

Student-led projects: Using Xerte for authentic summative assessments

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Examples

Male Catheterisation

Stage One - Gathering equipment



Transcript

Male Catheterisation

Quiz - Indications and Contra-Indications

You may like to take this opportunity to test your knowledge of the indications and contra-indications for urinary catheterisation. Select the correct option for each question and then check if your answer is correct by clicking on the **Submit** button.

Question 1 of 3

Mr Okafor presents to the Emergency Department with an eight hour history of inability to pass urine and increasingly severe suprapubic pain. On examination he is in notable discomfort with a distended and tender bladder. There is dullness to percussion to just below the umbilicus. Neurological examination is unremarkable. His past medical history includes hypertension and benign prostatic hyperplasia. Which of the following is the most likely diagnosis?

- Acute urinary retention
- Chronic Urinary Retention
- Renal malignancy
- Constipation

Submit Next Restart

Feedback

This is the correct answer. Acute urinary retention is the sudden inability to pass urine. It is usually painful and requires urgent treatment with a catheter. Benign prostatic hyperplasia is a common cause of acute urinary retention. Other causes can include meatal stenosis, urethral strictures, faecal impaction, infection (e.g. prostatitis), neurological (e.g. multiple sclerosis, Parkinsons) and prostate, bladder or gastrointestinal cancers.

This is incorrect. Patients with chronic urinary retention may be asymptomatic.

Examples

Male Catheterisation

Documentation

It is essential that you now document this procedure in the patient's notes.

Imagine that you are the junior doctor who has completed the catheterisation procedure for Mr Okafor. Practice documenting the procedure in the space below.

Once you have answered you can check that you have included all the essential information by clicking on the Feedback button, or by listening to the narration by pressing the play button ▶.

Feedback

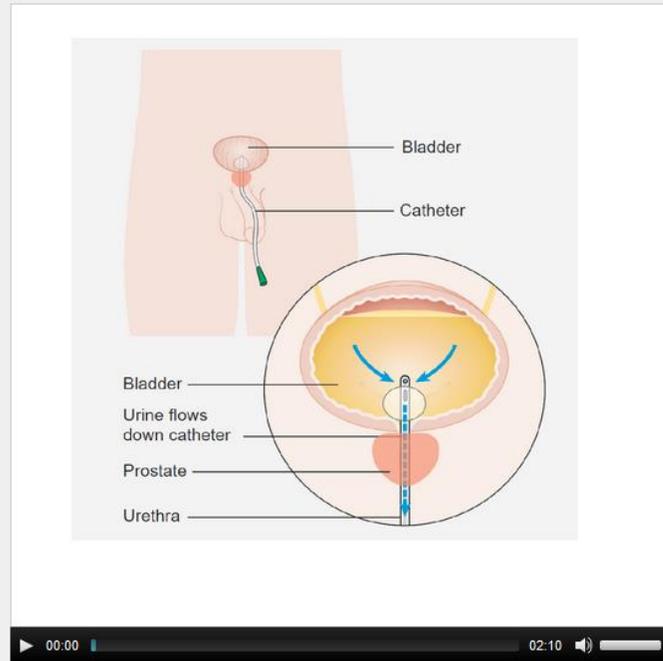
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Male Catheterisation

Male Catheterisation



00:00 02:10 🔊 🔇

Transcript ▲

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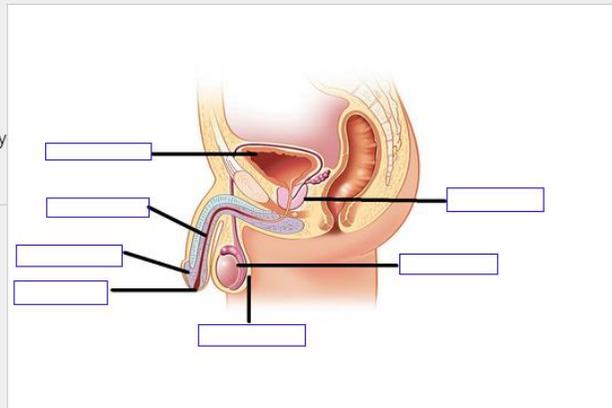
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Examples

Male Catheterisation

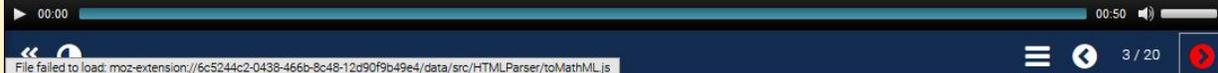
Let's Recap - Male Anatomy

Drag and drop the labels to identify the anatomy of the male urinary tract. When you have finished, click on the **Submit** button in the lower right hand corner to check your answer. You can then listen to a summary of the key anatomical knowledge needed to understand the skill of catheterisation by clicking on the **play button** below.



Scrotum Urethral meatus Bladder Glans penis Prostate Testes Urethra

Submit



Male Catheterisation

Summary Quiz

Now, test your knowledge of male urinary catheterisation using the quiz. Select the correct option for each question and then check if your answer is correct by clicking on the **Submit** button.

Question 1 of 4

Mr Mbabazi is ready for discharge after an admission to the urology ward for a transurethral resection of the prostate (TURP). His catheter was removed early this morning but Mr Mbabazi has been unable to pass urine since and a bladder scan shows 900ml of urine in the bladder. Your registrar has asked you to re-catheterise Mr Mbabazi and he will be discharged to return to the trial without catheter (TWOC) clinic next week.

Which of the following should you document in Mr Mbabazi's notes after completing the procedure? There may be more than one correct answer.

- Catheter details
- Volume of water used to inflate the balloon
- Indication for procedure
- Name and role of chaperone

Submit

Next

Restart



Examples

How to Write in Patients' Notes

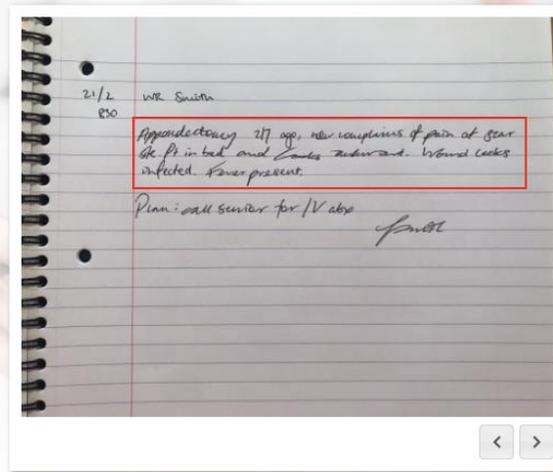
Bad Writing

This is an example of bad writing in patients' notes. Click to discover what can be improved in this entry.

Not enough detail

Inadequate description. Ensure that you are more thorough, noting what has led to you coming to this clinical conclusion so that others can build a picture of what you saw.

If you were mistaken, there is no description of what the wound actually looked like. This also prevents comparison in the future and makes it impossible to understand if the situation has changed.



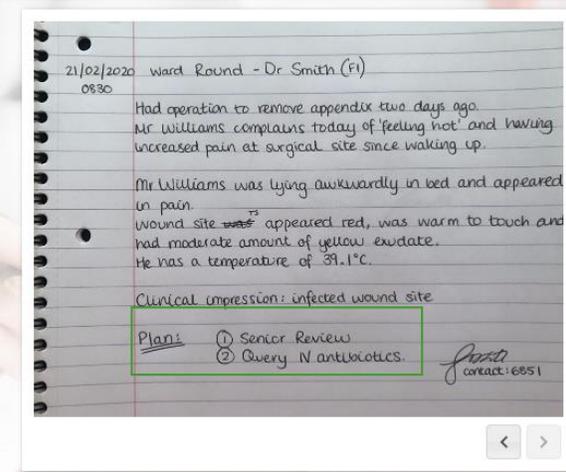
How to Write in Patients' Notes

Good Writing

This is a good example of how to write in patients' notes. Click to identify what are the good points about this entry.

Plan

Your plan should always be the last thing you write. Its location should be clearly marked, and each action should be on its own line for clarity.



00:00

01:40



10 / 23

00:00

01:02



11 / 23

Examples

How to Write in Patients' Notes
SOAP: A Format for Writing in the Notes

The 'SOAP' structure is a format used for writing in patients' notes.

S Subjective
O Objective
A Assessment
P Plan

Click on each letter on the right-hand side of the screen to find out more.

SOAP is not the only note-taking structure used by healthcare professionals, but is an example of one you can use.

Subjective: this is what the patient explains to you.

The patient's statement could be written enclosed in quotations if appropriate. Write in the first person and keep it in the patient's own words.

What and where is the problem?
What did the patient say?

Take a medical history from the patient and document this.

For example: the patient said they "felt funny". They have never

02:21 13 / 23

How to Write in Patients' Notes
Drag and Drop

Doris has returned from her operation on her hip. She is seen by a physiotherapist (John) and a Doctor (Kate). Kate and John both make note of their encounters with Doris using the SOAP format.

Doris is medically healthy (Kate)

Drag and Drop their statements into the correct category of 'SOAP'.

Subjective	Objective	Assessment	Plan
Doris says she fell getting out of bed (John)	Doris' X-ray from theatre shows that the hip is aligned (Kate)	Doris is recovering well from surgery (John)	Begin discharge planning and contact occupational therapy (Kate)
		She has undergone a successful operation (Kate)	

Check Answers

01:52 15 / 23

Examples

How to Write in Patients' Notes
Feedback

e-Learning Tutorial Feedback

0% complete

Page 1: How to Write in Patients' Notes: Feedback

Thank you for carrying out this tutorial on 'How to Write in Patients' Notes'. We ask that you please complete the following short survey to feedback about your experience. This should only take a few minutes.

1. What degree do you study? * *Required*

Medicine

Physiotherapy

00:00 00:11

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Student quotes

"I **enjoyed** exploring Xerte and creating my own learning module"

"The online material and the **assignment was great**"

"Being able to **pick** any topic you want as the focus of the e-learning module"

"The fact part of the module is group work and lots of **freedom** is allowed with regards to ideas for e-Learning module"

"Making the e-learning software was **fun**"

Outline of curricula

Learning Theories

Instructional Design Frameworks

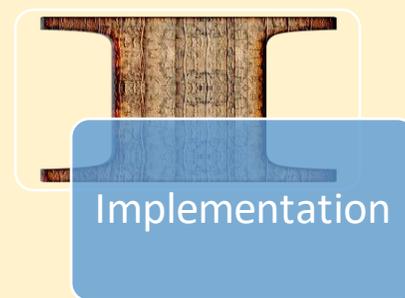
Multimedia Design Principles

Learning Outcomes

Storyboarding

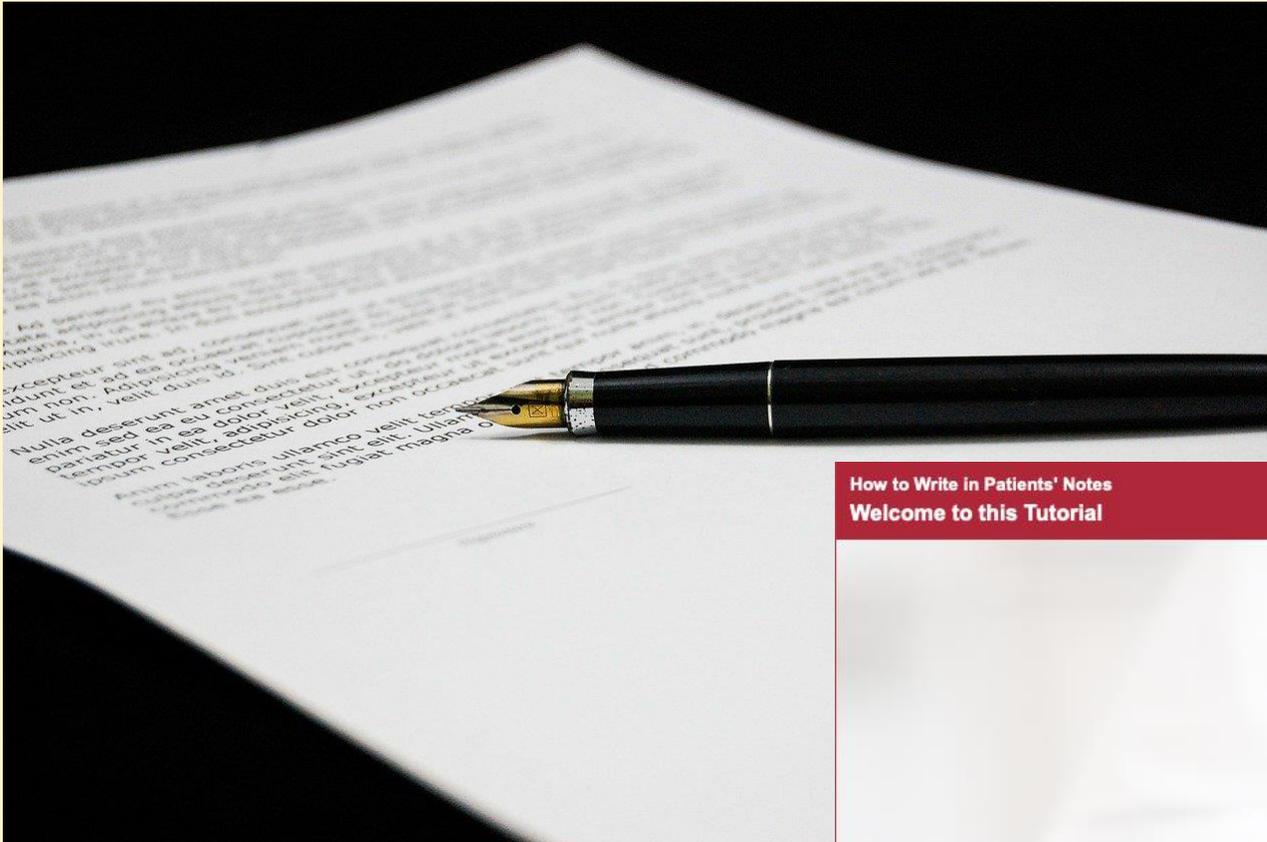
Using Xerte

Evaluation Methodology



Assessment

Project



Essay

How to Write in Patients' Notes
Welcome to this Tutorial

How to Write in Patients' Notes

00:00 00:05

1 / 23

A screenshot of a video player interface. The video content shows a person in a white lab coat writing on a clipboard. The video title is "How to Write in Patients' Notes" and the subtitle is "Welcome to this Tutorial". The video progress bar shows 00:00 / 00:05. The player controls include a play button, a volume icon, and a page indicator showing 1 / 23.



Lessons
learned

Questions?



Resources

- Luke, K., Kiss, F. and Vyas, J. 2019. Authentic assessments: building interactive learning objects. Presented at: Cardiff University Learning & Teaching Conference 2019: Authentic Learning, Cardiff, Wales, UK, 11 Sept 2019. <http://orca.cf.ac.uk/125267/>

Rubric

ME3099: COURSEWORK ASSESSMENT RUBRIC: ESSAY (50%)

⊕* Arbitrator may not be required. If arbitrator does **not** agree with assessor's mark, discuss with first assessor and **agree** a final mark.

STUDENT ID:	MODULE:		ME3099		QUESTION	JUSTIFICATION ESSAY	FINAL MARK (%): PLEASE CALCULATE USING WEIGHTED MARKS			
ASSESSOR NAME:	ARBITRATOR NAME*:				AGREE WITH ASSESSOR'S MARK?:	YES / NO				
DESCRIPTOR	OUTSTANDING	EXCELLENT	COMPREHENSIVE	GOOD	FAIR	BARE PASS	FAIL	INSUFFICIENT	UNSATISFACTORY	POOR
	<i>Exceptional content, independent, innovative, flair, high level of analysis, informed</i>	<i>Accomplished, ambitious, detailed and accurate content, sustained quality in all areas</i>	<i>Rigorous, methodical, analytic, content meets all the requirements of the work, few errors or omissions</i>	<i>Competent, reasoned, coherent, content very sound, few errors/omissions</i>	<i>Satisfactory, relevant, content meets many of the required elements, some errors/omissions</i>	<i>Passable, basic relevant content evident, weaknesses in execution, errors/omissions</i>	<i>Not passable, evident weaknesses, gaps in content, evident errors/omissions</i>	<i>Inadequate, irrelevant content, extensive errors/omissions</i>	<i>Little or no relevant content, extensive errors/omissions</i>	<i>No relevant content, extensive errors/deficient.</i>
% Grade	100%	85%	75%	65%	55%	45%	35%	25%	15%	5%
Weighted Mark	40	34	30	26	22	18	14	10	6	2
Knowledge & Understanding (40%)	Knowledge and Understanding - Using knowledge of relevant theories and subject literature, demonstrating an understanding of the dimensions of the discipline/ topic, its relationship to other frameworks, and the boundaries in which the subject matter is situated.									
DESCRIPTOR	OUTSTANDING	EXCELLENT	COMPREHENSIVE	GOOD	FAIR	BARE PASS	FAIL	INSUFFICIENT	UNSATISFACTORY	POOR
%Grade	100%	85%	75%	65%	55%	45%	35%	25%	15%	5%
Weighted Mark	30	25.5	22.5	19.5	16.5	13.5	10.5	7.5	4.5	1.5
Synthesis & Critical Thinking (30%)	Synthesis and Critical Thinking - Logical reasoning, synthesis and combination of different viewpoints dealing with complex and conflicting information, and. Drawing conclusions in the absence of complete data.									
DESCRIPTOR	OUTSTANDING	EXCELLENT	COMPREHENSIVE	GOOD	FAIR	BARE PASS	FAIL	INSUFFICIENT	UNSATISFACTORY	POOR
%Grade	100%	85%	75%	65%	55%	45%	35%	25%	15%	5%
Weighted Mark	15	12.75	11.25	9.75	8.25	6.75	5.25	3.75	2.25	0.75
Conforming to Instructions (15%)	Conforming to instructions - Working to objectives and standards, including word lengths, appropriate methodologies, and academic conventions including referencing style.									
DESCRIPTOR	OUTSTANDING	EXCELLENT	COMPREHENSIVE	GOOD	FAIR	BARE PASS	FAIL	INSUFFICIENT	UNSATISFACTORY	POOR
%Grade	100%	85%	75%	65%	55%	45%	35%	25%	15%	5%
Weighted Mark	15	12.75	11.25	9.75	8.25	6.75	5.25	3.75	2.25	0.75
Professional values and behaviours (15%)	Professional values and behaviours - Adopting a professional approach and demonstrating competence, using evidence in a professional context, considering appropriate ethical dimensions and, where appropriate, working within and across related professional contexts. <i>Things to consider: Insight into the interprofessional context</i>									

A mark of 0% shall be applied for work submitted late, non-submission, or absence from the assessment where Extenuating Circumstances do not apply.

Teaching Medical Students How to Interpret Chest X-Rays: The Design and Development of an e-Learning Resource

This article was published in the following Dove Press journal:
Advances in Medical Education and Practice

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Michal Tombs²

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Introduction: The teaching of radiology to medical students has often been criticised for being inadequate and unstructured, with students reporting lack of confidence in assessing x-rays. In this paper, we describe how an e-learning resource, on how to interpret a chest x-ray for medical students, was designed and developed. The aim of the resource was to provide medical students with knowledge of how to interpret a chest x-ray in a systematic approach.

Methods: The technology used to design the e-learning resource was Xerte Online Toolkits. The design and development of the e-learning resource was based upon andragogical principles and followed Overbaugh's guidelines and Mayer's 12 multimedia principles. An instructional design model called ADDIE was used to help develop the resource and its content. These included cases of common conditions, a quiz and summary table at the end. The paper focuses mainly on the way in which instructional design, education and multimedia principles were used to inform the development of the resource.

Findings: A preliminary evaluation was completed by 18 medical students from year 3–5 who completed the e-learning resource. The feedback was positive with an average rating of 9/10 and 100% of students saying they would recommend the resource to a colleague. Students commented that they liked the resource as it was easy to navigate, had good visual learning and contained good explanations with relevant content.

Conclusion and Future Implications: This paper demonstrates how, with the use of instructional models, educational theories and principles, an e-learning resource can be created. Preliminary evaluation showed that students were satisfied with the resource and felt it helped them acquire knowledge on how to interpret chest x-rays. This resource can be further utilized either as a standalone resource or before starting clinical placements and may prove particularly useful in the current and challenging learning environment where there is an increased need for digital resources.

Teaching Medical Students About Attention Deficit Hyperactivity Disorder (ADHD): The Design And Development Of An E-Learning Resource

This article was published in the following Dove Press journal:
Advances in Medical Education and Practice

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Michal Tombs²
Katy Surman³

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Abstract: In this paper, we describe how an e-learning resource on Attention Deficit Hyperactivity Disorder (ADHD) for medical students was designed and developed. The aim of the resource was to provide students with essential knowledge and understanding about ADHD prior to their attendance at a classroom teaching session as well as to serve as a revision tool. The paper focuses on the way in which instructional design, educational and multimedia principles were used to inform the development of the resource. It also reports results of a small-scale evaluation of students' satisfaction with the resource and the way in which they believed it impacted knowledge acquisition of ADHD related concepts and principles. In addition, we consider ways in which the resource could be further utilized and evaluated, for example as part of a flipped classroom approach to learning, and whether this would be a useful model to use when teaching other aspects of Child and Adolescent Psychiatry.

Keywords: ADHD, ADDIE, PACT analysis, instructional design, multimedia principles, flipped classroom

Introduction

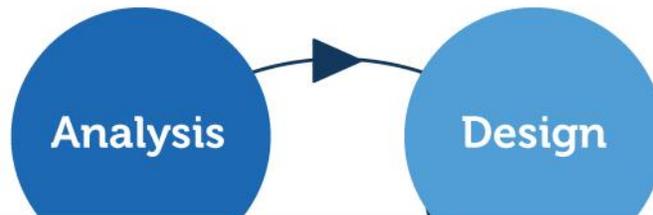
What is this resource?

This short resource gives an overview of the process of developing online learning resources. It is intended both as a **practical guide** to understanding the steps that we need to take when producing learning resources, and as means of **highlighting the theoretical and conceptual frameworks** that underpin good learning design.

The hope is that the workflow outlined here will promote a more **consistent and transparent approach to developing resources**.

Overview of workflow (An instructional design model)

The process outlined in this resource uses the 5-step **ADDIE model**. We will look at each of these over the following pages.



i More information

Here is where you will find additional information on the theory or background, as well as links out to other helpful resources or templates.