they hit the mark so well. Not only did this save the company's time and money, but it also enabled them to create an unscripted, true-to-life scenario.

Ultimately, they wove together one coherent story of a person dealing with their suicidality over 12 weeks of CAMS in an outpatient setting. The result was similar to a weekly television series, following the patient's progress and setbacks in each episode...

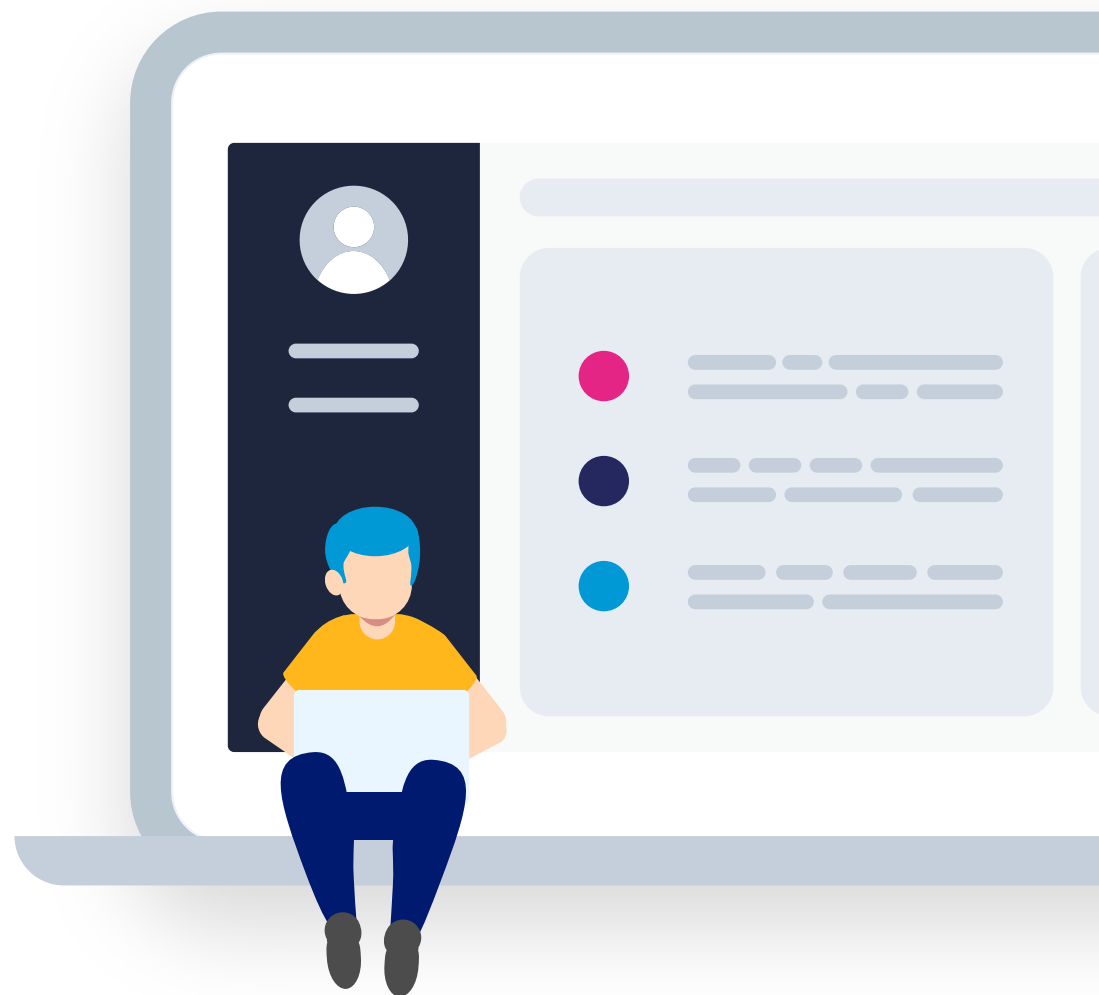
What would happen next?

Would Kevin attempt suicide again?

What would his wife and best friend say?

What would Dr. Jobes do to steer him from death to life?

"We wanted to draw viewers into a realistic story of a highly lethal suicidal patient, and demonstrate on video how to engage and treat the patient with empathy, collaboration and honesty – all within an outpatient setting," the Founder and CEO said.



Scripted eLearning vs. Role-playing

It's important to note that most training in mental health is scripted, which may be why learners don't often connect with it – it appears stiff, unrealistic and rehearsed.

It's also worthy to note that a big reason why the company's unscripted video was a success was that it featured SMEs who had role-played this training (CAMS) to learners before.

"Without the knowledge and extensive experience of both Dr. Jobes and Dr. O'Connor, our video eLearning wouldn't have been as valid, or as valuable. They were the best instructors we could possibly get!" the Founder and CEO noted.

Exceptional Production Value: Creating Empathy

All of the videography was shot in three intensive 10-hour days. The company's goal was to create the highest production value possible, similar to that of a network TV show.

"We needed to teach empathy as the cornerstone of successful treatment. Often, clinicians don't have compassion and understanding for the suicidal desire. So if we only used one camera angle, for example, our role players' reactions, nuances, facial expressions and more wouldn't have been conveyed as well to the learner," the Founder and CEO explained.



Audio Engineers and Sound Designers Zak DeVries (left) and Jared Oliver (center, standing) were vital to the quality production of the video-based training. Joining them are Videographers Peter Hernandez (right) and Mike Croatt (center, seated).

“Some training videos look like they were shot with a security camera. There’s no intimacy, no close-ups, they’re poorly lit and use straight shots that don’t draw viewers in,” Dr. Jobes commented. “In fact, one training we viewed actually had subtitles because the sound engineering was so poor! Talk about undermining the value of that video – the voices’ inflection, tone and influence were lost. Thus, we were inspired to not repeat the same mistakes.”

That’s why the company’s spent so much time planning the video’s logistics: selecting sites and sets, testing camera shots and angles and exploring the right lighting. The result was a new level of quality, detail and nuance for training videos.

“You can see the faces of our role players so clearly, you can truly read their emotions,” the Founder and CEO remarked.

Sound design and audio engineering were also top of mind during planning and production. The company commissioned an original soundtrack and used the best audio engineering tools/ techniques to ensure a clear, crisp audio track with minimal background noise.



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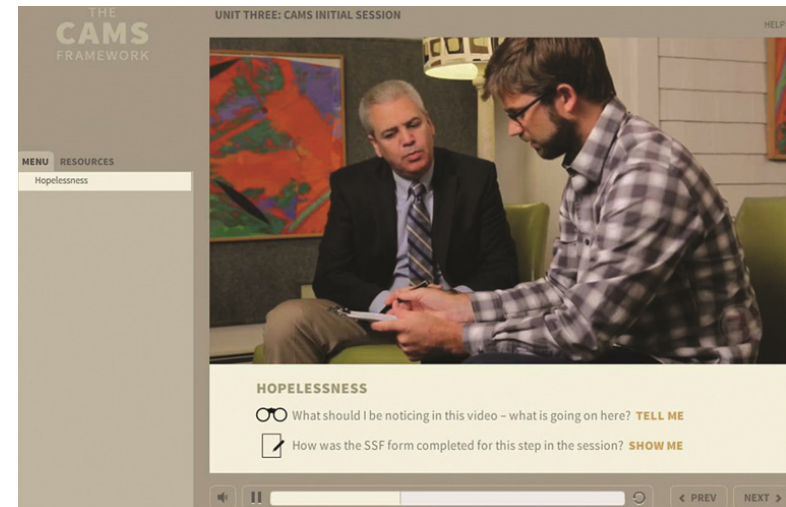
The company used Final Cut Pro to further enhance and optimize the audio before overlaying and syncing it with the video. They also employed a resource-intensive editing process (splicing together different camera angles, scenes and B-roll) to create a cohesive, compelling storyline with a television-quality look and feel.

"There's a shot where the patient credits his wife for motivating him to seek help. One of our cameras filmed him fiddling with his wedding ring during this scene, and our editor cut right to it when he mentions his wife. That's good storytelling. The editor splices together shots that reinforce the story that's being told. So the viewer actually feels the angst and agony of the patient. And that doesn't usually happen in Instructional Design, at least in our industry," the Founder and CEO remarked.

Engagement Activities: Keeping Viewers' Attention & Participation

In addition to their compelling, high-quality video and audio, the company developed an overarching Instructional Design strategy to reinforce message clarity.

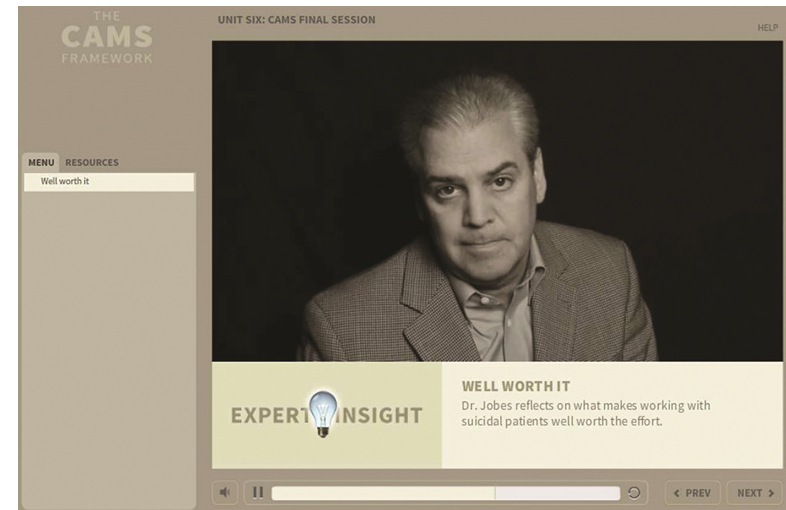
The result was editing 30 hours of video into 30 second to three minute segments, each tied to a CAMS clinical concept. And this bite-sized video approach allowed the company to also add activities that: 1. tested knowledge gain, and 2. bolstered learner engagement.



Accompanying each in-session video clip is a footer with "TELL ME" and "SHOW ME" links to slide-outs with more information.

“Everyone learns differently. Some people want to read what they’re going to learn first, then watch it. Others like to dive right into the video and read supporting text later. So we created a flexible design that allows viewers to pick their own learning path, while still getting all of the relevant and required content,” the Founder and CEO explained.

The next step was to use black and white videography for Dr. Jobes' direct to camera commentary – to set it apart from the full color role-playing scenes. This artistic treatment made these “Expert Insight” commentaries, where the SME addresses the learner personally to further explain and reinforce the CAMS Framework, stand apart from the rest.



To set apart videos of SME Dr. Jobes offering his “Expert Insight” to learners, they were presented in black and white. This is in contrast to video clips of the patient and practitioner in the clinical setting, which were presented in color.

The project's Instructional Designer, explained saying, "Some concepts in CAMS are tricky to understand, so we needed to reinforce them. Our solution was to add a subtle entertainment factor that kept viewers engaged by seeing what's next and kept them progressing through the course."

This strategy also helped viewers apply what they were learning.

"We were able to say, 'Look at these clips and explain what you're seeing' to ensure they retained and applied the right concepts," Instructional Designer continued. "By mixing up their learning delivery, the course doesn't get boring. It continually gives learners something to do and helps them actually retain and use the CAMS strategies in their workplace - which was our ultimate goal."



Sr. Director of Branding (left) scripts and directs SME Dr. Jobes as they record a compelling opening to the eLearning course. Video and audio were used creatively, including: sessions in a real clinical setting, b/w footage of the SME directly addressing the learner and out-of-focus duotone footage to convey the precariousness and uncertainty of treating suicidal people.

Program Delivery

After reviewing several of the top learning management systems (LMSs), the company's chose ExpertusONE to run their video eLearning program for these four reasons:

- 1. Easy to Use and Access User Interface** – "Usability was key because our learners don't have time to take training on how to use an LMS. So we selected the ExpertusONE LMS since it has the best, most intuitive UI... where our learners can quickly locate, register for and consume their training, as well as take assessments and collaborate with peers via its robust social features," the Founder and CEO explained.

ExpertusONE also has a native mobile app that allows the company's learners to view video training from their phone or tablet, whether they're on- or offline. So it makes learning on-the-go (something that's important to clinician-learners) incredibly easy.

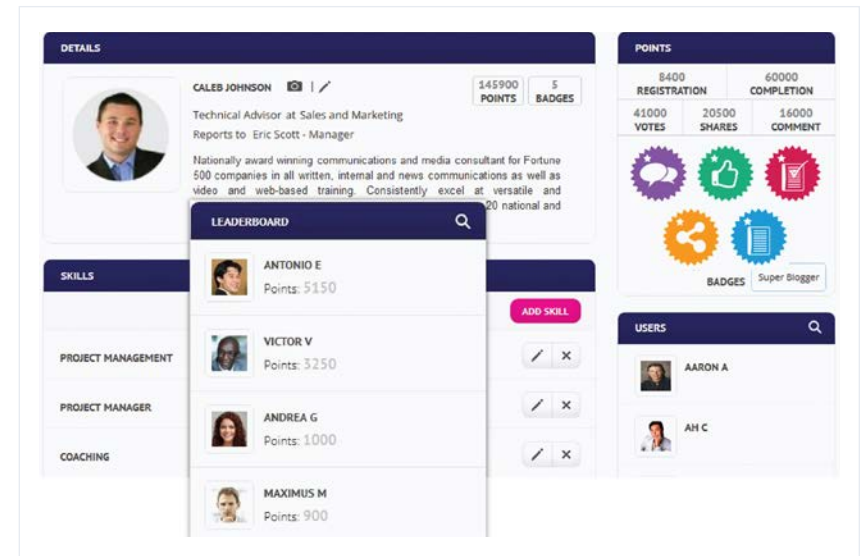


- 2. Excellent Scalability and Global Reach** – “The course is currently being used in seven U.S. states and two Canadian provinces. We’re also getting inquiries from Europe, Australia, Asia Pacific and South America. This rapid growth requires multiple languages and scalability. So a cloud LMS enables us to quickly and easily extend the program’s reach, as well as update course content and release new programs,” the Founder and CEO remarked.

Additionally, ExpertusONE has a Group-based architecture that automatically updates its interface to the user’s geographic location (i.e. the language, date, time, currency, etc.) – which is perfect for the company’s future national and global audiences.

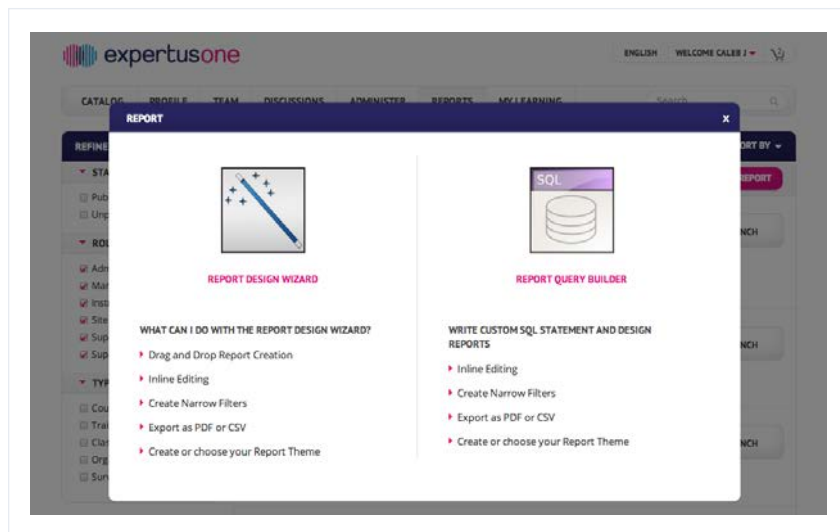
- 3. Video-friendly Functionality** – Modern LMSs such as ExpertusONE were built on and for the cloud. So they’re the ideal host for video formats (similar in design and scope to YouTube).

“Not only does ExpertusONE run videos at high speeds, but it also supports mobile video viewing. So our learners can start their CAMS training on their tablet, move to a PC and then continue watching it on their phone seamlessly,” the Founder and CEO said.



4. Exceptional Reporting – ExpertusONE has multiple ways to measure video content success, including: built-in assessments and surveys, learning plans that can bundle content and advanced reporting tools that track usage and test results.

“Because Dr. Jobes is so focused on research that substantiates his work, we saw value in that, too. We can offer a course to train clinicians. But whether they change their behavior and change their patients' lives for the better (i.e. save more lives), that's a different story,” the Founder and CEO remarked. “Also, government and healthcare system funding to support this kind of training is only available if behavior change can be shown. So it's critical that our eLearning gets results, and that's why we set out to measure this program rigorously.”



About PeopleONE & ExpertusONE

PeopleONE delivers modern, cloud-based LMS technology for developing the modern workforce.

The company's flagship product, ExpertusONE, was built from the ground up to support mobility, integration and enterprise-grade environments – using the simplest possible architecture for streamlined administration and an intuitive learner experience.

The end result is a uniquely modern LMS with unprecedented learning adoption.

Measuring Results

In addition to using ExpertusONE's robust reporting program to measure results, the company's enlisted university-based evaluators to determine if learners integrate the CAMS Framework into their clinical practice.

Pilots were launched in Texas and Oklahoma's public mental health systems in February 2015. ExpertusONE is currently gathering results data and the company's university evaluators will also periodically follow-up with the CAMS-trained clinicians post-training to determine:

- If they're implementing the eLearning in their practice
- If they're doing so with fidelity to the CAMS Framework
- How employing CAMS with at-risk patients is improving their health outcomes

The company will then update their video training program based on these findings. Additionally, they will gather feedback from learners' managers, clinical supervisors and those overseeing their training contracts (such as administrators within state Departments of Health) to determine their preferred LMS reporting insights, and then deliver customized reports to them.

“It took a lot of work and planning to get to this point,” the Founder and CEO said. “But one thing that made it easier was that our LMS provider, PeopleONE, actually worked with our university evaluators to develop reporting that’s best suited to our needs and end goals. So we’re all really excited about the capabilities of our LMS’ reporting.”



Program Results

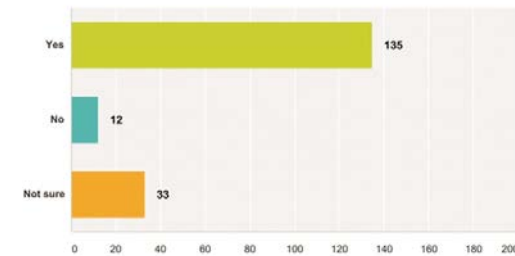
Immediate Benefits & Outcomes

Since launching the program in early 2015, the company has contracted with seven state programs and healthcare facilities in two Canadian provinces. Learner feedback has also been very positive and speaks to the transformative impact that this asynchronous training is having in behavioral healthcare systems.

"Our primary goal was to change clinician behavior so they deliver CAMS as an evidence-based treatment to suicidal patients, thereby: avoiding the need for psychiatric inpatient hospitalization (and its associated high costs) and resolving patient suicidality faster than other interventions," the Founder and CEO commented. "So far, post-training data shows that 77% of learners do plan to make changes to their clinical approach."

Q17 Now that you've completed this training, do you plan to make any changes in your clinical approach with suicidal patients?

Answered: 180 Skipped: 8



Answer Choices	Responses
Yes	75.00% 135
No	6.67% 12
Not sure	18.33% 33
Total	180

ExpertusONE post-training survey shows that 77% of clinician-learners plan to change their treatment thanks to the CAMS eLearning course.

As a result of clinicians changing their behavior by adopting CAMS, more healthcare systems will be able to offer outpatient suicide prevention treatment versus inpatient psychiatric hospitalization. And the economic impact is huge...

CAMS Economic Impact	YTD 2015	(Projected) FY 2015	(Projected) FY 2016
Online training of clinical staff vs. in-person didactic training	\$1.92mm	\$7.5mm	\$11.25mm
Outpatient treatment vs. inpatient psychiatric hospitalization	\$17.9mm	\$71.6mm	\$107.5mm
Risk mitigation that avoids tort litigation against systems clinicians should a suicide occur	\$3.5mm	\$10mm	\$15mm
Annual Economic Impact Total	\$23.32mm	\$89.1mm	\$133.75mm
Two-year Economic Impact Grand Total			\$246.05mm

1. For 1,280 clinician-learners as of 4/17/15 at \$1,500 savings per learner
2. Each clinician averages two suicidal patients each month; cost savings per patient for outpatient treatment (12 sessions at \$250/session = \$3,000) versus inpatient hospitalization (\$10,000 per average stay) is \$7,000 per patient x 3,849 patients = \$17.92mm

Return on Investment

1. Given the need for evidence-based treatment of suicidal people, and considering the number of Americans who each year attempt (>650,000) and die (>40,000) by suicide, the company's budget of \$500,000 for this CAMS Framework training was appropriate and warranted.
2. The investment was also impactful for the organization's profitability and sustainability, and for driving the development of more trainings in the suicide prevention arena.
3. Further impact is being achieved within national healthcare systems, with a focus on global training usage in 2016.

The company also (as discussed earlier) plans to use a combination of LMS-based analytics and face-to-face post-training evaluations to further track, measure and improve their program's effectiveness in:

- Changing and retaining clinician behavior
- Continuing to practice CAMS with fidelity to the framework
- Improving outcomes in suicidal patients by resolving their suicidality more rapidly

Four Key Lessons Learned

- Pay now or pay more later. They chose to pay now for a high-quality video production (i.e. higher learning adoption) and for a modern, cloud LMS (i.e. lower training admin/support) to eliminate costly issues down the road.
- Be realistic about the resources needed to produce a quality video course that meets learner needs. "Cheaping it out" on the front-end only leads to issues that can compromise your company's reputation and negatively impact your long-term revenue and profitability.
- Seek out seasoned directors, producers, videographers, writers, editors and sound engineers. Quality, top-notch services demand a certain price point. Be skeptical of vendors who price their services too low and watch for "gotcha" add-ons that could drive up final costs.
- Audio and sound engineering is a MUST! There are no second passes at getting your SMEs together, staging them on set and amassing their support services – wardrobe, makeup, videographers, lighting, etc. So if you mess up the sound, you've wasted your time and money.

Next Steps

The suicide prevention company is currently rolling out their eLearning program nationwide, and globally in 2016. They plan to expand the CAMS training from a four- to six-hour course for advanced practitioners, and adapt CAMS to professionals in other workplaces that deal with suicidal individuals, such as juvenile justice, school and military settings.

Beyond this... the company also look forward to working with other SMEs to extend their best practices from in-person training to the eLearning market.

"We aspire to be the 'gold standard' for suicide prevention training. We've set the bar high, and this first program in the CAMS Framework has proved to be an excellent start... a full realization of our goals and capacity to fulfill on our brand promise," the Founder and CEO concluded.



GET IN TOUCH

By phone: 877-827-8160

Over email: info@expertusone.com

Snail mail to Headquarters:

PeopleONE Inc.

2350 Mission College Blvd
Santa Clara, CA 95054, USA.

