

Case study 1	E-module Clinical examination in Cardiology (Patient Introduction).
School or Department	E-learning Unit, Faculty of Medicine
Institution(s) involved	Imperial College London
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Tags	undergraduate, medicine, cardiology examination, patient consent, standard forms, IPR, contractual status, toolkits v1
Questions	Explanation and further information
1. What is the curriculum context of the resource or resource collection?	This cardiology examination e-module resource is one of a series of 7 resources (03:55 minutes in total length), covering Patient Introduction, Examinations of hands, Carotid Pulse, Auscultation for bruits, Examine the JVP, Praecordial Movement, and Auscultation Continued. It is used for clinical year teaching in the undergraduate medical curriculum.
2. What were the aims and objectives of the resource or resource collection?	The aims of the resource are for student to be competent in the following: Introduce yourself and ask for permission to examine the patient. Ensure the patient is in a warm environment. Expose patient adequately, preserving dignity. General inspection for distress. Observe particularly for malar flush.
3. How was the resource or resource collection implemented?	The resource was implemented as a digital video on the institutions online learning environment.
4. What technologies and/or e-tools were needed to deliver this?	Video editing software was used to create the Window Media Video. Visual Understanding Environment (http://vue.tufts.edu/) was used to construct decision tree maps for guidance package advice. Open Labyrinth (http://sourceforge.net/projects/Open_Labyrinth/) was used to create an online application to deliver the decision tree maps. SurveyMonkey (http://www.surveymonkey.com/) was used to survey interested parties and collection data on their methods used in pedagogy and resource discovery. JorumOpen (http://www.jorum.ac.uk/) was used as a repository to which this learning resource was uploaded to.
5. What guidance and/or support did you develop?	Patient Consent guidance was followed. The toolkit was followed and found to be very useful. The resource contains video of patient external images, where the patient is clearly recognisable. Thus patient consent was required. When the resource was authored, informed and written consent was taken and this had been documented. This allowed for use in teaching <i>and publication on the internet</i> . The patient information sheet and example patient consent form were considered to be a very valuable asset of the toolkit in providing best practice guidance. In this case, the patient is easily contactable and is highly enthusiastic about student learning from their medical treatment. It was decided to contact the patient again for consent to explicitly state use in OER. Non-patient consent from the Clinician to use the material in teaching was documented. IPR/Copyright guidance was followed. The resource was not previously licensed. The sources of IPR were identified as the Clinician and the member of staff from the E-learning Unit who authored the resource. The expression of their IPR would be governed by their individual employment contracts. The Clinician was believe to be on an Honorary University when writing the resource, thus IPR would be under control of the University. Institutional Policy guidance was not available. The institution does not have a formal policy on release of OER. A future strategy would be for the University E-leaning Panel to develop a policy proposal to present to the Pro Rector (Education). It would be useful if example institutional policies on OER could be released as part of the toolkit so as to aid other institutions in developing their own policy using best practice from others. It would be useful to get advice on the implications of institutional branding of OER. Internationalisation guidance was not available. Pedagogy/QA preliminary guidance survey was deferred. Resource Discovery/Re-use guidance was not available. The preliminary survey was completed. Resource Upload guidance was followed to upload the resource to the repository. The resource was assigned a CC Attribution Non-commercial No Derivatives License.
6. Uploading and hosting resources.	The resource was uploaded successfully as an OER to JorumOpen by the Senior Learning Technologist and E-learning Project Manager, after additional OER specific informed consent was gained from the patient. The repository upload system was seen as adequate. It would be useful for JorumOpen to provide ratings /voting systems for upload resources.

<p>7. What are the key outcomes of the resource or resource collection?</p>	<p>In this case the patient is very enthusiastic to be involved in teaching material to aid student learning about their own medical condition. Thus an outcome was that the patient wishes were fulfilled.</p>
<p>8. What follow-up activity will be/has been carried out as a result of the resource or resource collection?</p>	<p>Additional OER specific informed patient consent was gained retrospectively, in addition to the standard patient consent.</p>
<p>9. What are the lessons learned from the resource or resource collection?</p>	<p>The risks are that in medicine, educational materials can become out of date quite rapidly and will need to be regularly updated. This will affect sustainability and quality assurance. Processes need to be developed to address this issue.</p> <p>The benefits are that learners will have a greater range of resource formats from which to choose from so that they could choose video or text according to their preference. A resource author would be able to release their resource to much wider audience. This could increase the esteem of both the E-learning Unit and the Institution if the resource was well regarded.</p> <p>It should be note that it is time consuming to make existing open educational resource open following the toolkits which require additional information to be search or requested for. The timeframe for this must then be taken into account. Future new resources would be easy to make open, if procedures are put into place to document the required information.</p> <p>An unexpected outcome might be the future misuse of an OER and subsequently how this would be dealt with.</p> <p>The resource can be viewed at: http://open.jorum.ac.uk/xmlui/handle/123456789/2756</p>