
Turning up the Tech for High Touch Teaching

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Conflict of Interest Disclosure

I have no interest or participation in the companies, organizations or tools presented in this presentation.



Technology Improves Learner Outcomes

- A. Yes, in some cases
- B. The evidence is inconclusive
- C. Who cares, learners show greater satisfaction with learning when technology is used well.



Resources and Settings



Resources

- Creative Commons
- MedEdPortal



Large Groups

- Audience Response
- Virtual Laboratories



Small Groups & Bedside

- Online Lessons
- Whiteboards at the Bedside

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Briefly...

Attribution means:

You let others copy, distribute, display, and perform your copyrighted work - and derivative works based upon it - but only if they give you credit.



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You let others copy, distribute, display, and perform your work - and derivative works based upon it - but for noncommercial purposes only.



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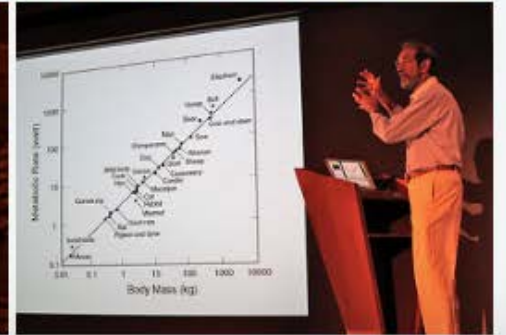
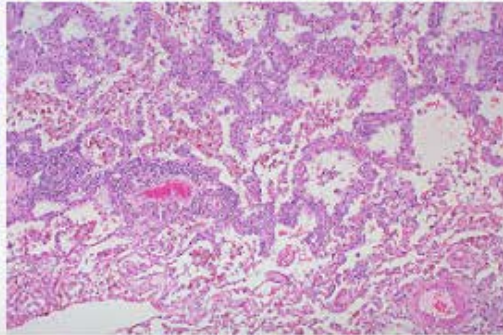
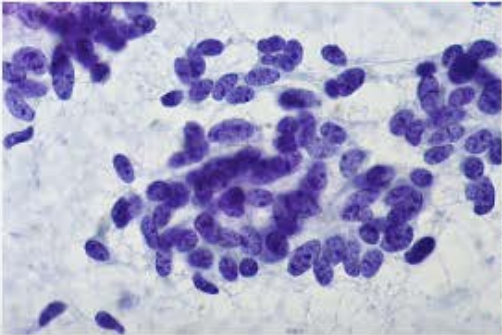
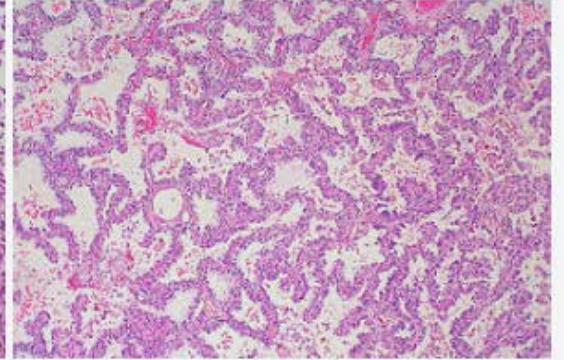
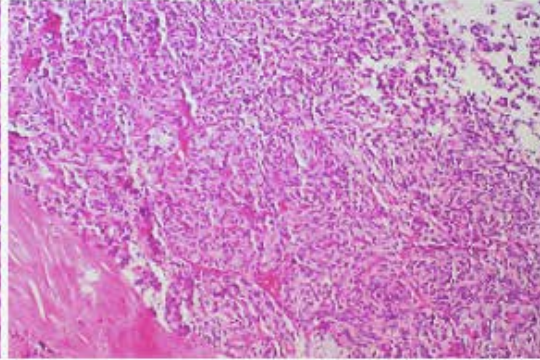
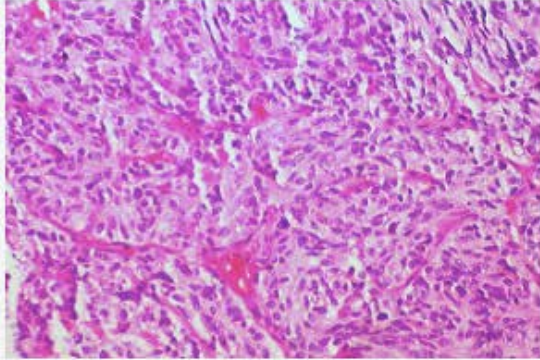
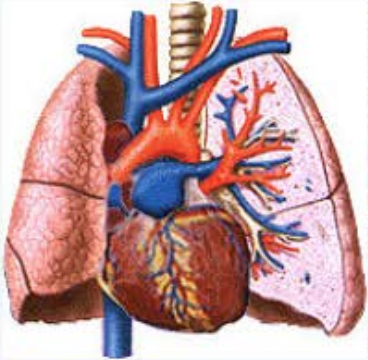
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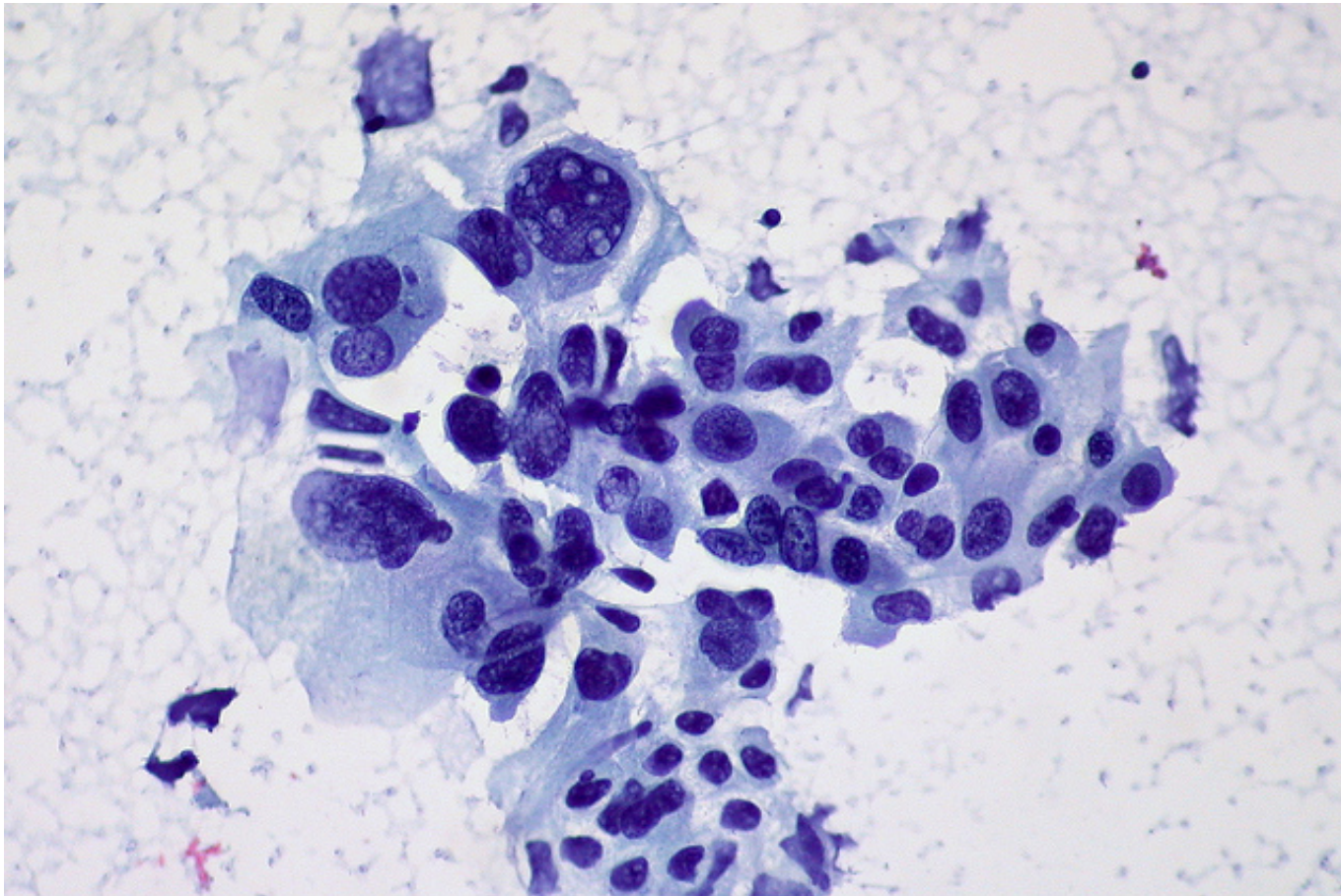


Everyone's photos

View all 88



Non-small Cell Carcinoma of the Lung



Ed Uthman at <https://hec.su/dyLj>

What is NOT a primary feature of malignancy?:

- A. Variation in nuclear size and shape
- B. Irregularly distributed nuclear chromatin
- C. Small nucleoli





AAMC MedEdPortal

MEDEDPORTAL® IS A FREE, PEER-REVIEWED PUBLICATIONS REPOSITORY THAT PROVIDES HEALTHCARE PROFESSIONALS ACROSS THE CONTINUUM WITH EFFECTIVE AND EFFICIENT EDUCATIONAL TOOLS TO IMPROVE PATIENT CARE. | **GO:** WWW.MEDEDPORTAL.ORG

Regarding MedEdPortal I have:

- A. Never Heard of MedEdPortal
- B. Searched MedEdPortal
- C. Used Materials from MedEdPortal
- D. Submitted to MedEdPortal



What will you find?



A search for **PULMONARY MEDICINE** yields **54** results
organized by **ACGME competency, instructional
method, assessment type, learner
audience, format,** and more.



Example: Pleural Space Animation

Filter: Pulmonary Medicine | Professional Post-Graduate | Animation

▼ The Pleural Space

Format: Animation

Published: April 24, 2014

Primary Author: Ricardo Gonzalez-Rothi, MD

Institution: Florida State University College of
Medicine



Understanding the pleural space and the various events leading to the development of pathologic accumulation of pleural fluid (pleural effusion) can be daunting. The didactics involved in conveying the imaging, the lab values in assessing pleural effusions often overwhelm the learner, leaving them wanting for a conceptual approach to pleural effusion. We have developed a concise animation that summarizes in conversational...

Citation

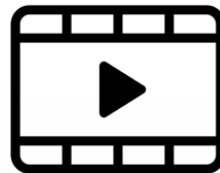
Gonzalez-Rothi R, Slade J. The Pleural Space. MedEdPORTAL Publications; 2014. Available from: <https://www.mededportal.org/publication/9783>





THE FLORIDA STATE UNIVERSITY
COLLEGE OF MEDICINE

The Pleural Space



Mesothelial cells of
parietal pleura

Chest
Wall

Pleural
Space



03:44 -05:27



Resources and Settings



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Large Groups

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- Virtual Laboratories



Small Groups & Bedside

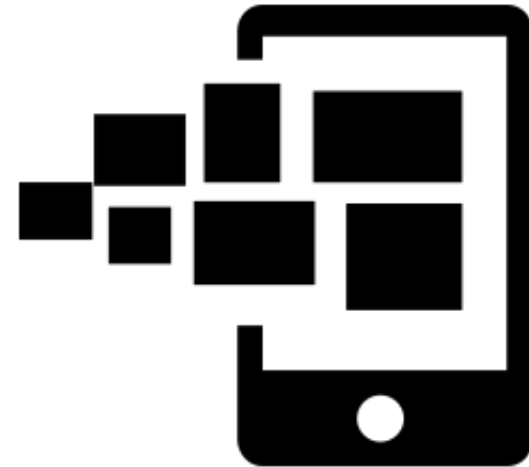
- Online Lessons
- Whiteboards at the Bedside

Audience Response

USED TO CREATE INTERACTIVITY BETWEEN A PRESENTER AND HIS/HER AUDIENCE. GO:MEDED.UCSF.EDU/TEE/POLL-EVERYWHERE

Using Audience Response Effectively

- Encourage discussion or debate by having multiple correct answers
- Access gaps in your learners' knowledge and build understanding
- Refresh what they've learned
- Highlight subtleties or dispel myths and misconceptions
- Crowd source information

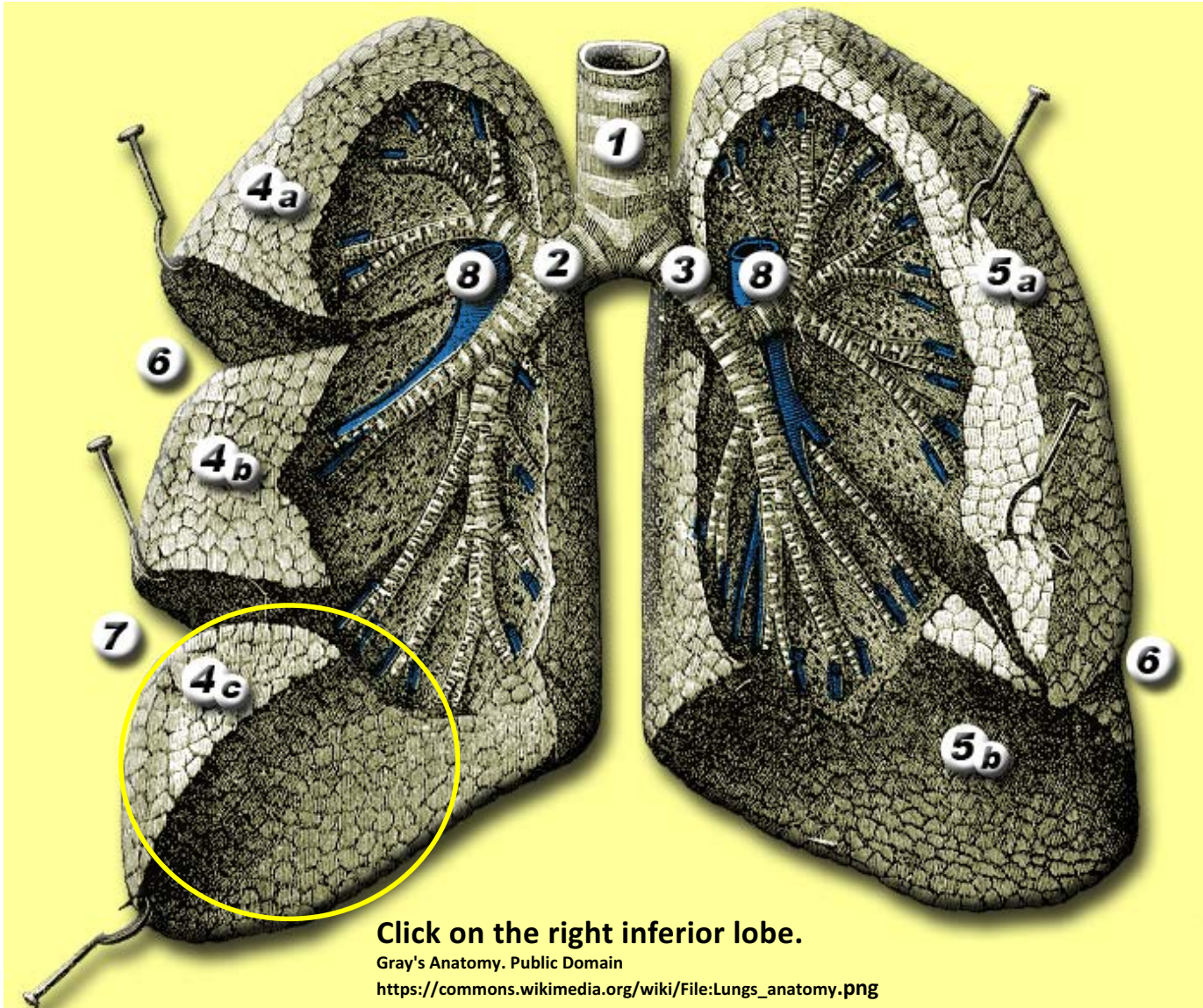




socrative



Poll Everywhere



Click on the right inferior lobe.

Gray's Anatomy. Public Domain
https://commons.wikimedia.org/wiki/File:Lungs_anatomy.png

Virtual Laboratory

USED TO SIMULATE A LABORATORY EXPERIENCE WHEN LEARNERS DON'T HAVE DIRECT ACCESS OR AS AN ORIENTATION BEFORE THE PHYSICAL EXPERIENCE.

Organs: Pulmonary

Spirometry: Lung Volumes



Dana Rohde, PhD

00:00 | -03:46



University of California
San Francisco
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The Biopac Student Lab® - Lesson 12 (Lung capacity)

File Display Lessons

Find Volume Done Redo 12 Overlap Split

0	min	1.21026	0	max	1.21026	0	p-p	0.00E+000	0	mean	1.21026	0	stddev	0.00E+000
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You may toggle between display modes with 'Overlap'.
You may re-do lesson 12 by clicking on the 'Redo 12' button.
Click on the 'Done' button when finished.

00:49 - -02:57

Inserting a virtual lab into my didactic:

- A. Links the skill to the knowledge
- B. Saves time preparing the lab
- C. Looks cool
- D. yep, all that stuff above.



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-

Online Lesson

A SHORT VIDEO LESSON USED TO TEACH 1 OR 2 LEARNING OBJECTIVES. OFTEN USED TO CONVERT (FLIP) CLASSROOM TIME TO MORE HIGH-TOUCH TEACHING ACTIVITIES.

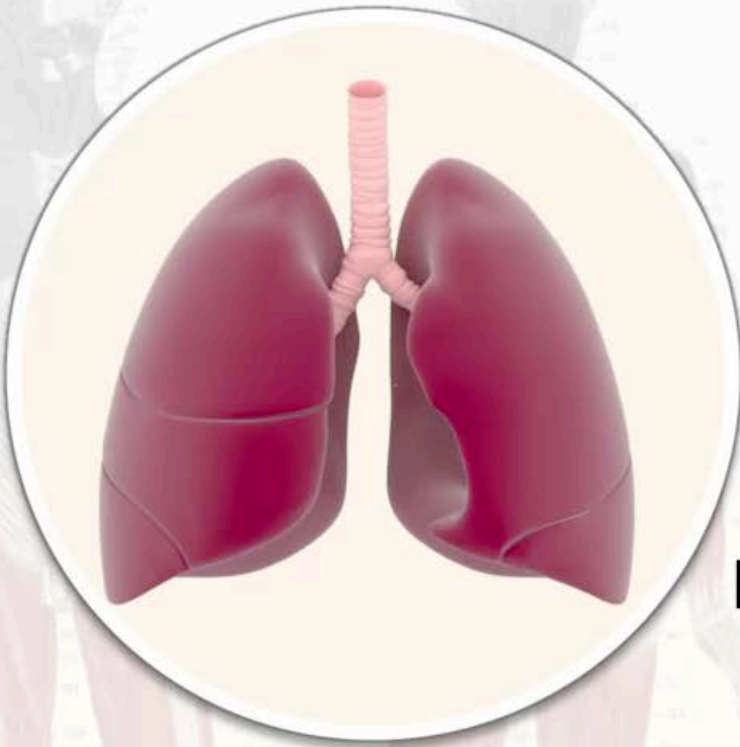
GO:MEDED.UCSF.EDU/TEE/SCREENLESSON



Organs: Pulmonary

Restrictive Lung Disease

Part V: Idiopathic Pulmonary Fibrosis (IPF)



Leslie Zimmerman, MD



University of California
San Francisco

advancing health worldwide™

Idiopathic Pulmonary Fibrosis (IPF): Presentation

Limited to lung

Increasing dyspnea

Clubbing more common than some other
ILDs

As progresses

- Hypoxemia
- Pulmonary HTN



00:08



-07:02

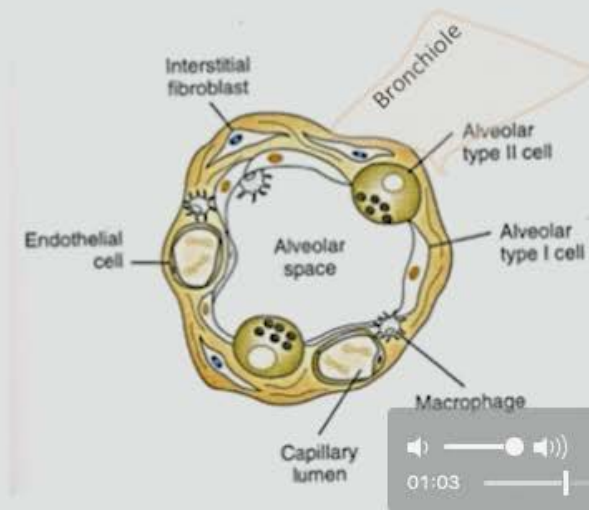
Idiopathic Pulmonary Fibrosis (IPF): Pathogenesis

Caused by injury or inflammation of the alveolar wall or smallest airways, which can lead to fibrosis

Pathological term: Usual Interstitial Pneumonia (UIP)

Key clinical features:

- ❖ Limited to the lung (*not "systemic"*)
- ❖ Older adults (60 year +); male predominance
- ❖ Typically former (or current) smokers
- ❖ Relentlessly progressive with 5-10 year life span post diagnosis



From Murray & Nadel's "Textbook of Respiratory Medicine"

Pathogenesis:

- ❖ **Unclear:** Abnormal repair to "micro-injury" of alveolar epithelium and basement membrane?
- ❖ Fibroblasts increase in number, change to myofibroblasts and secrete more collagen
- ❖ Aggregates called "fibroblastic foci"

Whiteboard Collaboration at the Bedside

- **Great for teaching scripts**
- Annotate, objects, graphs, and text.
- Load select teaching images from a “drop-box” library
- Share drawings, image, pdf with learners
- Share and annotate important articles





Online Whiteboard

Cloud based Collaboration

Collaborative Whiteboard with built-in voice conferencing.



PDF Collaboration

Real-time Interactive

Collaborative annotation and e-signatures on PDF docs. Annotate, e-sign and seal.



Web Sharing

iPad to browser

Presentation/Screen sharing from iPad to browser for boardrooms and classrooms.

Enhanced Security



256 bits encryption

SSL connectivities, password protected, encrypted storage.

Snapshots sharing



All on-demand

Snapshots, storing, retrieval and export to Web/Facebook/Twitter/Evernote.

Absolutely Free



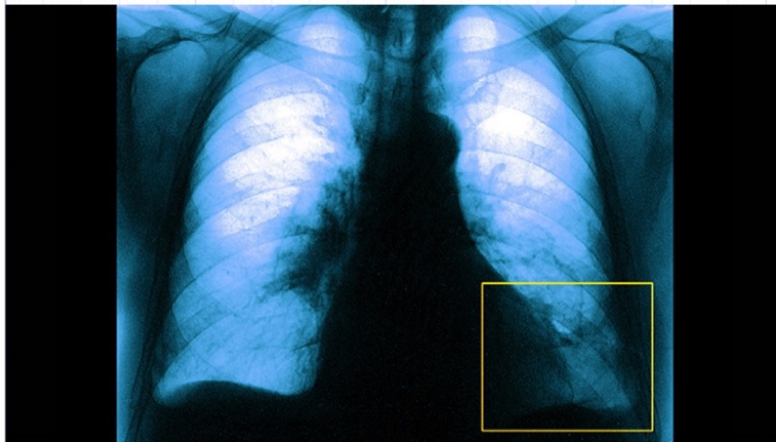
Host your meetings

Get your BaiBoard, sketch things up and host meetings, all for free.



Google docs
Alternative Tool

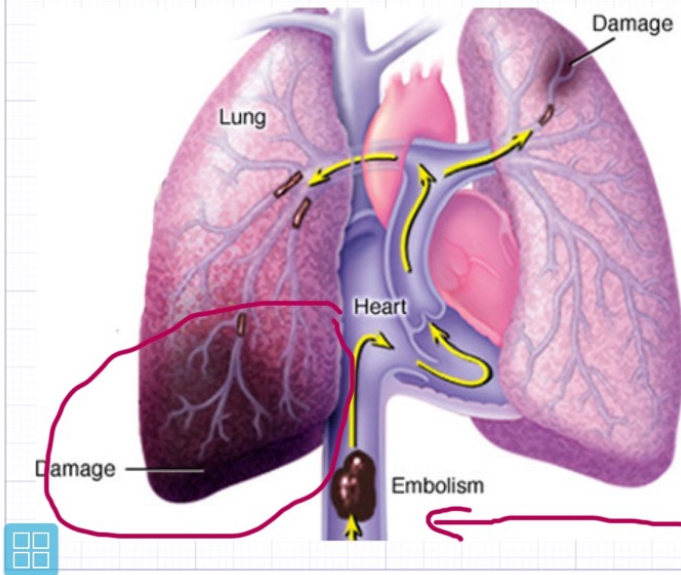
<http://www.baiboard.com/>



Symptoms

Main symptoms of a pulmonary embolism include chest pain that may be any of the following:

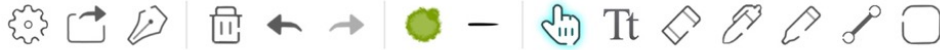
- Under the breastbone or on one side
- Sharp or stabbing
- Burning, aching, or a dull, heavy sensation
- Often gets worse with deep breathing
- You may bend over or hold your chest in response to the pain



vhrm-10-627.pdf

← Review Article

PULMONARY Embolism



Vascular Health and Risk Management

 Open Access Full Text Article

Direct oral anticoagulants in the treatment of venous thromboembolism, with a focus on patients with pulmonary embolism: an evidence-based review

Dovepress
open access to scientific and medical research

REVIEW



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M^a Luisa Suárez-Gea¹
Ramón Lecumberri²
Ana Isabel Terleira-Fernández^{3,4}
Emilio Vargas-Castrillón^{3,4}

¹Division of Pharmacology and Clinical Evaluation, Medicines for Human Use, Spanish Agency for Medicines and Medical Devices (AEMPS), Madrid, Spain; ²Department of Hematology, University Clinic of Navarra, Pamplona, Spain; ³Department of Clinical Pharmacology, Hospital

Abstract: Pulmonary embolism (PE) is a relatively common cardiovascular emergency. PE and deep vein thrombosis (DVT) are considered expressions of the same disease, termed as venous thromboembolism (VTE). In the present review, we describe and meta-analyze the efficacy and safety data available with the direct oral anticoagulants (DOAC; dabigatran, rivaroxaban, apixaban, edoxaban) in clinical trials testing these new compounds in the acute/long-term and extended therapy of VTE, providing subgroup analyses in patients with index PE. We analyzed ten studies in 35,019 randomized patients. A total of 14,364 patients (41%) had index PE. In the acute/long-term treatment of VTE, the DOAC showed comparable efficacy in preventing recurrent VTE to standard treatment in patients with index PE (risk ratio [RR]: 0.88; 95% confidence interval [CI]: 0.70–1.11) and index DVT (RR: 0.93; 95% CI: 0.75–1.16) (*P* for subgroup differences = 0.76). VTE recurrence depending on PE anatomical extension and presence/absence of right ventricular dysfunction was only reported in two trials, with results being consistent with those obtained in the overall study populations. In the single



Questions?

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