



Congratulations! You passed!

TO PASS 70% or higher

Keep Learning

GRADE 100%

Phase 5

LATEST SUBMISSION GRADE

100%

1.	Before you deploy the model, you want to test the fairness of the model based on anti-classification. What variables would you use to test fairness?	1 / 1 point
	○ Gender	
	Race	
	County of residence	
	Gender and Race	
	All of the above	
	✓ Correct	

Gender and Race is a protected attribute and should be excluded from the model to test fairness.

/

Phase 5 Graded Quiz • 30 min

Due Apr 12, 2:59 PM CST

2. You provide the model output to the clinical team. What would be the risk category?

1/1 point

- Category I
- Category II
- Category III
- Category IV



Category II is for models that relate to serious or critical healthcare conditions that either drive or inform clinical care. Since this is a critical healthcare situation and we are driving critical care "need for invasive mechanical ventilation" this is not a category II. If we only informed care, for example "patient will deteriorate" then it would be "inform" care.

Given the novelty of COVID, what do you think could be used for the valid clinical association argument?

1/1 point



Phase 5
Graded Quiz • 30 min

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- Examples of how your model can generate new evidence
- All of the above

✓ Correct

There are many types of evidence that constitute a valid clinical association. Regulatory agencies are looking to require a minimum of evidence to support the clinical association, which could include:

- Literature searches
- Original clinical research
- Professional society guidelines
- Examples of how your model can generate new evidence
- Secondary data analysis
- The performance of a clinical trial based on your AI solution

4. Your model uses past symptoms as a predictor for invasive mechanical ventilation, however 40% of your population are on public insurance and likely do not have the same access to care as those on private insurance. How would this bias your results? 1/1 point

- Under reporting of symptoms in public insured patients
- Patients on public insurance are likely to have more symptoms than patients on private insurance because they are known to have more comorbidities
- This will not bias the outcome, need for invasive mechanical ventilation because symptoms were not a top predictor of the outcome
- None of the above



our model is using past medical data to define symptoms, patients with less access to healthcare wi