RESHAPING EDUCATION for 21st Century Student Centered Learning
What does it mean

http://www.youtube.com/watch?v=075aWDDZUlM
Reshaping Education for the 21st Century SCL

Technologies:
- LMSs
- Mobiles
- Web 2.0

edmodo  Sakai  moodle

Blackboard

slide  LetterPop!  podcatcher
ResizR  last.fm  del.icio.us

dalplay  ResizR  del.icio.us

camino  Google de china  flickr

Yale  NYU  del.icio.us

Ataja!  dailymotion  blip.tv

dalplay  del.icio.us  del.icio.us

Leafletter  skyipe

.mozilla  medinalla  simpy

pixalica.net  wikispace

Magnatune  magnolia  YouTube

Xuletas  fauxto  revisor

wiki.mail.com  google

Panoramio  snapshot

Bb  Blackboard

DUT UNIVERSITY OF TECHNOLOGY
### All User Activity inside Content Areas

<table>
<thead>
<tr>
<th>Folder</th>
<th>Hits</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessments</td>
<td>892</td>
<td>11.68%</td>
</tr>
<tr>
<td>Course Overview</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Databases</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Learning Content</td>
<td>6370</td>
<td>83.43%</td>
</tr>
<tr>
<td>Lessons</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Quizzes</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Resources</td>
<td>277</td>
<td>3.63%</td>
</tr>
<tr>
<td>Syllabus</td>
<td>94</td>
<td>1.23%</td>
</tr>
<tr>
<td>Topic Outline</td>
<td>2</td>
<td>0.03%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>7635</strong></td>
<td></td>
</tr>
</tbody>
</table>
Blogs are an open communications tool for Students to share their thoughts.

### Create Blog

**Display Blogs**  
**All Blogs**

<table>
<thead>
<tr>
<th>Name</th>
<th>Type</th>
<th>Date Last Modified</th>
<th>Entries</th>
</tr>
</thead>
<tbody>
<tr>
<td>21 July 2013 - D - MSCT</td>
<td>Individual</td>
<td>17/10/13 11:46</td>
<td>6</td>
</tr>
<tr>
<td>21 July 2013 - Echocardiography</td>
<td>Individual</td>
<td>27/10/13 22:24</td>
<td>4</td>
</tr>
<tr>
<td>21 July 2013 - NM PET/CT</td>
<td>Individual</td>
<td>19/08/13 12:31</td>
<td>2</td>
</tr>
<tr>
<td>21 July 2013 - Radiotherapy</td>
<td>Individual</td>
<td>22/08/13 16:46</td>
<td>11</td>
</tr>
<tr>
<td>3 Words that BEST describes you!</td>
<td>Individual</td>
<td>14/11/13 12:31</td>
<td>21</td>
</tr>
<tr>
<td>Advances in Equipment</td>
<td>Individual</td>
<td>17/10/13 11:44</td>
<td>50(1 new)</td>
</tr>
<tr>
<td>Advances in Practice &amp; Applications (Blog is not available.)</td>
<td>Individual</td>
<td>14/11/13 12:31</td>
<td>3</td>
</tr>
<tr>
<td>DR - MSCT Technology</td>
<td>Individual</td>
<td>11/06/13 14:27</td>
<td>10</td>
</tr>
<tr>
<td>NM - PET/CT Instrumentation</td>
<td>Individual</td>
<td>12/10/13 11:38</td>
<td>2</td>
</tr>
<tr>
<td>Quality Assurance</td>
<td>Individual</td>
<td>31/10/13 23:40</td>
<td>5(4 new)</td>
</tr>
<tr>
<td>Recognising the Basics of CT Abdomen</td>
<td>Individual</td>
<td>31/10/13 22:45</td>
<td>21</td>
</tr>
<tr>
<td>Recognising the Basics of CT Chest</td>
<td>Individual</td>
<td>04/11/13 10:36</td>
<td>29(1 new)</td>
</tr>
</tbody>
</table>
Go to YouTube Education - [http://www.youtube.com/education](http://www.youtube.com/education)

1. **Search for CTIsus**. Look for MDCT for Technologist (it can be found here [http://www.youtube.com/watch?v=LjrQjYTz2u8&list=PLE5CD127148BAF107](http://www.youtube.com/watch?v=LjrQjYTz2u8&list=PLE5CD127148BAF107)). You will find 13 Videos by Elliot Fishman on what radiographers need to know for certain applications. There are plenty of other videos that are available for reviewing.

2. **SELECT a video and IDENTIFY the main message**, with examples, in the video. It could be more than 1 main message. **RELATE this message to actual practice** (clinically placed). or **REFLECT on how the message may impact one’s practice** (not clinically placed).

3. Now **FLIP the lesson**:
   - Ask 1 or 2 important open-ended question/s.
   - Ask 3 to 5 Multiple choice questions.

4. Read all peers responses and **COMMENT**.
5. **RESPOND** to at least one peer's blog questions.
A Wiki is a collaborative tool that allows you to contribute and modify one or more pages of related material. Follow the instructions for each specific Wiki as to how it should be used with your Course.

**DR - Advances in Practice & Procedures and Clinical Applications**
Type: Course  
Date Last Modified: 12/10/13 23:39

**NM - Advances in Practice & Procedures and Clinical Applications**
Type: Course  
Date Last Modified: 30/08/13 22:24

**RT - Advances in Practice & Procedures and Clinical Applications**
Type: Course  
Date Last Modified: 13/10/13 20:05

**US - Echocardiography**
Type: Course  
Date Last Modified: 27/10/13 15:16

**US - Advances in Ultrasound and it’s Clinical Applications**
Stereotactic Radiosurgery

Created By ROSHNEE SUNDER on Thursday, 6 June 2013 13:42
last modified by M CONRADIE on Thursday, 10 October 2013 16:24

**Introduction**

A Swedish neurosurgeon Lars Lexell introduced the concept of stereotactic radiosurgery in 1951. The term "stereotactic" was derived from Greek words meaning "true measure". Stereotactic radiosurgery utilizes ionizing radiation to inactivate one specific small area of brain tissue, whilst sparing surrounding normal tissue due to the precision of the delivery of the radiation. Stereotactic radiosurgery requires a great degree of accuracy. Stereotactic is a term which describes a procedure or technique that is carried out within a 3 dimensional space with a high degree of accuracy using an imaging system to guide the procedure. There are different types of stereotactic radiosurgery that can be used, the choice of which depends on the specifics of the case being treated with stereotactic radiosurgery.

Stereotactic Radiosurgery (SRS) is a single treatment to a very high dose of radiation to a small area of tumour.

This section introduces the concept of stereotactic radiosurgery and its applications in clinical settings.
I have seen the two different types of stereo being done in Durban. The invasive one at a government institute, where incisions are made on the patients head. This is done purely for better immobilization? Why can't we use this procedure that private hospitals do, a mask, less invasive and less time consuming. Is it budget constraints? we don't do this procedure at our centre.

For us at Addington, we have a limitation when using IMRT, of 14cm, most head and neck tumors exceed this limit, we then opt VMAT. Does any one have any limitations with IMRT? and how do you overcome them in the clinical setting?

In our practice, we do pelvic IMRT. The most common diagnosis is for prostate and rectal cancer. For immobilisation we use the knee rest (the same k/rest is used in Addington and I think Netcare), in addition to the k/rest we use and index bar that fixes the k/rest to the treatment couch. We also incorporate IGRT to assure that we are treating at the correct iso centre. There has not been much problems with regards to this immobilisation for pelvic IMRT in our department. I think the index bar is the main factor that helps with the immobilisation, but for this to work one needs to have the same equipment at the initial planning CT scan for it to work.
July Journalling

If a Blog or Journal can be graded, a grade assigned to an individual member is applied only to that individual. More Help

Create Journal Entry

Instructions

TASK: You need to reflect on the learning and all experiences related to it during this month. **You can make as many entries as you need, but a minimum of one complete entry is essential. N.B. There is a grade attached to this activity.**

TIPS: REMEMBER the Prompt Questions? Refer to Lesson Plan On Reflective Practice.

- How has the weekend’s and monthly activities impacted on you and your learning?
- How has the new information contributed to your existing pool of knowledge?
- Why is it relevant?
- How will this new knowledge impact and improve your practice?
- You need to link theory with practice, IDENTIFY the gaps.
The weblinks provided were very informative and easy to understand. It saved me time to search for articles. If I had to access journal articles from the internet by myself, I would have had to pay for if not for blackboard. The weblinks enabled me to engage in individual learning and allowed me to push myself at learning and not be lazy. Self learning allowed me to work at my own pace at my own time. I used to get work done at any time and at any location with blackboard. It allowed me to be in control of how and what I learnt which can help me handle stressful situations at work. Active learning took place instead of passive learning. Active learning has increased my self confidence and self reliance. I seem to value the work I do myself because I know I have worked hard for it. Active learning encouraged me to want to learn more. This is beneficial since this it is vital to be reading all the time in the field of radiography which is consistently evolving.

Comments on class presentations has improved my self esteem. This has allowed me to feel more confident at staff meetings and presentations at work and play an active role in discussion. I have learnt that negative feedback is good too. It helps to take a project to a whole new direction and that the lecturer means well. I have learnt that even negative feedback is good because it helps shape an individual. It builds character and enables one to handle challenging situations in the hospital and accept criticism. I liked the fact that there was repetition of work at each lecture. Since there is so much to
With Rad Prac 4 focusing on all the advancements in the radiography field, it has afforded me the opportunity to be placed in a position to question, suggest and explore both current and new practice. For instance the role of mask based approach stereotactic radiotherapy rather than frame based which is currently practiced. I have suggested trying the mask based in the clinical institute, as this option provides better patient comfort and compliance. Learning from my peers via the wiki and collaborated discussions I was able to view the advantages and disadvantages of this technique.

This course has also developed my presentational skills, it has allowed me to vocalize my knowledge, interact with people at different levels and most of all it has taught me to listen.
digital age of online classrooms where individuals do not have to be physically present in the classroom. This current trend makes learning more effective and brings efficiency to day to day tasks. Lecturers are able to interact with more students online, reaching them on their own terms and devices ensuring students are informed, involved and collaborating together on blogs and wikis unlike the theory of the traditional classroom. I am not opposed to this new medium of learning because it suits us radiographers who are completing this subject on a part time basis while we are still working individuals. It offers us the convenience to work at any time of the day and night and to work at our own pace.

However, in actual fact my perspective changed over time. By taking a few minutes each day to note a few important things that have happened during the day like what had gone well and what had not was very therapeutic. By taking this time out every evening to make these notes helped me get the day's events in perspective to focus on any achievements or progress I had made that day and also things I had learned that I would need to improve on. It also helped clear my mind and ensure a positive fresh start the following day. By sacrificing that little time has made me aware of my capabilities, strengths and daily accomplishments. This gave me the opportunity to monitor my progression skills in CT throughout the year and in turn help me make a
It has been an emotional roller coaster this year, this has been the most difficult but informative year in my learning history. I was introduced to many useful aspects of my profession, got new academic and important clinical skills. To be quite honest subject wasn’t what I expected, yet very informative. Tasks/Activities that we were assigned to do in class (every weekend) brought clinical environment into the classroom that taught me the importance of relating clinical practice to and knowledge we get from theory. It hasn’t been easy though to adapt to the weighting of the subject, there was too much work to do at a short space, required extra hard purpose was emphasized a lot when I started this subject.

Critical thinking and critical analysis of every piece of writing I read is one of the things I’ve achieved and I’m grateful for that. I got used to reading and I learnt to make sense out of every piece of writing that also helped me to understand some things much better, and motivated me to do more reading when I don’t understand something. Though I found it difficult consuming and challenging, especially when I had to read something trying to clarify a simple thing, it was worth. But I attempted to
compliments is what drove me to want to know more. I had also noticed that the others students, even in other disciplines were always eager to listen to me when I spoke, this encouraged me to share as much as I could. The online classroom was the best thing, even though it required a lot more dedication and discipline, it initiated the best learning strategy and that is collaboration as well as synchronisation of diverse ideas and information. The knowledge I had gained in this year alone is absolutely phenomenal. The topics were intense yet I managed to cover all aspects of it and this was only through the freedom of black board to facilitate the learning.
THANK YOU