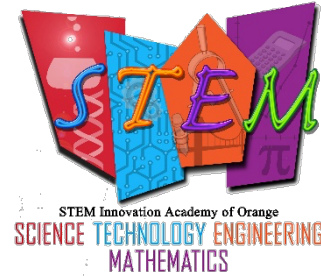


# Our PLTW Experiences

BREVANNA STEPHEN, COURTNEE SIMPSON, IBRAHIMA SACKO, ISMAEL ITUARTE



# Overview

Throughout the PLTW coursework, we are learning how to:

- present
- collaborate with different individuals
- be a leader and take accountability
- be skeptical in order to gain the best possible results and answers from scientific experimentation

We have used:

- Math
- Modeling
- Diagrams and Drawings

in order to convey our data and express our information in a way that imitates the professionals.



# Biomedical Science Courses

## **Principles of Biomedical Science** (Participants: Freshman)

The fundamentals of the entire medical course are taught through following a crime scene investigation, involving the death of Anna Garcia

## **Human Body Systems** (Participants: Sophomores w/Biomed Major)

We revisit the fundamentals that we have learned from PBS and apply them to the Human Body and its functions.

## **Medical Interventions** (Participants: Juniors w/Biomed Major)

We have related problems that occur within the human body, with the ideas that were learned regarding the human body in the Human Body Systems course.



*Anna Garcia*

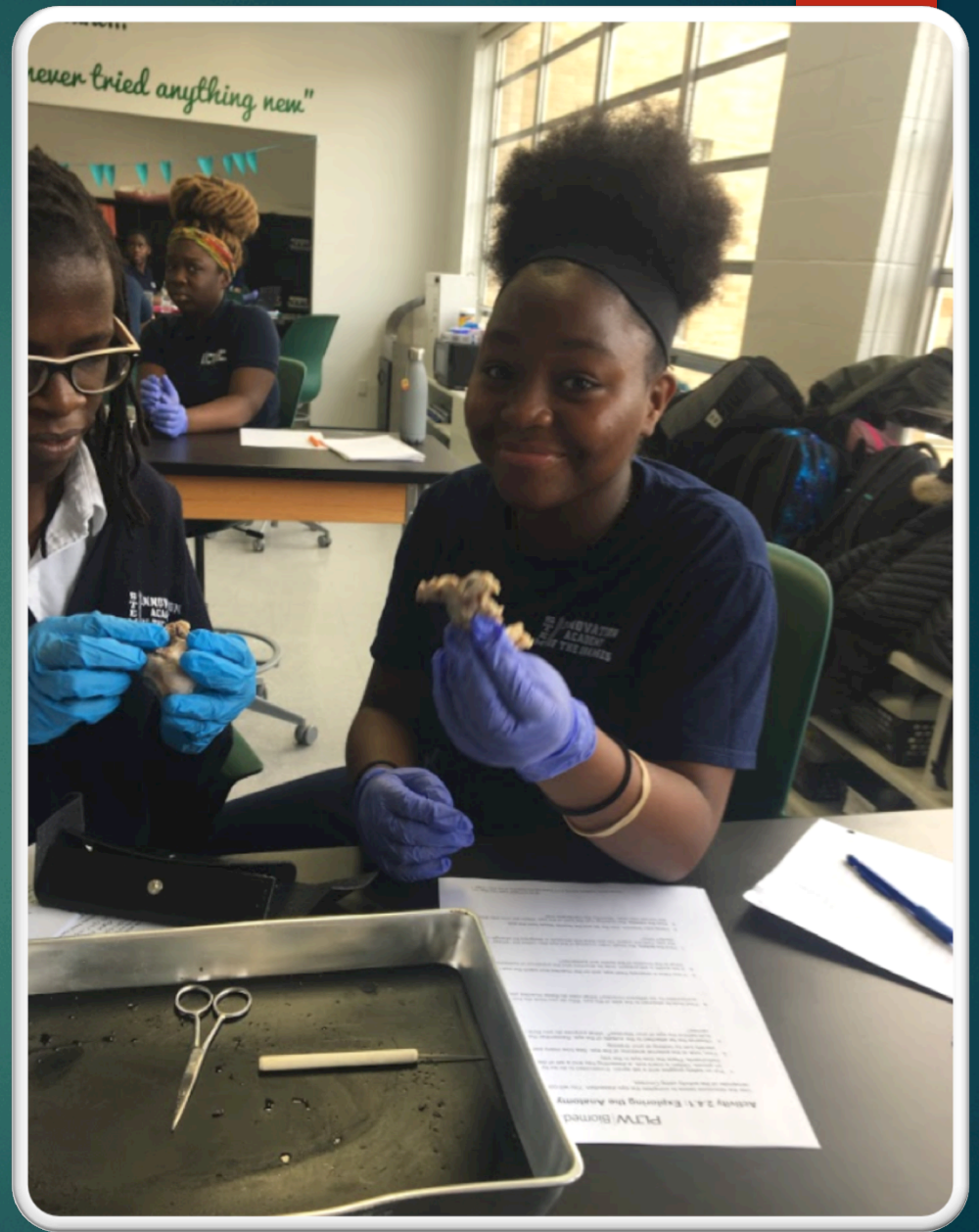
Crime scene investigation





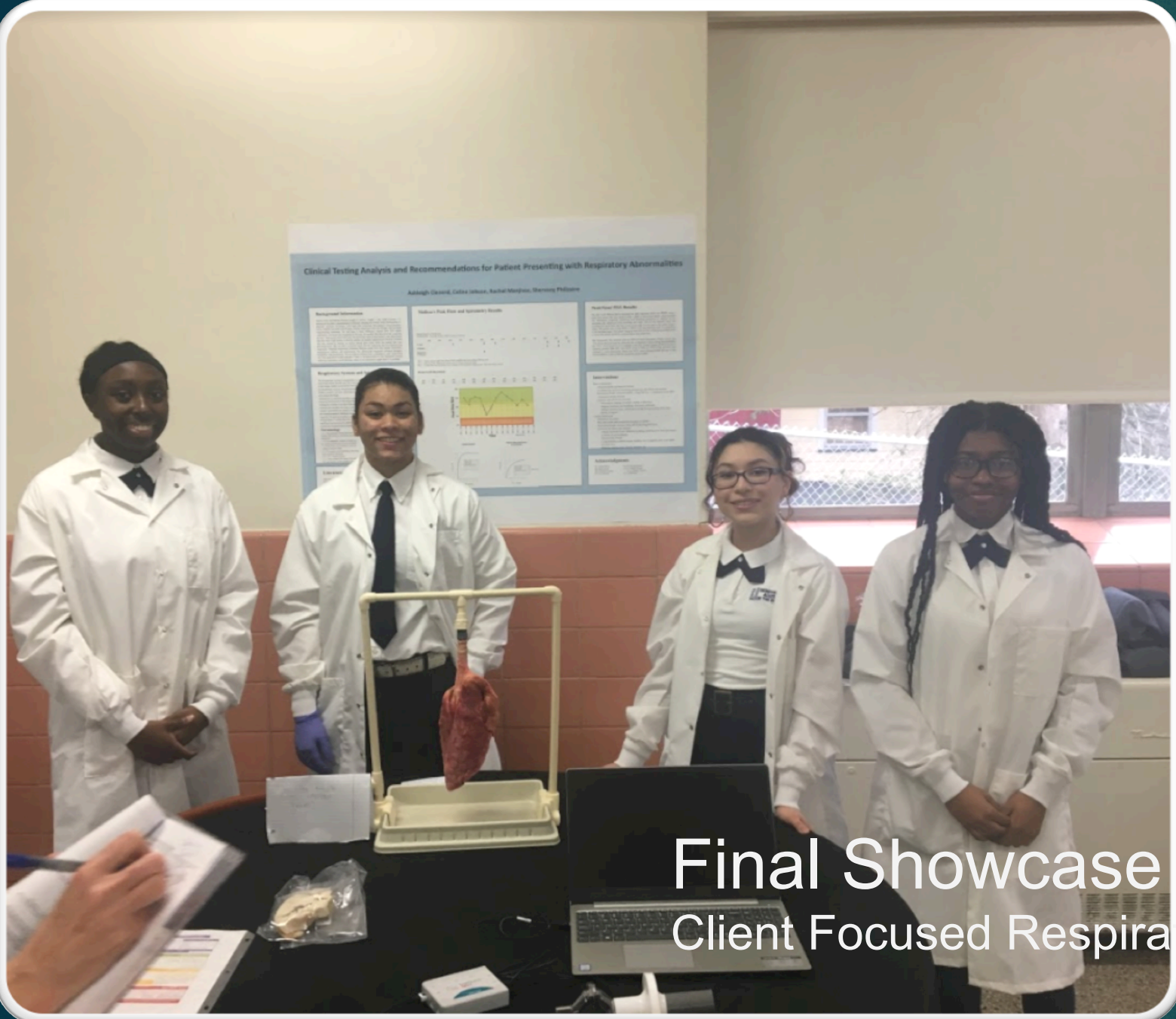


“Calorimetry Lab”



“Sheep Brain Dissection”





# Final Showcase

## Client Focused Respiratory Investigation



# Experiences

In engaging with the coursework from PLTW we have:

- Learned how the brain transmits signals to parts of our body and its reactions
- Gained an understanding of medical tools, terminology and practices:  
e.g. *Micropipettes, EKG's, Dissections, Po Bid*
- Immersed ourselves in professional and medical settings; acting accordingly as Forensic Analysts, Surgeons and FBI Agents



# Experiences

- We have written formal reports (e.g. being bone and criminal investigators)
- We have created medical presentations (e.g. Nutrition plans for specialized patients)
- We have conducted dissections on sheep hearts and cow eyes







# Diagnostic Challenges



## “Diagnosing a Thyroid Disorder”

### 2.3 The Endocrine System: Diagnosing an Endocrine Issue

**2.3 The Endocrine System: Diagnosing an Endocrine Disorder**

**Directions:** You will use the symptoms below to diagnose and describe an endocrine disorder. You will be the endocrinologist. You may use the internet, your work for class, and anatomy/physiology textbook to determine your answers, but you must work independently. This assignment is a quiz grade.

*The Case*

## The Case

Linda, a 37 year-old woman presents with anxiety, shortness of breath, irregular heartbeat, irregular menstruation, difficulty sleeping, fatigue, trembling hands, perspiration, bowel irregularity, eye protrusion, and weight loss.

Her regular physician referred her to you, an endocrinologist, because of her weight gain, fatigue, and cold intolerance. Her blood test revealed high levels of T4 and low levels of TSH.

**Notes:** Take notes on her symptoms and do some internet research. (5pts)

Notes: PCOS is a common endocrine disorder in some internet research. (5pts)

Hormonal imbalance can lead to

PCOS → affects menstrual cycle

- gain more weight
- oily skin

support most of the

(But this doesn't support most of the symptoms.)

Graves)  
Ophthalmopathy

Reasons: (4 pts)

Reasons: (4 pts)

**Reasons:** (4 pts)

1. This disease results in all of the symptoms of hyperthyroidism, including a family history, and gender. Based on the age of 40, the thyroid gland is under the age of 40, and the thyroid gland is under the age of 40.

1. This disease
2. Risk factor include age, family history, and gender. She is under the age of 40, she is provided, and its more likely if the family has a history of hormonal are more prone
3. Grave's disease is the main cause of hyperthyroidism. *some* result in hyperthyroidism which is caused

3. Grave's disease is the main cause of hyperthyroidism. ✓

4. Low levels of TSH can result in hyperthyroidism which is caused by Graves disease. ✓

5/6

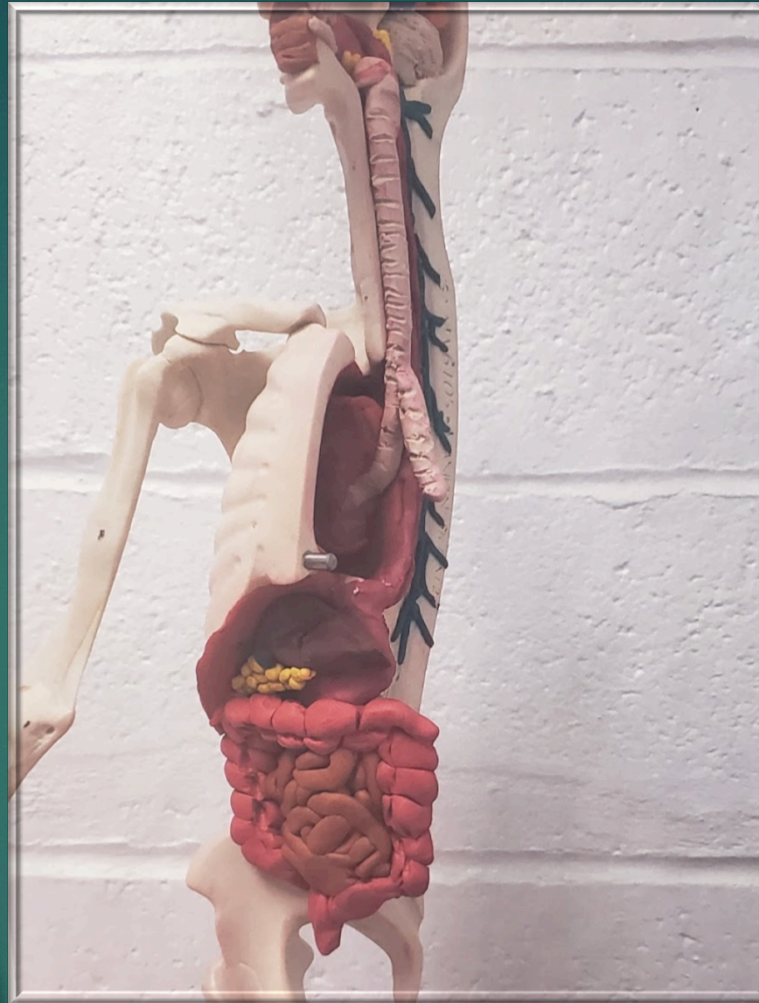
Low levels of TSH can result in hyperthyroidism

Hyperthyroidism is caused by Graves disease.  
 ↑  
 most common cause

Graves disease includes palpitations, tachycardia, weight loss, diarrhoea, and Graves' ophthalmopathy. Graves' ophthalmopathy affects muscles + tissue around eyes.

Diagnosis: Graves Disease ✓ (2pts)

5/6



# “Human Body Model”

# “Primary Journal Article”

Amount of fat being consumed  
IV: ~~High Fat Diet~~  
DV: Catalase Concentration

**High Dietary Fat Selectively Increases Catalase Expression within Cardiac Mitochondria\***

\*Catalase protects the mitochondria

Journal of Biological Chemistry, Vol. 288, No. 3, pp. 1719-1726, 2013  
© 2013 by The American Society for Biochemistry and Molecular Biology, Inc. Published online first.

Submitted: March 14, 2012; accepted: November 26, 2012. Published: JBC Papers in Press, November 30, 2012; DOI: 10.1074/jbc.M112.21890

Lead: Kinter  
Reviewed: Reynolds

Received for publication: August 22, 2012, and in revised form: November 26, 2012. Publication costs were covered by the Oklahoma Medical Research Foundation.

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From the <sup>1</sup>Free Radical Biology and Aging Research Program, Oklahoma Medical Research Foundation and the <sup>2</sup>Reynolds Oklahoma Center on Aging, Departments of <sup>3</sup>Biochemistry and Molecular Biology and <sup>4</sup>Cell Biology, University of Oklahoma Health Sciences Center, Oklahoma City, Oklahoma 73104

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DOI: 10.1093/ajph.2013.103111

Abstract: Oxidative stress is linked to cardiac oxidative stress; however, little is known about the endogenous antioxidant

**Background:** High dietary fat is linked to cardiac oxidative stress, however, little is known about the endogenous antioxidant response.

**Results:** High fat feeding and fasting rapidly up-regulate catalase

**Conclusion:** Up-regulation of catalase is designed to protect mitochondria from oxidative damage while not perturbing  $H_2O_2$  mediated signaling.

**Significance:** Coupling fatty acid oxidation to  $H_2O_2$  production creates a mechanism for sensing and communicating dietary composition.

**composition**

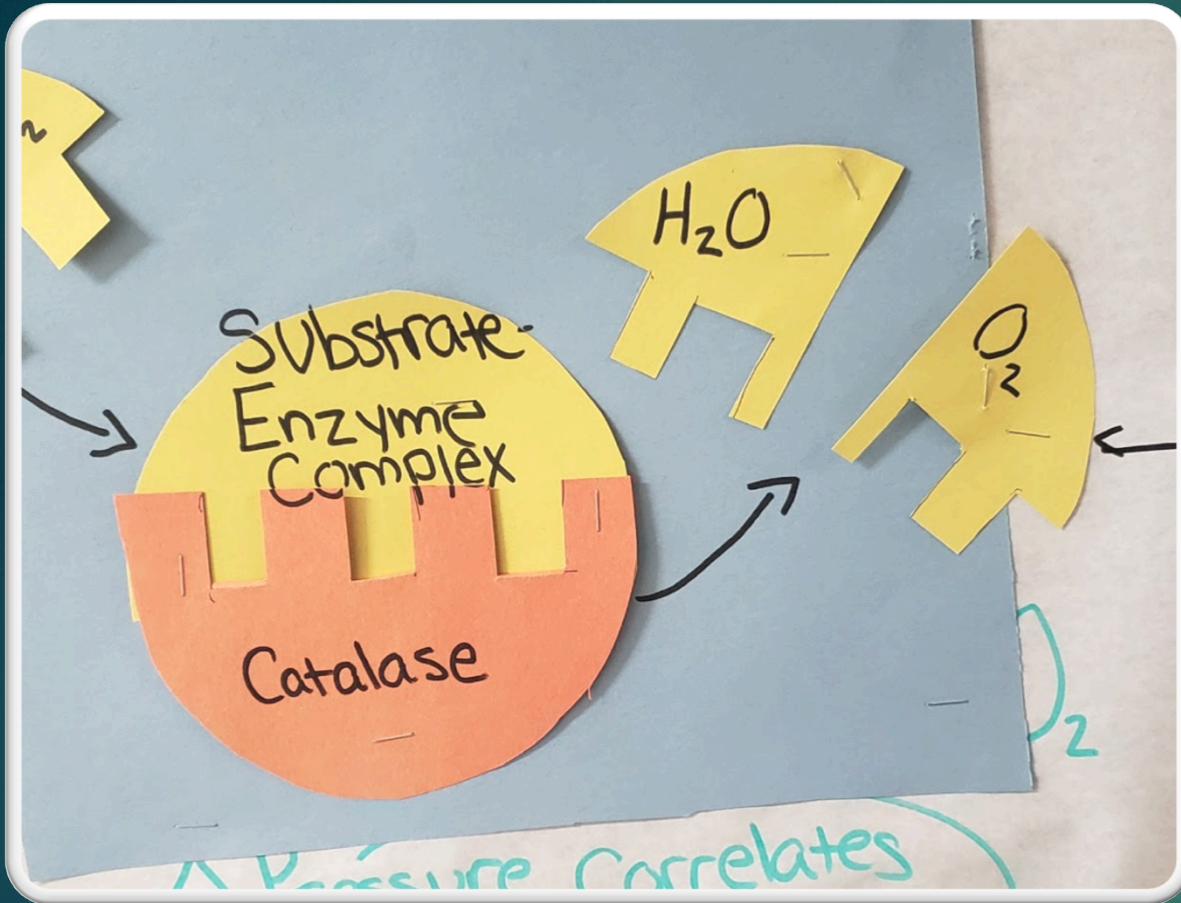
Obesity is a predictor of diabetes and cardiovascular disease. One consequence of obesity is hyperlipidemia, characterized by high blood triglycerides. It has been proposed that oxidative stress, derived by utilization of lipids for energy, contributes to these diseases. The effects of oxidative stress are better known about its response to high fat utilization. Our experiments used a multiplexed quantitative proteomics method to measure antioxidant enzyme expression in heart tissue in a mouse model of diet-induced obesity. This experiment showed a rapid and specific up-regulation of catalase protein, with subsequent assays showing increases in activity and mRNA. Catalase is present in considered a peroxisomal protein, was found to be increased in cardiac mitochondria and significantly increased in content and cardiac mitochondria after feeding. These data, coupled with the activity during high fat feeding, indicate that fatty acid oxidation affects catalase activity. These data suggest that a localized catalase increase is needed to consume excessive mitochondrial  $H_2O_2$  produced by increased fat metabolism. To determine whether the catalase-specific response is a common feature of physiological conditions, we measured blood triglycerides and catalase activity, we measured changes in antioxidant enzyme activity was observed in mice. Indeed, a similar spike in catalase expression was observed fasted for 24 h. Our findings suggest a fundamental metabolic process in which catalase expression is regulated to prevent damage while preserving an  $H_2O_2$ -mediated sensing of the composition that appropriately adjust insulin sensitivity in short term as needed to prioritize lipid metabolism for complete utilization.

Long-term consumption of the development of type 2 diabetes enhances the risk for the development that oxidant and cardiovascular disease (1-5). It has been proposed that oxidative stress may serve as the causal link between diet-induced oxidative stress and cardiovascular disease (6, 7). Hearts from rodents fed a high fat diet display increased indices of lipid and protein oxidation as well as increased markers of apoptosis (8-11). Severe oxidation as well as increased markers of free radical production have been different mechanisms of injury, including the release of pro-inflammatory cytokines (12), elevated NAD(P)H coenzyme oxidase (13), tyrosine kinases (12), elevated nitrogen hydroperoxide ( $H_2O_2$ ) and increased mitochondrial hydrogen peroxide ( $H_2O_2$ ) production in duct (14, 15). However, the overall role of oxidative stress in the pathobiology of obesity and high dietary fat is not well understood.

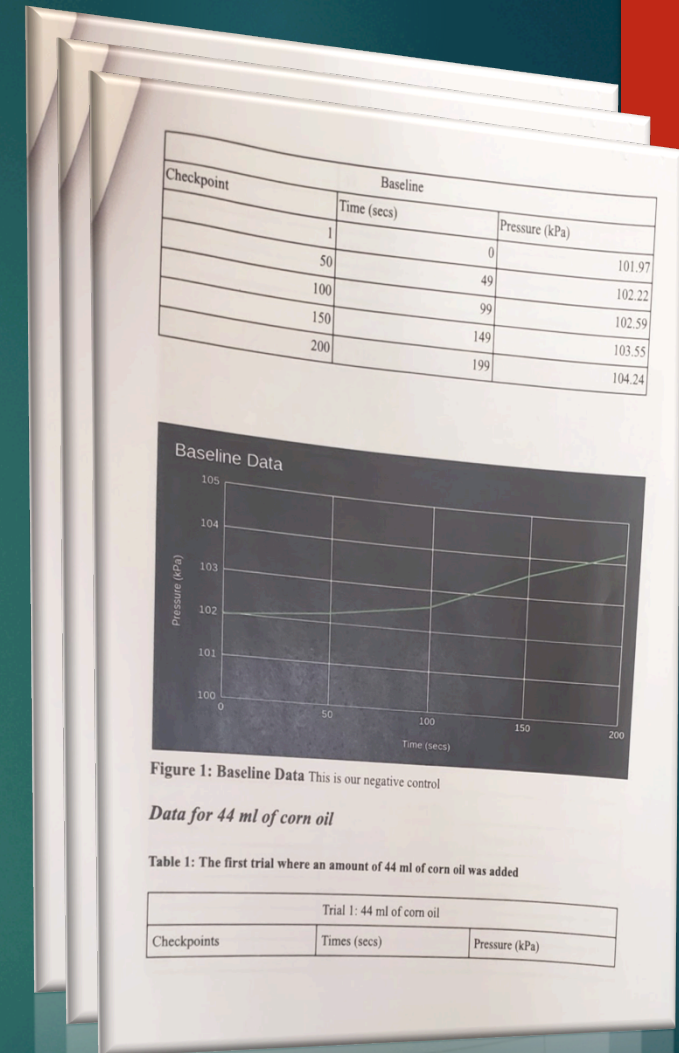
Although free radicals are capable of damaging lipids, DNA, and proteins, it is important to note that pro-oxidant species and molecules also act as signaling molecules of endogenous antioxidant enzymes, an extensive network to reduce oxidative damage. Moreover, and molecules exists to preclude oxidative damage, while maintaining an environment conducive to redox regulation. If high dietary fat induces oxidative stress, it is logical to assume that the antioxidant network will mount a compensatory response to preserve redox homeostasis. Assessment of the response of the antioxidant network to a high fat diet would provide valuable insight into the nature and source of oxidative stress associated with a high dietary fat and offer targeted therapeutic options to accompany the diet response. However, little has been reported on the antioxidant network response to a high fat diet, particularly in the heart. What is known is largely limited to the measurement of superoxide dismutase, glutathione peroxidase, and catalase (9, 10, 19, 20). Given that there are over 100 antioxidant enzymes residing in multiple cellular compartments, the number of distinct reactions, it is important that

\* This work was supported, in whole or in part, by National Institutes of Health Grants AG016339 (to J. S.) and GM097900 from NIGMS (to M. S. P.).  
This work was also supported by the Oklahoma Medical Research Foundation.  
To whom correspondence should be addressed: Free Radical Biology and Oxidative Stress Laboratory, Oklahoma Medical Research Foundation, 8325 NE 57th Avenue, Tulsa, OK 74120-1572; Fax: 405-271-1437.





“Substrate and Enzyme Model”



“Student Data Collection”



# Stepping into the Shoes of a Specialist







## Presentations





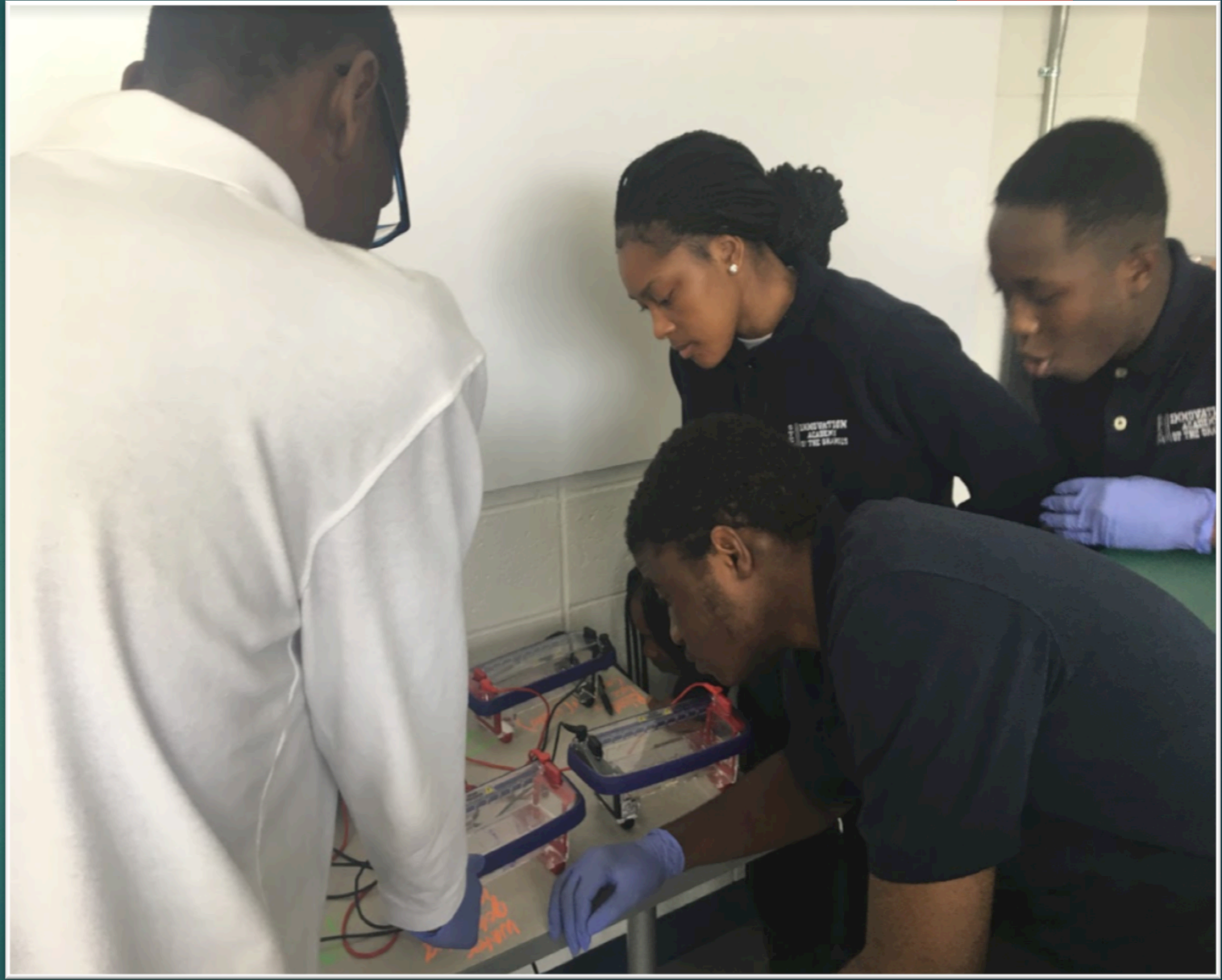


**“Collaborating with Classmates to Culture Bacteria”**



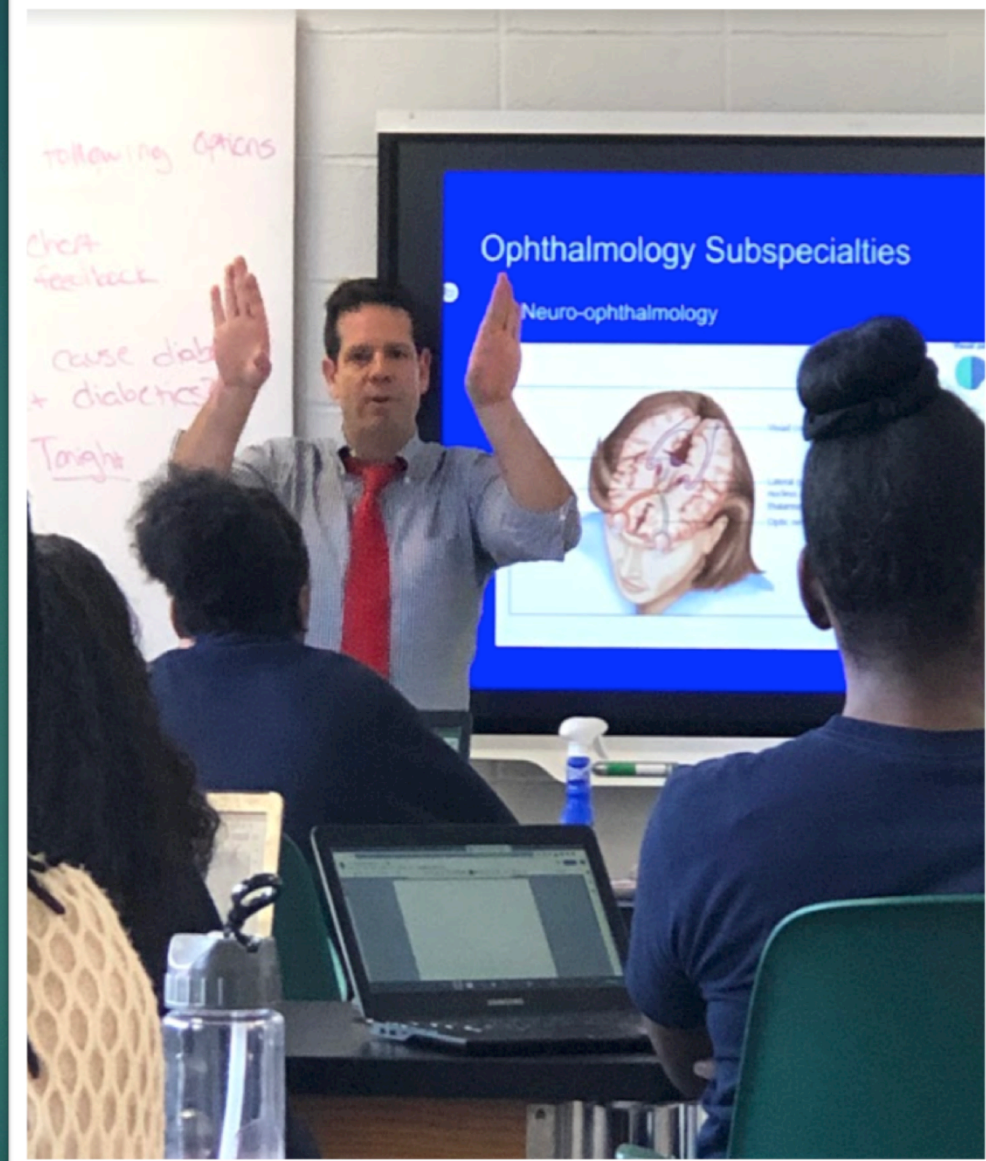
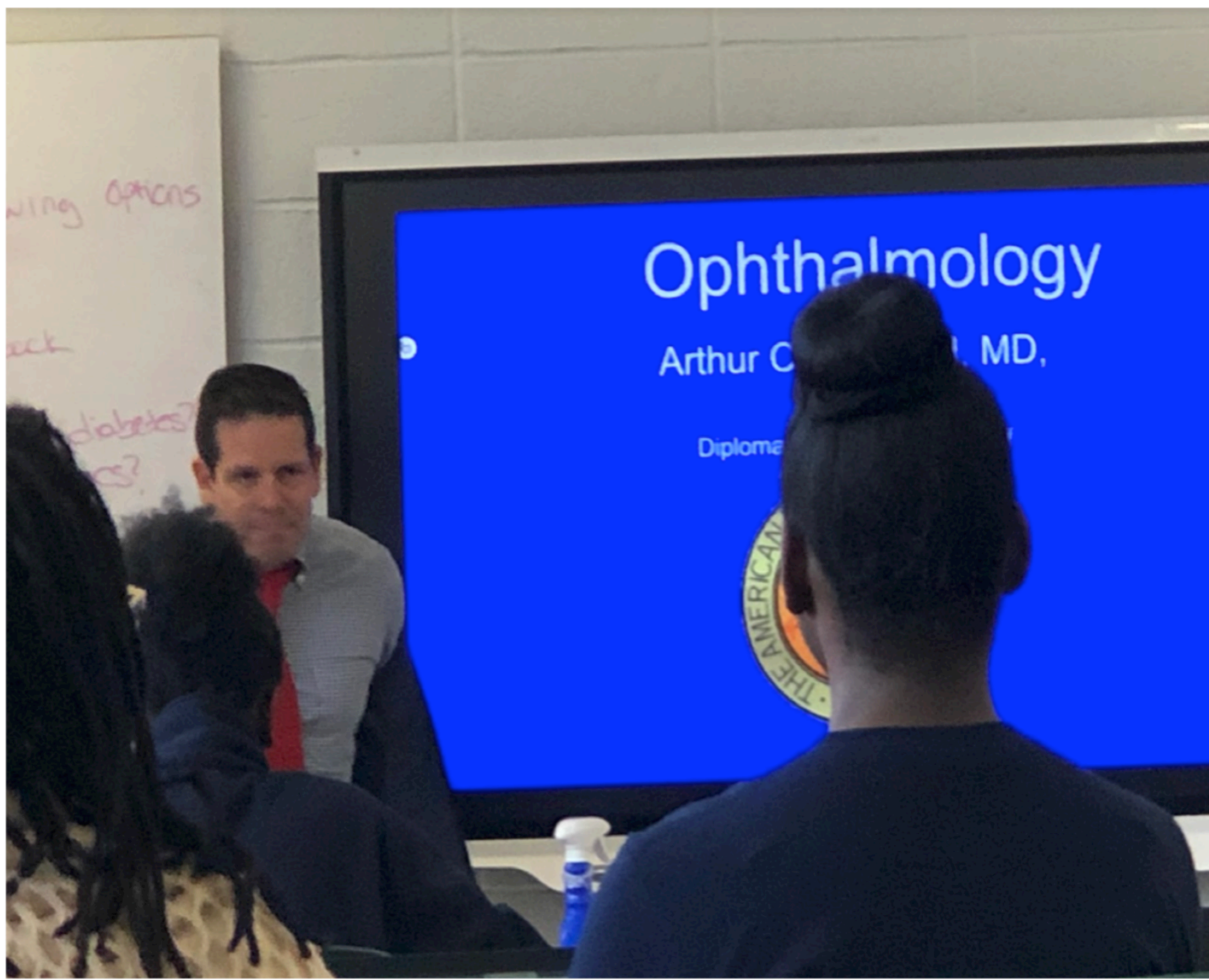


“3rd Degree Burns”



“Gel Electrophoresis”





## Career Exploration

Opthamologist, Dr.Tutela; Dr. Shitihil- Physical Therapist

Dr.Shah- Internal Medicine



# Skills Gained

- Verifying and Looking for Data
  - Being Skeptical and Prone to ask more Questions
  - Knowledge on how to use equipment and technology
  - Quick and Effective Thinking
- 
- I am able to understand technical details that can help me assess future health and body issues.
  - My medical comprehension has improved as we have completed PBS, HBS and MI.
  - PLTW has put me into a college-like environment with detailed and thorough classwork that has helped me and will help me in the future (college and careers)





Forensic Analyst: Formal Case Report  
Teika Brown and Courtnee Simpson  
Teacher: Ms. Henry  
Class: Human Body Systems  
Date: September 28, 2018

#### Introduction

Bones are something that anthropologists use to determine who the remains belong to. In this case there was a body found in a park and the only bones recovered were the humerus, tibia, skull, and pelvis. The police called forensic anthropologists to see if they could use the bones to determine an identification for the bones. The forensic anthropologist job is to use the bones that were recovered from the scene to identify age, sex, gender and height. Forensic anthropologist will use global averages to determine the necessary characteristics they need to discover who the bones belong to.

#### Summary of Findings

#### Sex Determination

In order to tell the sex of the skeleton we measured the pelvis, skull, and humerus. Based on those findings, we compared them to measurements set in place to tell whether the remains are male or female. After measuring the pelvis we came to the conclusion that the pelvis belonged to a female. Based on the results from the sub pubic angle, pubis body width and the pelvic cavity shape the measurements matched the indicators that tell whether the pelvis is female.



According to the measurements set in place, the sub pubic angle for a female (>90 degrees) matched to the female subic angle (>90 degrees) that was set in place. The width for the pelvis found was around 40 mm which matched the standard female width (40mm) marker. But, when the greater sciatic notch of our bones (45 degrees) matched to the indicator it showed that the specific measurement matched the notch of a male (<65 degrees). When we observed the shape of the pelvic cavity it was circular and wide, showing mainly coccyx which indicated that it was a female.

When measuring the skull, 2 out of 8 traits matched a male indicator and 6 matched female indicators. From observing the skull we noticed that the eye orbit shape, the zygomatic process was not expressed beyond external auditory meatus, the crest is smooth, the frontal bone was round/globular, the mandible of the skeleton was v shaped, and the ramus of the mandible was slightly slanted. Despite the upper eye orbit being blunt and the external occipital protuberance being generally present, the majority of the qualitative data from the skeletal bones indicates the remains belong to a female.

the indicator of a male. The retrieved was measured and the tibia from the tibia retrieved was measured and the tibia belonged to a man. But, the results, Based on our qualitative and quantitative assessments, when measuring the tibia the results indicated that the tibia belonged to a female. Although it is not accurate based on the observations we did and the comparisons made, we believe that the skull belongs to a female. Based on the skull and humerus, we came to the conclusion that the bones belong to a female.

After measuring the humerus found at the crime scene, our measurements matched the average female. The transverse diameter of humeral head was 37mm and the average female range was from 37mm to 39mm. The vertical diameter of humeral head is 35mm the average female diameter 42.7. The maximum length of the humerus is 310 mm and the epicondylar width of the humerus is 55 mm. The average maximum for a average female was 305.9, and the average epicondylar width was 56.8.

#### Race Determination



rounded and somewhat which affected the measurements recovered. European. According to the female.

To find whether the bones found belonged to a European, Asian, or African we measured various features of the skull pertaining to the nasal region. We took the measurements of the nasal height (49.5mm) and the nasal width (22.4mm) to find the nasal index (0.45). In order to find the nasal index we divided the nasal width to the nasal height. When we plugged that in we noted that the height was approximately 160.13 cm. Since everyone is not around that average we used the confidence interval which was 3.66 and added and subtracted the confidence interval from the height. After concluding the measurements of the tibia we converted the range that was in the centimeters to feet in inches which made out range 5 ft 1 in to 5 ft 4 in.

#### Height Determination

To estimate the height of the skeleton remains we used the regression formula along with our recordings to determine the height of the skeleton. We started with measuring the maximum length of the tibia which was 34cm. We plugged in that number into the regression formula for a European female  $[2.90(MLT)+61.53]$  to determine her height. We used this equation due to scientists setting this equation into place for finding the height of a person using certain bones. After doing this we noted that the height was approximately 160.13 cm. Since everyone is not around that average we used the confidence interval which was 3.66 and added and subtracted the confidence interval from the height. After concluding the measurements of the tibia we converted the range that was in the centimeters to feet in inches which made out range 5 ft 1 in to 5 ft 4 in.

Next, we measured the maximum length of the humerus which was 28 cm. We plugged in that number to the regression formula for a European female  $[3.36(MLH)+57.97]$  to determine the height of the skeletons humerus. After plugging that in we noted that the height was approximately 160.13 cm. Since everyone is not around that average we used the confidence interval which was 3.66 and added and subtracted the confidence interval from the height. After concluding the measurements of the tibia we converted the range that was in the centimeters to feet in inches which made out range 5 ft 1 in to 5 ft 4 in.

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When the forensic anthropologists measured the maximum epiphyseal breadth of proximal tibia and the maximum epiphyseal breadth of distal tibia, both measurements matched the indicator of a male. The maximum epiphyseal breadth of proximal tibia from the tibia retrieved was measured and was 80.7 millimeters. The maximum epiphyseal breadth of distal tibia from the tibia retrieved was measured and was 54.3 millimeters. Although conducting both qualitative and quantitative assessments, when measuring the tibia the results indicated that the tibia belonged to a man. But, the measurement for the humerus indicated that the humerus belonged to a female. It is possible that we measured the tibia incorrectly which affected our results. Based on our qualitative data from the skull assessment indicates that the skull belongs to a female. Although it is not as accurate based on the observations we did and the comparisons made, we believe that the skull belongs to a female. Based on the skull and humerus, we came to the conclusion that the bones belong to a female.

After measuring the humerus found at the crime scene, our measurements matched the average female. The transverse diameter of humeral head was 37mm and the average female range was from 37mm to 39mm. The vertical diameter of humeral head is 35mm the average female diameter 42.7. The maximum length of the humerus is 310 mm and the epicondylar width of the humerus is 55 mm. The average maximum for a average female was 305.9, and the average epicondylar width was 56.8.

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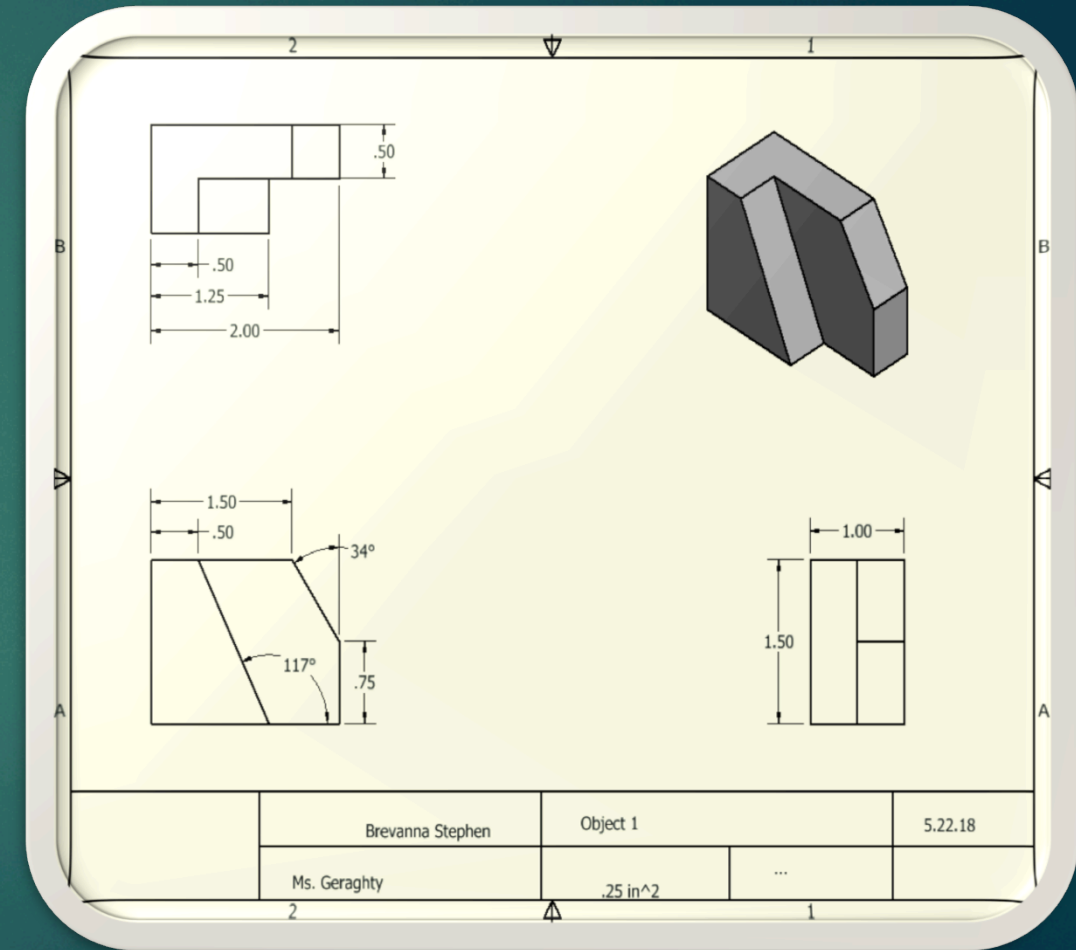


# Intro to Engineering



# Structure

- ❑ Competency in basic Engineering skills such as documentation, the use of Computer Aided Design (CAD), and the design process
- ❑ Dipping our Toes into engineering
- ❑ Mathematics related to engineering
- ❑ Foreshadow of future courses
- ❑ Problem solving skills







# Computer Integrated Manufacturing



# Structure

- ❑ Application of basic skills learned in IED
- ❑ Basic projects using vex kits, CAD, and Robot C coding
- ❑ Knowledge about the manufacturing process
- ❑ How projects deal with the Manufacturing Process



# Principles of Engineering



# Structure

- ❑ Focuses on the different sub-divisions of engineering including electrical and civil engineering
- ❑ Application of basic skills to different projects related to each aspect of engineering
- ❑ Learned new information about each field of engineering to develop projects
- ❑ In turn these projects provided us with insight about what is available to us in the future
- ❑ Insight on future career choices





# Engineering Design and Development





# Project-based Learning Experiences in Engineering



# Skills Gained

The Ability to

- ❑ Apply Solutions to Real-Life Situations
- ❑ Collaborate under time constraints
- ❑ Create multiple drafts to pick the one that best fits
- ❑ Present our projects comfortably in different environments





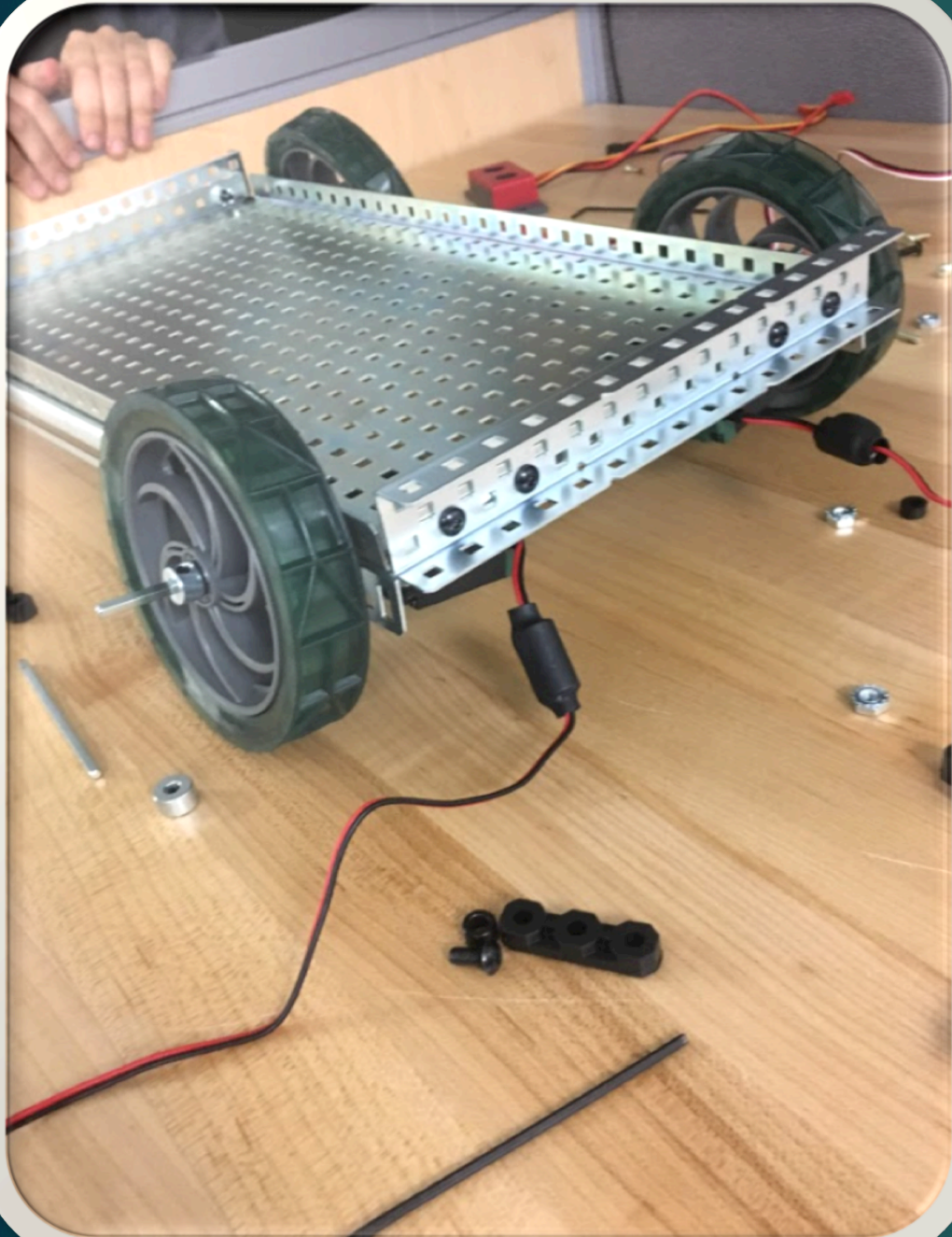
# Automata Design Project

CAD Modeling

Drilling

Assembly





## Automated Guided Vehicle (AGV)

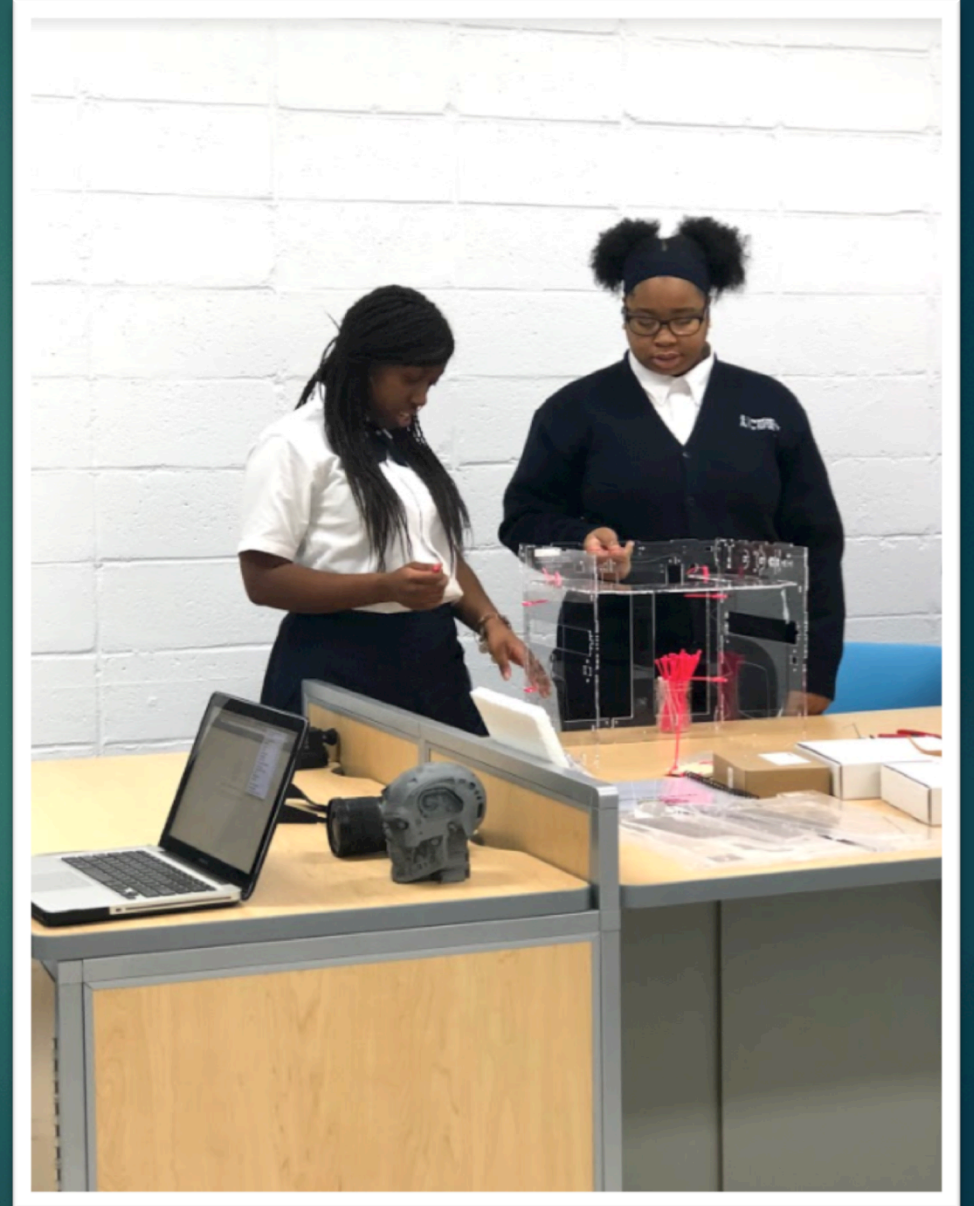
- RobotC Coding
- VEX Cortex
- Light Sensor



PLTW Design Process experiences helped  
us to complete this project easily.



JellyBox: 3D  
Printers







Thank you  
for listening

