INSPIRE Submission Guidance

INSPIRE is an online learning platform which is structured so that there is a place for all learning materials relevant to any grade of Ophthalmologist and Eye Care Professional.

For more information and videos about INSIRE please search "RCOphth INSPIRE" or click: **https://www.rcophth.ac.uk/events-courses/rcophth-education/inspire-the-rcophth-online-learning-platform/**

Structure of the INSPIRE Platform

INSPIRE comprises 28 **Programmes**. Each Programme comprises a structured series of **courses** and **units**. Your materials will appear as a **lesson** or part of a lesson in one of these units. The learning is interactive in order to stimulate engagement of learners, and the development of their higher-level thinking and decision-making skills.

Clinical Knowledge (Clinical Specialties)	Professional Development (Roles)	Personal Development (Career Stages)

Cornea & Ocular Surface
Cataract
Glaucoma
Medical Retina
Vitreoretinal
Oculoplastics
Neuro-ophthalmology
Paediatric Ophthalmology
Emergency Ophthalmology
Community Eye Care
Global Ophthalmology
	Clinician
	    Fundamental Eye Care
	    Clinical Skills
	    Clinical Decision Making
	    Surgical Skills & Simulation
	    Curriculum-based Learning
	
	Trainer
	Researcher
	Manager
	Leader
		Wellbeing, Mentoring, Buddying
		Students, GPs & Specialists (GOT)
		Ophthalmic Practitioners
		Trainees (OST & OLT)
		Staff grade & Associate Specialists (SAS)
		New Consultants
		Established Ophthalmologists
		    (Consultants & SAS)
		Historical Ophthalmology

An **Editor Team** is responsible for each Programme, and comprises a Programme Editor, Co-Editor and group of Instructors. They will upload your submitted materials onto the INSPIRE platform.

Submission of Learning Materials for INSPIRE

Contributors submit their materials to INSPIRE as a completed Submission Form plus a series of files. Editor Teams copy and paste text from the Submission Form into a lesson, and upload the contents of the files in the indicated locations amongst the text.

A **Submission Form** includes:
- Text of the learning materials – which Editors copy and paste into the lesson
- Indication of the placement of images / video etc – written in red, eg: "Video 1"
- Completion of interactive materials, eg: front (question) and back (answer) of a flip card

Associated Files must be clearly titled with a distinguishing file name including a number and also a few words relating to the content, eg: "Video 1 – slit lamp examination", "Image 3 – high power of disc". Use this same title when identifying where it should go in the text. Editors will upload the file content amongst your text at the indicated location. Files can take any form, eg:
- images
- videos – clinical cases, skills, surgery, discussions, activities, other
- audio – discussions, interviews
- powerpoints – preferably with narration
- SCORM packages

The Submission Form and all associated files for submission should be sent to: **INSPIRE@rcophth.ac.uk**.
If the total size of all the files together is greater than 8MB, use a **file transfer mechanism** such as **https://wetransfer.com.**

In the **covering message**, please confirm that you have completed the INSPIRE Online Consent Form (available at: **https://www.smartsurvey.co.uk/s/RCOphth-Inspire-ECRA/**).

Contributors will receive **acknowledgement** of their submission within 1 week. If this is not received, please send a **follow up** e-mail requesting an update on the progress of your submission. Do not resend the files unless requested to do so, as they may be the reason for an original e-mail not getting through.

Authorship and Consent

A Contributor can submit the work of an Author or several Co-Authors, who are all are given credit for their work. Their name and institution is listed at the start of a section of learning materials, or in the label of an image/video.

Contributors and Authors can use screen shots of the initial frame of their materials in the education section of their portfolios as evidence of their contribution to INSPIRE.

Contributors must give consent for either a specific submission or a group of submissions, using the link: **https://www.smartsurvey.co.uk/s/RCOphth-Inspire-ECRA/**.

By giving consent, a Contributor is confirming that they have **permission** to use and reproduce all the materials that they are submitting, including consent from co-authors, patients and copyright holders.

Creation of Learning Materials for INSPIRE

In each lesson, materials are provided under the headings that appear on the Submission Form:
- Introduction and target audience
- Aims and Objectives
- Inspire your learning
- Develop your learning
- Check your learning
- Apply your learning
- Further your learning

This helps a learner to know whether the materials are suitable for them, and then takes them on a learning journey helping them to reach the next level.

Example of a Completed INSPIRE Submission Form

Please see the following links to help you submit your materials:

• [example of how the Submission Form](#) can be completed, and particularly how to fill in the interactive components
• a pdf of what this would [look like once on the platform](#), once the interactive components have been activated
• the live version of this example (once you have logged into INSPIRE) can be seen at: https://inspire.rcophth.ac.uk/d2l/le/lessons/7218/topics/3268

To log in to INSPIRE use:
www.rcophth.ac.uk / INSPIRE button / log in / My INSPIRE Courses / View My Courses
Once on the **INSPIRE Home page**, under My Courses find: Clinician: Clinical Decision Making / Anterior Segment Decision Making / Intermediate Cases / Persistent Corneal Epithelial Defect in a Graft

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INSPIRE Levels of Learning

INSPIRE provides learning across five levels. The levels are just a guide, and Learners are free to undertake learning from materials of any level. The Levels apply across all Health Care Professions caring for eye patients, and all Eye Care Professions (Ophthalmology, Optometry, Orthoptics and Ophthalmic Nursing).

Level 0 is **General Ophthalmic Training** (GOT) for Healthcare Professionals working outside ophthalmology departments, or Eye Care Professionals preparing to enter ophthalmology, or just starting in ophthalmology.

Levels 1-3 correspond to the levels on the three **specialty** training programmes:
- Ophthalmology Specialist Training (OST)
- Ophthalmology Local Training (OLT)
- Ophthalmic Practitioner Training (OPT), and Advanced Clinical Practice (ACP)

Level 4 is for **subspecialists** either training (senior trainee or fellow) or practicing (SAS ophthalmologist or Consultant) in a Special Interest Area (SIA).

Curriculum 2024 (C24) for OST and OLT has been mapped to the ST Levels of the previous curriculum, so both are shown here.

INSPIRE Level	Learners typically at the Level	Cases for Clinical Decision Making Programme
Level 0	General Ophthalmic Training (GOT) Students & Foundation Doctors GPs, A&E staff Physicians, Head & Neck Surg Novice OST/OLT/OPT Trainees	Core
Level 1	ST 1-2 Level 1 C24 OST/OLT Level 1 OPT	Core
Level 2	ST 2-3 Level 2 C24 OST/OLT Level 2 OPT	Intermediate
Level 3	ST 3/4 - 5/6 Level 3 C24 OST/OLT Level 3 OPT, ACP General Ophthalmologist	Intermediate
Level 4	ST 6/7 (TSC) Level 4 C24 Special Interest Area (SIA) Subspecialty Training / Fellow Specialist SAS Doctor & Consultant	Advanced

Preparation of Associated Files

Learning is often most effective if presented in short chunks with the key learning points high-lighted. Learning materials are often more interesting if they contain a variety of media, and these are interspersed with each other. Therefore, we suggest that written text is punctuated by visual and interactive elements.

Images should be of sufficiently high quality and pixel density to show good detail. Labels and annotation can be added if required.

Videos and narrated powerpoints should be a maximum of 15 minutes long, and preferably less. Longer videos should be split into shorter sections with text and interactive elements in between.

Powerpoint (or other slide making programme) files can be submitted as slides alone, but are often more effective if **narration** is added. This may be done in two ways:
- in the powerpoint programme, use the **Slide Show** menu/ribbon to **record** – this will record the audio onto each slide

- set up a **Zoom** meeting in which you are the only attendee, and press **record** before you deliver your presentation as you would at a remote teaching session

It is recommended that you **record multiple short sections** of 5-10 slides or less, or you edit a longer recording into chunks afterwards.

In addition, **single slides** (eg: those with diagrams etc) can be uploaded as images amongst the main text.

Recorded meetings can be chunked and uploaded in the same way, but anyone participating in a discussion must have given consent. It is usually preferable to edit out the discussion, but use the discussion points to inform the creation of interactive elements. If recording a meeting it is good practice to inform the participants. It is often best to tell the participants that recordings of the discussion will not be used directly in learning materials, so as not to stifle interaction during the session. It might be useful to make notes of the discussion as the points raised could be useful to create interactive elements.

Example of a Video Split into Sections

Log into INSPIRE, then under My Courses find:
Historical Ophthalmology / Historical Ophthalmic Equipment / Ophthalmic Instruments through the ages / Richard Keeler interview with Wendy Franks
Or use the link: **https://inspire.rcophth.ac.uk/d2l/le/lessons/7774/units/4668**

To log in to INSPIRE use:
www.rcophth.ac.uk / INSPIRE button / log in / My INSPIRE Courses / View My Courses
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Creation of Interactive Elements

INSPIRE aims not only to convey knowledge and understanding, but also to stimulate **higher-level thinking** and **decision-making**. It does this by the inclusion of interactive elements. These give the learner the opportunity to think about materials or answer questions before proceeding with the next piece of learning.

The **template** used by Editors to create learning materials contains the tools for creating these interactive elements. The Submission Form contains similar elements to encourage author to create interactive materials.

Most **interactive elements** comprise a stimulus (often a question) followed by results (an answer or options) which are revealed by the Learner when they are ready. The most basic format is a **flip card**, with the stimulus (eg: question) on one side and the result (eg: answer) on the other. A series of stimuli/results can be presented in an **expanding table**.

The **stimulus** can be just text, or can include an image/video/scenario with text. Examples include:
- image of an eye + "What are the signs?"
- scenario + "What would you do next?"
- "Think about a time when you… what was the key issue?"

- "This happened in this patient. Would you expect this to happen in most patients and why?"
- "Next this patient had XXX done. What are the alternatives?"
- "Why do you think the clinician chose XXX in this patient?"

The **result** should be as structured as possible. It may be:
- a single right answer, which may have one or more parts (eg: list of signs)
- a best answer with alternatives
- a prioritised list of options
- examples of the kind of answers that could be given (eg: following "think …")

When creating learning for the **higher levels**, stimulate the learner to use higher-level thinking skills (**application**, **analysis**, **judgement**, **synthesis**, **evaluation**) – as listed for the Clinical Decision Making Programme (see below).

Cases for the Clinical Decision Making Programme

The Clinical Decision Making Programme is designed to encourage the development of higher-level thinking, judgement and decision making. Interactive elements should be incorporated to challenge the Learner and stimulate their development. The box below gives examples of the types of activities you can incorporate to achieve this.

Cases may target audiences at a core, intermediate or advanced level, depending on the case complexity, and the level of sophistication of the thinking skills required. A learner can work through these levels to refine and challenge their skills. These cases are also valuable for those preparing for exams.

Highlights for Clinical Decision Making Cases

Cases should highlight some, but not necessarily all, of the following steps in clinical decision making:

- Selection of **targeted** questions during history taking to collect relevant information and support or exclude possibilities

- Accurate description, **quantification** and interpretation of clinical **signs** during examination

- Identification of the patient's **problems** and their relative **importance**

- Identification of the **processes** involved and how they **interact**

- Comparison of **progression** to what would be **expected**

- Justification of **investigations** likely to be of clinical **value**, and interpretation of their results

- **Prioritisation** of management **plan** options and balancing of benefit with risk

- Evaluating **outcomes** and how these can direct future **learning**

Cases submitted for the **Case of the Month Prize** will be partially judged on how well they stimulate these thought processes, relevant to the level of target audience.

Cases for the Professional Development Programmes

Higher level thinking skills, problem-solving, decision-making and change-management skills are also important across all areas of Professional Development. Scenarios can be used in the same way as clinical cases to develop these skills in the fields of Education & Training, Research, Management and Leadership.

Scenarios can be hypothetical, or based on one or a combination of experiences, but the individuals concerned should not be identifiable in any way.

Highlights for Problem Solving Scenarios

with relevance to Professional Development:
Education & Training, Research, Management or **Leadership**

Scenarios should highlight some, but not necessarily all, of the following steps in problem-solving and decision-making:

- Assimilation and interpretation of the **information** available in **context**
- Identification of **issues / problems**
- Identification of **contributing factors**
- Creation of a **vision** of what it will be like once solved
- Collection and evaluation of relevant further information and **evidence**
- Identify the **leadership** skills required to tackle the problem, and by whom
- Involvement of appropriate **team** members and **experts**
- Identification of your **role** when interacting with each individual
- Implementation of **interactive skills** specific to each role and individual
- Scoping of **resources** available to you and others
- Evaluation of **options** according to pre-set criteria
- Creation and prioritisation of specific **objectives**
- Implementation of the **action plan**
- Evaluation of the **outcome**
- **Reflection** on the process and your role in it
- **Recommendations** for future activity and learning in the scenario

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Queries should be addressed to: **INSPIRE@rcophth.ac.uk**

Thank you for submitting your materials.