



Inspiring examples of educational innovation with ICT

Team Digital Learning and Innovation
Erasmus University Medical Center

PROGRAM

Opening

Prof.dr. Walter van den Broek

Director medical education Erasmus MC

Introduction

Dr. Mary Dankbaar

Program manager e-learning Erasmus MC

Coffee break

10.15 hr

Parallel sessions I

10.30 hr

Parallel sessions II

11.15 hr

Wrap-up

12.00 hr

Lunch

12.10 hr

Who are
you?





Program

'Quality impulse with e-learning'

Innovation approach

- ▶ Plan with general goals, activities, a budget to improve the quality of education with e-learning
- ▶ Advisory board E-Learning: stimulate & evaluate (teachers from different academic programs, students, team DLI)
- ▶ In collaboration with academic directors: define specific goals for ICT in bachelor/ master
- Framework to assess plans and initiatives

Program

'Quality impulse with e-learning'

Stimulate, staff development & support

1. Invite students to come up with new ideas
 - competition with prizes –
2. Invite teachers to present ideas and plans
 - advise, support (website) with templates & guidelines)
3. Staff development
 - workshops (blended design), e-lunches, symposium
4. Support by instructional designers, monitoring
 - feedback on plan, written manuscript,
 - produce, evaluate and adapt



'Flipping the Classroom'

Goals:

- ▶ more engaging, personalized and flexible learning
- ▶ small-group learning; more time for application of knowledge



Online preparation



(assignment)



Interactive session



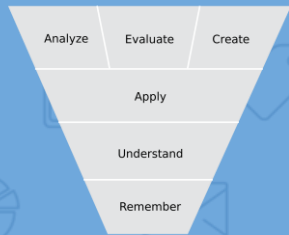
assessment



alignment

Example

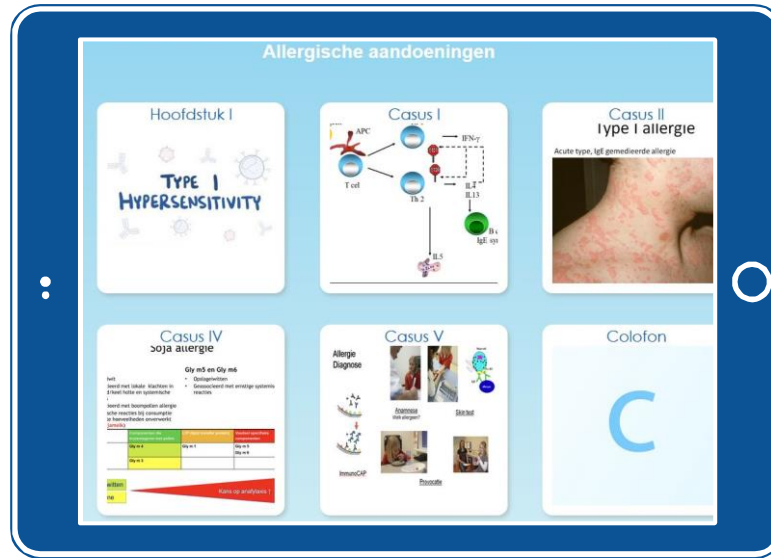
Master Medical Education



Taxonomy of Bloom

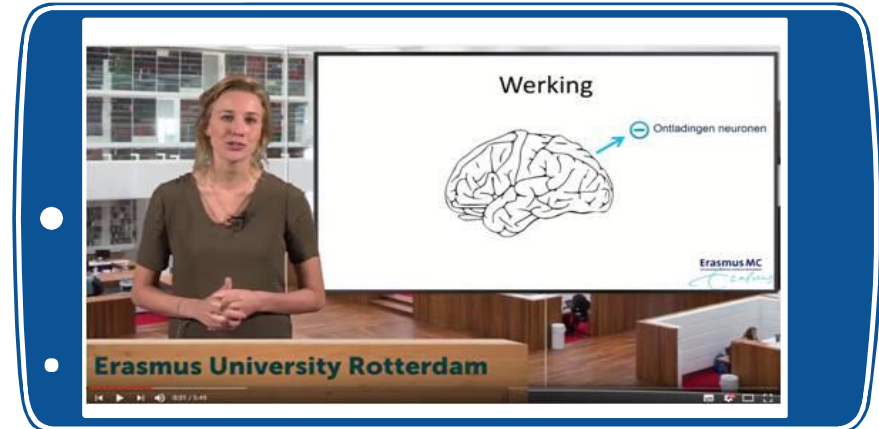
online
formats

E-modules &
video for
knowledge
acquisition



E-modules

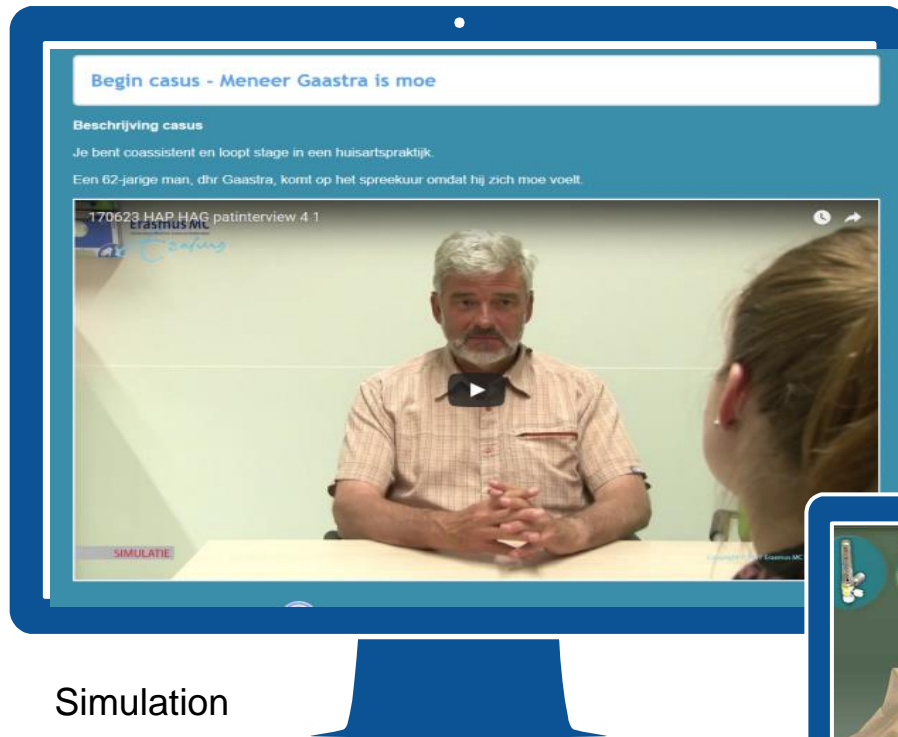
8 per week



Videoclips

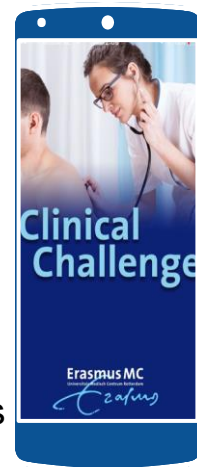
2- 5 per week

Simulation programs & games for skills training

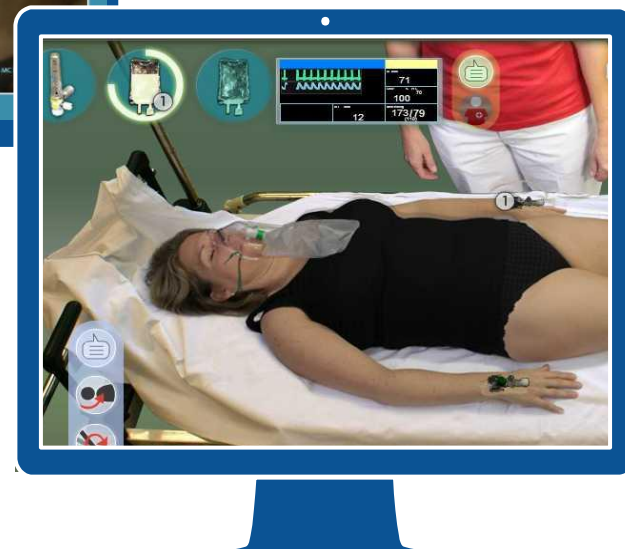


Simulation cases

4-6 per week



Serious games





Evaluation 1st Master block (7 wks)

	<i>Mean rating</i>
Appreciation 'flipped classroom' concept stimulates active learning?	7.9
e-modules instructive?	8.3
virtual patient cases instructive?	8.5
videoclips instructive?	8.3
Possibility to discuss questions	8.8
Interactive character education	7.4

*“e-modules were extremely instructive” “very well designed”
“combination of online preparation and discussing the cases during the session was great, very stimulating; it activates you to think”*

Evaluation results

(n=79,
2 groups)



Development

- ▶ Good support of teachers and staff training is essential

Implementation

- ▶ Communicate your expectations to students ('prepare!')
- ▶ Make sure it is feasible
- ▶ Do not repeat online stuff (too much)
- ▶ Supporting teachers in their different role takes time!

Lessons
learned



► Design of game-based learning

How can non-cognitive indicators (eye-movement, stress) and cognitive indicators (game data) be used to offer adaptive learning in game-play?
(NWO funded study, with Maastricht)



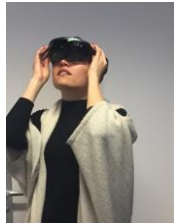
► Online vs. F2F feedback for skills learning

Is online video-based feedback equally effective compared to face-to-face feedback in learning complex communication skills?



► What does AR add for understanding anatomy?

Is AR more effective than traditional anatomy? (with LUMC)

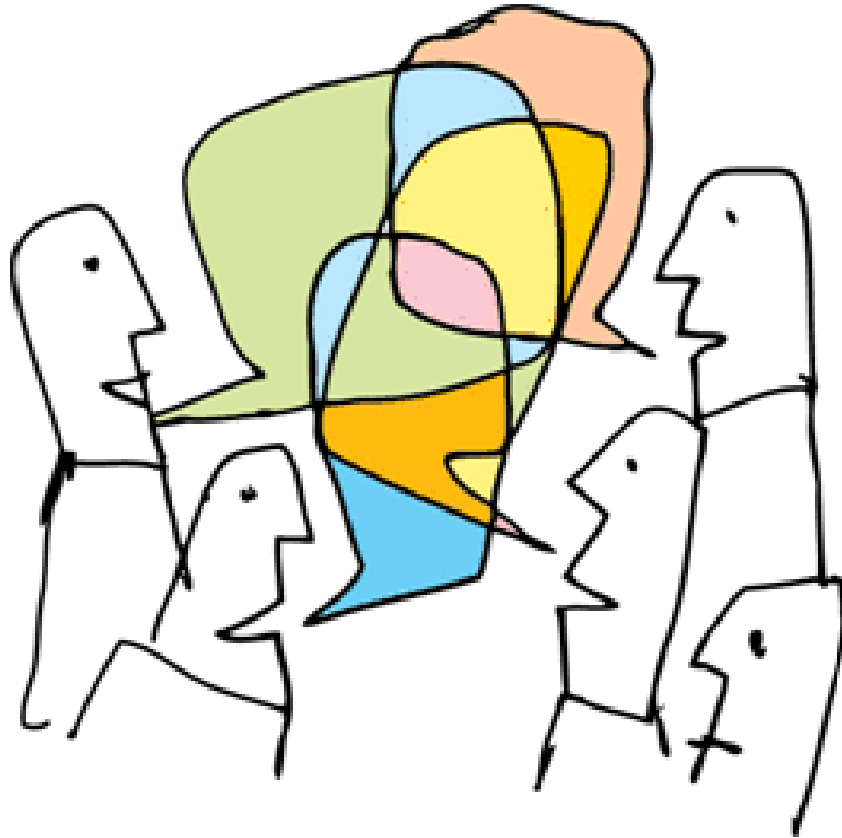


More information: m.dankbaar@erasmusmc.nl

Questions?



What are
your
experiences?



SESSIONS

45 minutes

2 rounds:

- 10.30

- 11.15

- A. Design and implementation of blended learning with e-modules and video
- B. Design and implementation of blended learning with simulation and serious games
- C. Digital assessment
(Testvision, E-portfolio)

**Your interest
in parallel
sessions**



PROGRAM

Parallel sessions I **start 10.30 hr**

A: E-modules and video	Room
B: simulation and serious games	Room
C: Digital assessment	Room

Parallel sessions II **start 11.15 hr**

A: E-modules and video	Room
B: simulation and serious games	Room
C: Digital assessment	Room

Wrap-up 12.00 hr

Lunch 12.10 hr