**Section 1: Repurpose the Content**

You will see 3 screens below with some text in the on-screen text section. Your task is to repurpose the provided text for effective learning.

* Is the content cued for efficient learning: are key learning points quickly visible?
* Based on the nature of the content, has the most appropriate template style been applied?
* Did you make visible the underlying content hierarchy and sub-concept relationships?
* Did you apply multimedia principles to develop the work?

Use your creativity to apply the best layout and content strategies. These could be static or interactive, depending on the demands of the content, including, but not limited to:

* Text Only
* Text with Image
* Text with Table
* Any type of tab-based tables (interactive)
* Accordion (interactive)
* Slideshow (interactive, with or without images)

(Or any other style of content presentation…)

You can work directly in the ‘on-screen text’ section. The same content is provided again for reference as ‘source content’.

Screen 1

|  |  |  |  |
| --- | --- | --- | --- |
| **Topic Title** | Origins of Disease | | |
| **LO** | Recognize origins of disease. | **Bloom’s Level** | Remember |
| **On-screen Text (Repurpose this screen for most effective learning)** | | | |
| What are the origins of disease?   * Diseases originate from many causes. The cause of a disease is called its aetiology. * Hereditary diseases are transmitted from parent to child: cystic fibrosis, haemophilia. * Congenital diseases appear at birth from factors such as inadequate oxygen, malnutrition, or drug use by the mother: absence of limbs, blindness. * Inflammatory diseases occur when the body reacts with an inflammatory process to a causative agent such as microorganisms or pollen: bronchitis, hay fever. * Degenerative diseases are usually progressive and are associated with aging: osteoarthritis. * Infectious diseases result from the invasion of microorganisms: AIDS, tuberculosis, measles, pneumonia. | | | |
| **Source Content** *(text repeated below for reference)* | | | |
| What are the origins of disease?   * Diseases originate from many causes. The cause of a disease is called its etiology. * Hereditary diseases are transmitted from parent to child: cystic fibrosis, hemophilia. * Congenital diseases appear at birth from factors such as inadequate oxygen, malnutrition, or drug use by the mother: absence of limbs, blindness. * Inflammatory diseases occur when the body reacts with an inflammatory process to a causative agent such as microorganisms or pollen: bronchitis, hay fever. * Degenerative diseases are usually progressive and are associated with aging: osteoarthritis. * Infectious diseases result from the invasion of microorganisms: AIDS, tuberculosis, measles, pneumonia. | | | |

* **Screen 1 can also be represented as:**

<https://docs.google.com/presentation/d/1yBRk-_Jgq_-ScwG4bIl27pdEjBbTVoGs/edit?usp=sharing&ouid=100956462980500802377&rtpof=true&sd=true>

Screen 2

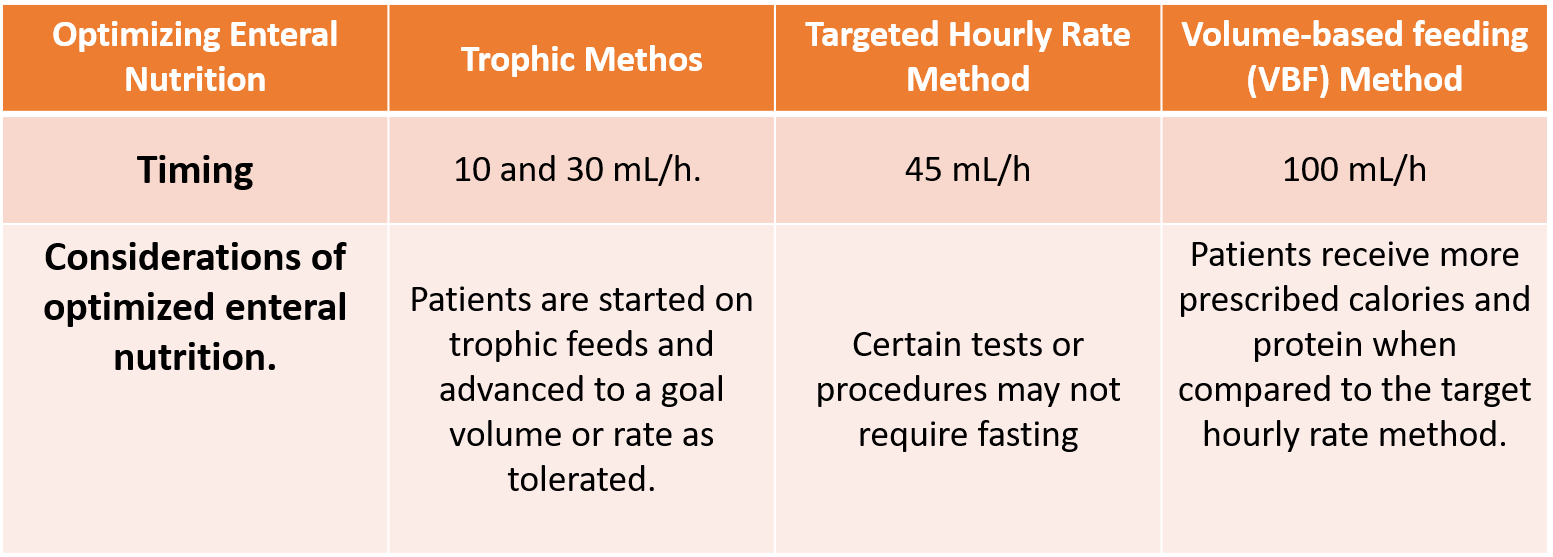
|  |  |  |  |
| --- | --- | --- | --- |
| **Topic Title** | Origins of Disease | | |
| **LO** | Recognize origins of disease. | **Bloom’s Level** | Remember |
| **On-screen Text (Repurpose this screen for most effective learning)** | | | |
| What is disease?   * Disease is any disturbance of a structure or function of the body. * A set of signs and symptoms characterizes each disease. * Health care providers use signs and symptoms to diagnose disease. * Nurses assess signs and symptoms to formulate patient problem statements. * Nursing interventions are used to treat the holistic needs of patients and may be independent (done by the nurse) or collaborative (accomplished with other members of the health care team). | | | |
| **Source Content** *(text repeated below for reference)* | | | |
| What is disease?   * Disease is any disturbance of a structure or function of the body. * A set of signs and symptoms characterizes each disease. * Health care providers use signs and symptoms to diagnose disease. * Nurses assess signs and symptoms to formulate patient problem statements. * Nursing interventions are used to treat the holistic needs of patients and may be independent (done by the nurse) or collaborative (accomplished with other members of the health care team). | | | |

* **Screen 2 can also be represented as:**

<https://docs.google.com/document/d/1_aDBaw1htsuzazDXz-jh-hYkdT7nD6NC/edit?usp=sharing&ouid=100956462980500802377&rtpof=true&sd=true>

Screen 3

|  |  |  |  |
| --- | --- | --- | --- |
| **Topic Title** | Optimizing Enteral Nutrition | | |
| **LO** | Describe the timing, methods, and considerations of optimized enteral nutrition. | **Bloom’s Level** | Understand |
| **On-screen Text (Repurpose this screen for most effective learning)** | | | |
| EN can be delivered by three methods: trophic, targeted hourly rate, and volume-based feeding (VBF). Trophic feeding provides patients with less than their estimated nutrition needs due to an actual or perceived risk of intolerance. In some cases, patients are started on trophic feeds and advanced to a goal volume or rate as tolerated. Trophic feeding rates are most often between 10 and 30 mL/h.  In the targeted hourly rate method, a goal rate for EN administration is calculated based on the daily estimated nutritional need. Initiation of EN either occurs at a trophic rate and advances to the hourly goal or is initiated at the hourly goal rate. The rate is set and remains at the specified hourly volume (e.g., 45 mL/h). This method does not typically account for missed EN secondary to procedures, nursing care, or diagnostic tests; therefore, the patient is at risk for suboptimal nutrition therapy. Certain tests or procedures may not require fasting; clarify with the practitioner who is ordering or performing procedures how long to hold EN or whether holding EN is necessary. Upon procedure completion, resume nutrition support promptly. Compensating for missed EN via VBF can help optimize the patient’s nutrition status.  Upon implementing the VBF method, the practitioner orders the appropriate EN as a goal volume to be infused over 24 hours. Increases in the hourly rate occur in response to interruptions in EN therapy, with the goal of compensating for gaps in EN therapy. For example, if the goal volume is 1200 mL and the patient’s EN is held for 12 hours for a procedure, the patient has 12 hours remaining in the day to achieve the goal volume. Recalculate the rate of administration based on the remaining hours (1200 mL divided by 12 hours) and run the EN at 100 mL/h for the remainder of the day. In this method, patients receive more prescribed calories and protein when compared to the target hourly rate method. | | | |
| **Source Content** *(text repeated below for reference)* | | | |
| EN can be delivered by three methods: trophic, targeted hourly rate, and volume-based feeding (VBF). Trophic feeding provides patients with less than their estimated nutrition needs due to an actual or perceived risk of intolerance. In some cases, patients are started on trophic feeds and advanced to a goal volume or rate as tolerated. Trophic feeding rates are most often between 10 and 30 mL/h.  In the targeted hourly rate method, a goal rate for EN administration is calculated based on the daily estimated nutritional need. Initiation of EN either occurs at a trophic rate and advances to the hourly goal or is initiated at the hourly goal rate. The rate is set and remains at the specified hourly volume (e.g., 45 mL/h). This method does not typically account for missed EN secondary to procedures, nursing care, or diagnostic tests; therefore the patient is at risk for suboptimal nutrition therapy. Certain tests or procedures may not require fasting; clarify with the practitioner who is ordering or performing procedures how long to hold EN or whether holding EN is necessary. Upon procedure completion, resume nutrition support promptly. Compensating for missed EN via VBF can help optimize the patient’s nutrition status.  Upon implementing the VBF method, the practitioner orders the appropriate EN as a goal volume to be infused over 24 hours. Increases in the hourly rate occur in response to interruptions in EN therapy, with the goal of compensating for gaps in EN therapy. For example, if the goal volume is 1200 mL and the patient’s EN is held for 12 hours for a procedure, the patient has 12 hours remaining in the day to achieve the goal volume. Recalculate the rate of administration based on the remaining hours (1200 mL divided by 12 hours) and run the EN at 100 mL/h for the remainder of the day. In this method, patients receive more prescribed calories and protein when compared to the target hourly rate method. | | | |

* **Screen 3 can also be represented as:**
* **Section 2: Screen Presentation**

What kind of screen presentation would you use to best explain the following topics? You may choose any one topic.

* 1. *Human Digestive System*

* 1. *Anti-bribery laws in a corporate*
  2. *Inserting a table in a Word document*
  3. *Five benefits of a Health Management System*

Tasks for this section.

1. Write a note on your content analysis for your selected topic. What type of content is this?
2. Write a note on the industry best practices to help learners learn this type of content. How is this type of content best taught?
3. Design the topic presentation. Provide content outline/content details to scope out the screen. Show how the ID strategy is applied. Provide visual design descriptions to support the ID strategy.

*Please note, all the three points above must be addressed in your note.*

**Answer:**

* **Topic: Human Digestive System**
* **Content Analysis:**

 The relational analysis of the given concept is to systematically transform a large amount of text into a highly organized and concise summary of key results. To obtain descriptive information about a topic – Human Digestive System which is a pedagogical content related to Biology with reference to content analysis, one can quantify and analyze the presence, meanings, and relationships of such certain words, themes, or concepts. Having done the analysis, it anticipates comprehensive instructional objectives appropriate to each component of the content and the developmental level of the learners. While delivering these kinds of topics one needs to implement effective tools and techniques for continuous evaluation and to use the results of this evaluation for monitoring the instructional process. Certain elements of the analyzed content may not match the mental level and age of learners. The same content may be taught at various levels but the scope and limit of the content is determined by the level of instruction-based learning at a particular batch of learners.

* **Target Audience:** Young Learners
* **How is this content best taught?**

During the teaching pedagogical subjects like biology, students and trainers need to establish effective dialogues and exchange information and experiences to maximize students’ learning. A way to promote effective learning and to allow learners to become part of their learning process is using active methodologies, such as flipped classroom, team-based learning, collaborative testing, and construction of educational models and experimental learning aids online. One can highlight the application of active methodologies, such as educational games.

* **ID strategies:**
* **Scenario Based Learning:**

This learning strategy is one of the most problem- based learning styles. Engaging learners virtually, making them interact and resolve problems. This learning style helps learners recall and apply prior knowledge, make use of past experiences, improve critical thinking and problem-solving skills. For better approach and effective one can use ‘3C model’. The image above represents the structure for a generic three-choice branch.

When creating scenarios, sometimes depending on the topic one can utilize one branch to let the learners test their understanding.  In order, to give the learners a way to test what they know.  Other times, the usage of second branch to sort the learner’s understanding of topic that they are learning.  If they get it, they move on.  If not, then there is an innovative way to make them look down the path to get additional info.

* **1st 3C** – Learner gets to know the consequence and then process to new challenge
* **2nd 3C** – Consequence is a new challenge
* **3rd 3C** – With help the learner understand his/her progress with the course.

Here, the learner makes a decision and then selects the appropriate choice.  The choice made produces consequences.  At this point the instructor can provide feedback and have the learner continue through the course.  Or the instructor can add another 3C structure at the end of the consequence.

* **Human Digestive System**

[**https://drive.google.com/file/d/1HCwFBqHUnYb63-ozbvSCnvJkzSI6e-wL/view?usp=sharing**](https://drive.google.com/file/d/1HCwFBqHUnYb63-ozbvSCnvJkzSI6e-wL/view?usp=sharing)