

**Practicum Project 4: Evaluation and Revision Report**

**Lesson: “CCM1: A Genetic Risk Linked to New Mexican Spanish Ancestry”**

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## **Overview**

People of New Mexican Spanish descent are at significantly higher risk of cerebral cavernous malformations due to a genetic condition called CCM1 “Common Hispanic Mutation,” yet many affected individuals are unaware of the condition or misunderstand its implications. Preliminary audience checks indicated that both healthcare providers and members of the public have fragmented or incomplete knowledge of CCM1. Barriers to awareness include limited access to healthcare in rural areas, lack of trust in genetic testing, and the fact that many individuals with the mutation may never develop symptoms.

This brief, accessible, web-based microlesson aims to improve public awareness of CCM1 among the target population in New Mexico. Learners will be able to recognize CCM1 as a genetic risk associated with New Mexican Spanish ancestry and identify appropriate, optional next steps for increasing family health awareness and communicating with healthcare providers.

Formal evaluations of this module were conducted to inform revisions before public dissemination. A subject matter expert-adjacent reviewer evaluated the lesson for language, content accuracy, health messaging, and overall tone. An Educational Technology student conducted a peer review from a design perspective to offer feedback such as whether the module meets the Web Content Accessibility Guidelines. Immediate revisions were made to the module based on those initial reviews before eliciting feedback from a small group composed of members of the target audience, whose focus was to comment on perception, UX, comprehension, emotional resonance, and the overall effectiveness of the lesson. While small group feedback did not indicate a need for further revisions, a second peer review informed a list of considerations for future enhancements to the module.

## **Formative Evaluation Strategy 1: Subject Matter Expert-Adjacent Review**

Sabrina Bent is an Acute Care Nurse Practitioner who serves as a provider with the University of New Mexico Hospitals in Albuquerque. Although she is not a subject

matter expert on CCM1 or neurology, she is adjacent to an SME in that she is experienced in patient education and medical communication, she interacts with the target audience as a healthcare provider, and she has treated patients experiencing symptoms consistent with CCM1. Sabrina reviewed the instructional module at her home in White Rock, NM, using her personal computer, on February 12, 2026. She offered feedback in a questionnaire response form (see Appendix A, p.23).

The summary of findings in the table below shows Sabrina's comments and my response for each issue or recommendation addressed. My responses are color-coded to denote **no change to lesson materials** versus **revisions to lesson materials**.

Section	SME-Adjacent's Comments and Recommendations	My Response
Hook Video	I really liked the scenery, the narrator. Recognizing some of the places made me feel like the video was really for me (a community member here).	<b>No change</b>
Hook Video	I think I would remove the part about it being "unsettling" for people to not know. Esp for genetic conditions, sometimes it is more unsettling for them TO know, bc they can't change it (i.e. why people don't get tested for BRCA or Huntington's genes sometimes). I would frame it as "knowledge is power" I would also be reassuring up front, saying something like "at least half of people with this gene develop no problems at all, but knowing that this mutation may be common in your community gives you power in knowing that mentioning any	I checked the available published information on CCM1 for evidence that would support changing the language in my lesson from "Many people with CCM1 never experience symptoms" to "At least half of people with this gene develop no problems at all." I asked Sabrina where she had found the "half" language, and she referred to <a href="#">this webpage</a> . Alliance to Cure Cavernous Malformations says: "It is believed that only half of those who test positive for a CCM1 mutation will ever develop significant symptoms of the

	neurologic symptoms to your healthcare provider is important!”	<p>illness.” However, clinical literature and natural-history studies showed varying estimates. I could not find enough corroborating evidence to justify changing my language from “Many” to “Half”.</p> <p>However, I will revise the language in the hook video to be more reassuring, changing the framing from “unsettling” to wording more aligned with Sabrina’s suggestion of “knowledge is power” and “mentioning any neurologic symptoms to your healthcare provider is important.” I will also check that the messaging in the hook video does <i>not</i> imply that <i>most</i> people with CMM1 develop symptoms.</p>
Hook Video	[Question: Did the hook video clearly communicate who the message is for and why it matters to them?] Yes, it was clear that it was for New Mexican Spanish families.	No change
Hook Video	[Question: After watching the hook video alone, would you expect viewers to want to learn more and follow the link to the main lesson?] I think they would.	No change.
Interactive Video	I thought the lesson explained it very well and I felt well prepared to answer the questions	No change
Interactive Video	[Yes, explains what CCM1 is] [Yes, explains why it appears	No change

	<p>more often in some New Mexican families] “and the genealogy chart was fantastic at showing this in a visual way”</p> <p>“[T]he video made it very clear that there IS a wide variety of symptoms (including no symptoms)”</p>	
Interactive Video	<p>I think it could be helpful to add that most ethnic groups have some mutation that is more common in their group and that this one just happens to be common in people who are descendents from the Spanish explorers to New Mexico.</p>	<p>I corroborated Sabrina’s statement with multiple sources and will revise the wording of the interactive video to include the message that most ethnic groups have some mutation that is more common in their group and that this one just happens to be more common in people who are descended from the early Spanish settlers in New Mexico.</p>
Interactive Video	<p>[Yes, the lesson respects different readiness levels.</p> <p>[Yes, the lesson communicates learning more is optional, no immediate decisions are expected, and genetic testing and follow-up are personal choices.]</p>	<p>No change.</p>
Interactive Video	<p>I would take out the word “annotated” at the end of the video. Just “list of resources” is appropriate for community level learners.</p>	<p>I will change the wording across the interactive video and resource section of the Google Site to omit the word “annotated.”</p>
Drag-and-Drop Reflection	<p>So, I didn’t realize until I watched the video a 2nd or 3rd time that I needed to scroll down on my screen. A line under the video screen and/or verbal direction at the very end of the video would help. If I missed this in the “tech,”</p>	<p>I will include a verbal direction at the end of the interactive video that invites learners to continue on to the drag-and-drop reflection below the video.</p>

	an older community member certainly will.	
Drag-and-Drop Reflection	I think I would call these “This makes sense,” “I’m not sure how I feel about this” and “I have questions about this”	I will revise the wording on the Drag-and-Drop drop categories to “This makes sense”, “I’m not sure how I feel about this”, and “I have questions about this.”
Branching Scenario	It felt supportive and non-directive. I see this as “tell us how you are feeling about each statement”	No change
Resources Section	These were very well marked/ I think the fact that resources are hyper-linked makes them especially useful	No change
Overall	I thought this was an excellent teaching tool!	No change
Overall	I can imagine [patients] would be prepared [to ask me, as a provider, questions about their concerns] after watching this, though [they] might be scared too. It is very difficult to get an appointment with a neurologist or a genetic counselor in New Mexico, so it’s not easy to just “make a referral.” I also think it could be important to say something like “your doctor or health care provider might not know about this, especially if they didn’t grow up or go to school in New Mexico. Here is a resource you might want to share with them!” <a href="https://cpl.health.unm.edu/Listing/">https://cpl.health.unm.edu/Listing/</a>	I will add Sabrina’s two recommended resources and paraphrased annotations to the Resources section.

	<p>Recognizing-and-Treating-the-Common-Hispanic-Mutation-CCM1-2098</p> <p>I also found the statements on this web page really helpful (modified for the topic)</p> <p><a href="https://www.cancer.org/cancer/risk-prevention/genetics/genetic-testing-for-cancer-risk/talking-with-family-members-about-genetic-testing.html">https://www.cancer.org/cancer/risk-prevention/genetics/genetic-testing-for-cancer-risk/talking-with-family-members-about-genetic-testing.html</a></p>	
Overall	<p>I think it was very clear, effective and with a good tone. I think the biggest part when talking about genetic diseases is to not overly worry people or make it feel like it is their fault (esp when it's their child that has an issue)</p>	<p>I will check the entire lesson for places where I can slightly shift the tone to be more reassuring.</p>
Overall	<p>I would emphasize that as many people as not have no problems even if they carry the genetic mutation, and that the purpose of raising awareness is so that people can seek care early if they have any concerning symptoms.</p>	<p>I will revise the hook video and interactive video to include the message that the purpose of raising awareness is so that people can seek care early if they have any concerning symptoms.</p>

In summary, Sabrina's feedback suggests that the lesson is already strong in clarity, structure, and tone. She found both the hook video and the main lesson clear, engaging, and well targeted to New Mexican Spanish families. She noted that the visuals were relatable, the explanation of CCM1 and its historical roots was understandable, and the variability of symptoms – including the possibility of having no symptoms – was communicated effectively. She also felt the activities were supportive and non-directive, the resources were well organized, and the overall project functioned as an effective teaching tool that could prepare community members to ask informed questions.

Sabrina’s recommended changes focus less on structure and more on subtle tone adjustments. She suggests softening language that could feel alarming (such as “unsettling”), strengthening reassurance that many carriers never develop symptoms, and emphasizing that awareness is about early recognition – not inevitability or pressure to act. She also recommends small usability refinements (clearer reflection instructions, simplified wording like “list of resources”) and framing CCM1 within the broader context that many populations have higher-prevalence genetic mutations. Overall, her feedback points toward maintaining the project’s strong foundation while slightly recalibrating the messaging to reinforce reassurance, normalization, and emotional safety.

Sabrina’s feedback was used in combination with the peer review (below) to inform immediate revisions to the module.

### **Formative Evaluation Strategy 2: Peer Review**

Teresa Edwards is a University of Texas Rio Grande Valley grad student working towards a M.Ed. in Educational Technology. She reviewed the module at her home in Utah, using an Android phone, on February 14, 2026. Teresa works as an American Sign Language instructor and considered the module from the lens of accessibility, user experience, and instructional design. She offered feedback in a questionnaire response form (see Appendix B, p.28).

The summary of findings in the table below shows Teresa’s comments and my response for each issue or recommendation addressed. My responses are color-coded to denote **no change to lesson materials** vs **revisions to lesson materials**.

<b>Section</b>	<b>Peer Reviewer’s Comments and Recommendations</b>	<b>My Response</b>
Hook Video	I really like the hook video! I do think that it would encourage people to want to learn more. The	I unfortunately can’t add a clickable link – just the QR code – inside the YouTube video itself

	<p>part that says there's a link below and there's a QR code are good options and for me I was watching from my phone so I often have a hard time finding the links below. Sometimes people can put a link on a video so you might want to put the link in the video where they can click it and it'll take them if you can figure that out?</p> <p>I also liked the tone of the video and the representation in the voiceover and the people and families that you chose.</p>	<p>without being a member of the YouTube Partners Program. I could bake a non-clickable link into the video to display the URL in addition to the QR code... but I feel that a non-clickable URL would frustrate viewers and might cause them to skip opening the video description to find the <i>actual</i> link. For this reason, I'm choosing to make <b>no change</b>.</p>
Hook Video	<p>I think [the tone] does strike a good balance between urgency and not having alarmism. I don't know how hard it would be, but I wonder if there could be a phrase added about there is help or there are ways to solve this problem. If you find that you have it. Something that gives me the idea there that it's worth knowing if I have it.</p>	<p>This echoes Sabrina's recommendation to make the tone more reassuring, with the "knowledge is power" idea. <b>Addressing Sabrina's recommendation will also address Teresa's suggestion.</b></p>
Hook Video	<p>Because I don't speak Spanish, I do wonder if what is said in Spanish is available to me in English. It almost sounds like those phrases are repeated in Spanish and in English.</p>	<p>I included English translations of the two Spanish phrases in the closed captions. I chose not to include the translations in the audio narration due to the target audience's bilingualism. <b>No change</b>.</p>
Interactive Video	<p>I really like it! And I missed the interaction button. The first time the video stopped and just hit</p>	<p>My H5P content embeds on the Google Site in a way that adapts to the learner's device. A</p>

	<p>play and then the second time I noticed the button for the interaction. I love the interaction on the video. That's really clever and can you tell me where you created that?</p>	<p>learner using a larger screen such as a laptop will see the interaction on an pop-up overlay screen when the video pauses. Since Teresa was using her phone, she saw a symbol inviting her to click for the interaction when the video paused. Unfortunately I can't force the overlay in place of the symbol, due to the limitations of H5P content. <b>No change.</b></p>
Interactive Video	<p>The narrator voice worked for me and I appreciated the accent. I think it's cool</p>	<p><b>No change.</b></p>
Interactive Video	<p>[No, no part of the messaging that stood out to me as jarring, alarmist, condescending, odd, or negative in any way]</p>	<p><b>No change</b></p>
Interactive Video	<p>I think it was just the right amount [of information] that if I had a family member who was exhibiting symptoms I would let them know about this learning and the possibility of this being a concern and keep it in the back of my mind for future reference.</p>	<p><b>No change</b></p>
Interactive Video	<p>[Yes, the video appeared to follow Mayer's multimedia principles.]</p>	<p><b>No change</b></p>
Branching Scenario	<p>In the choose your path section of the course, the buttons say start the course and restart the course. I wonder if you can change the course word to reflection so I know it's not going to make me</p>	<p>Unfortunately this is another limitation of the H5P content. The "Begin Course" button is hard-coded into the branching scenario start screen and cannot be edited. <b>There may be a way to remove the start screen</b></p>

	start the whole thing over but just this reflection part.	entirely. I will try to do that. If not possible, I will edit the wording of the title and instructions on the start screen to provide context and reassure the learner that they are not going to restart the whole lesson from the top of the interactive video.
Branching Scenario	I'm going to share a screenshot so that you can see that I have to scroll on my phone to be able to see all of the interaction on that part as well.	I struggled with the sizing of the embedded H5P content on the Google Site. I don't appear to be able to make the content display perfectly on a small screen such as a phone. It is likely just a limitation of the Google Site. When I replied to Teresa's feedback, she added, "I wouldn't spend too much time on those changes because I was able to find ways to make it all work [on a phone]... it wasn't that hard." While I'd like learners on phones to have a perfect display of lesson content, it does not appear to be feasible at this time.
Branching Scenario	I like the low pressure invitation to share information as well	No change.
Resources Section	I really appreciated the amount of work into the resources and if I needed those resources I would be able to find them easily.	No change
Overall Lesson	[Yes, the three-step lesson was intuitive and easy to navigate.]	No change
Overall Lesson	I was using an Android phone and yes [the display] worked! It	No change

	was a little tricky because I couldn't see it as well that I had to scroll in and then I'd have to scroll out to drag and drop to the right place. But totally doable for a phone.	
Overall Lesson	[Yes, the overall tone was respectful towards the viewer and empathetic about a sensitive health topic.]	No change
Overall Lesson	[Regarding the WCAG] I was able to manipulate captions and I didn't see anything that would absolutely need to have alternate text that I noticed	No change

In summary, Teresa's feedback was overwhelmingly positive and affirmed the effectiveness, tone, and usability of the lesson. She felt the hook video would successfully encourage viewers to learn more, appreciated the balanced tone between urgency and non-alarmism, and valued the representation in the voiceover and visuals. She noted that the interactive video was engaging, appropriately paced, and respectful, with clear messaging that was neither jarring nor condescending. She especially liked the embedded interactions, the narrator's accent, the low-pressure invitation to share information, the thorough resource section, and the intuitive three-step structure of the lesson. She also confirmed that the overall tone was empathetic and appropriate for a sensitive health topic, and that the lesson was usable on an Android phone despite some minor scrolling challenges.

Her recommendations focused primarily on small usability refinements and tone enhancements rather than substantive changes. She suggested adding a brief phrase in the hook video indicating that help or solutions are available if someone discovers they carry CCM1, reinforcing reassurance alongside awareness. She also noted difficulty locating the link below the YouTube video on a phone and wondered whether a clickable link could be embedded directly in the video. Within the branching scenario,

she recommended adjusting the “Begin course” wording to clarify that learners are not restarting the entire lesson, and she observed that mobile users may need to scroll to view certain interactions. Overall, her suggestions centered on improving clarity, reassurance, and mobile experience, while affirming that the core design, tone, and educational approach are strong.

Sabrina Bent’s and Teresa Edwards’ recommended changes informed immediate revisions to the hook video and instructional module, as detailed below.

### **Immediate Revisions**

The following revisions were made to the module based on feedback from the SME-Adjacent Review and the Peer Review.

#### **Hook Video** revisions:

- Revise tone to shift from “unsettling” framing toward a more reassuring, “knowledge is power” framing.
- Revise the messaging to avoid implying that most people with CCM1 develop symptoms and instead clearly emphasize that many carriers never experience health problems.
- Emphasize that the purpose of awareness is to support early recognition and discussion of concerning neurologic symptoms with a healthcare provider – not to suggest inevitability of illness.

#### **Interactive Video** revisions:

- Add contextual framing that most ethnic groups have genetic mutations that are more common within their population, and that CCM1 is one such mutation more common among descendants of early Spanish settlers in New Mexico.
- Review for tone and adjust slightly to be more reassuring where possible. Emphasize that no one is to blame for genetic inheritance.
- Add language emphasizing that awareness supports early care for concerning symptoms.
- Remove the word “annotated” and replace with “list of resources” throughout the

interactive video and Google Site.

- Add a verbal direction at the end of the interactive video inviting learners to scroll down to complete the reflection activity.

**Drag-and-Drop Reflection** revisions:

- Revise drop zone labels to: “This makes sense,” “I’m not sure how I feel about this,” and “I have questions about this.”

**Branching Scenario** revisions:

- Attempt to remove the H5P “Begin Course” start screen if possible.
- If removal is not possible, revise the start screen title and instructions to reassure learners they are not restarting the entire lesson.

**Resources Section** revisions:

- Remove the word “annotated” and replace with “list of resources.”
- Add the recommended UNM CME module link for providers.
- Add paraphrased guidance modeled after Cancer.org language about discussing genetic concerns with family members.
- Add language acknowledging that healthcare providers outside New Mexico may not be familiar with CCM1 and may benefit from shared resources.

**Formative Evaluation Strategy 3: Small Group Review**

With all of the above revisions in place, five members of the target audience watched the hook video and completed the lesson. Val, Erin, Becca, Beverly, and Kellie live in northern New Mexico. Each of them either has Spanish heritage herself, married into a family in the target audience, or both. They completed the lesson in their respective homes on their personal devices, and then offered feedback in a Google Form composed of Likert scale items and short narrative questions. Topics for feedback included the categories: Hook Video Reactions, First Impressions and Perceptions, User Experience (UX) and Navigation, Comprehension and Clarity, Emotional Resonance and Sensitivity, and Overall Effectiveness. A summary of results for each response item can be found in Appendix C, p.34. Feedback was overwhelmingly

positive, with all response items receiving average ratings above 4.0 (agree). For this reason, I am choosing not to make any additional revisions to the lesson at this time.

### **Future Considerations**

A few hours before completing this project, I received feedback from a second peer reviewer, Noe Cisneros, who is completing the M.Ed. in Educational Technology. Out of respect for his efforts, and also in the spirit of transparency, I want to credit him and make his notes available here:

 [NoeCisneros\\_Notes for Cindy's Practicum Project 02 21 2026](#)

Noe's insights will be helpful in the event of any future revisions to the module. My takeaways from his notes include the following:

- Ensure the hook video does not sound like a commercial (i.e. check the tone with a larger sample of the target audience.)
- Provide stronger context for viewers who may have stumbled upon the lesson out of curiosity and are not members of the target audience.
- Consider increasing the font size on the Google Site (although I noticed that the font size is comparatively huge when viewed on a phone.)
- Check the tone and format of the drag-and-drop reflection with a larger sample of the target audience.
- Minimize academic-sounding vocabulary throughout the lesson while maintaining a professional and trustworthy tone.
- Explore alternate vehicles for the content other than the H5P interactions embedded on the Google Site. Both peer reviewers – and I – were annoyed at the “Start course” button that is baked into the start page of the branching scenario. The H5P content has its limitations.
- Check the tone and diction of the branching scenario with a larger sample of the target audience.

## **Summary**

Throughout this practicum, I appreciated the amalgamation of the prior knowledge I gained through the M.Ed. program – for example, ADDIE, Mayer’s multimedia principles, learner-centered instruction, etc. – and the new, task-specific tricks I learned for this project, namely how to create H5P interactive content on my WordPress site and embed it on an anonymous Google Site.

The practicum has also cemented for me the shift in design thinking that’s cultivated through the program. I’ve learned to be intentional and methodical about instructional design, thoughtfully working through the stages of analysis, design, development, implementation, and evaluation to produce a resilient and impactful module. I’ve also learned patience for multiple iterations of a project.

This practicum and preceding projects in other courses have given me a chance to explore designing instruction for adults, thus breaking out of the K-12 orientation that walled in my world for twenty years. I enjoyed the challenge of discussing a sensitive health topic with my learners. As I begin a job search this spring, I’ll look for ed tech opportunities in healthcare – an industry I never really considered before this project.

Although the topic of CCM1 is unhappy, I really am emotionally invested in spreading awareness among the target population, as it can increase early recognition and access to care. There has already been an immediate impact for two of my five small group reviewers from the target population. One reviewer asked how soon she could share the lesson, as she currently has a young student who recently began experiencing seizures and migraines and whose last name falls into the higher risk hereditary group. Another reviewer said that the lesson has given her food for thought, as she has immediate family members who suffer from seizures, migraines, and headaches, and who have not yet received satisfactory medical explanations for their symptoms. While startled by these comments and dismayed for the people experiencing symptoms, I’m also newly determined to push my lesson out to the public in the hope of empowering learners by giving them a name and context for a condition that likely already impacts their families and communities.

## **Revised Instructional Solution**

First **draft** version of the hook video:

<https://drive.google.com/file/d/1KcRJytFeqtMG167nRixeEP6eHNSdInvc/view?usp=sharing>

First **draft** version of the interactive video:

<https://drive.google.com/file/d/12ZY1urHOEomZDSsCzVAYsW8Et6Lh5g8M/view?usp=sharing>

The **final** version of the hook video is available at:

<https://www.youtube.com/watch?v=OoVlxax7Izg>

The **final** version of the interactive lesson module is available at:

<https://sites.google.com/view/ccm1-newmexico-psa/home>

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<https://www.nmms.org/wp-content/uploads/2024/01/UNM-SOM-Neurology-Cerebral-Cavernous-Malformation-.pdf>

Van Note, S. (2017, October 10). *For New Mexico Families, Connecting the Dots of an Ancestral Disease.* Undark Magazine.

<https://undark.org/2017/10/10/new-mexico-common-hispanic-mutation/>

Zafar, A., Quadri, S. A., Farooqui, M., Ikram, A., Robinson, M., Hart, B. L., Mabray, M. C., Vigil, C., Tang, A. T., Kahn, M. L., Yonas, H., Lawton, M. T., Kim, H., & Morrison, L. (2019). Familial Cerebral Cavernous Malformations. *Stroke*, *50*(5), 1294–1301. <https://doi.org/10.1161/strokeaha.118.022314>

**Appendix A, pp.23-27****Questionnaire Response Form from the Subject Matter Expert-Adjacent Reviewer,  
Sabrina Parks Bent, ACNP**

**Name:** Sabrina Parks Bent, Acute Care Nurse Practitioner (ACNP)

Thank you so much for taking the time to review my lesson!

If this questionnaire is too long, feel free to skip items on which you have no comment. I highlighted my priority questions in case you're short on time.

I look forward to revising and improving my lesson based on your feedback.

**Part 1: Hook Video (Short Awareness Video)****[CCM1: A Hidden Genetic Risk in New Mexican Spanish Families](#)**

1. After watching the hook video, what stood out to you most? I really liked the scenery, the narrator. Recognizing some of the places made me feel like the video was really for me (a community member here)  
—
2. From a patient or community member's perspective, how effective do you think the hook video is at capturing attention without causing unnecessary alarm? I think it's a really good video, just would change a few things as below.  
—
3. How did the tone of the hook video feel to you?  
(For example: calm, urgent, reassuring, concerning, relatable, unclear, etc.)  
I feel like as a potential patient I might be concerned. See comments about this below  
—
4. Was there anything in the hook video that you felt might:
  - a. Raise anxiety unnecessarily? \_I think I would remove the part about it being "unsettling" for people to not know. Esp for genetic conditions, sometimes it is more unsettling for them TO know, bc they can't change it (i.e. why people don't get tested for BRCA or Huntington's genes sometimes). I would frame it as "knowledge is power" I would also be

reassuring up front, saying something like “at least half of people with this gene develop no problems at all, but knowing that this mutation may be common in your community gives you power in knowing that mentioning any neurologic symptoms to your healthcare provider is important!”

- b. Feel dismissive or minimizing? \_no
  - c. Feel condescending? \_no
  - d. Be confusing or easy to misinterpret? \_no
5. Did the hook video clearly communicate who the message is for and why it matters to them? Yes, it was clear that it was for New Mexican Spanish families  
If not, where could that be clearer?
- 

6. After watching the hook video alone, would you expect viewers to want to learn more and follow the link to the main lesson? Why or why not? I think they would
- 

## Part 2: Main Lesson Content

### [CCM1: A Genetic Risk Linked to New Mexican Spanish Ancestry](#)

7. After completing the full lesson, what was your overall impression? I thought the lesson explained it very well and I felt well prepared to answer the questions
- 
8. **From your experience in healthcare, how clearly does the lesson explain:**
- a. What CCM1 is \_ yes
  - b. Why it appears more often in some New Mexican families \_yes- and the genealogy chart was fantastic at showing this in a visual way
  - c. Why symptoms and outcomes can vary so widely \_ I’m not sure anyone understands WHY they vary so widely, but the video made it very clear that there IS a wide variety of symptoms (including no symptoms)
9. Were there any moments where you felt a learner might become confused, overwhelmed, or disengaged?  
If so, where?
- 
10. How did the overall tone of the lesson feel compared to the hook video?  
Did it feel consistent, or did the tone shift?

–

### Part 3: Patient-Centered Communication

11. Does the lesson reflect how you would want sensitive genetic or neurological information introduced to patients or families? Why or why not?

\_ I think it could be helpful to add that most ethnic groups have some mutation that is more common in their group and that this one just happens to be common in people who are descendents from the Spanish explorers to New Mexico.

12. How well do you think the lesson respects different readiness levels – people who are just curious versus people who may feel concerned?

\_ Yes

13. Did the lesson clearly communicate that:

- a. Learning more is optional? \_ yes
- b. No immediate decisions are expected? \_ yes
- c. Genetic testing and follow-up are personal choices? \_ yes

14. Was there any language or framing that you would personally adjust based on your experience communicating with patients? I would take out the word “annotated” at the end of the video. Just “list of resources” is appropriate for community level learners

–

### Part 4: Reflection and Branching Activity

15. How did the drag-and-drop reflection activity feel from a patient or learner perspective? Did it seem helpful, neutral, unnecessary, or confusing?

So, I didn’t realize until I watched the video a 2nd or 3rd time that I needed to scroll down on my screen. A line under the video screen and/or verbal direction at the very end of the video would help. If I missed this in the “tech,” an older community member certainly will

–

16. Did the branching scenario feel supportive and non-directive, or did it feel like it was pushing learners toward particular conclusions or actions? It felt supportive and non-directive. I see this as “tell us how you are feeling about each statement”

–

17. Did the branching options seem realistic and respectful of how people actually respond to health information? I think I would call these “This makes sense,” “I’m not sure how I feel about this” and “I have questions about this”

–

## Part 5: Resources and Next Steps

18. How did the presentation of optional resources come across to you? Did it feel empowering, overwhelming, reassuring, or unclear? No, these were very well marked

–

19. From a healthcare communication standpoint, do you think learners would understand how to use the resources without feeling pressured to act? I think the fact that resources are hyper-linked makes them especially useful

–

## Part 6: Overall Effectiveness

20. Taken together, how effective do you think this project is as a public-facing health awareness tool? I thought this was an excellent teaching tool!

–

21. If you imagine a patient or community member coming to you after watching this, how prepared do you think they would be to ask questions or talk about concerns? I can imagine they would be prepared after watching this, though might be scared too. It is very difficult to get an appointment with a neurologist or a genetic counselor in New Mexico, so it’s not easy to just “make a referral.” I also think it could be important to say something like “your doctor or health care provider might not know about this, especially if they didn’t grow up or go to school in New Mexico. Here is a resource you might want to share with them!”  
<https://cpl.health.unm.edu/Listing/Recognizing-and-Treating-the-Common-Hispanic-Mutation-CCM1-2098>  
 I also found the statements on this web page really helpful (modified for the topic)  
<https://www.cancer.org/cancer/risk-prevention/genetics/genetic-testing-for-cancer-risk/talking-with-family-members-about-genetic-testing.html>

–

22. What is one change you would recommend that could most improve the clarity, tone, or effectiveness of the project? I think it was very clear, effective and with good tone. I think the biggest part when talking about genetic diseases is to not overly worry people or make it feel like it is their fault (esp when it's their child that has an issue)

–

**23. Is there anything you would remove, simplify, or emphasize more strongly?**

I would emphasize that as many people as not have no problems even if they carry the genetic mutation, and that the purpose of raising awareness is so that people can seek care early if they have any concerning symptoms.

–

### **Final Thoughts**

24. Is there anything else you'd like to share – positive or critical – that would help strengthen this lesson?

–

**Appendix B, pp.28-33****Questionnaire Response Form from the Peer Reviewer, Teresa Edwards**

Name: Teresa Edwards

Date of review:

Please view the hook video (under 2 minutes) on YouTube first:

[CCM1: A Hidden Genetic Risk in New Mexican Spanish Families](#)

Do you think the hook video is compelling enough to catch the attention of a viewer in the intended target audience? In other words, if you felt that the health message might apply to you or your family, would you be motivated to follow the link to the main lesson?

I really like the hook video! I do think that it would encourage people to want to learn more. The part that says there's a link below and there's a QR code are good options and for me I was watching from my phone so I often have a hard time finding the links below. Sometimes people can put a link on a video so you might want to put the link in the video where they can click it and it'll take them if you can figure that out?

I also liked the tone of the video and the representation in the voiceover and the people and families that you chose.

—

Does the tone of the hook video convey urgency without alarmism?

This is a good question. I think it does strike a good balance between urgency and not having alarmism. I don't know how hard it would be, but I wonder if there could be a phrase added about there is help or there are ways to solve this problem. If you find that you have it. Something that gives me the idea there that it's worth knowing if I have it.

—

Any other feedback on the hook video? Because I don't speak Spanish, I do wonder if what is said in Spanish is available to me in English. It almost sounds like those phrases are repeated in Spanish and in English.

—

Then complete the three-step main lesson (about 10 minutes):

[CCM1: A Genetic Risk Linked to New Mexican Spanish Ancestry](#)

My thoughts on the video before I answer the questions. I really like it! And I missed the interaction button. The first time the video stopped and just hit play and then the second time I noticed the button for the interaction. I love the interaction on the video. That's really clever and can you tell me where you created that?

In the choose your path section of the course, the buttons say start the course and restart the course. I wonder if you can change the course word to reflection so I know it's not going to make me start the whole thing over but just this reflection part.

I'm going to share a screenshot so that you can see that I have to scroll on my phone to be able to see all of the interaction on that part as well.

9:14   88 

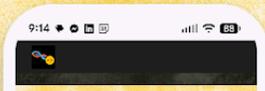
## Step 3: Choose Your Path

The activity below offers a way to reflect on where you are after this lesson.



Choose Your Path

[Start the course →](#)

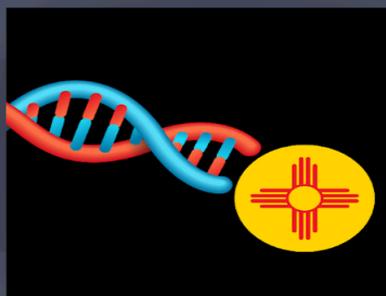


Annotated Resources

9:14       88

## Step 3: Choose Your Path

The activity below offers a way to reflect on where you are after this lesson.



Choose Your Path

## Annotated Resources

If you'd like to learn more, the resources below share more detail about CCM1, including medical, historical, and community perspectives.

I like the low pressure invitation to share information as well

Was the three-step lesson intuitive and easy to navigate? Yes

–

Did the interactive video, drag-and-drop reflection, and branching scenario display correctly on whatever screen you were using? (And what were you using? – laptop? phone? tablet?) I was using an Android phone and yes it worked! It was a little tricky because I couldn't see it as well that I had to scroll in and then I'd have to scroll out to drag and drop to the right place. But totally doable for a phone

–

Would you feel confident about navigating the collapsible sections of annotated resources if you wanted to read more about the topic? Are the resources organized helpfully, or is the amount of material overwhelming?

I really appreciated the amount of work into the resources and if I needed those resources I would be able to find them easily.

–

Was the AI narrator natural-sounding enough to let you focus on the lesson, or was it distracting? Would you change the narrator's voice in any way to make it more comfortable or relatable?

The narrator voice worked for me and I appreciated the accent. I think it's cool

–

Was there any part of the messaging that stood out to you as jarring, alarmist, condescending, odd, or negative in any way?

\_ not to me

Did you feel that the overall tone was respectful towards the viewer and empathetic about a sensitive health topic? Yes

–

Was the overview of CCM1 comprehensive enough that you could explain the health concern to someone in a few sentences?

I think it was just the right amount that if I had a family member who was exhibiting symptoms I would let them know about this learning and the possibility of this being a concern and keep it in the back of my mind for future reference.

–

Did the interactive video appear to follow Mayer's multimedia principles (esp. pre-training, segmenting, signaling, personalization)?

\_ I didn't watch for that but actually yes I think it did!

Does the lesson adhere to the Web Content Accessibility Guidelines?

\_ I was able to manipulate captions and I didn't see anything that would absolutely need to have alternate text that I noticed

Any other feedback on the main lesson? Good work! I would love to know how you made the video interactive And what you used for your reflection interaction

—

Thank you so much for taking the time to review my lesson!

**Appendix C, pp.34-45:****Summary of Results for Google Form Responses from Small Group Learners  
Representing the Target Audience**

Scale for rating questions:

1 = Strongly Disagree

2 = Disagree

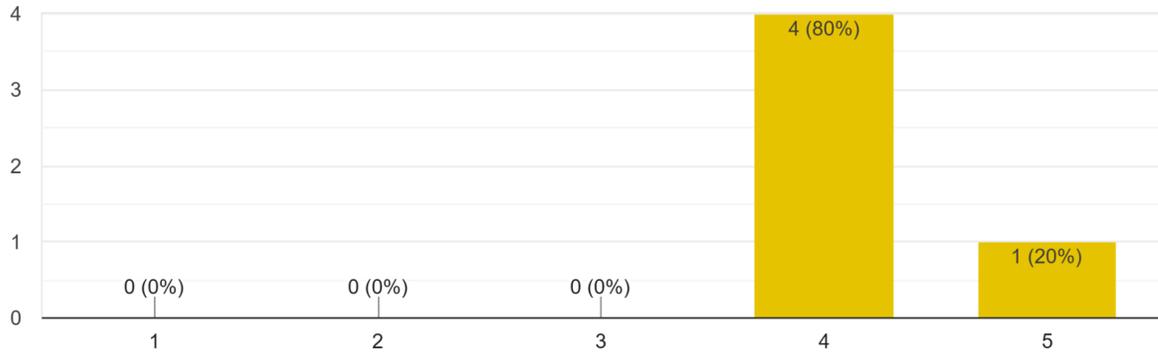
3 = Neutral

4 = Agree

5 = Strongly Agree

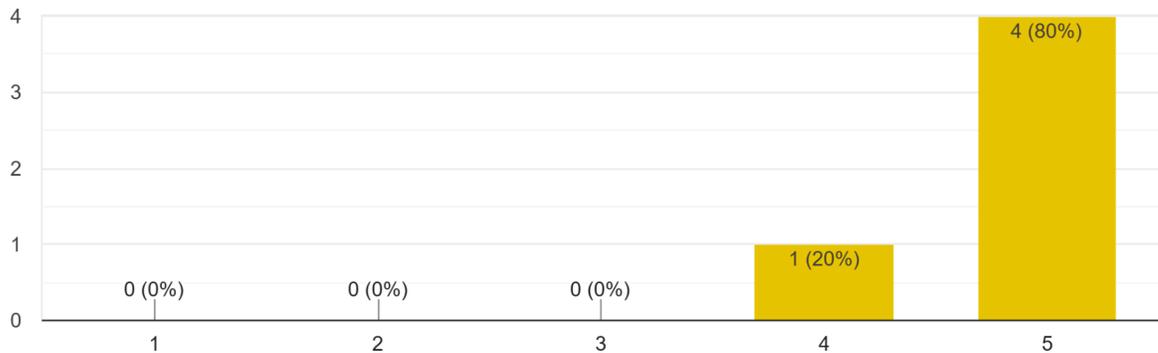
The hook video captured my attention.

5 responses



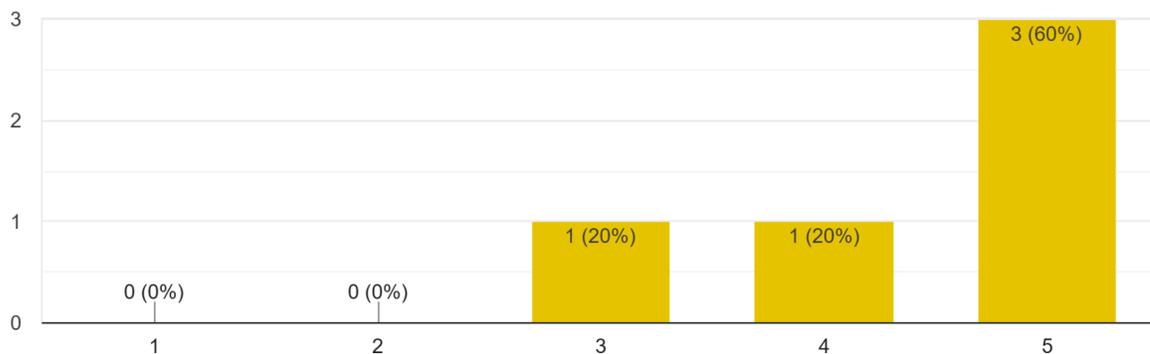
The purpose of the video was clear.

5 responses



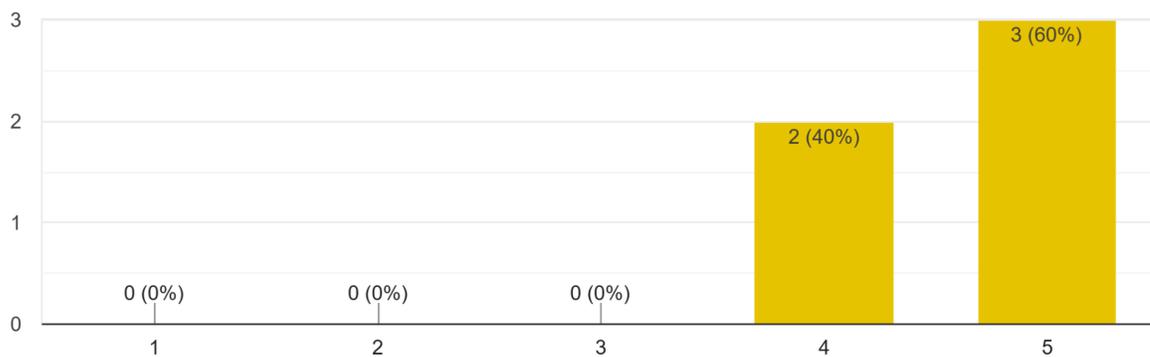
The tone of the video felt appropriate for the topic.

5 responses



The video made me want to continue the lesson.

5 responses



Did anything in the video feel unclear, distracting, or especially effective? 3 responses

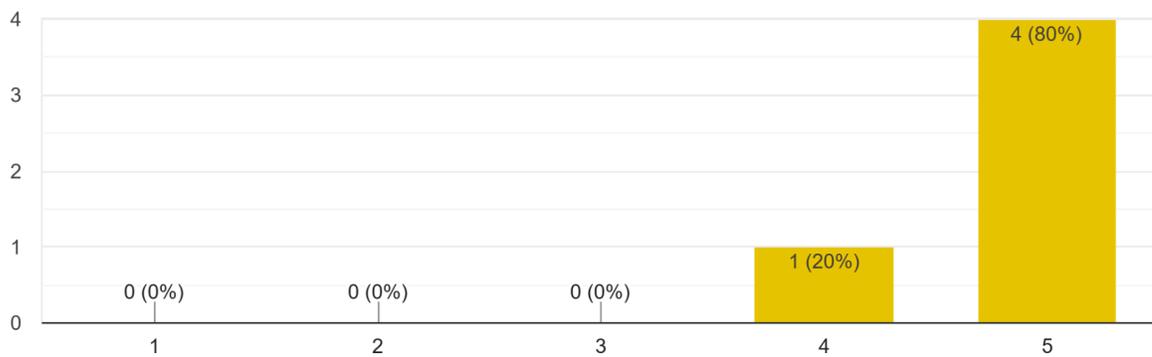
Using Hispanic actors/actresses and southwest scenery made the video clip seem more personal

The lines in Spanish were lost on me. I dont speak Spanish.

I liked the text especially because I was viewing the video in a loud environment.

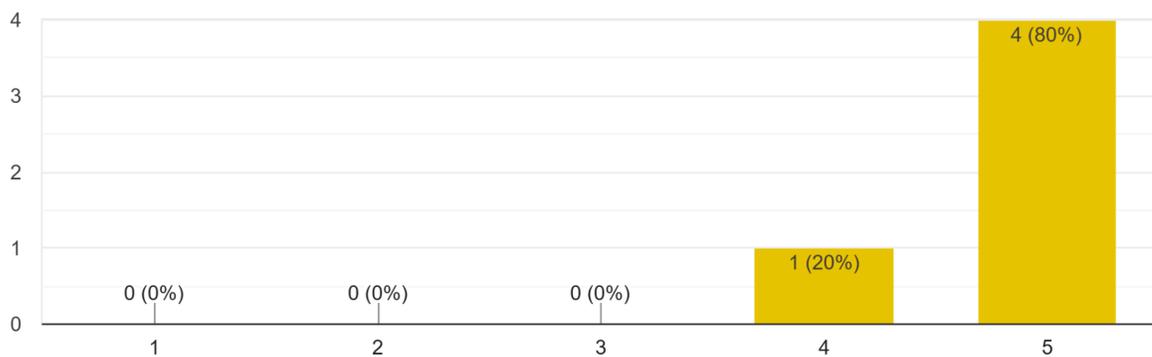
The purpose of the lesson was immediately clear.

5 responses



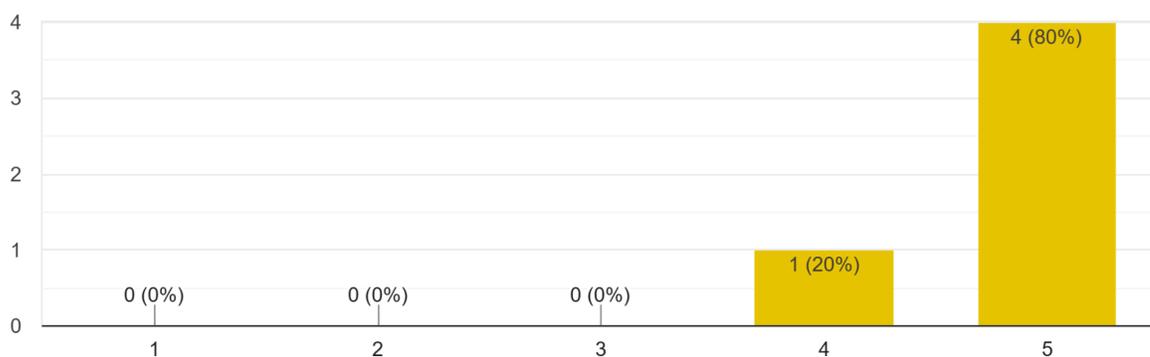
The lesson felt trustworthy and credible.

5 responses



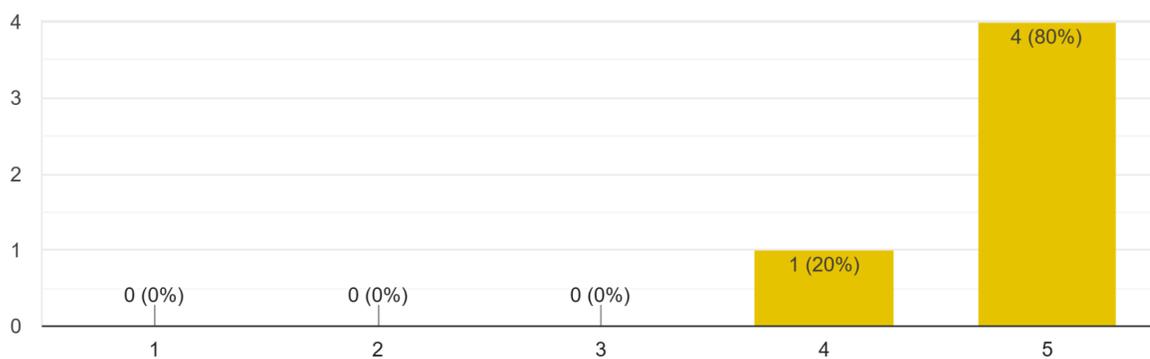
The tone felt respectful toward New Mexican families and communities.

5 responses



The lesson felt balanced (informative without being alarmist).

5 responses



Did anything strengthen or weaken your trust in the content? 5 responses

no

Seeing the Hispanic professionals in the lesson.

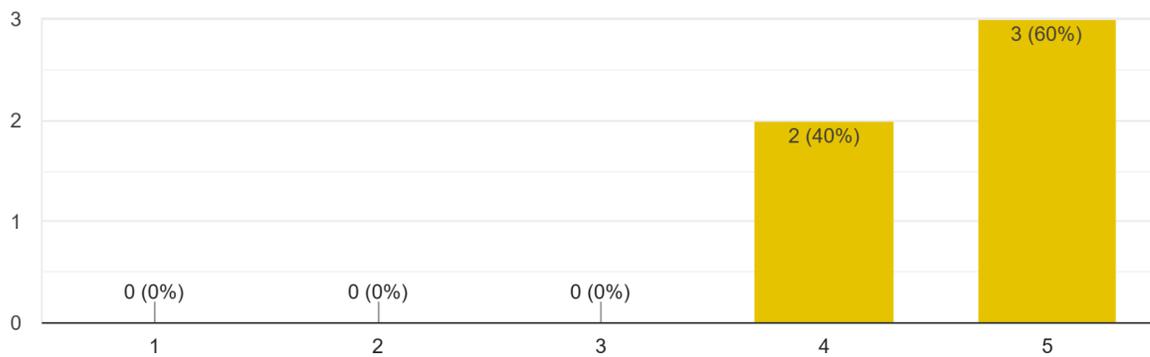
The added information listed after the draggin activity was good

No, everything discussed was informative and it didn't alarm me.

The resources listed were sites and sources that I trust, so it strengthened the message.

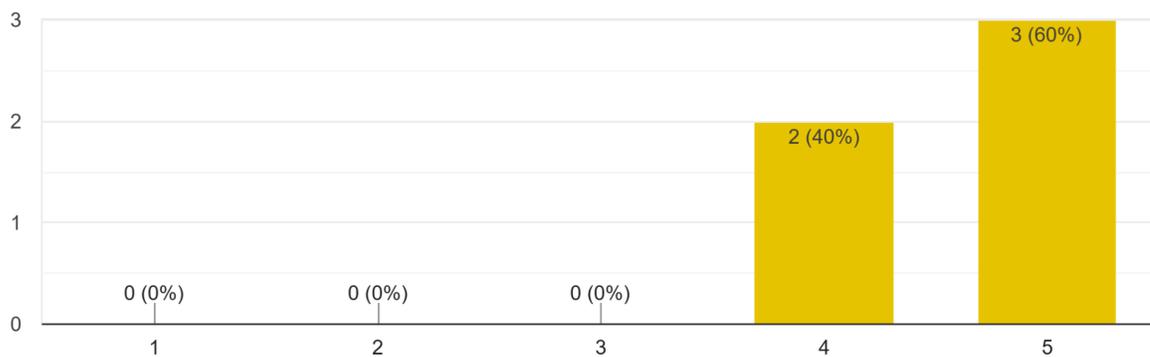
The lesson was easy to navigate.

5 responses



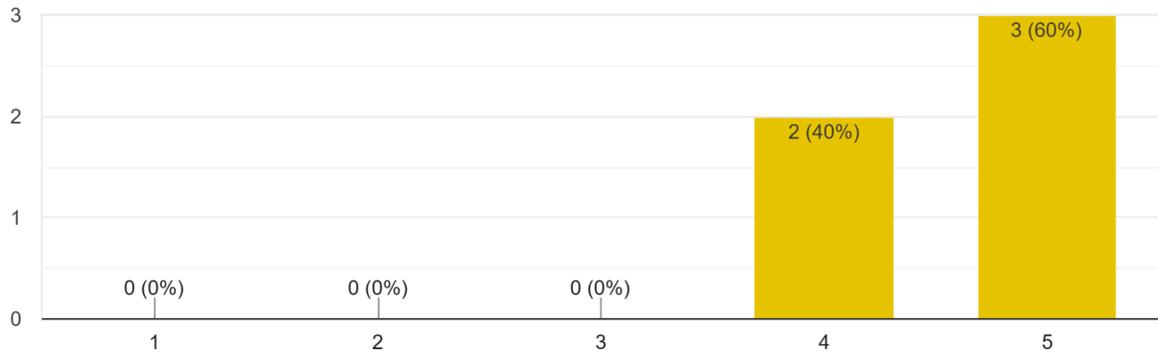
Instructions were clear at each step.

5 responses



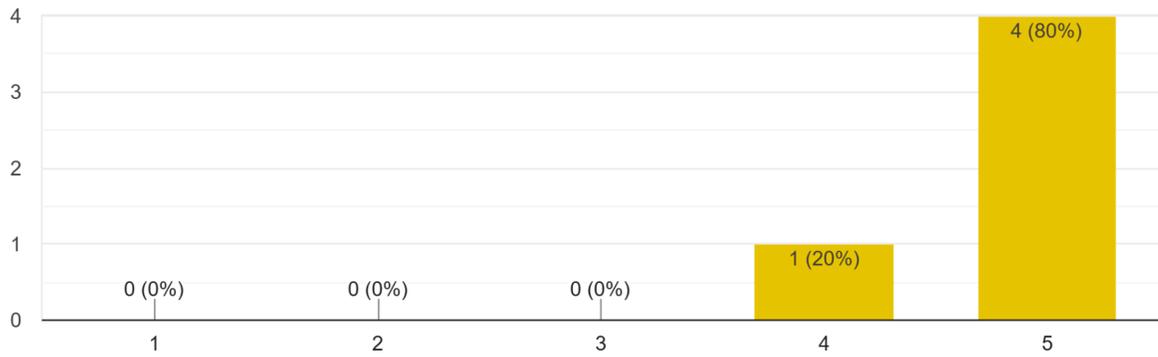
Interactive elements were intuitive to use.

5 responses



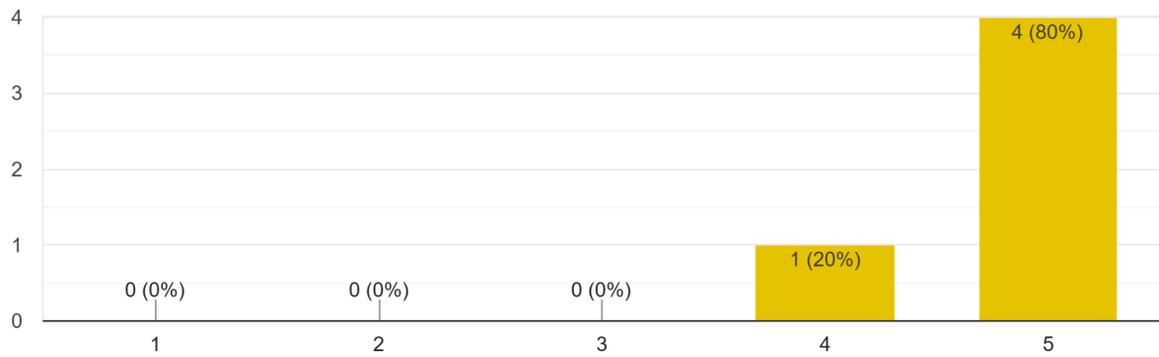
The layout (text, spacing, visuals) supported readability.

5 responses



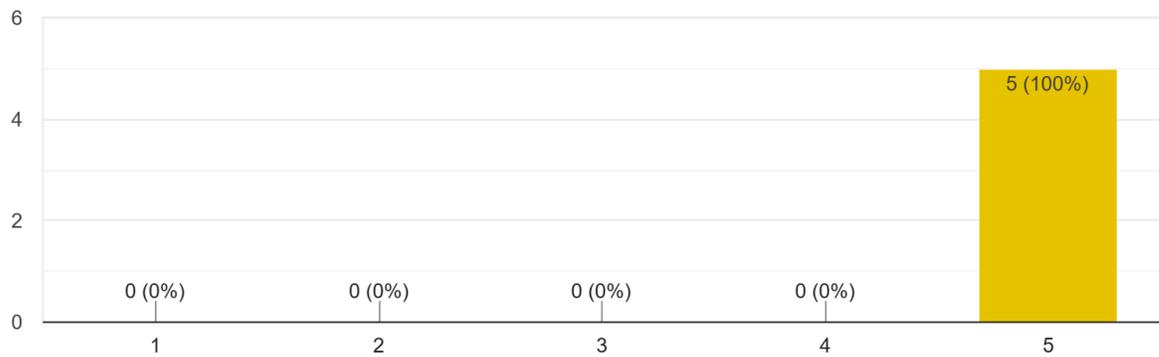
I understand what CCM1 is after completing the lesson.

5 responses



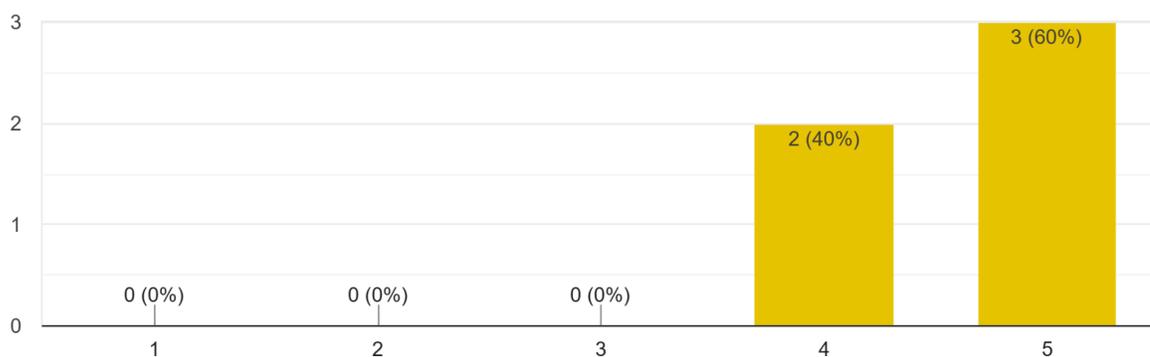
The explanation of genetic risk was clear.

5 responses



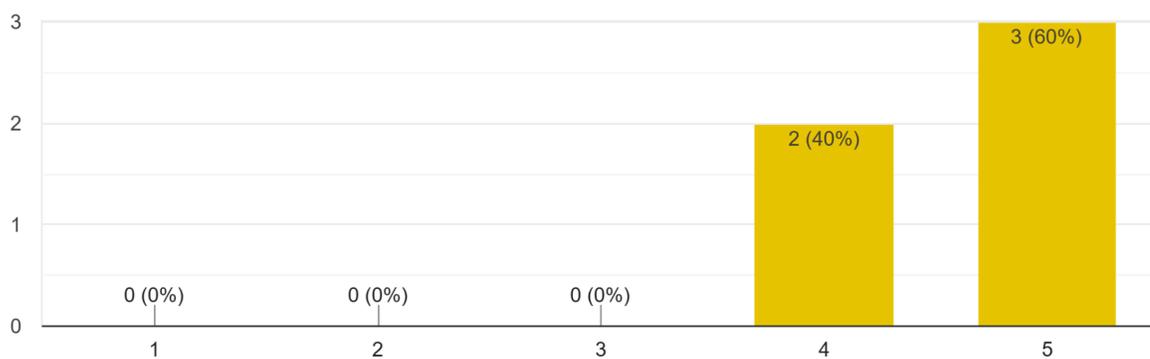
Medical terminology was explained in an accessible way.

5 responses



I understand possible next steps someone might consider.

5 responses



Was there a point where you felt overwhelmed or under-informed? 5 responses

no, i liked how you could explore for more information

No

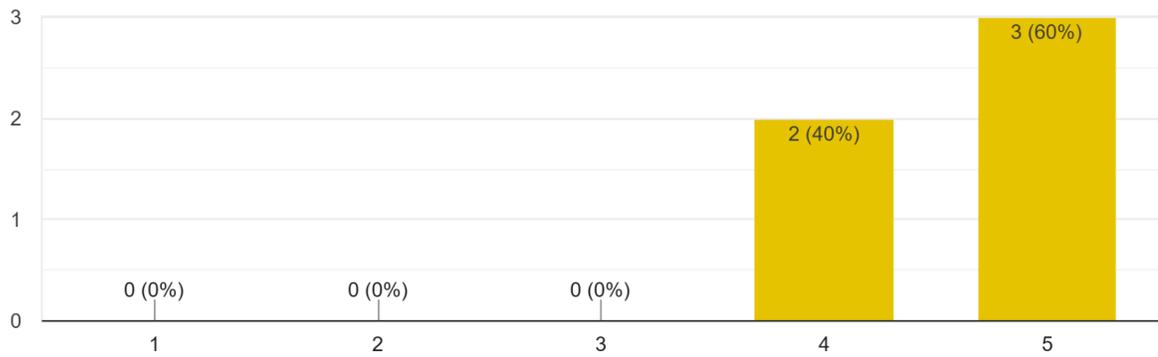
No

None. I really like exploring and reading about the topics that interest me and that I wanted to further research.

I was under-informed before this lesson because I have never heard of this condition.

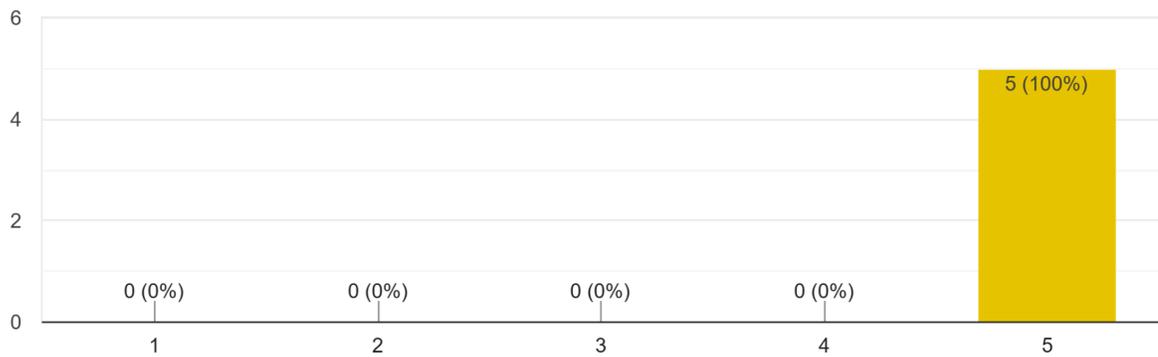
The lesson handled the topic with appropriate sensitivity.

5 responses



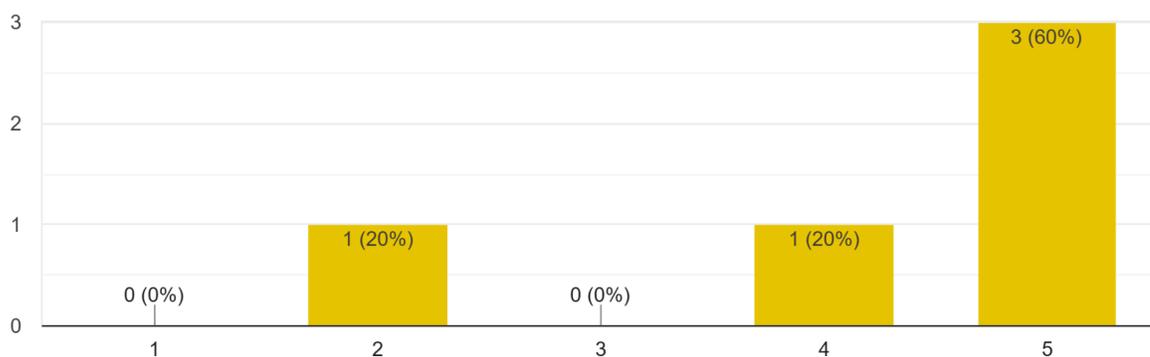
I felt respected as a learner throughout the lesson.

5 responses



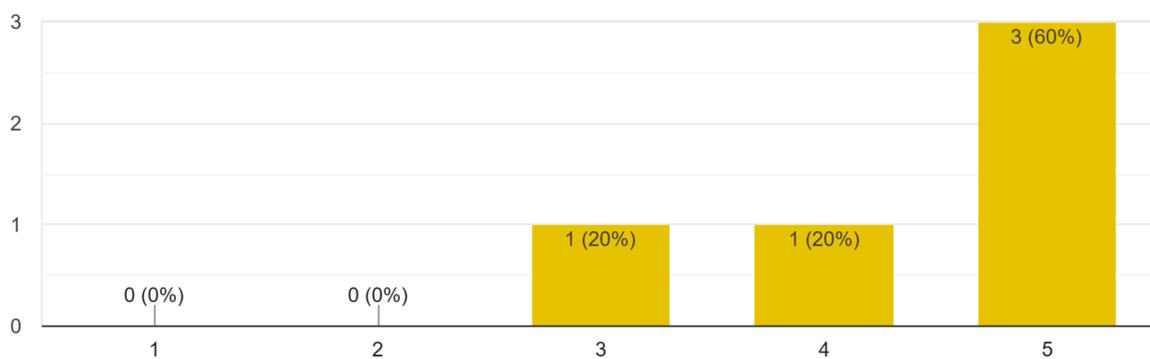
The content acknowledged personal choice appropriately (e.g., testing, counseling).

5 responses



The message about awareness felt empowering.

5 responses



How did the lesson make you feel (e.g., reassured, concerned, informed, neutral)? 5

responses

Informed

Informed and concerned for my Hispanic friends

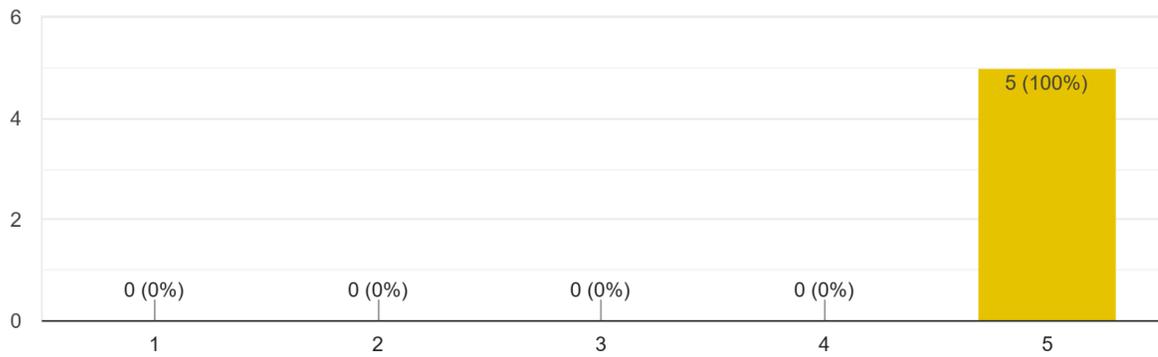
Informed and gave clear instruction to follow up with provider

The lesson made me feel informed and now I want to research more.

After the lesson I feel informed and also curious. I will be asking my relatives, that fall into the "at higher risk" category, if they know about this.

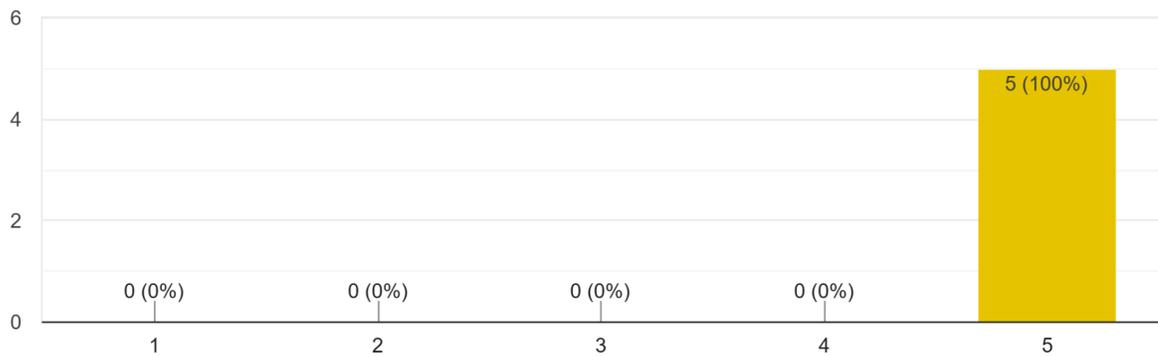
The lesson achieved its stated goal.

5 responses



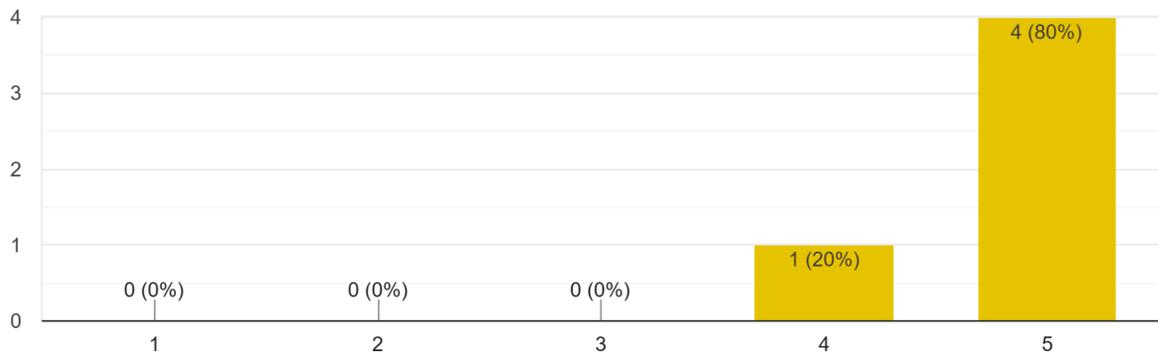
I would recommend this lesson to someone in the target audience.

5 responses



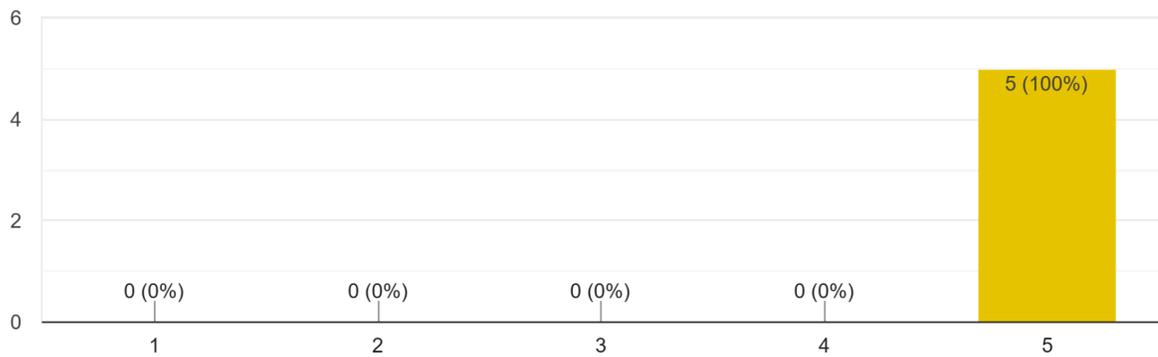
The lesson increased my awareness of CCM1.

5 responses



Overall, this was an effective micro-lesson.

5 responses



What is one specific change that would improve it? 5 responses

can't think of any

Nothing

Not sure, it was good for the target audience

None

I would not change it.