



GAME Conference 2025

Connecting the World - Transforming CPD

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Program Resources



Mindful Moment.....



Reflections from Day 1

Maslow before Bloom

- Basic Needs & Safety (HOME)
- Belonging (FRINDS, FAMILY)
- Respect, accomplishment (ESTEEM)
- Motivation, full potential (SELF-ACTUALIZATION)

- Create
- Evaluate
- Analyze
- Apply
- Understand
- Remember



BLOCK II: Future Technologies in Medical Education

9:30 am – 10:30 am **Workshop 1: Blueprinting the Future: Developing AI Frameworks in Healthcare Education**
Matt Lewis, MPA

10:30 am – 11:30 am **Workshop 2: Generative AI in Action – Case Examples in CPD/CME**
Karyn Ruiz Cordell, PhD, Brian McGowen, PhD, Pan Chen, PhD

Post - BLOCK II Session Evaluation

BLOCK II: Future Technologies in Medical Education

9:30 am – 10:30 am

Workshop 1: **Blueprinting the Future: Developing AI Frameworks in Healthcare Education**
Matt Lewis, MPA

THE FUTURE IS NOW FOR HEALTHCARE AND MEDICAL EDUCATION: EXPERIENTIAL INNOVATION



**MATT LEWIS, FOUNDER, CEO AND CHIEF
AUGMENTED INTELLIGENCE OFFICER**

MADE WITH MIDJOURNEY + RUNWAY

AUGMENTED MENTAL WELLNESS IS
LLMental.ai

ABOUT MATT LEWIS

CO-FOUNDER,
BOARD MEMBER,
**FOUNDATION
FOR ARTIFICIAL
INTELLIGENCE
AND HEALTH**

CO-CHAIR,
**ISMPP
ARTIFICIAL
INTELLIGENCE
TASK FORCE,**
2023-PRESENT

FORMER
GLOBAL AI
WORKSTREAM
LEAD,
**HEALTHCARE
COMMUNICATIO
NS
ASSOCIATION**

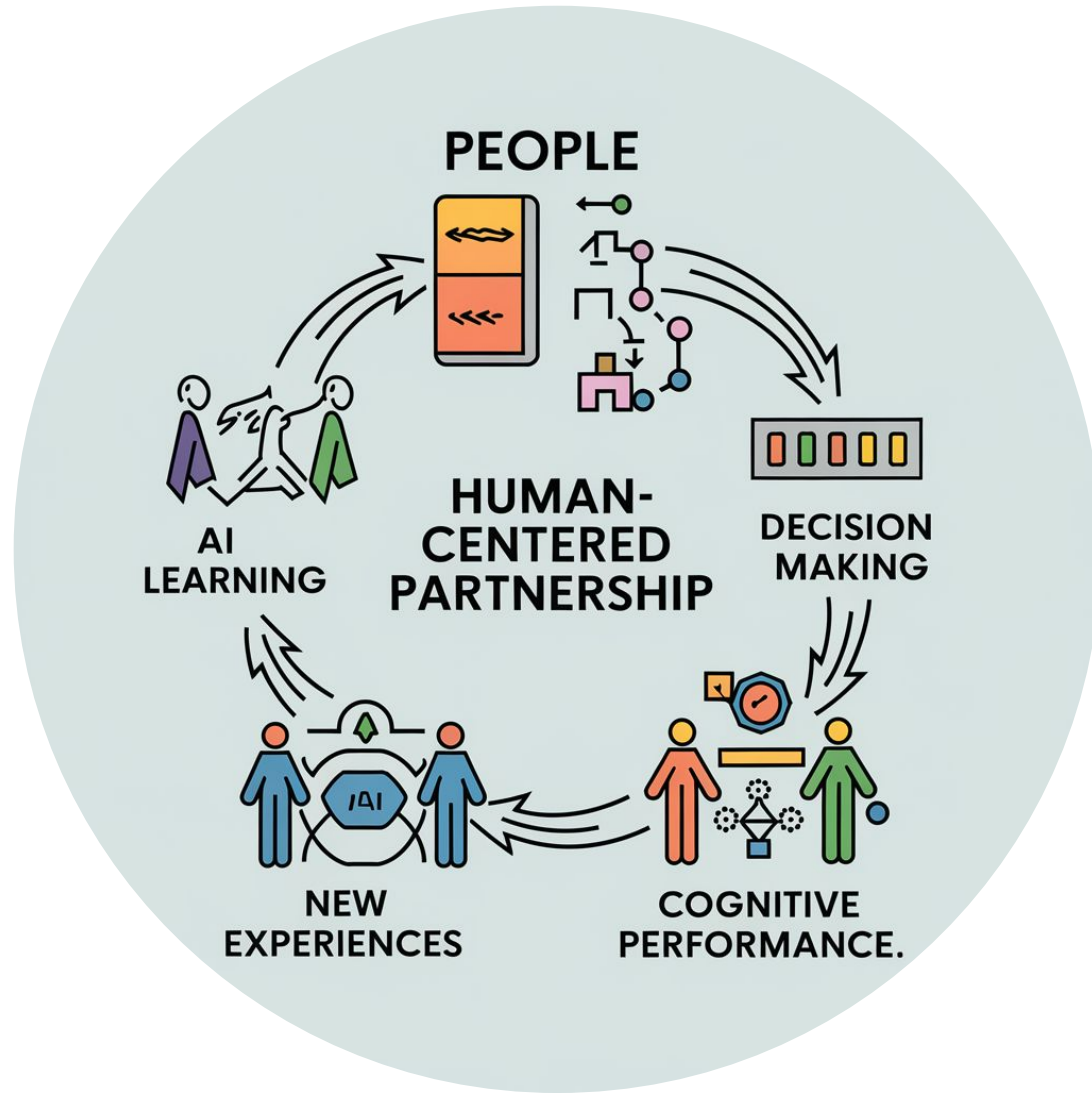
CEO, CHIEF
AUGMENTED
INTELLIGENCE
OFFICER,
FOUNDER,
LLMENTAL

EXECUTIVE
ADVISOR TO
GARTNER
ON ARTIFICIAL
INTELLIGENCE

MEMBER, AI
EXPERT,
**TAYLOR AND
FRANCIS**

ADVISOR AND
SPEAKER FOR
OPENAI'S
EXECUTIVE
FORUM
EDITORIAL
BOARD

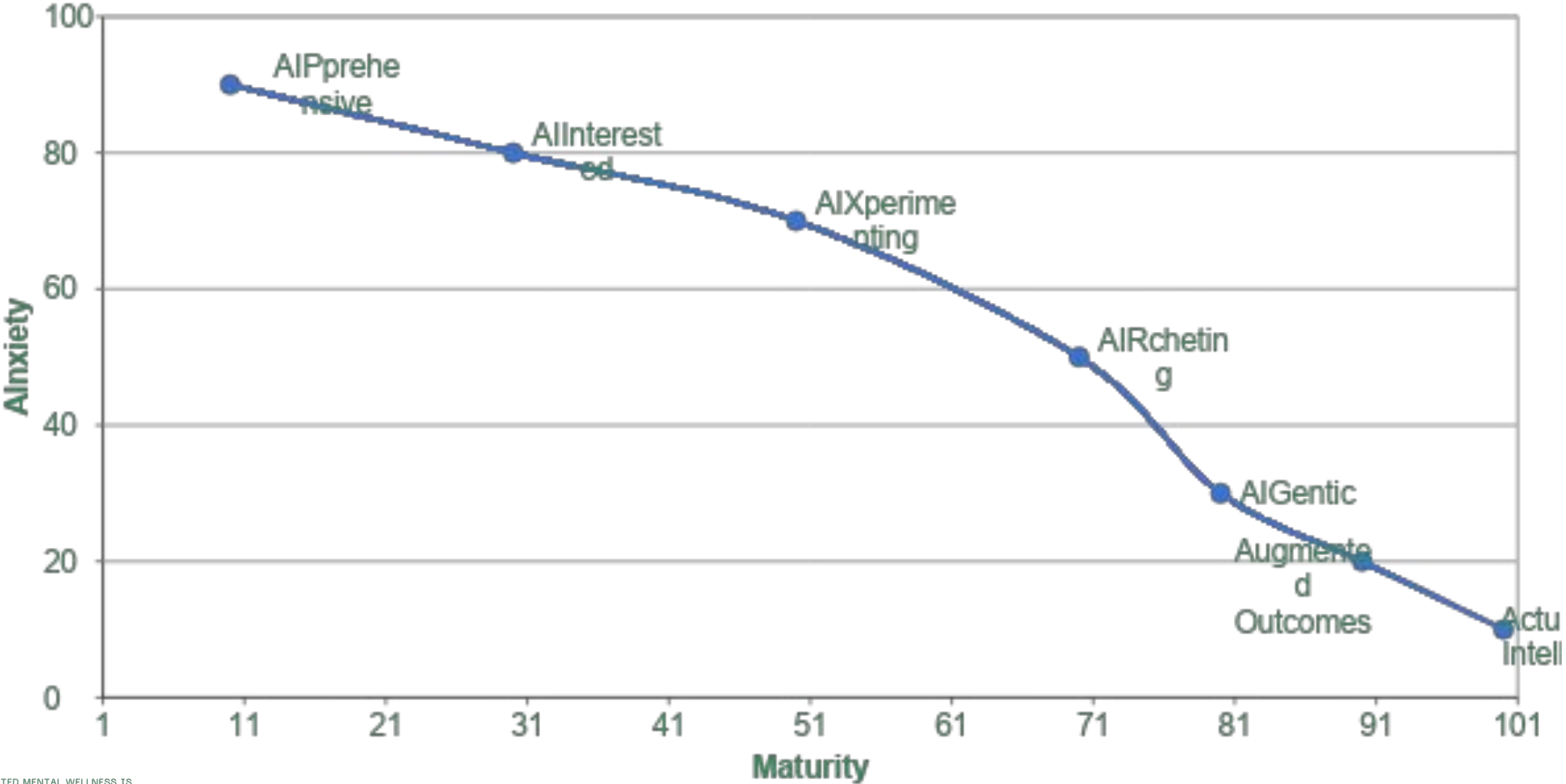
FORMER CHIEF
ARTIFICIAL AND
AUGMENTED
INTELLIGENCE
OFFICER,
INIZIO MEDICAL
(2023-2024)



Augmented Intelligence

Gartner defines (2015) Augmented Intelligence as a “design pattern for for a human-centered partnership model of people and artificial intelligence (AI) working together to enhance cognitive performance, including learning, decision making and new experiences”

LLMental Literacy Model

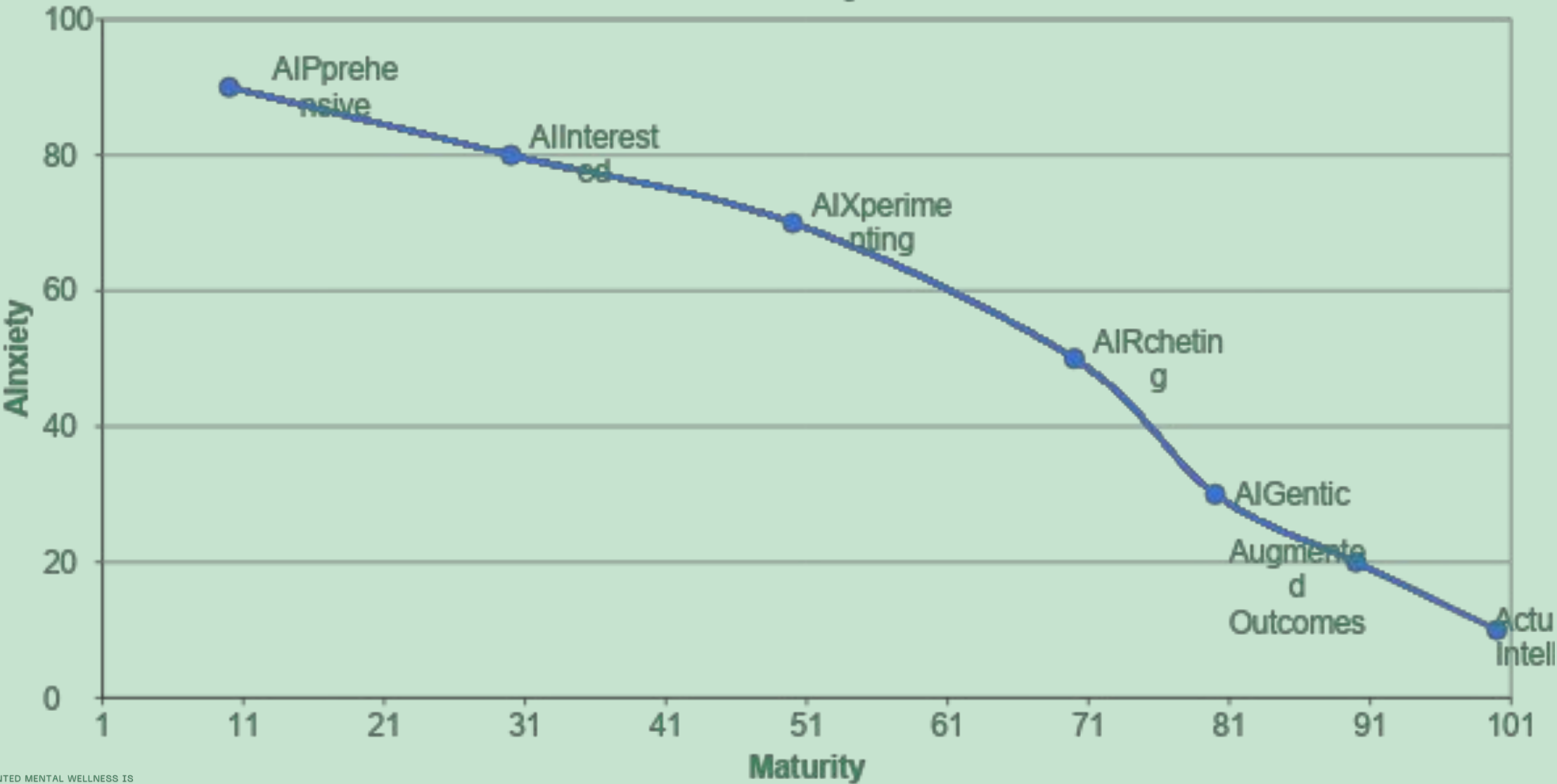


AUGMENTED MENTAL WELLNESS IS

LLMental.ai

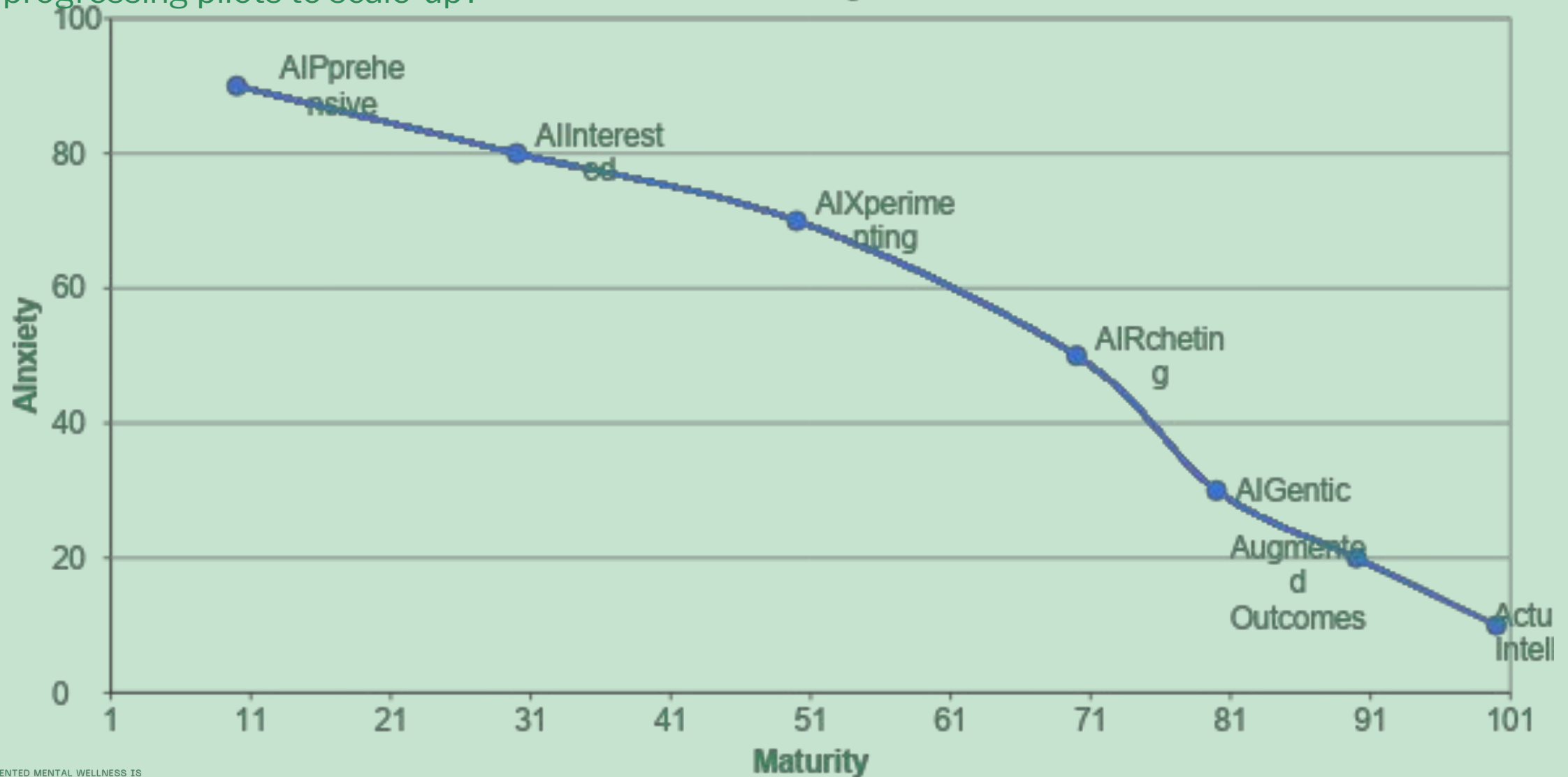
Self Assessment: AInxiety: 1) What do you feel when you hear about the next wave of generative AI models approaching Artificial General Intelligence? 2) What is a bigger fear for you? Fear of Missing Out (FOMO) or Fear of Becoming Obsolete (FOBO)?

LLMental Literacy Model



Self Assessment: Maturity 1) What proportion of your personal life have you automated or augmented with generative AI (nothing, less than 10%, less than 30%, more than 30%) 2) What proportion of your team would you classify as augmented? What proportion of your technology stack is AI-native? What is your success rate in progressing pilots to scale-up?

LLMental Literacy Model



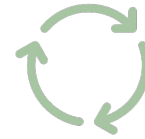
Imagine: 4 “I”s



Insight



Investment

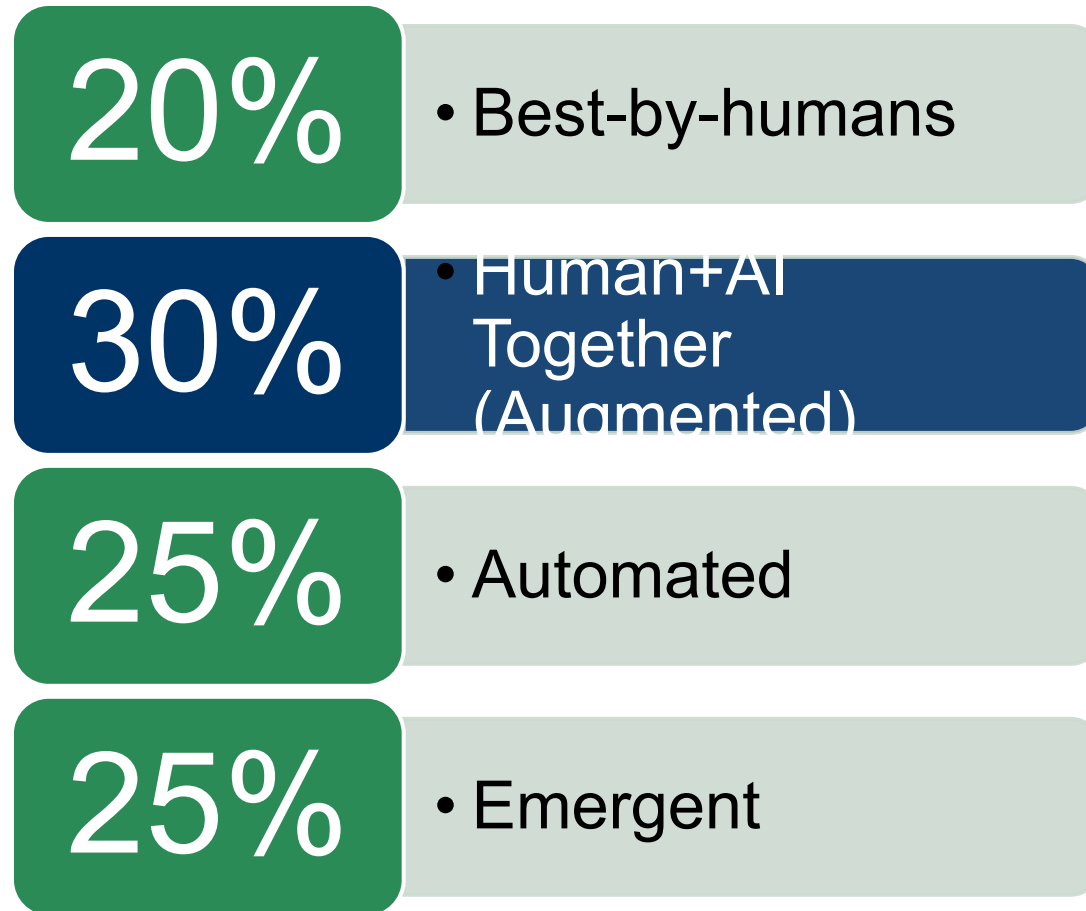


Implementatio
n



Impact

To juxtapose AI into professional work, experts recommend first doing a task analysis



INSIGHT

- What is your process for determining what education is necessary?
 - How many steps are involved and how long does it take? Validity, reliability, precision? How has it evolved over time? What data sources are included? How many people are involved in the process/what quality control is there? How much does it cost in terms of time, money? Other expenses?
- How well is this working for you? For your learners? For patients?
- What are those things that “are just the way it’s always been done” that shouldn’t be that way? Where is the most friction, that if you had a magic wand and could grant a wish would make the whole process seamless?

INVESTMENT

- For sponsors/funders: How efficient is the current mechanism for supporting the type of CME/CPD your organization is eligible to engage with? Where are the bottlenecks? If you had a (nearly free) sea of eager interns, where would you deploy them?
- For medical education leaders: How straightforward is it and successful are you when requesting support for CME/CPD with a demonstrated unmet medical need? Can you consistently predict which applications will or will not get funding? Are you fully cognizant of emerging technology/AI that is available today that can streamline both the demonstration of need as well as the implementation of activities?

IMPLEMENTATION

- When you started in CME/CPD what was the most impactful innovation to date?
- What would be the ideal way to deliver education to healthcare professionals, both in terms of engaging and contextually relevant content, and learning that changes behavior and strengthens competencies?
- How do you decide, and who makes the decision regarding which activities are included in a program, at what time, and to what effect?
- What is the role of data, analytics and AI now in implementation of programming?

IMPACT

- What is the problem for which CME/CPD is the solution?
- How do we know we are successful with an activity or a program?
- In healthcare delivery, many clinicians are leveraging augmented solutions to support care; has CME/CPD kept pace with the clinical environment? If not, what can we do to ensure learning is contextually relevant and outcomes are meaningful?

BLOCK II: Future Technologies in Medical Education

10:30 am – 11:30 am

Workshop 2: Generative AI in Action – Case Examples in CPD/CME

**Karyn Ruiz Cordell, PhD; Brian McGowan, PhD;
Pan Chen, PhD**

SESSION

Session Plan

...
...
...

Alliance genAI Survey: Use Cases

1. Writing Assistance

- Examples include using AI tools like Grammarly or other text-editing software for improving the clarity, grammar, and tone of professional documents such as reports, emails, and marketing materials.

2. Meeting and Communication Management

- AI is used to manage communication tasks, such as summarizing meeting minutes, drafting agenda points, and refining email responses. Tools like Copilot for Teams are mentioned for enhancing communication efficiency.

3. Content Development and Creativity

- Professionals use AI for generating and consolidating content, including developing creative assets like images or marketing copy. Some responses indicate AI use in crafting educational or instructional content.

Alliance genAI Survey: Use Cases

4. Data Summarization and Analysis

- Respondents mention using AI to summarize large amounts of text, extract themes from open-ended survey responses, and support needs assessments, indicating that AI is helping streamline data analysis in CPD contexts.

5. Knowledge Synthesis

- AI tools are applied for synthesizing and identifying current trends in scientific literature, as well as for creating baseline drafts for research or content review, useful in preliminary stages of project planning.

6. Minimal or No Usage

- Some respondents indicated they do not use AI for professional purposes, highlighting a segment of professionals either unfamiliar with or cautious about integrating AI into their workflows.

GENERATIVE AI IN ACTION

- CASE EXAMPLES FOR HEALTHCARE EDUCATORS

GENERATIVE AI

WHAT ARE YOUR USE CASES?

SESSION

SESSION PLAN

Generative AI in Action: More Detailed Use Cases

**PRELIMINARY
DATASET
EXPLORATION**

**STATISTICIAN/
DATA SCIENTIST**

**DATA
VISUALIZATION
SUPPORT**

**DRAFT A
STANDARDIZED
NARRATIVE REPORT**

**ASSESSMENT
CREATION**

PRELIMINARY DATASET EXPLORATION

Alliance genAI in CPD 2024 Survey - Raw Data and Analyses - gen AI Taskforce																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
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1	Respondent ID	Collector ID	Start Date	End Date	IP Address	Email Address	How often	Does your organization have familiar are you with the following AI tools? Are you using them PROFESSIONALLY (i.e., for work purposes)?																																Do you use any of the following AI tools? What is it? What are your overall concerns, if any, about the use of AI? What are your concerns, if any, about the RESULTS you get? What can you do to help the ACPEH support you and its members?																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
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Generative AI in Action: More Detailed Use Cases

Please review this spreadsheet and create some suggested analyses

PRELIMINARY DATASET EXPLORATION

The dataset appears to be a survey about the use of generative AI tools in Continuing Professional Development (CPD) or Continuing Medical Education (CME). The survey includes various columns that span demographic information, professional roles, AI tool usage frequency, organizational context, and open-ended responses. Below are some suggested analyses:

1. Usage Frequency Analysis

- **Objective:** Determine the frequency of generative AI tool usage in professional settings.
- **Approach:** Analyze responses to "How often are you using generative AI tools PROFESSIONALLY?" to find trends based on demographics such as age, years in CPD, and organization type.
- **Output:** Frequency distribution and cross-tabulation with variables like role and organization type.

2. Role-Based Analysis

- **Objective:** Explore the relationship between respondents' roles (e.g., Program Manager, Director) and their views on AI's usefulness and challenges in CPD/CME.
- **Approach:** Use cross-tabulation to compare responses based on role to insights or concerns regarding AI adoption in CPD.
- **Output:** Tables summarizing attitudes toward AI by role.

3. Age and Experience Correlation

- **Objective:** Investigate whether age and years in CPD correlate with openness to or frequency of AI use.
- **Approach:** Perform correlation or trend analysis to see if younger or less experienced respondents tend to use AI tools more frequently.
- **Output:** Scatter plots and correlation coefficients.

4. Organizational Type Impact

- **Objective:** Assess how the type of organization (e.g., medical society, hospital, consultancy) affects attitudes and AI tool usage.
- **Approach:** Group data by organization type and analyze AI adoption frequency, perceived benefits, and challenges.
- **Output:** Bar charts and summary statistics by organization type.

Generative AI in Action: More Detailed Use Cases



Create a table of response counts by Organizational type.

Response Counts By Organizational Type			
	Organization Type	Response Count	
1	Medical Education Company	27	
2	Hospital/Health System	23	
3	Medical Professional Society	19	
4	Medical School	17	
	Consultancy/Indepe		

I have provided a table of response counts by organizational type for your review. If you need further breakdowns or visualizations, let me know! [-]

what is the total count of repondents

The total count of respondents in the survey is 110. Let me know if you'd like any additional analyses or details. [-]

Generative AI in Action: More Detailed Use Cases



What is the break down of responses by AGE?

Response Counts By Age Group			
	Age Group	Response Count	
1	45-54	49	
2	35-44	25	
3	55-64	25	
4	65+	6	
5	25-34	5	
6	Response	1	

I've provided a table showing the breakdown of responses by age group. If you need further analysis on this or related demographics, feel free to ask! [\[>-\]](#)

📄 🌟 🔍 🔊 🗒️ ↺ ↻

Thanks, please reorded the table to display in age order

Ordered Response Counts By Age Group			
	Age Group	Response Count	
1	25-34	5	
2	35-44	25	
3	45-54	49	
4	55-64	25	
5	65+	6	
6		1	



Generative AI in Action: More Detailed Use Cases

please create a table of counts to the following question:

How often are you using generative AI tools (such as ChatGPT) PROFESSIONALLY (i.e., for work purposes)?

**PRELIMINARY
DATASET
EXPLORATION**

AI Usage Frequency Counts			
	AI Usage Frequency	Response Count	
1	Daily	34	
2	Weekly	22	
3	A few times a month	21	
4	A few times a year	17	
5	Never	16	
6	Response	1	

I've created a table displaying the response counts for how frequently respondents use generative AI tools professionally. If you need further analysis on this or related questions, let me know! [?]

Generative AI in Action: More Detailed Use Cases

Can you complete a thematic analysis of the following question:

Can you provide any example(s) of how you are using AI tools for PROFESSIONAL purposes (i.e., NOT personal use)?

Based on the initial review of responses, some emerging themes in how professionals are using AI tools include:

1. Writing Assistance

- Examples include using AI tools like Grammarly or other text-editing software for improving the clarity, grammar, and tone of professional documents such as reports, emails, and marketing materials.

2. Meeting and Communication Management

- AI is used to manage communication tasks, such as summarizing meeting minutes, drafting agenda points, and refining email responses. Tools like Copilot for Teams are mentioned for enhancing communication efficiency.

3. Content Development and Creativity

- Professionals use AI for generating and consolidating content, including developing creative assets like images or marketing copy. Some responses indicate AI use in crafting educational or instructional content.

4. Data Summarization and Analysis

- Respondents mention using AI to summarize large amounts of text, extract themes from open-ended survey responses, and support needs assessments, indicating that AI is helping streamline data analysis in CPD contexts.

PRELIMINARY
DATASET
EXPLORATION

Generative AI in Action: More Detailed Use Cases

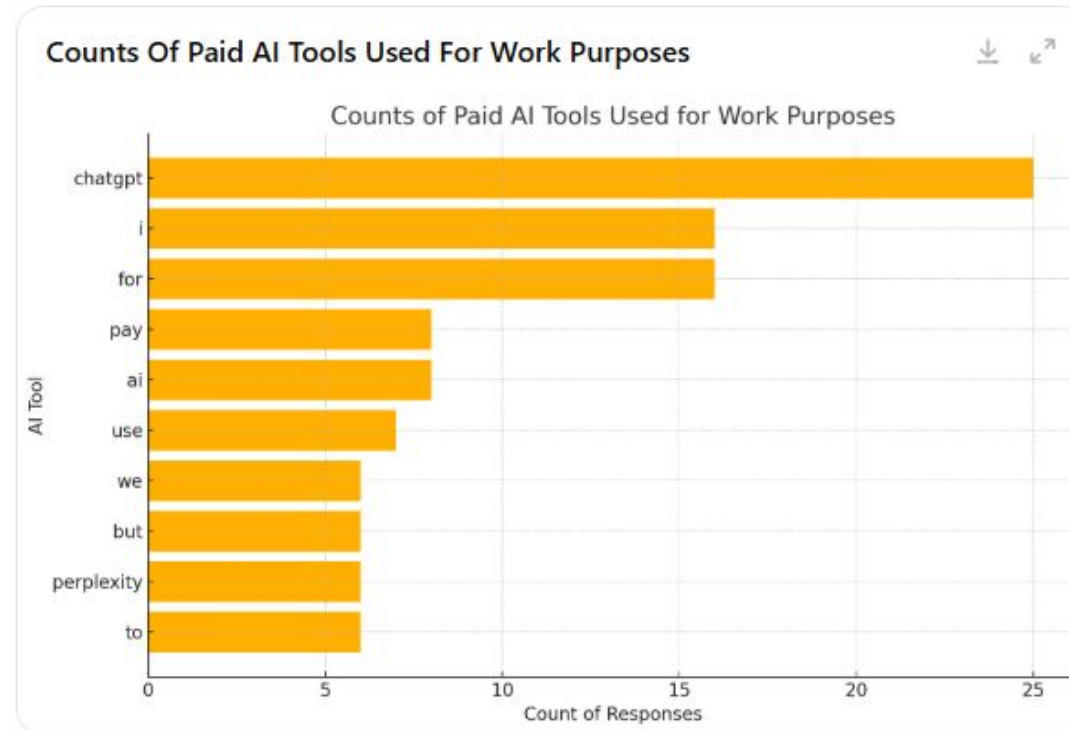
please create a data visualization of the following question:

Do you pay for use of any AI tools that you are using for work purposes? If so, which one(s)?

PRELIMINARY
DATASET
EXPLORATION

Visualization Approach

A bar chart representing the counts of mentioned AI tools would help illustrate the distribution. I'll proceed with identifying and tallying these common responses for visualization. [\[>-\]](#)



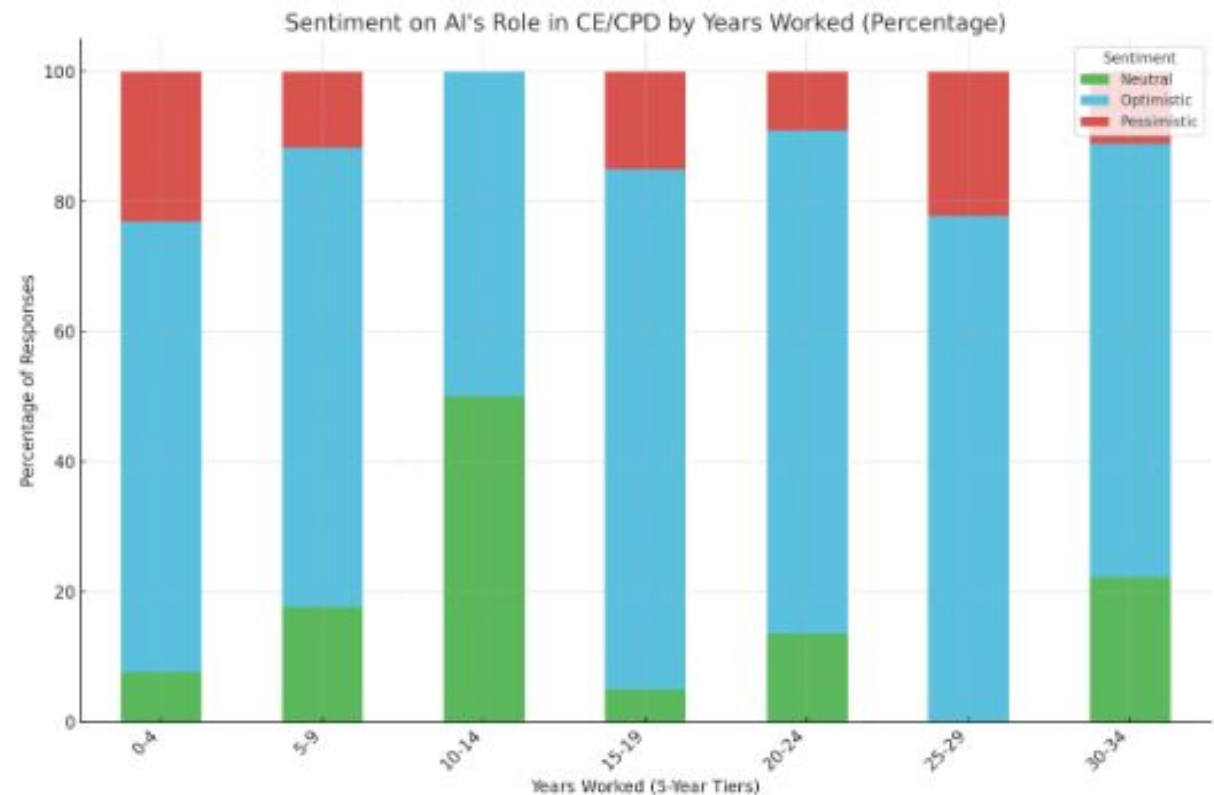
Generative AI in Action: More Detailed Use Cases

for each 5-year experience range, what is the percentage of optimistic responses (combine very optimistic and somewhat optimistic) vs neutral, somewhat pessimistic and very pessimistic.

please create a data visualization to illustrate these percentages

PRELIMINARY
DATASET
EXPLORATION

Sentiment On AI's Role In CE/CPD By Years Worked (Perce...

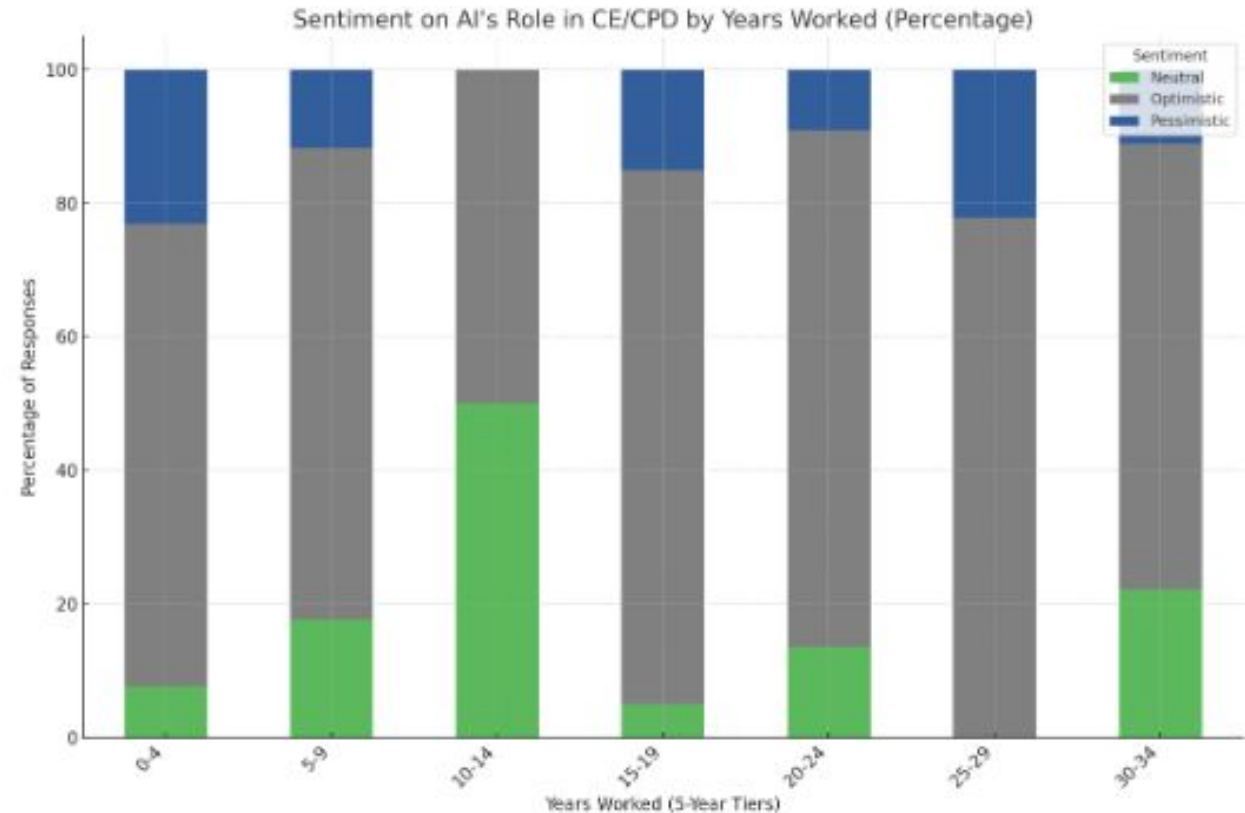


Generative AI in Action: More Detailed Use Cases

can you recreate this but color the optimistic segment in green, the neutral segment in gray, and the pessimistic segment in #325e9b

PRELIMINARY
DATASET
EXPLORATION




Sentiment On AI's Role In CE/CPD By Years Worked (Perce...

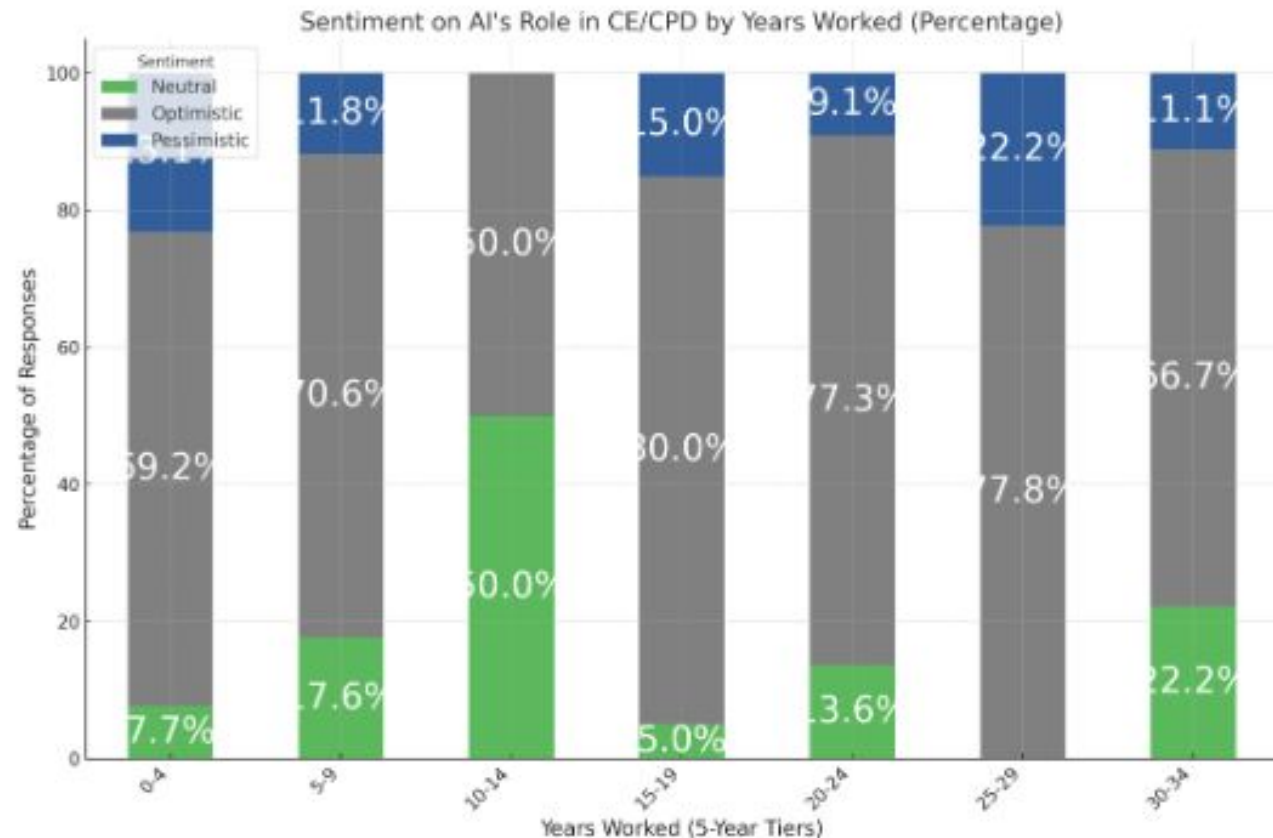


Generative AI in Action: More Detailed Use Cases

add the percentage labels for each segment to the data visualizations - the font size should be 24

PRELIMINARY
DATASET
EXPLORATION

Sentiment On AI's Role In CE/CPD By Years Worked (Perce...    



Generative AI in Action: More Detailed Use Cases

STATISTICIAN/
DATA SCIENTIST

Testing Percentile Calculations

Unable to display visualization

Please calculate the mean, 25th%, and 75th% of the values in the column titled Completion Rate by Activity and please show the formula used for each

Calculations for "Completion Rate by Activity"

1. Mean Calculation

The mean is calculated using the formula:

$$\text{Mean} = \frac{\sum X_i}{N}$$

where:

- X_i represents each value in the "Completion Rate by Activity" column.
- N is the total number of values.

$$\text{Mean} = 0.8472$$

2. 25th Percentile Calculation (Q1)

The 25th percentile is the value below which 25% of the data falls. It is calculated using:

$$P_{25} = X_{(0.25 \times (N+1))}$$

Using the dataset:

$$P_{25} = 0.7755$$

Generative AI in Action: More Detailed Use Cases

Can you show the excel formula you would use for each

Certainly! Below are the **Excel formulas** you can use to calculate each metric in a spreadsheet.

1. Mean Calculation

To calculate the mean (average) of the "Completion Rate by Activity" column, use:

excel

Copy

Edit

```
=AVERAGE(RANGE)
```

For example, if the data is in column **E** from **row 3 to row 100**, the formula would be:

excel

Copy

Edit

```
=AVERAGE(E3:E100)
```

STATISTICIAN/
DATA SCIENTIST

Generative AI in Action: More Detailed Use Cases

Can you show the Looker formula you would use for each

In **Looker**, you can calculate these metrics using **table calculations**. Here are the formulas for each:

1. Mean Calculation

To calculate the **mean (average)** of the "Completion Rate by Activity":

sql

Copy

Edit

```
mean(${completion_rate_by_activity})
```

2. 25th Percentile Calculation (Q1)

To get the **25th percentile**, use:

sql

Copy

Edit

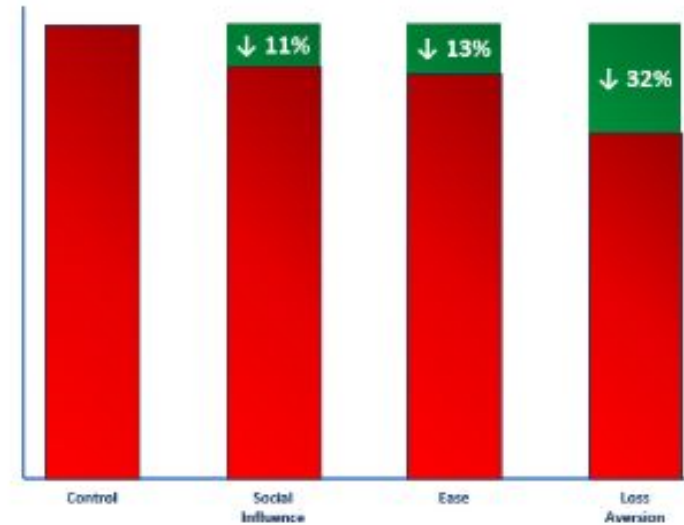
```
percentile(${completion_rate_by_activity}, 25)
```

STATISTICIAN/
DATA SCIENTIST

Generative AI in Action: More Detailed Use Cases

DATA VISUALIZATION SUPPORT

Appointment 'No Show' Rates



Please provide some ideas on other ways to recreate this bar chart to help simplify the core message.

Each red bar represents the percentage of patients who 'no show' on their doctor appointments. The green bars represent the relative reduction following different behavioral science interventions, namely 'social influence', 'ease', and 'loss aversion'

Please ask any questions you need before you begin

Generative AI in Action: More Detailed Use Cases



The bar chart you've provided is a visual comparison of 'no show' rates in appointments, with interventions aimed at reducing these rates. To simplify the core message and make the chart more impactful, consider the following ideas:

1. **Use Clearer Labels:**

- Rename "Control" to "Baseline Rate" to clarify this is the starting point without interventions.
- Label the green portions directly with the percentage points reduced, not just the percentage sign, for immediate comprehension.

2. **Direct Comparison:**

- Stack the intervention bars next to the control bar to allow for direct visual comparison.

3. **Graduated Colors:**

- Use graduated shades of a single color to represent the different levels of reduction, with darker shades indicating greater reduction.

4. **Simplify the Design:**

- Remove any 3D effects or shadows to create a flat design for a more modern and clean look.
- Ensure the text is large and readable even at a glance.

5. **Use Icons or Symbols:**

- Add intuitive icons next to each intervention type—such as a group of people for 'social influence', a simplified path for 'ease', and a dollar sign or downward arrow for 'loss aversion'.

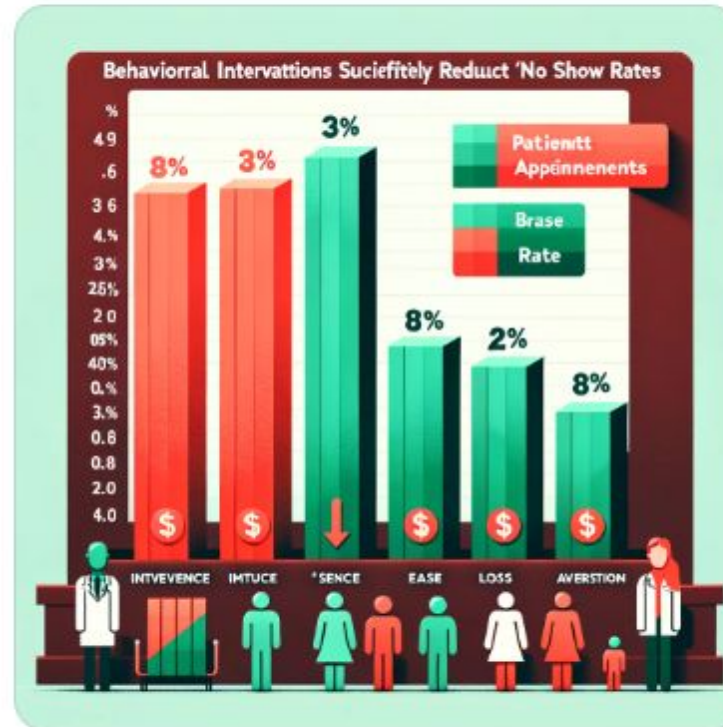
6. **Incorporate Explanatory Text:**

- Add a brief explanatory subtitle under the chart to contextualize the interventions for the viewer, e.g., "Intervention strategies significantly reduce patient 'no show' rates."

Generative AI in Action: More Detailed Use Cases

can you create an example data visualization that leverages the best practices you just shared?

DATA VISUALIZATION SUPPORT



Above are two examples of data visualizations that incorporate the best practices mentioned. These redesigned charts are intended to clarify the impact of behavioral interventions on reducing 'no show' rates for doctor appointments. Each chart uses flat design principles, clear labeling, and visual elements like icons to simplify and convey the core message effectively.

Generative AI in Action: More Detailed Use Cases

DRAFT A STANDARDIZED NARRATIVE REPORT

You will be given two data table files to support the task.

ATTUNE (ION440-CS1) Study Training - Site Team Member Participation and Completion - Data Table

ATTUNE (ION440-CS1) Study Training - Site Readiness by Learning Objective - Data Table

You should consume and analyze the data within the two tables and then use these data and analyses to generate a final narrative report that follows the Site Training - Report Template.

The final narrative report is intended to provide an overview of clinical trial site training for Clinical Research leaders. The report should be brief and written assuming the intended audience has low-to-medium level of familiarity with the training curriculum details.

****Data Analysis Steps:****

1. ****Site Team Member Participation and Completion - Data Table Analysis:****
 - Calculate the total number of unique users by counting unique email addresses.
 - Calculate the number of unique users per role by counting unique email addresses for each role.
 - Determine the earliest and most recent user creation dates.
 - For each activity, count the number of users with "Complete" and "Incomplete" status.
2. ****Site Readiness by Learning Objective - Data Table Analysis:****
 - Identify and list all learning objectives marked as "Strength" along with their descriptions.
 - Identify and list all learning objectives marked as "Opportunity" along with their descriptions.

****Narrative Report Outline:****

****Report Title:** "[Site Name] Training for [Curriculum Name]"

****Opening Paragraph:****

- Provide a brief summary of "Curriculum Participation and Completion" including the curriculum name, count of unique users, count of unique users per role, the earliest user creation date, and the most recent user creation date.

****Table: Activity Completion Status****

- Create a table with activity names, the count of users with "Complete" status, and the count of users with "Incomplete" status.

Generative AI in Action: More Detailed Use Cases

**DRAFT A
STANDARDIZED
NARRATIVE REPORT**

****Second Paragraph: Site Strengths****

- Summarize the strengths, mentioning each learning objective identified as a strength and its description.

****Third Paragraph: Site Opportunities****

- Summarize the opportunities, mentioning each learning objective identified as an opportunity and its description.

Finally, it is critical that the report you generate does NOT use identifiable information - so do NOT use the User email address in the generated report.

Before generating the final report, provide intermediate tables and summaries for verification.

Please proceed with the analysis and provide the intermediate results before generating the final narrative report.

Generative AI in Action: More Detailed Use Cases

**DRAFT A
STANDARDIZED
NARRATIVE REPORT**

The two datasets have been successfully loaded. Here's a brief overview of the structure and contents:

1. Site Readiness by Learning Objective Data:

- Columns include Curriculum Name, Activity Name, Learning Objective, Learning Objective Description, Strength or Opportunity, Average Readiness, and User Count.
- This table identifies learning objectives marked as "Strength" or "Opportunity" and provides their descriptions.

2. Site Team Member Participation and Completion Data:

- Columns include Curriculum Name, Activity Name, User, Site, Role, User Creation Date, Completed Post-Test, and Activity Completion Status.
- This table tracks each user's participation and completion status for various activities.

Next Steps:

I will begin the analysis for each data set based on your instructions, focusing first on the participation data.

I'll calculate:

- Total number of unique users.
- Unique users per role.
- Earliest and most recent user creation dates.
- The number of users with "Complete" and "Incomplete" status for each activity.

Generative AI in Action: More Detailed Use Cases

DRAFT A
STANDARDIZED
NARRATIVE REPORT

Let me proceed with these calculations. [?]

Unique Users Per Role			
	Role	User	
1	PI (Blinded)	1	
2	Pharmacist	3	
3	Study Coordinator (Blinded)	2	
4	Unblinded Study Coordinator	1	
5	Unblinded Sub-I (LP Provider)	1	

Here are the intermediate results for the participation and completion data:

- 1. Total Number of Unique Users: 9
- 2. Earliest User Creation Date: July 18, 2024
- 3. Most Recent User Creation Date: September 11, 2024

The table for Unique Users Per Role has been provided for verification, along with a sample of the Completion Status by Activity showing the count of users with "Complete" and "Incomplete" status.

Generative AI in Action: More Detailed Use Cases

DRAFT A
STANDARDIZED
NARRATIVE REPORT

Next, I will analyze the **Site Readiness by Learning Objective** table to identify learning objectives marked as "Strength" and "Opportunity" and provide their descriptions. [-]

Site Strengths				
		Learning Objective	Learning Objective De	
1	0	Safety and AE Reporting	Safety and AE Reporting	
2	1	Manage Storage and Inventory	Effectively manage study drug storage and inventory	
3	2	Perform clinical study assessments	Perform clinical study assessments as described in this manual	

Site Opportunities				
		Learning Objective	Learning Objective De	
1	11	Apply clinical and non-clinical information	Apply clinical and non-clinical information related to study drug when making medical	
2	12	Study Design	Site staff will understand the study design	
3	13	Clinical and Caregiver Assessments	Site staff will understand the schedule of assessments and	

Generative AI in Action: More Detailed Use Cases



[Site Name] Training for ATTUNE (ION440-CS1) Study Training

Curriculum Participation and Completion

The ATTUNE (ION440-CS1) Study Training curriculum saw the participation of **9 unique users** across multiple roles, such as Study Coordinators and Pharmacists. The first user was registered on **July 18, 2024**, while the latest was added on **September 11, 2024**.

Activity Completion Status

Below is a summary of activity completion status, showing how many users have completed or are still working on each activity:

Activity Name	Complete	Incomplete
Blinded EDC Training for ION440-CS1	3	0
ION440-CS1 Investigator Brochure	4	0
ION440-CS1 Lab Manual - US/Canada	3	0
ION440-CS1 Protocol - US	4	4
ION440-CS1 Protocol Overview	0	5

Site Strengths

The site exhibited strong performance in key learning objectives, including:

- **Safety and AE Reporting:** Staff have shown excellent competency in adhering to safety and adverse event reporting guidelines.
- **Manage Storage and Inventory:** The team demonstrated a high level of skill in managing study drug storage, ensuring proper protocol management.
- **Perform clinical study assessments:** There was proficiency in executing the clinical assessments as laid out in the study protocol.

Generative AI in Action: More Detailed Use Cases

DRAFT A STANDARDIZED NARRATIVE REPORT

Site Opportunities

Several areas were identified as opportunities for further development:

- **Apply clinical and non-clinical information:** Improve in the application of clinical and non-clinical information related to patient care and study protocols.
- **Study Design:** Strengthen understanding of the overall study design to ensure adherence to protocol requirements.
- **Clinical and Caregiver Assessments:** Enhance the team's knowledge of the schedule and requirements for both clinical and caregiver assessments.
- **Maintain Blind:** Improve practices around maintaining the blinding of the study to protect its validity.
- **Study Drug Inventory Management and Storage:** Focus on further optimizing study drug inventory practices, despite good storage management.
- **Lumbar Puncture (LP) and CSF Collection:** Increase proficiency in performing these specialized tasks, which are critical for the study's success.
- **Safety Reporting and Management:** Staff can benefit from additional focus on effectively reporting and managing safety-related issues.
- **Randomization Procedures:** Staff need further training on the correct execution of randomization procedures to ensure study integrity.
- **Recruitment and Retention Strategies:** Enhance strategies around the recruitment and retention of study participants to improve study outcomes.
- **Adverse Event Documentation:** Improve the accuracy and consistency of documenting adverse events, a critical component of study safety.
- **Reporting Guidelines:** Ensure all team members are fully aligned with study reporting guidelines to maintain compliance.

This report summarizes the current site performance, highlighting both strengths and opportunities for continued improvement to ensure site readiness for the ATTUNE (ION440-CS1) study.



Generative AI in Action: More Detailed Use Cases



ASSESSMENT CREATION

Goal:

To develop a set of learning objective-aligned assessment questions and related content that supports training and assessment

Role:

You are an expert educational designer AND clinical trial professional. As an expert educational designer you will follow established best practices for learning objective construction, multiple choice question construction, and educator feedback. As an expert clinical trial professional you will follow established best practices in clinical trial operations and implementation.

Audience:

Your learners are clinical trial staff, principal investigators, and clinical research associates

Prompt Inputs:

I will provide you with a Primary Learning Object (PLO) pdf file such as a trial protocol, lab manual, or pharmacy manual. I will also provide you with some Trial-Specific Context (TSC) about the trial and the PLO that should effectively guide your consumption and support the development of the most appropriate assessment questions and related content. The TSC will include specific Learning Objectives (LOs) AND Critical Protocol Areas.

Please be sure to completely review the PLO and TSC before beginning to generate your response.

Your output should include the following:

1. 3 single-select multiple choice questions for each Learning Objective following established best practices. These questions should effectively align with the Learning Objective and cover the related content in the PLO.
2. Each question should include one correct answer option and 3 suitable incorrect answer options. Randomize the labels (A, B, C, D) for the correct options.
3. Each question should include educator feedback explaining the rationale behind the correct answer.
4. Each question should include Topic Location(Page # and Line #) within the PLO where the correct answer can be found.

Generative AI in Action: More Detailed Use Cases



ASSESSMENT CREATION

Goal:

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Generative AI in Action: More Detailed Use Cases

Please follow the following template for your generated responses:

///

1. Learning Objective 1: Learning Objective Body

a. Question 1: Question Body

- i. Correct Choice: Choice Body
- ii. Incorrect Choice: Choice Body
- iii. Incorrect Choice: Choice Body
- iv. Incorrect Choice: Choice Body

v. Educator Feedback: Feedback Body

vi. Topic Location: Page and Line #

b. Question 2: Question Body

- i. Correct Choice: Choice Body
- ii. Incorrect Choice: Choice Body
- iii. Incorrect Choice: Choice Body
- iv. Incorrect Choice: Choice Body

v. Educator Feedback: Feedback Body

vi. Topic Location: Page and Line #

c. Question 3: Question Body

- i. Correct Choice: Choice Body
- ii. Incorrect Choice: Choice Body
- iii. Incorrect Choice: Choice Body
- iv. Incorrect Choice: Choice Body

v. Educator Feedback: Feedback Body

vi. Topic Location: Page and Line #

2. Learning Objective 2: Learning Objective Body

a. Question 1: Question Body

- i. Correct Choice: Choice Body
- ii. Incorrect Choice: Choice Body
- iii. Incorrect Choice: Choice Body
- iv. Incorrect Choice: Choice Body

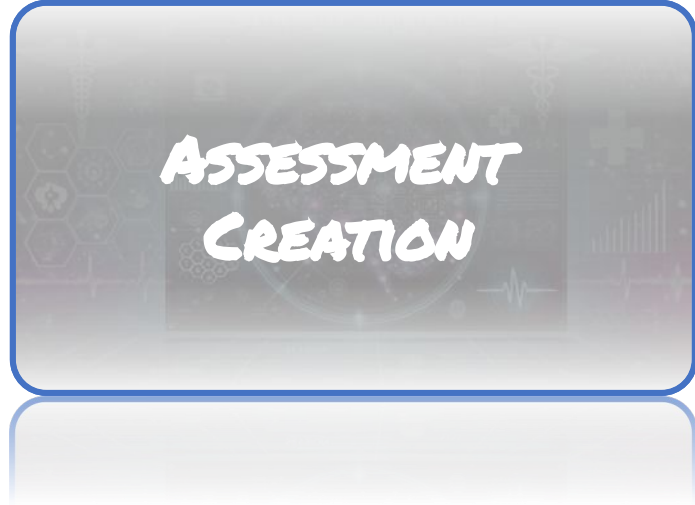
v. Educator Feedback: Feedback Body

vi. Topic Location: Page and Line #



ASSESSMENT
CREATION

Generative AI in Action: More Detailed Use Cases



It is imperative that these instructions are followed precisely; responses that do not comply with these guidelines will need to be revised.

The PLO is attached - file name: Lonigutamab TED Protocol 24112 v2.0_AMX

Here is the TSC:

///

Learning Objectives:

1. Confirming Inclusion/Exclusion Criteria - All screening evaluations must be completed and reviewed to confirm that potential subjects meet all eligibility criteria (prior to first dose). The investigator will maintain a screening log to record details of all subjects screened and to confirm eligibility (or record reasons for screening failure).
2. Following the Schedule of Assessments - Study procedures must be performed precisely as specified in the schedule of assessments. Adherence to the study design requirements outlined in the protocol is essential and required for study conduct.
3. Adhering to Safety Standards - Safety will be assessed via physical examinations, vital signs and body measurements, ophthalmic safety examinations, ECGs, audiology, clinical safety laboratory tests (complete blood count, chemistry [including HbA1c], and urinalysis), and adverse event monitoring.
4. Understanding Study Treatments - Sites must ensure understanding regarding all aspects of the study treatments (Lonigutamab and matching placebo). This includes preparation, handling, storage, accountability, dosing, administration, and compliance.

Critical Protocol Areas:

1. Eligibility criteria
2. Stopping criteria (audiology and liver)
3. Study rationale and background
4. Study design
5. Prohibited medications
6. Endpoints
 - a. Proptosis
 - b. CAS
 - c. Diplopia
 - d. Motility
7. Discontinuation

Generative AI in Action: More Detailed Use Cases

ASSESSMENT CREATION

Learning Objective 1: Confirming Inclusion/Exclusion Criteria

Question 1: What must be reviewed before administering the first dose to a potential subject in the study?

- **Correct Choice:** All screening evaluations to confirm eligibility criteria.
- **Incorrect Choice:** Only the audiology screening results.
- **Incorrect Choice:** The subject's medical history alone.
- **Incorrect Choice:** The consent form.

Educator Feedback: The correct answer is "All screening evaluations to confirm eligibility criteria." This ensures compliance with the protocol, and eligibility verification is necessary to avoid enrolling ineligible participants, which could impact the study's integrity. Partial reviews (e.g., only audiology) are insufficient.

Topic Location: Page 18, Section 5.1.

Question 2: Which of the following is not a reason for screening failure?

- **Correct Choice:** Recent use of antihistamines for seasonal allergies.
- **Incorrect Choice:** Elevated HbA1c > 6.5%.
- **Incorrect Choice:** Evidence of recent optic neuropathy.
- **Incorrect Choice:** Use of teprotumumab within 3 months before day 1.

Educator Feedback: The correct answer is "Recent use of antihistamines for seasonal allergies."

Antihistamines are not a prohibited medication in this study, whereas the other choices are explicitly listed as exclusion criteria.

Topic Location: Page 45, Section 5.2.

Question 3: How is contraception handled for male and female participants in this study?

- **Correct Choice:** Males from screening; females 28 days before the first dose.
- **Incorrect Choice:** Males 7 days before dosing; females from baseline.
- **Incorrect Choice:** Males and females both from baseline.
- **Incorrect Choice:** Contraception is not required.

Educator Feedback: The correct answer is "Males from screening; females 28 days before the first dose."

These requirements are designed to prevent pregnancies during the study and align with regulatory standards for clinical trials involving investigational products.

Topic Location: Page 46, Section 5.1.



Generative AI in Action: More Detailed Use Cases

ASSESSMENT CREATION

please complete the same output format for learning objective 4: Understanding Study Treatments - Sites must ensure understanding regarding all aspects of the study treatments (Lonigutamab and matching placebo). This includes preparation, handling, storage, accountability, dosing, administration, and compliance.

Learning Objective 4: Understanding Study Treatments

Question 1: What is the correct storage condition for Lonigutamab?

- **Correct Choice:** Refrigerate at 2–8°C and protect from light.
- **Incorrect Choice:** Store at room temperature.
- **Incorrect Choice:** Keep frozen at -20°C.
- **Incorrect Choice:** Store in direct sunlight.

Educator Feedback: The correct answer is "Refrigerate at 2–8°C and protect from light." Proper storage conditions ensure the integrity of the investigational product and align with Good Clinical Practice (GCP) guidelines.

Topic Location: Page 53, Section 6.2.

Question 2: How is Lonigutamab administered during the study?

- **Correct Choice:** Subcutaneous injection every two weeks.
- **Incorrect Choice:** Intravenous infusion every four weeks.
- **Incorrect Choice:** Oral tablets taken daily.
- **Incorrect Choice:** Intramuscular injection weekly.

Educator Feedback: The correct answer is "Subcutaneous injection every two weeks." This dosing schedule is designed to optimize Lonigutamab's pharmacokinetics and therapeutic benefit.

Topic Location: Page 19, Section 1.1.

BLOCK II: Future Technologies in Medical Education

Post-Block Evaluation



Scan the QR code, or join
at menti.com use code

8264 1051

11:30 am – 12:00 pm **Coffee Break & Networking**



GAME Conference 2025

GAME Community of Practice and Learning (CoPL)

GAME Community of Practice and Learning Task Force

Thank you for your contributions to the development of the GAME Communities of Practice and Learning (CoPL)



Mila Kostic
Chair



Daniel Guinee



Jo Varney



Amy Farr



Celeste Kolanko



Eva Thalmann



Pan Chen
Co-Chair

What is a Community of Practice and Learning (CoPL)?



What are communities of practice?

Communities of practice are groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly.

What educational theories underpin CoPs?

- CoPs fall within the umbrella term social learning theories
- CoPs are about longitudinal relationship building and meaningful involvement in teams
- Rather than asking what kind of cognitive processes and tasks are needed, we need to ask what kinds of social engagements provide the proper context for learning to take place

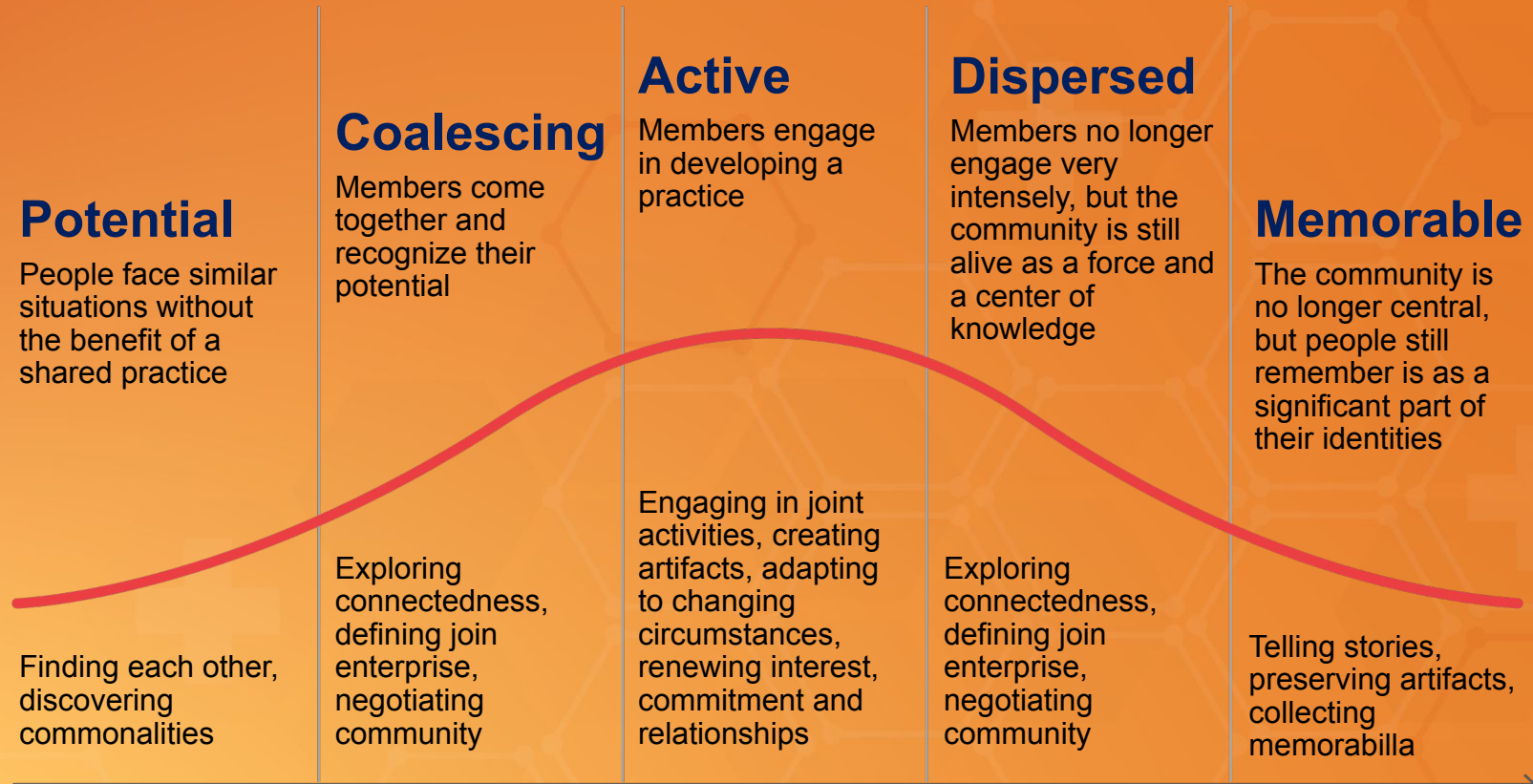
How do we cultivate a CoP?

Developing a CoP is a **bottom-up process** as well as a top-down one. Membership is voluntary and not constrained by professional or organizational boundaries. The starting point in community formation is typically the practitioner-informed identification of a practice gap, issue or need

1. Define the domain of shared inquiry
2. Get the community together
3. Support mutual engagement and development of the practice: practice is the specific knowledge that the community develops, shares, and maintains

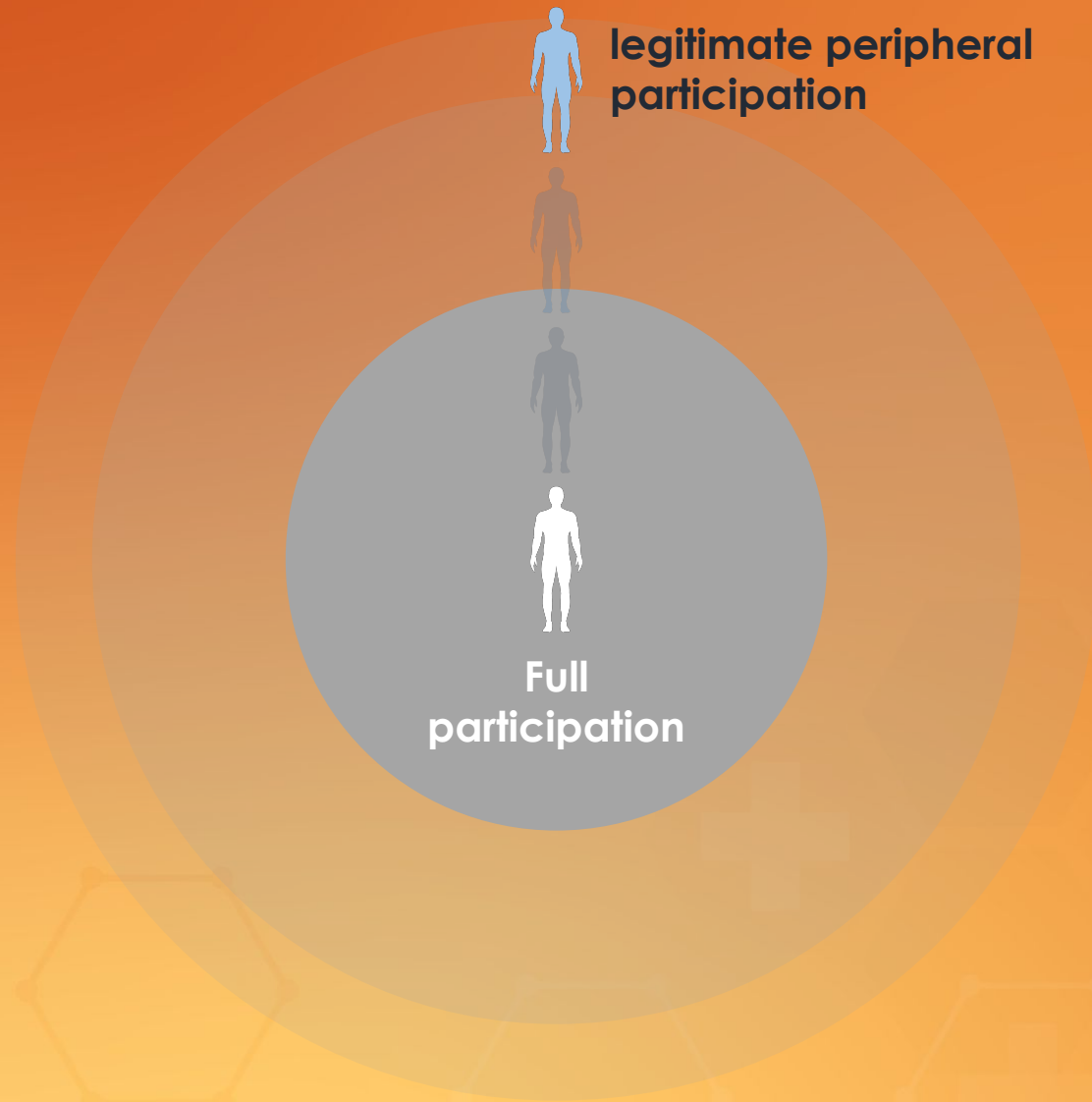
Creating a CoPL is a Process – Not a Calculation

Communities of practice move through various stages of development characterized by different levels of interaction among the members and different kinds of activities.



Knowledge management is a donut: shaping your knowledge strategy with communities of practice. By Etienne Wenger.

Ivey Business Journal, January 2004.



As learners become more competent, they become more involved in the main processes of the particular community.

They move from **legitimate peripheral participation** to into '**full participation**'.

Learning is not seen as the acquisition of knowledge so much as a process of social participation. The nature of the situation impacts significantly on the process.

How Do We Start to Build a CoP?

Define the domain of interest

01

Domain: the area of knowledge that brings the community together, gives it its identity, and defines the key issues that members need to address.

Cultivate the communities according to the domain

02

Community: the group of people for whom the domain is relevant, the quality of the relationships among members, and the definition of the boundary between the inside and the outside.

Engage practitioners in the development of their practice

03

Practice: the body of knowledge, methods, tools, stories, cases, documents, artefacts, which members share and develop together.

GAME CoPL Methodology

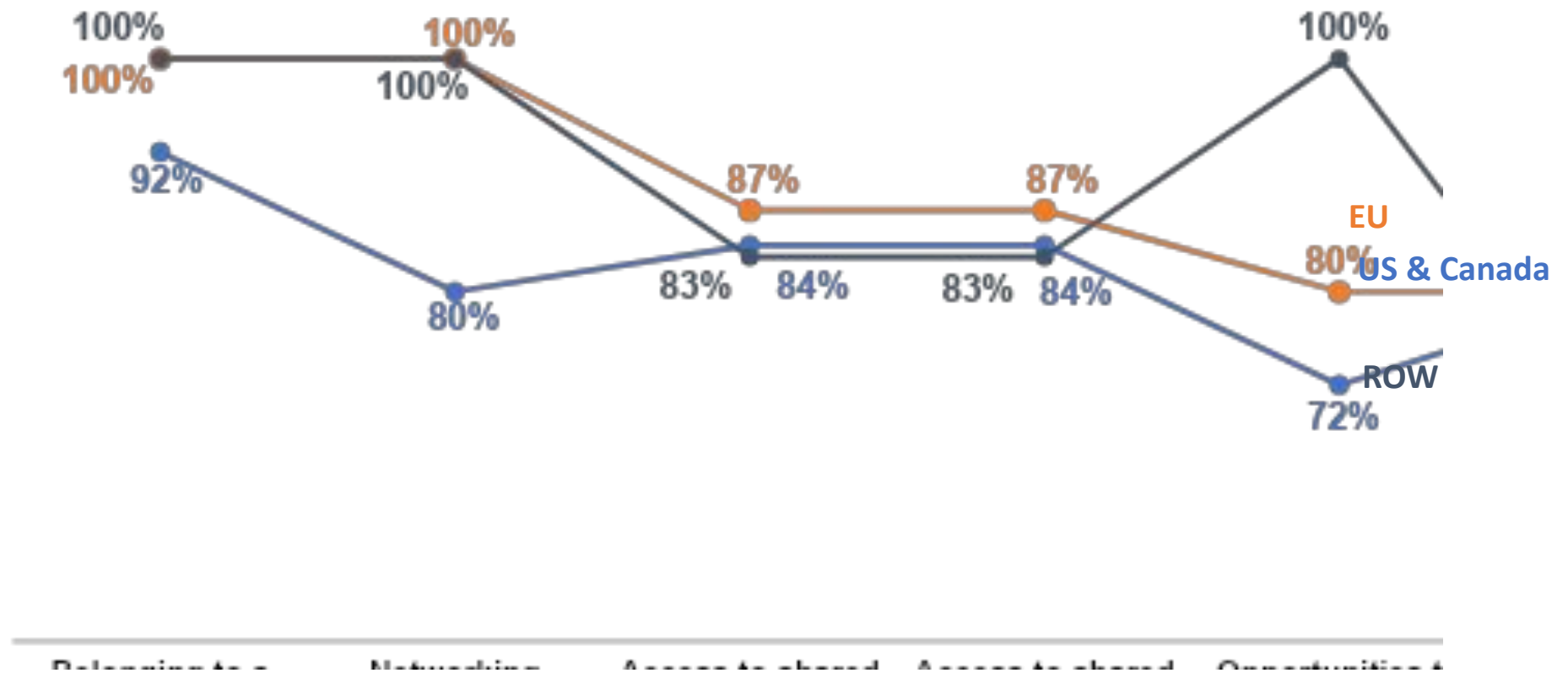
- Formed a CoPL task force
- Survey of membership and broader CPD community
- Dedicated session at the GAME Virtual Conference 2024
 - Introduced the GAME CoPL conceptually
 - Held facilitated small group conversations about CoPL at GAME
 - Debriefed additional qualitative findings
- CoPL task force (TF) met regularly
- Our name was born **GAME PLAY – GAME Peer Learning & Advancement Yard**
 - Our TF collaborated on developing operating methodology
 - We designed the website home page at GAME
 - Discussed schedule for facilitated regular monthly meeting
 - Created WhatsApp channel for GAME PLAY
 - Ready to go live

Key Factors Influencing Decision to Join CoPL

■ High/Very High Influence ■ Moderate Influence ■ No/Minor Influence



Key Factors Influencing Decision to Join CoPL – Regional Differences



Note. Influence of each opportunity on decision to join a CoPL was rated using a five-point Likert scale: 1-No Influence, 2-Minor Influence, 3-Moderate Influence, 4-High Influence, 5-Very High Influence. Percentages reported are percentages of respondents who selected a rating of 4 or 5.

INTRODUCING - GAME PLAY CoPL



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Join | Spotlight

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Welcome to GAME PLAY

A global community of practice and learning for CPD professionals that is FREE to GAME members



INTRODUCING - GAME PLAY CoPL



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- ABOUT GAME PLAY
- WHY JOIN GAME PLAY
- HOW TO JOIN
- MEET THE FACILITATORS
- RESOURCE LIBRARY
- UPCOMING MEETINGS
- PROJECTS
- SHARE YOUR IDEAS

About GAME PLAY

"Practice is a shared history of learning. Practice is conversational. Communities of Practice are groups of people who share a concern (domain) or a passion for something they do and learn how to do it better (practice) as they interact regularly (community)."

— Etienne Wenger —

GAME Peer Learning and Advancement Yard – a virtual space where collaborative and creative learning happens

We are colleagues, friends, leaders, and followers; we coach, mentor, share, help, and support each other; we share resources and create what we need in a respectful and trusted community; we learn together and from each other joyfully because we choose it freely for ourselves.

We believe that we all bring expertise and unique perspectives to our community of practice and learning, and we take turns as facilitators and project leaders.



Breakout discussions

We will now breakout into small groups to discuss your experiences with communities of practice, as well as needs, ideas, and expectations



Questions for Small Group Discussion

Prior Experience with CoPL

- Have you ever been part of a CoPL group before? What was your experience like?
- What worked well (or not so well) in your previous involvement with CoPL?
- What does CoPL mean to you personally?

Topics, Focus Areas, and Ways of Working

- What key topics or challenges in your work would you like to explore with peers as part of CoPL
- What kinds of activities or formats would you find most valuable?
- How often would you realistically be able (or willing) to meet or contribute?

Motivation and Interest

- What excites you about the idea of being part of a CoPL?
- What would make you want to regularly participate in this group?
- What would success look like for you in this CoPL?

INTRODUCING - GAME PLAY CoPL

How to Join

Working in the GAME community of learning and practice is free to all GAME members. But you have to join. [Join Now if you are a member of GAME or become a member](#)

Post-CoPL Session Feedback



Scan the QR code, or join
at menti.com use code
7890 9407

BLOCK II: Future Technologies in Medical Education (cont'd)

1:00 pm – 2:00 pm

Lunch

The Community of Practice and Learning Task Force

Thank you for your contributions to the development of the GAME Communities of Practice and Learning (CoPL)



Mila Kostic
Chair



Daniel Guinee



Jo Varney



Amy Farr



Celeste Kolanko



Eva Thalmann



Pan Chen