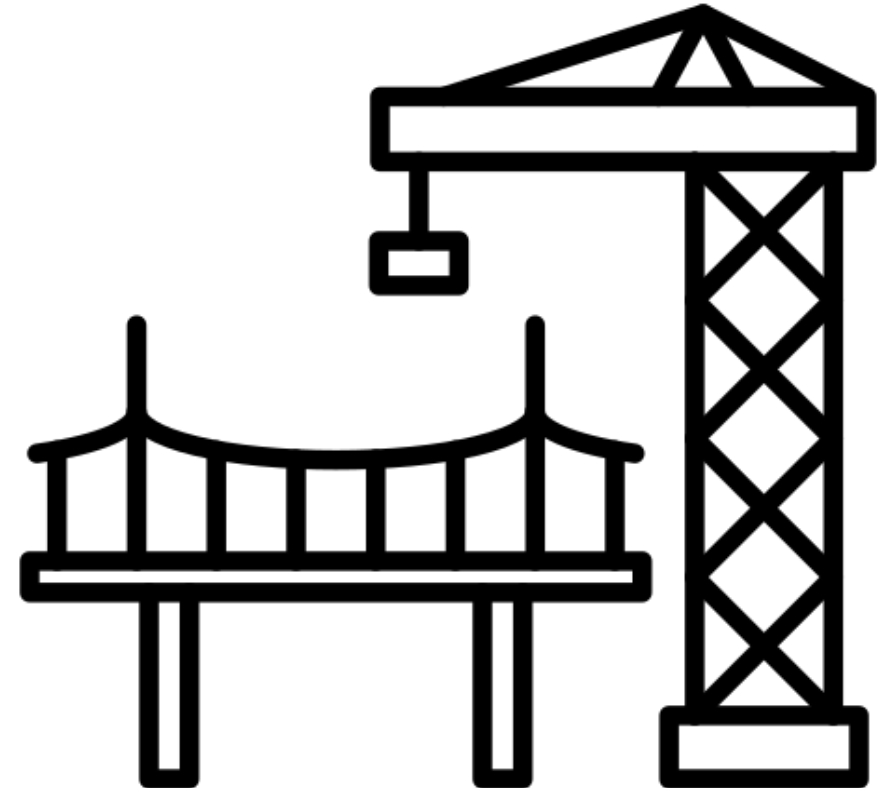


Building Bridges

A Collaborative Course Design Story

Tania Rivero, MLIS, Scientific Information Specialist
Medical Library, University of Bern



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What are we bridging?

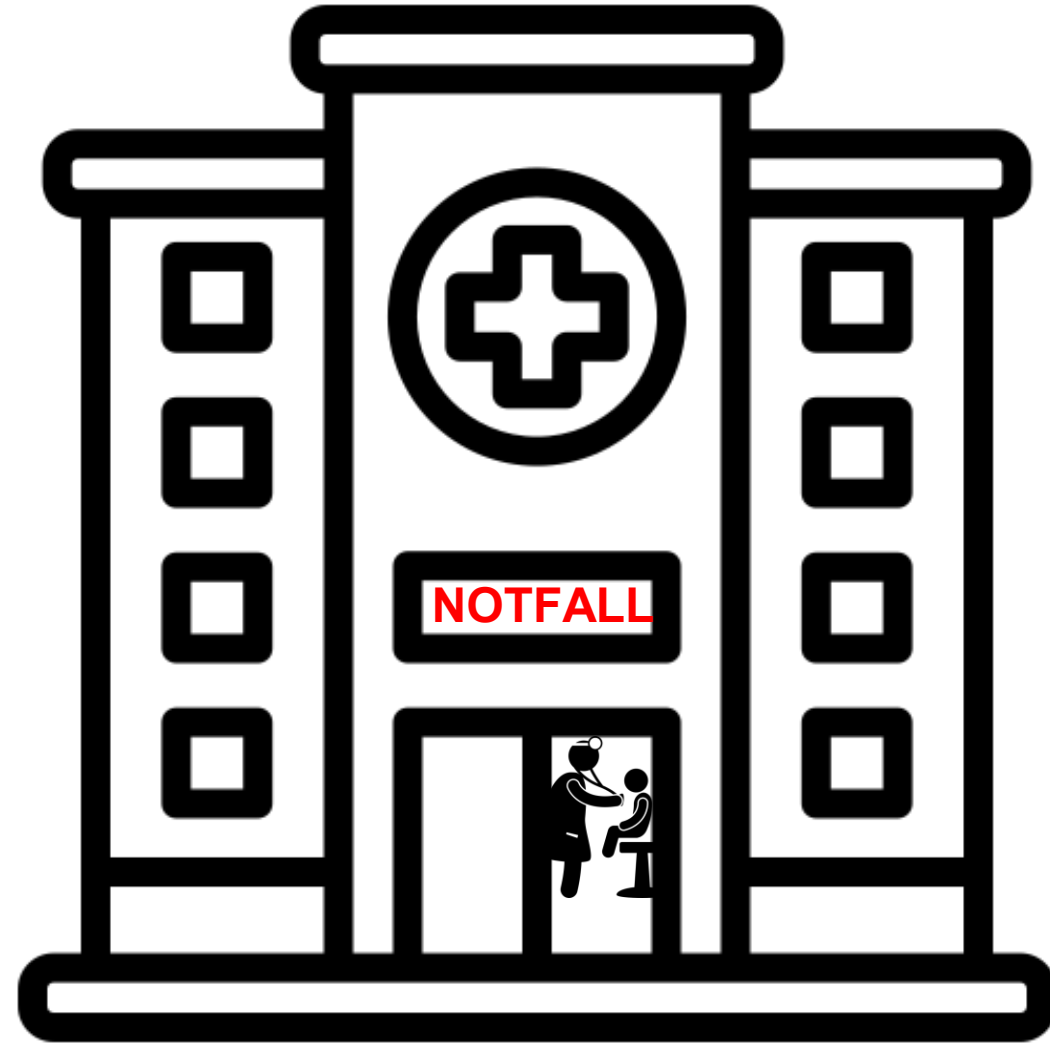
u^b What are we covering?

- Where our story begins
- Course trail
- Collaboration: types and realities
- Course components and roadmap
- Revisions, results, and developments
- What makes this experience meaningful?
- Worth the effort?
- When to consider co-creation?

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Where our story begins

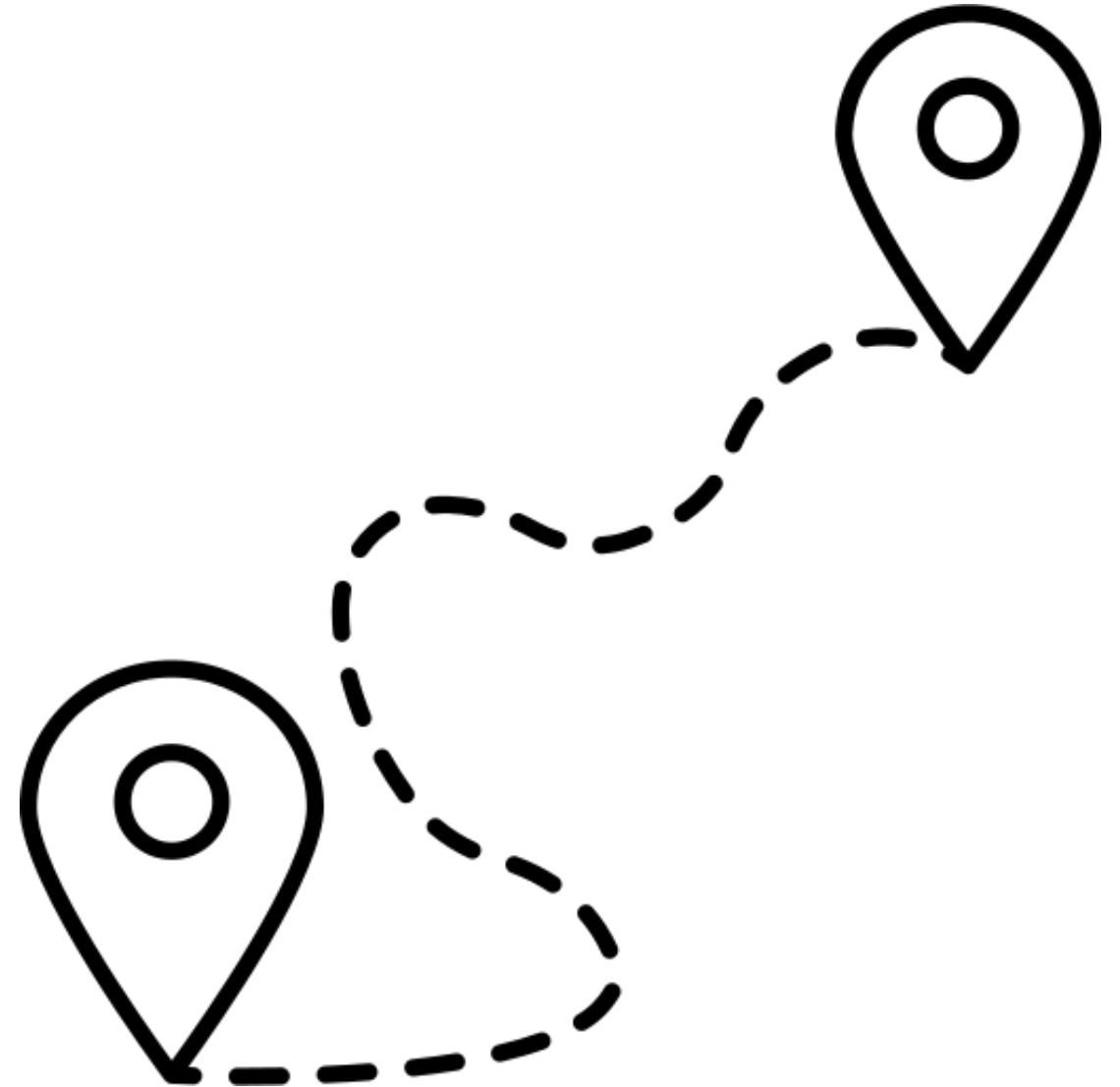
- I received an inquiry by a senior physician about contributing to an Evidence-Based Medicine (EBM) training
- They are based at the children's clinic, overseeing educational sessions and in situ simulations for fellows, residents, and consultants



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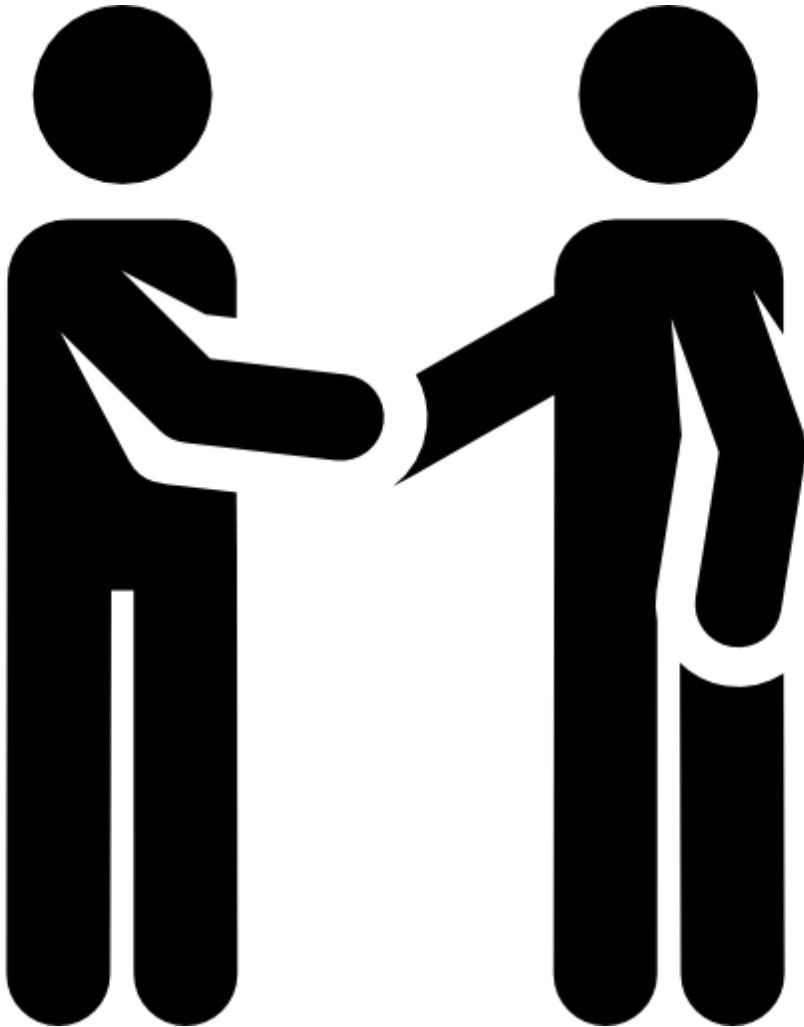
Course trail

- Aim
- Expectations
- Roles



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Collaboration: types and realities



Collaboration activities in pedagogical development programmes in higher education: what do teachers learn from this?

M. Vreekamp , P. Runhaar , J. Gulikers  & P. den Brok 

1. Information exchange: sharing facts, tips, or resources with each other.
2. Discussion: converse together to understand ideas or solve problems.
3. Co-creation: working closely, making new lessons or materials together.

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Course components

- Needs assessment (proxy-based)
- Steps in the EBM process inform the learning objectives and exercises
- The Pediatric Evidence Assessment (PEA) is the deliverable output; it is an application of EBM tailored specifically to pediatric training and clinical practice
- Series of 3 sessions, 1 session per month (2 hours with breaks)
- Notion page link to share resources and materials



Evidence-Based Medicine (EBM) Series: Resources and Materials

+ Add a property

Comments

T Add a comment...

Session 1

Pediatric Evidence Assessment

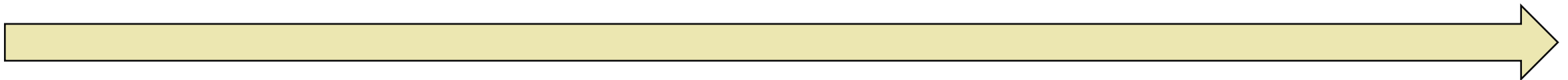
By the end of the teaching series, you are to conduct a pediatric evidence assessment of your findings from the literature search.

Click on link below to see documents.

[Pediatric Evidence Assessment Forms](#)

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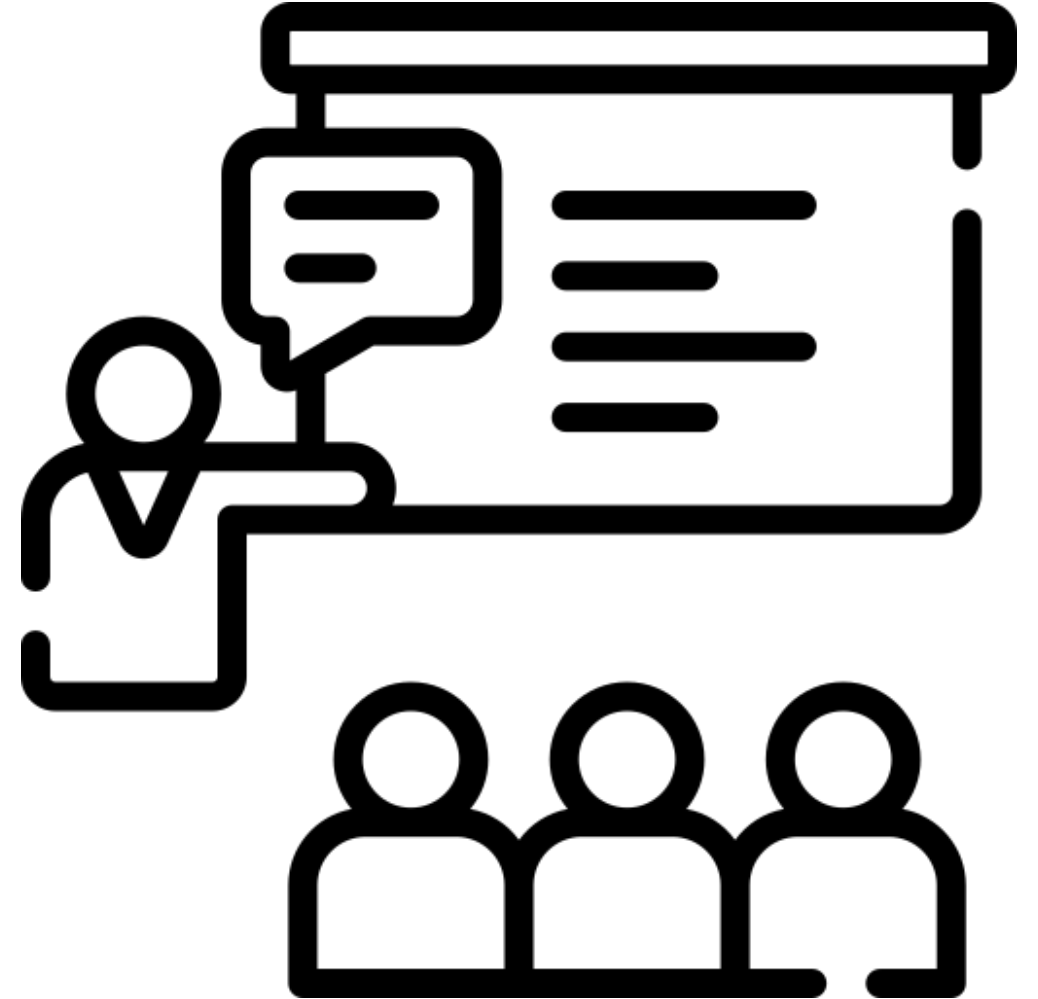
Roadmap



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Roadmap: PEA presentations

- Presentations take place during staff meetings
- Within a two-month timeframe, attendees select a meeting time to present their PEAs
- Presentations are critiqued on a few key aspects



u^b Revisions and results

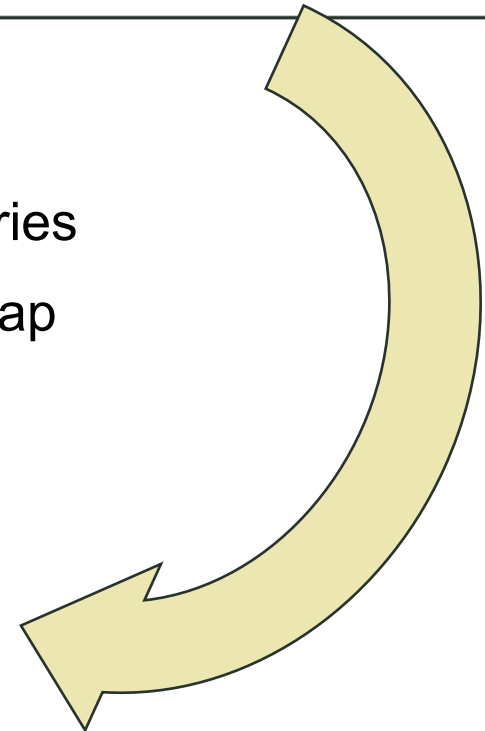
- After the PEA presentations, we meet to share observations on the series
- Each session is discussed: what worked well, barriers, feedback, etc.

EBM Teaching Series Post-Exchange Notes and Feedback

Content Items for Review/Reflection

- Flow and pace of the sessions
- Presentation slides *Session 1*
 - On first slide, place all main points for the series
 - Formulating searchable questions (Move

- Prioritize coverage of the PEA earlier in the series
- Start the consecutive sessions with a brief recap and informal quiz
- Attendees pair up to collaborate on exercises and jointly present the Pediatric Evidence Assessment (PEA) at the end of the series



u^b Developments

“Artificial intelligence isn’t going to replace doctors, but a doctor who uses AI may replace a doctor who does not.”

Curriculum Frameworks and Educational Programs in AI for Medical Students, Residents, and Practicing Physicians: Scoping Review

Raymond Tolentino¹, Ashkan Baradaran¹, Genevieve Gore², Pierre Pluye¹, Samira Abbasgholizadeh-Rahimi^{1 3 4 5}

Artificial intelligence education: An evidence-based medicine approach for consumers, translators, and developers

Faye Yu Ci Ng¹, Arun James Thirunavukarasu², Haoran Cheng³, Ting Fang Tan⁴, Laura Gutierrez⁴, Yanyan Lan⁵, Jasmine Chiat Ling Ong⁶, Yap Seng Chong⁷, Kee Yuan Ngiam⁸, Dean Ho⁹, Tien Yin Wong¹⁰, Kenneth Kwek¹¹, Finale Doshi-Velez¹², Catherine Lucey¹³, Thomas Coffman¹⁴, Daniel Shu Wei Ting¹⁵

Towards evidence-based practice 2.0: leveraging artificial intelligence in healthcare

Per Nilsen^{1 2}, David Sundemo^{3 4}, Fredrik Heintz⁵, Margit Neher¹, Jens Nygren¹, Petra Svedberg¹, Lena Petersson¹

Artificial intelligence tool development: what clinicians need to know?

[Boon-How Chew](#)  & [Kee Yuan Ngiam](#)

New evidence-based practice: Artificial intelligence as a barrier breaker

[Ricardo Maia Ferreira](#)^{1 2 3 4}

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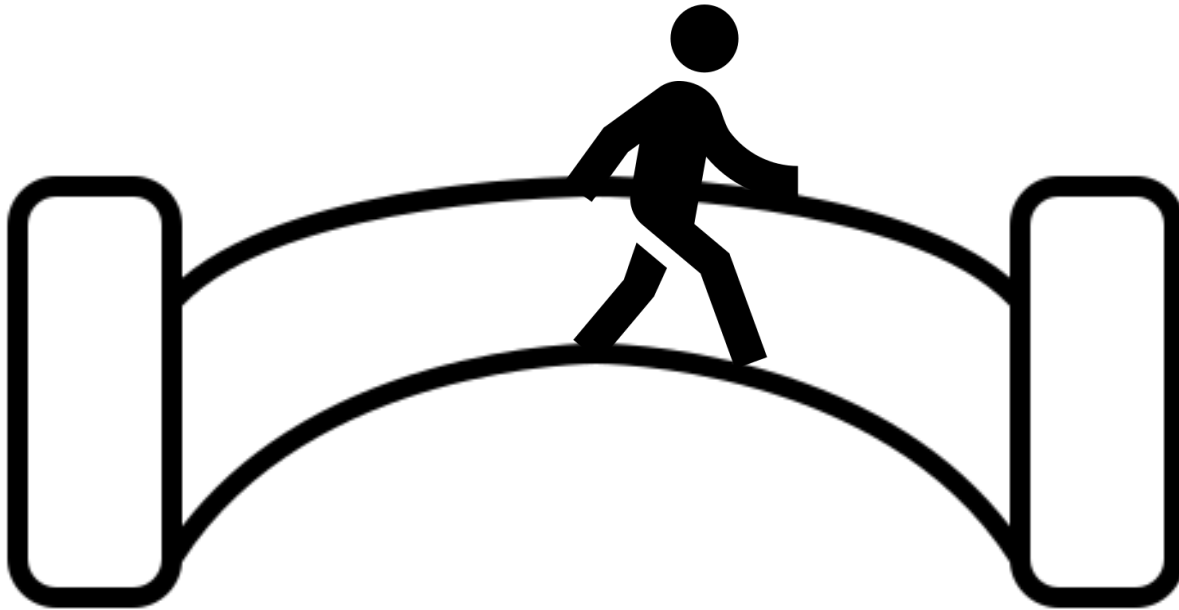
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What makes this experience meaningful?

- The course format and progression of topics to promote gradual learning
- Diverse perspectives and expertise coming together
- Engaging sessions and discussions
- Quality and depth of the collaboration (i.e., co-creation)

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What are we bridging?



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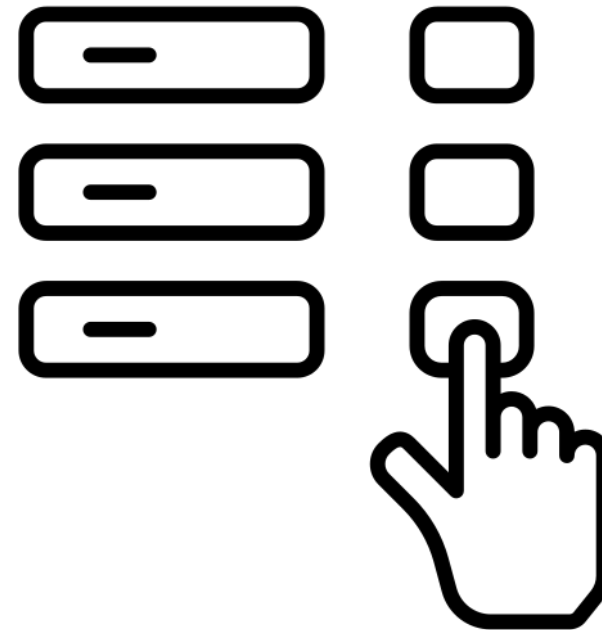
Worth the effort?

- Additional perspectives and expertise can enhance the course design and learner's experience
- Broader instructional coverage for learner's needs/questions during session
- Negotiations/compromises
- Absence of synergy among collaborators may impact the course design and/or delivery
- Time intensive (e.g., scheduling multiple meetings, reviewing content)

1. Information exchange

2. Discussion

3. Co-creation



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When to consider co-creation?

- Is there a plan to repeat or maintain the course as a long-term offering?
- Is there adequate time and resources?
- Would the aim and scope of the course call for shared responsibility and substantial involvement?
- Is there a sense of openness and flexibility among prospective collaborators?



u^b

Thank you for your time and attention

 tania.rivero@unibe.ch

 [Medical and Pharmacy Portal](#)

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Q & A

How has collaborating on courses shaped your approach to teaching or course design?

Which challenges stood out to you, and what opportunities emerged?

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