COURSE SYLLABUS

ULACIT
LATIN AMERICAN UNIVERSITY OF SCIENCE AND TECHNOLOGY
COSTA RICA

ULACIT – GLOBAL EDUCATION

BIOMED SUMMER PROGRAM: Tropical Healthcare Innovation & Biomedical Device Prototyping

BME 330 Tropical Healthcare Innovations (3 US credits / 45 hours)
BME 350 Biomaterials & Device Design (3 US credits / 45 hours)
Total: 6 US credits / 90 contact hours
Program Length: 6 weeks (Summer Term)
Structure:

- **Weeks 1–3:** BME 330 –Tropical Healthcare Challenges, Needs Finding
- **Weeks 4–6:** BME 350 – Biomaterials, Device Design, Prototyping

Prerequisites: None (recommended background in biology, biomedical engineering, or health sciences)

COURSE DESCRIPTION

This accelerated 6-week summer program integrates two complementary courses—BME 330 Tropical Healthcare Innovations and BME 350 Biomaterials & Device Design—to provide students with an intensive immersion into biomedical innovation in the context of Costa Rica and tropical healthcare systems.

During Weeks 1–3, students focus on needs finding, frugal innovation, global health constraints, and the identification of real-world clinical or system-level challenges in tropical and emerging-economy environments. Field visits to public-health institutions and clinics allow participants to document unmet needs and analyze equity, usability, and operational challenges in real settings.

During Weeks 4–6, students transition into biomaterials science, design thinking, prototyping, and the biomedical device development process. Through laboratory workshops, field-based industrial observations, and guided design exercises, students will conceptualize and refine an introductory-level device prototype or materials-driven solution informed by their Weeks 1–3 findings.

This program combines global health insight, materials engineering, and design-driven innovation, culminating in a final presentation where students deliver a conceptual prototype and feasibility analysis grounded in Costa Rican clinical and industrial realities.

AUDIENCE

This Summer program is designed for international study-abroad students and local degree-seeking students in Biomedical Engineering, Engineering, Global or Public Health, or related fields. No prerequisites are required, although prior exposure to biology or engineering is recommended.

COMPETENCIES, CRITERIA AND EVIDENCE

The competencies for the ULACIT programs are reflexive and integral actions that respond to the professional profile and to the problems of the context, integrating theory and practice with contextual understanding of disciplinary challenges.

Below are both the disciplinary and general competencies, linked to their criteria and evidence of performance for this course.

Competencies	Key Competences	Evidence of Learning
Analyze healthcare innovation challenges in tropical and rural contexts.	• Identify barriers to healthcare delivery in low-resource environments. • Critically assess case studies from Costa Rica and other developing regions. • Recognize socio-economic, environmental, and cultural factors impacting healthcare innovation.	• Case study analysis. • Field reports. • Class discussions. • Midterm reflection.
Apply engineering principles to the design and adaptation of biomedical technologies for resource-constrained settings.	• Employ biomedical engineering concepts to adapt or redesign technologies. • Integrate frugal innovation and appropriate-technology principles. • Assess feasibility, usability, and sustainability of devices in tropical contexts.	• Design exercises. • Field project report. • Group presentations. • Final capstone project.
Evaluate the role of telemedicine, diagnostics, and mobile health tools in improving healthcare access.	• Compare digital health platforms and their applications. • Assess benefits and limitations of telemedicine in rural and indigenous communities. • Analyze qualitative and quantitative data from case studies and field experiences.	• Reflection essays. • Group presentations. • Guest lecture analysis. • Field visit reports.
Collaborate in interdisciplinary teams to propose solutions to real-world healthcare	• Contribute constructively to team discussions. • Integrate diverse disciplinary perspectives into design proposals.	• Team-based field project. • Social project rubric. • Final presentation.

Competencies	Key Competences	Evidence of Learning
problems.	• Manage teamwork responsibilities ethically and effectively.	• Peer evaluation.
Demonstrate intercultural competence by engaging with local communities and professionals.	• Interact respectfully with local stakeholders. • Show cultural awareness and sensitivity in communication. • Adapt project proposals to local realities and community needs.	• Fieldwork participation. • Reflection papers. • Social project report. • Field project evaluation.
Communicate findings and proposals through professional reports, oral presentations, and field-based reflections.	• Structure written reports using academic conventions (APA) • Deliver effective oral presentations with reasoning and appropriate visuals. • Demonstrate clarity, coherence, and technical accuracy in communication.	• Written reports. • Oral presentations. • Field reflections. • Final capstone presentation.

COURSE CONTENT

Unit I – Tropical Healthcare Innovation Foundations (Weeks 1–3)

- Global-health challenges in tropical regions
- Frugal innovation & low-resource design
- Needs-finding frameworks and ethnographic observation
- Health equity and access in emerging economies
- Case studies in infectious disease, maternal care, and chronic disease in tropical settings
- Field visit 1: CCSS / Ministry of Health primary-care setting
- Stakeholder Simulation Panel with Costa Rican healthcare professionals
- Community Insight Micro-Interviews (guided qualitative observation)
- Problem Landscape Mapping Workshop (systems and SDG alignment analysis)

Unit II – Biomaterials Foundations (Week 4)

- Introduction to metals, ceramics, polymers, composites
- Structure–property relationships
- Material characterization and basic testing
- Introduction to host response, inflammation, and wound healing

Unit III – Biomedical Device Design (Weeks 5–6)

- Design-thinking methodology
- User needs & functional requirements
- Introductory CAD & mock-up prototyping
- Failure modes, risk awareness, and basic regulatory considerations
- Field visit 2: Medical device company or free-trade zone facility
- Integrative prototype development and refinement
- Final poster + conceptual prototype session

METHODOLOGY

The program uses project-based learning, combining needs finding, applied research, laboratory demonstrations, design workshops, case studies, and fieldwork. Students work in teams throughout the 6-week period, moving from problem identification (Weeks 1–3) to material selection and prototype design (Weeks 4–6).

The program integrates three complementary activities that simulate and deepen real-world exposure to healthcare challenges in tropical and emerging-economy environments:

1. **Stakeholder Simulation Panels:** Students will interact with Costa Rican healthcare professionals, including primary care clinicians, community health workers, biomedical engineers, and telehealth coordinators, in structured interview panels. Sessions allow students to explore workflow barriers, perceptions of equity, device adoption challenges, and operational constraints in the national health system.
2. **Problem Landscape Mapping Workshop:** Through a facilitated systems-analysis exercise, students will map healthcare delivery challenges across themes such as equity, infrastructure limitations, diagnostic gaps, supply-chain bottlenecks, cultural barriers, and climate/tropical environmental factors. This workshop supports the formulation of SDG-aligned problem statements and evidence-based prioritization of unmet needs.
3. **Community Insight Micro-Interviews:** Students will conduct short, informal interviews with community members, focusing on perceived barriers to healthcare access, patient experience, and social or cultural determinants of care. These interviews provide qualitative insight into user perspectives and supplement field observation data.

These activities collectively strengthen the Needs-Finding Portfolio, enabling students to generate robust, multi-source evidence necessary for the subsequent design and prototyping phase in Weeks 4–6. Class sessions prioritize participatory activities, team-based design, and reflection on real-world constraints derived from public-health and industrial settings in Costa Rica.

Students will prepare through readings and multimedia materials before class sessions, which will focus on problem-solving, discussions, and application exercises. Fieldwork and experiential learning activities are central, integrating Costa Rican healthcare realities into the academic experience.

The role of the professor is to facilitate and guide the students in their learning experiences and projects, allowing the students to develop new skills and capabilities. It is a student-centered methodology that improves social and collective interactions.

FIELDWORK COMPONENT

Students will conduct **two guided field visits**:

Field Visit 1 (Week 2 or 3): Clinical / Public Health Setting

Objectives:

- Identify barriers to care, workflow limitations, and patient-provider interactions.
- Document unmet clinical needs and environmental constraints.

Deliverables:

- Field Reflection Report
- Needs-Finding Portfolio

Field Visit 2 (Week 5): Medical Device Industry Visit

Objectives:

- Observe materials testing, manufacturing processes, and regulatory practices.
- Identify materials or design challenges relevant to prototype development.

Deliverables:

- Industry Field Report
- Prototype Material Justification

In addition to the scheduled clinical and industry field visits, students will participate in structured supplemental activities to expand the evidence base for their Needs-Finding Portfolio:

- **Stakeholder Simulation Panel (Week 1–2):** Guided interviews with health professionals to gather insights on system-level constraints, patient flows, diagnostic gaps, and implementation barriers.
- **Problem Landscape Mapping Workshop (Week 2):** A collaborative activity designed to identify, categorize, and prioritize unmet needs in tropical healthcare systems, integrating contextual, environmental, economic, and regulatory factors.
- **Community Insight Micro-Interviews (Week 2–3):** Guided conversational interviews with local community members to understand perceptions of access, usability, cultural barriers, and experience interacting with health services.

EDUCATIONAL RESOURCES

To guarantee good development of the course, and learning, the following resources are available: an updated bibliographic database, multimedia equipment that students can use for their individual presentations; whiteboards and other school equipment for weekly sessions, and readings provided by the professor. All of these complement the suggested projects and provide the students with higher possibilities of knowledge ownership. Most of the lessons will take place in the classroom. A campus library, study rooms, and computer labs are available for the student's independent work time. Free Wi-Fi connection is available.

LEARNING EVALUATION

Evaluation compiles and assesses evidence throughout the 6-week program according to pre-established criteria and rubrics. Grading aligns with ULACIT's competency-based assessment framework and reflects the accelerated nature of the Summer term.

The following assessment components integrate the **needs-finding phase** (Weeks 1–3) and the **biomaterials/device design phase** (Weeks 4–6).

Assignment	**Value**
Needs-Finding Portfolio + Case Analyses	2 points
Field Reflections (Clinical + Industry)	2 points
Weekly Assessment Exercises	2 points
Prototype Draft & Design Milestones	2 points
Final Prototype + Presentation + Report	2 points
Total	**10 points**

LEARNING STRATEGIES AND RUBRICS

The following learning strategies will be developed:

1. Needs-Finding Portfolio + Case Analyses (2 points)

During Weeks **1–3**, students will compile a multi-source Needs-Finding Portfolio integrating evidence obtained from:

- Field Visit 1 (clinical setting)
- Stakeholder Simulation Panel
- Community Insight Micro-Interviews
- Problem Landscape Mapping Workshop

- Guided ethnographic observation materials
- Assigned case studies and readings

The portfolio must include structured needs statements, contextual analysis, stakeholder perspectives, SDG alignment, and evidence of analytical integration. An individual reflection essay (2–3 pages) will connect these insights to course concepts and personal learning.

Teams synthesize their findings in a short **portfolio presentation** during class (minimum 15 minutes + Q&A), supported by slides or visual materials. This presentation functions as an intermediate checkpoint for the Summer Design Studio and informs later prototype development.

Skills developed: teamwork, applied research, analytical reasoning, professional communication, contextual analysis, and intercultural awareness.

Submission requirements:

- Presentation slides are submitted **24 hours before class**.
- Portfolio sections and individual reflection essay submitted as instructed by faculty.

Rubric – Needs-Finding Portfolio + Case Analyses

Indicator	Excellent (10–9.1%)	Very Good (9–7.5%)	Sufficient (7.4–5.0%)	Insufficient (4.9% or less)
Creativity	Portfolio and presentation use strong visual supports (infographics, diagrams, maps, photos, short videos) that clearly communicate the healthcare challenge and context.	Visuals are effective and enhance clarity.	Visuals present but limited in quality or integration.	Weak, unclear, or absent visual support.
Research Depth	Demonstrates rigorous research on the healthcare problem, its tropical/rural determinants,	Research is solid with minor omissions.	Some relevant research but limited depth or incomplete sources.	Minimal research; inaccurate or missing evidence.

Indicator	Excellent (10–9.1%)	Very Good (9–7.5%)	Sufficient (7.4–5.0%)	Insufficient (4.9% or less)
	comparable innovations, and SDG alignment.			
Collaboration	All team members contribute visibly to portfolio development and presentation; each can explain all aspects during Q&A.	Most members contribute meaningfully.	Uneven contributions; some members minimally involved.	Very limited teamwork or disproportionate contributions.
Time Management	Presentation meets the **15-minute minimum**, follows a clear structure, and allocates appropriate time for Q&A.	Minor deviations from required timing.	Significant timing issues.	Fails to meet timing requirements or lacks structure.
Conceptual Integration	Strong integration of course concepts (needs-finding, frugal innovation, health-systems constraints, telemedicine, BME adaptation) into the portfolio and analysis.	Good conceptual integration with minor gaps.	Limited connection to course concepts.	Weak or absent conceptual integration.
Academic Integrity	APA references complete and accurate; citations support claims throughout the portfolio and presentation.	Minor APA errors.	Multiple citation or formatting issues.	Missing references or inadequate sourcing.
Submission Deadline	Slides and required documents submitted on time.	Slightly late submission (<12 hrs).	Late submission with impact on evaluation.	Very late or missing submission.

2. **Field Reflections (Clinical + Industry) – 2 points**

Students complete two structured field reflections:

Field Visit 1 (Weeks 2–3): Primary-care clinic, community health center, or CCSS unit – focused on needs finding, user workflows, constraints, cultural context, and real-world barriers to care.

Field Visit 2 (Week 5): Medical device company or manufacturing site – focused on materials, testing, usability, manufacturability, and regulatory considerations relevant to device design.

Each reflection includes:

- Guided observation notes completed during or immediately after the visit
- A written reflection connecting observations to course concepts
- Participation in an in-class roundtable discussion

Skills developed: analytical reasoning, professional observation, contextual analysis, intercultural communication, synthesis of theory and practice, and design contextualization.

Rubric – Field Reflections

Indicator	Excellent (10–9.1%)	Very Good (9–7.5%)	Sufficient (7.4–5.0%)	Insufficient (4.9% or less)
Preparation	Thorough notes, detailed observations, and thoughtful responses to guiding questions.	Good documentation and preparation.	Basic notes or incomplete observations.	Poor or missing preparation.
Engagement	Actively contributes throughout the roundtable; demonstrates strong interest and insight.	Participates meaningfully at least once.	Limited or passive participation.	No meaningful participation.
Critical Analysis	Integrates course concepts (needs-finding, frugal	Solid analysis with adequate conceptual	Some conceptual connections but limited depth.	Lacks analytical reasoning or fails to link

Indicator	Excellent (10–9.1%)	Very Good (9–7.5%)	Sufficient (7.4–5.0%)	Insufficient (4.9% or less)
	innovation, biocompatibility, materials, design constraints) with field observations using academic references.	integration.		observations to theory.
Participation	Offers at least two meaningful contributions, showing reflection and contextual reasoning.	Provides one meaningful contribution.	Irregular or superficial contributions.	No contributions or disengaged.
Respect & Collaboration	Demonstrates cultural respect, active listening, and inclusive dialogue; enhances group discussion.	Generally respectful and collaborative.	Occasional lapses in collaborative behavior.	

3. Weekly Assessment Exercises – 2 points

Students complete **weekly short assessments** designed to reinforce learning from both BME 330 and BME 350. Assessments may include:

- Short-answer quizzes
- Applied problem-solving tasks
- Mini case analyses (health systems, materials, degradation, design constraints)
- Reflection micro-tasks
- Material selection or risk-awareness exercises

Assessments link the **needs-finding phase** (Weeks 1–3) with the **design and biomaterials phase** (Weeks 4–6), supporting gradual development toward the final prototype.

Skills developed: knowledge retention, analytical reasoning, applied engineering thinking, responsible self-management, and synthesis of real-world observations.

Rubric – Weekly Assessment Exercises

Indicator	Excellent (10–9.1%)	Very Good (9–7.5%)	Sufficient (7.4–5.0%)	Insufficient (4.9% or less)
Completion	All exercises submitted on time; instructions followed precisely.	Minor delays or formatting issues.	Several incomplete tasks.	Many missing tasks or non-compliance.
Accuracy	Demonstrates full understanding of weekly content and concepts.	Mostly accurate responses; minor misunderstandings.	Some inaccuracies or gaps in comprehension.	Poor accuracy or conceptual misunderstanding.
Application	Effectively applies course concepts (needs-finding, frugal innovation, material properties, design controls).	Good application with minor gaps.	Limited application of concepts.	No meaningful application.
Critical Thinking	Responses show depth, contextual reasoning, and problem-solving.	Some critical thinking evident.	Mostly descriptive responses.	Shallow or incorrect reasoning.
Consistency	Strong and steady engagement throughout the 6-week program.	Mostly consistent.	Sporadic engagement.	Very low engagement.

4. Prototype Draft & Design Milestones – 2 points

In Weeks **4–6**, teams develop their design concept through structured milestones:

- Functional requirements derived from needs-finding
- Biomaterials selection with justification
- Early sketches or CAD mockups
- Preliminary feasibility analysis (cost, manufacturability, usability, sustainability)
- Risk awareness and regulatory considerations

Milestones ensure iterative improvement prior to the final prototype presentation.

Skills developed: design thinking, engineering analysis, prototyping, creativity, teamwork, documentation skills, and integration of clinical/industry insights.

Rubric – Prototype Draft & Design Milestones

Indicator	Excellent (10–9.1%)	Very Good (9–7.5%)	Sufficient (7.4–5.0%)	Insufficient (4.9% or less)
Technical Quality	Draft demonstrates strong engineering reasoning, material selection accuracy, and design feasibility.	Good technical work with minor gaps.	Basic technical effort with limited depth.	Weak or technically inaccurate work.
Progress & Iteration	Shows clear progression across milestones; integrates feedback; evidence of iterative refinement.	Some improvement and use of feedback.	Minimal iteration; limited refinement.	No meaningful progress or iteration.
Conceptual Integration	Strong link between needs-finding insights and prototype concept; appropriate materials chosen.	Good integration with some gaps.	Partial connection between phases.	No integration between needs and design.
Creativity & Innovation	Demonstrates originality, intelligent constraint-based problem-solving, and context-appropriate adaptation.	Moderately creative approach.	Basic or predictable solution.	Little creativity; idea does not address context.
Documentation	Drafts and milestone	Mostly clear;	Limited clarity	Poor

Indicator	Excellent (10–9.1%)	Very Good (9–7.5%)	Sufficient (7.4–5.0%)	Insufficient (4.9% or less)
Quality	submissions are clear, organized, and properly formatted (figures, sketches, APA references).	minor formatting issues.	or organization.	documentation.

5. Final Prototype + Presentation + Report – 2 points

The final capstone integrates the **needs-finding phase** with the **design and biomaterials phase**. Deliverables include:

- Conceptual prototype or model
- Written technical report (APA format)
- Poster & oral presentation (30–40 min including Q&A)
- Feasibility, usability, sustainability, and material-selection justification
- Integration of clinical and industry field data

Skills developed: applied research, engineering design, professional communication, intercultural teamwork, innovation management, and project synthesis.

Rubric – Final Prototype + Presentation + Report

Indicator	Excellent (10–9.1%)	Very Good (9–7.5%)	Sufficient (7.4–5.0%)	Insufficient (4.9% or less)
Creativity & Professionalism	Highly professional delivery, compelling visuals, strong storytelling; prototype is polished and well-executed.	Good delivery and visuals; prototype clear.	Adequate but basic presentation.	Poor presentation or unclear prototype.
Research Depth	Robust evidence, field-informed justification, biomaterials analysis, and contextual reasoning.	Good research with minor omissions.	Limited research.	Minimal or missing research.
Problem Definition & Feasibility	Clear need, well-framed problem, feasible solution	Mostly clear and feasible.	Partially defined or incomplete	Weak or unrealistic solution.

Indicator	Excellent (10–9.1%)	Very Good (9–7.5%)	Sufficient (7.4–5.0%)	Insufficient (4.9% or less)
	adapted to tropical context.		feasibility.	
Innovation	Strong integration of engineering, frugal innovation, biomaterials, and design-thinking principles.	Good innovation and integration.	Basic innovation.	No innovation or inadequate integration.
Collaboration	All team members present and respond confidently; shared understanding evident.	Most participate effectively.	Uneven participation.	Poor teamwork.
Time Management	Meets the 30–40 minute requirement; smooth pacing.	Slight deviations.	Significant pacing problems.	Does not meet requirements.
Submission & References	Slides and report submitted on time; APA references complete and correct.	Minor citation or submission issues.	Multiple errors.	Missing references or late submissions.

ATTENDANCE

Regarding classes:

1. Students are allowed **2 absences.** From 3 absences onwards it **is a fail of the course.** *Note that a minimum of 80% attendance is necessary to pass each course.*
2. Attendance is registered by the professor. The administration does not control attendance.
3. Three **late arrivals** to class (arrival after the first 15 minutes) are treated as one absence. Attending class 30 minutes late without an official justification will also be considered as absence.
4. Students will have a 0/ F on any assignment assessed in class (presentations, evaluations, field trips, etc.) if they are absent unless the student presents an **official document** no later than one week after the absence.
5. As per official document, only **local** doctors' notes, transport delays/ cancellations or similar notifications provided by transport companies are valid.
6. If a student presents an official document to excuse the absence, the missed assignment will be presented on that same day.

Regarding Lab or field trips –which are mandatory, as part of the course contact hours:

1. An unjustified **absence on a field trip** will immediately result in losing all points assigned to that specific trip. However, if an official document justifying the absence is presented, 50% of the assignment points may be obtained upon presentation of a complementary research assignment, to be agreed upon with the professor, within one week of the field trip.

2. An absence on a field trip may be justified should two-course field trips coincide. In such a case, and to avoid losing points, students shall be able to opt for carrying out a research assignment. As a reminder, make sure to check the schedule of your courses' field trips at the beginning of the trimester, and avoid any excursions clash.

CODE OF CONDUCT

Professors have the right to expel a student from the classroom should he / she/ they:

1. Be disruptive in the classroom.
2. Behave in a disrespectful way.
3. Be under the influence of alcohol.
4. Be under the influence of any illegal drug.
5. Shows hygiene or odor problems that may disturb other students.

ELECTRONIC DEVICES

The use of cell phones, smartphones, or other mobile communication devices is disruptive and is therefore prohibited during class. **Please turn all devices OFF and put them away** when class begins. Devices may be used only when the professor assigns a specific activity and allows the use of devices for internet search or recording. Those who fail to comply with the rule must leave the classroom for the remainder of the class period. Using devices while the professor or other peers are lecturing, or presenting is perceived as a lack of interest and disrespectful.

STUDY ABROAD PROGRAM POLICIES

The student must comply with the provisions of the Study Abroad Program Policies available on the platform.

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Biomaterials Science and Device Design (BME 350)

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1. Duque-Paz, L. F., & others. (2022). Identification of social innovation in health criteria in Latin America. *Infectious Diseases of Poverty, 11*(1), Article 103. https://doi.org/10.1186/s40249-022-01044-5 PMC
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6. Sarkar, S., & others. (2022). Doing more with less: How frugal innovations can reach underserved markets. *Research Policy, 51*(6), 104475. https://doi.org/10.1016/j.respol.2022.104475 ScienceDirect

CHRONOGRAM

Week	Lesson	Contents	Evidence of Learning
1	Introduction to Tropical Healthcare Contexts	**Unit I:** Global-health disparities; tropical healthcare challenges; overview of Costa Rica's health system; introduction to needs-finding frameworks; Stakeholder Simulation Panel: interviews with clinicians, biomedical engineers, and community health workers	Reading: WHO (2021). Assessment: short reflection essay; class discussion.
2	Needs-Finding & Health System Barriers	**Unit I:** Barriers to access in rural/low-resource settings; equity considerations; determinants of health; observational methods for needs assessment; Community Insight Micro-Interviews (3–5 short interviews per group); Problem Landscape Mapping Workshop (systems & SDG alignment)	Reading: Duque-Paz et al. (2022). Assessment: needs-finding notes; short essay; participation in discussion.
3	Frugal Innovation & Case Analyses	**Unit I/II:** Principles of frugal medical technologies; case studies of tropical innovations; user-needs framing; SDG alignment of innovations; Needs-Finding Portfolio Integration Workshop	Reading: Ramadurai et al. (2018); IDB (2023). Assessment: case study analysis; Needs-Finding Portfolio draft.
4	Introduction to Biomaterials	**Unit II:** Overview of metals, ceramics, polymers, composites; structure–property relationships; basic material characterization; introduction to host response.	Reading: Ratner et al. (2020); Bag & Mandal (2025). Assessment: material analysis exercise; lab demonstration notes.
5	Design Thinking & Industry Insights	**Unit III:** Design-thinking methodology; functional requirements; aligning needs-finding with materials; failure modes and regulatory basics; **Field Trip 2: medical device industry site**.	Reading: Wang et al. (2024). Assessment: Field Trip Report; prototype draft (sketch or CAD); design exercise.
6	Prototype Development & Final Presentations	**Unit III:** Prototype refinement workshop; integration of needs-finding + biomaterials; feasibility & usability analysis; final poster and conceptual prototype session.	Reading: Lanza et al. (2014). Assessment: final prototype; poster; final presentation; written report.

Please note that this chronogram is tentative and subject to change.