







# **Designing Instruction** and Assessment

Time saving strategies for educators





# **Today's Speaker**



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#### Medical



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# Today's Agenda

1 Who are we?

2 Principles of Instructional Design

3 Assessments

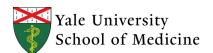
4 Using Lecturio



### Lecturio

# comprehensive digital medical education platform

<u>Content</u> from top professors including from

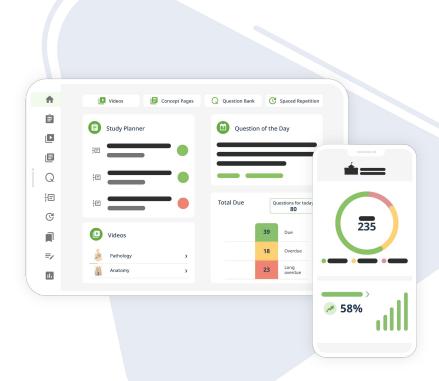












#### Lecturio Covers the Entire

### **Medical & Nursing**

#### Curricula in all key learning formats



12,000+ High-End Videos

in TV quality, short, and engaging



9,800+ Clinical Cases

with text and video explanations



35,000+ Recall Questions

using a spaced repetition algorithm and adaptive review



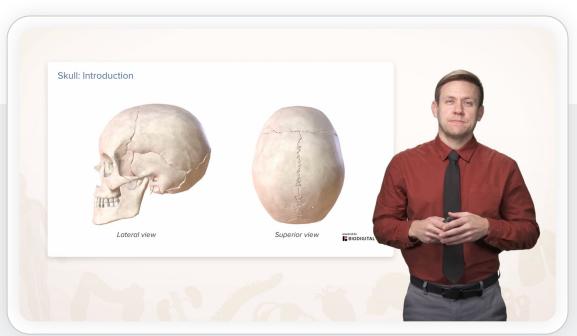
1,500+ Concept Pages

organized in a comprehensive library



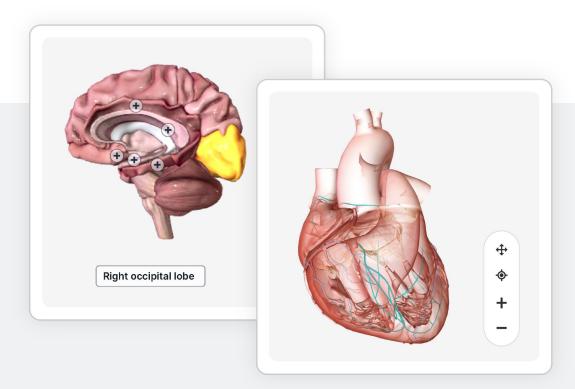
# **Concise Videos on All** Key Concepts

- All key medical concepts are covered in-depth
- 3-9 minutes
- Linked recall questions for formative assessment



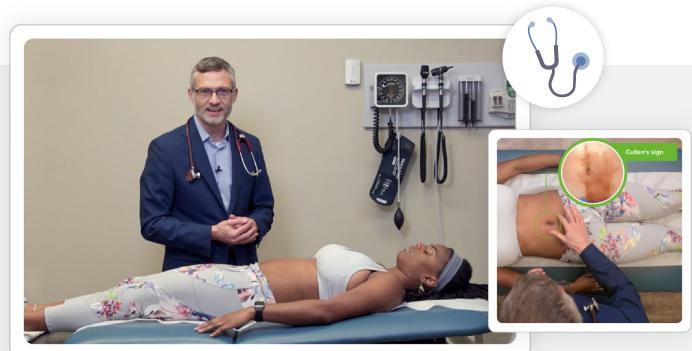


# 3D Anatomy With 400 Pre-Mapped Views





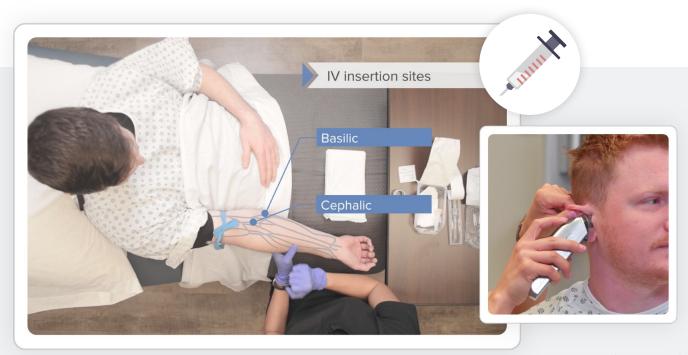
# **Comprehensive Coverage** of Clinical Skills



lecturio.com | Page 12



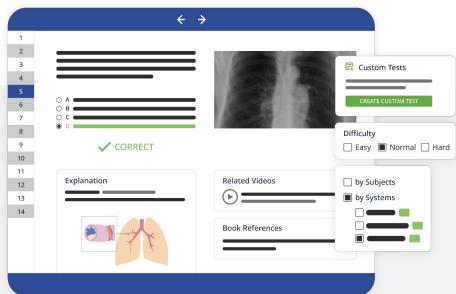
# **Comprehensive Coverage** of Clinical Skills



Q

Clinical Cases to Practice Application of Learned Concepts

- Real-life clinical scenarios
- Automated feedback
- Linked videos
- Use for self-directed learning or exams

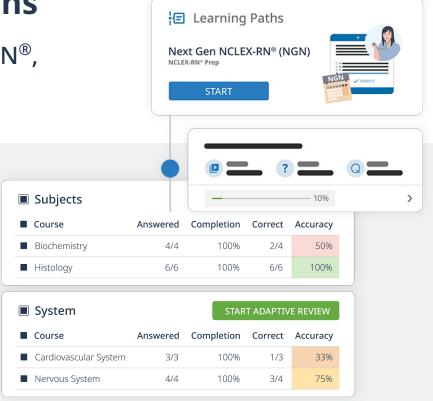




### **Detailed Learning Paths**

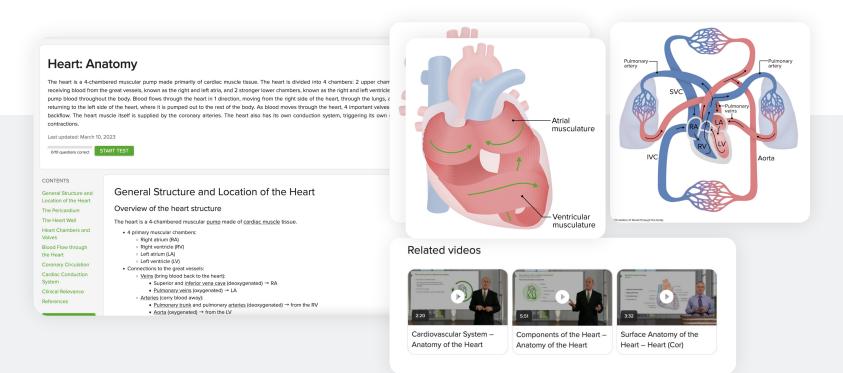
for USMLE® Step 1, 2, NCLEX-RN®, NBME Subject Exams & More

- Learning Paths combine video and Qbank blocks
- Adaptive review within each path



### **Lecturio Concept Pages**

### The fastest and easiest way to find and fill knowledge gaps

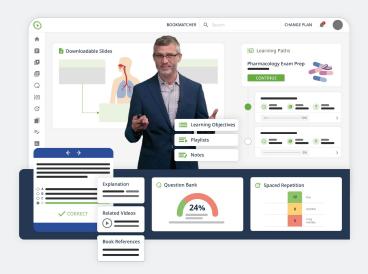


#### The Two Sides of

### **Precision Health Science Teaching**

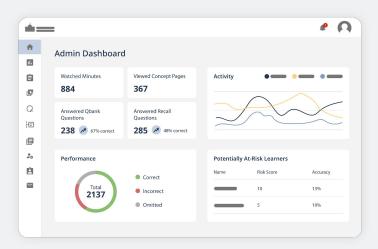
#### **For Students**

#### Personalized smart tutor



#### **For Faculty**

#### Digital teaching assistant

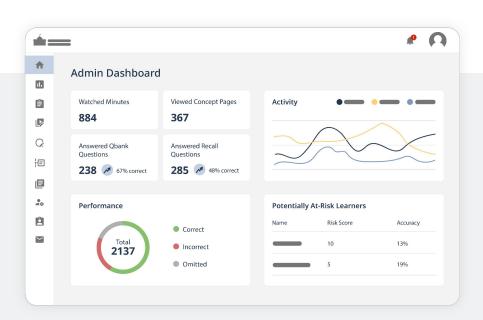




# Comprehensive Tracking Enables a Comprehensive Live Faculty Dashboard

#### The system tracks:

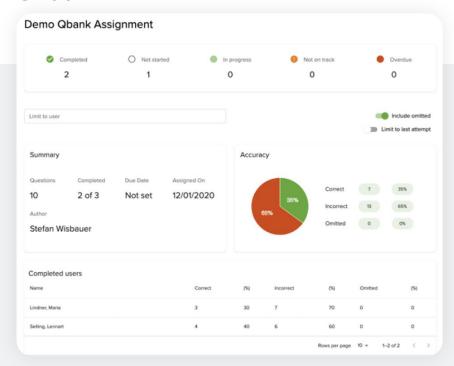
- competence
- confidence
- overconfidence
- spaced repetition adherence
- mastery level
- typical mistakes
- readiness assessments





### **Assignment Stats**

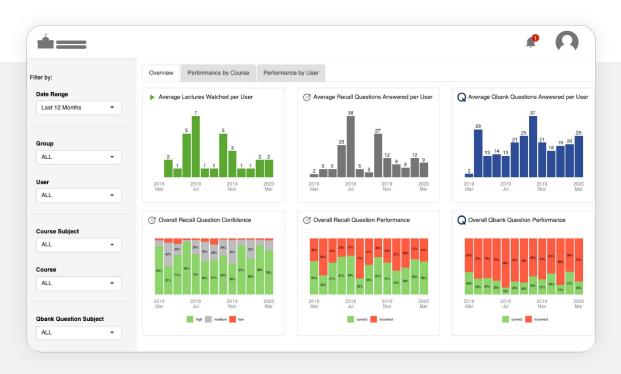
Help Focus Teaching Time on Where Students Struggle Including Typical Mistakes





### **Your Teaching Dashboard**

Aggregate Data With Location Drill-Down on Activity, Competence, Confidence, Over-Confidence





# **Easy Integration With Your Existing Setup**

#### LMS / Testing











Deep Linking LTI SSO

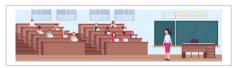
Proctoring Integrations



Session Prep: Strengths & Weaknesses, Typical Mistakes

> Content & Recording Upload

#### **Live Teaching & Training**









#### **Data Lake / Analytics**





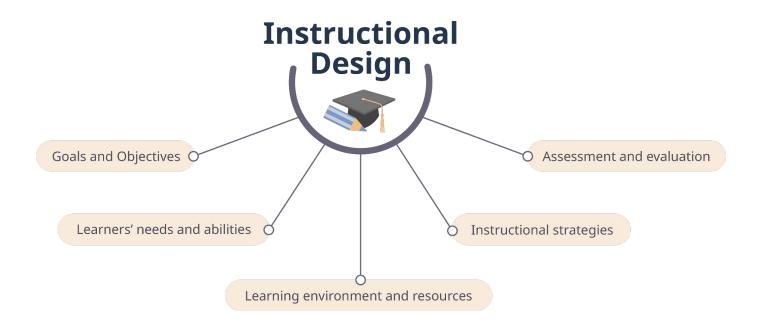


# Principles of Instructional Design



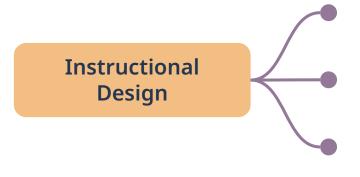
# Question

What comes to your mind when we say Instructional Design?



A systematic approach to developing educational experiences that optimize learning outcomes

## **Instructional Design**



Prescribes **actions** to optimize learning outcomes

Links learning theory to educational practice

Considers every aspect of the **teaching and learning** process

# What Is the Importance of Instructional Design?

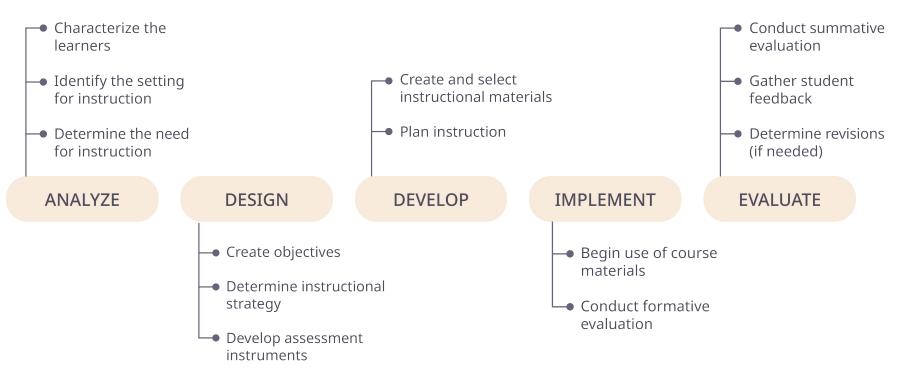
- Instructional design provides a framework for **evidence-based instruction**.
- Instructional design helps make learning more effective, efficient, and engaging.
- Instructional design helps ensure alignment
- Addresses current issues in medical and healthcare professions education
- Allows for replicability, consistency, and transferability of high quality resources



# **Instructional Design**Models

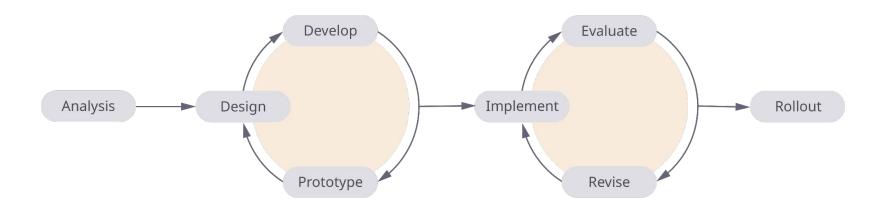
# **Instructional Design Models**

Linear Model: ADDIE



### **Instructional Design Models**

Agile Model: Successive Approximation Model (SAM)



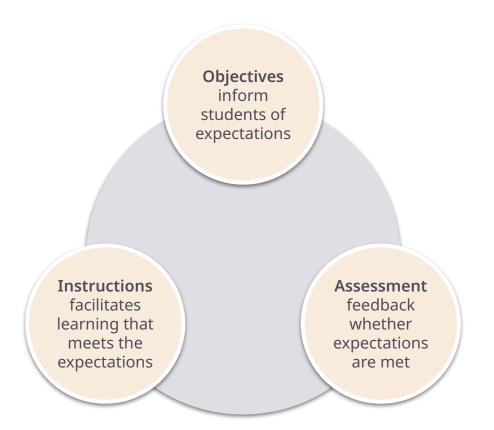


# Instructional Design Learning Objectives & Alignment

# Instructional Alignment

#### The Golden Triangle:

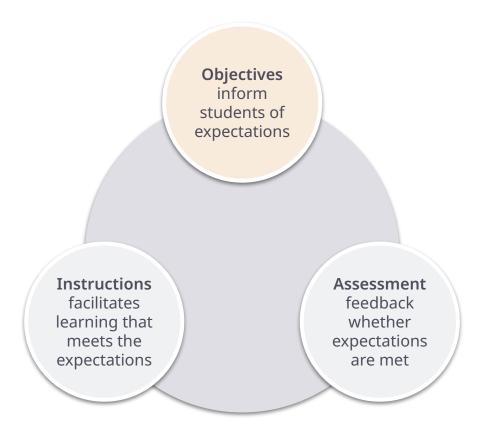
Alignment of objectives, assessment, and instruction



# Instructional Alignment

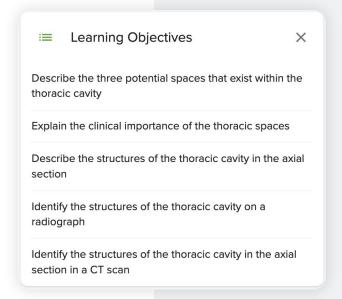
#### The Golden Triangle:

Alignment of objectives, assessment, and instruction



# **Learning Objectives Help Educators**

- Organize content to clarify the goals of instruction
- Create assessments
- Select materials
- Communicate to students what they need to know and do



2. Dick W, Carey L, Carey, James O. The Systematic Design of Instruction. 8th ed. Boston: Pearson; 2015.

<sup>1.</sup> Khan T, Hande S, Bedi S, Singh T, Kumar V. Learning Objectives: "Perfect is the Enemy of Good!" Int J User-Driven Healthc [Internet]. 2012 Jul 1 [cited 2022 Jul 29];2(3):44–62. Available from: <a href="https://services.igi-global.com/resolvedoi/resolve.aspx?doi=10.4018/ijudh.2012070105">https://services.igi-global.com/resolvedoi/resolve.aspx?doi=10.4018/ijudh.2012070105</a>

#### **ABCD Model**

# The ABCD model allows the development of well-defined learning objectives









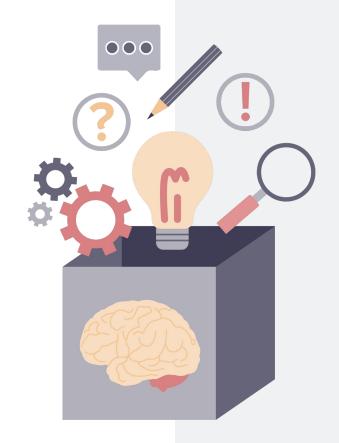
Students

will describe

how DNA probes can be used to detect specific nucleic acid sequences in clinical specimens at a level of detail sufficient for another student to complete the procedure.

#### **SMART Model**

- **S** Specific
- **M** Measurable
- **A** Attainable
- R Relevant
- T Timely



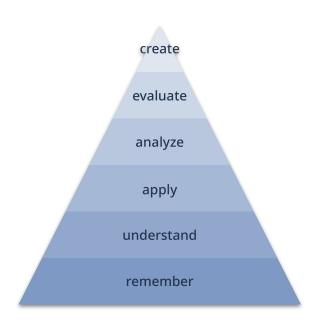
<sup>1.</sup> Chatterjee D, Corral J. How to Write Well-Defined Learning Objectives. J Educ Perioper Med JEPM [Internet]. 2017 Oct 1 [cited 2022 Jul 27];19(4):E610. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5944406/



# Question

Create a learning objective for a lesson based on your current role

# **Instructional Alignment**



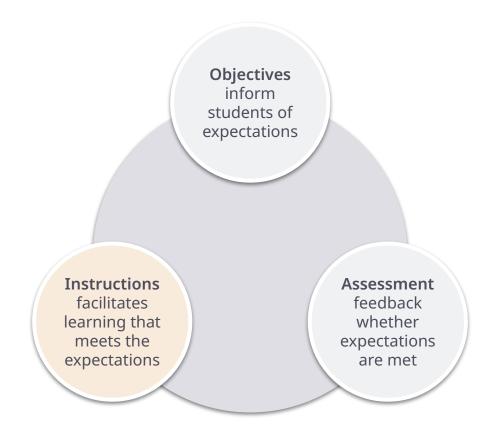
| Remembering      | Understanding | Applying       | Analysing     | Evaluating   | Creating   |
|------------------|---------------|----------------|---------------|--------------|------------|
| acquire          | arrange       | apply          | analyse       | appraise     | calculate  |
| choose           | categorize    | calculate      | appraise      | argue        | change     |
| collect          | change        | change         | break down    | assess       | combine    |
| complete         | chart compile | choose         | classify      | compare      | compose    |
| сору             | conclude      | classify       | combine       | conclude     | constitute |
| define           | convert       | compute        | compare       | contrast     | create     |
| describe         | defend        | conduct        | contrast      | critique     | derive     |
| detect           | determine     | construct      | criticize     | decide       | devise     |
| distinguish      | diagram       | demonstrate    | deduce        | discriminate | discover   |
| duplicate        | differentiate | develop        | defend        | interpret    | documen    |
| find             | document edit | discover       | detect        | judge        | generalize |
| identify         | estimate      | employ         | differentiate | justify      | modify     |
| indicate         | explain       | generalize     | distinguish   | recommend    | originate  |
| isolate          | extrapolate   | manipulate     | evaluate      | relate       | plan       |
| label            | formulate     | modify         | formulate     | standardize  | produce    |
| list             | generalize    | operate        | generate      | validate     | rearrange  |
| mark             | give example  | organize       | illustrate    |              | relate     |
| match            | illustrate    | predict        | infer         |              | revise     |
| name order       | interpret     | prepare        | outline       |              | signify    |
| outline place    | organize      | produce        | paraphrase    |              | specify    |
| recall recognize | paraphrase    | relate         | plan          |              | synthesize |
| reproduce select | predict       | restructure    | relate        |              | tell       |
| state underline  | prepare       | show           | save          |              | write      |
|                  | relate        | solve transfer | separate      |              |            |
|                  | summarize     | use            | shorten       |              |            |
|                  | update        |                | structure     |              |            |
|                  |               |                | subdivide     |              |            |

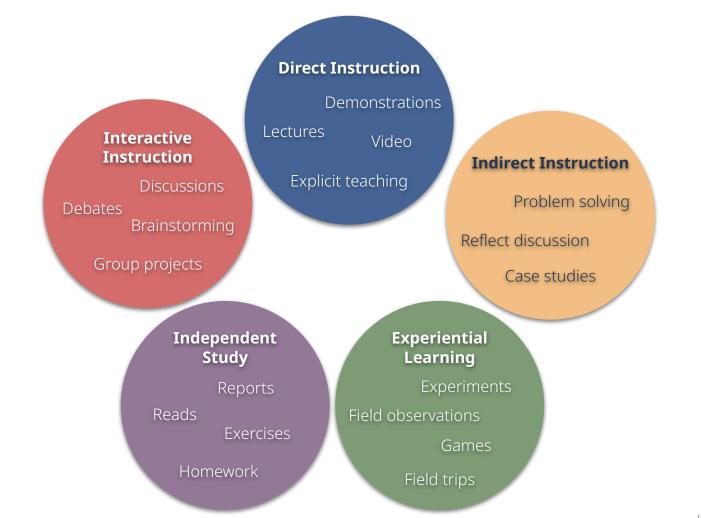
Bloom's Revised Taxonomy

# Instructional Alignment

#### The Golden Triangle:

Alignment of objectives, assessment, and instruction

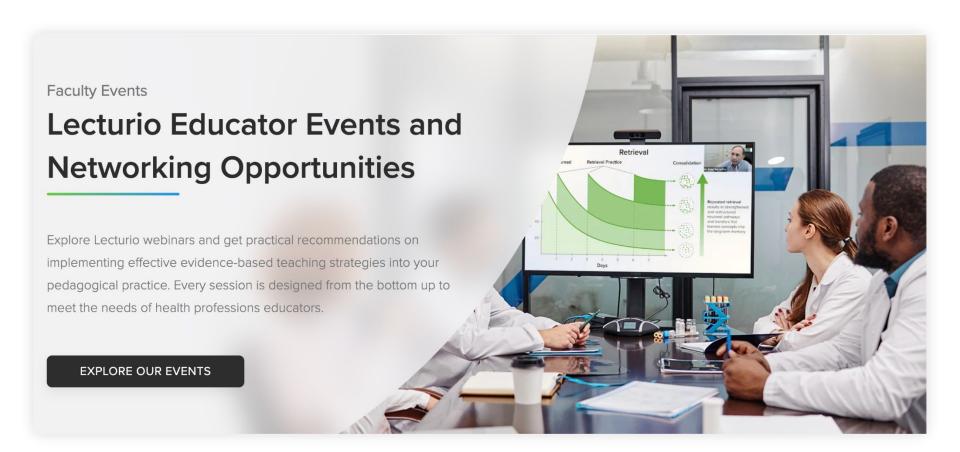






# Question

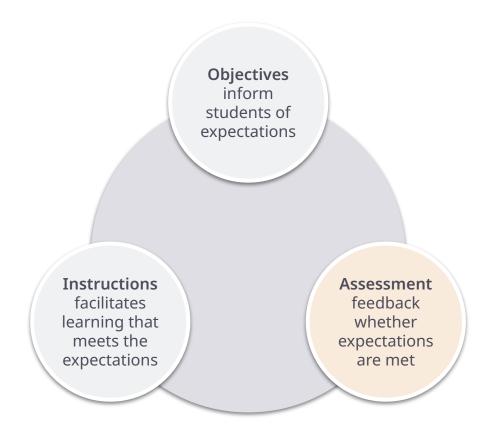
Based on the learning objective, how will you design instruction?



# Instructional Alignment

#### The Golden Triangle:

Alignment of objectives, assessment, and instruction

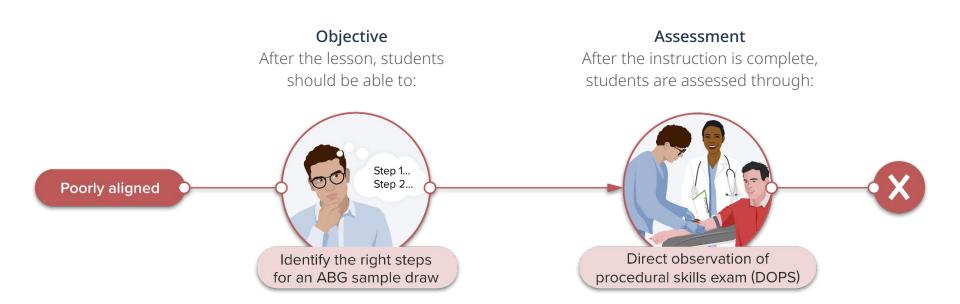




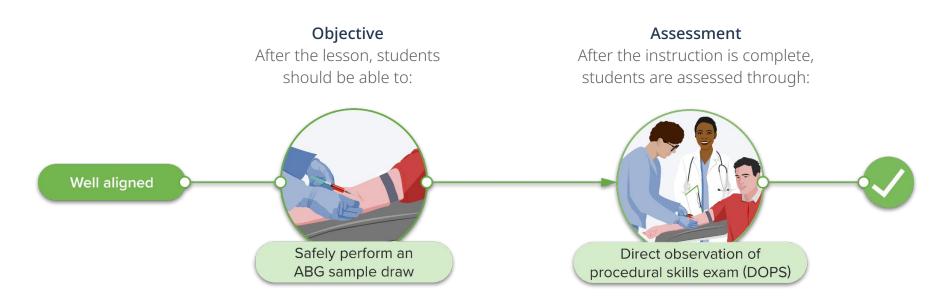
# Question

Based on the learning objective, how will you assess learning?

# **How Alignment Works**



# **How Alignment Works**



Med Sci Educ. 2021 Dec; 31(Suppl 1): 9–16.

Published online 2021 Sep 17. doi: 10.1007/s40670-021-01400-0

PMCID: PMC8448173

PMID: 34567833

# IAMSE 2021—Plenary Session: Top 10 Ways an Instructional Designer Can Help You Define the New Normal

#### Atsusi Hirumi<sup>™</sup>

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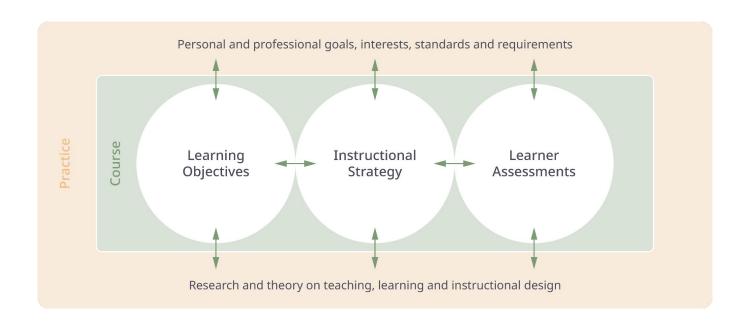
Abstract Go to: >

Along with the continued exponential growth of information and treatment options, healthcare practitioners must now deal with increasing documentation requirements, varying data systems, altering health plans, rising patient expectations, loss of autonomy, and demands to decrease costs while increasing revenue. Add to the complexity, the need to transform coursework and clinical experiences to address the constraints presented by COVID-19 can quickly overwhelm medical educators. Given such prodigious challenges, educational specialists with a solid understanding of learning research and theory, instructional design, and emerging technology can play a vital role in designing engaging learning experiences. In this plenary session, Dr. Atsusi "2c" Hirumi illuminated 10 ways an instructional designer may help health science educators unlock the potential of the new normal based on his experience working with professionals in medical, healthcare, aviation, sports, and hospitality industries as well as faculty, staff, and administrators in K12 and higher education across five continents.

Keywords: Instructional design, Evidence-based medical education, Plenary session, Keynote

# **Instructional Alignment**

Objectives should be aligned horizontally and vertically (1)



<sup>1.</sup> Hirumi A. IAMSE 2021—Plenary Session: Top 10 Ways an Instructional Designer Can Help You Define the New Normal. Med Sci Educ [Internet]. 2021 Sep 17 [cited 2022 Apr 15];31(Suppl 1):9–16. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8448173/



# **Instructional Design**

Practical application

# **Instructional Design Models**

#### **AVIDesign Model**



<sup>3.</sup> Hirumi A. IAMSE 2021—Plenary Session: Top 10 Ways an Instructional Designer Can Help You Define the New Normal. Med Sci Educ [Internet]. 2021 Sep 17 [cited 2022 Apr 15];31(Suppl 1):9–16. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8448173/

# **Case Study: AVIDesign Model**

A faculty member has proposed a new elective in **Palliative Care and Pain Management**.

| Articulate: Right size the initiative                                                               |                                                                                                                                                                                                                                                                                 |  |  |  |  |
|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| What gap in the curriculum needs to be filled?                                                      | A new course in palliative care and pain management has been proposed and accepted. These topics are mentioned in other courses but this will be the first full course in the topic. This will also fill a department need for more online electives during Covid restrictions. |  |  |  |  |
| Who are the learners and what do you need them to be able to do after the module/course/experience? | The students are third and fourth year medical students. I expect this course to be an introduction to the topic to make them aware of palliative care issues. They need to be able to identify end of life needs, manage pain in basic cases, and communicate with families.   |  |  |  |  |
| How much time do you have for design and delivery?                                                  | This course will begin in 6 months and I can meet once a week for an hour, plus planning by email as needed.                                                                                                                                                                    |  |  |  |  |

#### Ask, Acquire & Appraise: Analyze the context

#### Ask LICO questions (Learners, Intervention, Context, Outcomes)

Who are the Learners? What are their professional needs and interests? What motivates them?

This will be open to third and fourth year medical students. Since this is an elective, they would be choosing this course based on interest level but their professional goals may vary widely. They seem to be motivated by learning practical material that translates directly into patient care.

What is the desired intervention? Will it be online, synchronous?

This course will be an online course. There will be a mix of synchronous sessions and asynchronous work. We will meet 3 hours a week synchronously. The course may be 2 weeks or 4 weeks.

What is the context for learning and performance? [What materials and resources are available for learning? When, where, and how will students use this on the job?]

This course meets 3 hours a week synchronously and students are expected to spend a minimum 10 hours per week doing asynchronous work.

Our learning management system (LMS) provides quizzing tools, a discussion board, and I can integrate videos and other links.

The students will be expected to use this information in hospital settings or hospice care.

What are the desired outcomes?

Students will determine treatment plans for simple cases involving end of life care, signs of impending death, and best practices involving opioid management.

# **AVIDesign Model**

### Acquiring and appraising educational evidence



- Relate to educational goals, students, resources and context
- Consider quality of evidence, strength, relevance
- Consider patient cases, relevant knowledge, cultural considerations

# **AVIDesign Model**

#### Designing and developing

- An initial set of objectives is made for four modules. The first two will cover the basic concepts for pain management and end of life care, the second two modules will repeat those topics, going more in depth and using more complicated cases.
- Because the course is pass/fail, the instructor proposes that the preferred assessments will be formative assessments consisting of discussions, individual feedback, and group debriefing.
- Based on the instructor's educational philosophy, the learners' interests, and the curricular needs, the team suggests 3 instructional strategies: The BSCS 5E model, Constructivist Learning, and the 5 Component Lesson Model.
- The instructor chooses the 5E model which guides the students through five major stages: Engage, Explore, Explain, Elaborate, and Evaluate. The team decides to prototype one module to be used as a guide for the rest.

# **AVIDesign Model**

#### Feedback and evaluation

- From the development of the first module, the team would then plan a formative evaluation by asking a student to review the module and give feedback.
- Based on the student feedback, the team would make revisions and develop the other modules so the course is ready for full implementation.
- After the course, the instructor and the department use student feedback to determine the need for further revision.

# **Instructional Design Models**

#### **AVIDesign Model**



<sup>3.</sup> Hirumi A. IAMSE 2021—Plenary Session: Top 10 Ways an Instructional Designer Can Help You Define the New Normal. Med Sci Educ [Internet]. 2021 Sep 17 [cited 2022 Apr 15];31(Suppl 1):9–16. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8448173/



# **Instructional Design**

Assessments

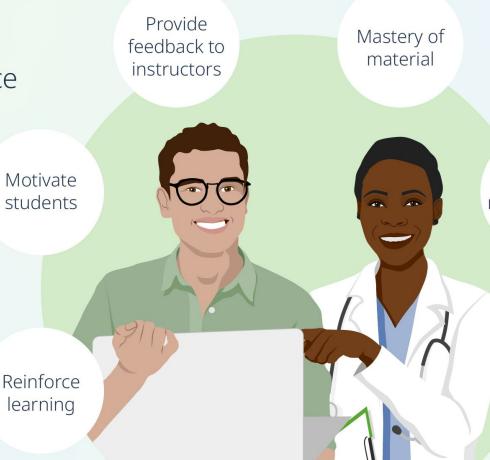


# Question

What is/are the roles of assessments?

## **Assessments**

Measure and Enhance Learning

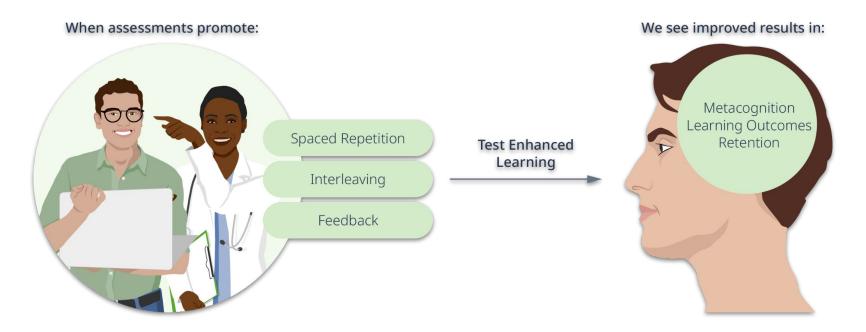


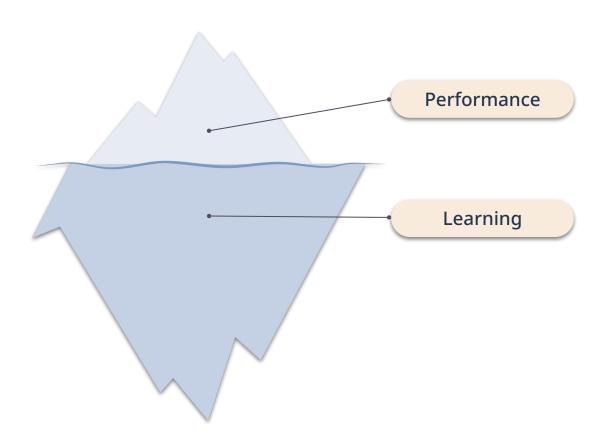
Grade or rank students

Measure student progress

#### **Formative Assessments**

### Reinforcing learning







# **Designing Assessments**

# **Assessment Approaches**

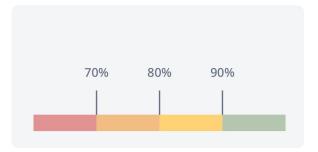
#### Norm vs Criterion referenced assessments

#### Norm-referenced



- Students are ranked, scores are standardized.
- By design, 50% of students are above, 50% are below.

#### Criterion-referenced



- Students are scored based on mastery.
- Scores are grades or ratings such as pass/fail.

# **Instructional Design**

#### **Designing assessment**

The need for instruction, the learners, the context for learning, and the objectives all help determine the need for assessment such as:

- The **format** in which will learners be assessed, e.g, online, on paper, or observed in a clinical setting.
- The **number of assessments** that will be given and when.
- The **type of feedback needed** to help the students develop the necessary skills, knowledge, and dispositions.

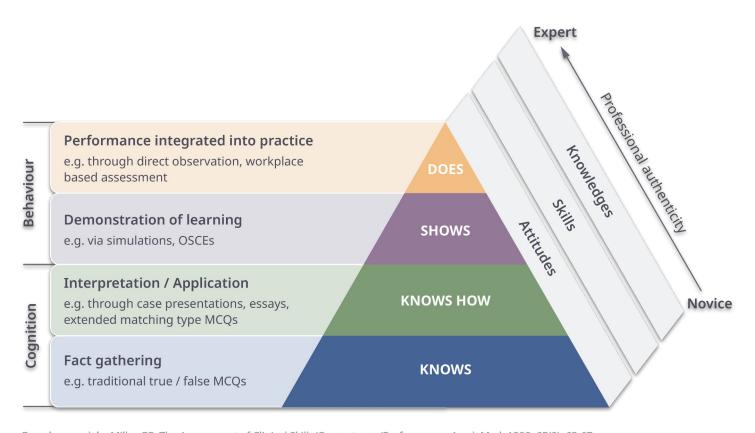
# **Mapping Assessment to Learning Objectives**

### **Test blueprints**

|                                                                           | Domain(s)* |                        |                          |                     |                        |
|---------------------------------------------------------------------------|------------|------------------------|--------------------------|---------------------|------------------------|
| Objective                                                                 | % of test  | Cognitive:<br>Remember | Cognitive:<br>Understand | Cognitive:<br>Apply | Affective:<br>Reaction |
| <b>Terminal objective:</b> 1.0 Use SPIKES framework to give bad news.**   |            |                        |                          |                     |                        |
| Enabling objectives                                                       |            |                        |                          |                     |                        |
| 1.1 Define parts of the SPIKES mnemonic                                   | 10%        | 10%                    |                          |                     |                        |
| 1.2 Identify appropriate settings and contexts in which to use SPIKES     | 10%        | 5%                     | 5 %                      |                     |                        |
| 1.3 Given a patient case, explain how the SPIKES framework would be used. | 40 %       | 10%                    | 10 %                     | 20 %                |                        |
| 1.4 Given patient reaction(s), determine how to best respond.             | 40 %       |                        |                          | 20%                 | 20 %                   |

<sup>\*)</sup> Assessments may include any levels of cognitive, affective, and/or psychomotor domains. Only a few are shown here for space considerations.

<sup>\*\*)</sup> SPIKES stands for Setting, Perception, Invitation or information, Knowledge, Empathy, Summarize or Strategies



Based on work by Miller GE, The Assessment of Clinical Skills/Competence/Performance; Acad. Med. 1990; 65(9); 63-67 Adapted by Drs. R. Mehay & R. Burns, UK (Jan 2009)

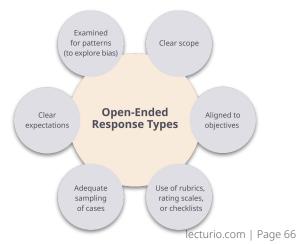
#### **Assessment Methods**

#### Specific considerations



#### **Multiple Choice Questions**

- The stem (the first part of the question) should fully formulate the problem or question. A student should be able to formulate the correct answer before viewing the responses (5,15).
- The responses should all grammatically match the stem, be homogenous (e.g. all diseases or all tests), and be kept as short as possible (5,15).
- The detractors (wrong answers) should be plausible to an uninformed person but not arguably correct (5).
- The options "all of the above" and "none of the above" should be used sparingly (5).
- Negative phrasing should be avoided but when used, the negative (e.g. "not") should be bold and/or
  capitalized to ensure it is noticed (5).



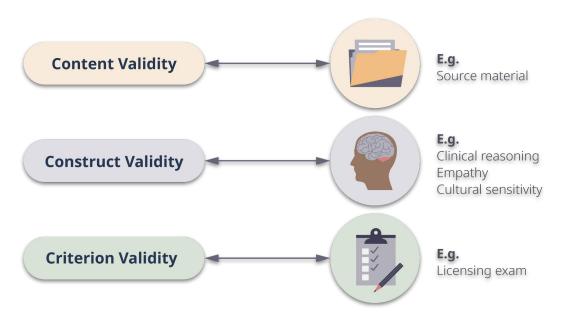


# **Evaluating Assessments**

#### **Assessments**

#### Validity and reliability

**Validity** refers to the degree to which the assessment measures what it intends to measure while **reliability** refers to the consistency with which an assessment measures



#### **Assessments**

#### Validity and reliability

**Validity** refers to the degree to which the assessment measures what it intends to measure while **reliability** refers to the consistency with which an assessment measures



# **Evaluating Assessments**Item analysis

## Item analysis

- 1. Difficulty Index
- 2. Discrimination Index
- 3. Item-Total correlation
- 4. Cronbach's Alpha
- 5. Distractor analysis

# **Evaluating Assessments**

#### **Learning Analytics**



# **Evaluating Assessments**

## Item analysis

| ltem | Difficulty<br>Index | Discrimination Index: 20% | Discrimination Index: 33% | Discrimination<br>Index: 50% | Item-total correlation | Corrected item-total correlation | Cronbach's<br>Alpha |
|------|---------------------|---------------------------|---------------------------|------------------------------|------------------------|----------------------------------|---------------------|
|      | Good                | Ideal                     |                           |                              | Good                   |                                  |                     |
|      | Too difficult       | Good                      |                           |                              | Consider review        |                                  |                     |
| Key  | Too easy            | Consider review           |                           |                              | Needs review           |                                  |                     |
|      |                     | Needs review              |                           |                              |                        |                                  |                     |
|      |                     | Consider removal          |                           |                              |                        |                                  |                     |
|      |                     |                           |                           |                              |                        |                                  |                     |
| 4108 | 0.781               | 0.336                     | 0.253                     | 0.171                        | 0.375                  | 0.357                            | 0.928               |
| 4110 | 0.69                | 0.29                      | 0.237                     | 0.197                        | 0.265                  | 0.244                            | 0.928               |
| 4226 | 0.603               | 0.53                      | 0.331                     | 0.239                        | 0.328                  | 0.306                            | 0.928               |
| 4228 | 0.519               | 0.343                     | 0.254                     | 0.206                        | 0.223                  | 0.199                            | 0.928               |
| 4326 | 0.793               | 0.246                     | 0.224                     | 0.18                         | 0.3                    | 0.281                            | 0.928               |
| 4354 | 0.823               | 0.276                     | 0.255                     | 0.195                        | 0.33                   | 0.314                            | 0.928               |
| 4358 | 0.552               | 0.298                     | 0.255                     | 0.193                        | 0.262                  | 0.239                            | 0.928               |
| 4370 | 0.788               | 0.161                     | 0.167                     | 0.135                        | 0.229                  | 0.21                             | 0.928               |
| 4384 | 0.614               | 0.451                     | 0.357                     | 0.24                         | 0.313                  | 0.291                            | 0.928               |
| 4392 | 0.819               | 0.356                     | 0.263                     | 0.181                        | 0.333                  | 0.317                            | 0.928               |
| 4398 | 0.734               | 0.323                     | 0.248                     | 0.15                         | 0.307                  | 0.287                            | 0.928               |
| 4404 | 0.454               | 0.337                     | 0.258                     | 0.175                        | 0.215                  | 0.192                            | 0.928               |
| 4464 | 0.82                | 0.308                     | 0.211                     | 0.139                        | 0.296                  | 0.279                            | 0.928               |
| 4506 | 0.405               | 0.347                     | 0.299                     | 0.194                        | 0.242                  | 0.219                            | 0.928               |
| 4598 | 0.414               | 0.15                      | 0.06                      | 0.067                        | 0.077                  | 0.053                            | 0.929               |
| 4746 | 0.467               | 0.432                     | 0.223                     | 0.122                        | 0.263                  | 0.24                             | 0.928               |
| 4770 | 0.778               | 0.484                     | 0.383                     | 0.256                        | 0.472                  | 0.456                            | 0.928               |

### Question

A 55-year-old man presents with chest pain radiating to his left arm. An ECG shows ST-segment elevation in leads II, III, and aVF. Which of the following is the most likely diagnosis?

- A. Aortic dissection
- B. Pulmonary embolism
- C. Acute pericarditis
- D. Myocardial infarction

**Difficulty Index (p-value):** 0.95 (Very high, meaning most students answered correctly, suggesting the question might be too easy.)

**Discrimination Index:** 0.10 (Low, indicating that the question does not effectively differentiate between high-performing and low-performing students.)

**Distractor Analysis:** Most students chose the correct answer (D), while almost none selected distractors A, B, or C.

### Revised question

A 55-year-old man presents with chest pain radiating to his left arm. He also reports shortness of breath and diaphoresis. His medical history includes hypertension and hyperlipidemia. An ECG shows ST-segment elevation in leads II, III, and aVF. Troponin levels are elevated. Which of the following is the most appropriate immediate management?

- A. Administering intravenous thrombolysis
- B. Emergency percutaneous coronary intervention
- C. Administering intravenous beta-blockers
- D. Initiating anticoagulation therapy with heparin

# Assessments: New Uses for an Old Tool

October 12, 2022 ·

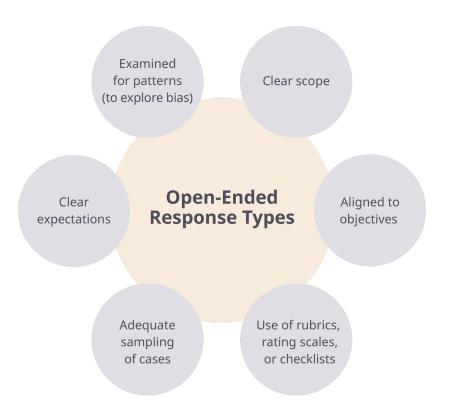
Authors: Meredith Ratliff, MAT MA; Satria Nur Sya'ban, MD; Adonis Wazir, MD; Sarah Haidar, M.Ed., TD.; Sara Keeth, PhD, PMP; Peter Horneffer, MD

Educators and students alike often think of an assessment as the final stop on the path of learning. Our current understanding of cognitive and neuroscience has taught us, however, that assessments can be an invaluable learning tool as well as a means of evaluation. Properly designed and well-written assessments can determine mastery of material, grade or rank students, measure student progress, reinforce learning, motivate students, and provide feedback to instructors (1). Assessments include more than just written exams; they encompass any form of evaluation or appraisal of a student's educational progress by formal or informal means.

# **Multiple Choice Questions**

- The stem (the first part of the question) should fully formulate the problem or question. A student should be able to formulate the correct answer before viewing the responses (5,15).
- The responses should all grammatically match the stem, be homogenous (e.g. all diseases or all tests), and be kept as short as possible (5,15).
- The detractors (wrong answers) should be plausible to an uninformed person but not arguably correct (5).
- The options "all of the above" and "none of the above" should be used sparingly (5).
- Negative phrasing should be avoided but when used, the negative (e.g. "not") should be bold and/or capitalized to ensure it is noticed (5).
- Avoid extreme statements such as always or never (16).
- Questions that are context-rich and include clinical information aid in assessing higher order skills and transfer of learning (13,14,16).
- When creating context-rich questions, put all relevant clinical information first and avoid any ambiguity (16)

# **Open-ended Questions**



# **Performance-based Assessments**





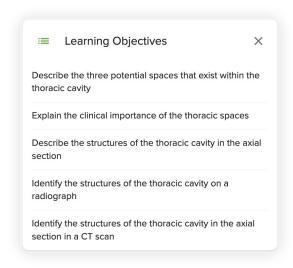
# **How Can Lecturio Help?**



# Determine Objectives and Outcomes

### Time saving feature

Video Lecture objectives



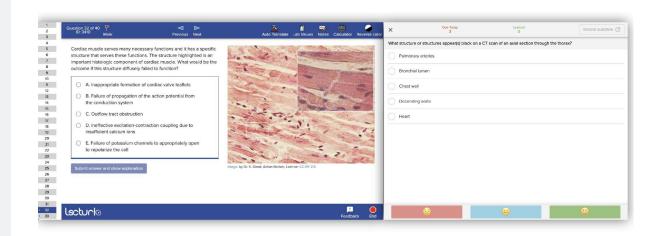
Preset objectives that can help inspire or support educators in determining or matching lesson objectives with assignments through Lecturio



# Align Assessments

## Time saving feature

Qbank and Quiz Questions



Qbank and Quiz Questions repository can act as springboard for educators to align assessments from. Pre-mapped Qbank helps take burden off of educators.



# **Evaluate Learning and Assessments**

## Time saving feature

Learning analytics



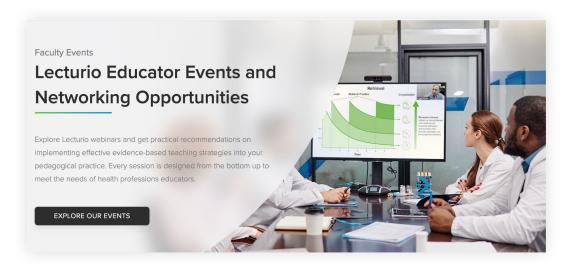
The Learning Analytics data in Lecturio can show where students need work, what questions they find difficult, and what objectives they have already covered. (etc etc)



# Formulate Instructional Strategies

### Time saving feature

Faculty development

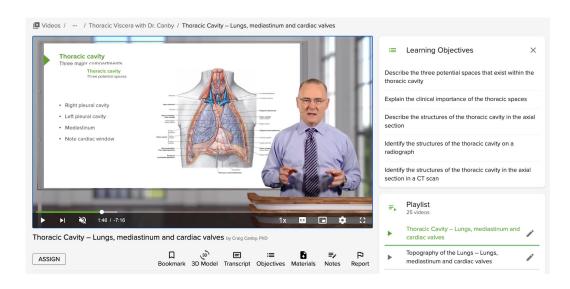


The Lecturio webinars and faculty development workshops can help educators stay up to date on the latest instructional strategies and teaching approaches.



### Time saving feature

Video library

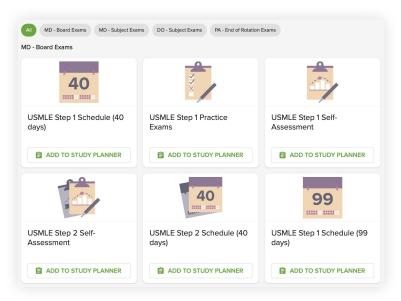


Our video library and concept notes provide a ready-to-use repository of content, making this step much faster.



## Time saving feature

Learning Paths



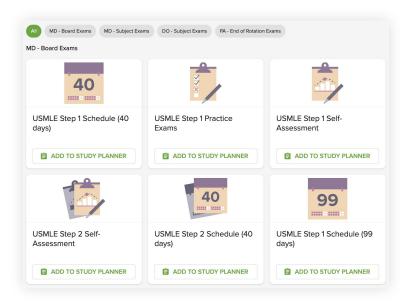
Learning paths save time by providing a ready-to-use and aligned lesson-assessment combination, prepared for you and your students by our team of experts.





# Time saving feature

Learning Paths



Learning paths save time by providing a ready-to-use and aligned lesson-assessment combination, prepared for you and your students by our team of experts.



### Time saving feature

Course mapping

Pre-Medical / Generic

Pre-Medical / MCAT

Pre-Medical / NEET-UG

Pre-Clinical / Generic

Pre-Clinical / USMLE Step 1

Pre-Clinical / COMLEX Level 1

Clinical / Generic

Clinical / USMLE Step 2

Clinical / COMLEX Level 2

Clinical / NEET-PG

Lecturio course mapping can take the burden off of educators by curating content into courses that fit your curriculum and plans.



# Integrate Technology

## Time saving feature

Desktop and App access

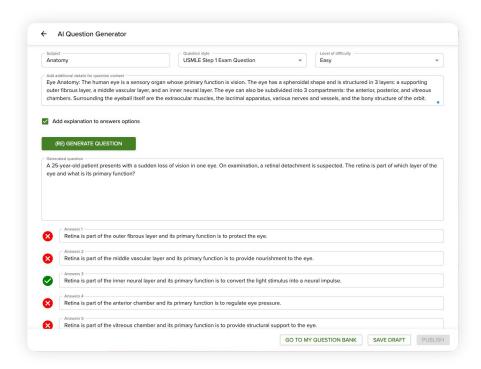


The Lecturio web app and mobile app can be some of the technological tools that teachers include as part of their instructional approach.



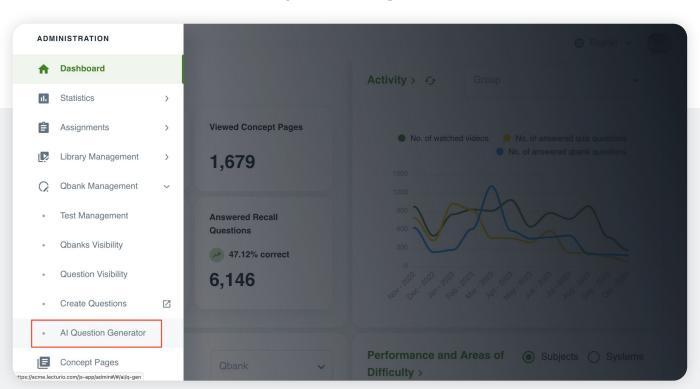
# Write High-Quality Questions

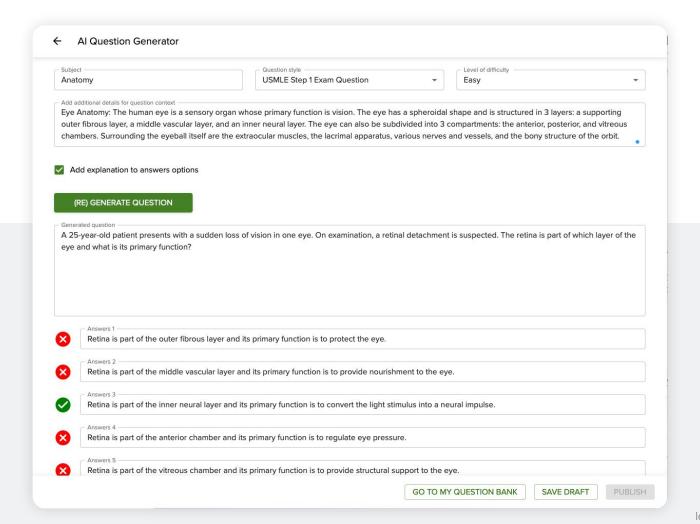
### The AI-Question Writer

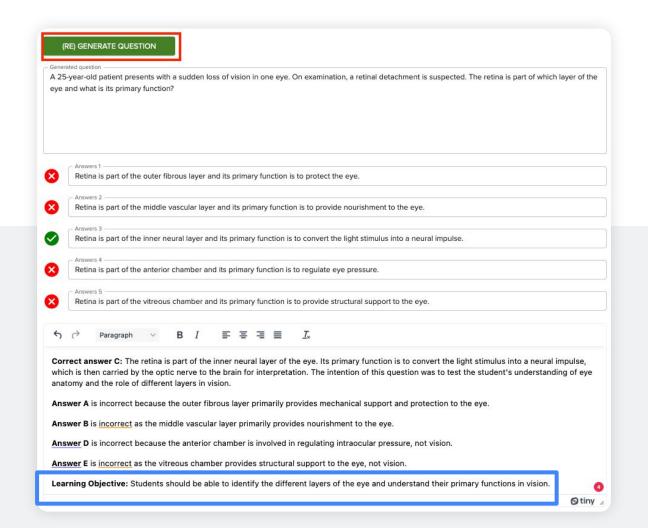


# **Inside Lecturio**

## What the AI question generator looks



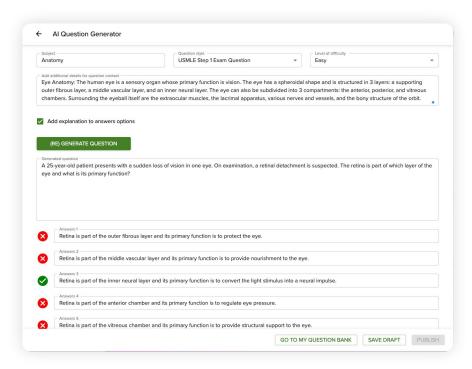






# Write High-Quality Questions

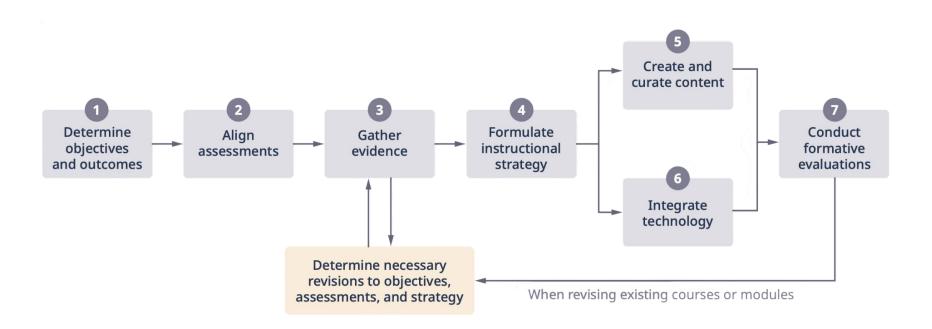
### The AI-Question Writer



AI Question Writer in Lecturio helps educators write questions with AI, in a way that is fast, accurate, and most importantly, still fully under the educator's control / supervision

# **Instructional Design Outline**

## Developing a new course





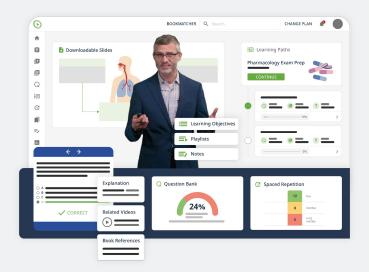
# Other Ways Lecturio can Help

#### The Two Sides of

# **Precision Health Science Teaching**

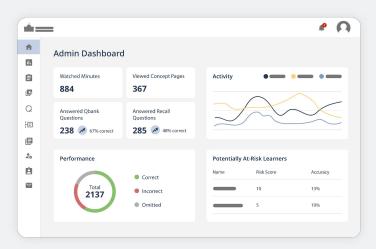
#### **For Students**

#### Personalized smart tutor



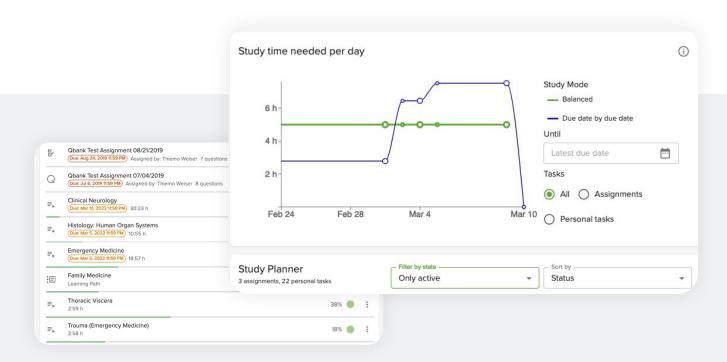
### **For Faculty**

#### Digital teaching assistant





# **Balanced Study Coach Helps Avoid Study Crunches by Planning Ahead**





# Adaptive **Spaced Retrieval** Algorithm Drives

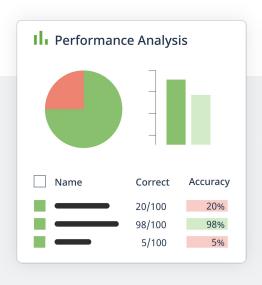
# **Long-Term Mastery**

- Adaptive algorithm improves information recall
- Faculty can track / incentivise compliance





# **Configurable Adaptive Review Supports Effective Self-Directed Learning**



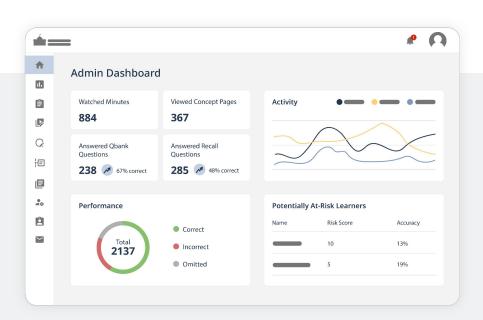




# Comprehensive Tracking Enables a Comprehensive Live Faculty Dashboard

### The system tracks:

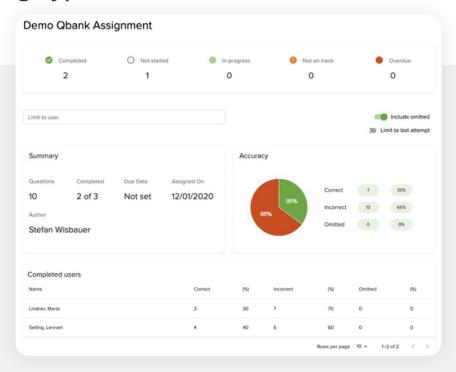
- competence
- confidence
- overconfidence
- spaced repetition adherence
- mastery level
- typical mistakes
- readiness assessments





# **Assignment Stats**

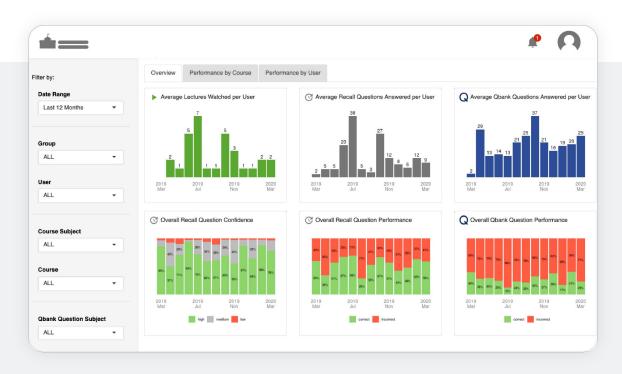
Help Focus Teaching Time on Where Students Struggle Including Typical Mistakes





# **Your Teaching Dashboard**

Aggregate Data With Location Drill-Down on Activity, Competence, Confidence, Over-Confidence





#### Activity Overall activity Your students' overall engagement is excellent. The key figures shown below cover the last 12 Platform Usage > Last 12 months Watched Minutes Viewed Concept Pages 282,530 772 Answered Qbank Questions Answered Recall Questions 37.47% correct 63.72% correct 14,267 207,730 The graphs below show the usage of Lecturio's key resources (video lessons, recall questions, and qbank questions) from month to month. Page 6 of 19

#### International Benchmark Case Questions

| Subject                                        | Accuracy | Accuracy<br>(average all<br>B2U Clients) | Accuracy<br>(average all<br>US Clients) | Delta Global | Delta US |
|------------------------------------------------|----------|------------------------------------------|-----------------------------------------|--------------|----------|
| Mental Health                                  | 43%      | 22%                                      | 19%                                     | 21%          | 24%      |
| Med-Surg                                       | 45%      | 28%                                      | 34%                                     | 16%          | 11%      |
| Fundamentals of<br>Nursing: Theory             | 46%      | 30%                                      | 25%                                     | 16%          | 21%      |
| Leadership                                     | 53%      | 47%                                      | 52%                                     | 6%           | 2%       |
| Ethics                                         | 58%      | 55%                                      | 65%                                     | 3%           | -8%      |
| Fundamentals of<br>Nursing: Clinical<br>Skills | 42%      | 41%                                      | 63%                                     | 1%           | -20%     |
| Pharmacology                                   | 41%      | 45%                                      | 47%                                     | -4%          | -7%      |
| Social<br>Sciences/Ethics                      | 48%      | 54%                                      | 59%                                     | -6%          | -12%     |
| Care of the<br>Childbearing Family             | 34%      | 40%                                      | 51%                                     | -6%          | -16%     |
| Physiology                                     | 37%      | 44%                                      | 48%                                     | -7%          | -11%     |
| Embryology                                     | 35%      | 43%                                      | 45%                                     | -7%          | -10%     |
| OBGYN                                          | 46%      | 54%                                      | 55%                                     | -8%          | -9%      |
| Behavioral Science /<br>Psychiatry             | 41%      | 49%                                      | 58%                                     | -8%          | -17%     |
| Gerontology                                    | 22%      | 35%                                      | 46%                                     | -13%         | -24%     |
| Anatomy                                        | 27%      | 42%                                      | 41%                                     | -14%         | -14%     |
| Immunology                                     | 30%      | 45%                                      | 50%                                     | -15%         | -20%     |
| Psychiatry                                     | 37%      | 52%                                      | 58%                                     | -15%         | -22%     |
| Microbiology                                   | 30%      | 47%                                      | 52%                                     | -17%         | -21%     |
| Biochemistry                                   | 23%      | 47%                                      | 48%                                     | -17%         | -21%     |
| Pathology &<br>Pathophysiology                 | 23%      | 50%                                      | 56%                                     | -20%         | -24%     |
| Pediatrics                                     | 29%      | 51%                                      | 58%                                     | -22%         | -29%     |
| Internal Medicine                              | 28%      | 52%                                      | 53%                                     | -23%         | -25%     |

Page 15 of 19





# **Easy Integration With Your Existing Setup**

#### LMS / Testing











Deep Linking LTI SSO

Proctoring Integrations



Session Prep: Strengths & Weaknesses, Typical Mistakes

> Content & Recording Upload

#### **Live Teaching & Training**









#### **Data Lake / Analytics**





# Other ways Lecturio can help

**Lecture Preparation** 

Testing-as-learning assignments

Early High-Risk Identification

Simulation (De)Briefing

In-Class Use (Quiz, Qbank)

**Blended Learning** 

**Exam Prep** 

Faculty Development

**Formative Assessment** 

Flipped Classroom

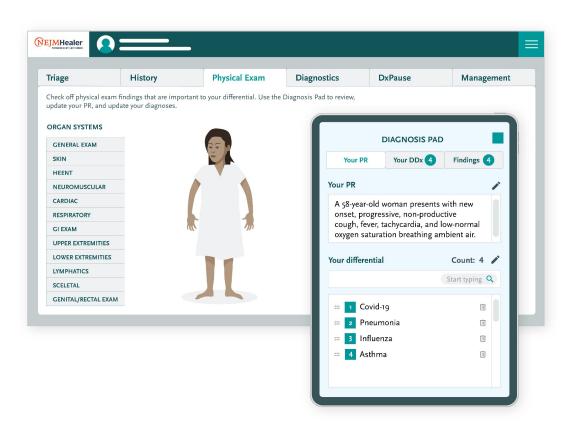
**Remediation Support** 

**Data Analytics Support** 

Summative Assessment TBL/PBL support (iRATS, tRATs ...)

Clerkship Support Proctoring (via integration)

# **Lecturio Acquires NEJM Healer**













# Let's Teach

Evidence-Based Medicine in an **Evidence-Based** Manner

Request a demo:

institutions@lecturio.com www.lecturio.com





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### Medical



### Nursing













# **Thank You for Joining**

Contact us: learning-science@lecturio.de

