Technology in Teaching

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Our Objectives

- Discuss how these technologies can benefit health professions education teaching in the classroom or clinical environment
- Describe best practices and pitfalls to avoid when integrating technology into teaching
- Identify technologies that support a more active and engaging learning environment
- Integrate appropriate technologies to enhance teaching

Let's Begin With…

- Discuss how these technologies can benefit health professions education teaching in the classroom or clinical environment
- Describe best practices and pitfalls to avoid when integrating technology into teaching

What is educational technology?

"Educational technology is the use of both physical hardware, software, and educational theoretic to facilitate learning and improve performance by creating, using, and managing appropriate technological processes and resources."

Can be:

- Computer based
- Online learning
- Mobile learning (m-learning)

Used for:

- Communication of knowledge
- Development and exchange of ideas
- Education management (e.g. LMS)
- Storage of information
- Assessment

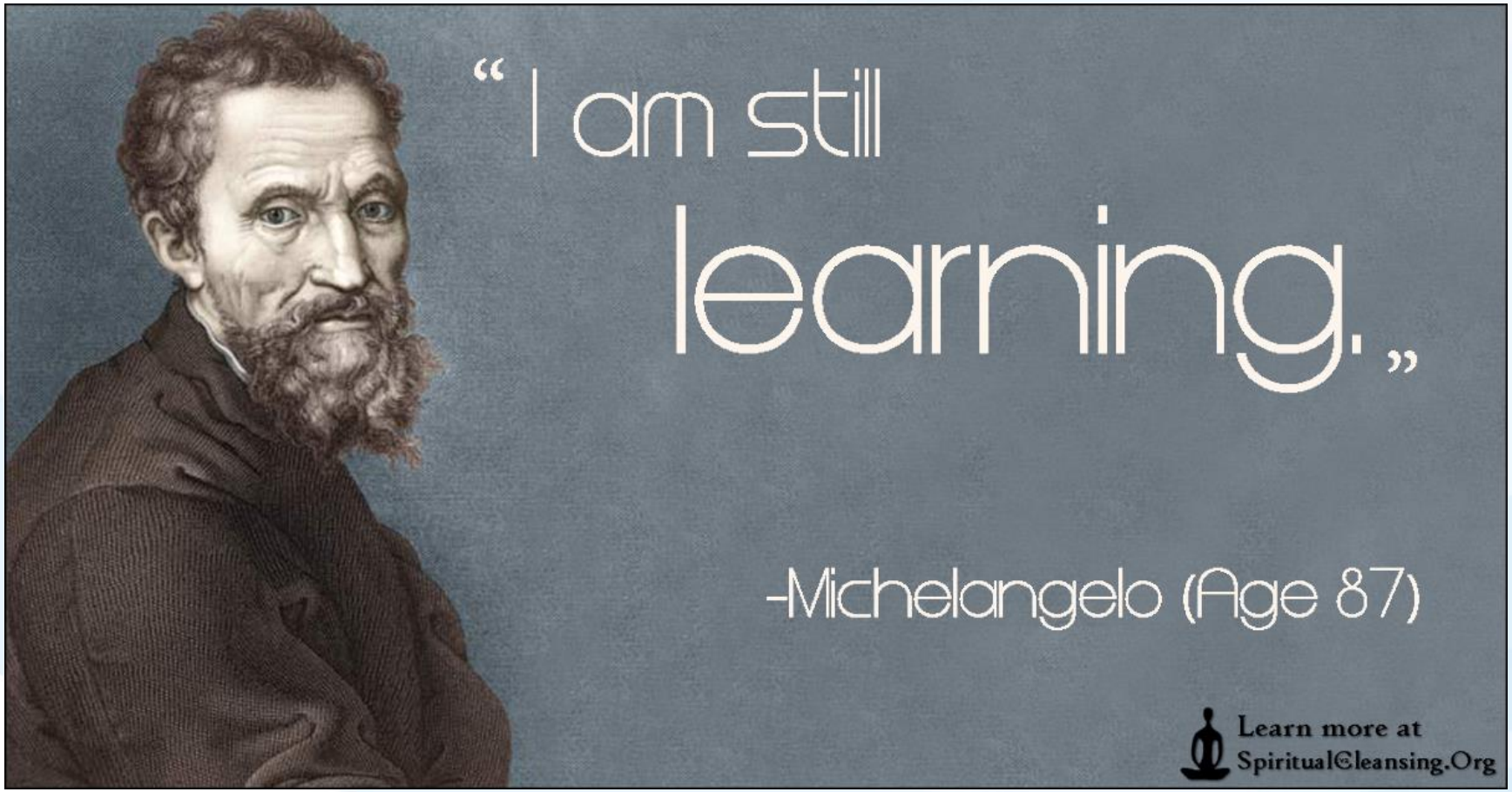
Is it worth the hype?

- Technology won't solve all of our teaching problems
- **However, we can leverage it to our advantage!**
- Teaching technologies can provide the infrastructure and basis for addressing many of the challenges in health professions education
- Provides new means for collaboration, dissemination of information, and/or resources.

How can we make it work for us?

- Support student-centered teaching – increase motivation & interest
- Enhance active participation and learner engagement
- Facilitate knowledge acquisition and retention
- Allow learners to demonstrate application of knowledge
- Assess learning, attitudes, and behaviors
- Leverage the already prevalent use of laptops, tablets and mobile devices
- Provide access to new/different information and alternative viewpoints
- Provide opportunities for feedback and reflection
- Tailor instruction to learner/content
- Provide opportunities for repetition and deliberate practice
- Give learner control of the educational experience

Overall positive impact on learning if used well



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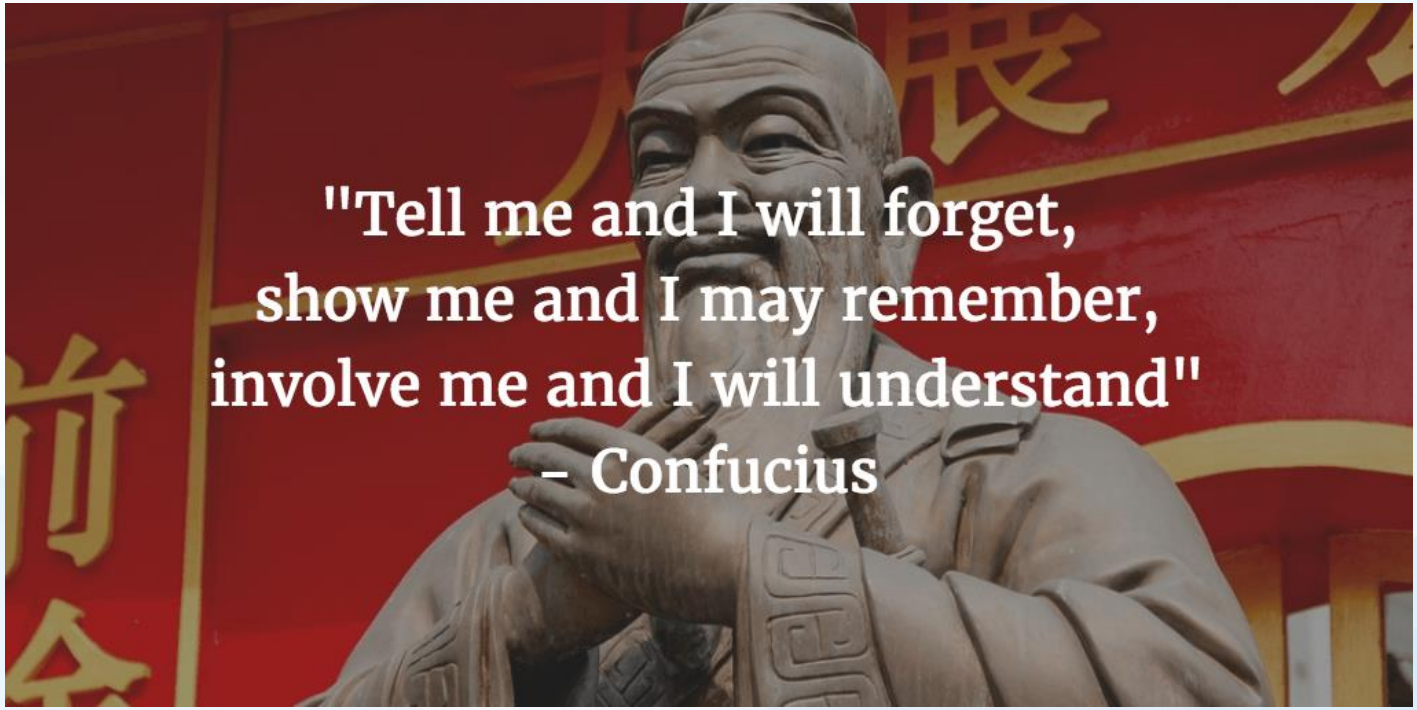
What are some ways to integrate teaching technology?

- Podcasts
- Multimedia resources – videos, images, etc.
- Mobile devices with apps
- Gamification
- Simulation
- Wearable devices (i.e. Google Glass)
- Online quizzes/tests Multimedia resources (movies, images, etc.)
- Social media
- Blogs/Wikis
- PowerPoint
- Webinars


"Tell me and I will forget,
show me and I may remember,
involve me and I will understand"
– Confucius

Gagné's Nine Events of Instruction

1. Stimulate recall of prior learning
2. Inform learners of objectives
3. Gain attention
4. Presenting content
5. Providing learning guidance
6. Elicit performance (practice)
7. Provide feedback
8. Assess performance
9. Enhance retention and transfer to the job

Stimulate Recall

Build on previous aquision of knowledge or skills with:

- Online surveys
- Discussion Boards

Gain Attention

Grab student attention & interest with:

- Videos (YouTube or developed using your own)
- Clickers/Audience Response Systems (ARS)
- Poll Everywhere
- Picture Slideshows (FlickR)
- Discussion Boards

Present content

Provide new content to learners in an organized way (chunk) using a variety of media/methods with:

- Learning Management Systems (LMS)
- Videos
- PowerPoint/Prezi
- Webinars

Provide Guidance

Teach learners **how to learn** with guided activities (instructions, expectations, and timelines) that include opportunities for scaffolding. Do this with:

- ARS/Clickers
- NearPod
- CMaps (Interactive Concept Maps)

Practice & Feedback

Allow students to **demonstrate knowledge and skills** with informal performance assessment that uses **immediate feedback**. Do this with:

- Quizlet
- Kahoot
- ARS/Polling (Poll Everywhere)

"Technology is nothing. What's important is that you have a faith in people, that they're basically good and smart, and if you give them tools, they'll do wonderful things with them."

:- Steve Jobs

Questions to ask before you integrate

- What capabilities do we have available?
- What support do I have?
- What am I comfortable with? What about the learners?
- What is my goal?
- How can I integrate the technology effectively?

Best Practices

- Test before you use (and test again)
- Don't overuse
- Should support learning, not overshadow it
  - Use tech to expand on information or to reinforce it
- Chunk content
- Flip the classroom
- Make it visual appealing
- Go outside comfort zone
- Engage your learners – have them **do** something

Where do we start?

- Research the right technology solutions for your problems
- Learn how to utilize current teaching technologies
- Become aware of available technologies and how they are being used in health professions education (HPE)
- Ask your learners how they would like to see technology in their learning (maximize the use of their devices)
- Begin with supplementing your teaching with **one** technology resource

Pitfalls

*The use of teaching technologies **does not** guarantee effective learning. Inappropriate uses of technology can hinder learning.*

- Don’t waste time on overcomplicated technology (steep learning curve, distracting)
- Ensure that learners have easy access to technology
- Maintain the role of the educator – technology can’t do it all

Wrap-up

- Health professions education is rapidly changing
  - How can organize, present, and disseminate information to our learners is continually evolving
- Teaching technologies can help with the challenges of preparing future healthcare providers
- Use of teaching technology is on the rise and there are several advantages
- We are tasked with using new technologies effectively to transform learning
  - Enhance collaboration
  - Create personalization
  - Empower the learners
- Good teaching is not replaced by technology, but rather enhanced by it.
- Stay informed on how our learners want to receive information – it can inform our teaching technology selections and practices

References

- Guze, P. A. (2015). Using technology to meet the challenges of medical education. *Transactions of the American Clinical and Climatological Association*, *126*, 260.
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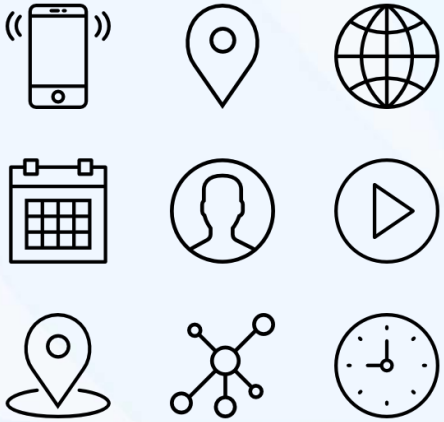
- Roberts, D. H., Newman, L. R., & Schwartzstein, R. M. (2012). Twelve tips for facilitating Millennials' learning. *Medical teacher*, *34*(4), 274-278.
- Ruiz JG, Mintzer MJ, Leipzig RM. The impact of e-learning in medical education. Acad Med 2006; 81(3)207–12.
- Cook DA, Garside S, Levinson AJ, Dupras DM, Montori VM. What do we mean by web-based learning?. Med Educ 2010; 44(8)765–74.

Tools to Enhance Your Teaching



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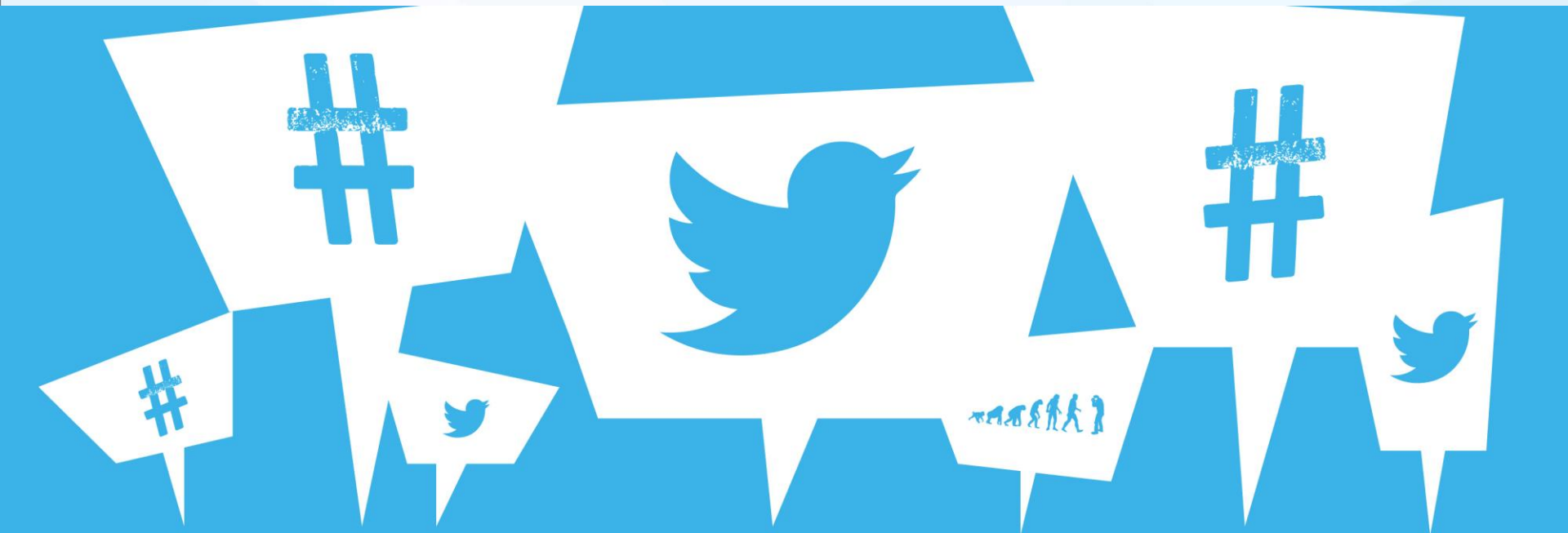

"Twitter is neither the beginning nor the end of social media."

"Twitter is a gateway into a wide array of digital engagement."

"You can use Twitter as a 'Swiss Army Knife' of communication."

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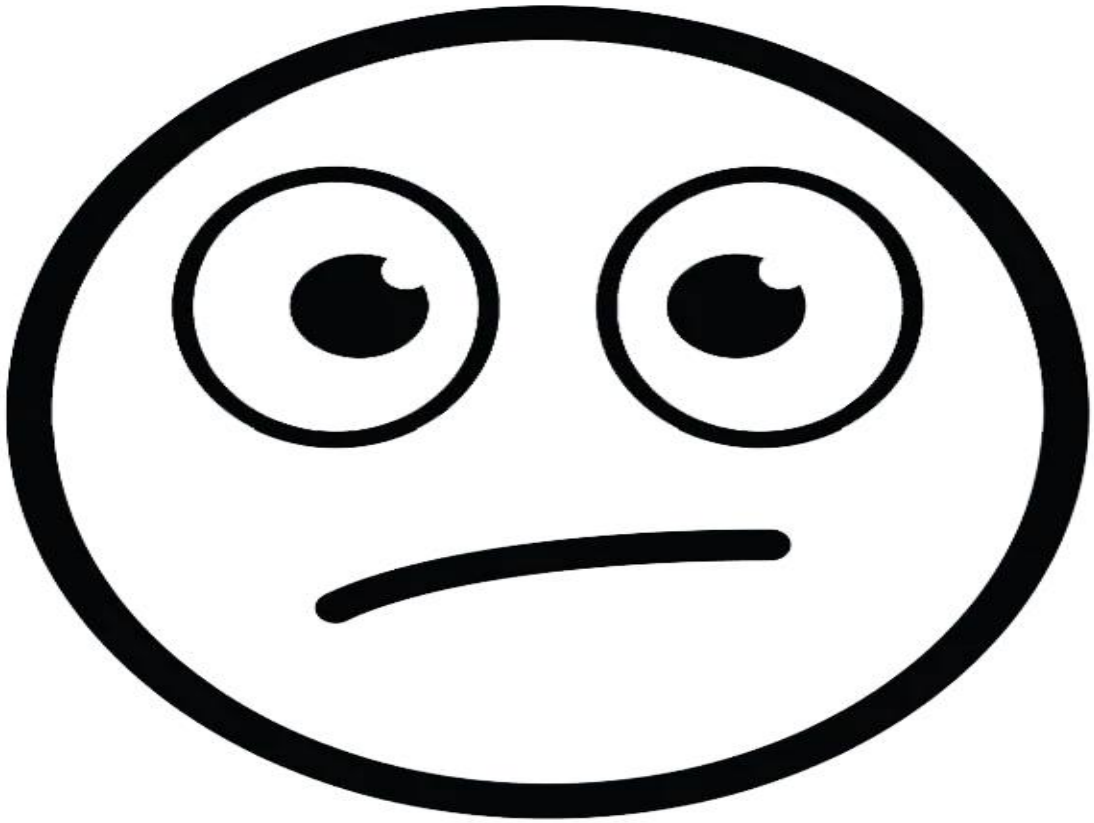

...i don't get it.

STUDENTS
Shape their online identity, network, and search for jobs. Socialize with their friends and organize events

UNIVERSITY STAFF
Informal professional development to stay current in their field & network with other higher ed staff

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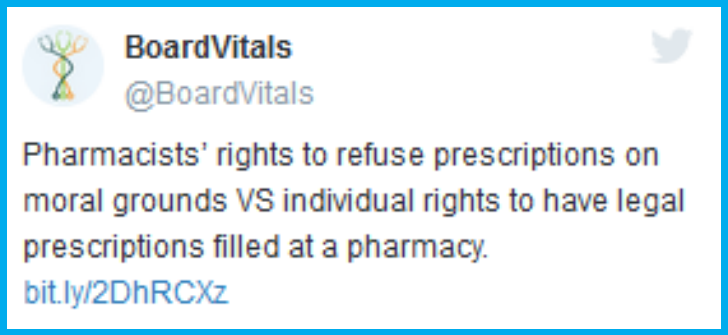

Bring your opinions to class.
#BSB7debate #retweet #opinion #research #VTCbattle

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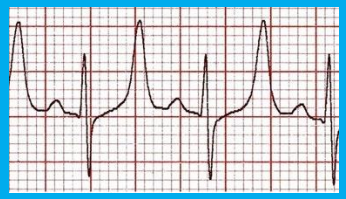

What is the most appropriate initial step in management?

A 37-year-old female with end-stage renal disease comes to the emergency department following a syncopal episode. She denies chest pain or dyspnea. Her creatinine is 11 mg/dL, BUN is 80 mg/dL, and her potassium is 9.0 mEq/L. An ECG is seen here (see image). What is the most appropriate initial step in management?

A. Intravenous sodium bicarbonate
B. Intravenous furosemide
C. Intravenous calcium gluconate
D. Emergent hemodialysis
E. Intravenous dextrose

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Tweet After Class

RECAP:
Today in class, we discussed signs of myocardial infarction. Ryan Gray, MD asks the question:

Ryan Gray, MD @medicalschoolhq · Oct 16

Crushing substernal chest pain, bradycardia, elevated troponin, and decompensating! What are the subjective and objective signs of myocardial infarction? #USMLE, #COMLEX, #FOAMed traffic.libsyn.com/boardroundsone...

#retweet #passtheboards #doyouknow #askyourpeers

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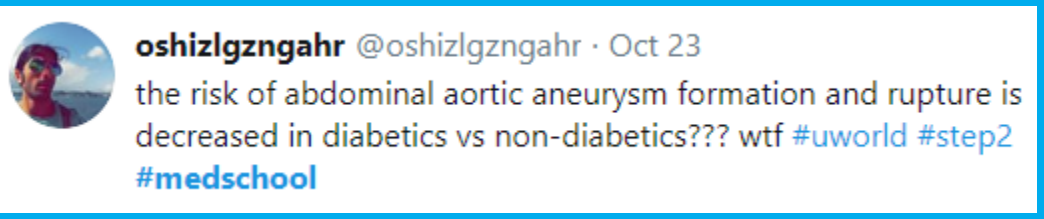
Creative Group Work



#mededproject #aaaneurysm #isthistrue #research #youthink

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Dr. Blackwood's Segment Begins

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Abdominal pain
Abdominal pain and fever
Abdominal pain and hematuria
Abdominal pain and rash
Abdominal pain and weight loss
Abdominal pain in women
Abdominal pain, generalized
Abdominal pain, left lower quadrant
Abdominal pain, left upper quadrant
Abdominal pain, right lower quadrant
Abdominal pain, right upper quadrant

Wiki Journal Club

Wiki Journal Club (WJC) summarizes and reviews landmark studies across medicine and surgical specialties. (More...)

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Articles in review

Under review for usability, but still need some TLC.

Incomplete articles

The foundation has been laid, but they still need more work.

Clinical question of the day

Among children with common warts, does occlusive duct tape therapy result in improved wart resolution when compared to cryotherapy?

– *Duct Tape for Treatment of the Common Wart*

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WikiJournalClub:Usable articles

The following are articles in Category Usable articles.

Allergy and Immunology

Asthma

- EXTRA (2011): Omalizumab in severe allergic asthma

Cardiology

Acute Coronary Syndrome

- ACT (2011): Acetylcysteine with IV contrast
- ATLAS ACS-2, TIMI 51 (2012): Rivaroxaban after ACS
- CAPRICORN (2001): Carvedilol post-MI with HFrEF
- CAST I (1991): Antiarrhythmics post-MI
- CHAMPION PHOENIX (2013): Cangrelor during urgent or elective PCI
- CHARISMA (2006): Aspirin/clopidogrel vs. aspirin for CV prevention
- COMMIT (2005): Metoprolol in acute MI
- CURE (2001): Clopidogrel in UA/NSTEMI
- EPHESUS (2003): Eplerenone post-MI with HFrEF
- ESSENCE (1997): LMWH vs. UFH in UA/NSTEMI
- FRISC-II (1999): Early invasive strategy in UA/NSTEMI
- GISSI-3 (1994): Lisinopril in acute MI
- GUSTO (1993): tPA in ACS
- HS troponin-T to rule out MI (2014): High sensitivity troponin for acute chest pain
- IABP-SHOCK II (2012): IABP in MI and cardiogenic shock
- IMPROVE-IT (2015): Ezetimibe+simvastatin after ACS
- ISIS-2 (1988): Aspirin a streptokinase in acute MI
- MADIT-II (2002): ICD post-MI with HFrEF
- MIRACL (2001): Atorvastatin in UA/NSTEMI
- OASIS-5 (2006): Fondaparinux vs. enoxaparin in NSTE-ACS
- PIONEER AF-PCI (2016): DOAC, VKA, antiplatelets after PCI with stent
- PLATO (2009): Ticagrelor vs. clopidogrel in ACS
- PROVE IT-TIMI 22 (2004): Pravastatin vs. atorvastatin after ACS
- SADHART (2002): Sertraline for depression post-ACS
- SAVE (1992): Captopril in MI with LV dysfunction
- SHOCK (1999): Early PCI/CABG in MI + shock
- TIMACS (2009): Early vs. delayed PCI in NSTEMI and UA
- TRITON-TIMI 38 (2007): Prasugrel vs. clopidogrel in ACS
- VA Cooperative Study (1983): Aspirin in unstable angina

HOPE-3

Yusuf S, et al. "Blood-Pressure and Cholesterol Lowering in Persons without Cardiovascular Disease". *The New England Journal of Medicine*. 2016; 374(21):2032-2343.
PubMed • Full text • PDF

Published

Clinical Question

Among patients with intermediate cardiovascular disease risk, does rosuvastatin, hydrochlorthiazide/candesartan, or a combination of both interventions reduce CVD events when compared to placebo?

Bottom Line

In a "polypill"-style study that tested initiation of rosuvastatin, BP meds, both, or neither without specific cholesterol or BP targets among adults at intermediate risk for CVD events, statins reduced CVD events but BP medications did not.

Major Points

Note: Three interrelated HOPE-3 manuscripts were published simultaneously: Antihypertensives+statin treatment, statin treatment, and antihypertensive treatment. All three are reviewed here.

CVD is the leading cause of death in the US. Targeted BP control with antihypertensives and targeted cholesterol control with statins led to a decline in the number of CVD events through the 1990s. This individualized approach might be inefficient, however. Primary prevention trials of statins in higher risk populations (e.g., JUPITER, WOSCOP, CARDS) saw reduction is in CVD events. Whether such an approach would benefit lower risk adults was unclear. Further, adults with elevated BP (e.g., systolic BP ≥120 mm Hg) experience increased risk from CVD when compared to those with normal BP (e.g., systolic bp <120 mm Hg). Whether use of untitrated antihypertensive medications may further reduce CVD events was unclear. Broadly prescribing statins and antihypertensive medications without consideration for titration is a component of the "polypill" approach to population health. Here, large populations of non-high-risk adults are treated with well-tolerated primary prevention medications in a combination pill to further lower incident CVD events.

Published in April 2016, the HOPE-3 (Heart Outcomes Prevention Evaluation-3) trial was a 2x2 factorial design, multinational, double-blinded, placebo-controlled trial performed in an ethnically diverse population. It was conducted among patients with intermediate cardiovascular risk, defined as a 1% annual risk of a cardiovascular event without another indication for these medications. A total of 12,705 patients were randomized to rosuvastatin, hydrochlorothiazide+candesartan, all medications, or placebo only. Drug doses were fixed and not titrated to specific targets throughout the trial, though participant's care teams could initiate antihypertensives or statins outside of the trial protocol. With a median follow-up of 5.6 years, there was a reduced incidence of CVD outcomes for those receiving statins but not those receiving antihypertensives. A sub-group analysis in the BP-lowering study showed patients with higher baseline systolic blood pressures trended towards significant reductions in the CVD events.

HOPE-3 provides further evidence supporting broad use of statin therapy for primary prevention of CVD. It did not yet provide clear support for untitrated antihypertensive medication use in a polypill approach. In contrast, SPRINT (2015) found a clear benefit for titrated intensive BP control among high-risk adults.

Guidelines

As of May 2016, no guidelines have been published that reflect the results of this trial.

Design

- Multicenter, double-blind, 2x2 factorial design placebo-controlled trial
- N=12,705 patients with intermediate cardiovascular disease risk
  - Rosuvastatin + Candesartan/HCTZ (n=3,180)
  - Rosuvastatin + Placebo (n=3,181)
  - Candesartan/HCTZ + Placebo (n=3,176)
  - Double placebo (n=3,161)

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About Anki

Anki is a program which makes remembering things easy. Because it's a lot more efficient than traditional study methods, you can either greatly decrease your time spent studying, or greatly increase the amount you learn.

Anyone who needs to remember things in their daily life can benefit from Anki. Since it is content-agnostic and supports images, audio, videos and scientific markup (via LaTeX), the possibilities are endless.
For example:

- Learning a language
- Studying for medical and law exams
- Memorizing people's names and faces
- Brushing up on geography
- Mastering long poems
- Even practicing guitar chords!

"The single biggest change that Anki brings about is that it means memory is no longer a haphazard event, to be left to chance. Rather, it guarantees I will remember something, with minimal effort. That is, *Anki makes memory a choice*."
— Michael A. Nelsen, "Augmenting Long-term Memory"

"No other application [...] comes remotely close to Anki in terms of the number and power of features, flexibility in study, or implementation of spaced repetition."
— K. M. Lawson, "Anki All the Way"

"I've been using Anki for two years now, and I just wanted to thank you personally for contributing to the single most

Features

Synchronization
Use the free AnkiWeb synchronization service to keep your cards in sync across multiple devices.

Flexibility

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Promoting conversations between patients and clinicians

The American Society for Clinical Pathology has released a new list of five tests and procedures related to screenings for stool pathogens, Hepatitis C and adrenal tumors.

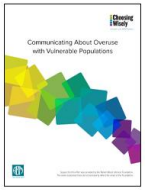
Choosing Wisely is an initiative of the ABIM Foundation that seeks to advance a national dialogue on avoiding unnecessary medical tests, treatments and procedures. **Read more about the campaign.**

Overuse and Vulnerable Populations

Historically, those with limited resources have been at risk of receiving less effective health care. Download **our new white paper** on the perceptions and beliefs of underserved patients about overuse in health care.

Additional Materials For Patients

Browse downloadable resources that clinicians can place in waiting or exam rooms, or give to patients as



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Monthly updates on organizations advancing *Choosing Wisely*.

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Tech and Teaching

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AI in Internal Medicine
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Clerkship - Internal Medicine
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DR-ED list serve

Visit the DR-ED website at: http://bit.ly/2TMuJBw
To reply or post messages to the list, direct your messages to: dr-ed@list.msu.edu
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allianceforclinicaleducation.org

ABOUT COMMITTEES CONNECTIONS RESOURCES CALENDAR CONTACT

Alliance For Clinical Education

The Alliance for Clinical Education (ACE) is a multidisciplinary group formed in 1992 to enhance clinical instruction of medical students.

ACE's mission is to foster collaboration across specialties in order to promote excellence in clinical education of medical students.

About ACE

ACE Committees

ACE Linked-In

ACE Twitter

ACE Leadership

President: Bruce Morgenstern, M.D.

President-Elect: Brenda Roman, M.D.

Treasurer: Madhu Soni, M.D.

Executive Director: Gary L. Beck Dallaghan, Ph.D.

Virginia Tech Carilion School of Medicine

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#mededchat

- **2019-10-24: Faculty Development 2025**
- The following links were shared during the chat:
- The Power of Peers: Faculty Development for Medical Educators of the Future https://jgme.org/doi/full/10.4300/JGME-D-19-00613.1
- Linking Medical Faculty Stress/Burnout to Willingness to Implement Medical School Curriculum Change: A Preliminary Investigation https://onlinelibrary.wiley.com/doi/abs/10.1111/jep.12439
- Artificial Intelligence in Medical Eduation https://www.tandfonline.com/doi/abs/10.1080/0142159X.2019.1595557
- Job Roles of the 2025 Medical Educator https://www.jgme.org/doi/10.4300/JGME-D-18-00253.1 *See infographic on last page
- Exploring Faculty Developers' Experiences to Inform Our Understanding of Competence in Faculty Development https://journals.lww.com/academicmedicine/fulltext/2018/02000/Exploring_Faculty_Developers__Experiences_to.34.aspx
- Twelve tips for Implementing a Community of Practice for Faculty Development https://www.tandfonline.com/doi/abs/10.1080/0142159X.2018.1552782?journalCode=imte20
- Identity Formation of Occasional Faculty Developers in Medical Education: A Qualitative Study https://www.researchgate.net/publication/263549257_Identity_Formation_of_Occasional_Faculty_Developers_in_Medical_Education_A_Qualitative_Study
- Strengthening Teachers' Professional Identities Through Faculty Development https://www.ncbi.nlm.nih.gov/pubmed/30844931/