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| <b>Case study 1</b>   | <b>Introduction to Examination of the Cardiovascular System</b>  |
| <b>School or Department</b>   | E-Learning Team, Medical School  |
| <b>Institution(s) involved</b>  | University of Bristol  |
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| <b>Date</b>   | 11 <sup>th</sup> March 2010  |
| <b>Tags</b>   | Undergraduate medicine, medical examination, cardiovascular, non-patient consent, role players, institutional policy, toolkits v1  |
| <b>Questions</b>  | <b>Explanation and further information</b>   |
| <b>1. What is the curriculum context of the resource or resource collection?</b>    | E-tutorial giving an introduction to cardiovascular examination.<br>One of 13 resource elements used in the 3 <sup>rd</sup> , 4 <sup>th</sup> and 5 <sup>th</sup> years of the undergraduate medicine curriculum (MBChB) covering basic cardiovascular examination. It is used for pre-familiarisation, review, revision and self-directed learning and is estimated to take 1-2 hours.  |
| <b>2. What were the aims and objectives of the resource or resource collection?</b> | By the end of this tutorial students should:<br>1. Know the basic steps in a routine cardiovascular examination<br>2. Know the main physical signs of cardiovascular disease<br>3. Understand the basic pathology behind those physical signs<br>Be able to demonstrate competency in cardiovascular examination   |
| <b>3. How was the resource or resource collection implemented?</b>                  | An e-tutorial collection of videos demonstrating clinical examination of the cardiovascular system which are essential for 3rd Year Medicine. The tutorial goes through a series of video clips to demonstrate the clinical examination of the cardiovascular system. The clips are interspersed with questions for the student to answer.<br>It is hosted on a University web page with embedded videos.<br>The resource was implemented as an open access resource, but without overt publication outside the institution. It currently has low Google search indexing.  |
| <b>4. What technologies and/or e-tools were needed to deliver this?</b>             | Web page with embedded Flash videos.<br>Visual Understanding Environment ( <a href="http://vue.tufts.edu/">http://vue.tufts.edu/</a> ) was used to construct decision tree maps for guidance package advice.<br>Open Labyrinth ( <a href="http://sourceforge.net/projects/OpenLabyrinth/">http://sourceforge.net/projects/OpenLabyrinth/</a> ) was used to create an online application to deliver the decision tree maps.<br>SurveyMonkey ( <a href="http://www.surveymonkey.com/">http://www.surveymonkey.com/</a> ) was used to survey interested parties and collection data on their methods used in pedagogy and resource discovery.   |
| <b>5. What guidance and/or support did you develop?</b>                             | Categorisation was followed. Given name/family name terminology verses first/surname was noted as unusual. Better use of scope notes and/or drop down lists for 'Subject area' fields is required.<br>Patient Consent guidance was followed. There are no patients involved in this learning resource. Staff members played the role of patient and that of the clinician and consent forms were completed, giving agreement to distribute the material on the internet.<br>IPR/Copyright guidance was followed. There were two sources of IPR, these being the E-learning Clinical Fellow and Clinical Teaching Fellow. It was not immediately apparent if staff were on an NHS contract or a University contract (or Honorary contract). It was also queried if the work had external funding from SIFT. The term 'Contracted clinician' was not immediately understood by all involved in toolkit testing and may need to be defined. It was thought that the resource would be licensed with an Attribution No-commercial No Derivatives license when it was ready to be released.<br>Institutional Policy guidance was not available. In this devolved University, the E-learning Team is driving the development of the institution's own policy, which was absent. This would be decided on a case-by-case basis for each resource collection, taking into consideration commercial interests, through the Educational Board and PVC. The point of 'sign off' was queried i.e. where and by whom would a resource be determined to be ready to be released as an OER.<br>Internationalisation guidance was not available.<br>Pedagogy/QA guidance was followed in the form of the preliminary survey. The survey was found to be rather long, although it had many useful questions. Evaluation on this individual resource was completed during the development phase and so it did not fit the questions. Evaluation also was carried out on whole modules, and not at the level of the resource.<br>Resource Discovery/Re-use guidance was not available. The preliminary survey was completed. Guidance on evidence based use of metadata would be useful. It is thought that students would use search terms that were curriculum derived.<br>Resource Upload guidance will be followed when the above issues have been resolved and the resource is uploaded to a repository. |
| <b>6. Uploading and hosting resources.</b>  | The resource was not successfully uploaded due to a lack of institutional policy on OER release and while clarification of the resource authors exact contractual status was determined.   |
| <b>7. What are the key</b>  |  |

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| <b>outcomes of the resource or resource collection?</b>  |   |
| <b>8. What follow-up activity will be/has been carried out as a result of the resource or resource collection?</b> | Has reinforced the need for clear terms of use for the Bristol open access material.  |
| <b>9. What are the lessons learned from the resource or resource collection?</b>                                   | <a href="https://www.bris.ac.uk/medical-school/media/secure/ms_video_cvs/index.html">https://www.bris.ac.uk/medical-school/media/secure/ms_video_cvs/index.html</a> |