



Teaching Smarter, Not Harder: Effective Teaching Hacks for Medical Educators ☞

Masterclass Registration Form

Thank you for your interest in participating in the SECAN Medical Education Masterclass. This interactive, high-impact training is designed specifically for medical educators in Nigeria who are seeking practical, evidence-based approaches to improve learner engagement, reduce learning fatigue, and enhance educational outcomes. This event is open to current and aspiring medical educators.

Across two focused 120-minute sessions, we will explore actionable strategies that strengthen what educators do before, during, and after teaching. The masterclass will introduce evidence-based techniques—including cognitive load management, active learning routines, retrieval and spaced practice, multimedia/dual-coding principles, and efficient feedback models—that participants can apply immediately in their classrooms. We will explore hands-on activities where possible to ensure participants learn effectively.

Please complete the registration form below. Your responses will help us tailor the learning experience to the needs of participating educators.

By clicking 'NEXT' and continuing with this registration form, you consent to participate in this survey for the purpose of masterclass planning and delivery.

We look forward to your participation in this transformative learning experience.

For inquiries, please contact:

SECAN Publicity Secretary (Smart Mbagwu) at pubsec.secan@gmail.com

OR

Participant Profile

1. Full Name

Write your FULL name ONLY If you are interested in receiving a certificate of attendance. Please write your names in the order you want them to appear in the certificate. If you do not want the certificate, kindly skip this question!

2. E-mail Address *

Please use your CURRENT and ACTIVE e-mail address. This address will be used to contact you about this masterclass and its associated activities

3. Organization *

Indicate your current institution where you teach. Prospective teachers should indicate their most recent affiliation

4. Do you currently have any teaching role for medical or allied health professionals? *

Teaching roles may include classroom, clinical, bedside or laboratory instruction conducted in in-person, online or in hybrid formats

☐ Yes

☐ No

Teaching Context

5. How many years of teaching experience do you have? *

This experience is based on when you started a formal academic teaching role for health professionals

- ☐ 0-5 years
- ☐ 6-10 years
- ☐ Greater than 10 years

6. What defines your CURRENT role? *

Choose all that apply, irrespective of whether this role is in-person, virtual or hybrid

- ☐ Laboratory instruction/demonstration
- ☐ Classroom instruction
- ☐ Clinical instruction
- ☐ Other

7. Who do you MOSTLY teach? *

Choose all that apply

- ☐ Medical students
- ☐ Allied health professionals

8. How do MOST of your teaching activities take place? *

- ☐ Online/Virtual
- ☐ Hybrid
- ☐ In-person

9. Which of these are your MOST common teaching methods? *

Choose all that apply

- ☐ Didactic / Lecture-Based Methods
- ☐ Small-Group Learning Formats
- ☐ Peer-to-Peer Learning
- ☐ Case-Based Learning
- ☐ Problem-Based Learning
- ☐ Simulation-Based Education
- ☐ Flipped Classroom / Inverted Classroom
- ☐ Experiential/Hands-On Methods (Eg: labs, workshops)
- ☐ Collaborative & Interactive Learning (Eg: group-problem solving, think-pair-share)
- ☐ Self-Directed & Independent Learning
- ☐ Technology-Enhanced Learning
- ☐ Assessment-Integrated Learning

Teaching Challenges

10.

What is your biggest challenge in teaching right now? *

- ☐ Limited time/Time management
- ☐ Large class sizes
- ☐ Low student engagement
- ☐ Difficulty simplifying complex concepts
- ☐ Lack of teaching resources
- ☐ Balancing clinical duties with teaching
- ☐ Inadequate IT skills
- ☐ Other

11.

What specific skill or area would you MOST like to improve? *

- ☐ Improving content delivery
- ☐ Improving verbal delivery
- ☐ Improving learner engagement
- ☐ Giving feedback effectively
- ☐ Designing effective slides/materials
- ☐ Design effective assessments
- ☐ Using technology to teach effectively
- ☐ Advancing my own knowledge of the subject
- ☐ Other

12. What would make teaching "easier" for you in your current context? *

Dissemination Consent

13. I agree that my anonymous responses may be used for this masterclass planning or other forms of educational advancement activities.

☐ Yes

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Knowledge and Application Readiness Check and Commitment to Change

* Required

Knowledge and Application Readiness Check

1. What is the primary purpose of germane cognitive load? * (1 Point)

- ☐ Store schemas
- ☐ Distract learners
- ☐ Increase confusion
- ☐ Overload working memory

2. Which type of cognitive load is directly influenced by instructional design? * (1 Point)

- ☐ Intrinsic
- ☐ Extraneous
- ☐ Germane
- ☐ Automaticity

3. In Bloom's cognitive domain, 'analyzing' is classified as: * (1 Point)

- ☐ Lower-order thinking
- ☐ Intermediate thinking
- ☐ Higher-order thinking
- ☐ Psychomotor thinking

4. Attitudes, values, and professionalism belong to which learning domain? * (1 Point)

- ☐ Cognitive
- ☐ Psychomotor
- ☐ Affective
- ☐ Behavioral

5. Which strategy is defined as mixing related topics during practice? * (1 Point)

- ☐ Spacing
- ☐ Interleaving
- ☐ Chunking
- ☐ Retrieval practice

6. When a teacher asks students to explain a concept in their own words, this is: * (1 Point)

- ☐ Concrete examples
- ☐ Elaboration
- ☐ Dual coding
- ☐ Guided attention

7. Labeling diagrams from memory is an example of: * (1 Point)

- ☐ Passive review
- ☐ Rereading
- ☐ Active recall
- ☐ Chunking

8. Dual coding improves learning by: * (1 Point)

- ☐ Adding more text
- ☐ Combining visuals + verbal explanation
- ☐ Removing diagrams
- ☐ Increasing slide animations

9. Which strategy deliberately directs students' focus toward key content? * (1 Point)

- ☐ Scaffolding
- ☐ Guided attention (Signaling)
- ☐ Interleaving
- ☐ Spacing

10. The brain's process of planning, monitoring, and evaluating learning is: * (1 Point)

- ☐ Automaticity
- ☐ Metacognition
- ☐ Algorithmic recall
- ☐ Encoding specificity

11. Deliberate practice requires all except: * (1 Point)

- ☐ Clear goals
- ☐ Increasing difficulty
- ☐ Immediate feedback
- ☐ Large group lectures

12. Active learning requires students to: * (1 Point)

- ☐ Listen quietly
- ☐ Interact or generate ideas
- ☐ Copy notes from slides
- ☐ Memorize only

13. To reduce intrinsic load when teaching a complex topic, the best approach is: * (1 Point)

- ☐ Remove decorative images
- ☐ Break the topic into smaller chunks
- ☐ Add animations
- ☐ Add background music

14. A learner struggles with cranial nerves. Which strategy helps best? * (1 Point)

- ☐ Rereading
- ☐ Chunking into sensory/motor/mixed groups
- ☐ Listening to long lectures
- ☐ Adding more text

15. Beginning class by asking learners to list muscles from memory illustrates: * (1 Point)

- ☐ Concrete examples
- ☐ Retrieval practice
- ☐ Interleaving
- ☐ Scaffolding

16. Directing students to focus only on major structures of the heart first is: * (1 Point)

- ☐ Elaboration
- ☐ Guided attention (Signaling)
- ☐ Interleaving
- ☐ Distributed practice

17. Showing a diagram then asking students to sketch it from memory uses: * (1 Point)

- ☐ Passive review
- ☐ Dual coding + retrieval practice
- ☐ Extraneous load
- ☐ Gamification

18. To support clinical application, the best method is: * (1 Point)

- ☐ Lecture only
- ☐ Case-Based Learning (CBL)
- ☐ Independent reading
- ☐ Weekly summaries

19. To develop cognitive, psychomotor, and affective skills, best method is: * (1 Point)

- ☐ Lecture
- ☐ Simulation-based learning
- ☐ Peer discussion
- ☐ Reading PDFs

20. Allowing students to learn content before class time is: * (1 Point)

- ☐ SGL
- ☐ TBL
- ☐ Flipped classroom
- ☐ Lecture

21. Which cognitive load is most problematic in your teaching? *

- ☐ Intrinsic
- ☐ Germane
- ☐ Extraneous
- ☐ Unsure

22. Which cognitive strategy are you MOST ready to implement? *

- ☐ Spacing
- ☐ Retrieval practice
- ☐ Interleaving
- ☐ Chunking
- ☐ Dual coding
- ☐ Metacognition

23. Which method (s) can be aligned with your CURRENT course structure? Choose all that apply *

- ☐ Problem Based Learning (PBL)
- ☐ Team Based Learning (TBL)
- ☐ Practical / Lab Based
- ☐ Simulation Based Learning (SBL)
- ☐ Technology Enhanced Teaching
- ☐ Small Group Learning (SGL)
- ☐ Assessment-integrated teaching
- ☐ Self-directed learning
- ☐ Peer-to-peer teaching

24. Which barrier will MOSTLY limit your adoption of new strategies? *

- ☐ Time
- ☐ Resources
- ☐ Class size
- ☐ Curriculum constraints
- ☐ Faculty support/training

25. Confidence in designing low-stakes retrieval assessments: *

- ☐ Very confident
- ☐ Somewhat confident
- ☐ Not very confident
- ☐ Not confident

26. Which is the hardest Cognitive learning theory principle to apply? *

- ☐ Reducing extraneous
- ☐ Managing intrinsic
- ☐ Increasing germane
- ☐ Not sure

27. Which of your teaching area needs most redesign? *

- ☐ Slides
- ☐ Assessment
- ☐ Engagement
- ☐ Labs/simulation
- ☐ Pre-class materials

Post-masterclass Commitment-to-Change

Information Sheet and Consent for Research Participation

Study Title: Teaching Smarter, Not Harder: Evaluating a Commitment-to-Change Activity Embedded in an Evidence-Based Masterclass for Medical Educators

Principal Investigator: Izuchukwu A. Okafor, PhD

Email: Izuchukwu.Okafor@umassmed.edu

Introduction

You are invited to participate in this brief, anonymous research embedded in the masterclass "Teaching Smarter, Not Harder: Effective Teaching Hacks for Medical Educators." Please read the information below before you decide.

Purpose

The purpose of this research is to learn whether medical educators try one small, evidence-based teaching change after the masterclass. This is done using a Commitment-to-Change (CtC) reflection now and a brief follow-up survey about 4 weeks later.

What you will be asked to do (Procedures)

If you choose to participate, you will be asked to write one small teaching change you intend to try in your practice. About 4 weeks from now, you will receive a link to a second anonymous survey asking whether you attempted the change and offering space for a brief explanation. This initial survey takes about 3–5 minutes to complete.

Duration

Your participation for this portion of the study is one short, 3–5-minute survey.

Voluntary Participation

Participation is completely voluntary. You may skip any question or stop at any time without penalty. Your decision will not affect your participation in the masterclass now or in the future.

Risks and Benefits

Risks are minimal and limited to professional self-reflection. There are no physical, social, legal, or financial risks. Potential benefits include improved teaching practice and contributing to better faculty development programs.

Confidentiality and Privacy

Your responses are anonymous. No names, emails, or other identifiers will be collected. IP addresses will not be stored. Responses will be kept on UMass Chan-secure storage accessible to the Principal Investigator and the research team members. Responses will be reported only in aggregate.

If you have questions, contact: Izuchukwu A. Okafor (Izuchukwu.Okafor@umassmed.edu). For questions about your rights as a participant, contact the UMass Chan IRB at (508) 856-4261. This study has been approved by UMass Chan IRB for Research Exempt (Study ID: STUDY00003008).

Consent

By clicking 'NEXT' and proceeding with the anonymous questionnaire, you acknowledge that you are 18 years or older, you have read this information sheet, and you agree to participate. You may print or save this page for your records.

28. What ONE small, specific teaching change do you commit to trying in the next 4 weeks? *

29. What exactly will you do? *

30. In which teaching context will you apply this change? Choose all that apply *

- ☐ Large-group teaching (e.g., lectures, whole-class sessions)
- ☐ Small-group teaching (e.g., tutorials, case-based discussions)
- ☐ Clinical teaching (e.g., bedside teaching, ward rounds, outpatient clinics)
- ☐ Simulation-based teaching
- ☐ Skills-lab or practical-skills teaching
- ☐ Online/virtual teaching
- ☐ Assessment and Feedback sessions
- ☐ Technology-enhanced learning
- ☐ Self-directed learning
- ☐ Peer to peer learning

31. How soon do you expect to try this change? *

- ☐ Within two weeks
- ☐ Within one month
- ☐ More than one month
- ☐ Not sure for now

32. I am confident that I will try this change in the next 4 weeks *

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Agree
- ☐ Strongly Agree

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Masterclass Evaluation Survey – Teaching Hacks for Medical Educators

Dear Participant,

Thank you for participating in the first SECAN Medical Education Masterclass. It is our hope that you will be able to share your experience to enable us to improve the future program and align it with the potential needs and expectations of future participants. Your feedback is critical in improving the design and delivery of this program.

Thank you for your input.

For inquiries, please contact:

SECAN Publicity Secretary (Smart Mbagwu) at pubsec.secan@gmail.com

The facilitator (Izuchukwu Okafor) at izuchukwu.okafor@umassmed.edu

1. What is your primary role? *

- ☐ Classroom instruction
- ☐ Clinical/bedside instruction
- ☐ Lab instruction/demonstration
- ☐ Other (please specify)

2. Years of Teaching experience *

- ☐ 0 - 5 years
- ☐ 6 - 10 years
- ☐ Greater than 10 years

3. The masterclass objectives were clear and relevant to my needs. *

- ☐ 1=Strongly Disagree
- ☐ 2=Disagree
- ☐ 3=Neutral
- ☐ 4=Agree
- ☐ 5=Strongly Agree

4. The content aligned with the advertised outcomes (CLT, Bloom's, active learning, strategies). *

- ☐ 1=Strongly Disagree
- ☐ 2=Disagree
- ☐ 3=Neutral
- ☐ 4=Agree
- ☐ 5=Strongly Agree

5. The level of depth was appropriate for my experience. *

- ☐ 1=Strongly Disagree
- ☐ 2=Disagree
- ☐ 3=Neutral
- ☐ 4=Agree
- ☐ 5=Strongly Agree

6. Slide design minimized extraneous load (clear visuals, minimal clutter). *

- ☐ 1=Strongly Disagree
- ☐ 2=Disagree
- ☐ 3=Neutral
- ☐ 4=Agree
- ☐ 5=Strongly Agree

7. Concepts were chunked and sequenced to manage intrinsic load. *

- ☐ 1=Strongly Disagree
- ☐ 2=Disagree
- ☐ 3=Neutral
- ☐ 4=Agree
- ☐ 5=Strongly Agree

8. Activities promoted germane load (schema building, meaning-making). *

- ☐ 1=Strongly Disagree
- ☐ 2=Disagree
- ☐ 3=Neutral
- ☐ 4=Agree
- ☐ 5=Strongly Agree

9. Pacing allowed me to process key ideas without overload. *

- ☐ 1=Strongly Disagree
- ☐ 2=Disagree
- ☐ 3=Neutral
- ☐ 4=Agree
- ☐ 5=Strongly Agree

10. Retrieval practice techniques were effectively modeled. *

- ☐ 1=Strongly Disagree
- ☐ 2=Disagree
- ☐ 3=Neutral
- ☐ 4=Agree
- ☐ 5=Strongly Agree

11. Spacing and interleaving were explained with concrete examples. *

- ☐ 1=Strongly Disagree
- ☐ 2=Disagree
- ☐ 3=Neutral
- ☐ 4=Agree
- ☐ 5=Strongly Agree

12. Dual coding (visual + verbal) supported my understanding. *

- ☐ 1=Strongly Disagree
- ☐ 2=Disagree
- ☐ 3=Neutral
- ☐ 4=Agree
- ☐ 5=Strongly Agree

13. Elaboration prompts deepened conceptual understanding. *

- ☐ 1=Strongly Disagree
- ☐ 2=Disagree
- ☐ 3=Neutral
- ☐ 4=Agree
- ☐ 5=Strongly Agree

14. Metacognitive planning/monitoring/evaluation was encouraged. *

- ☐ 1=Strongly Disagree
- ☐ 2=Disagree
- ☐ 3=Neutral
- ☐ 4=Agree
- ☐ 5=Strongly Agree

15. Applications to lecture-based teaching were practical for my context. *

- ☐ 1=Strongly Disagree
- ☐ 2=Disagree
- ☐ 3=Neutral
- ☐ 4=Agree
- ☐ 5=Strongly Agree

16. Applications to small-group/CBL/PBL/TBL were practical. *

- ☐ 1=Strongly Disagree
- ☐ 2=Disagree
- ☐ 3=Neutral
- ☐ 4=Agree
- ☐ 5=Strongly Agree

17. Applications to simulation/lab/skills teaching were practical. *

- ☐ 1=Strongly Disagree
- ☐ 2=Disagree
- ☐ 3=Neutral
- ☐ 4=Agree
- ☐ 5=Strongly Agree

18. Technology-enhanced learning (polling, LMS, AR/VR) guidance was useful. *

- ☐ 1=Strongly Disagree
- ☐ 2=Disagree
- ☐ 3=Neutral
- ☐ 4=Agree
- ☐ 5=Strongly Agree

19. Activities (e.g., Think–Pair–Share, case prompts) supported active learning. *

- ☐ 1=Strongly Disagree
- ☐ 2=Disagree
- ☐ 3=Neutral
- ☐ 4=Agree
- ☐ 5=Strongly Agree

20. Facilitator(s) created psychological safety and encouraged participation. *

- ☐ 1=Strongly Disagree
- ☐ 2=Disagree
- ☐ 3=Neutral
- ☐ 4=Agree
- ☐ 5=Strongly Agree

21. Feedback during activities was timely and constructive. *

- ☐ 1=Strongly Disagree
- ☐ 2=Disagree
- ☐ 3=Neutral
- ☐ 4=Agree
- ☐ 5=Strongly Agree

22. Examples and materials reflected diverse learners and contexts. *

- ☐ 1=Strongly Disagree
- ☐ 2=Disagree
- ☐ 3=Neutral
- ☐ 4=Agree
- ☐ 5=Strongly Agree

23. Materials were accessible (readable fonts, color contrast, alt text when applicable). *

- ☐ 1=Strongly Disagree
- ☐ 2=Disagree
- ☐ 3=Neutral
- ☐ 4=Agree
- ☐ 5=Strongly Agree

24. The masterclass provided ready-to-use tools/templates. *

- ☐ 1=Strongly Disagree
- ☐ 2=Disagree
- ☐ 3=Neutral
- ☐ 4=Agree
- ☐ 5=Strongly Agree

25. I am satisfied with the overall quality of the masterclass. *

- ☐ 1=Strongly Disagree
- ☐ 2=Disagree
- ☐ 3=Neutral
- ☐ 4=Agree
- ☐ 5=Strongly Agree

26. My knowledge of CLT, Bloom's, cognitive strategies and teaching methods increased. *

- ☐ 1=Strongly Disagree
- ☐ 2=Disagree
- ☐ 3=Neutral
- ☐ 4=Agree
- ☐ 5=Strongly Agree

27. I intend to change how I design or deliver teaching. *

- ☐ 1=Strongly Disagree
- ☐ 2=Disagree
- ☐ 3=Neutral
- ☐ 4=Agree
- ☐ 5=Strongly Agree

28. I believe these changes will improve learner outcomes in my setting. *

- ☐ 1=Strongly Disagree
- ☐ 2=Disagree
- ☐ 3=Neutral
- ☐ 4=Agree
- ☐ 5=Strongly Agree

29. Virtual platform supported learning effectively. *

- ☐ 1=Strongly Disagree
- ☐ 2=Disagree
- ☐ 3=Neutral
- ☐ 4=Agree
- ☐ 5=Strongly Agree

30. Session duration and breaks were appropriate. *

- ☐ 1=Strongly Disagree
- ☐ 2=Disagree
- ☐ 3=Neutral
- ☐ 4=Agree
- ☐ 5=Strongly Agree

31. Pre and post-session communications and materials were timely and clear. *

- ☐ 1=Strongly Disagree
- ☐ 2=Disagree
- ☐ 3=Neutral
- ☐ 4=Agree
- ☐ 5=Strongly Agree

32. How likely are you to recommend this masterclass to a friend or colleague? *

0	1	2	3	4	5	6	7	8	9	10
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Not at all likely Extremely likely

33. Overall, the masterclass met or exceeded my expectations. *

- ☐ 1=Strongly Disagree
- ☐ 2=Disagree
- ☐ 3=Neutral
- ☐ 4=Agree
- ☐ 5=Strongly Agree

34. What part of the masterclass was most valuable for you, and why?

35. What should we improve (content, pacing, activities, examples, logistics)?

36. Which additional resources or topics would you like in future sessions?

37. Any other comments or feedback?

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Post-masterclass Commitment-to-Change Follow-up

Information Sheet and Consent for Research Participation

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Principal Investigator: Izuchukwu A. Okafor, PhD

Email: Izuchukwu.Okafor@umassmed.edu

Introduction

You are invited to participate in this brief, anonymous research embedded in the masterclass "Teaching Smarter, Not Harder: Effective Teaching Hacks for Medical Educators." Please read the information below before you decide.

Purpose

The purpose of this research is to learn whether participants attempted the small, evidence-based teaching change they identified immediately after the masterclass.

What you will be asked to do (Procedures)

If you choose to participate, you will complete a brief, anonymous online follow-up questionnaire. You will be asked whether you tried the teaching change you previously identified and may provide a brief explanation. This survey takes about 5 minutes to complete.

Duration

Your participation in this follow-up portion of the study is a single 3-minute anonymous survey.

Voluntary Participation

Participation is completely voluntary. You may skip any question or stop at any time without penalty. Your decision will not affect your participation in the masterclass now or in the future.

Risks and Benefits

Risks are minimal and limited to professional self-reflection. There are no physical, social, legal, or financial risks. Potential benefits include improved teaching practice and contributing to better faculty development programs.

Confidentiality and Privacy

Your responses are anonymous. No names, emails, or other identifiers will be collected. IP addresses will not be stored. Responses will be kept on UMass Chan-secure storage accessible to the Principal Investigator and the research team members. Responses will be reported only in aggregate.

If you have questions, contact: Izuchukwu A. Okafor (Izuchukwu.Okafor@umassmed.edu). For questions about your rights as a participant, contact the UMass Chan IRB at (508) 856-4261. This study has been approved by UMass Chan IRB for Research Exempt (Study ID: STUDY00003008).

Commitment-to-Change Follow up

1. Did you try the teaching change you committed to? *

- ☐ Yes, I tried it
- ☐ Not yet, but I still plan to
- ☐ No, and I no longer plan to

2. In which teaching context did you (or plan to) apply this change? Choose all that apply *

- ☐ Large-group teaching (e.g., lectures, whole-class sessions)
- ☐ Small-group teaching (e.g., tutorials, case-based discussions)
- ☐ Clinical teaching (e.g., bedside teaching, ward rounds, outpatient clinics)
- ☐ Simulation-based teaching
- ☐ Skills-lab or practical-skills teaching
- ☐ Online/virtual teaching
- ☐ Assessment and Feedback sessions
- ☐ Technology-enhanced learning
- ☐ Self-directed learning
- ☐ Peer to peer learning

3. Briefly describe what helped or hindered you in trying the change *

4. Do you plan to continue or scale this change in your teaching? *

- ☐ Yes
- ☐ No
- ☐ Not sure

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