



University of California
San Francisco

DEB Workshop

Resources for Online/Remote Teaching

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Lydia Zablotska
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Online Education (OLE) Team

- Gina Gaiser, MFA – Instructional Designer/Video Producer, DEB & IGHS
- Asha Robertson – Online Education Analyst, DEB
- Margaret Kristof Seamer, MS, RN – Academic Coordinator, OLE
- Deborah Grady, MD, MPH – Director of DEB Online Education
- Inez Bailey, MS – Director of Education & Strategic Initiatives, DEB & IGHS



Online Readiness Survey Results

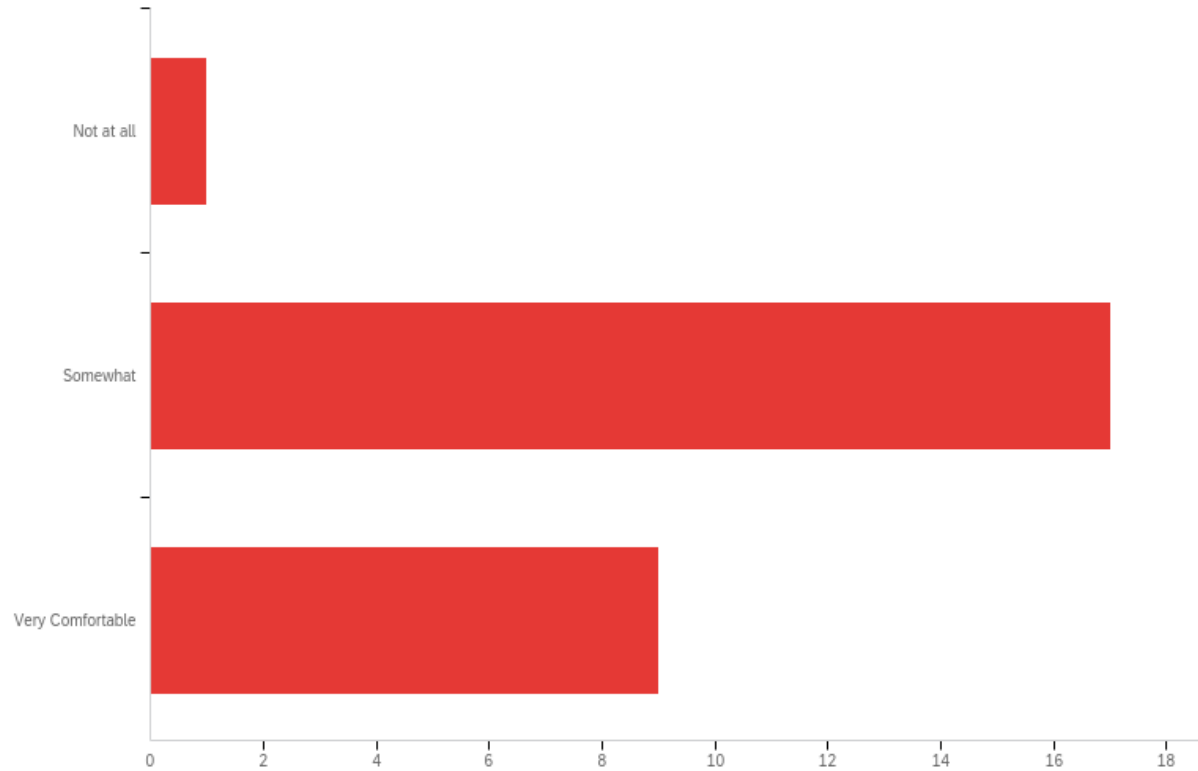
#	Answer	%	Count
1	Course director	52.78%	19
2	Small group leader	33.33%	12
3	Teaching assistant	0.00%	0
4	Other	13.89%	5
	Total	100%	36

#	Answer	%	Count
1	Summer	12.24%	6
2	Fall	30.61%	15
3	Winter	30.61%	15
4	Spring	26.53%	13
	Total	100%	49

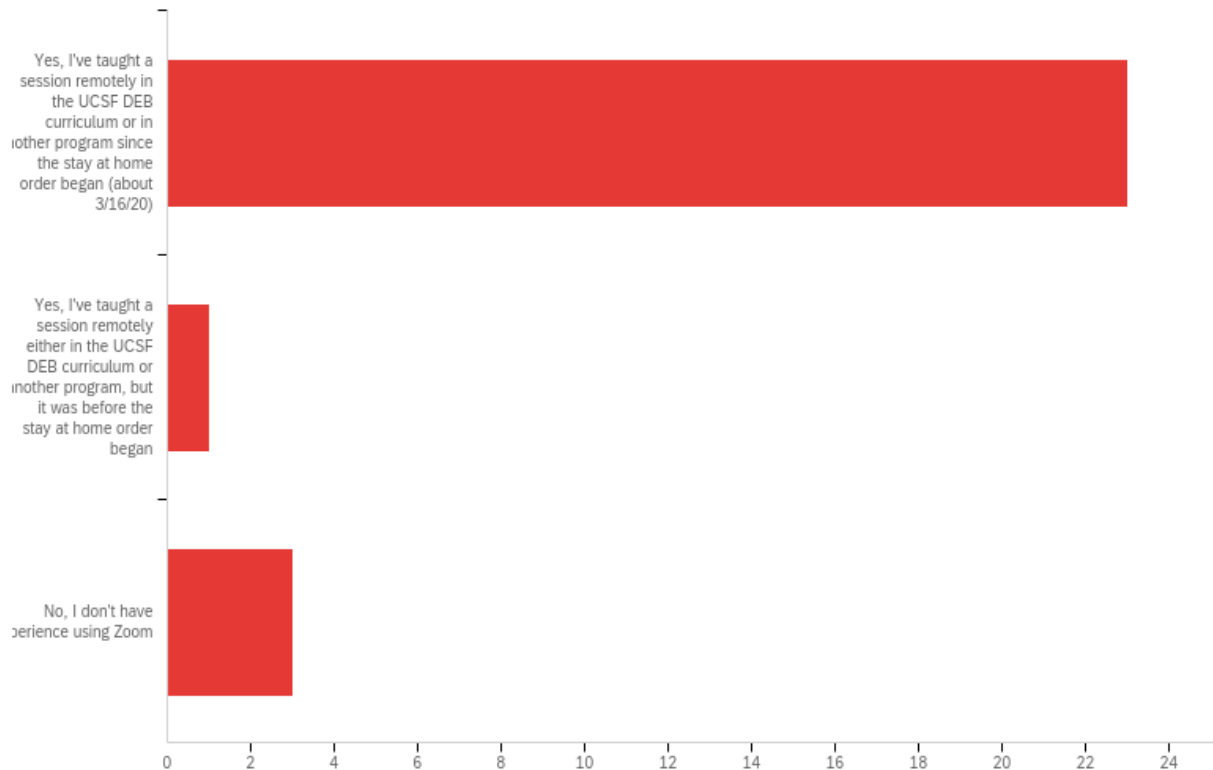
Following the outbreak of COVID-19, in what format(s) were your winter and/or spring 2020 classes delivered?

#	Answer	%	Count
1	I taught at least one course synchronously (students met with me at a specified time, using virtual meeting software)	54.17%	13
4	I taught at least one course asynchronously (content for the course, such as videos or slide decks, was uploaded for students to view at any time)	8.33%	2
5	At least one course used a combination of synchronous and asynchronous formats	29.17%	7

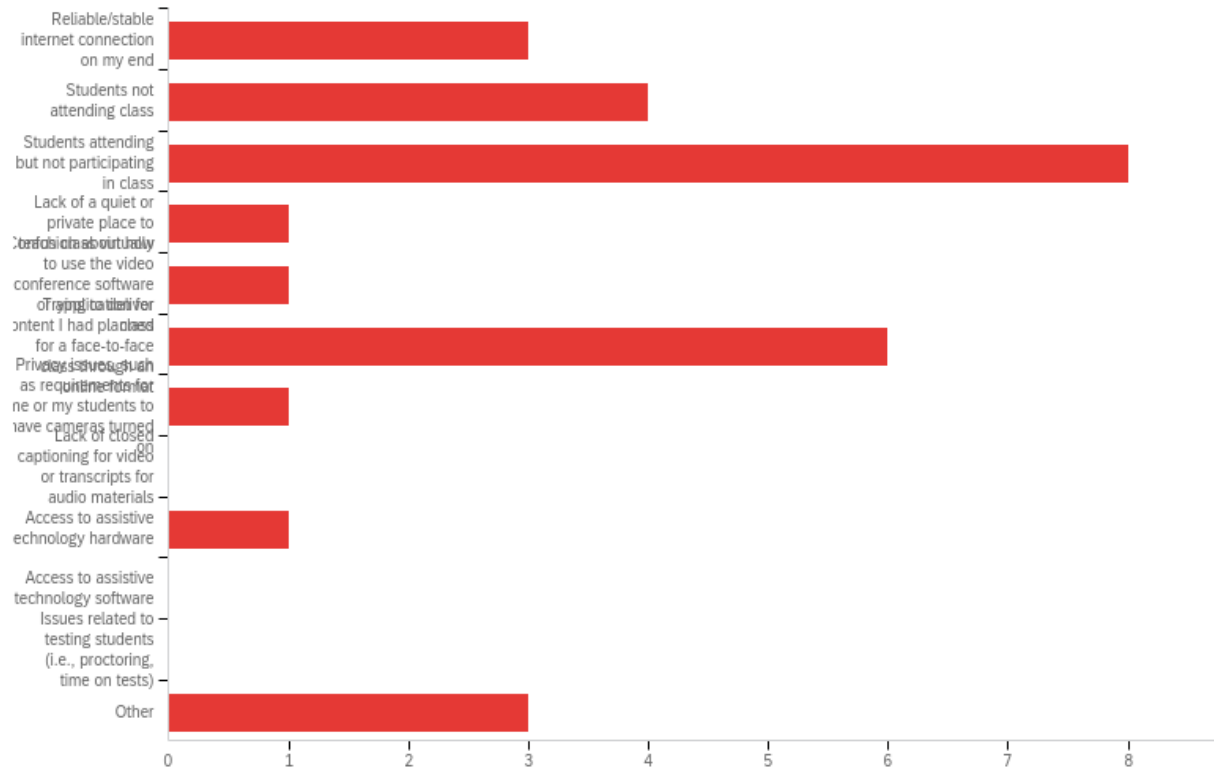
How comfortable are you teaching online?



Do you have experience using Zoom for web conferencing?



Which aspect(s) of the synchronous teaching experience were most challenging?



Remote Teaching Toolkit

- Syllabus Development
- Course Design
- Pre-Recording Lectures for Asynchronous viewing
- Facilitating Zoom Sessions for Student Engagement
 - Digital Whiteboard Tools
 - Polling
 - Games
- Resources

<https://tinyurl.com/remoteteachingtoolkit>

Lydia Zablotska

- **Zoom experience:**

- UME, 1st year medical students
 - 2-hr small groups
 - 1-hr flipped classrooms
- TICR, seminar for 1st year students
 - 1hr 45 min seminars

- **Zoom session goals:** Increase student engagement, combine traditional and new features (small groups/Zoom break out rooms)

- **Zoom tools used:** screen share, chat, polls, whiteboard

- **Zoom tools demo:**

- *Taking attendance:* Zoom internal feature **vs.** iPad whiteboard for signing up **vs.** Zoom annotate
 - Could be used for flipped classroom to collaborate on projects in real time; by groups of students in break-out rooms and then shared with the rest of the class via saved image

Taking Attendance in a Zoom Meeting using built-in feature

- 30 min after the meeting ended
- <https://csuf.screenstepslive.com/s/12867/m/59146/l/1219888-taking-attendance-in-a-zoom-meeting>

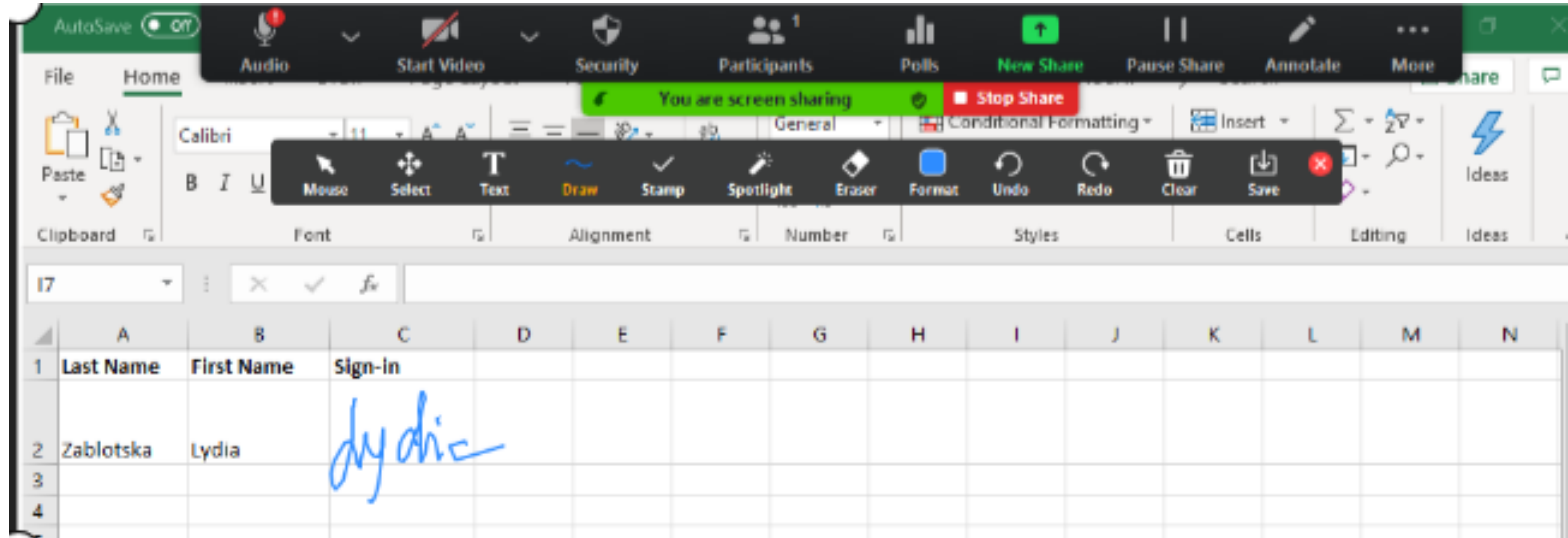
Taking Attendance in a Zoom Meeting using Whiteboard

- Screen share (works better in iPad)
 - Whiteboard
 - Text and Draw features
 - Save



Taking Attendance in a Zoom Meeting using shared document

- Screen share
 - Multiple participants can share
 - Annotate tool
 - Save screen



Elaine Allen

Tool(s) to Demo:

- short quizzes
- engaging pre-recording videos
- games

From my research: Comments from the surveys of faculty suddenly teaching online (5/2020) & students suddenly learning online (6/2020):

Faculty: "We need to be able to respond to change and help our institutions seek a path into the future."

Faculty: "What lessons can we learn from this experience moving forward? Do all lectures need to be delivered in person? How can we better utilize existing online tools... to be better prepared for another transition."

Student: "I want to know that there is a person on the other side of the computer – not a voiceover of powerpoint slides."

Student: "If I have to watch another 40-minute video of the professor's powerpoints, I'm outta here."

Recommendations:

Students need to know there is a person on the other side of the computer.

Make it personal, introduce each class by talking to the class before showing the content.

Have live sessions, office hours, breakout rooms.

Assign students to group projects (labs/homework).

If you are using a forum for comments & questions, make sure you & your TA's are active users.

Interactive quizzes and games can work for some classes. On to the games...

Margaret Handley

Tool(s) to Demo:

- pre-recorded lecture videos
- online asynchronous discussion forums

Asynchronous Teaching – IMS Program

What we have learned works best (e.g. engaged students/high completion):

The **‘Push’** from the course directors/small group leaders

1. **Short videos-** distilled, examples, graphics. Few required readings
2. **‘Application’ videos** and homework from recent students
3. **HW Guides** and **Weekly Curated Wrap-Up**
4. Any kind of **link to current issues-** COVID research for example

Asynchronous Teaching – IMS Program

What we have learned works best (e.g. engaged students/high completion):

The “**Pull**” to engage students back into the course each week

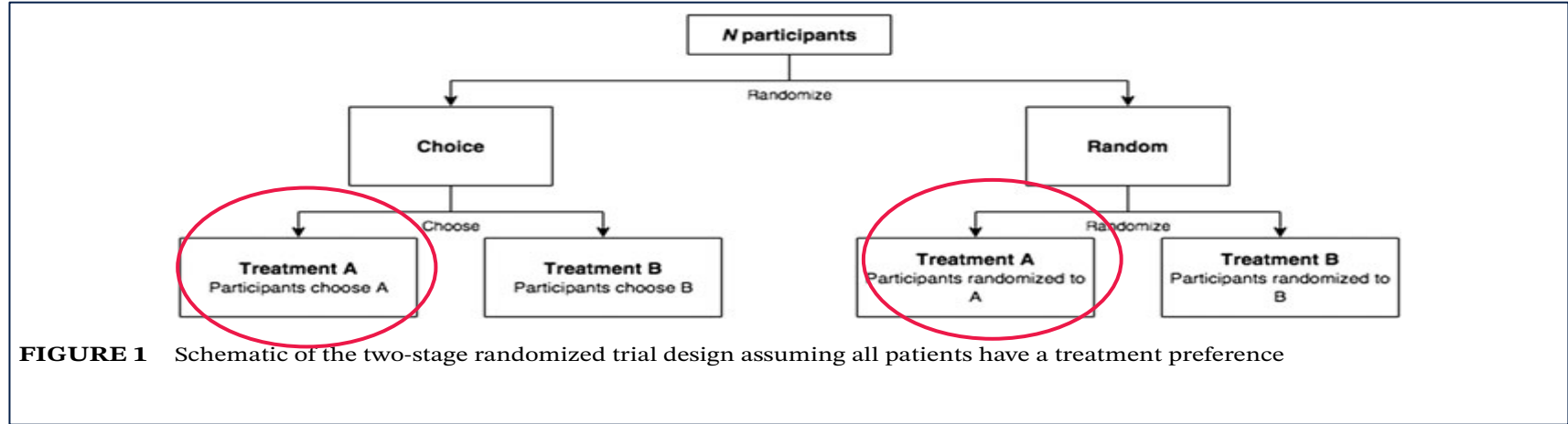
1. **Small Groups** in Forum Together with **Peer Accountability**

Homework *always* applied (at least in part)

2. Create a **shared experience of a week together**- strict timelines for posting and commenting on each others work – REQUIRED

3. Engaged and motivated small group leaders

2. Two Stage Patient Preference (or Choice) Design



- This design is fully randomized and compares patients who do and do not receive their preferred treatment.
- If there is differential selection of one treatment vs the other, there is a *selection effect*.
- The difference in effect size for patients who chose treatment A vs patients who

Hybrid II example cont. - Cluster Trial

Key components that *strengthen* internal validity:

- Research team provided facilitation and oversight re use of automated EMR for patient identification and follow-up

Key components that *strengthen* external validity:

- Few exclusions/diverse pop., use of DSA cycle to improve processes
- Frameworks to explore variation and factors relevant to implementation, co-design with sites (sustainability and fit)

Possible concerns with internal *validity*:

- Fidelity to protocols hard to maintain, especially re staff time and implementation variability affected outcome measures.

validity are the research team
provided facilitation and

Green et al 2019

Play clip



7:45 / 13:54



1x



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Asynchronous Teaching – IMS Program

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Asynchronous Teaching – Link to COVID



STUDY DESIGNS FOR INTERVENTIONS IN REAL WORLD SETTINGS: COVID-19 EXAMPLES

Supplement to
IMS/EPI 241. University
of California San
Francisco, Dept. of
Epidemiology and
Biostatistics Spring
2020

By Margaret Handley
PhD MPH, Staley Shade
PhD, and Kristefer
Stojanovski

Photo reflects two counties in Florida
with different 'stay at home' policies,
3/28/2020 Post Only Design. Source:
@travisakers

Examples of Design/Analytic Approaches Using Post Only Methods with and w/o comparisons

New confirmed cases in California, by day

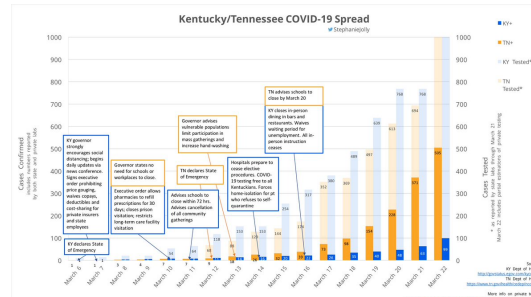
■ Cases in the Bay Area ■ Cases outside the Bay Area



Sources: U.S. Centers for Disease Control and Prevention, California Department of Public Health and county public health departments, Chronicle reporting

Comments: This is a post-only design, since the data being presented is exclusively based on the 'post-shelter in place' policy intervention. The outcomes are for 10-12 days after. Both the Bay Area, which was first, and then the state of California data are presented. The inference /plausibility of the intervention 'effect' are improved by: (1) the lag time reflects what you'd expect before a potential impact would appear (around 3/25) case start to drop and (2) there is a similar pattern in the Calif and Bay Area data.

But what other factors affect case detection/confirmation? Could these trends reflect pandemic-driven changes, changes in testing, other behaviors? What about a control/comparison group?



<https://www.dailymkos.com/stories/2020/3/21/1929798/-kentucky-vs-tennessee-on-coronavirus-may-be-the-best-example-of-elections-matter-in-decades> Attribution: Stephanie Jolly

Comments: This is a post-only design, but it includes a non-equivalent (i.e. non-randomly assigned) comparison group. The data being presented reflect the decreases after a series of intervention steps taken in Kentucky and then later, in Tennessee. The data are daily counts for both: (1) Ns confirmed cases (darker blue and orange bars) and (2) Ns tested (lighter colors). The adjoining state comparisons and the info on testing results for the same day strengthens the inference that KY had less of a steep outbreak trajectory than TN, at least at this time. But what other factors affect case detection? Could these trends reflect pandemic changes, changes in testing, other behaviors? What else could strengthen these data?

Asynchronous Teaching – IMS Program

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Forum

Example:

1 week of posted HW for one Small Group Leader

Discussion	Group	Started by	Last post ↓	Replies
☆ FH - Hybrid type 3	Margaret	Laney Jones 30 Apr 2020	Laney Jones 1 Jun 2020	4
☆ Sedation Awakening Trials in the ICU	Margaret	Joyce Chang 5 May 2020	Andrea Olmos 20 May 2020	3
☆ Nathavitharana HW6 - improving yield of TB diagnosis using financial incentives	Margaret	Ruvandhi Nathavit... 6 May 2020	Margaret Handley 14 May 2020	2
☆ HW 6	Margaret	Rodgers Katwesig... 5 May 2020	Margaret Handley 14 May 2020	3
☆ HW6	Margaret	Peter Elyanu 5 May 2020	Margaret Handley 14 May 2020	3
☆ Dual induction Week 6	Margaret	Brian Iriye 4 May 2020	Margaret Handley 14 May 2020	3
☆ HW6	Margaret	Cathy Sun 5 May 2020	Margaret Handley 14 May 2020	2
☆ Fleisher - Hybrid Type 1 - caregiver peer mentoring in Lewy Body Dementia	Margaret	Jori Fleisher 4 May 2020	Margaret Handley 14 May 2020	3
☆ OTM- Hybrid I trial	Kristefer	Jennifer Brach 4 May 2020	Jennifer Brach 14 May 2020	5
☆ Sileo HW 6	Kristefer	Katelyn Sileo 5 May 2020	Katelyn Sileo 12 May 2020	6
☆ Glaser_Module 6 HW	Kristefer	Kathryn Glaser 5 May 2020	Kathryn Glaser 12 May 2020	4
☆ HW 6 Part 2	Margaret	Andrea Olmos 5 May 2020	Margaret Handley 11 May 2020	5
☆ HW 6: Type III Hybrid for Social Needs in Bronx Primary	Margaret	Kevin Fiori 2 May 2020	Margaret Handley 11 May 2020	2

Sample Forum Responses for one Student's Homework

The screenshot shows a web browser window displaying a forum thread on the UCSF Collaborative Learning Environment (CLE) website. The browser's address bar shows the URL: `courses.ucsf.edu/mod/forum/discuss.php?id=149412`. The page header includes the UCSF logo, the text "CLE Collaborative Learning Environment", and a user profile for Margaret Handley. The forum thread consists of four posts, all titled "Re: Sileo HW 6".

Post 1: by Katelyn Sileo - Thursday, May 7, 2020, 2:14 PM
Thank, Nittaya. See my response to Jennifer above.

Post 2: by Katelyn Sileo - Thursday, May 7, 2020, 2:14 PM
Thanks, Jennifer. That is an important detail that got lost in there! It is a set of strategies that have been used previously to reduce provider bias that will be adapted based on the qualitative/formative work. The evidence based strategies focus on increasing provider motivation, awareness, skills, empathy, and emotional regulation to prevent implicit biases from affecting clinical judgment and behavior. These were previously developed into a set of strategies intended to inform provider trainings, which will be adapted for a focus on gender and the cultural context/setting of Uganda. So the training itself for providers is the implementation strategy with ART being the effective intervention we are aiming to improve implementation of.

The implementation outcomes are qualitative, mainly because we did not find quantitative measures that had been validated in Uganda, but it is something to explore more when we get closer to evaluation.

Post 3: by Nittaya Phanuphak - Thursday, May 7, 2020, 11:37 AM
Hi Katelyn,
Great details on the effectiveness and implementation outcomes. I have the same question as Jen regarding the implementation strategies to address gender disparities. Which implementation outcome(s) will be affected, who are the actors/targets, and what are the actions?
Thanks!
Nittaya

Post 4: by Jennifer Brach - Wednesday, May 6, 2020, 12:12 PM
Nice job. I am a little confused. Can you describe the implementation strategy to me or is this something that you plan on developing based on the needs assessment? Are you actually testing a specific implementation strategy?
I like the use of CFIR to guide your thought process on potential barriers by domain and construct. It works well. It seems like you are using primarily qualitative methods to explore the barriers. Are there any surveys or established scales that you could use as well to provide some quantitative data?

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