



LEARNING ANALYTICS AND MEDICAL IMAGING

MATT CIRIGLIANO, MS
MARTIN PUSIC, MD, PhD
OLEKSANDR SAVENKOV, PhD
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OBJECTIVES

Exploratory Analysis: Understand the relationships between measures of learner engagement and learner achievement in historical MED-U databases using results from focus group discussions



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LEARNING ANALYTICS

...is an emerging field in which analytic tools adapted from computer science, math, and statistics are used to improve learning and education by extracting usable information from very large datasets.

Use Knowledge to
Establish and
Achieve Goals

Wisdom

Analyze and Synthesize
Derived Information

Knowledge

Give Meaning
to Obtained Data

Information

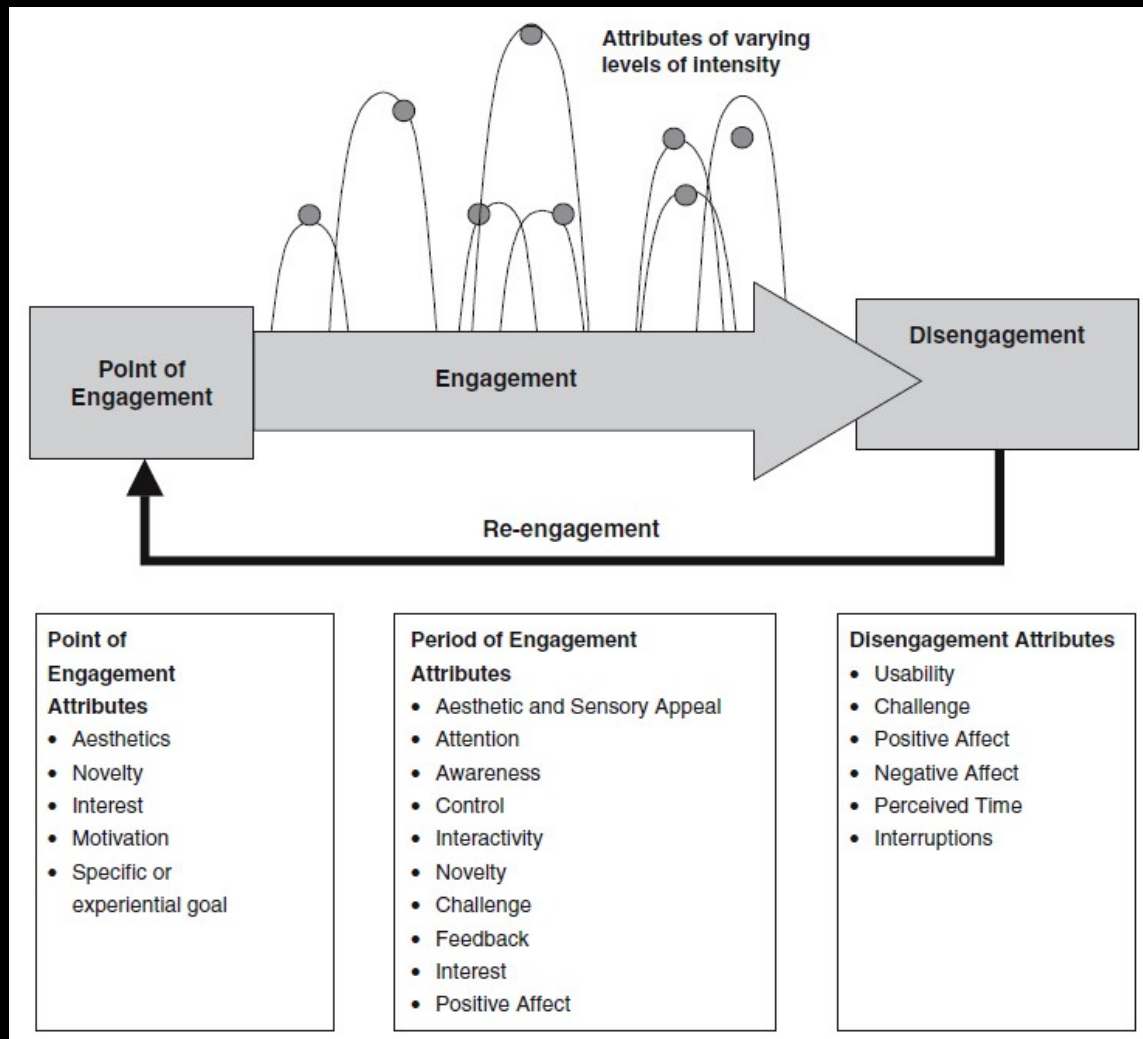
Obtain
Raw Facts

Data

Figure 1: Baker's (2007) depiction of the Knowledge Continuum.

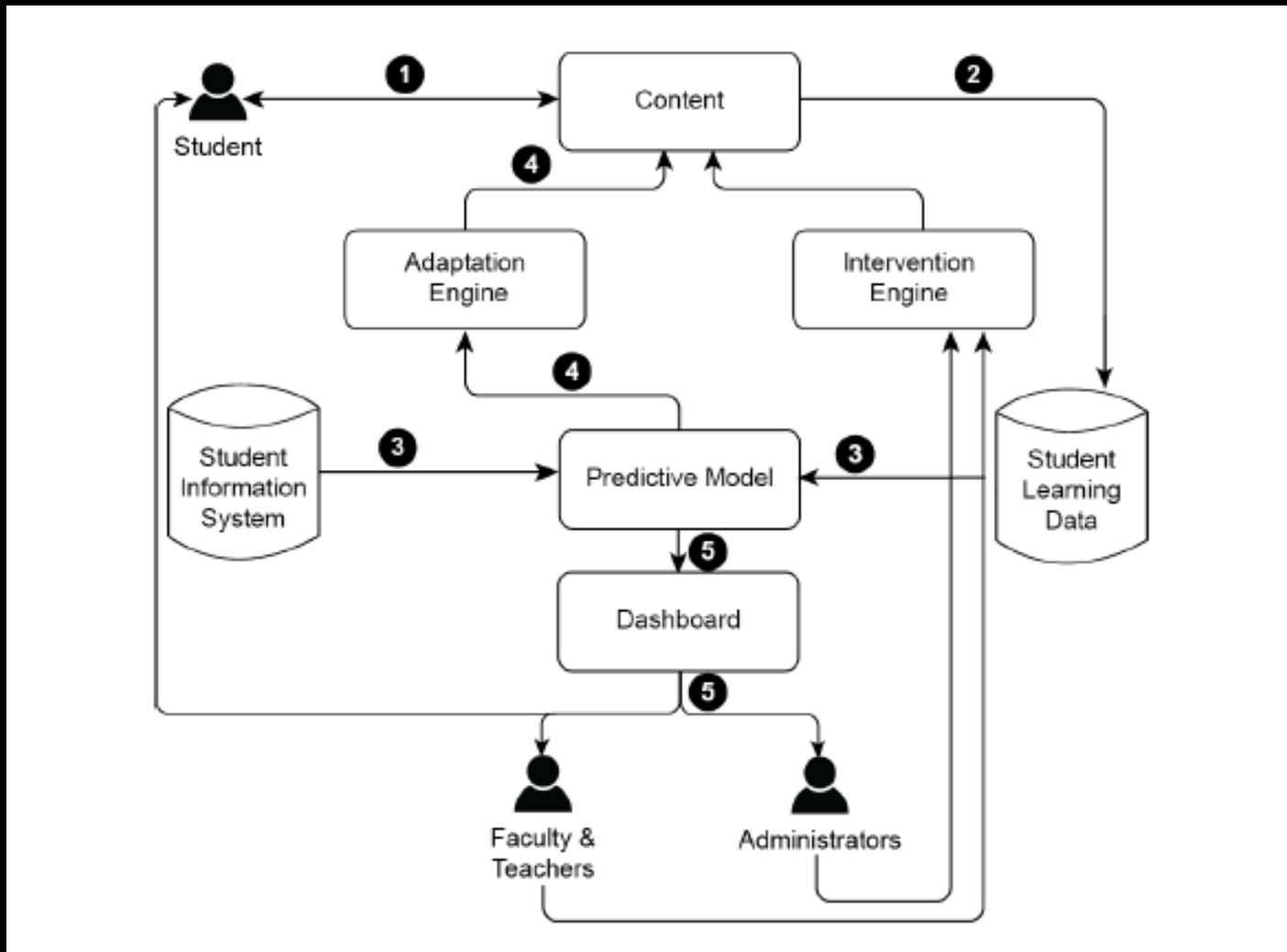
SOURCE: Elias, T. 2011. *Learning Analytics: Definitions, Processes and Potential*.

CONCEPTUAL MODEL FOR ENGAGEMENT



SOURCE: O'Brien, H. L., & Toms, E. G. (2008). What is user engagement? A conceptual framework for defining user engagement with technology. *Journal of the American Society for Information Science and Technology*, 59(6), 938-955.

ADAPTIVE LEARNING SYSTEM: COMPONENTS AND DATA FLOW



SOURCE: Elias, T. (2011). Learning analytics: Definitions, processes and potential. Learning, 23, 134-148.

CLICK-LEVEL DATA

- Multiple choice questions
- Image comprehension items
- Hyperlinks
- Page progression clicks
- Enlarging images
- Checking answers
- Time spent on images, pages, etc.
- How many times a video is paused, on which frames, and if a video is replayed, etc.



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A RELEVANT ASSESSMENT



Content
(Images, links, etc.)



Question:

What is your diagnosis based on these images? Select one.

Multiple Choice Answer:

Please select your answers.

- A ☐ Posterior shoulder dislocation
- B ☒ Anterior shoulder dislocation
- C ☒ Superior shoulder dislocation
- D ☐ Proximal humeral fracture
- E ☐ Acromio-clavicular joint dislocation

> Submit Answers given so far: 2

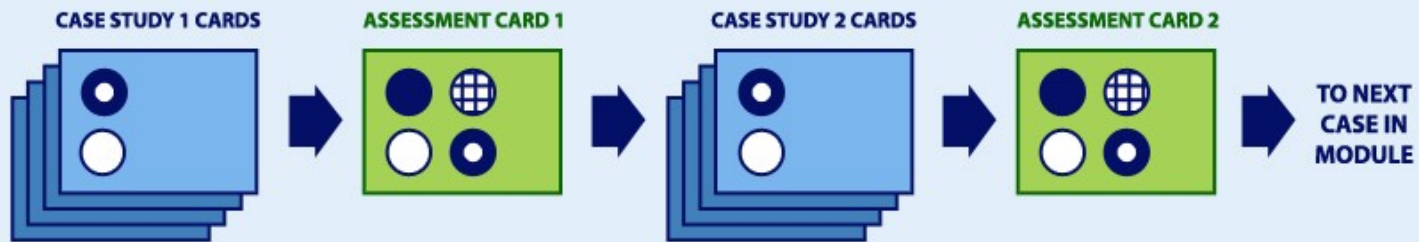
**Relevant Multiple
Choice Question**



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MODULE PROGRESSION

CORE LEARNING MODULE



-  = Image Magnification Buttons
-  = Multiple Choice Questions
-  = Hyperlinks
-  = Expert Hyperlinks



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Jump to: [▲ Card Top](#) [? Question](#) [☑ Answer](#)

19 of 23 Cards

- 1: Introduction
- 2: Core Musculoskeletal
- 3: Mr. Stanley's Ski accident
- 4: Ankle Anatomy
- ✓ 5: Mr. Stanley's Ankle series
- 6: Fracture Descriptions
- 7: Mr. Stanley's treatment
- 8: Ms. Lawrimore arrives in the ED
- ✓ 9: Ms. Lawrimore's knee
- ✓ 10: Knee Effusion
- 11: Tibial Plateau
- ✓ 12: MRI or CT?
- 13: MRI of her knee
- 14: Mrs. Potter's Hip Injury
- ✓ 15: Mrs. Potter's Hip Radiographs
- 16: MRI of Mrs. Potter's Left Hip
- 17: Mrs. Potter's Right Wrist
- 18: Referral to Orthopedic Surgery
- ✓ 19: Mr. O'Neil's Shoulder
- 20: Shoulder reduction
- ✓ 21: Mr. O'Neil's Wrist
- 22: The End of a Long Morning
- 23: Links

Navigation ▲

Mrs. Potter does well during the procedure and is transferred to the orthopedic floor.

Your next patient is Mr. O'Neil, a 21-year-old snowboarder complaining of left shoulder pain after a fall.

On exam his pupils are dilated and he smells of marijuana. You have him remove his shirt. His shoulder demonstrates a "squared off" appearance with skin depression over the deltoid muscle contour. He is unable to raise his arm. The patient is sent for radiographs.

Want to see a labeled normal shoulder series before you look at his images?

[Go to the University of Washington's musculoskeletal radiology site.](#)

? Question:

What is your diagnosis based on these images? Select one.

☑ Multiple Choice Answer:

- A ☒ ☐ Posterior shoulder dislocation
- B ☒ ☒ Anterior shoulder dislocation
- C ☒ ☐ Superior shoulder dislocation
- D ☒ ☐ Proximal humeral fracture
- E ☒ ☐ Acromio-clavicular joint dislocation

Please note: ✓ ✗ show whether YOUR choice is correct or not, to toggle highlight what the expert selected, [please click here!](#)

> B has been selected by the expert.

This is an **anterior shoulder dislocation (B)**. The AP view shows the humeral head resting anterior to the glenoid fossa in a subcoricoid location. The axillary view confirms the anterior trajectory of the dislocation as the humeral head rests anterior to the glenoid.

The axillary view anatomy can be difficult to identify, so it helps if you know how it is obtained. [See the Expert for more details of the views obtained on shoulder radiographs.](#)



AP view of the shoulder



Tools/Resources ▼

My notes

No notes taken so far

[Expert ▲](#)

PHASE 1

FOCUS GROUP RESULTS

Six experts grouped and ordered candidate analytic measures (CAMs), revealing which were considered the most useful:

- (1) Thumbnail Click
- (2) Post-Answer Feedback Use
- (3) Supplementary Link Click
- (4) Zooming-in on Images
- (5) Duration on Images and Cases

Ranking of Candidate Learning Analytics Measures (CAMs)						
	Candidate Learning Analytic Measures					
	1	2	3	4	5	6
	Thumbnail Click	Supplementary Link Click	Duration on Cases/Images	Zooming-in on Images	Post-answer Feedback Use	Proportion of Feedback Used
Expert 1	1	12	8	2	5	11
Expert 2	1	2	8	5	3	4
Expert 3	1	2	1	2	1	1
Expert 4	4	2	6	5	3	1
Expert 5	2	2	5	2	4	4
Expert 6	4	4	4	8	1	8
TOTAL	13	24	32	24	17	29
Std. Dev.	1.5	4.0	2.7	2.4	1.6	4.0
	Candidate Learning Analytic Measures					
	7	8	9	10	11	12
	Labeled Peer Answers	Viewing Sequence I	Relative Time on Views	Video Playback Speed	Opposing Design Choices	Forced Views
Expert 1	6	4	10	9	3	7
Expert 2	9	6	7	5.8	6.4	6
Expert 3	3	3	3	3	3	1
Expert 4	7	8	9	10	11	12
Expert 5	1	3	5	6	7	2
Expert 6	1	4	8	1	8	8
TOTAL	27	28	42	35	38	36
Std. Dev.	3.3	2.0	2.6	3.4	3.1	4.0

COMMENTS SUPPORTING CAM-A

Expert Quote #1: *“Learning analytics should show us if learning has occurred or not. [Thumbnail click], [supplementary link click], [zooming on images], and [forced views], they are that kind of variable...”*

Expert Quote #2: *“I would start with the most active learner. Who made use of all the available stuff...”*

Expert Quote #3: *“...where I’m seeing this as helpful is, as a course director, where do I need to add content...”*



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COMMENTS SUPPORTING CAM-B

Expert Quote #1: *“...[post-answer feedback] made my top three [learning analytics]...”*

Expert Quote #2: *“As a course director, [labeled peer answers], [post-answer feedback use], and [video playback speed] are good for me...look at data for the bottom five percent.”*

Expert Quote #3: *“I would start with the most active learner. Who made use of all the available stuff...”*

COMMENTS SUPPORTING CAM-C

Expert Quote #1: *“Learning analytics should show us if learning has occurred or not. [Thumbnail click], [supplementary link click], [zooming on images], and [forced views], they are kind of variable...”*

Expert Quote #2: *“Some modules use the same links, so students might not click on the links because they recognize it from a previous module.”*

Expert Quote #3: *“I would start with the most active learner. Who made use of all the available stuff...”*

COMMENTS SUPPORTING CAM-D

Expert Quote #1: *“Learning analytics should show us if learning has occurred or not. [Thumbnail click], [supplementary link click], [zooming on images], and [forced views], they are kind of variable...”*

Expert Quote #2: *“Some modules use the same links, so students might not click on the links because they recognize it from a previous module.”*

Expert Quote #3: *“I would start with the most active learner. Who made use of all the available stuff...”*



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COMMENTS SUPPORTING CAM-E

Expert Quote #1: *“Some students on average spend 15-20 minutes on an individual module...”*

Expert Quote #2: *“You can’t go through 20 slides in 20 seconds...”*

Expert Quote #3: *“If the student is doing well, all [the module does is] alert you to the fact that she was moving through this rapidly, but had her own mechanism of learning.”*

CAM-A: THUMBNAIL CLICK

(Card 13, MSK Trauma)



In an image set where there is one dominant image along with several supplementary clickable thumbnails, does the rate of clicking through the thumbnails correlate with learning?

What we need is:

- (a) Whether users clicked each thumbnail, yes/no
- (b) Whether they got the relevant MCQ correct

(Card 15, MSK Trauma)

Question:

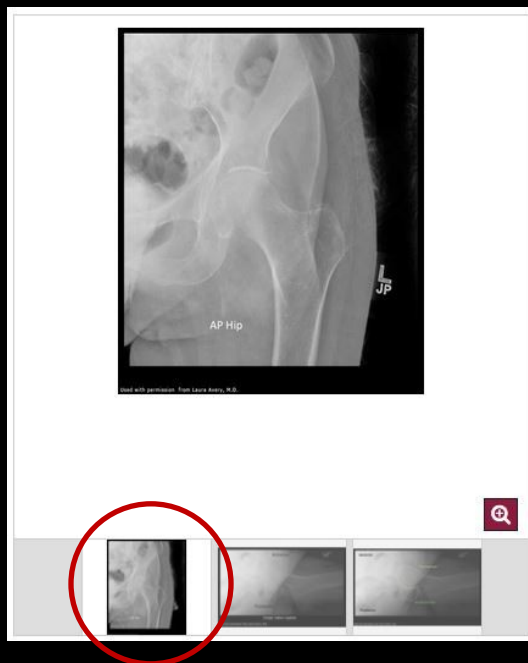
What abnormalities do you see? Select one or more.

Multiple Choice Answer:

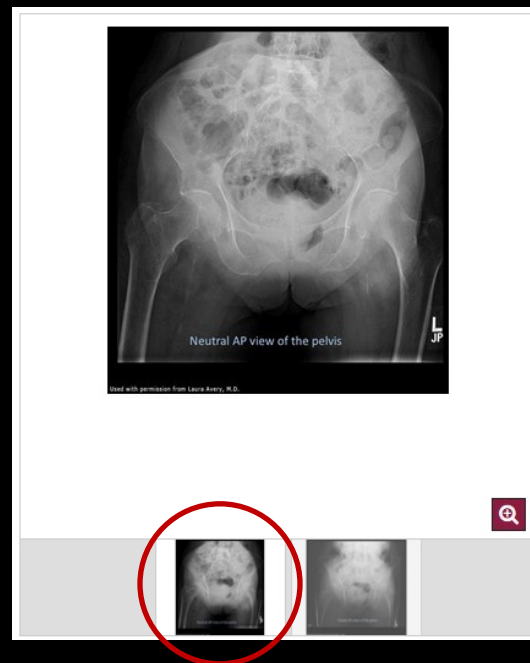
A	✓	<input type="checkbox"/>	Tibial plateau fracture
B	✓	<input checked="" type="checkbox"/>	Knee joint effusion
C	✗	<input type="checkbox"/>	Lateral tibia avulsion fracture
D	✗	<input checked="" type="checkbox"/>	Patellar fracture
E	✓	<input type="checkbox"/>	Proximal fibular fracture

EXAMPLES OF CAM-A

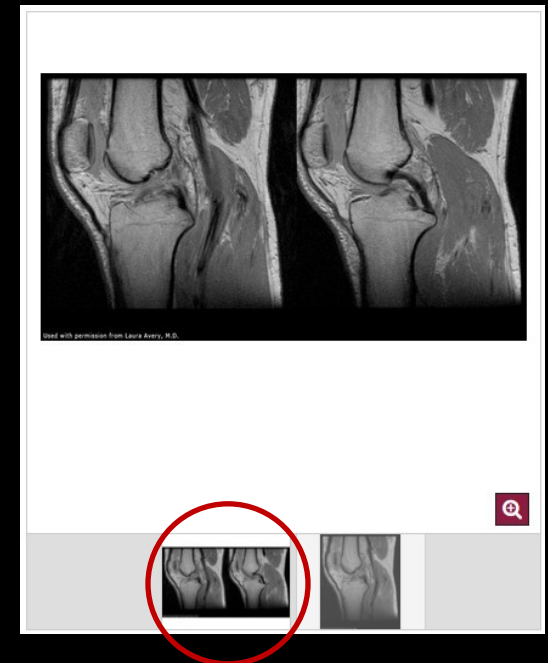
CORE Lesson 16. MSK: Trauma, cards 13-15 have image galleries with multiple thumbnails. Comparing learning with the click rate on these images can help us understand if this learning measure is helpful.



Card 13



Card 14



Card 15

* Click data needed for all of the thumbnails, not just those circled here.

EXAMPLES OF CAM-A

CORE Lesson 16. MSK: Trauma, card 15 has a multiple choice question that is relevant to image galleries on cards 13-15.

? Question:

Which of the following would be appropriate next tests to perform in this patient? Select one or more.

☑ Multiple Choice Answer:

Author defined that display of expert answer is disabled on this card.

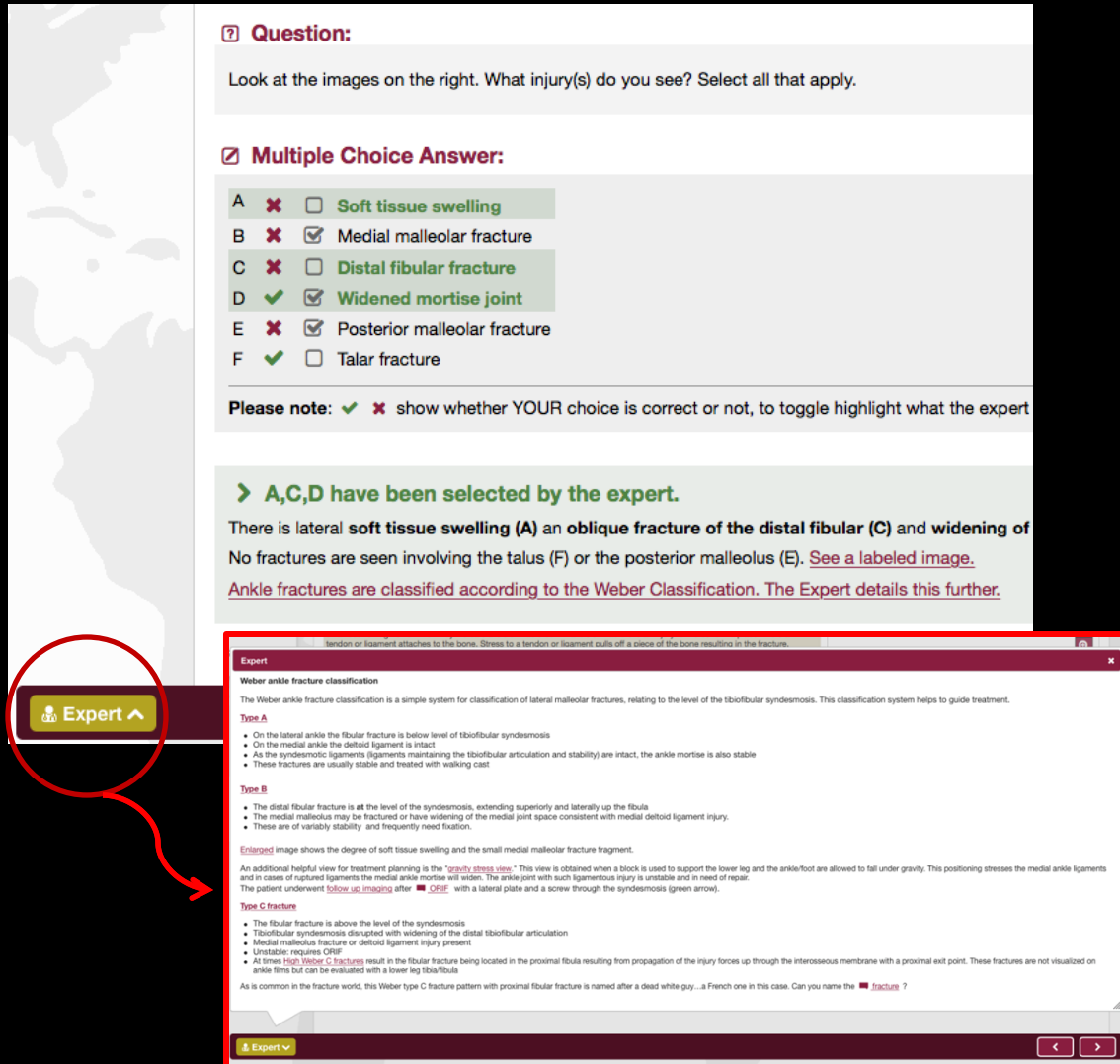
- | | | | |
|---|-------|-------------------------------------|---|
| A | 62.4% | <input type="checkbox"/> | CT scan of the pelvis and proximal femurs |
| B | 34.5% | <input checked="" type="checkbox"/> | MR scan of the pelvis and proximal femurs |
| C | 10.4% | <input checked="" type="checkbox"/> | Radionuclide bone scan |
| D | 24.8% | <input checked="" type="checkbox"/> | Froleg views of the hips |
| E | 21.7% | <input type="checkbox"/> | Repeat radiographs in 7-10 days |

(Card 15, MSK Trauma)



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CAM-B: POST-ANSWER FEEDBACK USE



? Question:

Look at the images on the right. What injury(s) do you see? Select all that apply.

Multiple Choice Answer:

- A ☒ ☐ Soft tissue swelling
- B ☒ ☐ Medial malleolar fracture
- C ☒ ☐ Distal fibular fracture
- D ☒ ☐ Widened mortise joint
- E ☒ ☐ Posterior malleolar fracture
- F ☒ ☐ Talar fracture

Please note: ☒ ☒ show whether YOUR choice is correct or not, to toggle highlight what the expert

> A,C,D have been selected by the expert.

There is lateral **soft tissue swelling (A)** an **oblique fracture of the distal fibular (C)** and widening of

No fractures are seen involving the talus (F) or the posterior malleolus (E). [See a labeled image.](#)

[Ankle fractures are classified according to the Weber Classification. The Expert details this further.](#)

Expert

Weber ankle fracture classification

The Weber ankle fracture classification is a simple system for classification of lateral malleolar fractures, relating to the level of the tibiotalar syndesmosis. This classification system helps to guide treatment.

Type A

- On the lateral ankle the fibular fracture is below level of tibiotalar syndesmosis
- On the medial ankle the deltoid ligament is intact
- As the syndesmosis ligaments (ligaments maintaining the tibiotalar articulation and stability) are intact, the ankle mortise is also stable
- These fractures are usually stable and treated with walking cast

Type B

- The distal fibular fracture is at the level of the syndesmosis, extending superiorly and laterally up the fibula
- The medial malleolus may be fractured or have widening of the medial joint space consistent with medial deltoid ligament injury.
- These are of variable stability and frequently need fixation.

Enlarged image shows the degree of soft tissue swelling and the small medial malleolar fracture fragment.

An additional helpful view for treatment planning is the "gravity stress view." This view is obtained when a block is used to support the lower leg and the ankle/foot are allowed to fall under gravity. This positioning stresses the medial ankle ligaments and in cases of ruptured ligaments the medial ankle mortise will widen. The ankle joint with such ligamentous injury is unstable and in need of repair. The patient underwent follow up imaging after **■** **■** **■** with a lateral plate and a screw through the syndesmosis (green arrow).

Type C fracture

- The fibular fracture is above the level of the syndesmosis
- Tibiotalar syndesmosis disrupted with widening of the distal tibiotalar articulation
- Medial malleolus fracture or deltoid ligament injury present
- Unstable requires ORIF
- At times **High Weber C fractures** result in the fibular fracture being located in the proximal tibia resulting from propagation of the injury forces up through the interosseous membrane with a proximal exit point. These fractures are not visualized on ankle films but can be evaluated with a lower leg fibulofemoral

As is common in the fracture world, this Weber type C fracture pattern with proximal fibular fracture is named after a dead white guy...a French one in this case. Can you name the **■** **■** **■** fracture?

Expert

Does learning correlate with how often a user clicks on links in the expert window?

What we need is:

- (a) Whether users clicked links in the expert window
- (b) Whether they got the relevant MCQs correct

EXAMPLES OF CAM-B

CORE Lesson 16. MSK: Trauma, card 5 has links that appear after clicking a yellow “EXPERT” button once answers are submitted. Comparing learning with the click rate on these can help us understand if this learning measure is helpful.

tendon or ligament attaches to the bone. Stress to a tendon or ligament pulls off a piece of the bone resulting in the fracture.

Expert

Weber ankle fracture classification

The Weber ankle fracture classification is a simple system for classification of lateral malleolar fractures, relating to the level of the tibiofibular syndesmosis. This classification system helps to guide treatment.

Type A

- On the lateral ankle the fibular fracture is below level of tibiofibular syndesmosis
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Type B

- The distal fibular fracture is **at** the level of the syndesmosis, extending superiorly and laterally up the fibula
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The patient underwent **follow up imaging** after **ORIF** with a lateral plate and a screw through the syndesmosis (green arrow).

Type C fracture

- The fibular fracture is above the level of the syndesmosis
- Tibiofibular syndesmosis disrupted with widening of the distal tibiofibular articulation
- Medial malleolus fracture or deltoid ligament injury present
- Unstable; requires ORIF
- At times **High Weber C fractures** result in the fibular fracture being located in the proximal fibula resulting from propagation of the injury forces up through the interosseous membrane with a proximal exit point. These fractures are not visualized on ankle films but can be evaluated with a lower leg tibia/fibula

As is common in the fracture world, this Weber type C fracture pattern with proximal fibular fracture is named after a dead white guy...a French one in this case. Can you name the **fracture** ?

Expert

< >

CAM-C: SUPPLEMENTARY LINK CLICK

In the presence of supplementary links to external content, does the rate of clicking through the links correlate with learning?

What we need is:

(a) Whether users clicked links

(b) Whether they got the relevant MCQ correct

Mrs. Potter does well during the procedure and is transferred to the orthopedic floor.

Your next patient is Mr. O'Neil, a 21-year-old snowboarder complaining of left shoulder pain after a fall.

On exam his pupils are dilated and he smells of marijuana. You have him remove his shirt. His shoulder demonstrates a "squared off" appearance with skin depression over the deltoid muscle contour. He is unable to raise his arm. The patient is sent for radiographs.

Want to see a labeled normal shoulder series before you look at his images?

[Go to the University of Washington's musculoskeletal radiology site.](#)

Question:

What is your diagnosis based on these images? Select one.

Multiple Choice Answer:

Please select your answers.

- A ☐ Posterior shoulder dislocation
- B ☒ Anterior shoulder dislocation
- C ☒ Superior shoulder dislocation
- D ☐ Proximal humeral fracture
- E ☐ Acromio-clavicular joint dislocation

> Submit

Answers given so far: 2

(Card 15, MSK Trauma)



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EXAMPLES OF CAM-C

CORE Lesson 16. MSK: Trauma, card 8 has links that appear before an answer is submitted. Comparing learning with the click rate on these links can help us understand if this learning measure is helpful.

Knee physical exam

Anterior drawer test - This is performed to detect the rupture of the anterior cruciate ligament. The patient should be supine with the hips flexed to 45 degrees, the knees flexed to 90 degrees and the feet flat on table. The examiner sits on the patient's feet and grasps the patient's tibia and pulls it forward. If the tibia pulls forward more than normal, the test is considered positive and indicates that the ACL is likely torn. [Video of anterior drawer test](#). A nice review of ACL injury and its physical exam diagnosis can be found [here](#).

Posterior drawer test - This is performed to detect the rupture of the posterior cruciate ligament. It is performed with the same positioning but with posterior force on the tibia.

Card 8

? Question:

What abnormalities do you see? Select one or more.

Multiple Choice Answer:

- A ☒ ☐ Tibial plateau fracture
- B ☒ ☒ Knee joint effusion
- C ☒ ☐ Lateral tibia avulsion fracture
- D ☒ ☒ Patellar fracture
- E ☒ ☐ Proximal fibular fracture

Please note: ☒ ☒ show whether YOUR choice is correct or not, to toggle highlight what the expert selected, [please click here!](#)

Card 9 (Relevant MCQ)



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EXAMPLES OF CAM-C

CORE Lesson 16. MSK: Trauma, card 13 has links that appear before an answer is submitted. Comparing learning with the click rate on these links can help us understand if this learning measure is helpful.

Two sagittal MRI proton density images through her mid-knee are shown here on the right.

Take a look at these images and see if you can see the abnormality.

You are not expected to be able to read these studies, but we wanted to give you an idea of what soft tissue injuries look like on MRI. For comparison, take a look at these [unlabeled](#) and [labeled images of normal knee MRI](#).

Labeled image from Ms. Lawrimore - see how the black band of the normal ACL ligament is not seen.

[Sagittal T2 weighted \(fluid sensitive\) sequence](#).

Card 13

? Question:

Which of the following would be appropriate next tests to perform in this patient? Select one or more.

☑ Multiple Choice Answer:

Author defined that display of expert answer is disabled on this card.

- | | | | |
|---|-------|-------------------------------------|---|
| A | 62.4% | <input type="checkbox"/> | CT scan of the pelvis and proximal femurs |
| B | 34.5% | <input checked="" type="checkbox"/> | MR scan of the pelvis and proximal femurs |
| C | 10.4% | <input checked="" type="checkbox"/> | Radionuclide bone scan |
| D | 24.8% | <input checked="" type="checkbox"/> | Frogleg views of the hips |
| E | 21.7% | <input type="checkbox"/> | Repeat radiographs in 7-10 days |

Card 15 (Relevant MCQ)



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CAM-D: ZOOMING-IN ON IMAGES

Does the rate at which one zooms in on an image or images correlate with learning?

Our hypothesis might be that those who zoomed in on the images had a higher rate of correct answers on relevant MCQs...

What we need is:

(a) Whether users clicked zoom button

(b) Whether they got the relevant MCQ correct

? Question:

Look at the images on the right. What injury(s) do you see? Select all that apply.

Multiple Choice Answer:

A	✗	<input type="checkbox"/>	Soft tissue swelling
B	✗	<input checked="" type="checkbox"/>	Medial malleolar fracture
C	✗	<input type="checkbox"/>	Distal fibular fracture
D	✓	<input checked="" type="checkbox"/>	Widened mortise joint
E	✗	<input checked="" type="checkbox"/>	Posterior malleolar fracture
F	✓	<input type="checkbox"/>	Talar fracture

Please note: ✓ ✗ show whether YOUR choice is correct or not, to toggle highlight what the expert selected, [please click here!](#)



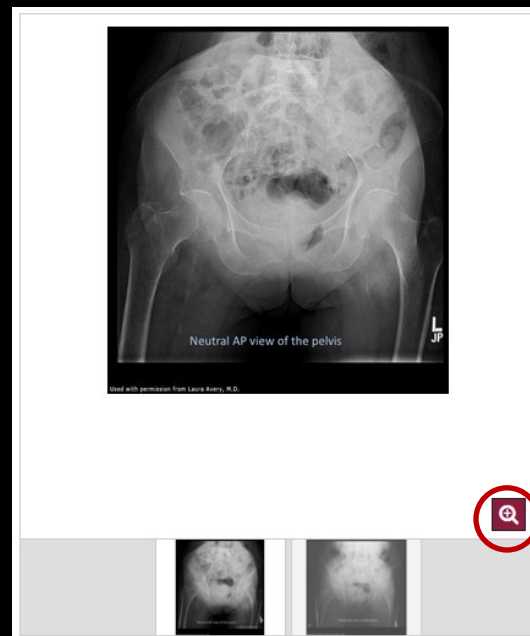
(Card 5, MSK Trauma)

EXAMPLES OF CAM-D

CORE Lesson 16. MSK: Trauma, cards 13-15 have image galleries with zoom buttons. Comparing learning with the click rate on these can help us understand if this learning measure is helpful.



Card 13



Card 14



Card 15

EXAMPLES OF CAM-D

CORE Lesson 16. MSK: Trauma, card 15 has a multiple choice question that is relevant to image galleries on cards 13-15.

? Question:

Which of the following would be appropriate next tests to perform in this patient? Select one or more.

☑ Multiple Choice Answer:

Author defined that display of expert answer is disabled on this card.

- | | | |
|---|------------------------------|---|
| A | <div><div></div></div> 62.4% | <input type="checkbox"/> CT scan of the pelvis and proximal femurs |
| B | <div><div></div></div> 34.5% | <input checked="" type="checkbox"/> MR scan of the pelvis and proximal femurs |
| C | <div><div></div></div> 10.4% | <input checked="" type="checkbox"/> Radionuclide bone scan |
| D | <div><div></div></div> 24.8% | <input checked="" type="checkbox"/> Frogleg views of the hips |
| E | <div><div></div></div> 21.7% | <input type="checkbox"/> Repeat radiographs in 7-10 days |

(Card 15, MSK Trauma)



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CAM-E: TIME DURATION

Does the length of time on an image or case correlate with learning?

Our hypothesis might be that those who spent more time on images/cases have a higher rate of correct answers on relevant MCQs...

What we need is the duration of time spent viewing each:

(a) **image/case/webpage**

(b) **success on MCQ**

? Question:

Look at the images on the right. What injury(s) do you see? Select all that apply.

Multiple Choice Answer:

A	✗	<input type="checkbox"/>	Soft tissue swelling
B	✗	<input checked="" type="checkbox"/>	Medial malleolar fracture
C	✗	<input type="checkbox"/>	Distal fibular fracture
D	✓	<input checked="" type="checkbox"/>	Widened mortise joint
E	✗	<input checked="" type="checkbox"/>	Posterior malleolar fracture
F	✓	<input type="checkbox"/>	Talar fracture

Please note: ✓ ✗ show whether YOUR choice is correct or not, to toggle highlight what the expert selected, [please click here!](#)



(Card 5, MSK Trauma)

ADDITIONAL COVARIATES

Does a learner's...

- (a) Demographic, School
- (b) Total time on the module
- (c) Total performance on multiple choice questions
- (d) Completion rate
(aka. The number of cards completed)

...correlate with learning?

PHASE 2

EXPLORING THE DATA

user_id	group_id	school	course_id	case_id	case_name	case_creation_date
150301	2280	iltime Individual Subscribers	6220	226210 (CORE 16 V2) 16. MSK: Trauma		1/30/15 10:08
175964	2102	Duke	6220	226210 (CORE 16 V2) 16. MSK: Trauma		7/4/14 15:42
192763	2070	Harvard	6220	226210 (CORE 16 V2) 16. MSK: Trauma		11/19/14 20:11
203883	2135	Brown-Alpert	6220	226210 (CORE 16 V2) 16. MSK: Trauma		12/21/14 21:41
210022	2136	MU South Carolina	6220	226210 (CORE 16 V2) 16. MSK: Trauma		7/22/14 13:10
212749	2162	MC Wisconsin	6220	226210 (CORE 16 V2) 16. MSK: Trauma		3/29/15 23:59
213233	2162	MC Wisconsin	6220	226210 (CORE 16 V2) 16. MSK: Trauma		3/30/15 6:46
217048	2211	Virginia College of Osteopathic Medicine	6220	226210 (CORE 16 V2) 16. MSK: Trauma		1/23/15 13:53
220289	2136	MU South Carolina	6220	226210 (CORE 16 V2) 16. MSK: Trauma		11/26/14 5:20
222310	2025	Loma Linda	6220	226210 (CORE 16 V2) 16. MSK: Trauma		4/24/15 4:04
223938	2048	Emory	6220	226210 (CORE 16 V2) 16. MSK: Trauma		3/1/15 23:46
228706	2030	UC Davis	6220	226210 (CORE 16 V2) 16. MSK: Trauma		2/17/15 23:34
228814	2129	Pittsburgh	6220	226210 (CORE 16 V2) 16. MSK: Trauma		11/15/14 3:11
229777	2061	Kansas	6220	226210 (CORE 16 V2) 16. MSK: Trauma		8/28/14 3:29
230568	2059	Indiana	6220	226210 (CORE 16 V2) 16. MSK: Trauma		11/21/14 18:01
230667	2025	Loma Linda	6220	226210 (CORE 16 V2) 16. MSK: Trauma		11/14/14 6:22
230702	2061	Kansas	6220	226210 (CORE 16 V2) 16. MSK: Trauma		8/26/14 14:10
231429	2087	Dartmouth	6220	226210 (CORE 16 V2) 16. MSK: Trauma		7/2/14 12:32
231575	2059	Indiana	6220	226210 (CORE 16 V2) 16. MSK: Trauma		1/23/15 17:53
231726	2011	Temple	6220	226210 (CORE 16 V2) 16. MSK: Trauma		4/13/15 18:24

(Screenshot of Historical MedU Dataset)

DATABASE LIMITATIONS

Database items collect data on four of the five suggested CAMs. They are:

- (a) Post-answer feedback
- (b) Supplementary link click
- (c) Zooming-in on images
- (d) Time duration

Table 3. MedU Database Items Measuring the Five Chosen CAMs.

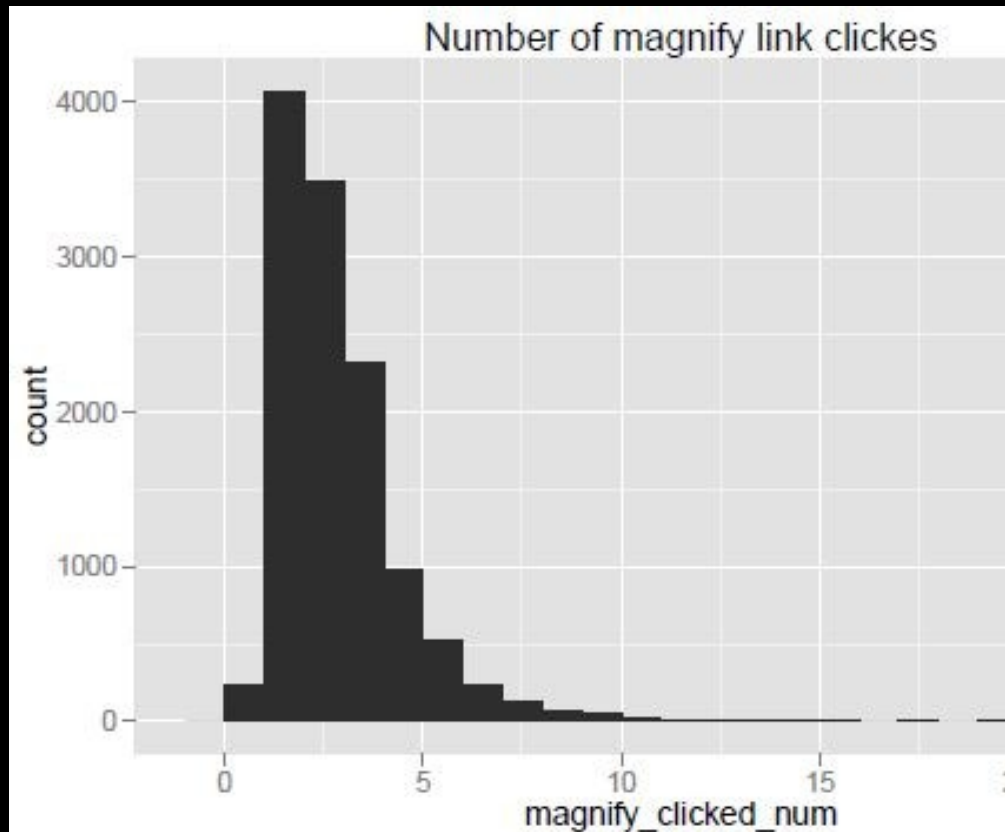
CAM	Database Item Collected (per user)
Thumbnail click	None
Post-answer feedback use	Number of clicks on “expert” links
Supplementary link click	Number of clicks on hyperlinks (excluding “expert” links)
Zooming-in on images	Number of clicks on magnify icons
Duration on cases/images	Number of seconds spent on a single card or module



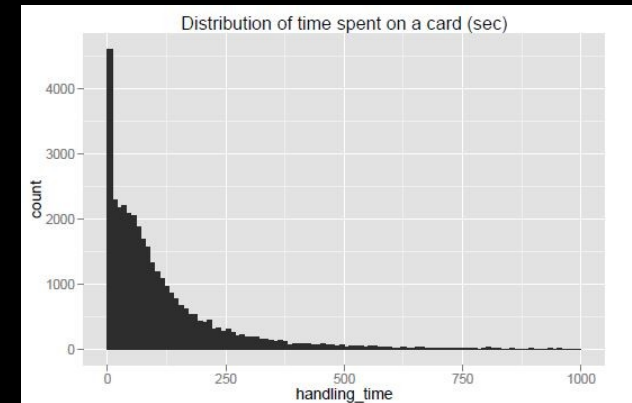
PHASE 3

INITIAL ANALYSIS

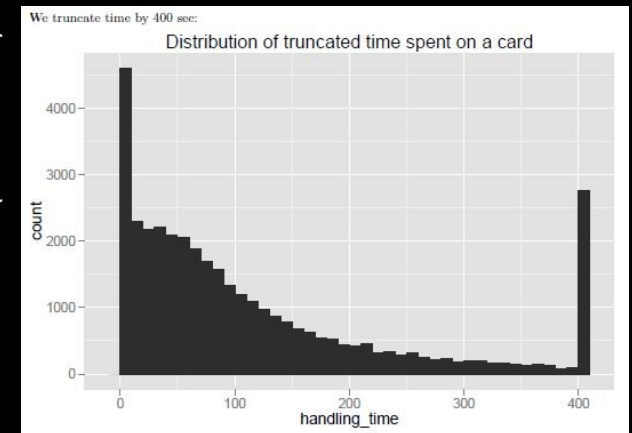
Bar charts were created to explore click counts and handling time durations per card...



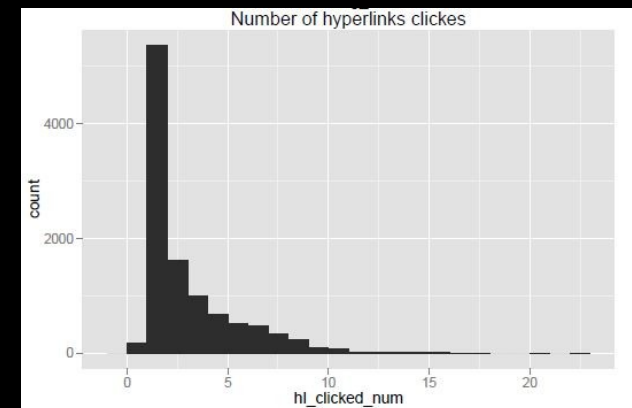
HANDLING TIME



HANDLING TIME (TRUNCATED)



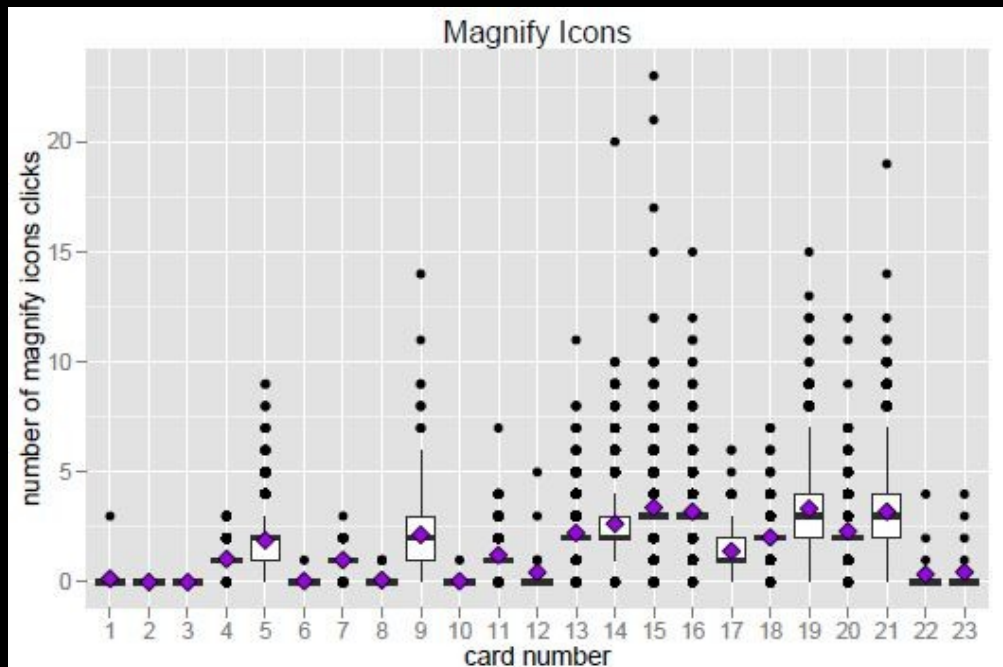
HYPERLINK CLICKS



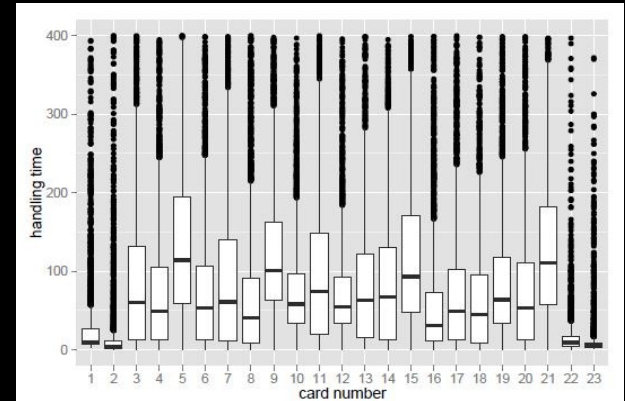
INITIAL ANALYSIS

...and box plots illustrated the number of clicks per card for each CAM measurement item.

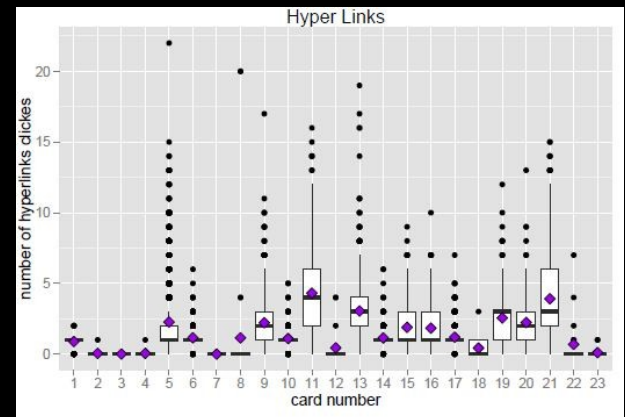
But, before we can agree with these figures, database collection mechanisms must be confirmed with the in-house MEDU team.



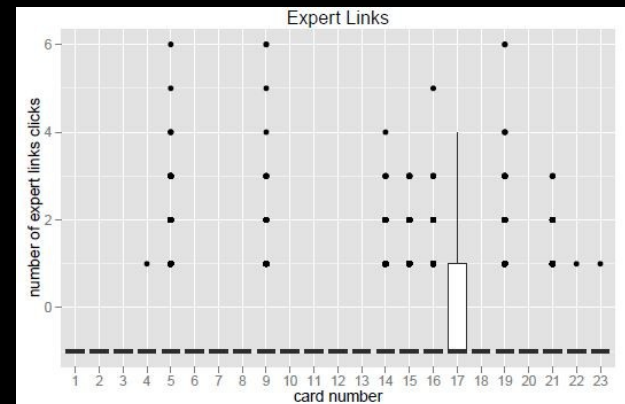
HANDLING TIME



HYPERLINK CLICKS



EXPERT LINK CLICKS



CONTINUING RESEARCH

In keeping with the initial goals (and following the confirmation of MEDU's click collection mechanisms), the final data analysis will include:

(a) Simple associations

- (1) Success rate on MCQs \leftrightarrow Number of hyperlinks clicked
- (2) Success rate on MCQs \leftrightarrow Time spent on cards
- (3) Success rate on MCQs \leftrightarrow Number of clicks on image magnification
- (4) Number of "expert" links clicked \leftrightarrow Number of hyperlinks clicked
- (5) Number of "expert" links clicked \leftrightarrow Time spent on cards

(b) Regression analysis (i.e. 2-way ANOVAs)

- (1) Success on MCQs
- (2) Time on cards
- (3) Interaction

(c) Conclude on whether these CAMs are useful predictive analytics



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THANK YOU FOR LISTENING

For further information, feel free to contact us at:

Matt Cirigliano, MS

NYU Steinhardt - CREATE Lab

mmc562@nyu.edu

Martin Pusic, MD, PhD

NYU School of Medicine

Division of Education Quality and Analytics (DEQA)

martin.pusic@nyumc.org

Oleksandr Savenkov, PhD

NYU School of Medicine

Division of Education Quality and Analytics (DEQA)

oleksandr.savenkov@nyumc.org



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