

We're on a worldwide search to see what inclusive education looks like.

So Blackboard Ally is going on tour for 2019,  
visiting campuses around the globe to learn how they're  
tackling their toughest accessibility challenges,  
and improving the learning experience for all their students.

Welcome back loyal listeners to  
the 5th episode of the Blackboard Ally tour podcast series.

We've made a quick drive down from Gaston College in North Carolina,  
and arrived here at the campus of the Medical University of South Carolina in  
Charleston.

It's our first visit to a medical school.

It's going to be really interesting to hear about some of  
the unique accessibility challenges that  
they deal with in terms of medical school curriculum,  
as well as how they're thinking about  
inclusivity to the broader hospital and patient community.

So let's check in with two members of the team,  
to hear a little bit about their story.

All right. So I am here at MUSC,  
The Medical University of South Carolina.

I'm glad I got the name right this time.

I'm here with the team who's really supporting Ally rollout,  
and really thinking closely about how to support students  
in medical university on how to really succeed,  
be successful in very challenging learning environments.

You are facing some unique accessibility challenges,  
so we'll talk a little bit about what those challenges look like,

and how you're using Ally and UDL,  
and other sound digital pedagogy to support those students.

So first, I'll allow Melissa and Alex to introduce themselves.

I'll start with Melissa.

Hi, I'm Melissa Hortman.

I'm the Director of Instructional Technology  
here at The Medical University in South Carolina.

My role is in the central office in Instructional Technology and Faculty Resources.

We provide support around technologies,  
and good teaching practices,  
media and graphics, as well as classroom support to the entire campus,  
all six colleges here in USC.

I'm Alex Walters.

I'm the Senior Instructional Designer and Digital Accessibility Specialist.  
Also with the Office of Instructional Technology and Faculty Resources.

My role really centers around a lot of training,  
and best practices for online learning,  
instructional design, and really helping faculty learn how to teach.

So tell me just a little bit about the university here?

You mentioned you have six colleges,  
what kind of programs do you offer?

How much is kind of online, on ground? Just a little background.

So at the Medical University we have six colleges here,  
the college in nursing,  
college of pharmacy, college of dental medicine,  
college of graduate studies,  
college of medicine, and college of health professions.

So we have a wide variety of health professions here in USC,  
and they're all graduate level, doctorate level programs.

So we're getting students from all walks of life,  
and we have some unique challenges here where many of  
the health professions have this sort of antiquated look at their profession of,  
I had to go through this and I had to go through these admissions standards,  
so our students have to go through that too,  
and this sort of rigor that comes with it.

Our students are extremely stressed out and anxious.

All of the time our entire libraries full with students studying 24/7.

Our lecture capture system has we're on track for 80,000 hours  
of viewing lecture content this year,  
just because students are studying all their time.

They're studying in class,  
while they're in class, they're studying outside of class.

They're missing class to study.

It's all about passing that board exam that kind of next step,  
to become that professional that they would like to be.

I mean it ultimately help people.

So that's why they're here because they care about people,  
they care about their profession,  
and they want to help all types of people.

And you're using open LMS here at university.

What is the usage?

How do they organize courses?

I imagine it varies quite a bit,

but what do you see from

an Instructional Design perspective in terms of the usage of the LMS?

So it's kind of all over the place just

because of where we are out there's all the different colleges.

We have some colleges that are very structured,

very organized in how they use the LMS.

So lots of training, others templates,

there's things that they use that really help them set up those courses.

In other parts of colleges,

they use LMS more as just a way to put their content for student access.

So they're not necessarily using it for evaluations,

assignments, things like that,

it's more of just a way to get that content to students,

which is why we have such a huge push

right now with our digital accessibility initiative.

We want to make sure that content is accessible

to all those students that are getting into the LMS.

So it kind of varies throughout each college different uses.

You all have fully online programs as well?

We do. We have fully online programs,

we have 3 in nursing,

and then we have a couple in the college of health professions,

and graduate studies too I believe, so we do.

In kind of historically,

who has owned accessibility,

how have you approached accessibility with the digital content specifically?

So we started about two years to kind of

move on this journey towards digital accessibility and what this means for MUSC.

It's really been housed in our diversity and inclusion office with our 88 compliance officer, and as we started to dig deeper into it, we found that there were more and more stakeholders that needed to be involved in those high level discussions.

So we actually had one of our legal counsel individuals start a task force that would move digital accessibility for what does this look like? How do we even imagine this at an enterprise?

Because, we're not just a university, we also have a hospital with now 16,000 employees.

In that hospital, where learning is happening on that end as well, so it's starting to get bigger, and bigger, and bigger, and learning happens at every level that we're finding, and there's more and more content that's being shared online.

So once that task force kind of ended, we started a digital accessibility committee that meets on a biweekly basis, and we dive into auditing, what that looks like in each one of the areas, external web sites, our hospital side, our university side.

We are diving into our purchasing processes, our 700 plus softwares that we have on campus, and what that looks like to audit those and ensure that patient care isn't inadequate because of the software that we can't provide, or can't provide because they're complying.

So again, digging deeper and digging deeper and digging deeper, we're finding more and more content in different places that's being shared with individuals.

So even now, we know that there's a long road ahead.

But I think that once we started introducing Ally

into the puzzle about a year ago, last month actually,

we started to see that there was a little bit

of movement at least on the university side,

because the technology was able to support that movement.

I'd say the training aspect of Ally has been really key,

from the time we turned it on,

because folks were able to get in there and click around and

really investigate some of the issues that were showing up on their documents,

which was really key and that led to more questions,

whether that was towards us or towards

the folks kind of the point people for digital accessibility in their college.

So really jump started the conversation,

which I think just the raising awareness part is

such a huge deal when it comes to this initiative.

Yeah. Just as far as that audit in trying to look across really complex,

even fragmented systems, you've been mapping all of that out.

What's been the process of checking that from the LMS to the websites to your technology?

Has there been a particular strategy that you've been using that

other institutions may think about as they try to audit their accessibility?

We have tried to take down every single piece of

content that we could look at for digital accessibility purposes,

and then we found that more was being added on a daily basis.

So we almost went to an estimate of this is

our baseline of what we think we might need moving

forward and what we know can kind of

be put on the back-burner in terms of we probably don't use this,  
once we implement standards.

We probably won't need the 60-minute lecture.

We'll only need the 10 minutes of the meat of the conversation.

So we thought that we would have to take down every single thing.

But in reality, it was almost looking forward to the future.

So what does the future of education look like at MUSC and in those fragmented  
places?

What do they plan to do?

Then we've started to be able to envision

this is how much work is going to have to go into this area.

These are the priorities in this area.

So it's actually helped us to look forward

which has brought into a lot of other conversations around

UDL and best practices in teaching and it's almost

revitalized that side of the conversation a little bit more to say.

But we're not just talking about digital accessibility anymore or

the thousands of pieces of content that have been out there since 1998.

Let's re-look at your course,

let's re-look at that content that you're sharing.

Let's talk about what teaching

really looks like in a digital world for our students today.

That's right. It's really been around where we're trying to

re-frame the entire- what's the culture change, first of all.

We're really trying to re-frame the entire conversation around,

teaching best practices for teaching and how

this digital accessibility is part of teaching,

part of that UDL and all it comes into one thing.

So it's been really interesting to have conversations around

that with folks that maybe have considered it before.

So actually, best practice is part of good teaching which is really key.

Helping them start to understand to that.

Just because you've taught one way forever.

It's okay to change, it's okay to review,

it's okay to look back,

and take a look at what you're doing and how can it be improved.

Because I think teaching is a continually improving process.

Nobody's ever the perfect teacher.

So it's always good to look at and see what can I do to make my instruction better?

When did accessibility really get on the radar as a priority?

So at MUSC, we've really hit the ground hard running,

not just hit the ground but running.

Probably about last August,

in terms of pushing out to the campus,

not just kind of talking about policies,

procedures, auditing what this looks like,

kind of higher level conversations,

but talking to every single user on campus.

We went around and we met with every single unit,

even our Finance and Administration unit.

Everybody is involved in this conversation.

Everybody is involved in

this initiative and that's what we wanted to portray to them that,



sure, this is a legal issue,

but we're all in this together to create a more inclusive environment for everyone, not just even our students, but everyone.

From the time that they look at MUSC to the time that they don't look at MUSC anymore.

We want them to have that inclusive experience.

So we've really hit the ground running last August.

We've generated, I think,

a lot of buzz around this on campus,

people who know what digital accessibility is.

Our teachers, our instructors aren't teachers.

They're not trained teachers like Alex said.

They may have never heard of UDL before,

but now they know what digital accessibility is.

Our physicians are walking around the hospital and talking

about digital accessibility or this signage is inaccessible,

who do I talk to about that?

We're almost crowd sourcing internal complaints so that we can address them and that

we can make sure that everybody on any level is getting that inclusive experience.

Just as an example of that,

we gave a presentation on Wednesday about

using technology like thoughtfully and effectively.

We had a question afterwards where how does this affect digital accessibility.

We're getting questions, just people are thinking about it which is awesome.

Do you also have those people that are thinking about it in terms of,

well, I don't have students with disabilities.

We don't typically think of a doctor as somebody that's going to have disability or

a nurse as somebody that has a visual impairment. There are certain necessity.

So how do you approach those conversations?

Because they also happen in other domains as well.

I don't have a blind student in my course.

Why would I care about that?

What has that conversation looked like?

So I think from faculty,

when I speak to faculty about it,

we just bring it back to that UDL part.

As a teacher, as a faculty member,

you want your students to have the most access to content possible.

So they have better access to content,

they're going to retain more information,

and they're going to have a higher success rate.

We really want to constantly tie it back to teaching.

I think sometimes there's confusions

between what's an accommodation and what accessibility really means.

So we're trying to break down that barrier and really get faculty to understand that

they're separate and we really need to have content out

there that everybody has equitable access to.

So everybody has a fair game, fair playing field.

Health care is changing,

our environment is changing.

There are dentists out there that have one arm or low mobility.

There are physicians out there who may have had a stroke after residency,

but are still practicing.

There are a lot of different circumstances in our lives.

So let's say there are these admission standards,  
we don't accept anybody,  
which is also not true.

We do accept people with disabilities into all of our health care professions.

So I think just, again,  
getting faculty out of that mindset of, well,  
I had to go through this, so you have to go through  
this quicker or you don't look like me.

I think that that perception is changing slowly.

But like Alex said, it's a culture change.

We have to get people out of that health care mindset,  
of that rigor mindset and say,

"You're not losing the rigor at all.

You are offering more opportunities to a wider audience."

We do have nurses on campus that I know have low vision,  
are legally blind, but there's a spectrum.

So I think that, again,  
getting people outside of this accommodations versus accessibility,  
getting them outside of,

well, since you're legally blind,

this is what that means,

almost re-educating our healthcare professionals at

the instructor level and physicians who are going into patient care offices.

What digital accessibility means,

what disabilities even mean,

I think is really picking up on campus and people are really talking

about it and starting to question a lot more things than just the digital realm.

But how are we providing better patient care?

How is this going to change compassion?

How is this going to talk about empathy in our classrooms?

So it's actually a really amazing conversation in the health care professions, especially because they're going to be

working with a diverse audience for the rest of their lives.

So they need to be able to understand that we need to give everybody that opportunity.

We went and talked to the SGA and the students were very open to digital accessibility.

They had no questions, no concerns, no anything. They were fine with it.

They loved it. More opportunities for studying and retention, sign me up.

So it really is changing that old school mindset of health care professionals.

Sure. Just another example you spoke about the nursing students.

I may never want to be a nurse on the floor,

but I may want to do like research in nursing,

or a prerequisite to that is I have to have my undergraduate degree in nursing.

We can't just frame it as an,

"Oh, you can't be a nurse because you have disability."

I may have higher aspirations passed just having an undergraduate degree.

So that's something else, I think, to consider too.

I love this connection around empathy,

empathy for patients, and then thinking about being empathetic to student needs.

That seems like it's just such a synergy there between

how healthcare works and how education works and they are two industries, I think,

that share very close similarities in terms of

that care empathy towards others that of difference of diversity,

of different needs and abilities and things like that.

Yeah. For sure. It's been really interesting around campus to see the culture change, because there really has been a very deep culture change that I don't know if anything in kind of our recent history at MUSC has changed the culture this much besides digital accessibility, because it impacts everyone.

Accommodations that only impacted a certain few or maybe faculty that got that paperwork,

but this impacts everybody and we're all in it together.

I don't know that there's been a movement like this in a while,

and so it's really interesting to see this develop with that human touch,

with the technology touch,

with how Ally's come into play,

how conversations with individual faculty have come into play,

spotlighting people, spotlighting programs or groups that are working for it.

It's just been a really cool experience on campus.

You spotlight those champions,

you spotlight those departments that are really

like pushing forward with it, I think that's great,

because folks can take a look at that and say,

"Well, they've had success, we can do the same thing.

It's achievable," which is something we really want to encourage.

What do you attribute this culture change?

I imagine it's a lot of different factors.

I mean, there's conversations outside of the university and inclusion, diversity.

Do you think it's just a potpourri of factors that are contributing to that?

For sure, and we have a lot of peer institutions that we've been talking to in

the state that have really helped us kind of imagine what this looks like at MUSC, because a lot of our faculty will say,

"Well, I went to a conference and I talked to my peers and they don't even know what digital accessibility is."

I said, "Well, that's a good thing.

We're on the forefront of something really amazing in health care that we're going to be providing this for our students and be leading the way for other people to provide this opportunity to their students as well and envision what that looks like."

So us maybe being one of the first or only people in the health care professions, especially at the enterprise level that have Ally, is really important to us, because we want to lead the way.

We want to pave the way of what this looks like.

This is a tough culture change, health care professions are.

They're really ingrained with this culture and we're changing and it's amazing.

Changing what's possible.

Changing what's possible.

That's our little tagline.

Our tagline.

There you go.

Changing what's possible.

Put it in there. Yeah, thank you.

So how did you come across Ally and what was appealing about,

I mean it kind of fit into this broader set of

solutions that you're looking for to support that accessibility?

So Ally kind of came into a conversation on the whim with our account executive and she brought it up and she said, "You should get this. I think that this would be really good for you." I said what is this digital accessibility thing? I'm not even on a committee that even talks about this yet. She really pushed for us to get that in our package and it was really important for her to say, "You need this.

You're going to need this, and you want to get this right now, you want to be the first people to get this."

So it was actually Leslie Sands our account executive, who is absolutely fantastic really pushing us to get it and it was the easiest sell I think that I've ever made to leadership, which is the weirdest thing.

Because you can't fight Ally, you can't fight what it does and at the time I was an office of one.

So Ally is like a team of 15 amazing instructional designers that you know can get in there at any time, in any place in the faculty space, in their space and gives them what they need to know about digital accessibility and how to remediate their documents.

I mean how can you fight that?

To be honest it was a pretty kind of perfect storm for us and when we rolled out it was fire hose roll out.

We just turn it on and let it loose.

It was very interesting that we didn't get any push back,

at all from faculty.

It was probably more questions on the college level of like,

"What's this red thing showing up that's not good.

I going to get a green like the rest of them."

So we started a small campaign.

When we first rolled it out and it kind of like sit ins where people could come by and learn about all of the different types of issues that they would see popping up.

And it was really I think kind of effective because we did monthly campaigns about issues and this is what you're seeing and kind of a go green campaign.

I think throughout the year we just saw more and more usage from the faculty's end and less and less questions for me which was amazing.

So it's been the work of 15 people that I definitely could not have done.

So for small teens this is

a very important tool I think that can help support faculty where they're are, without you having to be the end all of

any question or know how to do everything in every single circumstance.

They find the Mac users versus a Windows user.

If I am using Microsoft Office versus whatever it is,

it gives you the directions for you. You can't fight that.

It allows faculty to already have

a baseline of knowledge so they can ask pointed questions.

So I may get an ally and see that my PDF is a tag.

I can find out what that means,

how to fix it why is it important?

So when they come to us with questions,

we don't have to start from the very beginning.



They know of digital accessibility.

So they already have that kind of background knowledge which I think is really important when it comes to training and questions.

So you have you been seeing in some of the trainings and your work with faculty that that awareness piece has really been key for how those trainings have unfolded?

Yes absolutely, you know them being able to come in with the awareness of knowing some of the things they're going to have remediated or some things they're going to have to fix and that way they begin you- they come with those pointed questions so we can really focus on what do they need to know.

So we can train from there.

One of the great things like the go green campaign is, if you work with faculty, it's really great to see their faces kind of light up when their gauge goes green because it's a feeling of accomplishment like even when I use Ally, I still feel good about it.

We'll see that you know jump from 24 percent to 100 percent.

So I think that's something really cool.

We had a faculty and a meeting the other day.

The meeting had nothing to do with education.

We start out with winds at all of our meetings and he stood up and showed his computer and I was like, "What is he doing? What is on his computer?"

Then I saw his course an open and he said I just wanted to share my win that I mean one of my courses all green.

It was just like his face lit up and he was just so happy and I was like,

"That guy is one of our toughest researchers and he's doing all this accessibility stuff.

How did he learn this?

What is he doing? Who has he talked to?"

So I reach out to the college and they were like, "He did this all on his own.

He just wanted to champion and do this."

So putting that power in the faculty's hands where they see their gauges, where they have the power to change their content.

It is. I mean just seeing his face light up was just that was it.

That was it for me. I was like I'm sold.

All right, and that's a great motivator to everybody else in the room too, they see that and they go back to their areas and you know it's great to see so.

Now you all are talking about some of the successes.

There's of course some major challenges in rolling out Ally

or maybe not just in rolling out Ally but then getting that movement,

getting to that green level especially in

your context where you're dealing with some particularly challenging kinds of content.

You want to talk maybe a little bit about some of the challenges that

you see in the content from an accessibility perspective and how

you're thinking about those types of strategies especially

incorporating some of those UDL principles into thinking about that?

Sure. Yes, so some of the challenges we really come across.

We have a lot of you know being a medical university a lot of

complex images a lot of complex tables things like that.

So one of the biggest challenges we have,

around specific challenges are alternative text.

So you know if I have an image in my lecture and I'm spending 20 minutes describing it.

Make that- just give the students afterwards.

How do I explain what just happened in that whole text?

So we really have a lot of education about how to write of all text and then if you do that longer description or to provide more information externally link that out or send the students somewhere to where they can get that same information.

That's been probably our biggest or the most- the questions I get most often are around things like that, its because we have so many complex, images and tables and things like that.

Definitely in the health care professions and I'm sure in all professions, there's so much content to cover.

So there's so much content that they want to put online, that they want to share, that they want to have available for the students and that's so much content can just add tons of time to try to remediate it.

So where do I even start?

What are the issues?

What are the main issues?

So really diving deep into we'll just take a deep breath.

Alex always starts his training with,

Let's take a deep breath together,

because we're diving in."

This is going to be a lot but we're just going to take baby steps and just start slow and start somewhere just start somewhere, anywhere, just start.

So I think the idea of have all this content in this mountain ahead of me, well just start climbing because we're all climbing our own mountain in our own way.

So I know I looked at my course for this spring that I was teaching I was like,

"Do I have to too like do I have to make my stuff accessible?"

I'll just put it somewhere else and link to it

or just try to get around it and I started thinking,

"Oh my gosh, I'm even trying to find loopholes around digital accessibility."

So I've realized that I had to dive in too and I had to take the time

to go through the process to really feel that pain because it is painful.

Our faculty are in clinics when they're not

teaching and they don't have time to remediate.

So we're trying to just take baby bites,

baby steps towards the end goal of compliance at some point but we will get there.

It's just going to be a slower pace.

Right. Our message is, we want this to feel realistic.

We want to feel achievable.

So we don't want you to feel like

everything- all of your content has to be accessible by this date,

because that's just not realistic.

So we really want to push that message forward and also the message of you're supported.

There are a lot of folks around here that are

more than willing to help you whether you know

it's at Tech team your IT team and champions within your area within your college.

So I think you know being able to get that message out as well like you're not alone,

which I think is really important in something like this,

know you're supported in this.

It's not by yourself.

Now, I imagine another challenge that you all are

seeing and we certainly see it at other institutions and you

probably your faculty rely a lot on medical journals and Cheering Journal

content into the courses and we know a lot of times that publish your journal content is not accessible, want to talk a little bit about the relationship that you have with the library. Is that a new kind of relationship that blossomed because of Ally because of a shared mission around this? So I love librarians, I think they are brilliant people and everyone should have a librarian on their team at all time. So we actually have always had a library in honor kind of Ed Tech community team and they've always been represented as part of the team. I actually brought her in very early into the conversation around Ally, how are we going to do this. What does this mean for journal articles. How can we work around this. What do we need to be doing? What do we need to be thinking about? She has just been so great. One of the major benefits to having our particular librarian on our team is she has an instructional design degree. So she understands a lot of the pieces around the LMS. So she's been able to really dive in very very deep and say, "Okay. This is what exactly needs to be done." So recently our librarian whole team which is again they're amazing, they've jumped in and they said, "Okay, we have this form, any faculty across the campus can fill this out. What we'll do is, we'll offer our services to go into your course and we will

update every single journal article

that you have in your course and make sure that it's linked correctly,

that it's updated correctly,

that were sitting correctly in there."

So they've kind of taken this on themselves.

Which is a huge portion of probably

our accessibility institutional score is those journal articles.

So they've really kind of championed this piece all on their own because

they feel like this is their part that they can play.

So I feel like that's kind of been our mantras.

What part can you play in this?

How can you help with the bigger picture?

It's not just us standing up in front of the classroom talking about this.

We're all talking about this.

What part are you playing in that game?

So it's just been amazing to see people step up and say,

"Oh yeah, I am good at this,

I can do this or I can help out this way".

Really truly care about it too and not just

to poor job at it they really want everybody to be successful.

They want our faculty to be successful,

they want our students to be successful,

they want our residents all of our graduate medical education

which extremely utilizes our learning management system to be successful too,

for our physicians who are doing grand rounds online to be successful.

So learning happens so many different ways and they've really stepped up to help out.

They've been specifically using

the library reference tool in Ally to add those references, add the metadata to the content to help students access accessible formats or get the HTML content from library databases.

So that's been pretty cool to see the use of that tool.

I know a lot of people in ally community users are sometimes confused about what to do with that library reference but it sounds like you all have found a really critical way to use that to link to those databases to help with the content.

Our librarian was saying yesterday that it went from zero percent accessible right of course, no PDF that's downloaded from really any journal is accessible to 100 percent accessible just by putting in that library reference because it links out to a place where students can get that accessible version.

So the Library Reference I think is a hidden gem in Ally that has really helped us because it's built into the tool.

It's not something extra like how I have to create a URL and delete this old thing.

It's built right in.

So it's always adding this metadata into all of the pieces of the content.

Has it also as faculty are kind of looking at their content again and thinking about the usability.

Has there been an entry point for how you guys are talking about UDL with them?

Well, absolutely. I think one of the key aspects around that is really through Ally explain those alternative formats.

Which has been really great to be able to show faculty Ally and then go all by the way from the student side, they have access to all these different formats and they can do all these different things with the content.

So when you explain that to the faculty again you know you can't see their faces light up around that because, you mean I put my content in this way but students can grab it this entirely other way and be able to listen to it or get EPUB version and annotate mark and things like that.

I think it's really cool and it's really powerful, and it also leads-

I can always start with that but then also it leads bigger conversations around, how are you representing your content, how are you assessing students, how are you providing multiple ways to demonstrate what they know.

So not only around UDL I can talk about from student side alternate formats and this different means they can get it but it also kind of leads down the path to the bigger conversations about how they're designing their courses which is really interesting.

Yeah I think that's really cool because it really is more than just the content itself.

You're thinking about how do they move through a course, through a module.

How are they being assessed.

I think that that's such a key piece as well.

Right. Yeah absolutely, and Melissa had mentioned earlier faculty sometimes the mindset is here is this is how I went through this school and this is how I was assessed, this how you should have to demonstrate your knowledge.

So I think being able to open up that conversation as well, how you move the course and then how your knowledge



assess or how you demonstrate what you know.

I think it's definitely a hard issue to tackle,

around you know the medical field but I think it's again as we have you know

a more diverse student population and we have

all these great tools to demonstrate our assess you know what you know.

I think that conversation is just going to get or

hopefully that conversation gets bigger going forward.

We looked at your alternative format usage,

yesterday we looked at some of your research your feedback usage.

Were you surprised at what you were seeing there was it pretty

exciting to see that these things were actually being taken up?

It was especially the alternative format usage.

We have not done any campaigns around students using this little drop down arrow.

If they find it then they use it but we've never really told them about it.

So they're finding it and they're using it.

Our data is actually for me very surprising and really amazing that students are

using all content in all different ways and a lot of different ways.

So the usage of these- I mean they're probably sitting in

Charleston traffic listening to

their lecture on their way into class so that they're ready for the next class.

It's just absolutely amazing to see how broadly

the content was used and how much it was downloaded in alternative formats.

I think the instructor feedback was also

an engagement was very interesting to me because I didn't know

that that many people were getting in and

remediating their documents that to me is amazing.

I mean it only proves that if you kind of put it out there,

it's easy to learn.

People will kind of pick it up and I mean yes we have to continually push and push the cause of it the why of it, but they're doing it.

People have done it without our help.

I think once we really focus our efforts on putting a student campaign together I think our numbers are just going to skyrocket from there,

especially it'll be an easy sell for the audio version especially for traffic around.

That would be nice. We always sell it with that but I think it's really going to be awesome once we start that really big student roll out.

I think one of the interesting things too in our conversations yesterday was it's a very data driven culture here.

You have a research culture,

you have a medical culture and accessibility previously was kind of less data driven.

It was kind of more trying to figure out content,

has the Allies kind of numerical and

data based approach having that institutional report.

Has that been really helpful?

We also talked about some of the challenges in those numbers and how they can be a little misleading.

Do you want to touch a little bit about just how you're thinking about that data based approach?

Yeah, and I think the data that comes out of the institutional report has been extremely helpful for us and a little misleading because of the way that content is sometimes portrayed or we misunderstand with Ally versus without Ally,

what that truly means.

There's a lot of different pieces that go into  
the rating of each one of the pieces of content.

I think really drilling down and understanding that and trying to communicate that  
in lay language to our leadership and it has been very difficult I think.

It's been just data for a person that loves data.

I love data and data is what drives what I do,  
data is what I live by.

It's also almost complicated things more because now I have a number behind things.

Now, our faculty are really hoping on,

well it's 20 percent,

what if it's 50 percent.

What is the number?

What's the special number from my end that I need to get to?

Because very black and white in a research culture.

So what is that number and us living in the gray are like,

'Well necessarily you know let's get to Green but what does that mean?

If it's still not usable."

So it's really a case by case instance that we

have to work with them on and I think that's where Alex is really

shined as he's able to really dig into the content and talk to the people about

what does this mean and how can I use this and do this.

That's probably our next step,

now that we have all this data.

We've been in this for a year.

What's the next step for us?

I think it's really digging down to probably individual consultations.

That's what-

That's what I'm going to say, I think-

-which most successful.

Right. those individual reports.

We are going to be able to send and really highlights,

be able to send them report and say maybe target some things and then you'll have them,

train with them or work with them one-on-one and then

send them a report after where they've gone and be able to remediate the content.

I think that's really great

because they're able to see the strides that they're personally making.

So again I think that they really like the personal touch the one-on-one trainings,

I think that's really key in this this whole thing.

We've been able to show with institutional reporting kind

of some leaps that we've taken from semester to semesters,

from last spring to this spring where we at,

and showing a number to leadership has been very powerful.

I've even heard our previous use that number in

a conversation and it's just really kind of empowering to

see such a integral tool become almost highlighted at a leadership level.

They're using these numbers in

their conversations where they're using these numbers to kind of

drive motivation and I think it's a good thing and a bad thing.

So we have to kind of be very very careful

around how data is given out and how data is used from this.

But the amount of data that we've been provided from this has just been

very very helpful for us to kind of dig down on points that we want to focus on.

You also mentioned that and thinking about kind of next steps and moving forward that you're also seeing Ally being used not just in the course context but also for checking content that's being pushed publicly for that broader population that you mentioned all the patients everybody that's involved in this medical community. Do you see that continuing to move forward in how you're leveraging that tool to really support that broader community? It was amazing when we kind of opened it up to everybody outside of the colleges. Our research arm jumped on, our hospital arm jumped on, our communications jumped on. We have people using it in very unique ways not just for teaching and learning but also for checking their content and learning how to remediate it. Because it's not always clear and a lot of the tools that we have on how to remediate content. So we've seen it utilized and updating external web sites and updating communication sort of protocols and different things that they're putting out there, within the library for research so just a lot of different ways. So this tool isn't just for teaching and learning. It teaches everybody how to remediate documents. Again, it's that in their face, in their place, in their time, in their space. So we don't have to necessarily start at square one like Alex said we can have those upper level conversations of how do we take this to the next level,

how do we use this content once it's now accessible?

I think any time we give some user a tool that

is easy to understand and also is effective I think is super key,

because you know Ally's very very user friendly

in my opinion you don't need a ton of instruction to be able to

jump in and use Ally right away which I think is really important

because if you give someone a tool and they can't figure out within 5-10 minutes,

they become frustrated or something like Ally,

very usable, very easy to understand and then you see

it's effective you see the meter move and things like that again that's really important.

Wow. A huge thanks to Melissa and Alex for

sharing a little bit about their story and how they're using

Blackboard Ally to address some of

these complex accessibility challenges that they see at the medical school.

I think it's really exciting to see how they're bringing together

different stakeholders on campus to address some of

these complex accessibility issues like working with

library services to identify untagged PDF from

journal articles and using Ally's library reference to replace

them with links to more accessible versions in the library database.

By making equity and inclusion key pillars of

the institution Medical University of South Carolina

is really challenging historical notions of disability.

Challenging that deficit orientation and thinking about the unique kinds of

abilities that people bring with them

into the learning environment and into the workplace.

Leveraging those diverse perspectives,

diverse abilities to support new kinds of innovation foster

more connected kinds of communities and ultimately build a better patient care community,

a better hospital, a better society.

So thanks again for joining us on the Blackboard Ally tour podcast series until the next episode connect with us on Twitter at #BbAlly and #BbAllyTour2019.

Thanks so much and see you next time on the road to IncluCity.

Join the tour along with the rest of the Ally community @tour.ally.ac.

You can catch the latest updates on Instagram and Twitter

#AllyTour2019 and listen to stories of inclusion from

our community champions of the Ally Tour 2019 podcast series

available on SoundCloud or on your favorite podcast app.

We'll look forward to seeing you at the next stop on the road to IncluCity.