

Experiencing Mobile Learning and Assessment

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Why Mobile Learning?

- The learning and teaching of students increasingly takes place in work based settings
- Younger learners are “digital natives” and learn in different ways
- Students need to be connected to sources of information – especially when in practice
- Technology can make mobile learning a possibility
 - Better devices
 - Faster networks
 - Availability of Digital Media

What is Important?

- Reflection is an important part of skill and competency development
- Immediacy of capture, recording of evidence and experience is important
- Life long learning is important
- Evidence for professional qualifications as well as University qualifications is important
- On-going skills development.

What do Devices look like?

- Devices are compact and very functional
- Device are very portable
- They can be tailored to specific needs
- Carried by most students?



Session 3
Usability

What about the networks?

- 3G networks offer Broadband speeds
- New developments give similar speeds to home broadband
- New Media such as video and voice can thus be made available as the Networks have the capacity.
- BY 2010 all mobile operators will carry their traffic over 3G networks

Devices and networks then?

- Mobility and mobile learning is not just about the Device and the Network – they are just enablers
- Content is vital

http://www.yorksj.ac.uk/learnteach/alps/learning_objects/

ALPS is an excellent case study for what
can be achieved.

Session 1
Embedding
in Learning

Session 3
RLOs

ALPS CETL

Who we are?

A centre for excellence in teaching and learning focussing on assessment and learning in practice settings. 5 Universities (Leeds, Leeds Metropolitan, Bradford, Huddersfield and York St John) crossing 16 health and social care professions

What is the aim of this programme?

To achieve excellence in assessment and learning based on interprofessional common competency maps, delivered by mobile technology


To ensure that students graduating from courses in health and social care are fully equipped to perform **confidently** and **competently** at the start of their professional careers

Some examples



Example
Images

Portion sizes



= 120g

Correct
Well-done

0g	140g
0g	220g

Q1 of 3


Quizzes

Professional Practice
Assessment

FRIDAY, JUNE 23, 2006

Review of week 2

Another very quick but very good week. Still learning lots everyday. I have met many interesting patients and am particularly enjoying the more complex cases as these reveal the need for effective MDT working and raise numerous ethical/legal etc considerations. However this week I have become increasingly frustrated by the limitations of OT in the acute setting- everything revolves around money. To a certain extent I agree that this can be justified but only to a certain extent. For example, the pressure to have people discharged from hospital asap is justifiable because the longer they stay in the more likely they are to get a bug etc. But in some cases a quick discharge is not in the best interest of the patient yet due to financial pressure this is what is imposed. At the moment there is a particularly difficult case which highlights this - a 65yr old man who is bipolar, visually impaired, has copd, arthritis and oestoporosis. Currently the OT assessment has found that discharge from hospital is possible but only if the patient is rehoused. This is because a psychiatrist's assessment concluded that he is likely to commit suicide if he returns home. This risk is not as a consequence of his illness it is a consequence of social factors (he is transgender and has been victim to repeated abuse by local residents at his current address and is now terrified to go home). However social services are pushing for OT to say that he is able to go home to his current address because rehousing



Review of week 2
Originally uploaded by Rachel Bright

About Me
Name: Rachel
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Links

- Google News
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- Arthritis Research Campaign
- Fibromyalgia
- Rheumatology O.T
- Types of Prayer

Previous Posts

- Review of week 2
- Review of week 2
- Review of week 1
- Test


Archives

- June 2006

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Blogs

Portion sizes



One of your weight reducing patients recalls she has a small tin of baked beans at breakfast. what weight would you document that she has had?

120g	140g
180g	220g

Q1 of 3

Maps and Tools


- Language and Terminology?
- Levels – to be or not to be?
- Hierarchy of clusters and dimensions
- Assessment tool or map?
- Creating trust across professions and HEIs
- Protocols
- Professional Frameworks

Common Competency Maps

Result – 3 Maps

- Communication Skills Map
- Teamworking Skills Map
- Ethical Practice Skills Map

Session 1
Skill and
Competency Maps

 Ethical Practice Competency Map



- The student ensures that information is provided in a manner that is understood
- Information is delivered in a timely manner
 - The student checks the service user understands the nature, purpose and potential consequences of the intervention
 - The student is familiar with how consent should be recorded
 - The student recognises that consent should be obtained for each procedure/intervention
 - The student recognises consent must be voluntary

The Scenario

- Clare is an occupational therapy student on placement at Calderdale Royal Hospital.
- One of her objectives whilst on placement is the development of her ability to demonstrate respect for service users.
- Her tutor, Joe, creates an assessment that will encourage Clare to provide evidence of his ability to demonstrate respect for service users, and to communicate with them in a respectful and ethical way

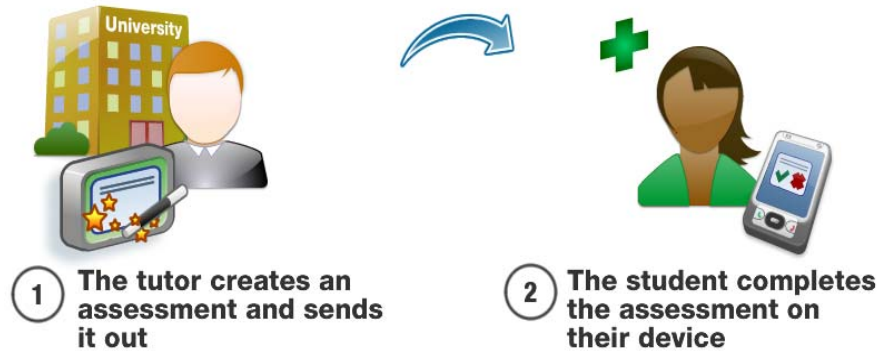
Session 3
ALPS
Assessment
Tool

A journey through the system

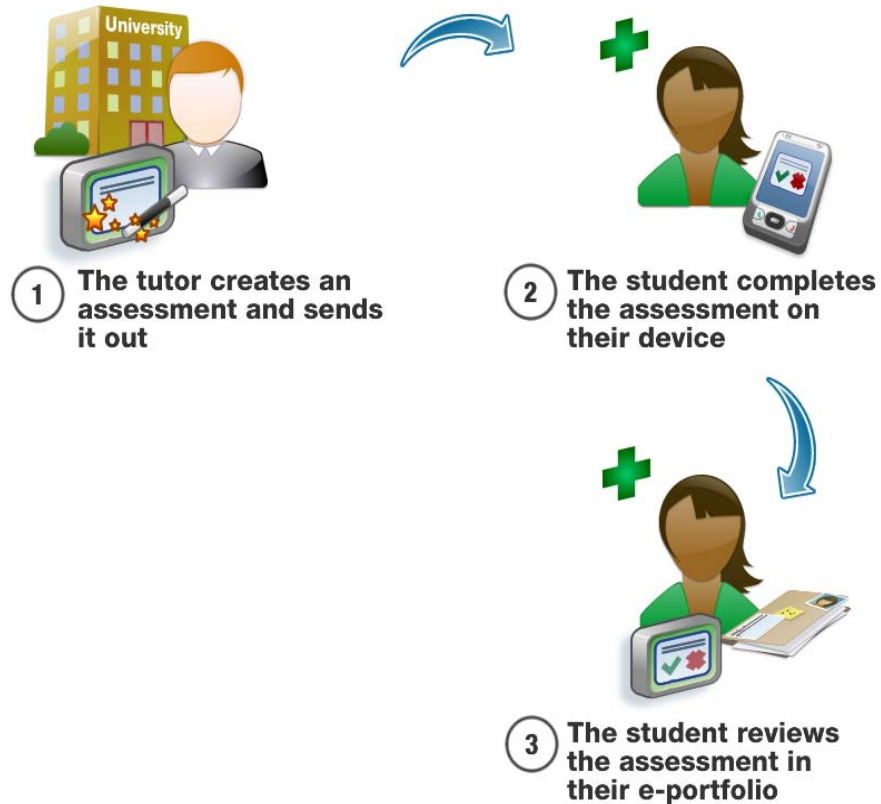


- 1 The tutor creates an assessment and sends it out

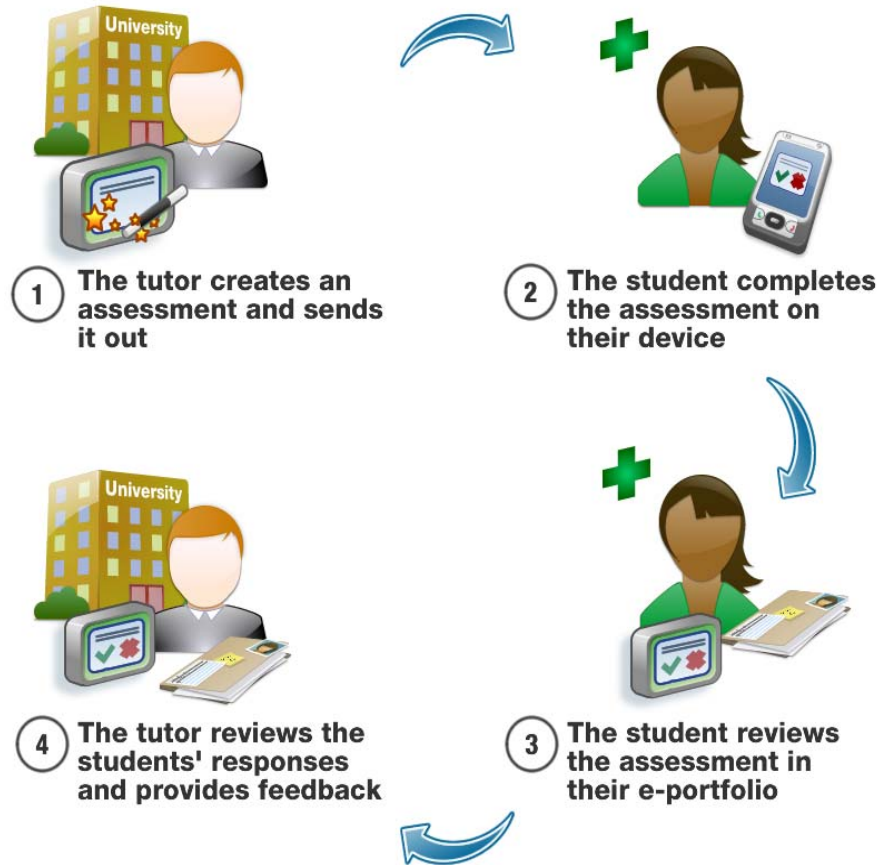
A journey through the system



A journey through the system



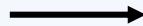
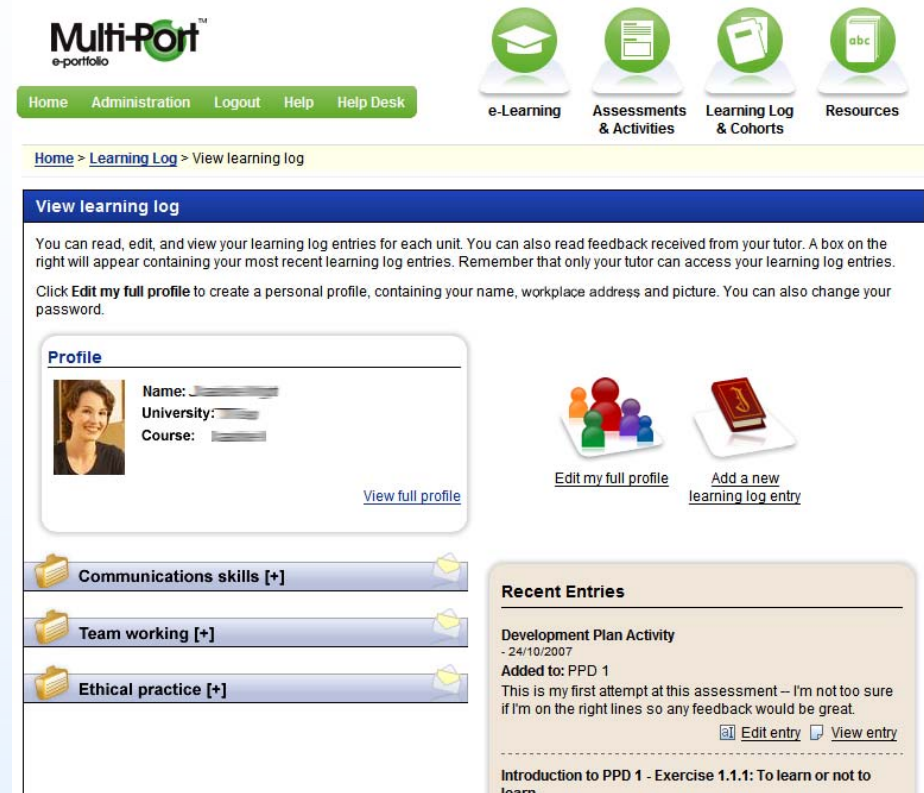
A journey through the system



Returning Assessments



Session 2
Personal
Learning
Spaces

From mobile device to Multi-port ePortfolio

Student Comments



...useful for contacting visiting tutor at university whilst on placement



"I like that it's neat, that its not your normal scruffy hand writing,



...good for recording data and evaluating and reflecting upon clinical experiences



...think the audio thing is really useful for recording reflections ..I think I should have used it more



I preferred it ..I could adapt it, add to it, change things, and take it along ..it was just so much easier"

Other examples

- Mobile assessment MiniCEX
- Mobilography
- Digital Storytelling



Session 1
Mobilography
John Sandars

**Post conference
workshop**
Digital Storytelling

Final thoughts.....

- Tools are not neutral- they change the way we think and act
- Potential to improve the practice of learning and assessment
- BUT – need to be acceptable
 - Building on current best practice but trying new things
 - Minimising associated stress to students and staff
- Strategies for embedding

Session 2
Student
Interaction

Session 2
Embedding
in IT



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