

Developing an iBook to Enhance Clinical Education

Lori A Bolgla, PT, PhD, MAcc, ATC
Health Sciences Education Grand Rounds
June 17, 2016

First Things First

What do a physical therapist and 3 faculty at the Dental College of Georgia have in common?

A true appreciation of the value of eLearning...

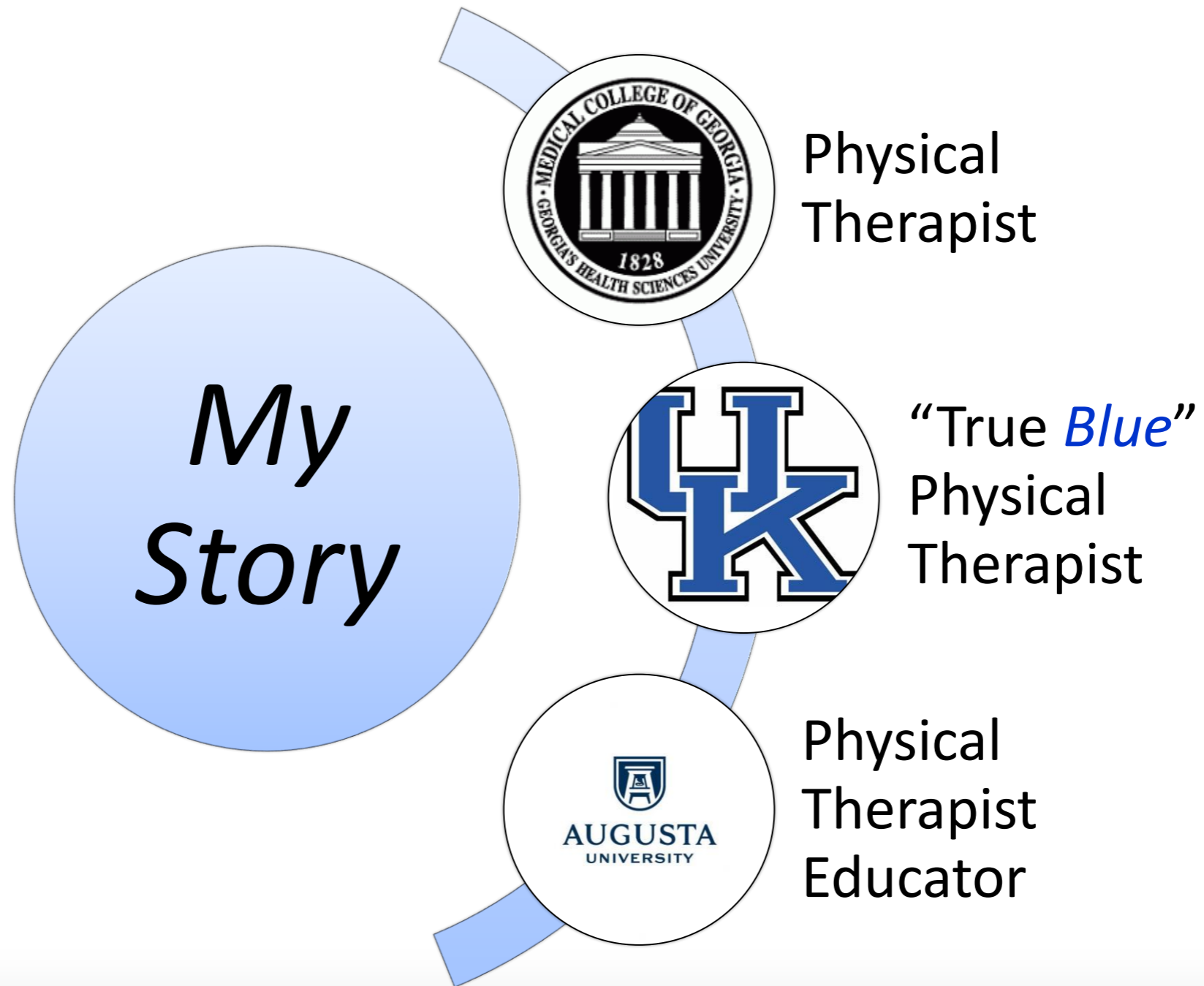
Richard S Callan, DMD, EdS (use of simulation)

Alan R Furness, DMD (use of simulation)

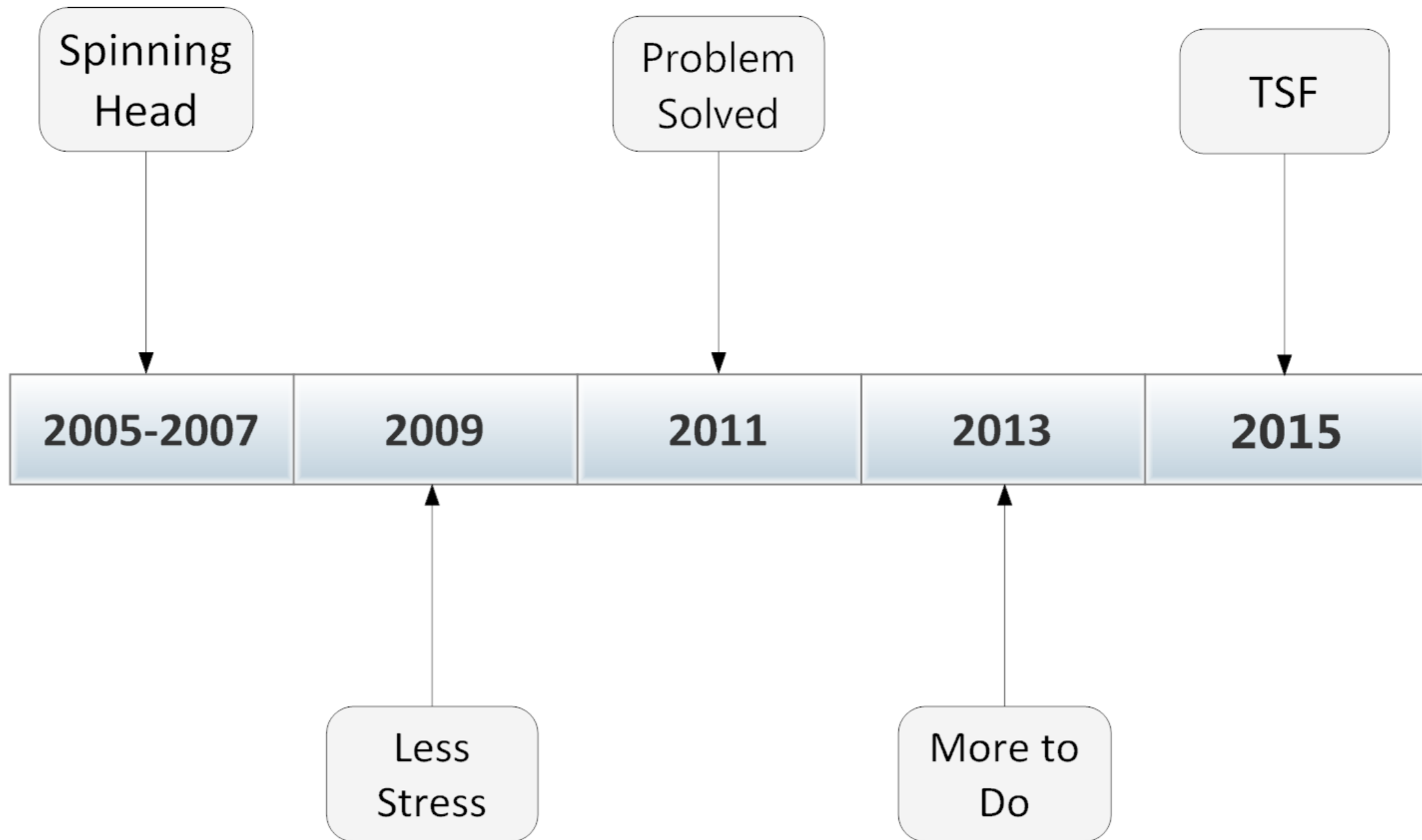
Jan K Mitchell, DDS, MEd (use of interactive PDFs)

Thank you for allowing me time to share my story for the development and implementation of iBook use!

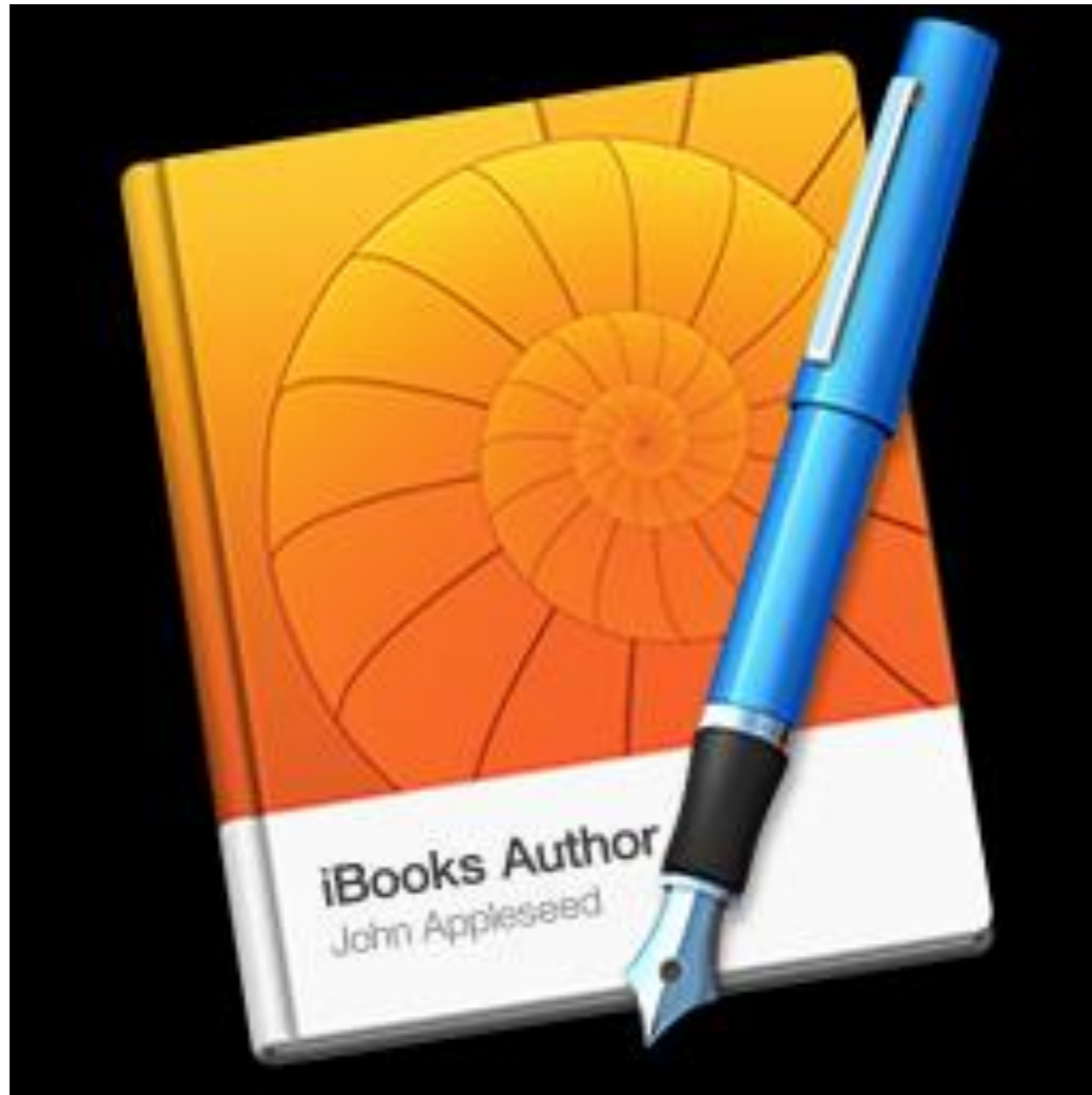
Background



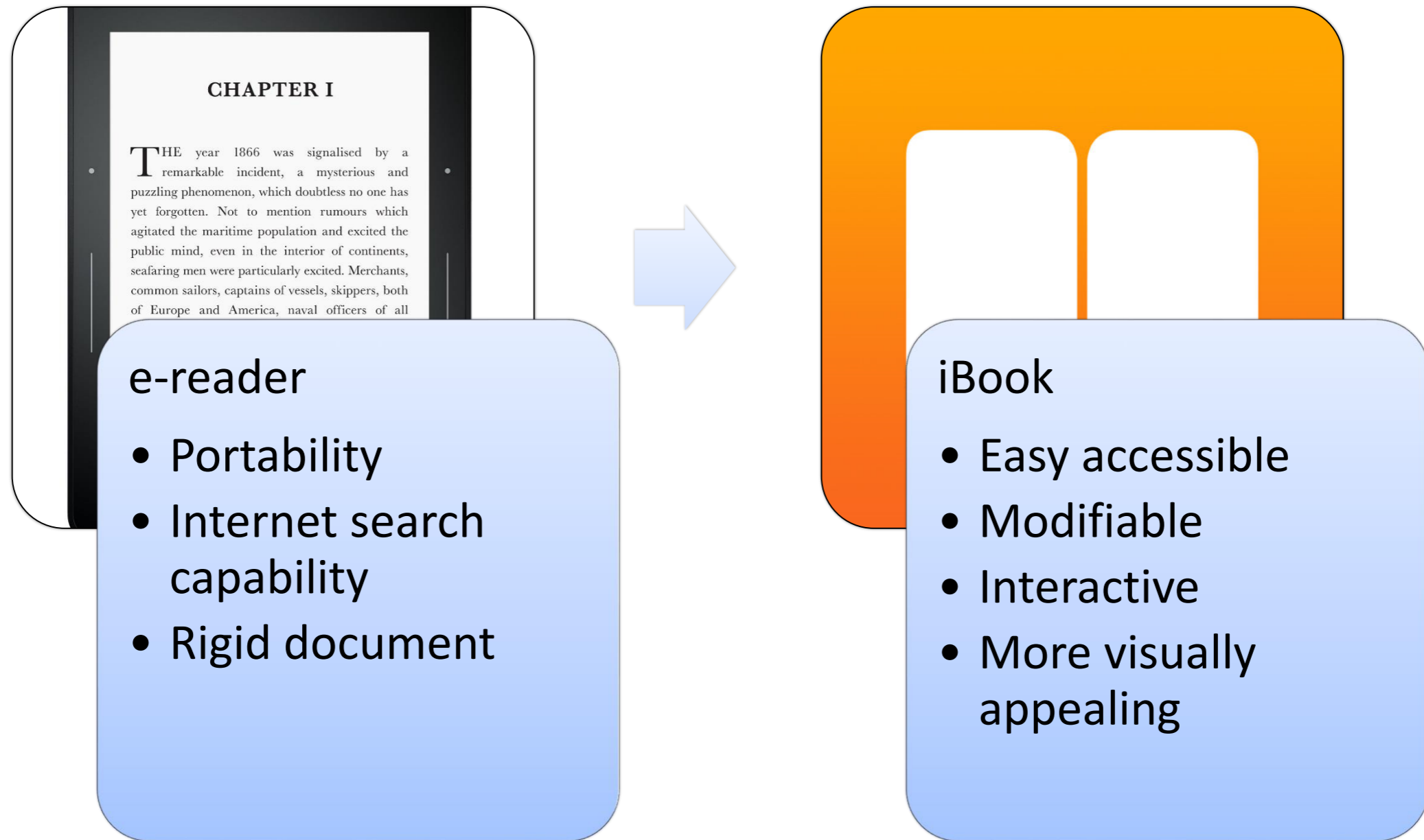
Background



iBooks Author



e-reader versus iBook



iBook...beyond text, pictures, figures, and tables

Measure of Confidence

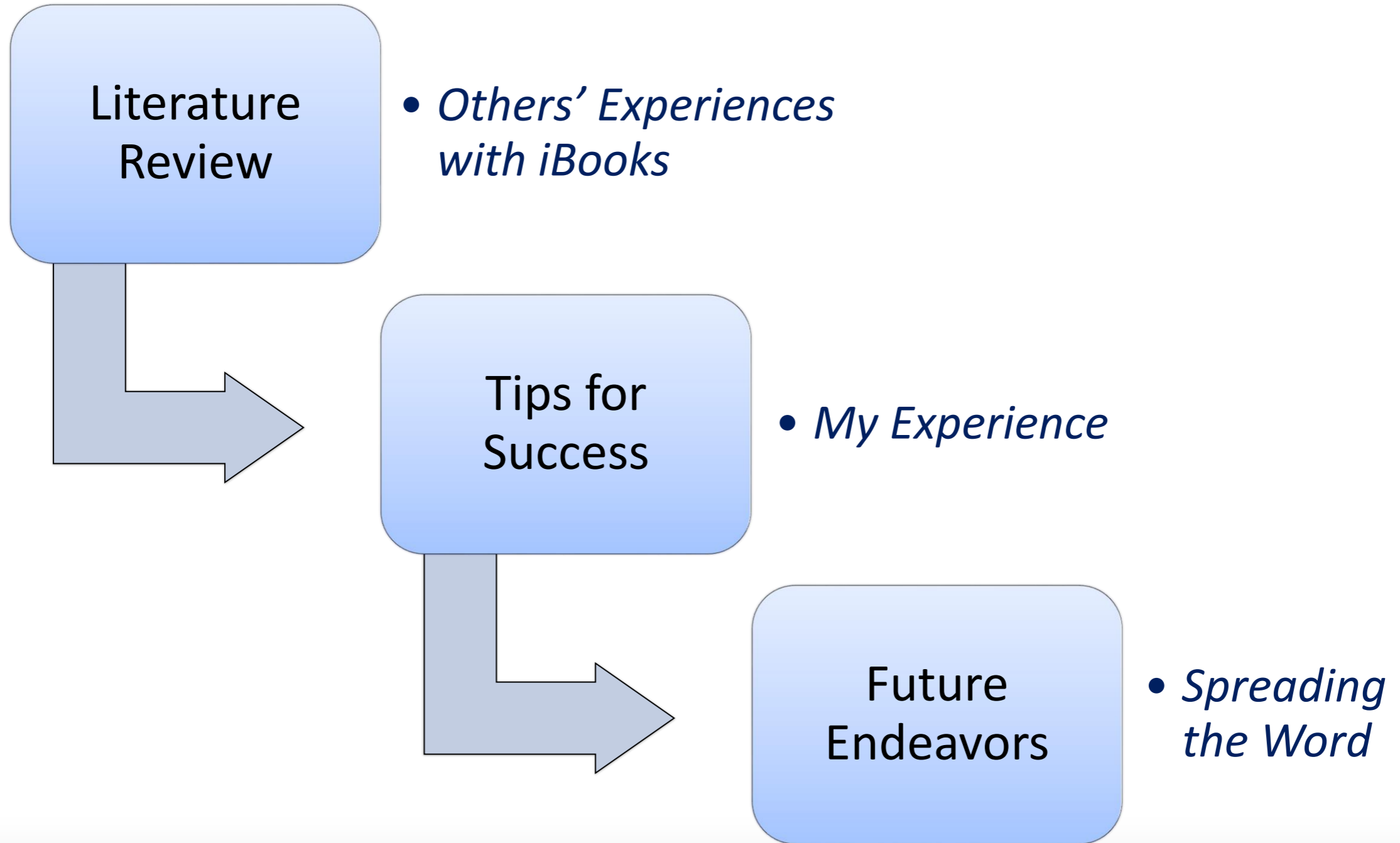
(Pre-Presentation)



Session Objectives

- Stimulate interest for the use of iBooks in health sciences education
- Identify benefits and challenges associated with iBook use
- Provide strategies for the development and implementation of iBooks for health sciences education
- Identify resources at Augusta University that can promote the use of iBooks

Session Overview



Review of the Literature

Multimodal Learning Through Media: What the Research Says



By Metiri Group – Commissioned by Cisco

Contacts:

Charles Fadel, Global Lead, Education; Cisco Systems, Inc.: cfadel@cisco.com

Cheryl Lemke, CEO, Metiri Group: clemke@metiri.com

Multimedia Principles: “Thumbs-Up” for iBook Use

Principle	Rationale
Multimedia	Words and pictures improve retention
Spatial Congruity	Close proximity between words and pictures
Temporal Congruity	Simultaneous presentation of words and pictures
Coherence	Minimizes extraneous words and pictures
Modality	Incorporates animation and narration instead of only text
Direct Manipulation	Ability to change the complexity of the material

Article types

- Clinical Trial
- Review
- Customize ...

Text availability

- Abstract
- Free full text
- Full text

PubMed Commons

- Reader comments
- Trending articles

Publication dates

- 5 years
- 10 years
- Custom range...

Species

- Humans
- Other Animals

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Search

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iBook (5)

PubMed

See more...



The *Dartmouth College* Experience

- All first year medical students receive an iPad
- 2nd year Cardiology curriculum
 - *Integrate key concepts from lecture notes and PowerPoint illustrations*
 - *Used videos of electrocardiograms and audio for heart sounds and murmurs*
 - *“The iBooks were incredible. The integration of pictures and audio files for the heart murmurs made for an excellent studying resource”*
 - *“The iBook is the perfect modality for presenting information, as it seamlessly blends notes and slide.”*
 - *“They could be improved by incorporating ‘test your understanding’ questions along the way. It would break them up a bit and help to reinforce important concepts.”*

<https://sites.dartmouth.edu/library/2014/02/03/faculty-insight-creating-ibooks-for-medical-education/>

The *Dartmouth College* Experience

Words of warning...

- *Students will want all the content in this format*
- *Very time consuming and you will find yourself “tweaking” your iBooks*
- *Endless amount of potential for delivering content in a creative way*

“You will not mind spending time at home modifying because it is fun”

<https://sites.dartmouth.edu/library/2014/02/03/faculty-insight-creating-ibooks-for-medical-education/>

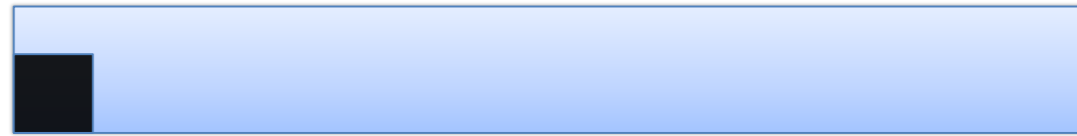
The *Washington University at St Louis* Experience

- Used in the Department of Neuroscience to teach microscopic anatomy
- Key features not captured when converting a textbook to an iBook
 - *Narrated virtual slide-viewing tutorials*
 - *Integrated self-quizzes*
 - *Links to recommended online resources*
- Serves as a lab manual for histology, accompanying text alongside microscope slides
- Allows the instructors to individualize the content

<https://medicine.wustl.edu/news/school-medicine-scientists-develop-ibooks-medical-classes/>

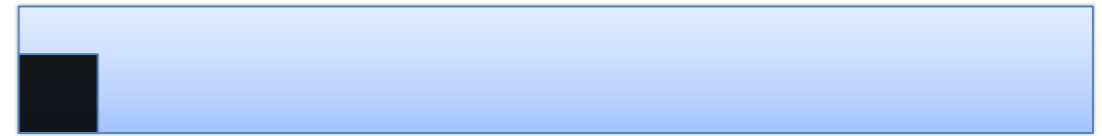
The *University of Arkansas- Fort Smith* Experience

Advantages



- Ease of template use
- Flexibility
- Interactive nature
- Personal delivery of material

Disadvantages



- Need for Mac platform
- Time consuming
- Formatting challenges with static figures

Baldwin A. "Developing an interactive textbook using iBooks author," *Federation of Business Disciplines Journal*, 3:1-12, 2015

The “Bottom” Line

ORIGINAL ARTICLE

Using The iBook In Medical Education And Healthcare Settings - The iBook As A Reusable Learning Object; A Report Of The Author’s Experience Using iBooks Author Software

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1. Clinical Fellow in Oral and Maxillofacial Surgery, King’s College Hospital, Denmark, London, UK

2. Professor of e-Learning & Health Informatics, University of Nottingham, UK

3. Consultant in Oral and Maxillofacial Surgery King’s College Hospital, UK

2012

Navigation

Interactivity

Integration

Assessment



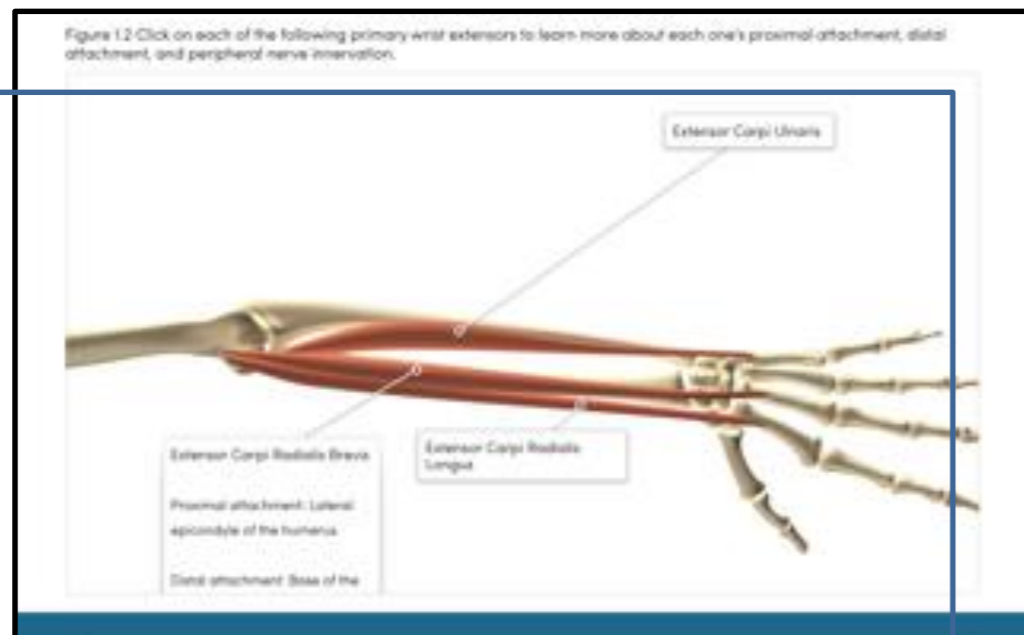
Navigation

COMPREHENSIVE MUSCLE CHART

PRIMARY WRIST EXTENSORS

	Extensor Carpi Radialis Longus	Extensor Carpi Radialis Brevis	Extensor Carpi Ulnaris
Proximal Attachment	Lateral epicondyle of the humerus	Lateral epicondyle of the humerus	Lateral epicondyle of the humerus
Distal Attachment	Base of the 2nd metacarpal	Base of the 3rd metacarpal	Base of the 5th metacarpal
Peripheral Nerve Innervation	Radial	Radial	Radial
Patient position	Short-sitting Forearm resting on a table in a pronated position Fingers in a relaxed position Wrist in extension and radial deviation	Short-sitting Forearm resting on a table in a pronated position Fingers in a relaxed position Wrist in extension and radial deviation	Short-sitting Forearm resting on a table in a pronated position Fingers in a relaxed position Wrist in extension and ulnar deviation
Stabilizing hand	Anterior aspect of the distal forearm	Anterior aspect of the distal forearm	Anterior aspect of the distal forearm
Resistance hand	Dorsum of the hand	Dorsum of the hand	Dorsum of the hand
Direction of Applied Force	Wrist flexion and ulnar deviation	Wrist flexion and ulnar deviation	Wrist flexion and radial deviation

Integration



Interactivity

Review 2.4

Which of the following elbow flexors does NOT attach to the radius?

- A. Biceps brachii
- B. Brachioradialis
- C. Brachialis

Clear Answer

Review 2.5

An individual is positioned with the elbow flexed to 90° and the forearm fully supinated. The examiner applies a posterior (dorsal) force to the distal aspect of the forearm. Which of the following muscles is the examiner assessing strength?

- A. Biceps brachii
- B. Brachioradialis
- C. Brachialis

Check Answer


Assessment

Tips for Success


Tip #1: Purpose and Expected Outcome

From PTHP 7222 (6 credit hours; 135 contacts hours)

Biomechanics, manual muscle testing, and goniometry



3 cumbersome textbooks with complementary information



Emphasis on psychomotor skills

Tip #1: Purpose and Expected Outcome

- Provide an *interactive* way to reinforce biomechanical principles
- Create a *bridge* from anatomical landmarks and structures to joint and muscle function
- Develop a *single* medium to access information on goniometry and manual muscle testing
- Integrate *videos* to demonstrate correct manual muscle testing techniques
- Incorporate *opportunities* for self-assessment

Roadblock #1: \$\$\$



From: [Jones, Jennifer \(ELS-OXF\)](#)
To: [Bolgla, Lori](#)
Cc: [Cullum, Ashley](#); [Ekema, Lynsey](#)
Subject: RP014693 Request for permission
Date: Thursday, August 13, 2015 11:16:42 AM

Dear Dr Lori Bolgla

Reference: **KINESIOLOGY OF THE MUSCULOSKELETAL SYSTEM 2/E, 2010, (ISBN 9780323039895), Neumann ed, figures 1-4, 1-8 (A-B), 5-1, 5-7 (A), 5-10 (A-C), 5-11, 5-12, 5-13, 5-14, 5-15, 5-17, 5-19 (A-C), 5-20, 5-21, 5-22, 5-25, 5-30, 5-31, 5-33, 5-34, 5-48, 5-53, 6-1, 6-2, 6-3, 6-16 (A), 6-18, 6-19, 6-20, 6-23 (A-B), 6-24, 6-28, 6-29, 6-31 (A-B), 7-1, 7-3, 7-15, 7-16, 8-3, 8-15, 8-16, 8-17 (A-B), 8-23, 8-24 (A-B), 8-25, 8-28, 8-29, 8-30, 12-1, 12-4, 12-19, 12-20 (A-C), 12-21 (A-B), 12-22 (A-C), 12-27, 12-38, 13-1, 13-2, 13-3 (A-B), 13-4, 13-5, 13-13 (A-B), 13-14, 13-16, 13-17 (A-B), 13-20 (A-B), 13-22, (A-B), 13-23 (A-E), 14-3, 14-9, 14-10 (A-B), 14-11, 14-17 (A-E), 14-8 (A-B), 14-20 (A-B), 14-22 (A-E), (14-26 (A-B), 14-27 (A-J), 14-32, 14-33, 14-35 and 14-36**

Proposed use: To be used in an iBook on the osteokinematic and arthrokinematic concepts.

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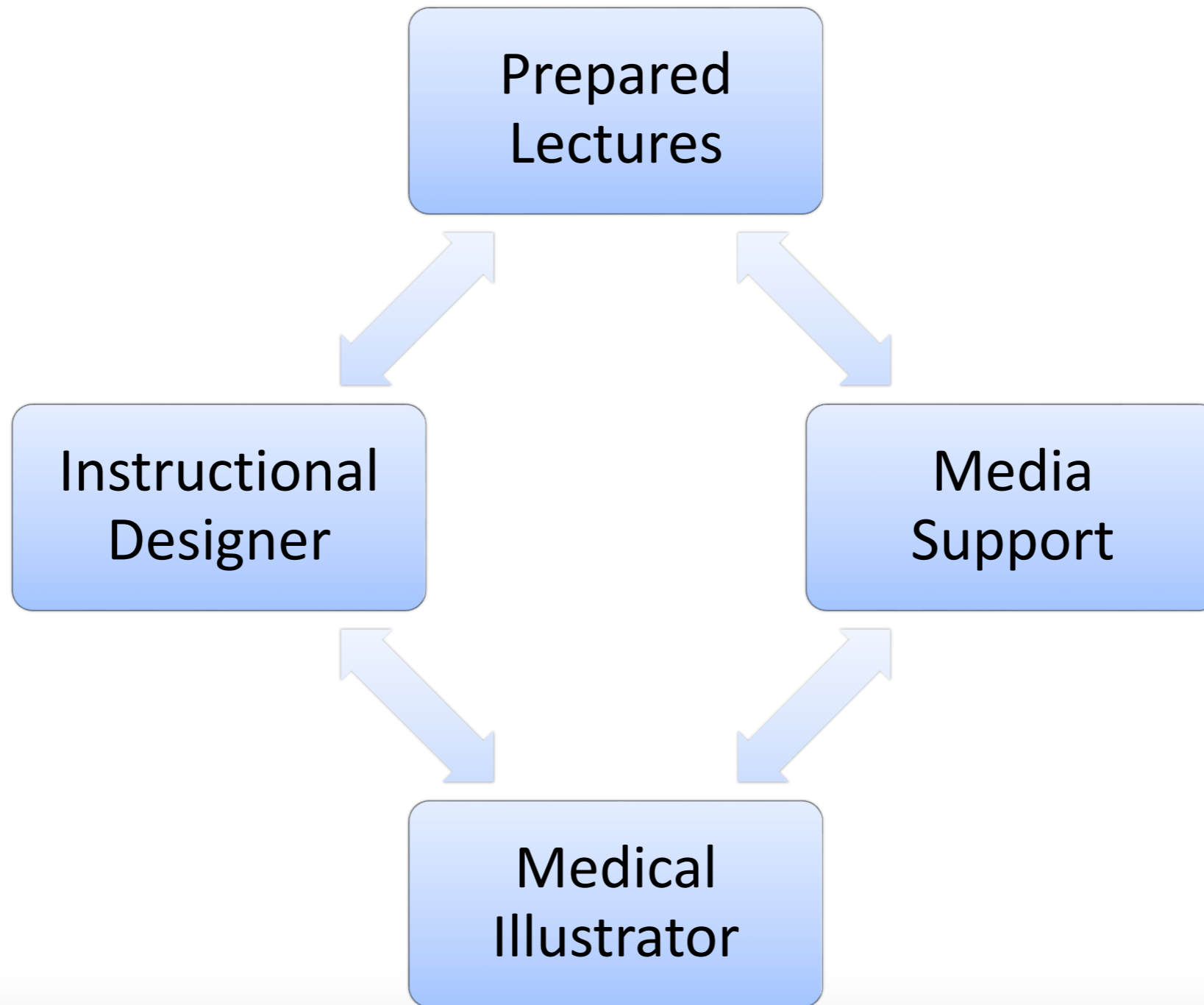
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Tip #2: Identify Resources



The best kept secret at Augusta University...

Department of Educational & Collaborative Technology

Lynsey Ekema	Web/Mobile Application Developer
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Ashley Cullum	Senior Instructional Designer
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Tim Williams	Instructional Media Specialist
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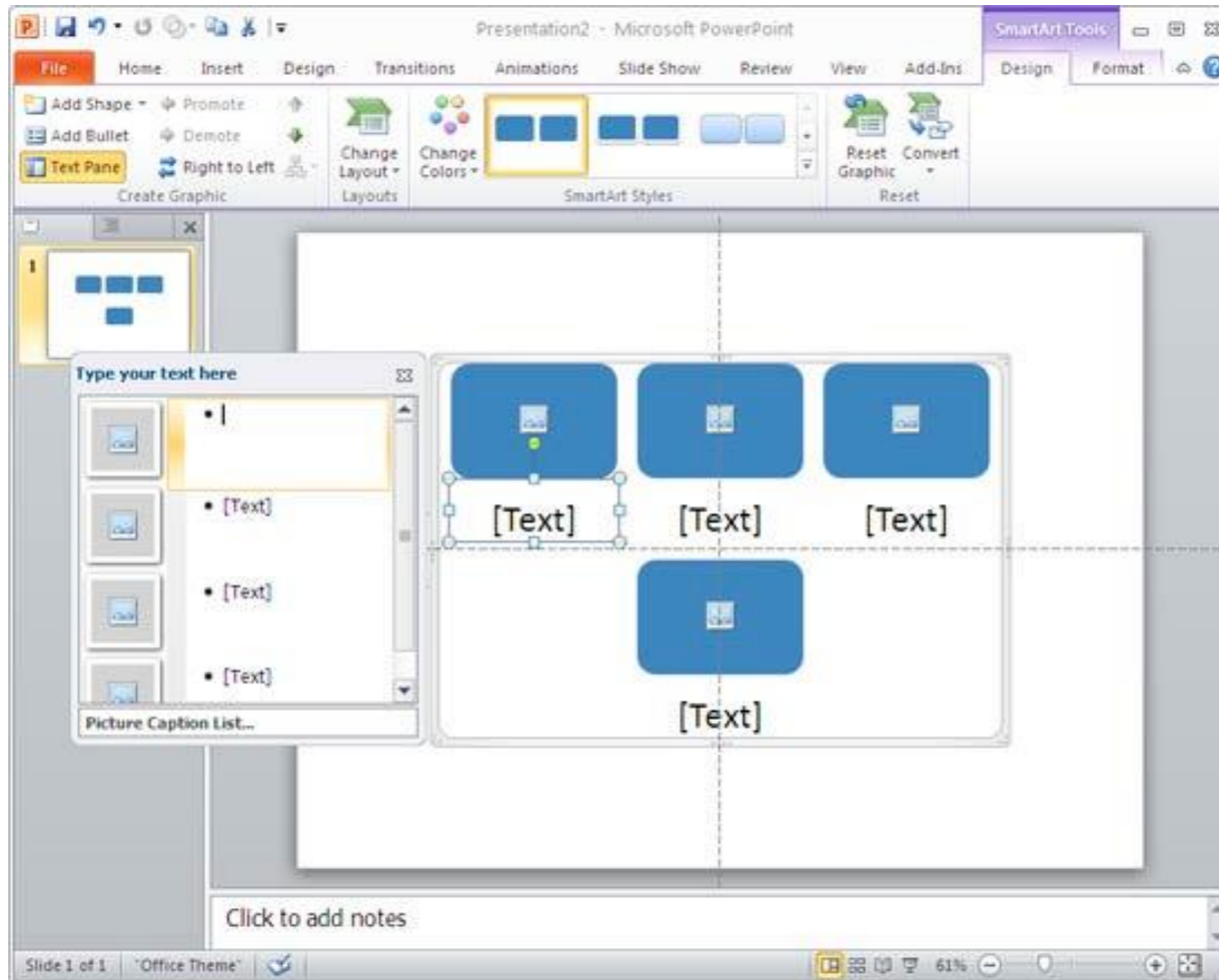
Jeff Mastromonico	Director
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Tip #3: Clear Objectives

Wrist	Osteology
	Arthrology
	Osteokinematics
	Goniometric Measures
	Arthrokinematics
	Muscle Function
	Peripheral Nerve Innervation
	Manual Muscle Testing

Chapter Consistency and Logical Progression

Tip #4: Maximize Smart Art



Tip #4: Maximize Smart Art

Fast Facts

Osteokinematics

The wrist has *2-degrees* of motion

Flexion and extension occur in the *sagittal* plane
(*assuming anatomical position*)

Radial and ulnar deviation occur in the *frontal* plane
(*assuming anatomical position*)

“Steal from Peter to pay Paul”

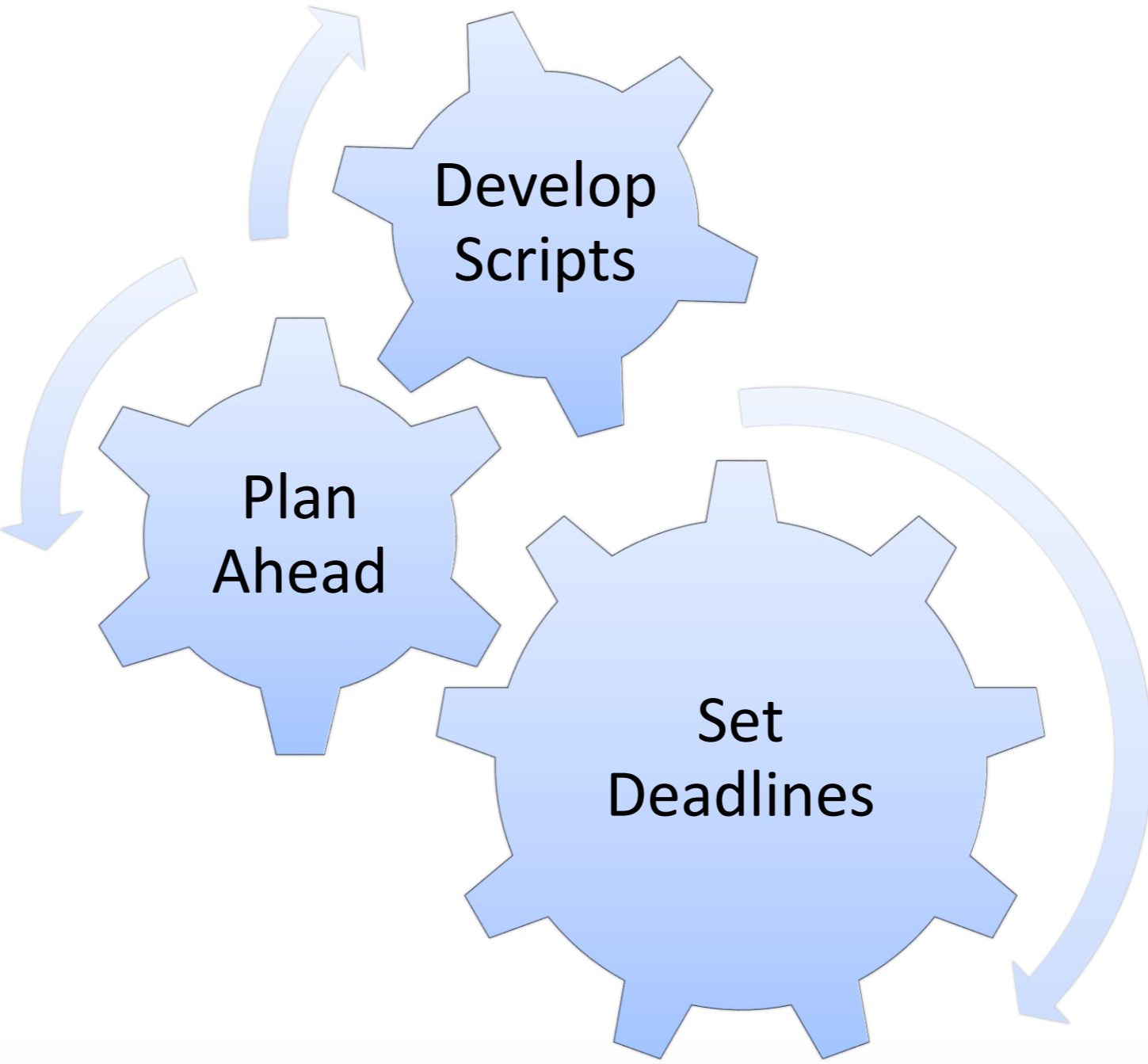
Tip #5: Liberal Use of Tables

- Great way to summarize information
- Easy to modify for other chapters
- Efficient means for importing information into iBook template
- Provides flexibility in the amount of information presented
 - *Chunks of more succinct, focused information*
 - *Transitioned to comprehensive compilation of information*

Roadblock #2: Time



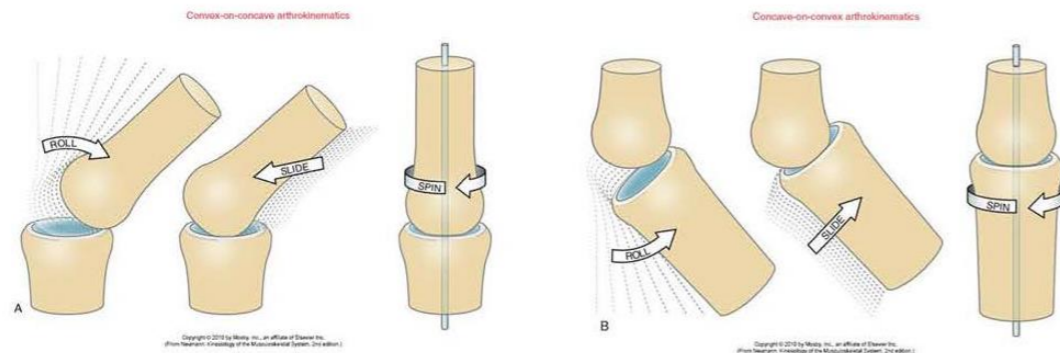
Roadblock #2: Time



Roadblock #2: Time

Arthrokinematics

Remember that the movement also comes from motion between the articular surfaces of the bones. *Arthrokinematics* represents the movements between of the articular surfaces of the joint. Rolling, sliding, and spinning are the main movements and movement of the joint surfaces oftentimes is described as one of the following:



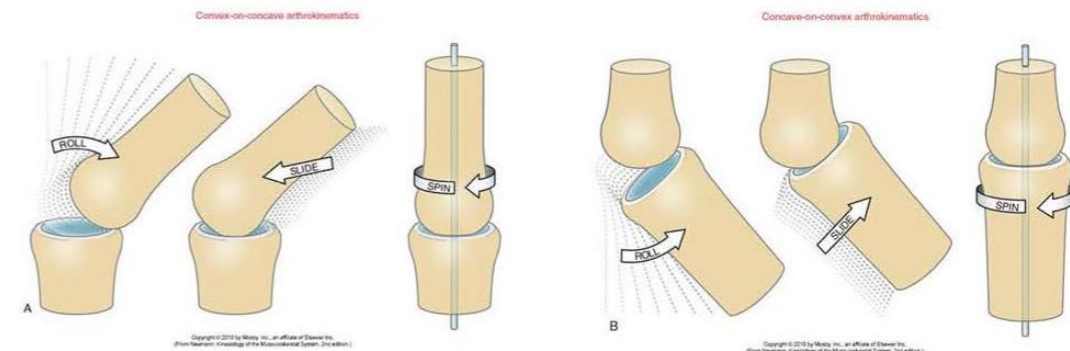
Arthrokinematics at the Radiocarpal Joint

The articulation between the radius and proximal row of carpal bones forms the radiocarpal joint. The distal end of the radius has a *concave* surface; the proximal row of carpal bones has a *convex* surface. The figure below depicts movement of the joint surfaces between the radius and proximal row of carpal bones during wrist extension and flexion. Movement of the carpal bones on the stable radius represents movement of a convex surface on a concave surface. Sliding and rolling of the *convex* carpal bones on the *concave* radius occur in an *opposite* direction. The carpal bones slide in a volar (anterior) direction and roll in a dorsal (posterior) direction during wrist *extension*; they slide in a dorsal (posterior) direction and roll in a volar (anterior) direction during wrist *flexion*.

Arthrokinematics

Remember that normal joint movement depends on motion between the articular surfaces of the bones. Rolling, sliding, and spinning describe movement between articular surfaces necessary for normal joint osteokinematics.

During movement of a concave joint surface on a fixed convex surface, the moving concave surface rolls and glides in the *SAME* direction. During movement of a convex joint surface on a fixed concave surface, the moving convex surface rolls and glides in the *OPPOSITE* direction.



Arthrokinematics at the Humeroulnar Joint

The articulation between the humerus and ulna forms the humeroulnar joint. The trochlea of the humerus has a *convex* surface; the trochlear notch of the ulna has a *concave* surface. The figure below depicts movement between the joint surfaces between the humerus and ulna during elbow flexion. Movement of the ulna on the stable humerus represents movement of a concave surface on a convex surface. Sliding and rolling of the *concave* ulnar surface (*the trochlear notch*) on the *convex* humeral surface (*the trochlea*) occur in the *same* direction. The ulna slides and rolls *anteriorly* during elbow *flexion*; it slides and rolls *posteriorly* during elbow *extension*.

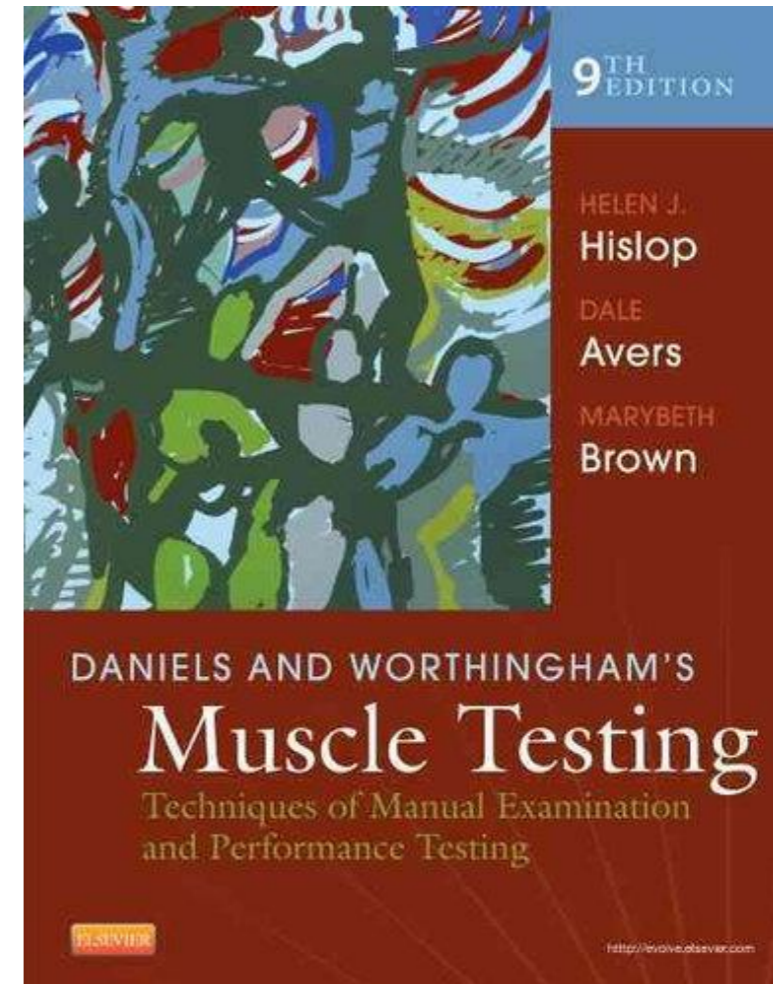
Roadblock #2: Time

Script for the manual muscle testing positions: WRIST EXTENSORS

	Extensor Carpi Radialis Longus/ Extensor Carpi Radialis Brevis/Extensor Carpi Ulnaris
Patient position	Short-sitting Forearm resting on a table in a pronated position
Stabilizing hand	Anterior aspect of the distal forearm
Resistance hand	Dorsum of the hand with fingers relaxed
Direction of Applied Force	Wrist flexion

Script for the manual muscle testing positions: PROXIMAL PHALANX FLEXION

	Flexor Digitorum Superficialis
Patient position	Short-sitting Forearm in a supinated position Wrist in a neutral position
Stabilizing hand	Volar aspect of all digits not being assessed
Resistance hand	Volar aspect of the proximal phalanx of the digit being assessed
Direction of Applied Force	Finger extension



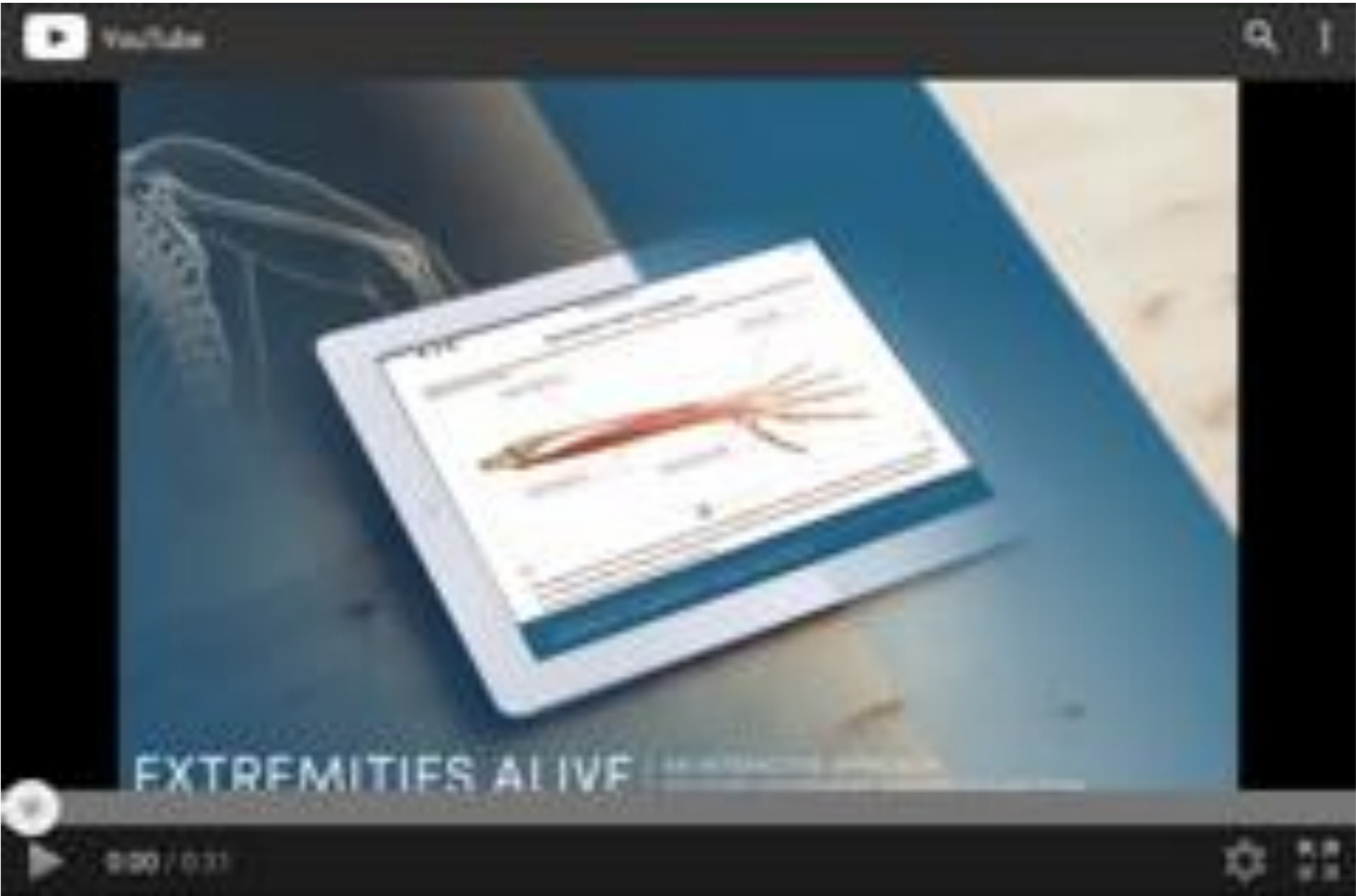
Filmed 31 manual muscle testing techniques in under 2 hours

Tip #6: Commitment and Passion

“ANYTHING THAT
GETS YOUR BLOOD
RACING IS PROBABLY
WORTH DOING.”

-HUNTER S. THOMPSON-

Final Product Overview



Future Endeavors

Spreading the Word

- Conduct a qualitative study to gather data about advantages and disadvantages of using this iBook across health sciences disciplines
 - *Physical therapy*
 - *Occupational therapy*
 - *Physician assistant*
- Collaboration with other disciplines regarding “special topics”
 - *Dentistry and physical therapy on the management of individuals with temporomandibular problems*
 - *Medical residents and physical therapy for special tests used to determine the appropriate diagnosis for individuals with musculoskeletal problems*

Spreading the Word

MedEdPORTAL



Spreading the Word

MERLOT

Premiere online international community of
faculty, staff, and student

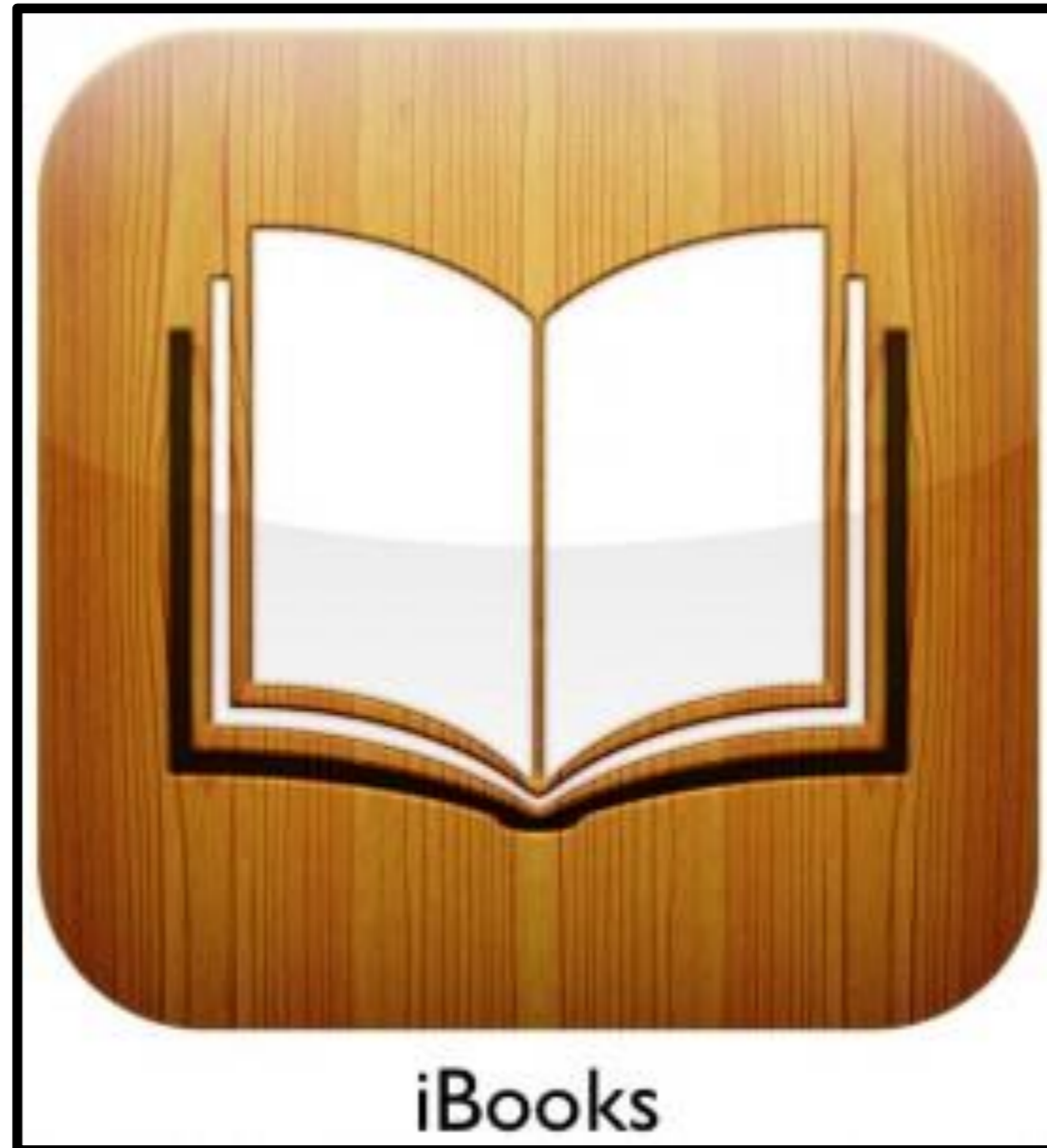
(Users, Members, and Consortium Partners)

from around the world who share their pedagogy
and repository-based

**Learning Objects, Open Courses, Open Access
Textbooks, and Open Access Journal articles**



Spreading the Word



Measure of Confidence

(Post-Presentation)



Final word of thanks to *Ralph Gillies, PhD*
and *Charlotte Chatto, PT, PhD* for their
support and insight

