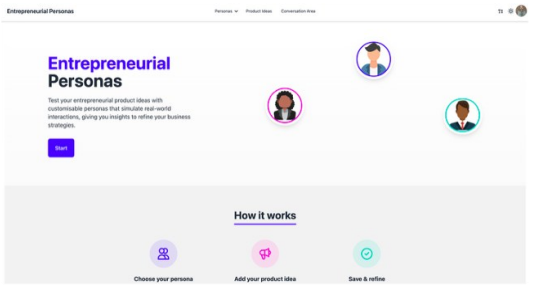
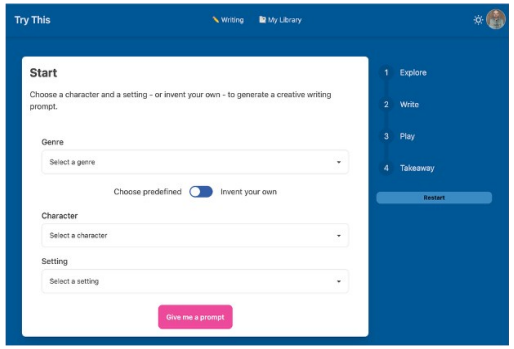
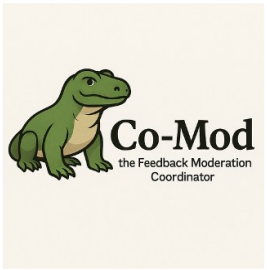
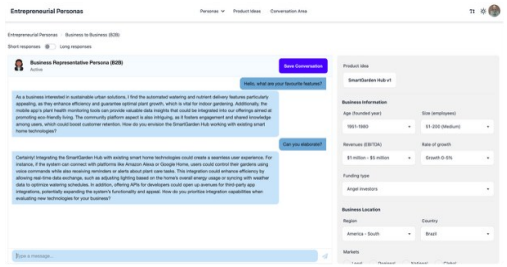
# Pedagogical Use of GenAI:
# An interactive showcase workshop

Marc Di Tommasi
Hermione Hague
Simon Maxwell
Valentina Erastova

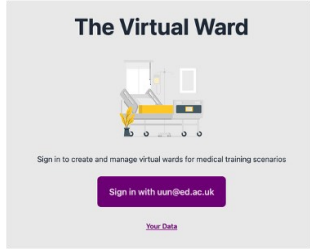

Entrepreneurial Personas
Entrepreneurial Personas
Test your entrepreneurial product ideas with customisable personas that simulate real-world interactions, giving you insights to refine your business strategies.
Start
How it works
Choose your persona
Add your product idea
Save & refine


Try This
Writing
My Library
Start
Choose a character and a setting - or invent your own - to generate a creative writing prompt.
Genre
Select a genre
Choose predefined
Invent your own
Character
Select a character
Setting
Select a setting
Give me a prompt
1 Explore
2 Write
3 Play
4 Takeaway
Restart


Co-Mod
the Feedback Moderation Coordinator

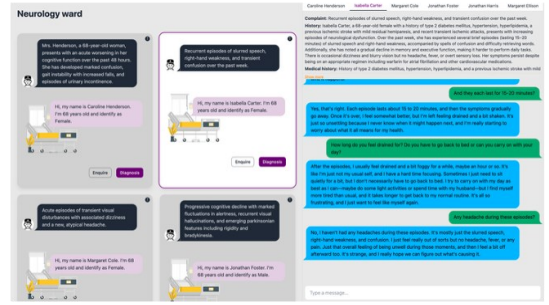

Entrepreneurial Personas
Business Representative Persona (B2B)
Save Conversation

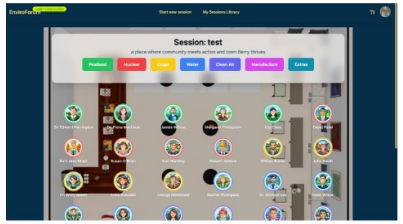

Co-Mod
the Feedback Moderation Coordinator

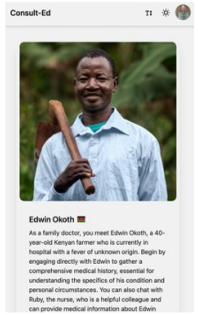

The Virtual Ward
Sign in to create and manage virtual wards for medical training scenarios
Sign in with uun@ed.ac.uk
Your Data

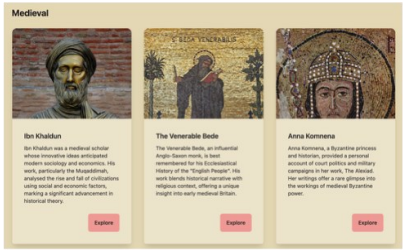

Voices from the Past
Voices from the Past brings renowned historians, allowing you to ask questions, explore different perspectives, and deepen your understanding of history through interactive dialogue.

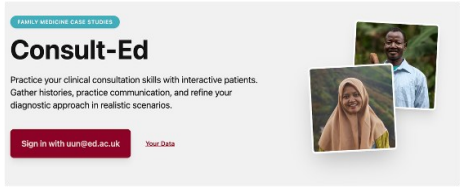

A 60-year-old local sheep farmer, Margaret relies on the peatland for grazing and is sceptical of environmental claims that grazing damages it. Her family has farmed for generations, and she worries the wind farm will disrupt access and her livelihood.
Return to coffee room

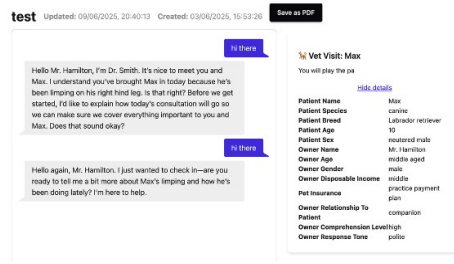

Neurology ward


Session: test

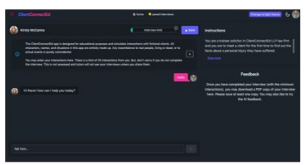

Consult-Ed
Edwin Okoth


Medieval
Ibn Khaldun
The Venerable Bede
Anna Komnena
Explore


FAMILY MEDICINE CASE STUDIES
Consult-Ed
Practice your clinical consultation skills with interactive patients. Gather histories, practice communication, and refine your diagnostic approach in realistic scenarios.
Sign in with uun@ed.ac.uk
Your Data


test
Save as PDF
Hi there
Hello Mr. Hamilton, I'm Dr. Smith. It's nice to meet you and Max. I understand you've brought Max in today because he's been limping on his right hind leg. Is that right? Before we get started, I'd like to explain how today's consultation will go so we can make sure we cover everything important to you and Max. Does that sound okay?
Hi there
Hello again, Mr. Hamilton. I just wanted to check in—are you ready to tell me a bit more about Max's limping and how he's been doing lately? I'm here to help.
Vet Visit: Max
Hide details
Patient Name Max
Patient Species canine
Patient Breed Labrador retriever
Patient Age 10
Patient Sex neutered male
Owner Name Mr. Hamilton
Owner Age middle aged
Owner Gender male
Owner Disposable Income middle
Pet Insurance practice payment plan
Owner Relationship To Patient companion
Owner Comprehension Level high
Owner Response Tone polite


スラスライター Sura SuWriter
むかしむかし、ハナという女の子がいました。
Write your sentence (up to 50 words):



# AI for Teaching Innovation

Partnership between the Edinburgh Futures Institute (EFI) and the Moray House School of Education and Sport.

Led by Sian Bayne and Javier Tejera

Supports course teams to build AI app prototypes

Phase 1 (24/25): 10 projects
Phase 2 (25/26): 8 projects

https://aiforteachinginnovation.efi.ed.ac.uk/
https://shorturl.at/AZ49A

# Overview

In this workshop, we will:

- Introduce the AI for teaching Innovation project

- Showcase the apps:
  - Voices From The Past (History, Marc Di Tommasi)
  - ClientConnectEd (Law, Hermione Hague)
  - The Virtual Ward (Medicine, Simon Maxwell)
  - EnviroForum (Chemistry, Valentina Erastova)

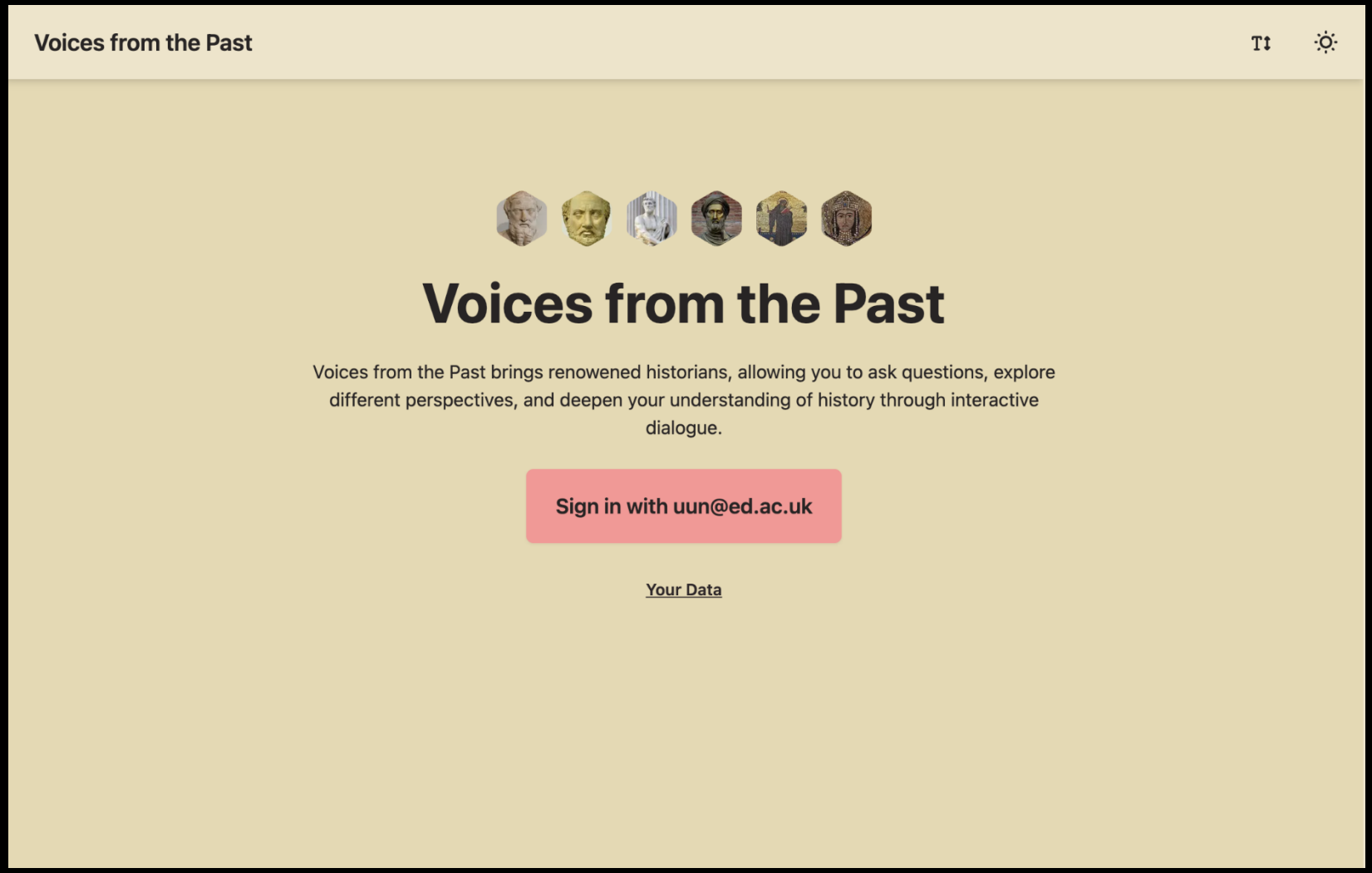
- Have a chance to try out one or two apps:
  https://aiforteachinginnovation.efi.ed.ac.uk/
  https://shorturl.at/AZ49A

- Reflections and Q&A session

# VOICES FROM THE PAST

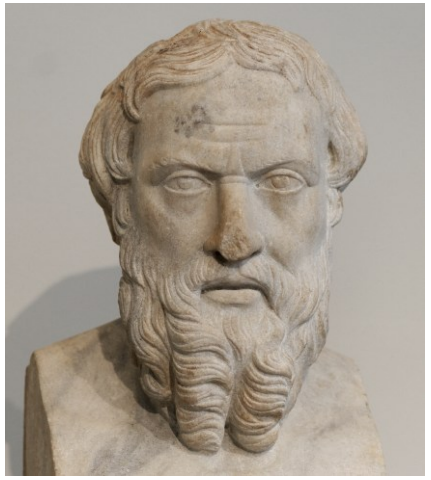
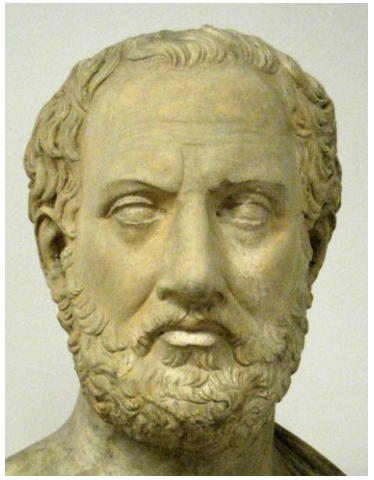
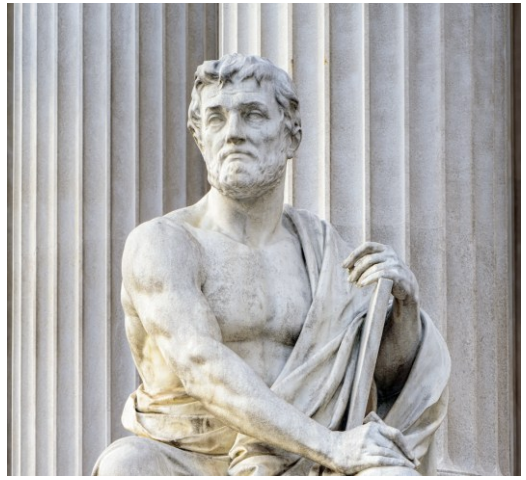
Marc Di Tommasi, History

Using the entire writing corpus of renowned historians to create virtual personas allowing students to engage in dynamic conversation with historians of the past.



# Voices from the Past  - Overview

- AI-generated personas of selected ancient historians
- Based on the entire published work
- Designed to simulate their rhetorical style and intellectual perspective
- Reflective tool to enhance critical thinking, explore authorial voices and intent
- Not a source of factual data neither a replacement for the original sources


# Voices from the Past - Rationale

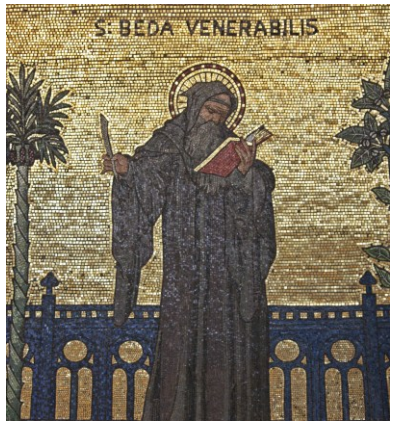
Some students struggle with:

- Engaging with ancient texts, addressing the intentions of the authors, and linking cultural influences.

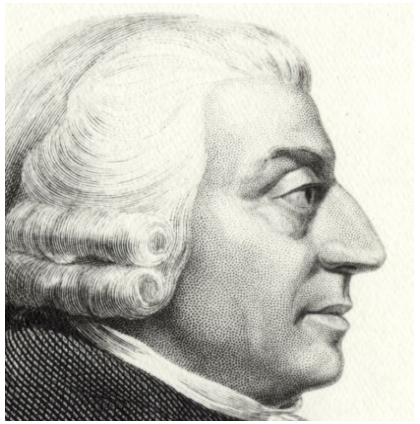
Learning aims:

- To see the authors as individuals
- Connect them with their times and culture
- Support engagement inside and outside of the classroom

Under tutor guidance – the limitations of LLM are clear helping future critical use of these tools in the future



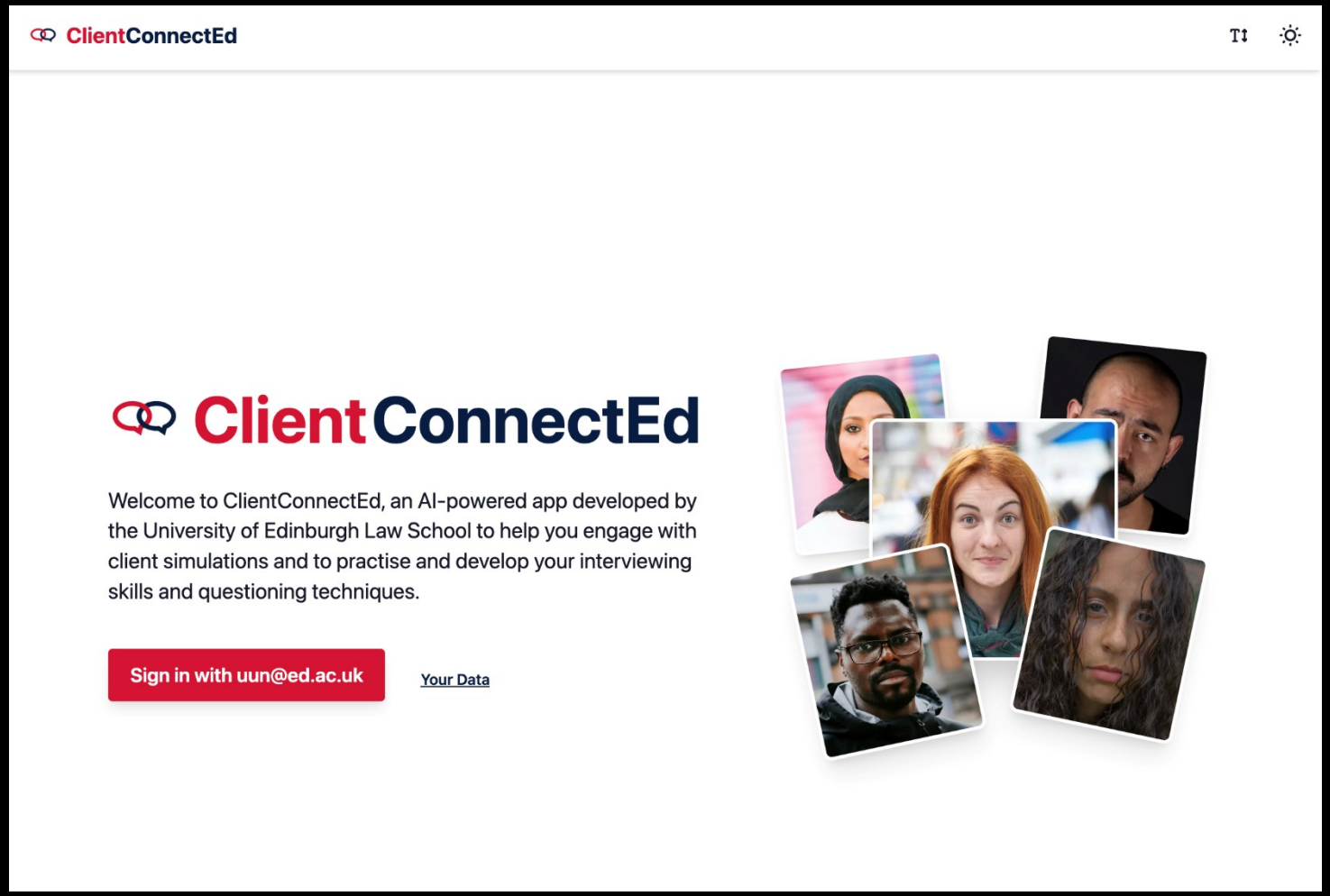




# ClientConnectEd

Hermione Hague, Law

AI to enhance the training of law students in professional skills and responsibility, particularly in the interviewing techniques required in legal practice



# Problem Statement

THE UNIVERSITY of EDINBURGH
Edinburgh Law School

Working with students, we identified that, as most have little to no prior experience in interviewing skills, there was a pressing need to develop an effective approach to equip students with competent interviewing skills before they engage with real clients through the Free Legal Advice Clinic.

# Our solution: ClientConnectEd

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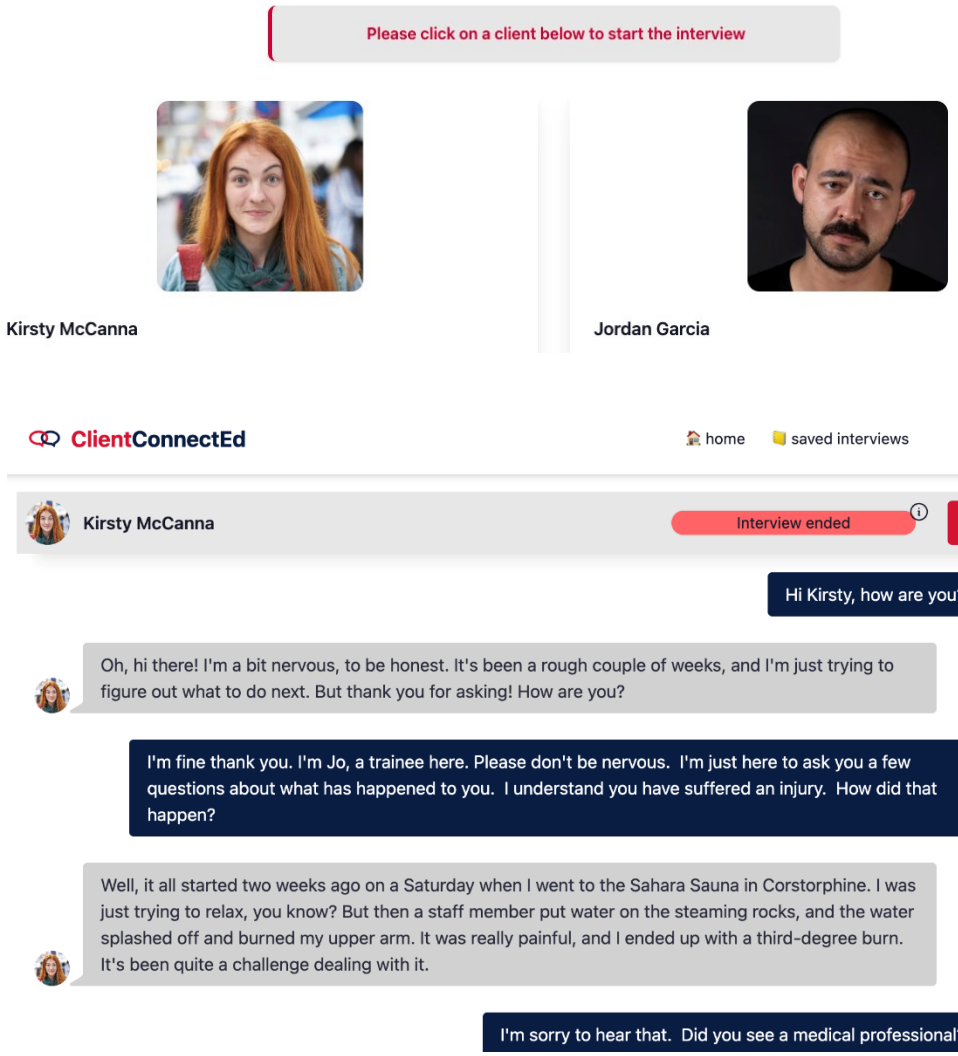
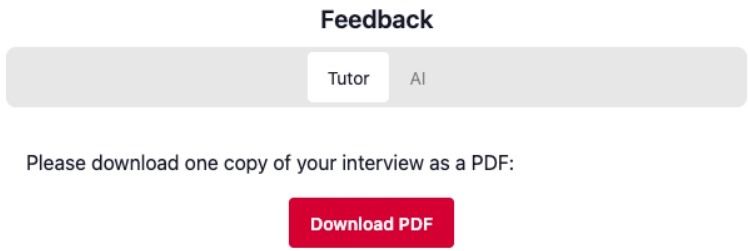



## Key elements:

- Written tool: allows for thinking time
- Self study to practise and reflect
- Opportunity to experiment with different techniques
- Adjustable scenarios / personalities
- AI feedback just in time
- Integrated with teaching: Tutor in the loop



# Feedback:

ClientConnectEd

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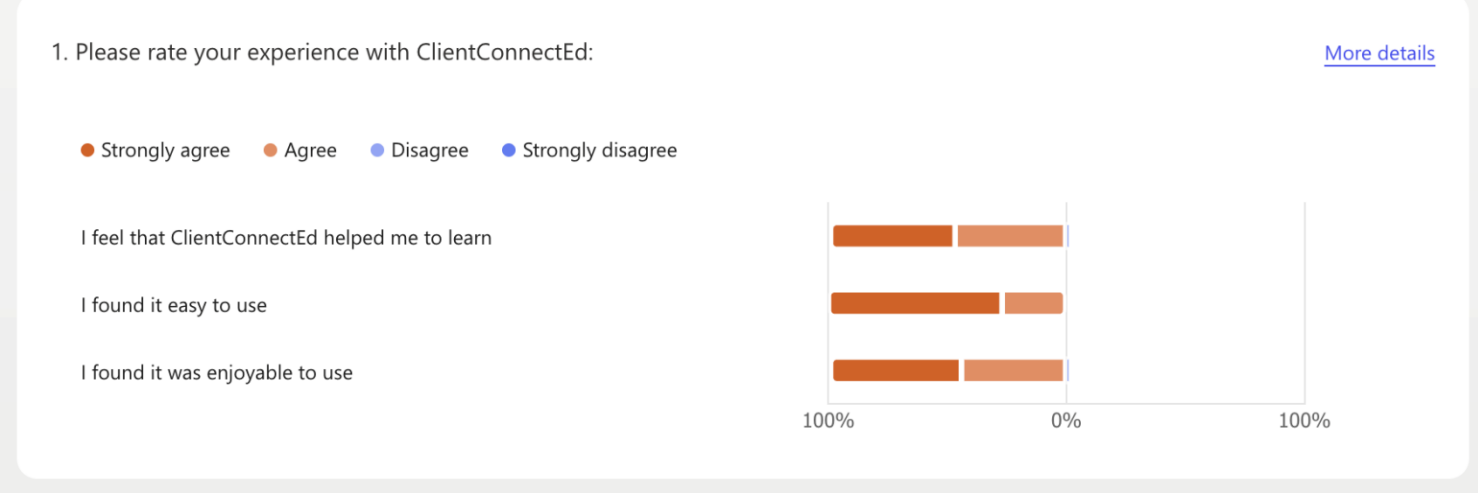
Edinburgh Law School




Comments:

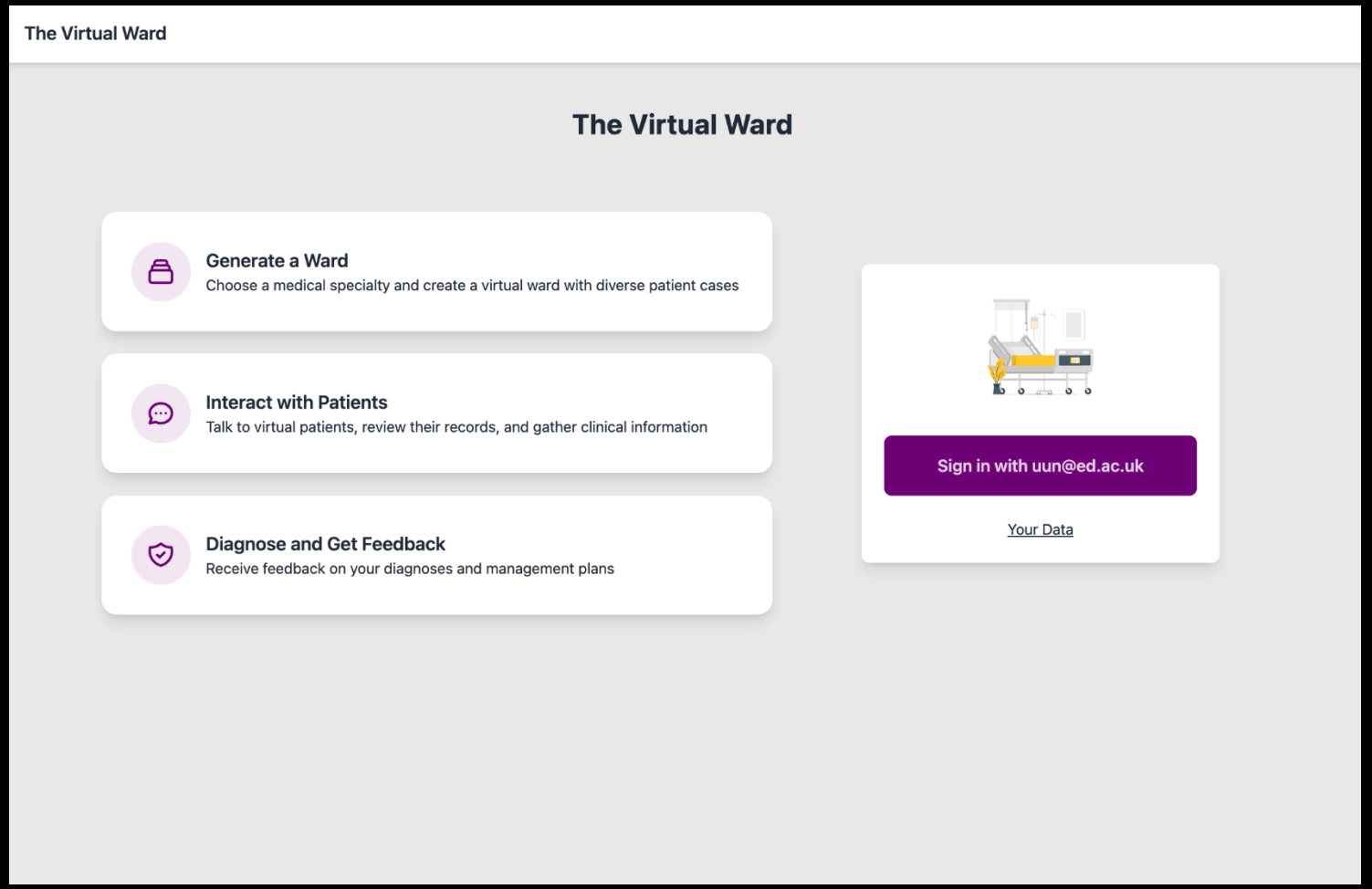
“It provides a good buffer before doing the actual client interview… The question limit I originally...thought was low, but...it helped me be concise and ask better open questions."

"Being able to retry and test out better approaches allows quickly to see improvement. The exercise as a learning tool takes away the stress whilst trying it out for the first time."

# THE VIRTUAL WARD

Simon Maxwell, Internal Medicine

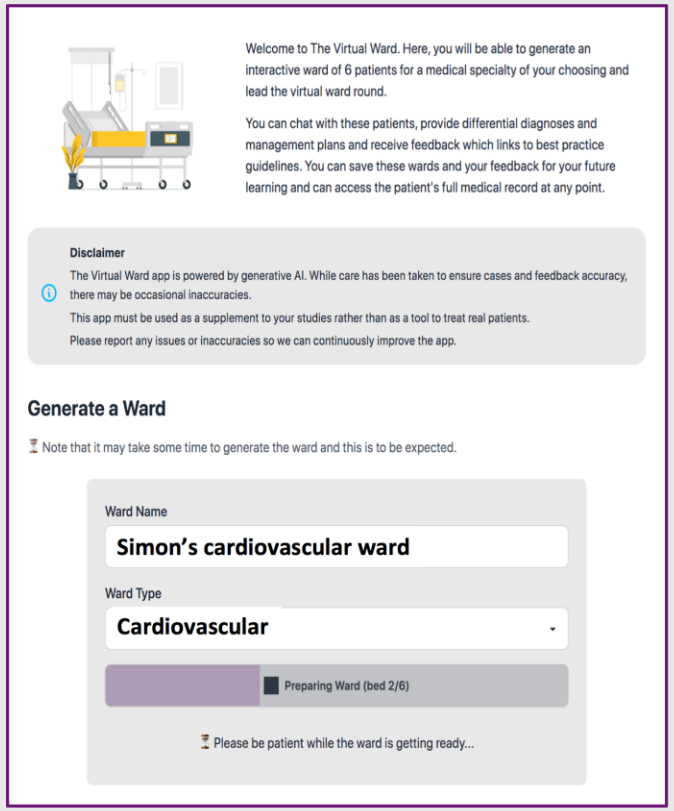
Using AI to generate realistic case scenarios that stimulate clinical decision-making by students, then provide appropriate, evidence-based feedback.



# Virtual Ward: An AI-powered solution for delivering simulated clinical practice for trainee physicians

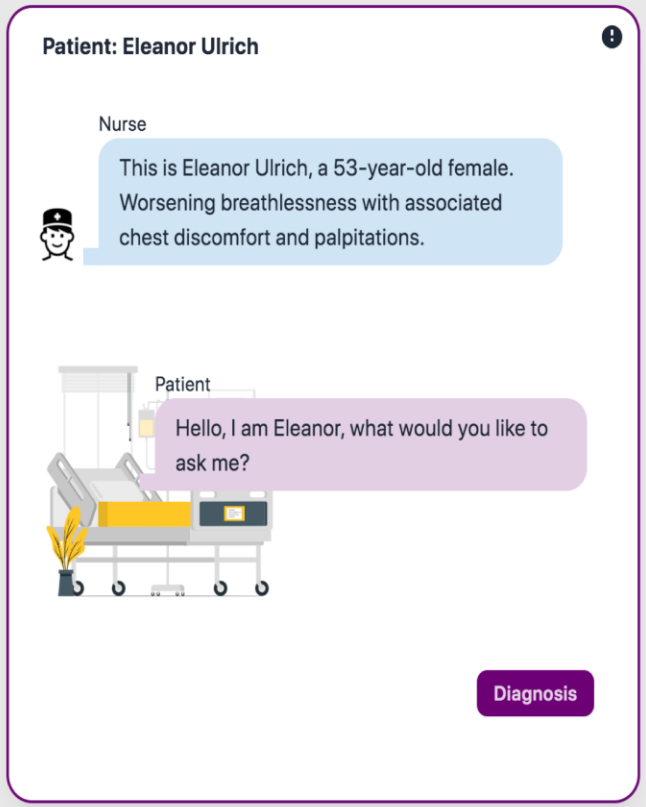
### Creating a Virtual Ward

Learner selects the ward type of their choice (e.g. cardiovascular)
Each ward has six patients



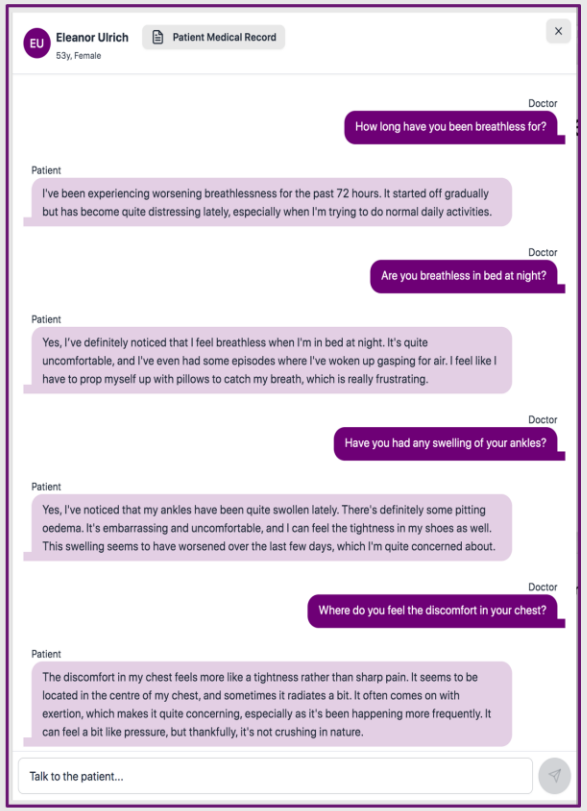

### Select a patient

Learner selects the first patient they wish to meet




### Consultation starts

Learner interviews the patient and asks them about their presenting complaint, medical history etc.



After undertaking an interactive consultation with the patient, the user is provided with the case summary including the **PRESENTING COMPLAINT**, the **HISTORY OF THE PRESENTING COMPLAINT**, a **PAST MEDICAL HISTORY**, a **MEDICATION HISTORY**, **FAMILY HISTORY** and **SOCIAL HISTORY**, followed by important **EXAMINATION FINDINGS** and results of **INVESTIGATIONS**.

# PATIENT MEDICAL RECORD

**Eleanor Ulrich**

CONFIDENTIAL

## PRESENTING COMPLAINT

Worsening breathlessness with associated chest discomfort and palpitations.

## HISTORY OF PRESENTING COMPLAINT

The patient presents with a history of progressively worsening shortness of breath over the past 72 hours, accompanied by a feeling of chest tightness and intermittent palpitations. There is a noted increase in orthopnea and paroxysmal nocturnal dyspnoea, with additional symptoms of lower limb swelling and subtle weight gain. The chest discomfort is not crushing in nature but is associated with exertion and seems to coincide with episodes of irregular heart rhythm. There is a background of chronic coronary artery disease, previous myocardial infarction, type 2 diabetes mellitus, and diagnosed stage 2 heart failure with reduced ejection fraction. The patient also reports feeling more fatigued and a slight decrease in exercise tolerance, which she attributes to a recent episode of atrial fibrillation.

## PAST MEDICAL HISTORY

Eleanor has a complex cardiovascular profile including a history of coronary artery disease with a myocardial infarction 4 years ago, chronic hypertension, type 2 diabetes mellitus, paroxysmal atrial fibrillation, and stage 2 heart failure with reduced ejection fraction. She also has hyperlipidemia and obesity, which further complicate her cardiovascular status.

## MEDICATION HISTORY

She is currently managed on Lisinopril 20 mg daily, Metoprolol succinate 100 mg daily, Atorvastatin 80 mg daily, and Furosemide 40 mg on an as-needed basis during heart failure exacerbations. Due to her atrial fibrillation, she is on Apixaban 5 mg twice daily. Additionally, she takes Metformin 1000 mg twice daily for diabetes. She has a documented allergy to penicillin.

## FAMILY HISTORY

Her father suffered from premature coronary artery disease, having experienced a myocardial infarction at age 55. Her mother has a history of type 2 diabetes mellitus, and an uncle on the maternal side has chronic hypertension.

## SOCIAL HISTORY

Eleanor works as a part-time administrative manager and lives with her spouse. She has a 10 pack-year smoking history but quit smoking 8 years ago. She consumes alcohol socially, averaging 1-2 drinks per week.

## EXAMINATION FINDINGS

**Airway:** Patent, no obstruction noted.
**Breathing:** Bilateral basal crackles on lung auscultation with mild use of accessory muscles; respiratory rate 24 breaths/min.
**Circulation:** Irregularly irregular rhythm with a heart rate of approximately 110 bpm; S1 and S2 audible with an audible S3 gallop, raised jugular venous pressure, and no acute peripheral cyanosis.
**Disability:** Alert and oriented; neurological exam within normal limits with no focal deficits.
**Exposure:** Extremities reveal bilateral pitting oedema; abdominal examination demonstrates a soft, non-tender abdomen with no hepatosplenomegaly or organomegaly, and normal bowel sounds.

## INVESTIGATIONS

**12-lead ECG:** Atrial fibrillation with a ventricular rate of 110 bpm, no significant ST segment changes observed (consistent with known paroxysmal atrial fibrillation).
**High Sensitivity Troponin-I:** 19 ng/L (Reference: <15 ng/L), suggestive of myocardial strain but not diagnostic of an acute coronary event.
**NT-proBNP:** 2300 pg/mL (Reference: <125 pg/mL for under 75 years), indicating significant cardiac stress consistent with heart failure exacerbation.
**Chest X-ray:** Evidence of mild cardiomegaly with pulmonary venous congestion and interstitial oedema.
**Full Blood Count:** WBC 8.2 $x10^9$/L (4-11 $x10^9$/L); Haemoglobin 133 g/L (115-155 g/L); Platelets 210 $x10^9$/L (150-400 $x10^9$/L).
**Renal Function Tests:** Serum Creatinine 1.3 mg/dL (115 µmol/L, Reference: 50-110 µmol/L); Estimated GFR 55 mL/min/1.73$m^2$ (Reference: >60 mL/min/1.73$m^2$).
**Serum Electrolytes:** Potassium 4.2 mmol/L (3.5-5.0 mmol/L); Sodium 138 mmol/L (135-145 mmol/L).

# PATIENT MEDICAL RECORD

**Eleanor Ulrich**

CONFIDENTIAL

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## FAMILY HISTORY

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## SOCIAL HISTORY

Eleanor works as a part-time administrative manager and lives with her spouse. She has a 10 pack-year smoking history but quit smoking 8 years ago. She consumes alcohol socially, averaging 1-2 drinks per week.

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# Differential Diagnosis

Please enter your preferred (most likely) diagnosis and any other differential diagnoses that should be considered.

Congestive heart failure secondary to rapid atrial fibrillation

***Differential Diagnosis Feedback***

Your preferred diagnosis, "Congestive heart failure secondary to rapid atrial fibrillation," is indeed correct and plausible given the patient's presentation. The patient's symptoms and examination findings, combined with the history of atrial fibrillation and the elevated NT-proBNP level, support this diagnosis. The irregular heart rhythm and elevated heart rate noted in the examination are consistent with atrial fibrillation with rapid ventricular response leading to heart failure exacerbation.

While your primary diagnosis is accurate, it would be beneficial to consider additional differential diagnoses. This case is complex and multifactorial, and the patient's background of coronary artery disease and elevated troponin levels could also suggest other potential issues such as arrhythmia-induced ischemia or an underlying acute coronary syndrome like a non-ST elevation myocardial infarction. Additionally, the possibility of hypertensive emergency contributing to cardiac decompensation should be considered, given the patient's history of hypertension and the findings of pulmonary venous congestion on the chest X-ray.

Additional feedback: It's crucial to recognize the interplay between the patient's various conditions. While atrial fibrillation clearly plays a role in the current decompensation, you should not overlook other potential contributors like ischemia or increased afterload from hypertension. Including these in your differential diagnosis can provide a more comprehensive approach to managing the patient's complex cardiovascular status. Always consider the full scope of the patient's medical history and the acute findings in your assessment.

Continue to Management Plan

Patient

Talk to the patient...

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CONFIDENTIAL

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**Breathing:** Bilateral basal crackles on lung auscultation with mild use of accessory muscles; respiratory rate 24 breaths/min.
**Circulation:** Irregularly irregular rhythm with a heart rate of approximately 110 bpm; S1 and S2 audible with an audible S3 gallop, raised jugular venous pressure, and no acute peripheral cyanosis.
**Disability:** Alert and oriented; neurological exam within normal limits with no focal deficits.
**Exposure:** Extremities reveal bilateral pitting oedema; abdominal examination demonstrates a soft, non-tender abdomen with no hepatosplenomegaly or organomegaly, and normal bowel sounds.

## INVESTIGATIONS

**12-lead ECG:** Atrial fibrillation with a ventricular rate of 110 bpm, no significant ST segment changes observed (consistent with known paroxysmal atrial fibrillation).
**High Sensitivity Troponin-I:** 19 ng/L (Reference: <15 ng/L), suggestive of myocardial strain but not diagnostic of an acute coronary event.
**NT-proBNP:** 2300 pg/mL (Reference: <125 pg/mL for under 75 years), indicating significant cardiac stress consistent with heart failure exacerbation.
**Chest X-ray:** Evidence of mild cardiomegaly with pulmonary venous congestion and interstitial oedema.
**Full Blood Count:** WBC 8.2 x10⁹/L (4-11 x10⁹/L); Haemoglobin 133 g/L (115-155 g/L); Platelets 210 x10⁹/L (150-400 x10⁹/L).
**Renal Function Tests:** Serum Creatinine 1.3 mg/dL (115 µmol/L, Reference: 50-110 µmol/L); Estimated GFR 55 mL/min/1.73m² (Reference: >60 mL/min/1.73m²).
**Serum Electrolytes:** Potassium 4.2 mmol/L (3.5-5.0 mmol/L); Sodium 138 mmol/L (135-145 mmol/L).

After offering a differential diagnosis for the case and receiving feedback (including the correct diagnosis if needed), being given the correct diagnosis, the user is asked to formulate a **MANAGEMENT PLAN** that might include prescriptions, further investigations or referral to other specialists.

After submitting their plan, the user will receive tailored feedback to support learning.

**Eleanor Ulrich** | Patient Medical Record

1 Diagnosis — 2 Plan

## Management Plan

Please state your preferred management plan for this patient given the diagnosis that has been confirmed.

Initial management plan:

furosemide 50 mg IV

high flow oxygen to maintain saturations above 94%

bisoprolol 2.5 mg PO stat for rate control (with IV digoxin or IV amiodarone if needed).

If ongoing ischaemia, shock, or pulmonary oedema despite therapy → urgent DC cardioversion

start anticoagulation with apixaban 5 mg PO twice daily

Submit Management Plan

***Management Plan Feedback***

**Furosemide 50 mg IV:** Administering furosemide intravenously is appropriate for acute decompensated heart failure with volume overload. However, you should specify the rate of administration. Typically, IV furosemide can be given as a bolus over 1-2 minutes. It's also important to monitor renal function and electrolyte levels closely after administration, as diuretics can affect these parameters.

**Oxygen Therapy:** Administering high flow oxygen is appropriate if the patient is hypoxic, but you should aim to titrate oxygen to maintain oxygen saturations above 94% rather than immediately using high flow. Over-oxygenation should be avoided, especially in patients without significant hypoxia, as it can worsen pulmonary congestion. Consider starting with nasal cannula or simple face mask and adjust based on saturation levels.

**Bisoprolol 2.5 mg PO stat:** This is an unusual choice in acute settings given the patient's symptoms and is not typically used for rapid rate control in acute atrial fibrillation. Metoprolol, which the patient is already on, can be adjusted to an IV form for acute rate control: Metoprolol 2.5-5 mg IV over 2 minutes, repeated every 5 minutes as necessary for a total of 15 mg.

**Omissions and Recommendations:**

**Blood Pressure Control:** Consider using IV nitroglycerin for hypertensive emergency and ischemia management: start at 5-10 mcg/min and titrate to effect.

**Further Investigations:** Repeat ECG to monitor for ischemic changes or resolution after treatment, serial troponins to assess for myocardial infarction, and continuous cardiac monitoring.

**Specialist Referral:** Consider cardiology referral for further assessment and management due to complexity.

**Patient Education:** Educate the patient on signs of worsening heart failure and when to seek immediate medical care.

Your plan needs refinement in terms of safety and specificity, with adjustments aligning with current guidelines. For best practices, consult the NICE guidelines on heart failure management NICE Heart Failure Guidelines and atrial fibrillation management NICE Atrial Fibrillation Guidelines. Ensure all interventions are documented with clear rationale and any updates in patient condition are communicated promptly to the healthcare team.

Done Save

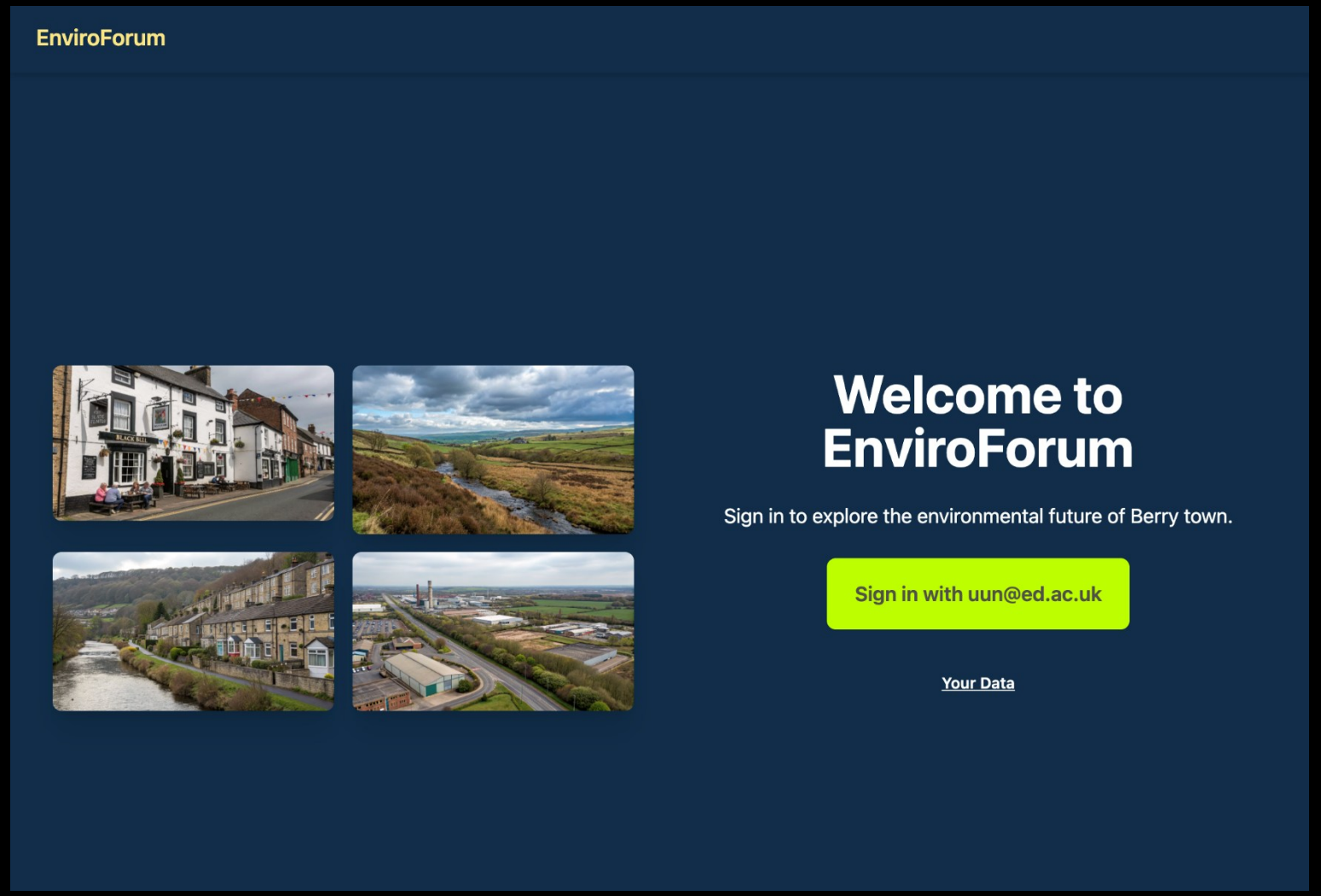
# Wider applicability of the concept

| | | |
|---|---|---|
| **PROFESSION** | **Medical profession with particular relevance for hospital doctors and general practitioners** | **Dentistry, Nursing, Law, Architects, Pharmacy, etc.** |
| **SCENARIOS REQUIRING PROFESSIONAL JUDGEMENT** | **Doctor-patient consultations with particular relevance for hospital patients, outpatients and general practice consultations** | |
| **RECOGNISED PROFESSIONAL STANDARDS OF PRACTICE** | **NICE guidelines**<br>**Good medical practice (GMC)**<br>**British National Formulary** | |
| **LEARNER GROUPS** | **Medical students**<br>**Resident doctors** | |

# ENVIROFORUM

Valentina Erastova, Nicholle Bell, Chemistry

Simulating interviews with stakeholders in environmental projects, eg land managers, government advisors, environmental protection officers and engineers working on critical issues such as nuclear waste management, peatland restoration and plastic recycling.




# EnviroForum

*where town Berry meets*

Valentina Erastova & Nicholle Bell, School of Chemistry

# What is the App designed for?

**Environmental Chemistry Year 2**

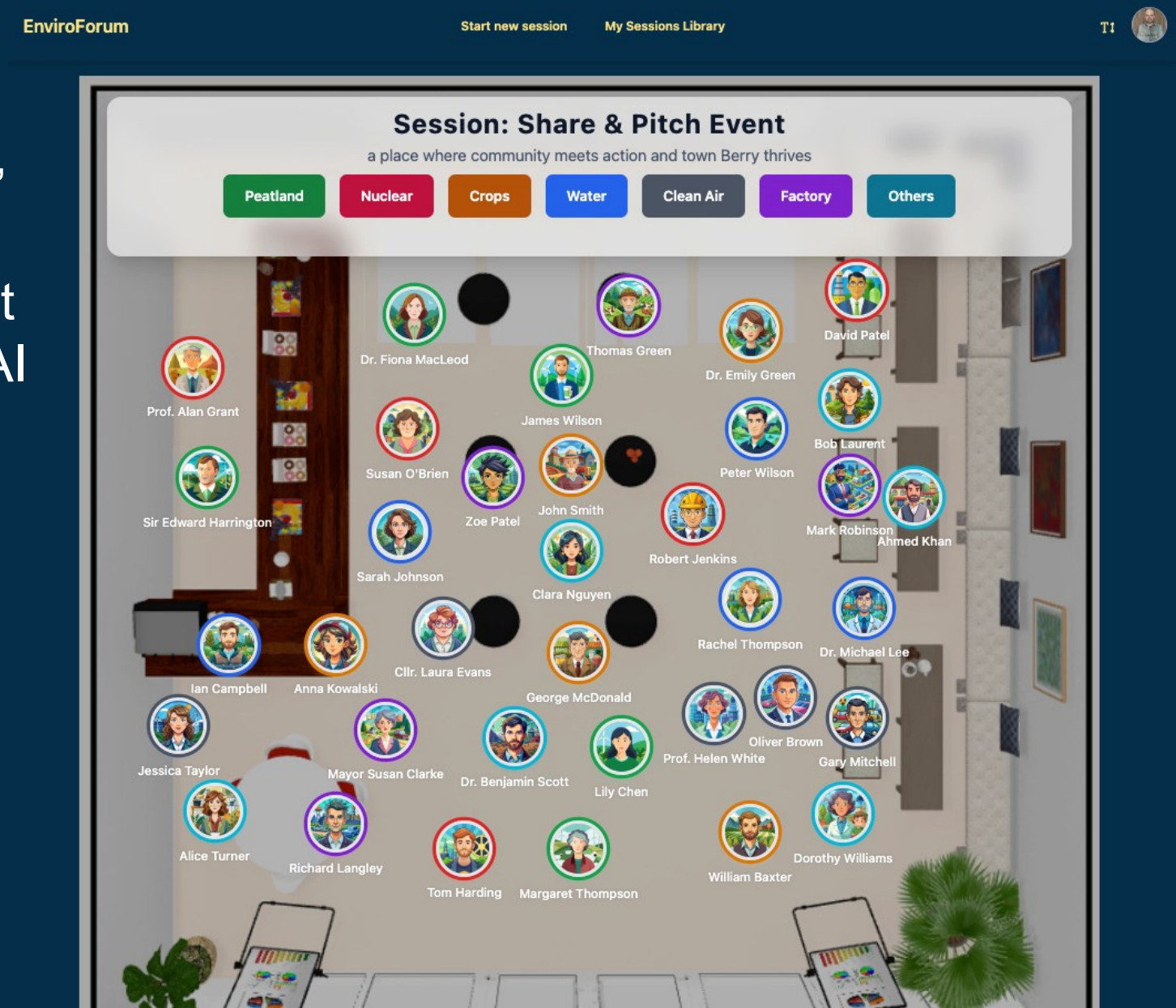
- 70 – 90 students
- 2nd semester
- Summative (1 lab equiv.)
- Small groups (~4-5 ppl)
- Each group researches a topic
- Students report by making an infographic + debate

**Skill Development:**

- Practice professional communication, *often lacking in science courses*
- Learn subject-specific vocabulary & interdisciplinary concepts
- Build real-time questioning skills, applying chemistry knowledge (e.g., water quality, air pollutants)
- **Bonus:** learn about possible careers post chem/ env. sci degree

# What is EnviroForum?

- Interactive chat-bot app set in Berry, a fictional County Durham town.
- Students role-play as interviewers at a forum coffee break, engaging 30 AI stakeholders (e.g., scientists, engineers, farmers) on 6 projects:
  - **Peatland** Restoration vs. Wind Farm
  - **Nuclear** Waste Storage
  - New **Crop** Farm
  - Drinking **Water** Treatment
  - **Clean Air** Zone & Electric Cars
  - Car Manufacturing **Factory**



# Please try now

Go to the following dashboard and click on the app names to access them with your uun@ed.ac.uk:

https://aiforteachinginnovation.efi.ed.ac.uk/
https://shorturl.at/AZ49A

**Laptop recommended:** most applications are optimised for desktop and laptop devices.

If you want to try the apps presented today, please note that only "Voices from the Past" works on a mobile device.

# Discussion and Q&A

# Reflections and what's next

- Reflections:
  - Involve students in development
  - Safe space to practise
  - Pilots positively received
  - Acceptance that artificial
  - Understanding AI feedback makes things up: critical thinking necessary

- What's next:  continuing development, research and further opportunities; exploring commercialisation

# Thank you

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