Michelle Ockers:
Hi, this is Michelle Ockers. Welcome to another fantastic episode of Learning Uncut. Before we kick off, I'd like to acknowledge the traditional custodians of country throughout Australia and their connection to land, sea and community. And today I'm sitting on the lands of the Gadigal people. I'm traveling, so I'd like to acknowledge the peoples of this land today in particular. And I'd like to welcome our wonderful co-host, Michelle Parry-Slater. Hi, Michelle.

Michelle Parry-Slater:
Hi, Michelle. It's lovely that you're traveling. I'm at home today, so I'm on the Kombumerri people's land, and I'd like to acknowledge country here as well. Thank you.

Michelle Ockers:
So today I'm very excited to have two wonderful guests joining us from Australia Red Cross Lifeblood to talk to us about a virtual tour of a blood processing centre. Welcome to Liz Seskus. Hi, Liz.

Liz Seskus:
Hi, Michelle. Thanks for having me.

Michelle Ockers:
It's an absolute pleasure. And Kate Schulze. Hi, Kate.

Kate Schulze:
Hello, Michelle.

Michelle Ockers:
I'll ask Liz, I'll ask you to introduce Australia Red Cross Lifeblood and to do a bit of a setup for us around your role in particular with the virtual tour project that we're going to talk about today.

Liz Seskus:
Sure. So Lifeblood is funded by Australian governments to provide life-giving blood plasma transplantation and biological products for world-leading health outcomes. So probably the most visible part of what we do is our donor centres. So we have about 79 permanent donor centres across Australia and a number of mobile and pop-up sites as well. What a lot of people don't necessarily realise is that then there's a number of steps that each donation has to go through before it goes out to patients. That work happens in the four processing centres that we have in Sydney, Melbourne, Perth and Brisbane. So there's a number of tests that are conducted to make sure that the donations are safe. And the other thing that happens is that each blood donation will be broken down into three different components, which are red cells, plasma and platelets. And that means that each blood donation can actually

save up to three lives. And so that's just a small part of what we do. There's a whole range of different things that we do including providing a range of transfusion courses to help healthcare professionals such as doctors, nurses and scientists. And those courses help meet Australia's demand for blood products by reducing waste and making sure that the products are used appropriately.

Michelle Ockers:
I was fortunate to get a behind the scenes tour of one of your processing centres at Alexandria in Sydney yesterday, Liz. Very technical work, very well controlled. I was very impressed with the standards there and assured that should I ever need blood, I'm in good hands with the product from Lifeblood. And what was your role with the virtual tour project, Liz?

Liz Seskus:
So my role at Lifeblood is a senior learning designer. And on this project, Kate was really the lead designer on the project. On this project, I was acting a bit more as a sounding board advisor, just helping make sure everything stayed on track and that we got the best result possible.

Michelle Ockers:
Great. Thanks for that. And Kate, that's a good point, I think, to come into your part of the world and introduce yourself and your role on this initiative.

Kate Schulze:
Yes, so I'm a Senior Learning Designer at Lifeblood and I have an existing relationship with the particular subject matter expert that we were engaging with. So she had an idea and I had to try and bring it to life. She was an excellent subject matter expert to work with and the team was really quite small. There were two experts And then there was Liz and I, and that was really good because we were able to make decisions. We both had sounding boards, so we had the support that we needed, but we also had the agility to actually make decisions. So Liz was really there whenever I got stuck or was unsure what is the way forward? How are we going to get through this barrier? Liz would find a way and trigger that next idea and then I could get off running again.

Michelle Ockers:
Yeah, so Kate, it's really nice the idea of a couple of technical experts working with a couple of learning experts to create something that's going to meet a need. And I believe your role, Kate, is externally facing. So the people you generate and create learning for and support with learning products are people outside of the workforce for Lifeblood. Have I understood that correctly?

Kate Schulze:
Yes, so roles change, but yes, at that time, I was really focused on meeting the needs of the nurses and the scientists and the haematologists that actually are using the product. So for that, that's a separate LMS. They can log in, they can do these courses that support them in their own individual workplaces, which is much more efficient to do it that way than have each hospital create their own transfusion learning program. So to have them come to us.

Learning Uncut

Michelle Ockers:
So thanks, Kate, for giving us some insight to some of who this external audience is that you're supporting. And I understand they're end users of the products, the amazing life giving products that Lifeblood creates. We want to pick up on the haematologists a little bit further and understand a little bit more about them, because the virtual tour was created for the haematologists. Liz, I believe you're going to let us know a bit more about who they are, what they do and where this initiative fits into their education and understanding.

Liz Seskus:
Yeah, sure. So essentially doctors who are training to become haematology specialists do a really structured course through the Royal College of Pathologists of Australasia. And it includes a range of elements, formal exams, etc. And what Lifeblood does as part of that is we provide clinical placements for a small number of the hematology registrars. The other ones who aren't placed with us have the option to attend, or I should say, had the option to attend half-day onsite tours, either in Melbourne, Sydney, or Brisbane, to get the knowledge that they needed. But that wasn't practical for all of the registrars, depending on where they're living. There's obviously then the cost of doing the tour. So, you know, we need to take someone out of their role to walk people through the processing centre. And they can also only happen during quiet times because otherwise you think it's a bit disruptive bringing a number of people into the working centre. So what that means is that often when we, when the haematology registrars were doing the tours, they can't necessarily see all of the different processes in action and they're not all happening at the same time anyway. So the goal really was to come up with another alternative to make sure that the registrars all had access to the same level of information and that it was something that they could do whenever they needed to so they can dip in and out of it. You know, they have the convenience of getting the information whenever they need it rather than just doing the one-off tour.

Michelle Ockers:
It sounds like there's a really good opportunity in switching to the virtual tour to ensure that you're passing on the right information. There's an element of kind of hit and miss in the in-person tours, I would imagine. How did you go about understanding what this group of people needed with the familiarization from the virtual tour and what might work for them?

Liz Seskus:
Well, I think we were really lucky in that when the SMEs first approached us, they already were really keen on using a co-design approach. So we involved that learner feedback right from the start. And Kate, maybe you want to talk a little bit about just the very early testing that we did with, I guess, we just quite quickly got up a quick and dirty version of it so that we could get it out there and start to get some feedback to see what would work and what wouldn't.

Kate Schulze:
Yes, because we'd never done a project of this type with this cohort. There are a lot of unknowns. So we put together an early prototype of just one of the testing labs.

And we put together, as people looked around the room, they could click on a multiple choice question, they could open a video, they could have a soundbite, they had lots of labels of the machines. And we tested this prototype with the hematology registrars and they said, it's too much, we don't need all of this. Just give us the words, give us a bit of a picture of what it is, we'll do the rest. So we really simplified it a lot. We didn't need all the bells and whistles. And that first round of testing, gave us really strong direction of where we needed to go. We suddenly knew what format would work and so then we could concentrate on what content needed to be provided.

Michelle Parry-Slater:
Kate, thanks for the explanation of the pilot there, that testing. It's the bit that's missed for a lot of people. So it's really good to hear that you did that and it helped you to make the complex more simple and the opportunity for you to then build on that and co-create in a further way. I'm curious to know, what does it look like now? What's that virtual tour, the look and the feel for the learner? Do you want to walk us through what would they see from their sort of point of view now that you've made that complexity more simple?

Kate Schulze:
It does, it looks lovely and simple. You walk in, you open the page, you've got a lovely smiling beaming face that welcomes you and you've got a map in the background which kind of has an overview of what that process is. You know you're starting at the donor center and eventually you move through to the processing and distribution. With that map, you can go and click into the various points and that opens up into a 3D room, an image of that room where you can click and drag and have a look around yourself. You've got a good sense of space. When you're in that room, there'll be maybe about six markers that you click on and that will open up a little page that has a gif image which shows video of what that machine does and then underneath that is a paragraph or maybe two paragraphs of explanation about some of the details that they might need to know. So it's very simple, very responsive. They can have the satisfaction of that tick appearing once they've completed that section. They know what they've done, what they haven't done. Yeah, so there's about eight virtual rooms, and like I said, about six labels within each section. And I guess the main difference is the very first nudge, the welcome screen. We've actually put that virtual experience outside the donor center. And all we're doing at that point of the process is we're saying, we've got a website that you should look at and we need lots of donors. Now that doesn't have a lot of content in it, but what we're actually trying to achieve is that the user can just get a sense of how the tool is going to work. So that's where they're really concentrating on how they'll navigate through how they'll click and drag to see the 3D experience, how they'll click on the markers, and how they'll understand the system status. So very light on the content initially, but we think it's very engaging and it really sets them up for success.

Michelle Parry-Slater:
It's wonderful that you've sort of followed those principles, keep it simple, invite them in, model the behaviour that you're going to be able to see. What technology choices have you sort of made for this? You know, you've talked there about 360, we've got

a hint of it, but talk us through what choices did you make? What did you scale back? What did you avoid? Why did you make the choices that you've made with the actual technology?

Kate Schulze:
I guess a lot of the choices were around budget. Like any project, there are going to be constraints. We already owned a 3D camera, so that was on hand. We already had the tools. We could build it in Articulate Storyline. Often the learning design is bread and butter as a tool. The other reason we use that tool rather than go down the route of a video or something along that line was because this is going to be really easy to adapt if there's any changes in the content. If we've got a different machine, that's really easy to slot in that without having to organise another film crew to go out and, you know, edit the whole video. So it's really robust when it comes to keeping it current for the foreseeable time.

Michelle Parry-Slater:
It's wonderful that you've given us the opportunity there to share those, that tool with our listeners. So thank you for that. So look out for that, listeners in the show notes, if you want to have a look at what Kate's describing and see how accurate that description is, I guess, Liz, did I interrupt you then? Were you going to add something?

Liz Seskus:
Oh, sorry. I was just going to say, I guess one of the other decisions that we made and one of the reasons that I got involved in the project was that probably six months or so before we started on this, we were lucky to get support from our senior leaders to do a bit of experimentation with virtual reality. So we spent about six months doing two different virtual reality pilots. And one of the ones that we did was a blood processing centre tour. And so this one was designed to be one of the fully immersive experience where you put the headset on and then you see a series of actual 3D videos as you go through the processing centre. One of the things that we worked out as part of the pilot was that that was almost too much for people. You know, if they hadn't used virtual reality previously, it took so much time for them to work out how to use it, what they were doing that it really took away from the impact of the tour itself. So by the time we got to starting on this project, we already kind of had that experience and knew that the full VR wasn't the right solution. And even just that the 3D videos potentially weren't the most effective solution either, which helped come to the idea of using those still 360 images.

Michelle Ockers:
I love the fact that you applied this digital curiosity and you didn't go all in on something, that you tested your ideas, you got the feedback and you weren't kind of just subject to the allure of the sexiest technology that you could find, that you balanced out the context and what was really needed and what was going to work for the learner. And for your budget, Kate, I think that's a great point that people need to be aware of. And I think we might circle back to budget. This turned out to be quite cost effective, right Kate?

Kate Schulze:
Oh, absolutely. So to purchase a 3D camera that's well under $1,000, if you can operate a normal camera, you can operate a 3D camera. And then using the existing tool, the existing software that we had, and then when I was estimating how many hours all up with the four of us core members of the project, we calculated it as at about 220 hours. So for a new use of technology, that was just a really cost effective way of doing it.

Michelle Ockers:
And minimizing the disruption in the processing centres as well was a real bonus in terms of the operational impact of this.

Kate Schulze:
Yes, because you see, registrars would fly in from all over the country prior to having access to a virtual tour. So there's the expense for them. And not everybody has that ability to do it. So yeah, cost saving on their behalf, cost saving on the lifeblood staff for the disruption, but a better result because all the machines are working in the virtual tour, whereas if you go on site, it will occur at a quiet time when there's less staff, there's less product being handled. So the other thing is time saving. So you would be allowing at least three hours for an in-person tour, whereas for this tour, you can go through the whole thing in under 30 minutes. And if you want to go back, it's right there. You just log into your computer and you can go and double check, you know, what was that process like? Especially for this audience who are studying for an exam, you know, they might just want to do that spaced repetition learning and become familiar again.

Michelle Ockers:
Yeah, great. Thanks, Kate. So very practical. And you mentioned spaced repetition, which we know is one of those superpower learning science principles. And I could see I had an opportunity to review your AITD award submission. And this, of course, this initiative did win the Australian Institute of Training and Development's Excellence Award for 2025 for best use of gamification or simulation, which is interesting given the way you'd stripped it down and removed a lot of the bells and whistles. But I could see some strong evidence, some mention of different learning science principles that were informing your decisions. Would one of you like to, and I think we've talked a lot about spaced repetition and recall on other Learning Uncut episodes. So perhaps if one of you could talk about something else from learning science that helps support some of your decisions, that would be great to share with the listeners.

Kate Schulze:
Yes, so minimizing cognitive load was a big one.

Michelle Ockers:
Yeah.

Kate Schulze:
Really, really big. So by making the navigation really easy, then they can concentrate on the content by just cutting in on the videos that show from the point of view of the

person using the tool so that they have an instant immersive experience as if they are there using the tool, they're putting that bag on that machine which is then getting pressed by that button. And the haematologists, they are, I mean, they're just switched on people. They don't want to be held back by listening to audio. They want to go at their pace. They want to text on the page. They can skim read. They can go back. The GIF, rather than a still video, tells its own story. Yeah, we were very cognisant of what that learning experience was going to be like. So it will look very simple if you go in there, but there's a lot of science and thinking that goes on behind that.

Michelle Ockers:
Yeah, the simplest things have often, if they're effective, which this is, they often take a lot more thought and empathy to get it right, Kate. So I think you've done a great job with that. You talked about the haematologists who are registrars, so they're still studying, how busy they are, and they just want to come in and do it at their own pace, and text is good enough. Initially, you gave them more than that. So I'd love to share the listeners, the process you use to use a test the whole pilot and how it was that you learned through that process, what was really needed. So if you just talk us through how the user testing work, that would be fabulous.

Kate Schulze:
Oh, yes, I'd love to do that. Because often when we're on projects, you get given such tight deadlines that you just, something's got to give. On this one, there was a six month lead in. So even though we couldn't spend heaps of time on it, we did have that ability to jump in there. So the first thing was to do the pilot prototype and we got the feedback about what was good and what was bad. So then we adjusted it again and we were feeling really confident. We took that out to the haematologist registrars again and we got them to video themselves doing the tour. So you know just sharing their screen and recording their screen and asking them to just say their thoughts out loud as they were going through. Now, this was really helpful for us because we knew what success looked like, but they didn't necessarily. So as they went through, they were saying, oh, this is good, yep, I like this. And they would be clicking. We could see where their mouse was going on the screen. And while most people did manage to go through, we actually found one person didn't realise that they had to click and drag to see all the markers in the room. So they had gone through the experience. They were confident that they'd succeeded in everything, but they hadn't seen everything. So just having that second round of testing and observing what the learner was actually doing, that was so key to getting to the next stage of really being able to tweak the content, tweak exactly where the helpful instructions were. And just another thing about the design that just reminds me, one of the things we were really careful to do was not give instructions at the start. We were so minimalist with instructions because as soon as you provide extensive instructions on what they're going to experience, what they're going to do, how it's going to work, they immediately think it's complex. And part of them thinks, this is going to be hard, I'm switching off. Whereas if they've got that empowerment that this is going to be easy, this is going to help me navigate through, then they've got that confidence and they can go in. The other thing that we've done, so now that the course is live, is we've got opportunity for feedback so that we can review that every six months, 12 months. So yeah, we've tested directly with the people that are using

it. We haven't had to rely on subject matter experts thinking that they know how it will work in real life for our actual learners.

Michelle Ockers:
And I think you've made it easy for people to give you their feedback. You haven't required they type up separate comments. They're just talking you through what they're doing, which also allows you to get into their thinking process, which is hard to do if all you're doing is observing, right? So I think it's a really elegant way of capturing not only what people are doing, with the learning, but why they're making certain choices and how they're figuring out where to go next in a very streamlined navigation experience. So, I thought that was really worth pulling out and giving to our listeners to think about that kind of approach, getting people to talk through as they're using your learning experience, what it is they're doing and how that's working for them. Thanks for that, Kate.

Kate Schulze:
And the great thing about that type of testing is you don't need a lot of people to get really valuable feedback. So we only took that out to five different people. And when you get the recording back, watch it on double speed, and it's really not terribly taxing on this side of the fence.

Michelle Parry-Slater:
Kate, it's so wonderful how human you've made all of this. And I'd love to hear a little bit more about that because it's digital. A lot of people have the mindset, digital, they won't feel grounded. It won't feel like a human experience. It'll just feel static and they will be bored by it. But that's not what I'm sort of feeling. So how did you build that sense of social presence, that authenticity into the experience so that people didn't feel like they're missing out because they've not been to the real place?

Kate Schulze:
Well, we knew that we wanted to do that, but it did take us a few goes to actually achieve that. So I always knew that I wanted what I consider an agent on that welcome screen. So initially I thought we had to be bound by the brand design of our faceless people illustrations that we've got as part of our Lifeblood brand but that evolved into having a picture of a person and I thought that had to be one of the directors in Lifeblood but I then actually found an image of a very smiling happy picture of a person in a lab coat massive broad smile absolutely representative of the person that they would be experiencing on the tour. So that was front and center as they're immediately on landing they've got a big smiling face greeting them. When you're going into the processing rooms, those eight different rooms, initially the photos had no people in them because we weren't quite sure how would a 3D photo work if you've got, you know, someone standing in a static space and, you know, potentially it's kind of hard to organise for people to be in the room. But when the room was empty, isure it's easier to take a photo, but you are just lacking the personality of the experience you want to be seeing the people you want to be fit you want to feel like you're right in there amongst the busyness of that tour.

Michelle Parry-Slater:
The care you've taken is just beautiful but I guess going through a process like this you've iterated and iterated so there must have been some challenges can you talk us through the biggest challenge that you encountered during this development and delivery?

Kate Schulze:
I'm going to throw this one over to Liz because she was my sounding board. So she's probably better placed to answer it than I am.

Liz Seskus:
The biggest challenge that we had was just putting it together in a way that made sense. So we essentially had a large amount of information. So it was really almost given to us as kind of just a list of whole bunch of different facts or different, you know, different paragraphs. And then we had a whole bunch of photos, which were the images of the different sections of the processing center and the lab. And the SME did kind of match them up in a certain way, but it didn't quite work with the way that we'd structured the experience. So it was really just around working out how do we put all of these things together in a way that's going to make sense and kind of take them on the journey of the process. So Kate kind of mapped it out in a mirror. So we had, you know, all of the different, so the eight different images that we'd landed on, which just represent the key parts in the process. And then we had all of the different facts and figures and we just literally played around, moved them around to different areas and just did that, I guess, a bit of experimentation to see what would make the most sense. And then we also went to see what can we actually remove to make sure that we're not giving too much information that's not directly relevant, keeping in mind the requirements of what the registrars actually needed to know for the work that they were doing.

Michelle Parry-Slater:
Sounds like quite a lot of iteration, even at that early stage, actually. I'm curious to know then, how have you known that it's worked? These iterations that have come from feedback has been clearly good during the process, but in terms of success, measuring success for the initiative, what feedback or outcomes have surprised you, including any business uses that you've got perhaps for the target audience? Can you talk us through that? Because that's the bit that's missing for so many learning programs. They don't evaluate it. They don't know if it's actually worked, but I feel like you might know the answer to this.

Liz Seskus:
Yeah. And so, I mean, this one was difficult to evaluate because it's part of a much larger program that's outside of Lifeblood's control. So we do absolutely collect the feedback from learners, as Kate mentioned previously. But what really told us that we had something different with this was that spread-through-word-of-mouth throughout the organization. So this is an experience that was released, so it was released on our external LMS, so not where our internal learners usually go to have a look at things. But within a few weeks, we were being approached by people in the organisation that had seen it, they were excited about it, and they wanted to talk about how we might use a similar thing for different purposes. So it was just, I've

never seen such rapid engagement in a learning experience before. So yeah, that was really good to see. So out of that, there are two different use cases that we're working on for the tour. So one is for induction of our new team members. So, you know, similarly giving them a journey through what it looks like to get the blood donation and how it goes through the process steps before it gets out to the patient. And the second one, which is just about to go live, is actually for recruitment. Our talent acquisition team approached us, and they basically said the problem that they were having is that, so if you, and if anyone has a chance to have a look at the tour, it's quite a unique environment, our processing center, so it's not something that many people would have encountered before. So what we found, sometimes we were bringing people in for interviews for roles within the processing centre, and we had quite a high dropout rate of candidates. So once they came in, saw what the job was actually like, saw that it did involve working directly with blood products, people would just drop out and realise that it wasn't the right fit for them. So what we've done is created a pared down version that focuses more so the information you get is different. So it focuses more on what a day in the life of our employees would be like. And we're actually going to be providing a link to that on our job ads so that people can have a look before they even apply, before they come in for an interview. They can see what the working environment would be like and make the decision about whether or not to apply. And so that one we should be able to measure really easily because we'll be able to see that, hopefully that reduction in the number of candidates that drop out at that interview stage or just afterwards.

Michelle Parry-Slater:
What an excellent use of shifting it a little bit in order to get a different business outcome. That's a really great lesson for listeners to pick up on. It sounds such a different sort of project than you'd worked on before. You've talked about all the different elements of co-creation, of working with your experts, of collaboration, of using different sorts of technologies and things like that. But I wonder for you personally, what have you had to kind of embrace or maybe let go of in order for this solution to actually work?

Kate Schulze:
The thing that jumps out at me when you say that is just that feeling of discomfort going, I know that I can be successful. I just don't know how I'm going to be successful. So we really just had to sit with that, not knowing exactly what was going to happen. be confident that we could pull it off. I mean, we're a talented bunch of people, but yeah, it was just that awkwardness of being in that uncomfortable space. Liz, I don't know if you've got anything to add there.

Liz Seskus:
I was, yeah, absolutely. That discomfort. And I think that's, that's what it worked really well with the two of us. So, you know, we weren't just relying on our own abilities to get through it and solve the challenges we had each other to bounce off of. And I think control was another one. So the SMEs in this one were very much involved and very much wanted to be a part of the process, even in so much as, you know, taking some of the 360 images and that type of thing. So we had to, you know, let go and really just embrace that and I guess that comes with the co-design as well,

right? It's just letting go of the control and letting other people help shape the experience with you.

Michelle Ockers:
What's really coming through to me is this level of professional craftsmanship that you've both brought to this initiative. And I think that, you know, between your digital curiosity, your willingness and openness to working with others, the use of your you know, professional knowledge of learning and learning science has given you the stability if you like to set out from the shore, knowing there was a destination you couldn't quite visualise, but you knew you were going to get there and trusted that you would be able to navigate your way there. So kudos on the quality of the work and the way you have worked with others on this initiative. I think it's just outstanding. Michelle, what are your thoughts around that comment?

Michelle Parry-Slater:
100%, there's so much for people to take away from this conversation, not least, you know, don't be afraid to pilot, put yourself out there, get the feedback, that humility that you shine through here that, you know, put a bit of vulnerability. We don't have all the answers, but let's get there together. I absolutely love it. And so many organisations might be tempted to just go with the shiny toy. They would be thinking, well, VR is the answer here. Surely VR is the answer, but you tested it. You proved that wasn't the answer. Go more simple because that's what your audience needs. So very much an example of the right solution for the right people, for the right problem delivered in the right way. I love it, super excited sitting here.

Michelle Ockers:
Yeah. And hopefully our listeners will get it as well. I think it comes through. So speaking of our listeners, I got one closing question for each of you to answer in turn. And it's the same question for both of you. And that's what advice would you give to other learning and development professionals who want to create really effective virtual learning?

Liz Seskus:
Right. I think for me, the first one is just try something, just don't be afraid to try something new, even if it doesn't go anywhere, even if whatever it is you try fails, you will get somewhere else in the end. When I first started with the VR pilot before this, I didn't think we would end up with anything like what we ended up with. in this virtual tour, but we also probably wouldn't have got to the outcome that we did if we hadn't have done all that other stuff beforehand.

Michelle Ockers:
Thanks, Liz. Experimenting to learn is such a great tip. And Kate, what would you say to other L&D professionals?

Kate Schulze:
I would strongly recommend that L&D professionals go and check out the Nielsen Norman Group. They've got 10 usability heuristics. Now, they are very much designed for how people use systems, and they are just really great science-backed

tools that you can just follow. It works. Get to know them. If you're working in that virtual space, they are the people that you should go and check out.

Michelle Ockers:
That's such a good tip, Kate. And I know I came across the Nielsen usability testing guidelines. And I know when you talk about we only tested with five users, that's one of their findings is how many people do you really need to test with to get the bulk of the issues on the table? And it's not masses of people, right?

Kate Schulze:
Yeah.

Michelle Ockers:
We will pop a link to the Nielsen usability heuristics in the show notes for listeners. And I strongly recommend all listeners to go and take a look at the actual tour online using the link in the show notes. And thank you so much to Liz and Kate for making it ok for us to share that with listeners. It's until you actually experience it's hard to truly understand how effective it is and how you've honed it to the point of it being highly usable and fit for purpose and effective. So thank you so much for joining us. We'll also put links to your LinkedIn profiles on the show notes for others who might want to reach out to you to find out a little bit more. Thank you to both of you.

Kate Schulze:
Absolute pleasure.

Michelle Ockers:
And Michelle Parry-Slater, I will see you on the next episode.

Michelle Parry-Slater:
I look forward to it.

About Learning Uncut

Learning Uncut are learning and development consultants that help Learning and Development leaders and their teams become a strategic enabler so that their businesses can thrive. We work in evidence-informed ways to drive tangible outcomes and business impact and are strong believers in the power of collaboration and community. We specialise in helping to build or refresh organisational learning strategy, update their L&D Operating Model, enable skills development, and conduct learning evaluation. We also offer workshops to shift learning mindset and practices for both L&D teams and the broader workforce – as well as speaking at public and internal events.

Learn more about us at our website.