

# Project Document Cover Sheet

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# Final Report: Organising Open Educational Resources

Version: 12 Final [Amended Following Programme Manager's Feedback]

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## 2 Executive Summary

### 2.1 Purpose

The Organising Open Educational Resources (OOER) pilot Open Educational Resources (OER) project set out to:

- Build on existing practice and partnerships by establishing a collaboration for sharing all necessary information and processes to enable institutions to implement OER strategies;
- Share/upload existing content (notionally '360 credits') to a national repository under patient and non-patient consent, Creative Commons (CC)<sup>1</sup> licences and institutional policy 'best practice';
- Identify issues and barriers to sharing and reuse of existing e-learning resources within the disciplines;
- Explore particular issues surrounding informed patient consent, particularly for use of clinical recordings;
- Address issues resonating with all UK educational provision which include elements of work or practice-based learning, where staff contracts for teaching may be complicated by their employment and inter-agency education commissioning arrangements.

Our long-term goal was to enable UK higher education institutions (HEI)s to routinely upload OER to national repositories as the default, rather than the exception (if they choose to do so) based on a solid understanding of the limitations and the benefits of OER. We also wanted to work with and learn from Individual and Institutional Strand projects (IISP). It was funded by the Higher Education Funding Council for England (HEFCE)<sup>2</sup>, the Higher Education Academy (Academy)<sup>3</sup> and Joint Information Systems Committee (JISC)<sup>4</sup> and managed by the Academy.

We attempted to be realistic and avoid duplicating effort. In preparing the proposal, some argued that all the necessary technology, legal and policy information was already available; others that considerable effort was still required to apply and understand these in the context of a multi-HEI collaboration with the added complexity of protecting and quality assuring healthcare educational resources (ER) (including NHS staff contributions). Our job was to identify and harness the collective know-how through a series of work packages (WP), and interpret it in a way which met the needs of all of the partners, providing a long term and 'direction of travel' for our subjects in UK HE. This emphasis on developing high quality processes would, we felt, provide long term potential for systematically unlocking ER in health and veterinary care subjects in the UK.

We anticipated that we would initially identify many more resources than would pass our 'best practice' risk-assessment tests, and that there could be a short term retraction of currently-available materials as institutions reflected on the full legal implications of current practice in HEIs. Our approach depended on the development, testing and refinement of decision-support 'toolkits' in real environments. Version 2 of the toolkits are available<sup>5</sup> for academics, clinicians and institutions to use as a means of testing their institutional processes and procedures, with advice and guidance for solving problems. We recognised that this would have overlap with other projects in the OER programme: our purpose was to test the toolkits in a range of different institutions and in different UK countries to ensure that the recommendations were sufficiently detailed to be helpful, while remaining as generic and adaptable as possible, bearing in mind the trade-off between detail / time required to complete a toolkit, and what might reasonably be expected of someone wishing to share their content.

We debated how we might measure '360 credits' in our mostly non-modular subjects, and concluded that we would have to rely on detailed quality descriptors of when resources were used, by whom and for how long (see 8.9 Pedagogy/quality assurance (WP7) on page 39 below). However when ER were isolated from where they were embedded in teaching they need many descriptors to recreate their context.

We also wanted to improve understanding of why institutions or individuals might 'go OER', and drew up a value statement and a list of pros and cons (see Appendix 13.2 on page 70 below) drawn from interviews with case study partners for those individuals or HEIs who wanted to understand the benefits and risks.

<sup>1</sup> Creative Commons <http://creativecommons.org/> (a. Feb 2010).

<sup>2</sup> Higher Education Funding Council for England (HEFCE) <http://www.hefce.ac.uk/> (a. Mar 2010).

<sup>3</sup> The Higher Education Academy (Academy) <http://www.heacademy.ac.uk/> (a. Mar 2010).

<sup>4</sup> Joint Information Systems Committee (JISC) <http://www.jisc.ac.uk/> (a. Mar 2010).

<sup>5</sup> Subject Centre for Medicine, Dentistry and Veterinary Medicine (MEDEV) OER website <http://www.medev.ac.uk/oer/> (a. Mar 2010).

## 2.2 Issues

Communication, role allocation and securing the consortium agreement were risks among such a big partnership. We knew at the outset that modifying materials, upstream (third party) intellectual property rights (IPR), patient and non-patient consent, and deposit into and maintenance of materials in JorumOpen would be issues. A risk to the project was meeting the expectation of “360 credits”.

## 2.3 Outcomes

As planned, we have established a strong, multi-partner consortium with sustainable processes to permanently change how ER are developed and released open licences. To date we have developed seven toolkits (making up one large single toolkit) and plan to release at least 1000 ‘resources’ in JorumOpen (with a further potential >1000 identified). Several of these were complex ‘Phase 2’ resources with multiple authors and upstream rights (e.g. LSHTM 15 credit Malaria module; Southampton 10 credit Research Methods module and 44 Newcastle problem based learning cases in medicine). We have made the following high level recommendations to individuals HEIs, funders, etc.; further detail is available in 8 Outputs and Results on page 19 below, and ways forward are covered in 10.2 Recommendations on page 64 below:

- That authors should ‘hallmark’ all their content (whether it is to be made open or not) with CC licences;
- Consent everything – even where ownership and patient/non-patient rights appear clear, and store copies of the consent with resource;
- Review institutional policies against good practice risk-assessment tools;
- Aim to release a fraction of a programme rather than 100% (avoids some of the ‘cons’ of ‘going OER’);
- UK HE enters a dialogue with publishers to increase the potential for re-using third party upstream rights (especially images, music and video);
- Develop and follow sophisticated ‘take-down’ policies;
- Develop a tool to track resources and for them to ‘phone home’ (like software updaters) to check their currency/status;
- Establish a staff reward system (formal recognition of using and reusing others’ resources, PDRs, promotion criteria, etc.);
- Several JorumOpen-specific recommendations such as bulk upload.

Although we have not yet held an end of project event, dissemination has exceeded our initial expectations with 32 presentations either completed or planned (see 8.12 Dissemination on page 50 below). The toolkits are proving popular with ten external dissemination sites wishing to test them. OOER has succeeded in creating a strong platform for supporting future OER release, but the project needs on-going work over the next 12 months in which to continue to cement the use of the toolkits and disseminate them to other places. MEDEV has committed to fund part of this from our recurrent budget (40% of a Project Officer).

In future we envisage the existence of a tool which, when provided with an email address and URL or file, is a standalone walkthrough of all of the steps (a single integrated toolkit) which results in syndicated publication and permanent storage of PDF copies of consent and other information such as a risk-report that anyone can use.

## 3 Introduction

This is the *final report* of the Organising Open Educational Resources (OOER) 14/08 subject strand project in the OER programme (call 14/08)<sup>6</sup> led by the Academy Subject Centre for Medicine, Dentistry and Veterinary Medicine (MEDEV) on behalf of a 17-partner consortium.

Open educational resources or OER are defined by a report to the William and Flora Hewlett Foundation<sup>7</sup>:

"OER are teaching, learning and research resources that reside in the public domain or have been released under an intellectual property license that permits their free use or re-purposing by others. Open educational resources include full courses, course materials, modules, textbooks, streaming videos, tests, software, and any other tools, materials or techniques used to support access to knowledge."

<sup>6</sup> JISC OER programme, 2009. <http://www.jisc.ac.uk/whatwedo/programmes/elearning/oer.aspx> (a. Mar 2010).

<sup>7</sup> Report to the William and Flora Hewlett Foundation [http://en.wikipedia.org/wiki/William\\_and\\_Flora\\_Hewlett\\_Foundation](http://en.wikipedia.org/wiki/William_and_Flora_Hewlett_Foundation) (a. Mar 2010).

Which was based on a definition from UNESCO (2002) published by Wiley<sup>8</sup> who defined OER as:

“technology-enabled, open provision of educational resources for consultation, use and adaptation by a community of users for non-commercial purposes”. They are typically made freely available over the Web or the Internet. Their principal use is by teachers and educational institutions support course development, but they can also be used directly by students. Open Educational Resources include learning objects such as lecture material, references and readings, simulations, experiments and demonstrations, as well as syllabi, curricula and teachers’ guides”

The OER Commons<sup>9</sup> initiative covers school and HE sources and is a source of considerable advice on OER. This report discusses the first UK collaboration in medicine, dentistry, veterinary, postgraduate and staff development in the medical human and animal health sciences in the UK. This was a one year pilot project which aimed to define a direction of travel for implementing OER in these subjects in the UK, with a particular focus on issues which are particular to this sector. It provides full details of the purpose of the project, the work undertaken and the outcomes. Some outcomes are planned but yet to be completed, and these are clearly identified. Full copies of the long report are available on the MEDEV OOER website<sup>5</sup>.

## 4 Acknowledgements

We would like to thank the funders for their financial support of the OER programme as a whole and this project in particular. We would particularly like to thank the management team, especially Sharon Waller and Jo Masterson at the Academy, David Kernohan at the JISC and the Subject Strand Evaluator Helen Beetham for their constant and useful support and advice throughout the project. Thanks also to the team at JorumOpen especially Peter O’Hare, and staff in other OER projects (particularly PHORUS, HumBox, C-change, Unicycle, Berlin, OpenSpires, BioOER and SimShare) for sharing their know-how and expertise.

We would particularly like to thank OOER project partners/people listed in Table 1 below for their incredibly hard work, enthusiasm and dedication, for toolkits developed, tested and refined, resources contributed and surveys completed. Project partners were also key in developing strategy and decision-making via their membership of the project Executive Board.

Table 1: OOER project partners with direct involvement in the project.

Partner	Contact
Bedfordshire University	Dr Clare Morris (Associate Dean, Curriculum).
	Professor Judy McKimm (Visiting Professor).
Cardiff University	Dr Paul Kinnersley (Senior Lecturer).
	Jeff Wilson (Dental School).
Imperial College, London	Maria Toro-Troconis (Senior Learning Technologist, Faculty of Medicine).
	Ashish Hemani (eLearning Project Manager).
	Colleagues in the contracts department.
Intute Health and Life Sciences, Nottingham University	Jackie Wickham (Service Manager, Intute Health & Life Sciences). (See University of Nottingham.)
Keele University	Adrian Molyneux (Learning Technology Manager, Medical School).
	Tim Denning (VLE Project Coordinator).
	Dr Andy Brooks (contracts department).
London School of Hygiene and Tropical Medicine (LSHTM)	Trevor Manning (e-Learning Advisor).
	Dr Sara Atkinson (Lecturer) <a href="http://www.lshtm.ac.uk/people/atkinson.sara">http://www.lshtm.ac.uk/people/atkinson.sara</a> .
	Colleagues in the contracts department.
Newcastle University	Professor Geoff Hammond (Head of School, School of Medical Sciences Education Development).
	Paul Drummond (Deputy Director, Learning Technologies for Medical Sciences).
	Gillian Brown (Advisor, MEDEV).
	Dr Brian Lunn (Senior Lecturer and Honorary Consultant Psychiatrist, Newcastle University; Associate Dean for Examinations, Royal College of Psychiatrists).
	Nigel Purcell (Senior Advisor, MEDEV).
	Janet Wheeler (Information Systems and Services).
	Victor Ottaway (Centre Manager, MEDEV).
	James Outterside (Advisor, Information, MEDEV).

<sup>8</sup> Wiley D. On the sustainability of open educational resource initiatives in higher education. COSL/USU Paper commissioned by the OECD’s Centre for Educational Research and Innovation (CERI) for the project on Open Educational Resources. 2007. <http://www.oecd.org/dataoecd/33/9/38645447.pdf> (a. Mar 2010).

<sup>9</sup> OER Commons <http://www.oercommons.org/> (a. Mar 2010).

<b>Partner</b>	<b>Contact</b>
	Lindsay Wood (Project Officer, OOER).
	Chris Smith (Temporary Project Officer, OOER).
	Sharon Percy (Centre Secretary, MEDEV; and Project Secretary, OOER).
	Alan Tuck (Contracts, Business Development Unit).
	Chris Hoy (Teaching and Learning, Business Development Unit).
Queen's University Belfast	Dr Kieran McGlade (Deputy Director of Medical Education).
	Clare Thomson (eLearning Developer, School of Medicine, Dentistry and Biomedical Sciences).
	Dr Sue Morison (CETL CEIPE Director).
	Mark McCalmont (CETL Officer).
	The Dean of Medicine and colleagues in the contracts department.
The Royal Veterinary College	Nick Short (Head of eMedia Unit).
	Dr Stan Head (OCTAVE Project Manager).
	Cecile Lamy
	Claire Porteous
	Sonya Powney
	Research Director and colleagues in the contracts department.
St George's, University of London	Charavanan Balasubramaniam (Project Manager, Educational Technology Unit).
	Dr Rachel Ellaway (Visiting Professor).
	Dr Terry Poulton (Senior Lecturer).
	Angela Miller (contracts department).
University of Aberdeen	Dr Neil Hamilton (Director, Medi-CAL Unit, College of Life Sciences and Medicine).
	Gayle Adam (contracts department).
University of Bristol	Dr Jane Williams (Director e-learning (Medicine)).
	Dr Adrian Longstaffe (retired consultant).
	Professor John Bradfield (Emeritus Professor).
	Clare Smith and Sean Jauss (contracts department).
University of Edinburgh	Michael Begg (eLearning Manager, Learning Technology Section, College of Medicine and Veterinary Medicine).
	Arek Juszczak (Special Projects Manager, LTS).
University of Liverpool	Dr Helen O'Sullivan (Director, Professionalism CETL).
	Dr John Smith (MBBS Programme Director).
University of Nottingham	Dr Liz Mossop (Lecturer, Veterinary Medicine).
	Dr Reg Dennick (Senior Lecturer, Faculty of Medicine).
	Colleagues from the contracts department.
University of Oxford	Dr Vivien Sieber (Medical Sciences Division – Learning Technologies).
	Colleagues from the contracts department.
University of Southampton	Trevor Bryant (Senior Lecturer, School of Medicine).
	Dr Sunhea Choi (eLearning Development Co-ordinator).
	Erika Corradini (Academic Coordinator (Projects), Humbox).
	Oren Stone (Academic Liaison Librarian).
	Mimi Lee (Graphic Designer).
	Olivia Chalwin (Planning and Resources Manager – contracts department).
University of Warwick	Dr David Davies (Associate Professor, Reader in Medical Education).
	Kathryn Balanescu (contracts department).

Thank you to Andrew Charlesworth (University of Bristol) and Lester Gilbert (University of Southampton) for legal and financial advice, the project Advisers and the team at Creative Commons.

Thank you also to Newcastle University particularly the Pro-Vice Chancellor Teaching and Learning Professor Ella Ritchie and MEDEV's Head of School Professor Geoff Hammond for their support of this project, and especially to Alan Tuck and the legal teams at partner institutions (marked 'contracts department' in Table 1 above) for all their work and advice in relation to the Consortium Agreement (see at 13.1 Appendix one: consortium agreement on page 69 below). Finally, we would like to extend a special thanks to all those interested in OER.

## 5 Background

### 5.1 Project and programme

The OOER project was one of the 14 subject strand projects funded under OER call 14/08 and focused on releasing a *substantial amount* of ER in medicine, dentistry, veterinary science/medicine, postgraduate and staff development through testing their OER *readiness* against a series of 'good practice' risk-assessment toolkits (see 6 Aims and Objectives on page 15 below).

### 5.2 Existing environment

#### 5.2.1 Current context

Prior to the start of the project there was already significant activity in the area of sharing ER in medicine, dentistry, veterinary science/medicine; with less cohesive sharing for postgraduate and staff development materials. This was typically based on a sharing amongst communities of practice or discipline communities, around a particular area such as assessment and/or on a semi-commercial basis. Uptake was patchy and tied specifically to involvement in one or more projects such as those listed above.

The desire to share ER had a long history in pre-registration education (e.g. the CLIVE<sup>10</sup> consortium, UK Council for Communication Skills Teaching in Undergraduate Medical Education<sup>11</sup>, UCEL & RLO CETL<sup>12</sup>, RAFTT<sup>13</sup>, WikiVet<sup>14</sup>, UMAP & UKCDR<sup>15</sup>); with the NHS (NHS-HE Forum, NHS eLearning for Healthcare, NHS eLearning Repository and National Library for Health<sup>16</sup>); and internationally (e.g. IVIDENT & IVIMEDS<sup>17</sup>, eVIP<sup>18</sup>, mEducator<sup>19</sup>, HEAL<sup>20</sup>, MedEdPORTAL<sup>21</sup>, MedEdCentral<sup>22</sup> and DENTED<sup>23</sup>). Substantial investment had been made in, for example, the Wellcome Images<sup>24</sup> which were available to use in teaching under CC licence. There was also considerable existing expertise in the policy development, rights clearance, and change management required at institutional level in order to enable the process of sharing content openly (MEDEV had commissioned a set of case studies into the use of JISC tools and services<sup>25</sup>, including Jorum). Issues of reusing existing materials (e.g. ACETS<sup>26</sup> which looked at existing barriers to using and reusing digital content), copyright and IPR (JISC Casper<sup>27</sup> project; with the discipline specific work undertaken in the REHASH and eVIP projects<sup>28</sup>) were explored revealing how existing resources could be used in a number of different contexts with minimal intervention and in the context of the discipline specific issues of for example, patient consent and using digital recordings in learning and teaching in healthcare (CHERRI<sup>29</sup> project and work at Bristol), in light of recent public controversy and accompanying legal and regulatory body attention.

<sup>10</sup> Computer-aided Learning in Veterinary Education <http://www.clive.ed.ac.uk/> (a. Mar 2010).

<sup>11</sup> UK Council for Communication Skills Teaching in Medical Education <http://www.medev.ac.uk/community/ukcouncil> (a. Mar 2010).

<sup>12</sup> Universities' Collaboration in eLearning <http://www.ucel.ac.uk/>; and Reusable Learning Resources Centre for Excellence in Teaching and Learning <http://www.rlo-cetl.ac.uk/joomla/> (a. Mar 2010).

<sup>13</sup> Resource Archive/Activities for Teacher Training (RAFTT) <http://www.medev.ac.uk/randd/RAFTT/> (a. Mar 2010).

<sup>14</sup> CLIVE consortium <http://www.clive.ed.ac.uk/> and WikiVet <http://www.vetschools.ac.uk/> (a. Mar 2010).

<sup>15</sup> Universities Medical Assessment Partnership <http://www.umap.org.uk/>; and UK-Collaboration for a Digital Repository for High Stakes Assessments <http://www.ukcdr.manchester.ac.uk/> (a. Mar 2010).

<sup>16</sup> National Library for Health <http://www.library.nhs.uk/>; and NHS-HE Forum <http://www.nhs-he.org.uk/> (a. Mar 2010).

<sup>17</sup> International Virtual Dental and Medical Schools <http://193.61.204.179/> and <http://www.ivimeds.org/> (a. Mar 2010).

<sup>18</sup> European Virtual Interactive Patients <http://www.virtualpatients.eu/> (a. Mar 2010).

<sup>19</sup> Multi-type Content Repurposing and Sharing in Medical Education (mEducator) <http://www.meducator.net/> (a. Mar 2010).

<sup>20</sup> Health Education Assets Library (HEAL) <http://www.healcentral.org/> (a. Mar 2009).

<sup>21</sup> MedEdPORTAL <http://services.aamc.org/30/mededportal/servlet/segment/mededportal/information/> (a. Mar 2010).

<sup>22</sup> MedEdCentral <http://www.mededcentral.org/> (a. Mar 2010).

<sup>23</sup> DentED <http://dented.learnonline.ie/> (a. Mar 2010).

<sup>24</sup> Wellcome Trust Images <http://images.wellcome.ac.uk/indexplus/page/News+Archive+18+June+2007.html> (a. Mar 2010).

<sup>25</sup> JISC mini-projects, case studies and communities of practice <http://www.medev.ac.uk/resources/features/miniprojects> (a. Mar 2010).

<sup>26</sup> Assess, Catalogue, Exemplify, Test and Share (ACETS) <http://www.acets.ac.uk> (a. Mar 2010).

<sup>27</sup> JISC Copyright Advice and Support Project for E-learning Resources (CASPER) <http://jisc-casper.org/> (a. Mar 2010).

<sup>28</sup> Repurposing Existing Healthcare Assets to Share (REHASH) <http://www.elu.sgul.ac.uk/rehash/>; and Electronic Virtual Patients (eVIP): <http://www.virtualpatients.eu/> (a. Mar 2010).

<sup>29</sup> Common Healthcare Educational Recordings Reusability Infrastructure (CHERRI) <http://www.cherri.mvm.ed.ac.uk/> (a. Mar 2010).

## 5.2.2 Standards

Uptake of international pedagogic and technological standards were essential to Intute Health and Life Sciences/AIRDIP<sup>30</sup> and specific projects (e.g. ReViP<sup>31</sup>). MedBiquitous Europe<sup>32</sup> worked to promote the adoption and implementation of technical standards and specifications for healthcare education within Europe. Social software developments include an exploration of the exposition of resources in a variety of differing environments has been a feature of the CSO<sup>33</sup> project, which has an established YouTube channel, and RVC<sup>34</sup> and University of Warwick<sup>35</sup> podcasts via iTunesU.

## 5.2.3 Accessibility

Access to some clinical teaching materials needed to be controlled for ethical or data protection reasons. The social and technical frameworks for managing access to clinical teaching materials were explored in the IAMSECT and JISC FAM projects<sup>36</sup>, and the NHS-HE Forum<sup>37</sup>.

## 5.2.4 Issues

At the outset no consistent, future-proofed approach existed around the development and sharing of ER in our subjects (see 5.4 Uniqueness of approach on page 14 below) although some organisations provided some good practice existed<sup>38,27</sup>. Our starting point was a patchwork of vaguely understood legal and ethical principles/considerations whereby:

- Those developing teaching materials used in HEIs may or may not be employed on a university contract;
- Digital recordings taken in clinical settings should be considered 'sensitive' personal data<sup>39</sup>, and needed to be copied into the patient record;
- A person (or their family, in some circumstances) *should* have the right to *refuse or withdraw* consent for recordings of them being released as OER<sup>40</sup>;
- A person cannot consent *ad infinitum* for a purpose/s that they cannot comprehend;
- Some sensitive clinical content genuinely needed to have controlled access (e.g. genito-urinary medicine, obstetrics & gynaecology resources);
- Resources naturally go 'out of date' (unless they are genuinely timeless) which needs to be accommodated in any successful OER strategy;
- Institutions have a moral obligation to ensure that branded materials were accurate and up to date;
- Practice varied between institutions and across the UK.

Public opinion and the law changes, and what was acceptable practice yesterday may no longer be. While changes in the law/guidelines might not apply retrospectively, serious ethical concerns would be raised by the generally risk-averse HE sector. Past experience of the Bristol Biomed Image Archive<sup>41</sup> (which had high integrity) highlighted how it was essential to use any relevant guidelines/policy documents as a *starting point* for the creation and distribution of ER. OER solutions needed to be fluid with a strong ethical underpinning in order to provide a direction of travel for future-proofing 'open' release of ER.

## 5.2.5 Introduction to mapping and 'readiness' categorisation

It was necessary to map the location of existing resources with a view to identifying which of the many resources available in our subjects qualified for inclusion (Figure 1), resulting in the Mapping and 'Readiness' Categorisation work in WP4. It was anticipated that many more resources would be identified than would eventually be uploaded to relevant repositories via the API interface (due to gaps or examples of poor practice). Phase 1 resources, where confidence in good-practice compliance was high, were prioritised for uploading; with

<sup>30</sup> Intute Health and Life Sciences <http://www.intute.ac.uk/>; and the Academy Intute Resource Database Integration Project (AIRDIP) [http://www.medev.ac.uk/AIRDIP\\_Files/local\\_search.html](http://www.medev.ac.uk/AIRDIP_Files/local_search.html) (a. Mar 2010).

<sup>31</sup> Repurposing Virtual Interactive Patients ReViP <http://www.elu.sgul.ac.uk/revip/> (a. Mar 2010).

<sup>32</sup> MedBiquitous Europe consortium [http://www.medbiq.org/about\\_us/medbiq\\_europe/](http://www.medbiq.org/about_us/medbiq_europe/) (a. Mar 2010).

<sup>33</sup> Clinical Skills Online (CSO) <http://www.elu.sgul.ac.uk/cso/> and YouTube channel <http://www.youtube.com/sgulcso> (a. Mar 2010).

<sup>34</sup> Royal Veterinary College podcasts <http://www.rvc.ac.uk/review/Podcasts/> (a. Mar 2010).

<sup>35</sup> University of Warwick anatomy podcasts <http://itunes.warwick.ac.uk> (a. April 2010)

<sup>36</sup> Inter-institutional Authorisation Management to Support eLearning in Clinical Teaching (IAMSECT) <http://iamsect.ncl.ac.uk/> and JISC Federated Access in Medicine (a. Mar 2010).

<sup>37</sup> NHS-HE Forum <http://www.nhs-he.org.uk/> (a. Mar 2010).

<sup>38</sup> Institute of Medical Illustrators. A code of professional conduct for members, 2002; and Consent: patients and doctors making decisions together. General Medical Council. 2008 [http://www.gmc-uk.org/guidance/ethical\\_guidance/consent\\_guidance/](http://www.gmc-uk.org/guidance/ethical_guidance/consent_guidance/) (a. Mar 2010).

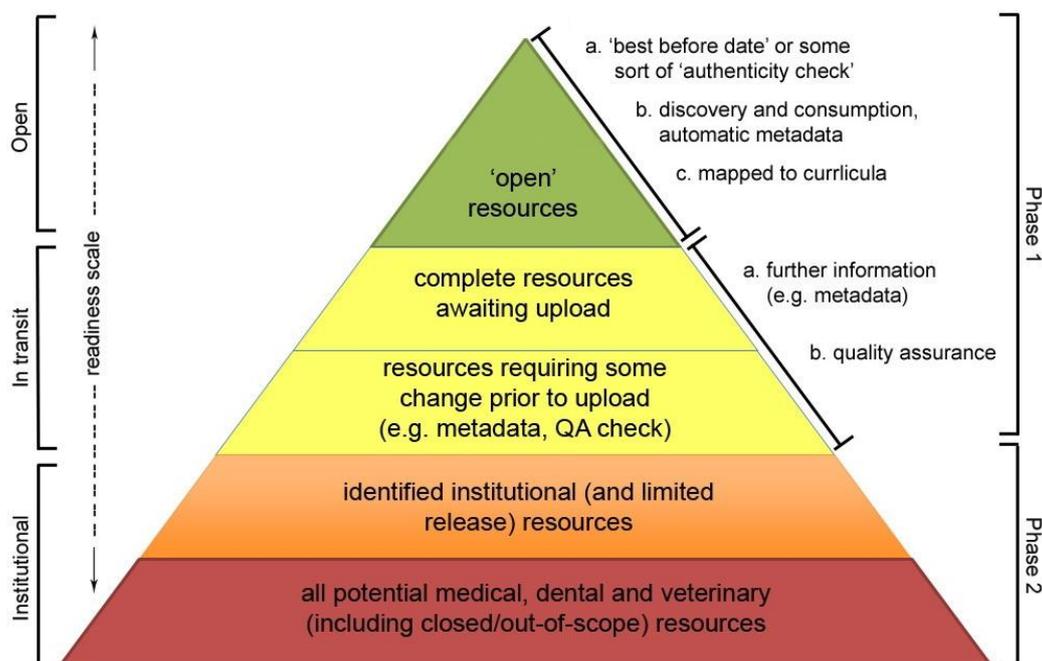
<sup>39</sup> Data Protection Act (1998) [http://www.opsi.gov.uk/acts/acts1998/ukpga\\_19980029\\_en\\_1](http://www.opsi.gov.uk/acts/acts1998/ukpga_19980029_en_1) (a. Mar 2010).

<sup>40</sup> Human Rights Act (1998) [http://www.opsi.gov.uk/acts/acts1998/ukpga\\_19980042\\_en\\_1](http://www.opsi.gov.uk/acts/acts1998/ukpga_19980042_en_1) (a. Mar 2010).

<sup>41</sup> Bristol Biomed Image Archive <http://www.jisc.ac.uk/whatwedo/programmes/learningteaching/biomed.aspx> (a. Mar 2010).

further work being expended in phase 2 to better understand the issues involved in moving ER up the readiness scale, and documenting why, from a subject perspective, some excellent ER might never be made open. There were sound pedagogic reasons why open ER should be periodically reviewed/renewed. The pedagogic quality assurance (QA) and 'resource discovery and re-use' toolkits established a pedagogy map, quality monitoring/peer evaluation and 'best before' procedures.

Figure 1. 'Traffic light' process diagram representing stages of potential ER 'openness' with QA and other checklist loops.



Although we knew that we would identify many more resources than we would be able to upload we still initially identified a lot of material for possible inclusion (from all tiers of the pyramid diagram in our proposal see Figure 1) in medicine, dentistry, veterinary medicine/science, postgraduate and staff development programmes. We initially requested details from partners and their colleagues, trawling websites and social networking sites, etc. While the apparent richness was tantalising, we need the early results of WP4 in order to prioritise what content would be chosen for Phase 1 and Phase 2 in WP8 in order to reach '360 credits'.

Project partners were asked to define 'principles' for prioritising ER, such as, for example, whether format of resource (e.g. image, video, podcast) was important; to 'sample' a wide range of content/scenarios to identify coverage/gaps (especially gaps in the toolkits); whether to allow or avoid duplication of resources (e.g. video illustrating 'taking a blood pressure' might be available from several partners, or already 'out there' from a non-partner institution); quality and branding. In healthcare subjects ER should be as clinically relevant as possible, which may be sensitive. We documented patient consent procedures in the context of OER as a consent toolkit (reflecting statutory limitations relating to data protection, patient consent and privacy issues), and collaborated with IISP to test it in this and other HEIs.

Some HEIs saw content as their bread and butter; others saw their processes (how they packaged their provision/brand) as their unique selling point. Some partners in this project were already in international collaborative partnerships; all had a potential business case for sales. A collaboration toolkit investigated the relationship of these models<sup>42</sup> with OER. The cost/effort of making ER available from each part of the readiness scale (institutional, in transit and open) were investigated and documented as case studies as part of WP8.

A resource discovery and re-use toolkit was developed, based on evaluation of how staff and students searched for/found ER, and how ER were linked to local VLE/delivery systems, to make recommendations on the granularity (size of an ER; from, say, an image to a whole first year curriculum), necessary metadata, and licensing downstream rights. The results informed the API and metadata/workflow toolkits.

<sup>42</sup> Downes, S. (2006) Models for sustainable open educational resources, National Research Council Canada, [http://www.oecd.org/document/32/0,2340,en\\_2649\\_33723\\_36224352\\_1\\_1\\_1\\_1,00.html](http://www.oecd.org/document/32/0,2340,en_2649_33723_36224352_1_1_1_1,00.html) (a. Mar 2010).

### 5.3 Advancing OER release

#### 5.3.1 Toolkits

Toolkits were simply decision support workflows (Figure 2) implemented electronically in OpenLabyrinth<sup>43</sup> or Survey Monkey (Figure 3) with links to sample documents (policies, sample agreements, etc.). Ideally all toolkits would have been implemented in OpenLabyrinth but (when we started) it did not support the capture of open ended questions or outputting reports of the decisions taken (features which were requested by the sector). In addition a navigation overview was requested to enable users to pause and return to where they left off. The results of using toolkits constituted metadata (e.g. clicking a decision 'no' that there was 'no human patient involvement') about a resource and we are working on mechanisms to return this data to the WP4 database.

Figure 2. Illustration of a toolkit decision support workflow (from the overview).

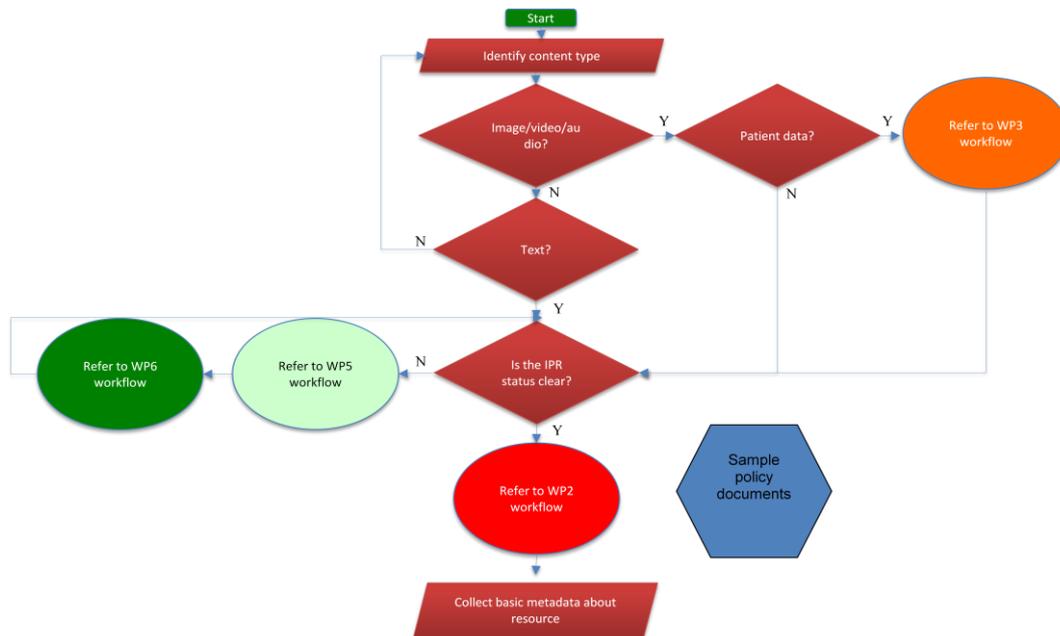


Figure 3. Illustration of an interactive online toolkit (in OpenLabyrinth) with branching decision support questions.

#### OOER IPR Workflow v7

**Who or what is the IPR holder?**

Please select from the list below:

- Other
- Nonacademic employee
- Academic employee
- Student or other learner
- Contracted clinician
- Noncontracted clinician
- Legally constituted corporation

**Comments (0)** [add your comment](#)

There are no comments yet.

**Labyrinth**

Map: OOER IPR Workflow v7 (1082)

[Review your pathway](#)

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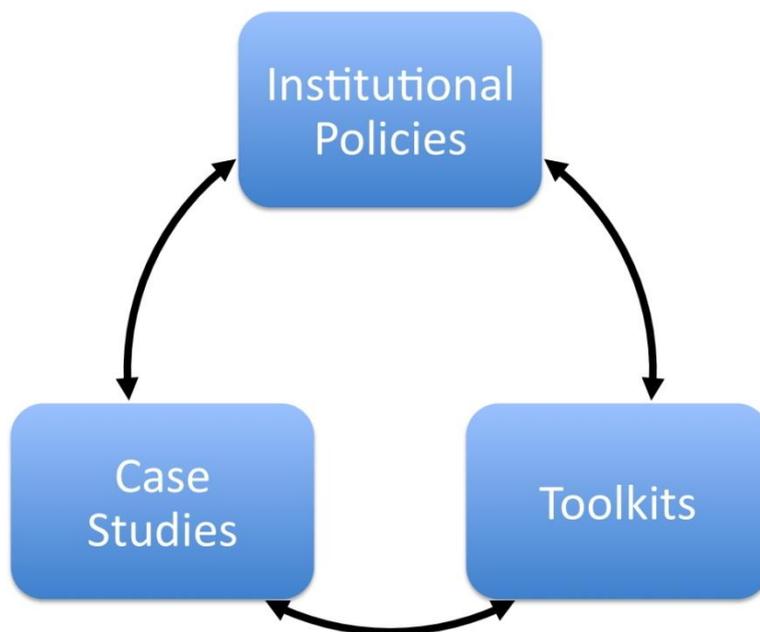
<sup>43</sup> Open Labyrinth <http://labyrinth.sgul.ac.uk/openlabyrinth/mnode.asp?id=qwnw2gcf4jesnqajxhq1rx7jzqajxhq> (a. Jun 2009).

### 5.3.2 Developing a sustainable high quality process of iterative improvement

Assuming that everything necessary for a successful OER strategy was either available or was being developed elsewhere we wanted to apply best practice in our disciplines through establishing a *sustainable high quality process of iterative improvement*, and document issues for the purpose of reflection and practice improvement.

The three key processes of developing institutional policies, use of the toolkits and documentation of the case studies was initially iterative (Figure 4), in that we needed to test the toolkits and the case study template against the need for policy development: was the fact that a toolkit highlighted an issue a problem with the toolkit, with the institutional policy, or possibly with the case study template that we were using? The early case studies were used to refine all three processes. As the process matured and the toolkit/s/case study template were refined and became more comprehensive (by inclusion of sample policy documents) it was clearer that issues were related to institutional policies.

Figure 4. Iterative improvement cycle for institutional policies, toolkits and case studies.



We initially estimated that we might generate approximately 12 case studies, one per partner site, and we delayed identifying a way of funding these (as clearly some would be more complicated than others) until the Executive Board had sufficient information about implementation of the toolkits, time taken to document the case study, etc., from which to take a decision. It became clear that the granularity of learning materials (how large or small each resource was), and how replicable they were, was important. It took only a minor issue for a resource to 'fail a toolkit'. We found that we needed to keep case studies 'bite-sized' (although the resources could cover anything from a programme (certificate) to a module; course description; lecture resource/lecture or collection of e.g. of cases, tutorials or images) in order to make them manageable (see 8.10.1 WP8 360 'credits' on page 42 below). From trials we learned that it took approximately 3 days per first case study (a member of staff working with the Project Officer), depending on the ready availability of institutional policies.

We proposed to disseminate the process to a wider constituency and encourage adoption of best practice by developing a direction of travel for HEIs to consider and adopt on a timescale to suit themselves.

### 5.3.3 Risk management

This project was unlikely to result in perfect implementation; it was more likely that all partners would recognise the value in reviewing their processes relating to developing ER against a legal and ethical framework (whether they were to be made open or not). At the end of the project institutions would be able to assess for themselves where they were on a roadmap towards compliance with good practice and risk-minimisation (Table 2).

Table 2. Good practice risk management compliance table.

Good practice compliance table (managing risk)			
	Explanation	Risk of litigation from infringement of IPR/copyright or patient consent rights	Action
3	Institutional policies are clearly in place to enable resources to be compared to the toolkits.	Low. Institution follows best practice and has effective take down strategies. Institution able to legally pursue those infringing the institution's rights.	Periodically test resources against policies to keep policies under review. Keep abreast of media stories. <i>Limited liability insurance required.</i>
2	Compliance tested and policies are adequate in most but not all aspects to allow the compliance of a resource to be accurately estimated. A small number of areas where policies need to be further developed for complete clarity.	Medium. Ownership of resources is likely to be clear. Good practice is followed in relation to patients. Take down and other 'complaint' policies are in place and being followed.	Review those areas where developed is required, possibly in relation to e.g. staff not employed by the institution e.g. emeritus or visiting or NHS. It may be that a partner organisation requires improvement to their policies. <i>Some liability insurance may be necessary.</i>
1	Compliance tested but too few policies available or insufficiently specified to allow the compliance of any particular resource to good practice guidelines to be accurately estimated.	Medium. It is unlikely that the ownership and therefore licensing of resources is clear. Resources theoretically owned by the institution could be being ripped off.	Collate suite of examples of best practice and review against existing institutional policies. Follow due process to amend and implement those which are relevant to the institution. <i>Take out liability insurance.</i>
0	Compliance with the toolkits unknown/untested. Compliance has been tested and materials failed to pass.	High/Unknown. Risk may be minimal if resource was developed based on best practice principles. Institutional policy status (ownership, consent) is unknown.	Establish a task force to test some resources against institutional policies; then follow 1-3 below. <i>Take out liability insurance.</i>

## 5.4 Uniqueness of approach

### 5.4.1 Work or practice-based learning

Two primary issues of vocational education (work based or practice based learning, etc.) were:

- Quality assurance: assuring that the planned curriculum was taught equitably throughout the programme. For example, third year students on attachment in [...] should have the same quality of education/learning experience as students on the same rotation in [...];
- Legal arrangements covering employment (and associated personal development/work plans/review; leave; health and safety; etc.); indemnity insurance (both for the individual if harmed/hurt when on academic / clinical property; and patients when being treated by a clinician employed by the University).

'Teachers' in our identified subject areas can have different employment status and contracts/SLAs exist, and some staff are jointly reviewed by academic / clinical line managers, to outline the expected standard of teaching wherever it takes place:

- University academic or clinical employee (employed by the University) in an academic (University) setting;
- University academic or clinical employee (employed by the University) in a clinical (NHS or equivalent, such as a dental or veterinary practice) setting;
- NHS (or other clinical) employee (employed by the NHS) in an academic (University) setting;
- NHS (or other clinical) employee (employed by the NHS) in a clinical (NHS or equivalent, such as a dental or veterinary practice) setting;
- Honorary or part-time status with either the University or the NHS (or equivalent).

Issues:

- Clinicians are primarily in clinic to deliver patient care, students can get in the way of the provision of healthcare. Clinicians have to be trained how to teach and given time / prioritise teaching;
- Patient mix has changed: patients stay in hospital for less time and many are now treated in day-clinics (meaning that students don't get sufficient breadth and length of exposure to common conditions, and their complications); in the veterinary field there are now many more exotic 'companion animals';
- You can accidentally capture non-patient information (bystanders) and this needs to be considered.

The professional and statutory bodies (GMC, GDC, RCVS, etc.) provide guidance on both assuring quality/equality of learning experience.

## 5.4.2 Principles

At the outset we assumed that:

- Everything needed was already available and that we simply needed to harness existing know-how;
- Partners recognised the value in collaborating and adopting mutually agreed good practice;
- That it would be easy to harness ER with little or no value; our task was to make open ER which were currently used in teaching or otherwise seen as valuable;
- Whatever we achieved would improve and disseminate understanding and expertise in solving issues associated with OER;
- We were defining a direction of travel/establishing a collectively defensible process;
- If the process was right then the desired outcomes in terms of numbers of resources uploaded would naturally follow, and continue into the future - the real benefits would come after the end of the project;
- We should concentrate specifically on issues relating to our subjects (such as consent, securing ER from staff delivering programmes who are non-HEI employed (e.g. NHS or private practice staff));
- Whatever was established could only highlight good practice (and the risks associated with non-compliance), but the project could not impose uptake of good practice nor require institutions to upload ER if they chose not to, meaning that only a few partners were likely to contribute OER;
- Other OER projects would have valuable outcomes and expertise that we could tap into.

## 5.4.3 Partnership

The Executive Board/WP leaders had decision-making and executive power in this project, with support from a network of Advisors (rather than an 'Advisory Board'). The partners undertook all of the WPs with MEDEV project-managing and co-ordinated activities. This was a new way of working for us which enabled the project to harness expertise, encouraged ownership of the outcomes, and allowed us to work across a broad range of HEIs, as well as facilitating parallel working to meet challenging timescales and budget.

While the partners had nationally and internationally recognised expertise in the areas that they were recruited to lead in the project, no one single site exemplified good practice across all areas. The readiness to engage with OER varied across the partnership. We accepted that partners would take time to make necessary adjustments to policies and procedures, and so our 'traffic light' system provided a way to participate while signposting where institutions should return to / revisit.

## 5.4.4 Outputs

The results of the mapping and readiness categorisation phase, together with the development of simple 'toolkits' (to help HEIs, Subjects and Individuals) informed the identification of ER to be included, and uploading ER tested and refined toolkit development (see 8.1 Overall summary of outputs and results on page 19 below). Iterative evaluation informed the partners and funders of issues arising within the project and the results disseminated via websites and a stakeholder event.

'Upload' to the national repository was geared towards the end of the project. Any slippage against the plan needed to be mitigated as it could negatively affect the numbers of resources made available.

# 6 Aims and Objectives

## 6.1 Aims and objectives

This was primarily a *mapping and dissemination project*, researching and linking together existing expertise in developing policies, effective workflows and technical frameworks. Leaders were identified and invited to steer WP; those who led in one area also contributed to others. This consortium aimed to release a *substantial number of existing learning resources* under a suitable licence for 'open use and repurposing', and was supported by the partner institutions, professional and statutory bodies, subject associations and organisations represented in the letters of support.

The original objectives of the project were to:

- Establish a sustainable collaboration around OER involving UK HEIs, professional and statutory bodies, subject associations and other stakeholders; and building on existing collaborations and good practice;
- Adopt IPR, etc., policies/approaches developed elsewhere, and further develop policies necessary to support medical, dental and veterinary education (for uptake by HEIs) as a suite of toolkits;

- Investigate the processes necessary for different HEIs to upload ER from at different stages of readiness;
- Deliver a substantial number (c. 360 credits) of OER in medicine, dentistry, veterinary medicine/science and post-graduate education and staff development;
- Promote and evaluate 'resource discovery and re-use' by staff and students, within limits of project constraints;
- Evaluate impact on existing collaborations. Inform funding bodies and existing services of any necessary changes to their policies and procedures in response to medical, dental and veterinary ER;
- Document and disseminate processes to position partner and other HEIs to pursue future OER strategies.

These objectives remained current during the project although the emphasis shifted slightly depending on where we were in the project.

## 6.2 Work packages/project plan

The project plan was described below in terms of 12 broad WPs together with indications of the implementation timetable and milestones. The project commenced in April 2009 and ran for 13 months.

Table 3. Work packages identified to deliver the outcomes of this project. WP 'leads' steer that aspect of work.

WP	Description	Lead and support	% resource	Start month	End month
WP1	Formalise roles including project management. Establish terms of reference for the Executive Group; Work Strand Groups (WSG); and reporting structures and timetable for meetings. Finalise consortium agreement. Website. Detailed project planning. Schedule Executive Group meetings. Commission technical developments. <i>Submit operational plan and reports.</i>	MEDEV with Executive Group	16	Apr 09	Jun 09
WP2	Literature and existing project review to document <i>IPR/CC, API and Access Toolkits</i> (building on existing experience).	SGUL with LSHTM & MEDEV	6.0	May 09	Sept 09
WP3	Document patient consent procedures. Consider statutory limitations relating to DP, patient consent and privacy issues. Develop <i>Consent Toolkit</i> .	Bristol	4.0	May 09	Sept 09
WP4	Refine "Readiness and Categorisation" model. Identify and categorise potential resources including student generated resources and preferred sites. Automate upload and develop <i>API Toolkit</i> including IPR permission process. Document resource availability. Develop <i>Categorisation Toolkit</i> . Develop <i>Metadata/Workflow</i> and <i>Access Toolkits</i> (if appropriate).	Newcastle with MEDEV	8.0	May 09	Dec 09
WP5	Institutional policy development. Document HR practice relating to IPR. Collaborate with IISP. Develop multiple-HEI <i>Policy Toolkit</i> . Disseminate/provide support for HEIs to adopt.	Keele	2.0	May 09	Sept 09
WP6	How does OER affect existing collaborations and international (including developing world) 'markets'? Develop <i>Collaboration Toolkit</i> to brief senior managers.	QUB	1.5	May 09	Sept 09
WP7	Establish pedagogy map, quality monitoring / peer evaluation and 'best before' procedures. Refine <i>Pedagogy/QA Toolkit</i> . Informs other toolkits.	Oxford	2.5	May 09	Sept 09
WP8	<i>Upload '360 credits' of ER via API.</i> Document the processes necessary to enable ER to be made 'open'. This WP was likely to be delivered by multiple institutions based on subject; student/staff; etc., coordinated by MEDEV.	MEDEV with:	48	Jul 09	Jan 10
8.1	<i>Medicine</i>	<i>Southampton</i>		"	"
8.2	<i>Dentistry</i>	<i>QUB</i>		"	"
8.3	<i>Veterinary medicine/science</i>	<i>RVC with Nottingham</i>		"	"
8.4	<i>Postgraduate</i>	<i>LSHTM</i>		"	"
8.5	<i>Staff Development</i>	<i>Bedfordshire</i>		"	"
WP9	Evaluate 'resource discovery' with staff and students. Investigate downstream rights for re-use. Document as a <i>Resource Discovery and Re-use Toolkit</i> . Inform other WPs.	Warwick with Intute	2.0	Nov 09	Feb 10
WP10	Host workshops, dissemination/engagement <i>event/s</i> to raise awareness of, inform and obtain feedback on toolkits in order to refine them, and encourage uptake of the OER.	MEDEV	6.0	Feb10	Feb 10
WP11	Evaluate the project using constructive SWOT analysis of each WP. Disseminate according to the strategy; <i>publish</i> on Academy/JISC websites, and in appropriate journals.	ICL	2.0	Feb 10	Mar 10
WP12	Exit strategy and sustainability. Develop <i>Sustainability Toolkit</i> pulling together and documenting outcomes listed above.	MEDEV	1.5	Mar 10	→

## 6.3 Agreed changes to the plan

Some financial and other changes to the plan were signed off by the Executive Board (summarised in Table 4).

Table 4. Agreed changes to the operational plan.

Change	Cost	Note
Sophistication of the toolkits	-	The toolkits were initially envisaged to be very simple paper documents, however more sophistication was required and we are now planning v3 (most toolkits are in v2 at the time of writing) online versions
Terminology for 'patient consent' change to 'patient and non-patient consent'	-	This was importantly a much wider definition, including, for example, actors and bystanders, which resolved issues of treating 'non-patients' outwith the good practice guidance
14 case studies have been completed and 66 more are planned	-	Funding in WP8 is allocated but is yet to be spent on planned case studies. A roadmap will be agreed with the programme manager
Partner Intute withdrew w/e March 2010	-	Intute had completed tasked areas, balance of work absorbed by Warwick
API and Access Toolkit development was moved into WP4	£5,000	More technical effort was required on signing off CC agreement, WP4 database/upload to JorumOpen and API than was anticipated. Funding from WP4; some underspend in WP1 and balanced out from WP8
Commissioned modifications to the OpenLabyrinth software	£4,950	Necessary to enable all toolkits to be developed in the same software (version 3). Funding taken from WP4
Additional funding to WP3 to cover lawyers fees	£4,000	Necessary to check the text of patient and non-patient consent forms. Funding taken from WP8
Finalised funding contribution to support WP8 leaders (amount was unknown at outset)	~£,4000 each	Finance in WP8 was intended to support the involvement of WP8 leaders in guiding case study development, plus fund case studies
Access	-	We were unable to progress variable access to resources ('medic-restrict') and therefore have not included any 'sensitive' clinical content

## 7 General Approach and Implementation

### 7.1 Management and communication (WP1)

#### 7.1.1 WP1 operational practice

The project was led by an Executive Director, with support from a Project Manager, Project Officer and administration support based at MEDEV. The project appointed an Executive Board, comprised of one representative of each WP (which was generally one per partner institution), to steer the project. They met for 4 hours bimonthly throughout the duration of the project, plus asynchronously via the project website (basecamp<sup>44</sup>). Other staff and resources were retained on a 'needs' basis by the partner sites. External Advisors represented key external stakeholders who were kept abreast of developments by the project team.

Executive Board meetings were hosted by the School of Medical Sciences Education Development, Faculty of Medical Sciences, Newcastle University, with options for partners to join the meeting face to face, virtually via video or telephone conferencing or by Skype. Partners/WP leaders were able to attend meetings as appropriate, depending on where they were in their WP. Travel and subsistence allowances for partners were made in the original budgets. Board members/WP leaders were tasked with facilitating discussion of the consortium agreement and facilitating a WP, each one led by a project partner on behalf of the whole consortium, with outputs produced by those partners with the relevant expertise, drawn together by MEDEV. In all cases the work taken up by partners was surprisingly well matched to their skills (e.g. IP and related issues to those who were most well developed in the field), and although we realised that we might be duplicating activities in other OER projects we were able to justify remaining on track with the project plan as it was documented. Smaller implementation groups were convened virtually or face to face to identify the scope of each WP and to provide support for WP leaders (where it was identified as helpful) and to carry out specific pieces of work:

- IPR and copyright issues;
- Quality and pedagogy issues including 'quality' data capture and presentation;
- Resource discovery surveys including focus groups with students and staff;
- Patient and non-patient consent, consent for 'others'; relationships between institutions and their educational partners;

<sup>44</sup> MEDEV OOER project collaboration website <https://heamedev.basecampHQ.com/projects/3315475/log> (a.14 June 2009).

- Content survey – related to WP7;
- Institutional policy and practice survey (including other OER projects in the programme);
- Relationship with external international organisations and existing collaborations.

These meetings were supplemented by a series of visits to partner institutions by the Project Officer to:

- Catalogue potential resources;
- Test these resources against the toolkits;
- Collect toolkit feedback for toolkit authors (to refine toolkits where gaps or ambiguities were found);
- Develop a value statement<sup>45</sup> to describe or 'sell' OER to other (such as less enthusiastic) HEIs.

WP leaders typically used the project plan and discussion with the Project Manager to shape their implementation plans. Drafts of action plans or toolkit summaries/workflows were posted on basecamp for comment and reviewed by JISC colleagues and legal experts prior to development. Few OOER project partners commented on the workflows at the development stage. However, as the project progressed and case studies were being documented, all partners fed back suggested improvements. Toolkits were designed to be standalone or to be used as part of a larger 'toolkit' and some authors built articulation points into their toolkits.

We established communication channels and kept abreast of the programme support discussion via the OER subject strand and super lists; and the Academy Gateway. We established our own project support via basecamp<sup>44</sup>. Communication was always an issue in the project with this many partners, and we were grateful for the help given by the Project Officer and WP leaders in signposting materials and changes.

### 7.1.2 WP1 working with potential contributors

At the outset we evaluated WP leaders' motives for joining the project (WP11), what they hoped to input to, and to receive from the project, as a SWOT survey. The survey was repeated with shorter questions via video (talking heads) at the end to try to capture how closely experience of the project, in particular, depositor experience, met expectations.

A key toolkit to test was toolkit 7 from WP7. This included many questions about 'quality' and was one of the most complex toolkits. As well as being a decision-support tool it also captured data such as who the resources were currently used with, how long students might expect to spend using them, the learning outcomes (if any), etc. We encouraged deposit of a range of materials, from substantial teaching elements or course descriptions to specific teaching materials for a single lecture, or even a short video or image. Each needed to be described in terms of metadata, which we were concerned might be onerous. Further evaluation was needed in order to understand motivations for deposit, and collection of relevant metadata for supporting users. ER were identified through WP leaders, their colleagues and other staff, and by trawling the web, and this and the process of turning these into ER in JorumOpen was documented in WP4. The quantity of ER materials is reported in WP8.

Executive Board members (or their nominee/s) were trained in the use of the toolkits developed primarily in WP2, WP3 and WP7, and asked to recruit content providers or 'depositors' from their institutions. Where depositors were known at the outset of the project these were named in the bid. Each depositor was asked to complete a case study template aiming to identify any issues with the toolkits (for feeding back to toolkit authors) and documenting the performance of the toolkit. We anticipated finding, at least initially, many gaps in the toolkits as we widened their use to, for example, NHS colleagues, role players and simulators, and materials with 'out of copyright' IPR embedded (e.g. Gray's Anatomy). We have implemented the toolkits in open source software, one key application we have commissioned adaptation to facilitate annotation for the purpose of collecting comments on the toolkits. The Project Officer initially assisted with completion of the case study templates, partly to trial the template to make sure that it asked the right questions and was reasonable to complete.

### 7.1.3 WP1 what users intend to do with OER

To investigate uptake of resources we undertook surveys with external stakeholders, staff and students. We primarily focused on what motivated them to seek and to filter information relevant to their needs. This varied with purpose, but the results clearly indicated that perceived 'quality' was an important consideration when choosing resources, linking strongly with our work in WP7. Some aspects, for example, pedagogy impact on multiple WPs. The outcomes of WP7 were used to scaffold other toolkits to avoid duplication. It appeared that students particularly valued identifiable/verifiable quality (materials from reputable sources), and to be very strategic when searching. This has serious implications for the direct uptake of OER by students where quality seems to be estimated by Google ratings or the reputation of the organisation or provider, rather than independent reviews. Staff were more likely to seek materials from a wider range of sources, probably because they had greater ability to distinguish good from poor quality without having to cross check them. The results of the WP9 survey show which tools people did use to find resources (see 8.11 Resource discovery/re-use (WP9) on page 46 below).

<sup>45</sup> <http://www.medev.ac.uk/oer/value.html> (a. 14 June 2009).

Investigation of the technical, legal and organisational issues, and to develop guidance, was allocated to partners on a WP basis, and was discussed elsewhere.

Engagement of senior institutional stakeholders was initially via support for the project proposal. Then the project worked through WP leaders who mostly had different strategies for senior manager engagement. It ranged from avoidance to full institutional support and buy-in. Where it was possible that senior managers might not approve of involvement in the project the participants felt that it was important to participate and therefore have early access to the deliverables. The results of all WPs were eagerly anticipated (as documented in the minutes of the EB meetings) and we know that the refined versions would have high utility for at least a range of case studies for user sites. As part of toolkit development examples of good practice in policy documents have been systematically collected, and these are attached to the workflow as downloadable items in the OpenLabyrinth toolkit delivery system.

## 8 Outputs and Results

### 8.1 Overall summary of outputs and results

A list of the project outputs (not including dissemination deliverables which can be found in 8.12 Dissemination on page 50 below) is listed in Table 5.

Table 5: Summary of project outputs and results.

Evidence	Location	Coverage	Descrip'n	Notes
Project website (external)	<a href="http://www.medev.ac.uk/oer/">http://www.medev.ac.uk/oer/</a>	Project management	WP1	Kept up to date with links to deliverables
Project collaboration site (internal)	Project planning documentation and collaboration site: basecamp	Project management	WP1	Project partners access only
Meeting notes	Project collaboration site: basecamp	Project management	WP1	Project partners access
Toolkit v1 & v2	<a href="http://www.medev.ac.uk/dinky?dinky_id=997">http://www.medev.ac.uk/dinky?dinky_id=997</a>	IPR and copyright	WP2	Available
Toolkit v1 & v2	<a href="http://www.medev.ac.uk/dinky?dinky_id=996">http://www.medev.ac.uk/dinky?dinky_id=996</a>	Patient and non-patient consent	WP3	Available also see 13.2 Appendix two: value statement and 'pros and cons' for institutions of going 'open'70below
Consultation response	General Medical Council update to the guidance for the use of audio visual recordings	Patient and non-patient consent	WP3	Met with regulatory body national guidance authors
Survey toolkit v1 & v2	<a href="http://www.medev.ac.uk/oer/WP4">http://www.medev.ac.uk/oer/WP4</a>	Categorisation	WP4	Available
CC agreement tool	Tool to manage agreement from ER owners to allow CC licence to be added – consent is saved	Categorisation	WP4	Necessary for all resources identified in WP4
Toolkit v1 & v2	Developed as part of the new MEDEV website	API toolkit	WP94	Simple web form to put in many places and syndicate metadata
Software development	Commissioned changes to OpenLabyrinth – hold question answers; navigation map, etc.	Toolkit development	WP4	Toolkits currently split between OpenLabyrinth and Survey Monkey
Survey toolkit v1	<a href="http://www.medev.ac.uk/dinky?dinky_id=1000">http://www.medev.ac.uk/dinky?dinky_id=1000</a>	Institutional policy	WP5	Please see section 8.7 below
Survey toolkit v1 & v2	<a href="http://www.medev.ac.uk/dinky?dinky_id=998">http://www.medev.ac.uk/dinky?dinky_id=998</a>	Pedagogy/QA	WP7	Please see section 8.9 below
Case studies	Appendix five: WP8 case study examples from page 92	Dentistry, medicine, veterinary, post graduate, staff development	WP8	14 complete
Case studies	Partner sites	Post-graduate	WP8	6 currently in draft
Case studies	Partner sites	All	WP8	50 planned (TBC)
Case studies	Dissemination (non-partner) sites	All esp. NHS	WP8	10 planned (TBC)
c. 360 credits	<a href="http://open.jorum.ac.uk">http://open.jorum.ac.uk</a> 1000 resources available (incl. 2 whole modules) with a further 1000 (incl. two years of medical curricula) awaiting formal CC 'agreement'	Upload	WP8	See Table 10: Summary of resources on page 42 below.

<b>Evidence</b>	<b>Location</b>	<b>Coverage</b>	<b>Descrip'n</b>	<b>Notes</b>
Survey & report	<a href="http://www.medev.ac.uk/dinky?dinky_id=999">http://www.medev.ac.uk/dinky?dinky_id=999</a> (now closed)	Resource discovery and re-use	WP9	See 8.11 Resource discovery/re-use (WP9) on page 46 below
SWOT	See 8.13 Evaluation (WP11) on page 53 below	Evaluation	WP11	Raw data available separately
Report	See 8.14 Sustainability (WP12) on page 54 below	Sustainability report	WP12	
<b>Total</b>				<b>21</b>

## 8.2 Legal disclaimer

It was agreed to display the following disclaimer (drafted with the lawyers from the partner sites) on all toolkits and in relation to all project deliverables.

The materials and information contained within any of the *Toolkits* are provided “**as is**”. The patient consent *Toolkit* is not designed to make diagnoses, administer treatment, prescribe medications, order tests, or provide any kind of medical advice or a medical opinion. The materials and information contained within the *Toolkits* are provided as an educational service to assist in training users in abiding by the regulations which govern intellectual property rights, patient and non-patient consent when taking images and/or recordings. Users of these *Toolkits* should not regard them as an exhaustive guide on IPR, patient consent and/or data protection and/or confidentiality.

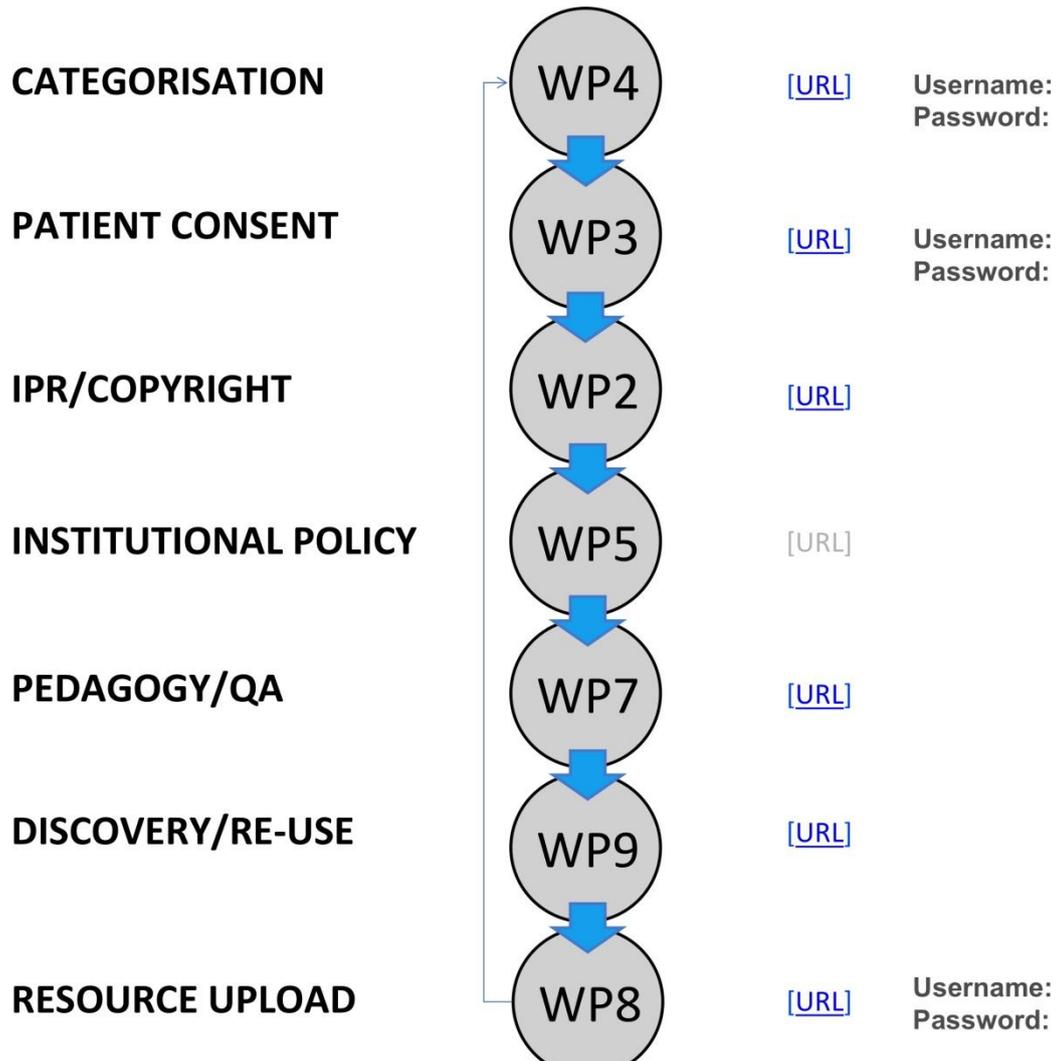
We make no warranties or representations about the *Toolkits*' accuracy, completeness or suitability or fitness for any purpose, or absence of latent or other defects or errors of the material contained within the *Toolkits*. To the maximum extent permitted by applicable law, we accept no responsibility or liability for any loss or damage, which may arise from reliance on the guidance, materials or information contained within these *Toolkits* or other external links, such as web sites, which may be linked to the *Toolkits* from time to time. You agree that we are excluded from all liability of any kind arising from such third party content or information. We do not give any warranty that any external link from the *Toolkits* are free from viruses or anything else which may have a harmful effect on any technology.

Although we make reasonable endeavours in order to ensure that the content of these *Toolkits* are accurate and up-to-date, users of the *Toolkits* should seek appropriate advice before proceeding on the basis of any of the materials or information. None of the individual contributors, authors, developers, or sponsors of the *Toolkits*, nor anyone else connected to the *Toolkits*, takes any responsibility for the results or consequences of any attempt to use or adopt any of the materials or information presented within the *Toolkits*. OOER Consortium Agreement 2010.

## 8.3 Summary of toolkits

The main pathway for using toolkits (developed in different WP) is illustrated in Figure 5 (although toolkits can be used in any order after Mapping and 'Readiness' Categorisation).

Figure 5: Toolkit testing workflow.



## 8.4 IPR/copyright (WP2)

Chara Balasubramaniam, Terry Poulton, Rachel Ellaway and Angela Miller, eLearning Unit at St George's, University of London [www.elu.sgu.ac.uk](http://www.elu.sgu.ac.uk), Sara Atkinson and Trevor Manning, London School of Hygiene and Tropical Medicine [www.lshtm.ac.uk/](http://www.lshtm.ac.uk/).

### 8.4.1 WP2 background

One of the keys aspects of the OOER project was to assess the barriers which needed to be overcome to make the ER 'open'. However, one of the greatest challenges faced was understanding and applying IPR in the context of OER. WP2 addressed this by developing an IPR toolkit which focussed on medical/clinical ER. The toolkit enabled an ER to be reviewed for IPR issues with a view to tagging the resource with its IPR status at the end of the toolkit with a CC By-attribution Non-commercial Share-alike licence. It consisted of the following phases:

1. Review phase
2. Workflow design phase
3. Toolkit creation phase
4. Review phase
5. Changes and sign-off phase

The team worked together to develop a useable toolkit for IPR to address some of the issues faced in making ER open. In order to understand more about IPR, some of the WP2 team attended some IPR and CC training workshops (in-house and London) and had meetings with senior staff with institutional copyright expertise during the course of this WP.

## 8.4.2 WP2 review phase

In the first review phase the WP2 team conducted a literature review which highlighted key issues relating to the role of IPR in medical and healthcare education. It was also deemed important for the team to agree on a set of key legal definitions in order to establish common understanding and this was agreed at the outset. For the purposes of this project, the WP2 adopted the following definitions<sup>46</sup>:

- *Intellectual property (IP)*  
IP was a legal field that refers to creations of the mind such as inventions, literary, musical, and artistic works used in commerce, including copyrights, trademarks, patents, and related rights. Under intellectual property law, the holder of one of these abstract "properties" has certain exclusive rights to the creative work, commercial symbol, or invention by which it was covered.
- *Intellectual property right (IPR)*  
IPR are a bundle of exclusive rights granted to the creator's works that are creations of the human intellect. The temporary monopoly granted to the owners of these rights was intended to provide an incentive for the inventor to develop and share the creation rather than keep it secret. IPR exist in the form of patents, copyrights, trademarks and design rights.
- *Copyright*  
Copyright essentially is "the right to copy". This form of IP was applicable to any expressible form of an idea or information that was substantive and includes creative works such as books, movies, music, paintings, photographs, and software. Copyright gives the holder exclusive right to control reproduction or adaptation of such works for a certain period. Copyright also has certain moral rights that when asserted provide the right to be credited for the work, to determine who may adapt, perform the work financially benefit the work.

The team found that different national and international initiatives have explored the role of IPR in generic ER:

- CASPER<sup>27</sup> (including flowchart on sources of content)
- Web2rights<sup>47</sup> (including a diagnostic tool)
- TrustDR<sup>48</sup> (including an audit tool)
- JISC IPR projects<sup>49</sup>
- Creative Commons Learn<sup>50</sup>
- EU Copyright<sup>51</sup>

eViP<sup>18</sup> has also explored the role of IPR in virtual patients (VP) and their associated learning resources. eViP includes partners from institutions based in Sweden, Germany, The Netherlands, Poland, Romania, and the UK. Review of copyright laws pertaining to each of the partners identified a number of discrepancies between them relating mainly to ownership of content created and protectable by copyright and the duration of copyright protected works. Although these initial findings are not representative of wider differences in copyright present throughout Europe, it does indicate that obstacles faced to sharing copyright works are clearly extant but not insurmountable. A common prerequisite to the use and pooling of VP was the requirement for patient or contributor consent. Consent was usually given for explicit and limited purposes and only for use by the requesting institution. In the UK, all such requests need to fall in line with the DPA<sup>39</sup> and in Europe within equivalent legislation.

The eViP partners adopted a common consent form that complied with national regulations and institutional policies thus allowing project materials to be used by all members of the eViP programme. Importantly any such use also took into account the future plans of the programme. These forms were used within eViP for both new VPs as well as retrospectively applied to old VP and their associated resources.

## 8.4.3 WP2 workflow design phase

The WP2 team created a comprehensive work flow (see Figure 6) that charted the process of clearing any IPR issues relating to ER in medical and healthcare education (for both new and old resources).

<sup>46</sup> Miller A, Balasubramaniam C, Poulton T. Intellectual property issues – coming to an institution near you!. The Academy Subject Centre for Medicine, Dentistry and Veterinary Medicine Newsletter 01. 2008:17(Autumn);6-7. ISSN 1740-8768.

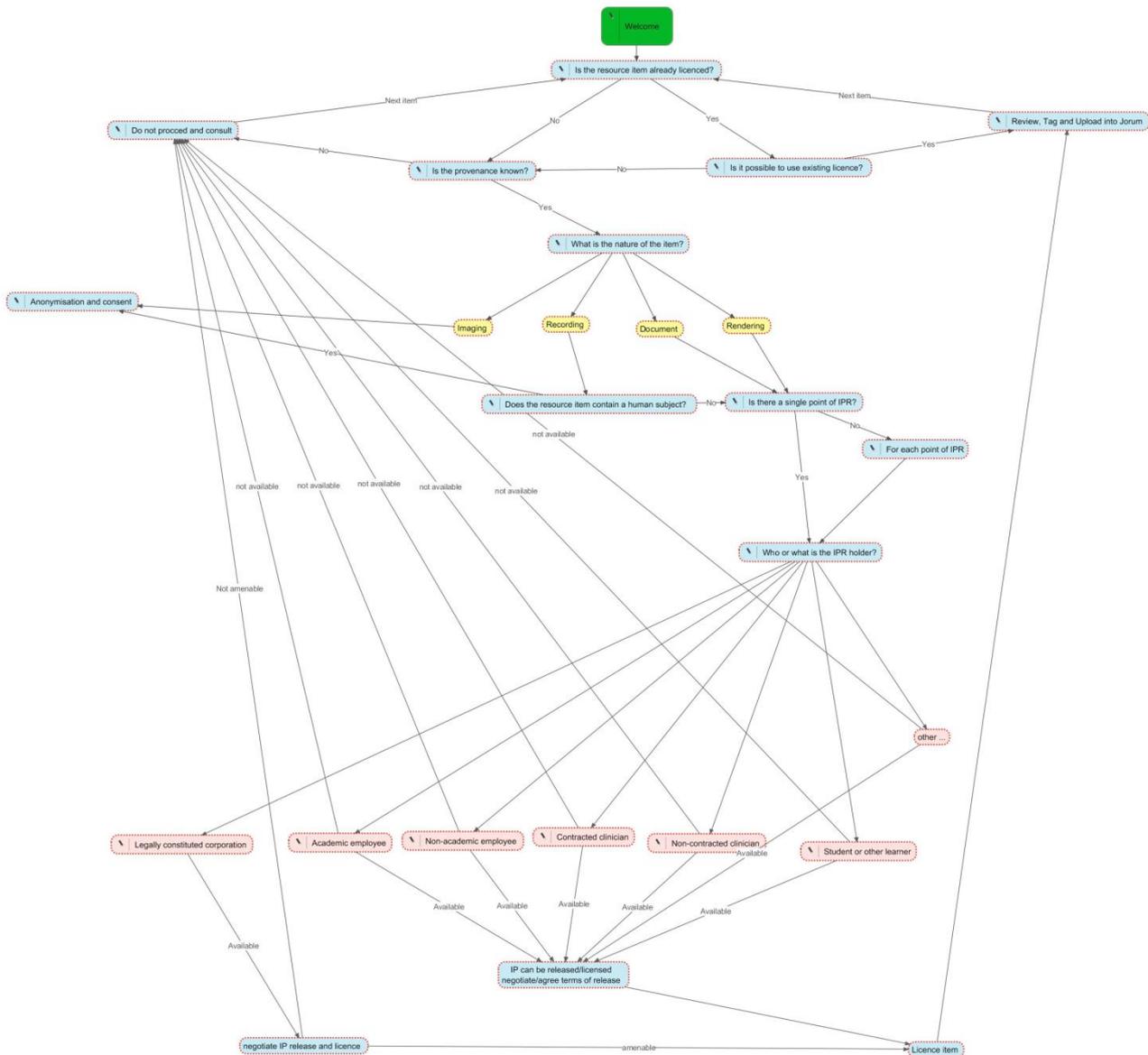
<sup>47</sup> Web2rights <http://www.web2rights.org.uk/> (a. Mar 2010).

<sup>48</sup> TrustDR <http://trustdr.ulster.ac.uk/> (a. Mar 2010).

<sup>49</sup> JISC IPR related projects <http://www.jisc.ac.uk/whatwedo/projects/ipr> (a. Mar 2010).

<sup>50</sup> Creative Commons Learn <http://learn.creativecommons.org/> (a. Mar 2010).

<sup>51</sup> EU copyright <http://www.eucopyright.org/> (a. Apr 2010).

Figure 6 WP2 workflow diagram rendered in VUE<sup>52</sup>.

#### 8.4.4 WP2 animated toolkit creation phase

A core common agreement form which could be repurposed by institutions in the UK for their needs (for both new and old resources) was generated. Existing consent forms from partner sites and elsewhere<sup>27,29,47,49,48</sup> were reviewed to produce sample agreement documents.

#### 8.4.5 WP2 review phase

IPR document structure was reviewed and agreed with a view to recommending CC By-attribution Non-commercial Share-alike licence.

Reference documents were added to assist the toolkit:

- IPR model consent form example from JISC *PDF file: 36\_sca\_ipr\_modelconsentpdf.pdf*
- Student/volunteer contractual clause example from JISC *PDF file: 314\_sca\_ipr\_modelcontractualclausesstudents.pdf*
- Freelancer contractual clause example from JISC *PDF file: 315\_sca\_ipr\_modelcontractualclausesfreelancers.pdf*
- Getting permissions information from JISC *PDF file: 31\_sca\_ipr\_gettingpermissions.pdf*

<sup>52</sup> Visual Understand Environment (VUE) <http://vue.tufts.edu/> (a. May 2010).

## 8.4.6 WP2 changes and sign-off phase

The toolkit went live at the end of WP2 and the proof of its effectiveness was assessed at the end of WP8. Change requests were encouraged. The team hoped that the project partners would find the toolkit helpful and an efficient way of highlighting and overcoming IPR issues that occur during the process of making ER open.

## 8.4.7 WP2 further developments

- A change request to OpenLabyrinth was generated and commissioned by OOER in consultation with the Project Manager.
- The OOER project workflows were being adopted in other European projects including mEducator<sup>19</sup>, with appropriate attributions as part of the CC By-attribution Non-commercial, Share-alike model.
- The IPR related work conducted as part of the OOER project and the benefits realisation across Europe had been accepted for a presentation at the JISC Conference 2010.

## 8.5 Patient and non-patient consent (WP3)

Jane Williams, Adrian Longstaff and John Bradfield, University of Bristol

### 8.5.1 WP3 introduction and background

Patient and non-patient consent for recordings (stills, videos, audios, performances, etc.) was simultaneously a very specific and a very general piece of work within the OOER project. Patient consent was an area unique to the health care sector, but which had clear similarities with and implications for non-patient consent.

Patients and non-patients were defined as

- Teachers (academics, clinicians, practice/work based learning tutors, etc.);
- Students and 'product placement';
- Role players/actors/performers/hired help (including recording crew);
- Patients/patient families/care workers/support staff/members of public, etc.

The WP3 team undertook a literature review and planned a series of sample documents and agreements. These all needed to be checked by lawyers in order to ensure that those who used the toolkits did so at their own risk. However every care was taken to ensure that guidance and agreements were as accurate as possible.

Guidance for those wishing to demonstrate best practice in patient and non-patient consent is currently patchy, and what guidance there is has to be linked together using principles. The CHERRI<sup>29</sup> specifically explored the role of IPR in a clinical setting. The key findings included:

- Shared digital materials for healthcare education have been the focus of many projects and services, such as HEAL<sup>20</sup> and MedEdPortal<sup>21</sup> in the US, but because of the clinical origin of much of these materials, there remains a great deal of uncertainty about whether and how these materials might be shared;
- Use of clinical recordings for academic non-clinical settings (CRANCS) in the UK was highly varied;
- Although the NHS asserted ownership of all recordings acquired in its clinical environments this had yet to be tested in law.

The General Medical Council (GMC) also published guidelines<sup>53</sup> on the collection of consent from patients which were highlighted in the CHERRI report. The guidance started with over-arching principles which provided a context for the more detailed guidance in later sections, relating principally to respecting patients' autonomy and privacy:

"Seek permission to make the recording and get consent for any use or disclosure.  
Give patients adequate information about the purpose of the recording when seeking their permission.  
Ensure that patients are under no pressure to give their permission for the recording to be made.  
Stop the recording if the patient asks you to, or if it was having an adverse effect on the consultation or treatment.  
Do not participate in any recording made against a patient's wishes.  
Ensure that the recording does not compromise patients' privacy and dignity.  
Do not use recordings for purposes outside the scope of the original consent for use, without obtaining further consent.  
Make appropriate secure arrangements for storage of recordings."

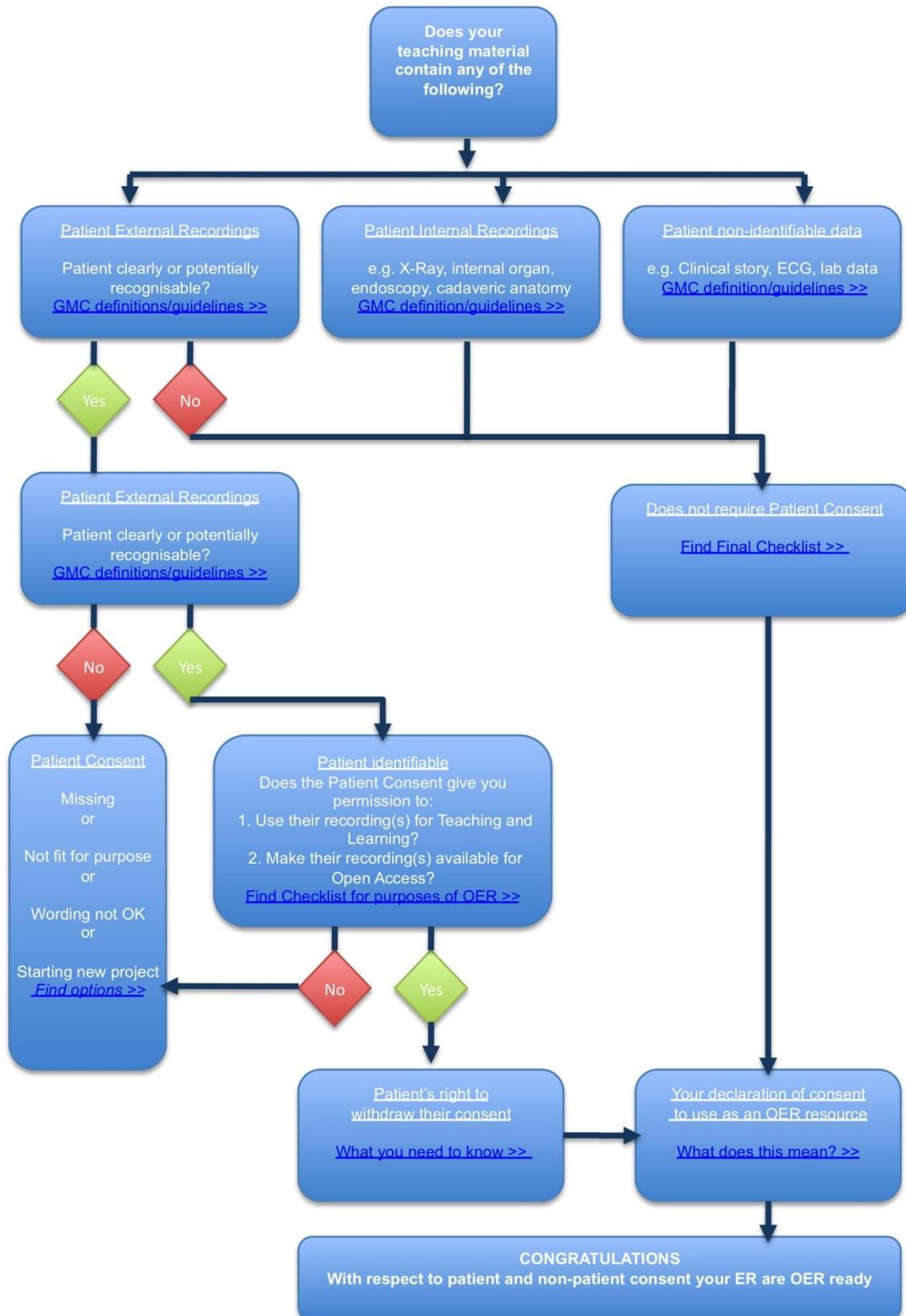
(GMC 2002)<sup>53</sup>

<sup>53</sup> General Medical Council. *Making and using visual and audio recordings of patients*. GMC: London. 2002.

### 8.5.2 WP3 workflow design phase

The WP3 team created a comprehensive work flow (see Figure 7) that charted the process of clearing any patient and non-patient consent issues relating to ER in medical and healthcare education (for both new and existing resources). This toolkit was implemented in OpenLabyrinth.

Figure 7. Patient and non-patient consent flowchart.



[Return to Homepage >>](#)

### 8.5.3 WP3 development of the patient and non-patient consent toolkit

Sample agreements and policy information was developed to link to the workflow illustrated in Figure 7 and can be found in 13.3 patient and non-patient consent workflow on page 72 below.

### 8.5.4 WP3 work with the professional and statutory bodies

A major outcome of this WP was input to the GMC consultation/review of their guidance<sup>53</sup>. The project presented at a JISC/CHERRI2 workshop following which WP3 leads were invited to heavily amend the guidance to include explicit reference to teaching. The new guidance is due out, however the GMC is currently merging with PMETB since 1 April 2010 and this may have delayed publication.

A key outcome linked to this is the increase in confidence which will result from HEIs and other teaching organisations adopting similar principles and practice, and the general consistency in approach which may be possible following this project.

### 8.5.5 WP3 Consent commons

The key recommendations from the CHERRI report that are relevant to the work in OOER were that:

- All creators and users of CRANCS should be better educated and supported in the use of such recordings, and that this training and support was normalised as much as possible both for quality assurance and economies of scale purposes;
- A common consent and licence model for CRANCS should be developed and adopted UK-wide (preferably in other jurisdictions although this would need to be explored further as to practicality). The key part of this was the conjoint expression of the terms of use concerning both the IPR and consent granted for its use. Although OOER did not propose to create a new common consent form and licence model, the project hoped to collaborate with others to take this forward.

The OOER project proposes the development of a consent commons which would be a series of licences similar to CC whereby they clearly indicated the consent status for people depicted in teaching ER. Consent commons:

- Is a human subject version of CC;
- Accepts a basic human right to refuse their image/voice appearing and, where they have previously consented, their right to withdraw their consent;
- Would work like CC in that you hallmark material with the consent status and when consent needs to be reviewed (if ever);
- Has levels of release (e.g. Closed; 'medic restrict'; review[date]; fully open);
- Terms of the consent needs to be stored with/near the resource.

## 8.6 Mapping and 'readiness' categorisation (WP4)

Paul Drummond, Becky McCready, Lindsay Wood, James Outterside and Chris Smith, Newcastle University

### 8.6.1 WP4 mapping and 'readiness' categorisation database

In order to manage information about ER we developed a simple mapping and 'readiness' categorisation on line database in which we captured information about ER and their state of availability. Information about ER could be entered one by one or batch uploaded. We also trawled websites (such as CETLs, etc.) to identify ER which would be easy to upload to or link from JorumOpen (Phase 1, see 5.2.5 Introduction to mapping and 'readiness' categorisation on page 10 above). We also recorded information that partners told us about ER which were currently used in teaching 'behind VLE logins' and which might be significantly more difficult to release openly (Phase 2). The information was used by WP8 leads to prioritise ER to be procured via case studies.

For Phase 1 materials we found that most ER such as images or podcasts, etc. on iTunesU were not marked with CC licences. Uploading them to JorumOpen required the addition of an explicit licence, and even if resources were currently openly available we felt that we couldn't upload them without explicit agreement of the resource owner. A CC licence agreement form (making it as simple as possible) was needed. We found that after using the toolkits ER authors would often introduce a CC licence on them.

## 8.6.2 WP4 applying CC licences to materials uploaded to JorumOpen

### Creative Commons

During the project the work from WP2 provided a steer that we should use a CC Attribution Non-commercial Share-alike (cc: by-nc-sa) licence. This relates specifically to materials which contain patient data, which should never be used commercially, or out of the educational context, without explicit and recorded consent. As the mechanisms for obtaining and recording such consent are not yet in place, it made sense to the project team to avoid any possible retribution by using the most open licence we could, whilst maintaining patient integrity.

We found through our case studies that some ER already had existing CC licence, and in others not all authors wanted to allow remixing, therefore we had to decide whether to ignore non-compliant ER and look for others. Given the pressure of time and interest from the Executive Board in whether more restrictive licences would affect resource discovery and re-use, we cautiously decided to proceed with securing some resources which used more restrictive licences.

During the course of the project it became clear that as both HEIs and individuals become more comfortable with the OER concept and process, then more open licences were chosen – see the [insert cross reference] diagram. A great example of this is the move by St George's University of London (one of our most experienced OER partners) to using an attribution only licence on some of their most recently released materials.

### Licence agreement process

In order to streamline the process for collecting signed agreements for ER to be attributed with a CC licence we developed an online system for generating emails to authors in WP4 database with a link to a private webpage with a list of any resources that they had contributed and a drop down choice of CC licence next to it (Figure 8). When the agreement status is submitted it generates a PDF file which the signatories can download. We felt that this process would work for any authors familiar with the project, or whom we had contacted in advance, but that more care would be needed with those for whom this project was unknown.

Figure 8. Screenshots from the CC agreement form (v1).

#### Consent to be confirmed

<a href="#">History Taking (Phase One: Initiating the Session)</a>	cc by-nc-sa
<a href="#">History Taking (Phase Two: Gathering Information - Part 1)</a>	cc by-nc-sa
<a href="#">Thyroid Examination</a>	cc by-nc-sa
<a href="#">Tracheal Deviation Technique</a>	cc by-sa
<a href="#">Chest Expansion Technique</a>	cc by-nc
<a href="#">Percussion Technique</a>	cc by-nd
<a href="#">Respiratory Examination</a>	cc by-sa
<a href="#">Abdominal Examination</a>	cc by-nc
<a href="#">Phlebotomy Procedure</a>	cc by
<a href="#">Arterial Blood Gas Sampling</a>	cc by-nd
<a href="#">Peripheral Venous Access Procedure</a>	cc by-nc
<a href="#">Urinary Catheterisation (Male) Procedure</a>	cc by-nc
<a href="#">Urinary Catheterisation (Female) Procedure</a>	cc by-sa

#### Consent confirmed

<a href="#">Basic Cardiovascular Examination</a>	<b>Consent Type:</b> <a href="#">cc by-sa</a> <a href="#">view licence</a>
	<b>Consent Agreed:</b> 2010-05-26 10:41:23
	<b>Consent Document:</b> <a href="#">View</a>
<a href="#">Taking a Sexual History</a>	<b>Consent Type:</b> <a href="#">cc by</a> <a href="#">view licence</a>
	<b>Consent Agreed:</b> 2010-05-26 10:41:23
	<b>Consent Document:</b> <a href="#">View</a>



Image source: Washington State University - <http://imagedb.vetmed.wsu.edu/>

- [OOER wp4 Home](#)
- **Individual Resource Proposal:** allows you to propose resources for inclusion in the project.
- **Track Existing Resources:** allows you to follow the progress of a resource through the process of publication. [Project Staff can also update resource progress]
- **Edit Existing Resources:** allows you to edit a resource. [Project Staff Only]
- [Logout](#)

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### 8.6.3 WP4 resource upload

Some resources were uploaded to JorumOpen as the final step in the case studies however we planned to upload the bulk of resources in batch uploads to JorumOpen. We undertook to provide RSS feeds which were:

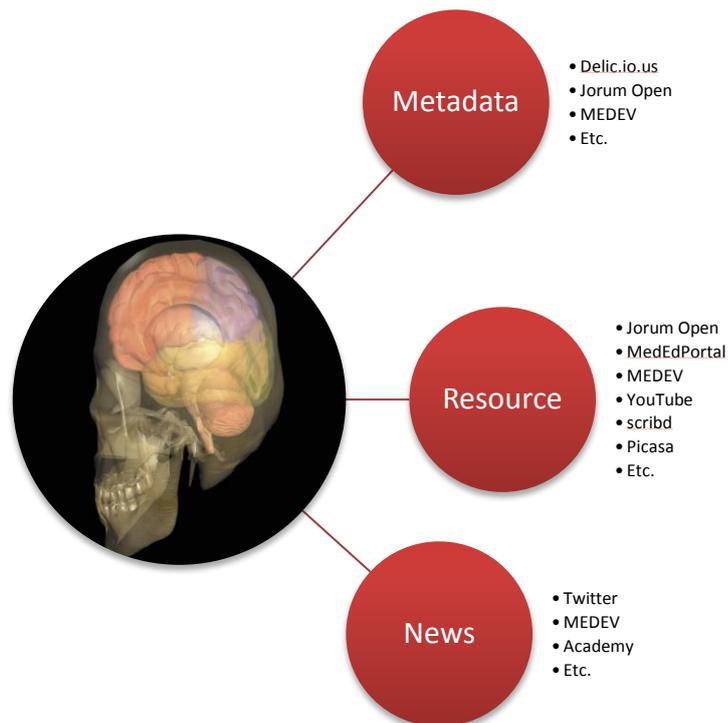
- Split into subject headings (e.g. medicine and dentistry; veterinary science);
- Mutually exclusive (i.e. that no resource would be uploaded more than once);
- Linked back to the original file somewhere on the MEDEV website.

At the time of writing this has been successfully tested. There were delays as we had to make some changes to our WP4 database to ensure that uploads were not duplicated, and MEDEV is rolling out a new website at the time of writing we wanted to ensure that URLs would persist after it was introduced.

### 8.6.4 WP4 API toolkit – put in many places and syndicate (PIMPS)

One of the project philosophies was to make the process of putting ER in the open domain and enabling people to find them as easy as possible. An Application Programming Interface (API) toolkit was developed to present end users with a simple web form interface that allowed them to efficiently distribute and syndicate ER (and their associated metadata) to multiple social networking sites (Figure 9).

Figure 9. Outline of the 'PIMPS' process for syndicating resources and metadata.



Two potential syndication processes were identified initially. The first immediately shared resources 'on the fly' once uploaded, the second, a 'batch' process, involved a resource first being verified then uploaded according to a set schedule. The 'on the fly' approach was most suitable, but it raised some additional security requirements to prevent malicious upload attempts. The upload process needed to sit behind a web authentication layer. The batch approach had several drawbacks including a delay in the delivery of resources and negative impact on user experience, however it allowed for workflow including time to digitally signed permissions and disclaimer form for the API user to confirm the resource was fit for purpose prior to upload.

Many social media services (i.e. Flickr, Twitter, YouTube) provide APIs and our toolkit makes use of these by creating a mashup (Figure 10). The API toolkit differentiated between the resource formats to be uploaded such as images, videos, etc. and ER would automatically put the ER into the relevant social media site(s). In addition, resources were manually added to JorumOpen as it had no in-built API at the time of writing.

We were also planning to develop a URL-only interface to upload a URL that would be put into an RSS feed to be batch harvested into JorumOpen. This was not useful for a single resource but would be helpful for multiple resources of the same specification where we could provide easy-to-use interfaces for multiple entries (until JorumOpen's own interface offered similar).

The 'put in many place and syndicate' (or PIMPS) mashup worked well for Picasa, YouTube and Twitter. Some other services (such as Slideshare) proved less amenable because of the time taken on the host site to process and convert files when uploading them.

Figure 10. Screen capture of the PIMPS interface.

The screenshot shows the PIMPS interface for uploading a resource. The header includes the logo for The Higher Education Academy Subject Centre for Medicine, Dentistry and Veterinary Medicine, and a navigation menu with links for HOME, NEWS, RESOURCES, EVENTS, FUNDING, OUR WORK, and ABOUT. A search bar is located in the top right corner.

## Put in many places form

Using the Put in many places and syndicate form will post your resource to various websites, increasing its availability across the internet. The form below will be populated with your resource, with basic metadata that will be used as part of the syndication.

Within the **send with** section you may alter the data from the pre-populated values if required.

The **where** section shows the website your resource will be shared with, this depends upon the file type of the resource.

Once complete click **process**, you will then be taken to a completion page. As some processing is required via the third party website use your resource may not be immediately available. You can bookmark the completion page in order to keep up to date with the status of your resource.

**File**

**Filename:** 1152\_down.gif

**Type:** Image

**Size:** 57.0bytes

**Send with**

**Title:** resource\_name

**Description:** brief\_description

**Meta tags (separate by , (#OOER is automatically included)):** subject\_area

**Where?**

	Twitter account: jamesd_test
	Will be posted to picasa account -
	Youtube upload only available for videos
	Scribd upload only available for documents
	All resources are submitted to Jorum, this is done in a batch process.

**Process**

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### 8.6.5 WP4 modifications to OpenLabyrinth

After testing rendering the WP2 toolkit in OpenLabyrinth it was clear that this method of toolkit delivery would work for the majority of partners engaged in toolkit development, and that we could possibly provide all the toolkits with some modifications to OpenLabyrinth to store answers to questions. It was agreed to develop some additional functionality to allow more flexibility (such as providing a navigational overview and reporting) and improve the usability of the toolkits. This work was undertaken by University of Edinburgh.

## 8.7 Institutional policies (WP5)

Tim Denning and Adrian Molyneux, Keele University

### 8.7.1 WP5 IPR policy development briefing document

#### Introduction

The principle challenge for this WP has been, rather perversely, the enormous amount of material already available dealing with IPR issues. We have explored at length the excellent and varied online resources provided by the various arms of the JISC, 'scoured' the internet, conducted a small survey amongst the project partners and spoken face to face to real people engaged in this field.

In an effort to take advantage of this existing material and avoid simply re-presenting ideas and insights better expressed by others we have sought to:

- Provide links to a useful glossary of key terms so as to support a shared understanding of what it all means;
- Signpost a selection of what seem to us to be the core resources and documents;
- Report on the IPR policy situation of our project partners;
- Provide a framework for beginning the process of policy development associated with IPR and linking this to decisions about OER;
- Offer a simple decision tree which might help scaffold progress from local elearning material to publicly shared OER.
- This work was reflected fully in an online toolkit on the MEDEV website<sup>5</sup>.

#### Key terminology

JISC Legal provides a very accessible account of IPR. This is set firmly in the context of HE/FE and can be accessed in full from the link in the right margin.

##### [Intellectual Property Rights - Overview](#)

#### 1. Intellectual property rights - a primer

[IPR], very broadly, are rights granted to creators and owners of works that are the result of human intellectual creativity. These works can be in the industrial, scientific, literary or artistic domains. They can be in the form of an invention, a manuscript, a suite of software, or a business name, as examples.

In general, the objective of intellectual property law is to grant the creator of a work certain controls over the exploitation of that work, as the unfettered ability of others to copy the work or invention may deprive the creator of reward and incentive. For some IPR, the grant of protection is also in return for the creator making the work accessible to the general public. Intellectual property law maintains a balance by (in most cases) granting the rights for a limited time. Some rights require registration, for example, patent right, whilst other rights accrue automatically upon the work's creation as in copyright.

#### 2. Types of intellectual property rights

The principal IPR are: copyright, patents, trademarks, design rights, protection from passing off, and the protection of confidential information. This paper focused on copyright which is an important issue for those working in FE and HE. A clear understanding of the application of the law of copyright can assist those working in FE and HE to maximise the use of other people's materials for online learning.

#### 3. What is copyright?

Copyright is one of the key branches of IP law and it protects the expression of ideas but not the idea itself. For a work to gain copyright protection, it has to be original and should be expressed in a fixed material form, for example, in writing. Copyright is thus effective upon the creation of the work. It arises automatically and in the UK one does not have to register the copyright in the work before it is protected.

<http://www.jisclegal.ac.uk/LegalAreas/Copyright/IPR/IPROverview.aspx>

For an even more down to earth account you could consult [What is Copyright Protection?](#) – a website that gives a range of real world examples. A more visual animated presentation is available at [New animation: Intellectual Property Rights in the Web 2.0 world: JISC](#) although this does get quite scary when it starts to explain why you need permissions from Second Life avatars...

### 8.7.2 WP5 basic policy resources

The resources available online that relate to IPR issues associated with eLearning materials are extensive, well developed, closely interlinked and potentially daunting. However, what does become clear after a time is that there is a space between the legal extremes and the commercial or entrepreneurial view of teaching and learning materials where OER can gain a foothold.

Many of the resources draw on the HEFCE IPR advisory document published in 2006 - *HEFCE : Publications : 2006 : 2006/20 : Intellectual property rights in e-learning programmes*. Although this is some 90 or so pages long it is a surprisingly easy read and makes a good starting point for understanding more complex accounts of IPR policy issues for institutions, staff and students. As our small scale survey of project partners reveals, the good intentions articulated in this document have yet to be realised in practice although they have been given considerably more substance by work that followed. An excellent end helpful resource that elaborates the themes in the HEFCE document can be accessed at *IPR publications at SCA Blog* – follow the links to various elements of this important toolkit developed by the JISC funded Strategic Content Alliance (SCA)<sup>54</sup>. This material is highly recommended and is perhaps, at the time of writing, the most coherent, accessible and informed point of reference for matters relating to IPR and the rationale that underpins the need for institutional policy.

### 8.7.3 WP5 what is in this toolkit?

#### *IPR publications at SCA blog*

The SCA IPR Toolkit comprised a composite set of resources for use and adaptation to suit specific needs of content creators and content users across the public sector who are responsible for rights management and rights clearances. The tools provided here comprise basic building blocks to enable you to adapt and conduct your own rights management and clearance procedures. What this toolkit will not provide you with is a ready-made IPR and licensing toolkit that is specifically designed for your own requirements.

[http://sca.jiscinvolve.org/wp/files/2009/10/sca\\_ipr\\_toolkit-v2-01\\_intro.pdf](http://sca.jiscinvolve.org/wp/files/2009/10/sca_ipr_toolkit-v2-01_intro.pdf)

Further extensive resources in this field can be accessed from the excellent list collated by Heather Williamson and David Kernohan (below).

### 8.7.4 WP5 the situation in partner institutions

As a precursor to the development of this Policy Framework Toolkit, a small scale survey was conducted amongst project partners in an attempt to ascertain broadly the current levels of engagement with the principles of OERs, and related to this, the prevalence of pre-existing policies, whether institutional or more localised, that are used in handling the issues surrounding OERs. Note: *the limited sample size means that these results should not be used to generalise about the IPR policy 'landscape' across institutions beyond the project.*

The survey was designed to concentrate on a number of key areas associated with the toolkit development. In particular, it focused on the differences in policies existing at various levels within institutions and their resulting “ownership” and impact on work processes; the differences in policies between academic institutions and external bodies, in particular the NHS; the differences in how OER policies are treated alongside commercial work; the audit processes taking place prior to OER release; and the identification of the people and organisational units charged with obtaining permission and licences for the use of external material incorporated into OERs.

Analysis of the results highlighted a general absence of policy documents, either at institution or at school / faculty level. An exception to this situation is the case where resources are developed which incorporate materials sourced from NHS organisations. These relate largely to patient confidentiality and anatomical image restrictions, and tend to be driven by the NHS organisation concerned rather than by the educational institution. These policies, however, are generally not publicly available.

There was a wide degree of variation amongst institutions regarding ownership of policies and completed resources. In most cases, the library or the Office of Research and Enterprise are identified as the key “drivers”. In some cases the individual academic owns the IPR of completed resources if it results from their sole work, while the University usually owns IPR from those resources having multiple contributors. Generally, however, institutions’ formal position is to own the IPR of any work done by its employees. The impact of these policies has, up to now, been difficult to define, however it is clear from one institution that having open policies assists the securing of substantial funding. A significant proportion of institutions audit resources for potential commercial value prior to release.

There is some variety in the approach of institutions to gaining permission for the incorporation of pre-existing material into resources, such as photographs or video. In the main, this responsibility falls on the individual academic; however it is sometimes devolved to the school, or occasionally the faculty. The Office of Research and Enterprise (or equivalent), learning technologists and clinicians and may also have an involvement.

It is clear that the MEDEV OER consortium work has led to more meaningful discussion within and between some of the institutions, involving stakeholders that might include the library, knowledge transfer office, e-learning strategy committee, research and enterprise development office, educational support unit, PVC for teaching and learning, IPR working group and academic affairs office. The Policy Framework Toolkit aims to build on this work, assisting in the development of OER policy whilst avoiding an overly-restrictive approach which might curtail or stifle the innovative use of new media.

<sup>54</sup> Strategic Content Alliance <http://www.jisc.ac.uk/contentalliance> (a. Mar 2010).

## 8.7.5 WP5 steps towards a policy

Perhaps the first question to be addressed is why bother? Reference to the many published resources dealing with IPR and policy matters make clear the need for institutional policies to catch up with the realities of the digital technologies that are blurring the line between the creators and the users of media of all forms.

The SCA IPR Toolkit mentioned earlier provides an excellent starting point for considering the strategic benefits of an established and properly supported institutional IP policy and, just as importantly, the risks of neglecting this responsibility. This is illustrated by the following material taken from Section 3.1. (The templates mentioned in the extract are reproduced in the appendix.)

... the effective management of rights needs to be supported by standard forms, documentation systems and high levels of staff awareness about copyright and risk management. This is important in order for public sector bodies to make informed decisions to take full advantage of their content, providing public access and reducing risks. Certainly, rights management should be seen as an ongoing process within a broader IP ecosystem of events, workflows and standards, rather than an occasional, one-off event.

The ... Intellectual Property Rights (IPR) policy statements have been developed for SCA members and other organisations across the public sector. Their intention is to provide a basic framework for IPR management and create a minimum set of standards that are compatible across the public sector. The benefits for this include:

- Creation of more consistency in the management of IPR-protected materials across the public sector leading to enhanced collaboration
- Provision of greater public access to content
- More effective management of risks across the public sector
- Maximisation of opportunities relating to IPR ownership and subsequent exploitation

[IPR] are key activities within any organisation. Public-sector bodies are likely to be both creators and users of IPR, and so must ensure that IPR created by staff and non-staff is managed appropriately and that use of third-party materials does not infringe any of the rights of third parties.

For this reason, it is important that:

- A clear IPR policy is developed outlining roles, rights and responsibilities
- A policy outlines who owns what rights to ensure, for example, that staff understand that they may not actually have the rights to sign away, particularly to commercial publishers
- Any policy developed by the organisation is both widely disseminated and is adhered to

The policy document should also take into account the particular types of materials that might be created. For this reason, comments are made below regarding the types of materials it is likely to include:

- Material created by researchers, including research papers, conference presentations and patentable inventions
- Educational materials, e.g. PowerPoint presentations, created by staff for teaching purposes; VLEs and any networked environment or intranet; whiteboards and PDAs; any type of authoring tool
- Broadcasts
- iMaterials relating to cultural content, such as exhibition catalogues and books

*IPR publications at SCA Blog*

Their toolkit also draws attention to the wide diversity of material that might be “*encountered, owned and generated by public sector bodies...*”:

- Research data and derived data
- Photographs and images
- Audio visual material such as broadcasts, footage, sound recordings and film
- Journals, books, newspapers, policy documents, and other print material
- Ephemera (postcards, posters, flyers etc)
- Archival and unpublished material such as manuscripts, letters and diaries
- User-generated content
- Databases
- Multimedia

*IPR publications at SCA Blog*

In some form in institutions, this was often not well articulated nor widely understood. Many institutions in our sample needed to move further towards making their policies relating to IPR more explicit. Slow progress in this may be associated with concerns about the complexity of managing compliance with such a policy or perhaps the additional costs that might flow from seeking to provide the required administrative and support processes and infrastructure. This might need to include, for example:

- Assessing the potential commercial worth of materials/resources compared with benefits from release as OER;
- processes for monitoring and obtaining third party permissions for use;

- advice about appropriate licence arrangements;
- quality assurance procedures to protect the institutional 'reputation';
- risk management;
- end user and IPR agreements for students;
- changes to staff contracts.

To further complicate the situation, material presented in digital form might itself incorporate multiple content elements in different media and from different sources. Concerns about the implications of the burgeoning creation and deployment of multimedia resources were elaborated in an advisory notice from HEFCE in 2006<sup>55</sup>. This provided advice to higher education institutions about the emerging policy issues associated with using, creating and sharing digital learning materials and includes a number of models or templates for staff contracts. These form the basis of templates provided in the SCA IPR Toolkit. Links to these resources are provided in the very helpful list of templates and other documents collated by Heather Williamson and David Kernohan which draws attention to the extensive material gathered together under the auspices of CASPER<sup>27</sup>.

See also *IPR - useful links & guidance* collated by Heather Williamson and David Kernohan with additional links and material appended by the MEDEV WP5 team at Keele University.

### **CASPER: Templates collated during the RePRODUCE programme**

<http://jisc-casper.org/content/view/templates>

A collection of template letters, forms, contracts and licences including various letters, contracts and forms to help projects manage and clear all of the rights in their work, including resources from CASPER, John Casey, Naomi Korn, Professor Charles Oppenheim, Andrew Charlesworth and Anna Home.

- JISC Collections Open Educational User Licence V1.0;
- Model IPR Risk Assessment Checklist;
- Model Rights Clearance Licence - Authenticated Access;
- Model Rights Clearance Licence - Open Access;
- Model Rights Clearance Letter - Authenticated Access;
- Model Rights Clearance Letter - Open Access;
- Sample request letter for using third-party materials;
- Sample Rights Tracker Forms;
- Sample Rights Management Template;
- Model contractual clauses of employment for members of staff;
- Model contractual clauses for freelancers;
- Model contractual clauses for students;
- Model Consortium Agreement.

### **Strategic Content Alliance IPR toolkit**

<http://sca.jiscinvolve.org/ipr-publications/>

This toolkit was created for public sector bodies and has been developed for the SCA by the Alliance's IPR consultants, Professor Charles Oppenheim and Naomi Korn.

Comprehensive toolkit, including a useful [IPR toolkit overview](#), [IPR navigation map](#) and [case studies](#).

### **Web2Rights**

<http://www.web2rights.org.uk/documents.html> These resources provide a basic IPR and Legal Issues toolkit for projects engaging with next generation technologies (web2.0).

### **TRUST DR**

<http://trustdr.ulster.ac.uk/outputs.php> Managing IPR in Digital Learning Materials: A Development Pack for Institutional Repositories

### **JISC Legal**

<http://www.jisclegal.ac.uk/ipr/IntellectualProperty.htm> IPR materials covering a range of topics.  
<http://www.jisclegal.ac.uk/Web2/> Web2.0 and the law podcast.

<sup>55</sup> Intellectual property rights in e-learning programmes. HEFCE 2006:20. [http://www.hefce.ac.uk/pubs/hefce/2006/06\\_20/](http://www.hefce.ac.uk/pubs/hefce/2006/06_20/) (a. May 2010).

### **8.7.6 WP5 additional policy models, templates and other material**

HEFCE Model Contract provided as part of the HEFCE Good practice: Guidance for senior managers; July 2006/20

IPR Regulations – University of Derby [HEFCE : Publications : 2006 : 2006/20 : Intellectual property rights in e-learning programmes](#)

Cambridge University IPR Policy [intellectual\\_property\\_rights\\_-\\_staff\\_regulations2.pdf](#)

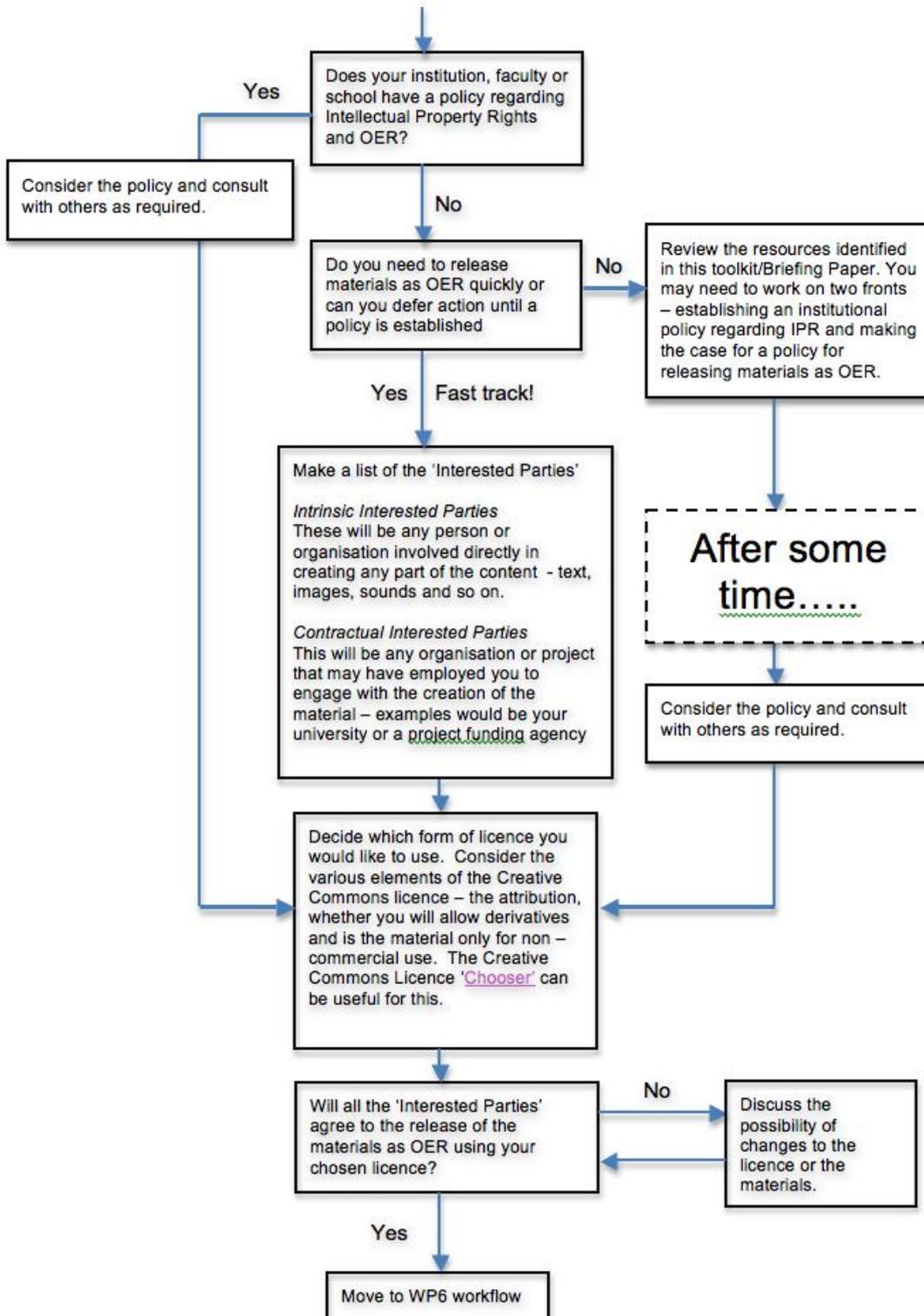
Cambridge Enterprise - Intellectual Property Rights Policy Kingston University Intellectual Property Rights Policy

Norwegian University of Science and Technology IPR [Intellectual property general.pdf](#)

CC Licence Chooser <http://creativecommons.org/choose/>

### 8.7.7 WP5 releasing OER materials – waiting for a policy?

Figure 11. Workflow summarising institutional IPR toolkit.



## 8.8 The impact of OER on existing collaborations (WP6)

Dr Kieran McGlade and Clare Thompson, Queen's University Belfast

### 8.8.1 WP6 introduction

When this project started we were well aware of existing collaborations and international (including developing world) "markets" worldwide. The purpose of WP6 was to review and hypothesise what potential impact OER strategies such as the OER programme (in the context of OOER) might have on the international landscape of eLearning and OER, and produce a brief report which would underpin the information for institutional managers. For example, one knowledgeable staff member noted that elsewhere in the world they saw "OER as just another form of colonialism" (anon., JISC, 2009). However it remained slightly unclear how we could best use this opportunity, within a practical timescale and the fairly small budget allocated to this work. Following consultation we chose to firstly review how other major collaborations functioned; look at the pros and cons of different models; and roll the clock forward by imagining that OER in the UK was highly successful and some of the intended / unintended consequences which might result, thus enabling existing collaborations to review their USP in the light of the OER movement.

### 8.8.2 WP6 current international collaborations and repository sites in healthcare

The main health related collaborations, national and international, responsible for sharing eLearning resources are listed in Table 6. Some have also been cited in the opening sections of this report. The funding model that they operate and whether they are CC compliant is also noted.

Table 6. Existing ER collaborations in health worldwide.

Collaboration	Description and location	Funding model /access
CETL – Reusable Learning Objects	UK health schools - <a href="http://www.rlo-cetl.ac.uk/">http://www.rlo-cetl.ac.uk/</a>	Funded / Open
Computer-aided Learning In Veterinary Education (CLIVE)	UK veterinary elearning - representatives of all vet schools – elearning leads <a href="http://www.clive.ed.ac.uk/">http://www.clive.ed.ac.uk/</a>	Subscription
DentEd III	European funded dental eLearning. Now complete and merged with the Association for Dental Education in Europe (ADEE) - <a href="http://www.adee.org/cms/">http://www.adee.org/cms/</a>	Funded/subscription
eLearning for Healthcare (elfh)	Post-registration medicine/nursing/HP, etc - <a href="http://www.elfh.org.uk/">http://www.elfh.org.uk/</a>	Open to NHS staff – not to academia some ER marked with CC
EvidenceNet	Repository. Anyone can deposit and use - <a href="http://www.heacademy.ac.uk/evidencenet">http://www.heacademy.ac.uk/evidencenet</a>	Open – login for deposit anyone can view
Health Education Assets Library (HEAL)	Repository. International (single resources of MedEdPORTAL which has more complete sets such as tutorials) - <a href="http://www.healcentral.org">http://www.healcentral.org</a>	Funded / open (CC)
HealthTalkOnline (Dipex)	Patient stories – <a href="http://www.healthtalkonline.org/">http://www.healthtalkonline.org/</a>	Email contacts given to get specific information / resources. Charity. Funding from extended services
International Virtual Medical School (IVIMEDS)	International collaboration <a href="http://www.ivimeds.org">http://www.ivimeds.org</a>	Subscription
Intute	Referatory - <a href="http://www.intute.ac.uk/">http://www.intute.ac.uk/</a>	JISC funded being cut from August 2010 – some aspects may become subscription
IVIDENT	Led by King's College London - <a href="http://193.61.204.179/">http://193.61.204.179/</a>	Funded partnership – HEFCE & Department of Health closed??
MedEdPORTAL	International (repository) <a href="http://www.aamc.org/mededportal">http://www.aamc.org/mededportal</a>	Open/login for deposit and to view
mEducator consortium	European project to evaluate standards etc. Will not be a repository - <a href="http://www.meducator.net/">http://www.meducator.net/</a>	Funded project, registered users
NHS eLearning Repository	Run by London Deanery - <a href="http://www.elearningrepository.nhs.uk/">http://www.elearningrepository.nhs.uk/</a>	Open to NHS staff – not to academia some ER marked with CC
Patient Voices	Specialist content - <a href="http://www.patientvoices.org.uk/">http://www.patientvoices.org.uk/</a>	Now under CC
Strategic Content Alliance (SCA)	Made up of JISC, British Library, BBC, Becta, Museums, Libraries and Archives Council (MLA), NHS National Library for Health (NeLH) <a href="http://www.jisc.ac.uk/contentalliance">http://www.jisc.ac.uk/contentalliance</a>	Alliance of major eLearning organisations collaborating to develop critical mass in content awareness
UK Council of Communication Skills Teaching in Medical Education	UK Communication skills – 1 person per medical school	Subscription

<b>Collaboration</b>	<b>Description and location</b>	<b>Funding model /access</b>
Universitas21	International / research based (pooling resources to get grants) commitments to collaborate ('bettering') - <a href="http://www.universitas21.com/">http://www.universitas21.com/</a>	Subscription
University Medical Assessment Partnership (UMAP)	Nation / UK medical schools partners (grown out of a partnership of 5 and then 16 medical schools) <a href="http://www.umap.org.uk/">http://www.umap.org.uk/</a>	Subscription – about to be made national (MSC)
Worldwide Universities Network (WUN)	International / research based (to share resources) help build global research through collaboration by sharing resources - <a href="http://www.wun.ac.uk/">http://www.wun.ac.uk/</a>	Subscription

### The OpenCourseWare consortium (OCWC)

In the OCWC resources are organised as courses (with over 1900 courses currently listed). It has an international member list nearing 200 consisting of higher education institutions and associated organisations. Courses reside on the provider institution's own space with the OCWC logo displayed. In the majority of cases the institution has created a website dedicated to OCW and the consortium initiative. The consortium has an agreed definition of what open courseware is and each institution has to supply a minimum of ten courses to be included. One of the high profile members of this group is the Massachusetts Institute of Technology (MIT) which also stands out as it aims to have nearly all of its courses available in the open environment. The OCWC terms and conditions (<http://www.ocwconsortium.org/terms-and-conditions.html>) clearly distance the consortium from any liability with regards to the individual elements within courses such as copyright or IPR.

What are the pros and cons of an OCWC member wanting to submit materials to JorumOpen/participate in the OER movement in the UK? As only institutions within the UK can currently deposit resources into JorumOpen this question is only directed to four member institutions in the OCWC. Each of these institutions possess their own web presence for their open content and most likely will only add the link to these as this means there is only a single source of resources that require updating (Table 7).

### 8.8.3 WP6 comparison of different ER-sharing models with OER

The tables outlined below (Table 7, Table 8 and Table 9) illustrate some of the characteristics of different approaches.

Table 7. Considerations of 'repository' deposits versus 'providing links in a referatory'.

<b>Repository</b>	<b>Referatory</b>
Deposit item	Provide links to institution's own repository
Version control – once you have updated an item in the repository how do you contact all those who have previously downloaded it to alert them of the latest version?	The institution can get access to their own statistics of visitors and downloads such as quantity, country, dates and so on
If the resource is deposited in more than one repository the take down is more difficult to remove than from a single source point	The institution is free to make their own decision such as licensing / takedown policies etc.
Comply with the repository policies	Hard to ensure that URLs are kept up to date

Table 8. Key characteristics of a subscription-based collaboration and JorumOpen.

<b>Subscription model</b>	<b>Nationally managed repository</b>
Expensive	Cheap
Smaller pool of resources	Bigger pool of resources
Know that what you accessing is discipline-related	Serendipity of finding ER from other subjects
Better quality (?) – know the source (personal provenance)	Uncertain provenance / too big to know people / authors personally
Specify exactly what you want – commissioning	Search for ER / take what is there and adapt
Limited options / smaller choice	Bigger choice – if you want something then the national repository should have it
Controlling who is using your ER	No control over who is downloading / using
Collective knowledge / larger selection team – choosing more wisely	Have to do it yourself
Plugging holes strategically	Plugging holes using what is there (might not be what you want)
Slower to respond	Immediately available
Technology may date (costs associated with service)	Service is free to use and technology will be kept up to date
Have rights to get someone else to change something (usability / accuracy?)	Have to change it yourself

Table 9. The pros and cons of working in a collaboration.

Pros	Cons
More efficient in theory	Time delays – relies on others
Greater pool of expertise	Communication – members are more likely to be geographically dispersed
Fun	Inertia – risk of too much communication not leading to any action
Ready or pre-existing networks – ready to go	Conflicts of ideas / policies / teaching styles and content (accents, age, health care ways of doing things – devolution issues – wearing a watch)
Multiple perspectives and sharing of e.g. policies, technical issues, procedures	If there are too many conflicts of interest – project goes out of scope or doesn't start at all
More kudos for members	Membership is typically exclusive and potentially narrow
Ability to build bigger things (critical mass) as access to more intellectual capital and resources	Potentially hindered by different members own policies, methods, standards etc
Specify what you want (power and leverage) (see cons – compromise)	Can't do (exactly) what you want – need to compromise
Added weight – defensibility (including legal defence)	May get embroiled in legal issues not of own making
Benefits of working together	Potential for unequal sharing of benefits

### 8.8.4 WP6 future scenarios

To explore the possible impact of JorumOpen the following 'future scenarios' pose relevant questions and issues for existing collaborations, as recommended by the WP6 team.

#### Scenario 1

*Could widespread OER strategies for releasing resources more openly (making content unilaterally available) encourage uptake of existing or new collaborations/consortia?*

- Greater access to open resources could drive down the costs associated with the collaboration, thus making it more accessible to a wider membership. A collaboration might harvest content from JorumOpen into their local/shared repository to supplement local provision. The nature of the collaboration might change from development to facilitating the uptake/adaptation of OER resources, and development of expertise in this as a service (see scenario 2). It is possible that simply better marketing through national or international repositories might increase interest in those producing materials, and uptake, at least until the new partner was confident/had developed expertise in the approaches developed within the collaboration. JorumOpen, as a national repository, may not serve the branding and other needs of an international consortium.
- There is a widely held view, with a sound basis in marketing, that releasing a sample of a product encourages uptake, otherwise known as a loss leader<sup>56</sup>. Contributions to OER from collaborations with an emphasis on developing high quality content may highlight the value of joining the consortia in terms of time-savings when searching – high quality materials are already available. For example, if IVIMEDS made some exemplar materials available via JorumOpen or MedEdPORTAL then they might compare very favourably available with other content (a 'shop window'). There are some specific potential additional benefits such as cost saving to collaborations as they could move their hosting solution thus reducing the costs associated with managing a repository (and the service implications).
- Cost savings potential would have to be offset against any possible loss of revenue from subscriptions. However, the purpose/focus of the consortium might change to one of service support to partners (helping them to use OER), access to networking opportunities or enhanced interface software provision. Also, peer-reviewing OER may provide a revenue stream (depending on costs/benefits).
- Currently the UK OER policy is that deposits will be made by UK institutions however, should a collaboration deposit international materials into JorumOpen how are deposits going to be policed? Is it beneficial to include international material? Please see scenario 4 for elaboration of this question.

#### Scenario 2

*What happens when a significant number of resources are available on JorumOpen?* The following issues arise:

- Large numbers of resources will be available to do the same job, such as hand washing, whilst more specialist areas will be neglected – how do you discriminate between different provision? How do you find the most relevant and high quality material for your needs?

<sup>56</sup> Van den Poel D, Jan De Schampelaere GW. Direct and indirect effects of retail promotions. *Expert Systems with Applications*, 2004;27(1):53-62 [http://econpapers.repec.org/paper/rugrugwps/03\\_2F202.htm](http://econpapers.repec.org/paper/rugrugwps/03_2F202.htm) (a. Mar 2010).

- Will there be peer review via, for example, a single long peer review by a content expert (cost implications as above) or a user 'star' system based on personal opinion generating in essence multiple reviews?
- How will JorumOpen deal with version control of ER which have been updated (practically and technically) or taken down?

### Scenario 3

*What happens if collaborations/consortia cease to be financially viable?*

- Is the collaboration strong enough to justify continuing to share? Can it defend its brand (or that of the individual partner institutions)? Would the weakest partners depart – survival of the fittest (would it boil down to who did the most work in the first place)?
- Would all the content be lost if funding ceased? Would content be put in the public domain, or would it disappear? (We have seen this happen before). What would be the risks to institutions of continuing to use it?
- How would the assets be divided? Who would own them? Who would be in a position to act as an agent?
- Would the possibility of advertising content (see scenario 1 above) on JorumOpen generate sufficient revenue for depositors? For example, the top performing download, the top reviewed download.
- Could JorumOpen be adapted to manage financial transactions e.g. micropayments; on behalf of depositors?

### Scenario 4

*What affect is there on countries less well provided for?*

- Materials are primarily in English which may not be the first language of the user.
- Developing countries could benefit greatly from OER as many are precluded from the costly subscription charges to journals and some collaborations/repositories. The open resources would provide them with current and up to date research and teaching materials for healthcare.
- However, it should be noted that as only UK based resources will be deposited in JorumOpen many of these will potentially not be regionally relevant to developing countries which is something that is crucial in some instances<sup>57</sup>.

### Scenario 5

*What if an international country (whose local legislation does or does not recognise copyright) mirrors all of the content from JorumOpen?*

- This would increase uptake of JorumOpen materials as they would be more accessible.
- More places would need to be kept up-to-date; they might follow different take down policies.
- If they then give content away locally as their own (breaching, e.g., CC IPR) who would sue?
- Alternatively, an individual or collaboration could provide their own repository software thus selling value-added interface. The content would still be freely available but the repository itself could be profitable.

## 8.9 Pedagogy/quality assurance (WP7)

Vivien Sieber, University of Oxford

### 8.9.1 WP7 the concept of 'quality'

According to the QAA "*qualifications in medicine, dentistry or veterinary sciences in terms of credit, as these are not typically credit-rated*"<sup>58</sup>:

"43 First degrees in medicine, dentistry and veterinary science comprise an integrated programme of study and professional practice spanning several levels. While the final outcomes of the qualifications themselves typically meet the expectations of the descriptor for a higher education qualification at level 7, these qualifications may often retain, for historical reasons, titles of Bachelor of Medicine, and Bachelor of Surgery, Bachelor of Dental Surgery, Bachelor of Veterinary Medicine or Bachelor of Veterinary Science, and are abbreviated to MBChB or BM BS, BDS, BVetMed and BVSc respectively."

Page 22-23, FHEQ 2008<sup>59</sup>

<sup>57</sup> Chan L, Arunachalam S, Kirsop B. Open access: a giant leap towards bridging health inequities. Bull World Health Organ 2009; 87: 631-5 pmid: 19705015.

<sup>58</sup> Quality Assurance Agency. Higher education credit framework for England: Guidance on academic credit arrangements in higher education in England, 2008 <http://www.qaa.ac.uk/england/credit/creditframework.asp> (a. Mar 2010)

<sup>59</sup> Quality Assurance Agency. The framework for higher education qualifications in England, Wales and Northern Ireland August 2008. <http://www.qaa.ac.uk/academicinfrastructure/FHEQ/EWNI08/FHEQ08.pdf> (a. Mar 2010).

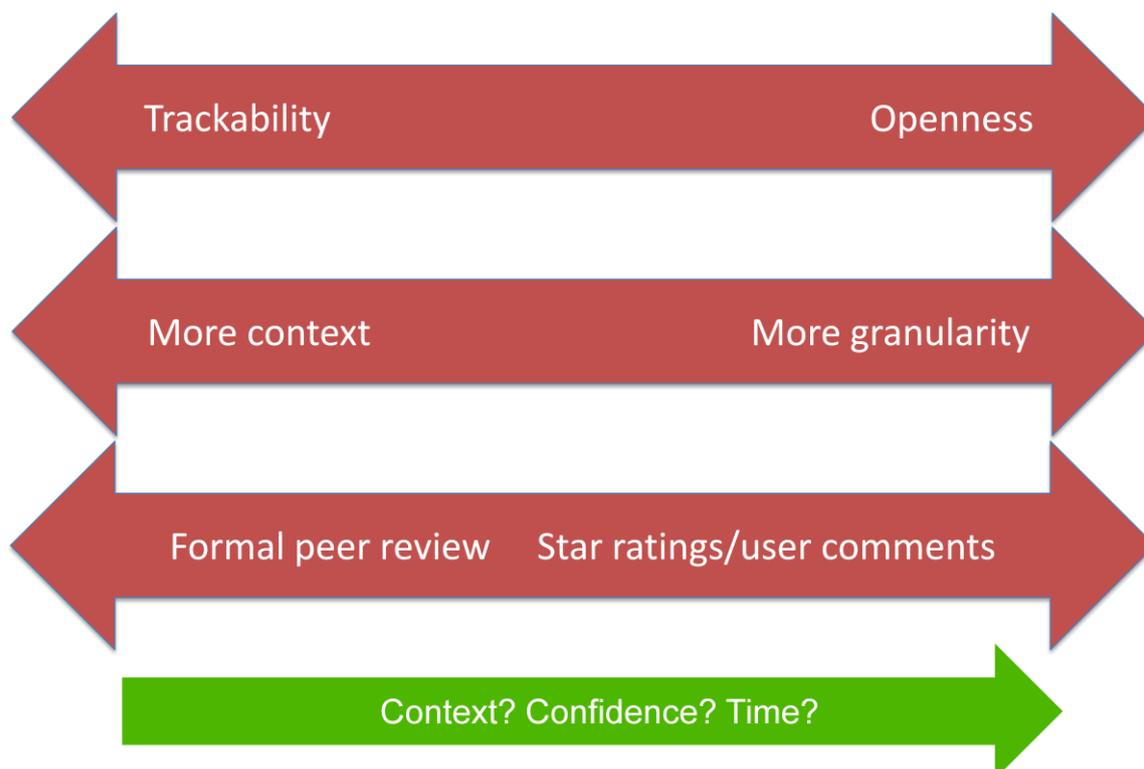
However related degrees such as veterinary nursing, postgraduate and staff development programmes are modular and more flexible, and it is easier to see the accumulation of 'credit' with these. Bioscience programmes, which often are taught independently from but contribute in terms of teaching in healthcare, fell with the BioOER project and we needed to be careful to ensure outputs remained mutually exclusive. For example, learning the Krebs cycle is the same for medicine as it is for physiology.

There was some discussion early in OOER about how to measure '360 credits' when estimating outputs from OOER, and we concluded that we would have to put in place as much information as possible about resources, to enable the reader to estimate the 'weightiness' of ER, in order to fulfil the notion of 'credit'. This was no easy task, firstly to define what information would be useful to those trying to find resources, and secondly to make it practicable to collect. We started with by defining a detailed set of questions relating to 'quality' which documented information about the resource, such as:

- Ownership/pedigree;
- Academic credit (where known/could be estimated);
- Learning objectives;
- Where/how in the programme an ER was used by the author;
- Technical standards;
- The outcome of feedback from students.

Quality also seems to be linked to the granularity of a resource (Figure 12) – conversely, the smaller (more granular) an ER is the more context it needs in order to describe it (which may put some depositors off). The more trackable it is the less open it is (someone would need to enter, for example, an email address before downloading, and could be mailed for usage data from time to time, which may put users off).

*Figure 12. Tensions in making resources open – OOER sought to increase confidence in freeing up ER from the more formal settings than we are used to.*



A toolkit was developed in Survey Monkey to capture answers to questions about quality and version 1 was tested with the case studies. Despite the branching nature of the survey reducing the number of questions respondents felt that the number of questions was slightly too long, and it was shortened in version 2 (see the OOER website for the updated version). Part of the development of the toolkits was reflection on how to improve them, and the process is illustrated (see 13.4 Appendix four: review of the Pedagogy/QA on page 90 below), to refine the pedagogy/QA toolkit. Version 2 is now being tested through the case study process.

## 8.9.2 WP7 technical quality and legacy materials

We discussed but decided not to spend project time and resource on converting legacy teaching materials (e.g. interactive Toolbook tutorials or other 'locked in' formats) into open web delivered ones. This type of activity had been undertaken in other projects, and while it was technically 'in scope', we felt that it was not best use of resources for what we were trying to achieve. If older formats came forward documented them in WP4 and included them in the upload to JorumOpen (sometimes as zipped files), but did not attempt to convert them.

## 8.9.3 WP7 brief review of quality indicators elsewhere

There were already consortia working in the area of establishing quality of internet resources in healthcare education (8.8 The impact of OER on existing collaborations (WP6) on page 36 above) which had developed approaches to cataloguing quality, most notably:

- HEAL<sup>20</sup>;
- Intute: Health and Life Sciences<sup>30</sup>;
- IVIMEDS<sup>17</sup>;
- MedEdPORTAL<sup>21</sup>.

Intute: Health and Life Sciences and MedEdPORTAL rely on a peer review process, in the case of Intute this may be undertaken by information specialists. From the Intute evaluation guidelines<sup>60</sup>:

"The authority of an information source is based primarily upon an assessment of the knowledge and expertise of the author(s), and whether they are qualified to provide the information, as well as the reputation of the organisation from which the information emanates. For many resources, the authority of any organisations involved in producing the information will carry sufficient weight to allow inclusion in the Intute: HLS database. Many resources are maintained directly by universities, professional associations, government bodies or international organisations that are well known to the different communities. If a resource is provided or sponsored by a recognised institution, or the author is providing the information in their capacity as an employee of such an institution, there may be no need to establish authority further.

Authority is inextricably linked to the reputation of the source - a good reputation is created because others find a resource valuable and useful. Therefore, suggestions are provided in the step-by-step guide to determining the reputation and popularity of materials."

Intute, 2009

Others used a 'happy sheet' approach of star ratings and user comments.

## 8.9.4 WP7 reward and recognition

From the case studies it quickly became apparent that authors wanted recognition through the normal university procedures for their work. For this reason the Attribution CC licence was welcomed, although some authors also wanted to know who was using their materials, where and for what purpose. They were driven by the need to demonstrate outcomes consistent with their institutional priorities, and we encountered some resistance because OER didn't appear to fit into the normal recognition processes.

This phenomenon is well understood and documented by MedEdPORTAL<sup>21</sup> who specifically set out to ensure equivalence with research when authors contributed to the MedEdPORTAL database.

### "Peer Review Overview

MedEdPORTAL is a unique type of peer-reviewed publication. From its conception, MedEdPORTAL was designed to serve as a prestigious publishing service through which educators can receive scholarly recognition for their educational works. Structured like a traditional print-based journal, MedEdPORTAL:

Maintains an Editor and an Editorial Board.

- Follows a peer-review policy that mirrors practices employed by traditional print-based journals.
- Employs a rigorous peer-review process based on accepted standards of scholarship using invited expert reviewers to conduct all reviews.

While MedEdPORTAL is not a typical journal, all submissions that are successfully peer-reviewed are considered formal publications that may be referenced by a standard citation. MedEdPORTAL publications are comparable to peer-reviewed research manuscripts published through traditional journals. Publications in MedEdPORTAL are considered compelling scholarly contributions by many institutions and may be used to support promotion and tenure decisions. For more information regarding the scholarly aspect of MedEdPORTAL review the MedEdPORTAL Educational Scholarship Guides.

### Types of Peer Review

All materials submitted to MedEdPORTAL through the online submission form undergo a rigorous screening and peer-review process. If accepted and published, the publications will receive the distinction MedEdPORTAL Peer Reviewed. Because MedEdPORTAL also works with many specialty collections to offer the widest possible range of

<sup>60</sup> Intute Evaluation Guidelines [http://www.intute.ac.uk/supportdocs/IntuteHLS\\_Evaluation\\_Guidelines.doc](http://www.intute.ac.uk/supportdocs/IntuteHLS_Evaluation_Guidelines.doc) (a. Mar 2010),

compelling educational materials, it is necessary to offer additional evaluation options to accommodate the large and diverse nature of partner collections. The various review processes are described below:

- Items labeled as Peer Reviewed have been evaluated by external reviewers and found to be worthy of inclusion within MedEdPORTAL. This is the only form of evaluation available to submitting authors. Peer Reviewed items are considered formal publications.
- Items labeled as Editorial Reviewed have been evaluated by the MedEdPORTAL Editor and/or Associate Editors and found to be worthy of inclusion within MedEdPORTAL. Editorial Review is only reserved for special collections and, in rare circumstances, invited submissions of extraordinary quality (e.g. virtual patient cases). Editorial Review is not available to submitting authors. Editorial Reviewed items are formal publications.
- Items labeled as Special Collection Reviewed have been evaluated by at least one external reviewer. Special Collection Review is reserved for large external collections of multimedia resources (e.g. McGill Molson Medical Informatics collection) which do not meet all the minimal requirements for submission to MedEdPORTAL. Special Collection Review is not available to submitting authors. This form of publication does not hold the same level of prestige or distinction as the previous two forms of publications.

All MedEdPORTAL publications will be clearly marked with the appropriate review logo based on the evaluation approach that was used. These practices are consistent with processes endorsed by the World Association of Medical Educators.

MedEdPORTAL<sup>21</sup>

Reward and recognition of staff through being able to credit contribution to OER seems an important principle to underpin future sustainability, and this is included in our recommendations on page 62 below.

## 8.10 Case studies and ER available in JorumOpen (WP8)

Suzanne Hardy, Lindsay Wood and Megan Quentin-Baxter, MEDEV, Newcastle University

### 8.10.1 WP8 360 'credits' and summary of case studies

The WP4 process of surveying existing ER and collecting metadata about ER/assets contributed to the project from partner HEIs rapidly indicated the range of resources (example of the range of materials is given in Table 10) which could potentially go forward for toolkit testing with a view to being assigned CC licences and openly released as OER. A matrix approach to refining this primary survey of ER (covering the five identified subject areas of medicine, dentistry, veterinary medicine, postgraduate and staff development across the partner institutions) allowed us to catalogue a wide variety of potential sources of materials.

Table 10: Summary of resources potentially available for upload in WP4.

<b>Topic area</b>	<b>Number of resources</b>
Anatomy	1
Biology infectious diseases	1
Bioscience	1
Cardiology	5
Clinical medicine	1
Dental education	8
Dental educational development	3
Educational development (staff)	132
Gastroenterology	2
Global health	5
Haematology	1
Hepatology	4
IT	14
Malaria infectious diseases	1
Medical clinical skills teaching	25
Medical consent	5
Medical education	480
Medical education neurology	1
Medical educational development	65
Medical educational support	1

<b>Topic area</b>	<b>Number of resources</b>
Medical teaching	8
Medical tutorial	5
Medicine and surgery	9
Medicine	87
Medicine and nursing	2
Musculoskeletal System	1
Neurology	2
Ophthalmoscopy	1
OSCE	2
Rat anatomy and histology images	856
Radiography	40
Respiratory	5
Student selected component	83
Veterinary biology	9
Veterinary canine anatomy	1
Veterinary education	1
Veterinary educational development	4
Veterinary medicine	51
<b>Total</b>	<b>1923</b>

Examples of 14 full case studies can be found at Appendix five: WP8 case study examples summary of case studies on page 92 below and a summary of what case studies are completed and planned can be found at Table 17 on page 110 below. One hundred and fourteen ER have been uploaded to JorumOpen, according to the case studies which have been completed (Table 11). We have a dearth of dental resources and will working on this in future.

*Table 11 Summary of case studies, collected and planned, by institution.*

<b>Resources identified for inclusion per site</b>	<b>Case studies</b>	<b>Completed or in final draft</b>	<b>WP4 database</b>
Newcastle University	9	7	949
University of Oxford	1	1	14
University of Aberdeen	4	3	35
The Royal Veterinary College	10	3	64
University of Nottingham	5	3	19
University of Southampton	4	3	6
University of Bristol	6	4	133
Queen's University Belfast	4	3	7
Imperial College	1	1	28
London School of Hygiene and Tropical Medicine	1	1	2
St George's, University of London	0	0	63
Cardiff University	4	1	2
Bedfordshire University	2	0	8
University of Edinburgh	3	0	5
University of Warwick	1	0	6
Keele University	1	1	42
Non partner (e.g. other HEIs)	10	6	800
<b>Total</b>	<b>66</b>	<b>37</b>	<b>~2000</b>

Access to the full list of educational content available in WP4 is available from the OOER website. A summary, by topic area, is listed in Table 10: Summary of resources potentially available for upload in WP4. These are being signed off via the CC agreement page in order for the project team to be sure that authors are aware and that they are suitable for upload. In future, this can be automated (for materials available on the Internet) that the CC agreement process will link to the toolkits to enable the project team, having identified something on the internet,

to generate a standard email to an author to ask them to run their materials through the stand alone toolkits and if they are satisfied to 'agree', after which those ER would be automatically added to JorumOpen according to the agreement.

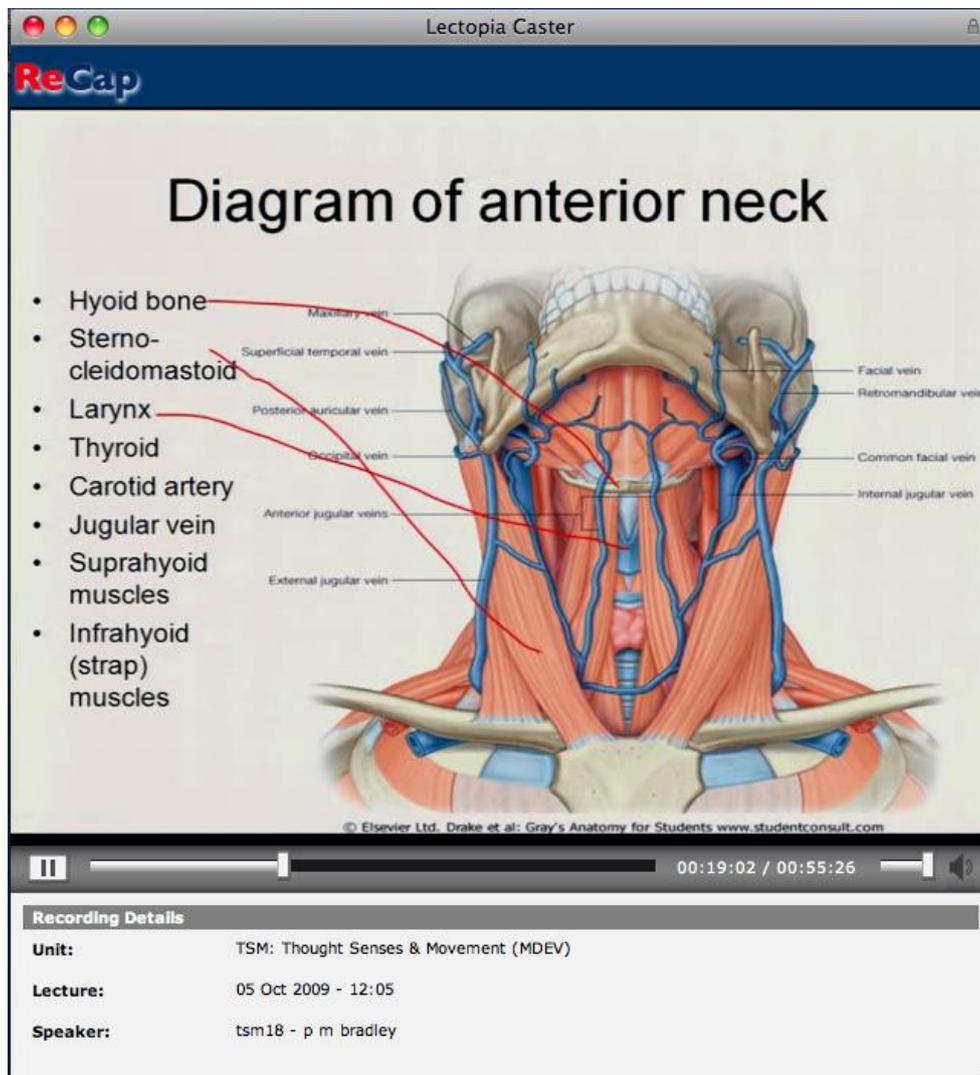
### 8.10.2 WP8 financial allocations and funding

We agreed on approximately £1,000 per case study for the 'first' case study (this could be the first time a person has done one, or first time they used a new version of the toolkit), recognising that the first (taking into account institutional policies, etc.) took longer, and £500 each for following case studies which were likely to be quicker. At these rates it was possible to catalogue more case studies than the original number estimated, however some partners felt that they knew enough about the guidance after the first 2-3 uses. Ideally other staff in partner institutions would be involved but this was not always possible within the timeframe, and so further case studies are planned after the official end of the project.

### 8.10.3 WP8 upstream rights – reusing commercial material

In some resources, such as videocast lectures, third party commercial material such as images or movies may appear perfectly legitimately within the lecture context. In fact teachers prefer reputable sources for images, quotations, etc. Removing this material potentially significantly harms the videocast, as the context of what the lecturer was referring to was lost.

*Figure 13. Image from a 'recap' video of a lecture from 'head and neck' showing low quality reuse with alternative labels added – Stage 2 MBBS (Dr Philip Bradley, Newcastle University; image courtesy of Elsevier Gray's Anatomy [www.studentconsult.com](http://www.studentconsult.com)).*



We have investigated reusing small amounts of commercial content with publishers, and have had confirmation from Andrew Whittaker at 'Instant Anatomy'<sup>61</sup> that we can embed low quality versions of their images (fully attributed) to be embedded in OER materials. It should be noted that this does not include the higher quality images which can be purchased via their website (or on CD), although we anticipate further conversations when we have more examples to show them. We are monitoring any Instant Anatomy materials in uploads to JorumOpen so as to keep Instant Anatomy in the loop.

We have made similar representations to Elsevier who have kindly agreed for some images etc. to appear but they need to know exactly which ones and how they are to be used. This is a reasonable request and similar to the desire of academic staff for feedback on ER use. However it is expensive to clear rights, and it would be worth attempting to secure national agreements with publishers to reuse their materials, with a pilot study looking at what the impact might be on sales of books and related commercial products.

## 8.10.4 WP8 JorumOpen and technical development

The requirement to deposit content to JorumOpen was explored in detail by several project partners and the lead institution. There was a strong desire to have a single place where details of OER could be accessed, and, where the resources themselves were not already easily available, the option to contribute content to a central repository. Discussion centred on the programme strand requirement to deposit copies of all resources, even if they were already housed in a suitable place, in relation to audit trails, take down policies and risk mitigation as they apply to patient data specifically. There exists in our constituency a great deal of experience in this area (Alder Hey organ retention<sup>62</sup>, Shipman<sup>63</sup> etc.), and measures have been put in place both in the NHS and HEIs to be able to evidence in detail when, where and how patient data is used (under DDA<sup>39</sup>).

The team felt that there was insufficient facility within JorumOpen (yet) to be able to provide back tracking data in the event of a Freedom of Information (FOI)<sup>64</sup> request from a patient or their family for them to be confident in making copies of resources, and thus having to duplicate effort when material had to be changed or taken down. There are very good reasons why this applies in our subject areas, as national guidance can change swiftly, and materials must comply with the latest patient safety and other NHS requirements. Good examples include recent guidance on hospital hygiene (sitting on beds, hand washing) and swine flu in both human and animal healthcare education. Whilst learning resources may still be useful, it was essential to comply with Caldicott Guardians<sup>65</sup> requirements to be able to annotate resources with an embedded 'best before' date.

The team explored MEDEV hosting a repository which would allow for these needs, and ePrints was investigated in both EdShare and Humbox guises, however the team felt that this would only exacerbate the problem, since there are already good repositories available (such as MedEdPortal for example) with excellent peer review and takedown policies. Importantly HEIs are increasingly mandating staff to deposit in their own local repositories.

Just under 2000 potential resources were catalogued in WP4 and the team was anxious to find an automated, sustainable way to bulk upload materials to JorumOpen. The processes offered from JorumOpen initially proved frustrating, as we were offered a one-off RSS based deposit of only metadata and links, whilst useful, was not sustainable or practical, as resources continue to be catalogued into the WP4 database. The team also experienced frustration with the lack of expected development of Jorum Plus. Where there are sensitive materials, or materials which cannot be disaggregated because of context specificity (obs & gynae or genito-urinary medicine related materials for example) there was still a need to provide a restricted part of a repository, which provides the kind of functionality based on role, similar to EduserV's 'medic-restrict' Athens login. This was role-related and potentially easily embedded in the Federation/Shibboleth. We felt also that JorumOpen needed more sophisticated 'take down' policies (to at least retain a record that a resource had been taken down for whatever reason) than had been developed at the time of writing.

An issue arose around logins and ownership in relation to the team involvement in uploading and maintaining resources in JorumOpen. For the purpose of this project we had to share our MEDEV OER account (as not all institutions had apparently signed up to JorumOpen) which was not recommended due to our host institution user policies. Because of the Shibboleth front end we were effectively allowing other institutions access to that account. Materials that we uploaded from WP4 were within our MEDEV OER account (not that of the original author, although the author's name would be included). We felt that there needed to be policies and technical support for a 'proxy' system so that we could log the Federation ID of the true owner as part of the record (enabling them to care for the resource following initial release as part of this project). This step remained untested at the time of writing.

<sup>61</sup> Instant Anatomy [www.instantanatomy.net](http://www.instantanatomy.net) (a. Jun 2009).

<sup>62</sup> BBC News website <http://news.bbc.co.uk/1/hi/1136723.stm> (a. Jun 2009).

<sup>63</sup> The Dame Janet Smith Shipman enquiry <http://www.the-shipman-inquiry.org.uk/> (a. Jun 2009).

<sup>64</sup> Information Commissioner <http://www.ico.gov.uk/> (a. Mar 2010).

<sup>65</sup> A Caldicott Guardian was a senior person responsible for protecting the confidentiality of patient and service-user information and enabling appropriate information-sharing. The Guardian plays a key role in ensuring that the NHS, Councils with Social Services responsibilities and partner organisations satisfy the highest practicable standards for handling patient identifiable information. See [http://www.medev.ac.uk/dinky?dinky\\_id=1003](http://www.medev.ac.uk/dinky?dinky_id=1003) (a. Jun 2009).

The team's decision was to continue to try to work with JorumOpen in the short term of this pilot, in the hope that more of the desired functionality would appear soon, and to make recommendation on the future direction of travel for JorumOpen.

The project did not originally envisage any technical development, however it became clear that some basic database development was required to collect metadata about resources before they were tested against the toolkits, and we developed on-line versions of the toolkits instead of using paper based equivalents (see 8.6 Mapping and 'readiness' categorisation (WP4) on page 26 above).

### 8.10.5 WP8 branding

Branding was a topic of discussion related to quality – while partners wanted to see high quality ER clearly branded, they were less happy about poor quality resources 'flying the flag' for the institution. More research was needed in this area in order to better understand issues of branding. We look forward to hearing more about branding from other IISP.

## 8.11 Resource discovery/re-use (WP9)

Dr David Davies, University of Warwick, and Jackie Wickham, Intute: Health and Life Sciences, University of Nottingham

### 8.11.1 WP9 aims of this work package

Metadata records contextual data about a resource that was not necessarily inherent within the resource itself, for example patient information relating to a medical image or author/owner information and licensing arrangements to assert ownership of a resource. Metadata has a number of uses, in audit, monitoring and reporting for example, or perhaps more commonly in educational settings, to help users find the resource, typically via a search service or purpose-built repository. These data include subject classification, keywords, technical format, intended audience and other descriptive attributes.

A lot was known about defining metadata application profiles for learning object repositories<sup>66</sup> and much public money has been spent in developing metadata schemas and repositories to store the data. However much less was known about how metadata promotes resource discovery and re-use, and whether many repositories are fit for purpose, that is, do they help or hinder the discovery of resources.

For WP9 we focused on how users find learning resources. Rather than develop yet another metadata application profile, we thought we would ask users about their resource discovery and re-use behaviour, what search strategies they use, and what data they find useful when choosing a particular learning resource. We accomplished this by using an online survey and a series of focus groups, to explore issues in more depth. Our aim was to better understand how resources could be described, and how repositories should work, to help users find the right learning resource to meet their needs.

### 8.11.2 WP9 online survey results

A SurveyMonkey online survey was created and access was open to all during February and March 2010. A link to the survey was widely publicized using various JISC Mail mailing lists, newsletters from the MEDEV and HSAP Subject centres, educational blogs and Twitter. A copy of the survey and long answers is available in 13.6 Appendix six: metadata and resource discovery: Online survey full data including free-text response on page 114 below.

A total of 155 respondents completed the survey. Although the target audience was primarily teachers in medicine, veterinary science and dentistry, responses were welcome from related subjects including health science and biological science. There were also a number of responses from other disciplines.

There were 20 questions in the survey, and what follows is a summary of the main findings. The profile of respondents confirmed that we were reaching our intended primary audience with 80% of respondents identifying themselves as either teachers or those directly supporting teaching. We reached the MEDEV Subject Centre audience as more than 60% aligned themselves with either medicine, dentistry or veterinary science, and taken with a further 20% aligning with the Health Sciences & Practice or Bioscience Subject Centres, more than 80% of respondents were from a medical, health or life sciences background. Almost 85% of respondents worked in higher education with 10% working in FE and 3.5% working in the NHS.

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<sup>66</sup> IMS Global [http://www.imsglobal.org/metadata/mdv1p3/imsmd\\_bestv1p3.html](http://www.imsglobal.org/metadata/mdv1p3/imsmd_bestv1p3.html) (a. Jun 2009).

The survey was not specifically targeted at students because we assumed that some of the motivations behind resource discovery by students might be different for teachers. Nonetheless a small number of students did complete the survey. In addition one of the focus groups involved students.

Respondents were split almost 50/50 between those who declared they were often searching for online learning resources whether or not they had a specific need, and those who only tended to be looking online when they had a specific need. This indicates there was a lot of opportunism in learning resource discovery, or at the very least a lot of teachers are often on the look out for learning resources for future use.

As for where most people look for learning resources, anecdotally we might think Google, and the survey confirmed this with almost 95% of all respondents declaring they use Google to search for learning resources. Interestingly the next most used services were PubMed and other bibliographic search services such as ISI Web of Knowledge and Google Scholar, with 60% of respondents claiming to use these sources. Given the nature of the resources indexed by these services, a lot of teachers use published literature as learning resources, which was reassuring. What was surprising given the survey audience was that 50% of respondents use Wikipedia. When asked many academics decry Wikipedia because of the perception of dubious provenance or factual accuracy of information, but of the 155 people who responded to this survey, half claim to use it, albeit not as a sole resource. The so-called web 2.0 social media sites such as YouTube and Flickr fared well with many respondents using these, 43% and 20% respectively. An interesting observation of the remaining search services was that Jorum was less used than the Subject Centre's own web sites or even Amazon and iTunesU. Intute fared rather better than Jorum, with 18% of respondents using that service. The open question asking for other sites that people use regularly threw up many interesting sites and collections of resources. The survey did not explore reasons why a particular search service was popular or not.

In terms of searching strategies, most people initially try short descriptive phrases or keywords rather than go straight to advanced search. Almost a third of respondents declared to not always having a clear idea of what they were looking for so they tried an iterative mix of searching and browsing and refined searching. Half of the respondents would resort to using advanced search features if they couldn't find what they were looking for with a simple search, and a further 20% declared they seldom if ever use advanced search. In general, 70% of respondents claim that it's relatively easy to find learning resources to suit their needs, but a quarter claim to often have difficulty. There may be training issues associated with this as open responses to using advanced search show some teachers have difficulty constructing search queries, or at least have to try many searches to find what they are looking for.

The next set of survey questions asked how people evaluate the usefulness of learning resources. When asked how influenced they were by who created a resource, opinion was split 50/50 between those who felt this was essential, and those who felt it was not important. Opinion was clearly divided about the significance of provenance of a learning resource. This was unpicked further in the focus groups. Ninety two percent of respondents would prefer not to have to register with a web site to gain access to a learning resource, but 60% would do so if the resource were worth it. This was a strong message in favour of open ER really meaning open, with no login or registration restrictions. Only 18% of respondents felt that it was important to know the target audience or educational context that a learning resource was created for. Just over half thought that if this information were available it would be useful to know but not essential, and around a third didn't need to know this information at all.

So, once someone has found a learning resource to suit their need, and evaluated it, what do they do with the resource? Just over a third prefer to download a copy, a third prefer to link to it in place, and the remaining third have no preference. Amongst those preferring to download, the most commonly cited reason was because the resource might move or disappear if they didn't. Half of respondents tend to want to either use only a part of a resource or to repurpose it by mixing with other content, and just under half like to download because it gives them more control over how their students access a resource. The overwhelming majority don't mind what format a resource was in because they can either use the resource as-is, repurpose it themselves or know someone who can do this for them. Thirteen percent specify what format of resource they want and will incorporate this into their search strategy. A lonely 2 respondents declared they never seemed to be able to find ER to meet their needs!

How influenced are people by comments others have made about a learning resource? Around 20% use comments or ratings when choosing a particular learning resource. However the majority declared that providing a resource was fit for purpose this kind of information wasn't a factor when choosing a learning resource. Only a small number (7.5%) would not use a resource that had received a bad rating or review. The majority (70%) of respondents have themselves never left a rating or review of a learning resource.

Do people tend to ask for permission to use learning resources created elsewhere? A surprising 60% declared to specifically search for resource with a clear licensing statement so that they don't need to ask. Almost a third of respondents either don't ask for permission or assume that permission was granted if a learning resource was online, even without a licence statement. Only 13% would ask for permission to use a resource, whether or not there was a licence statement. This was strong evidence for the use of clear licensing frameworks.

The final question was open-ended asking respondents to say what was most important for them when searching for learning resources online. Of the 117 responses to this question, the following categories of response (with number of responses) were identified:

- Should be easy to find (69);
- Meets the needs identified by the teacher (47);
- Should be good quality (38);
- Should be from a reliable/credible source (10);
- Should be clearly licenced (7);
- Should be peer reviewed (3).

### 8.11.3 WP9 focus groups

Two focus groups were run, each with a different audience demographic. In Nottingham a focus group was run with academic staff from veterinary medicine, in Newcastle a focus group was run with undergraduate medical students. Each focus group was run according to a similar script that involved introducing the project, a brief explanation of what metadata, and that all comments would be recorded anonymously.

#### Nottingham academic veterinary science focus group

The frequency with which participants searched online for learning resources depended upon whether there was a specific or immediate teaching need. Searching online was most common when designing teaching materials that are further away from the creator's academic background, where they do not have access to an existing collection of resources. Typically, participants created the core content of a learning resource from traditional sources e.g. textbooks and then looked online for images or videos to "tart it up", enhance the student's enjoyment and understanding.

There was a perception that students were more likely to look up a URL than a reference in a textbook. The most used search services were:

- Google general search, Google Images and Google Scholar all most frequently used;
- Other university web sites – usually bookmarked previously;
- Web of Science;
- PubMed;
- Flickr;
- YouTube;
- Departmental image bank.

When searching participants tend to use veterinary specific keywords (equine, canine, etc.) to get more relevant content. Advanced search was used in certain circumstances, such as to find suitable CC licenced material (e.g. on Flickr) or using year/creation date limits on Google for pharmaceutical products with a current regulatory licence. In terms of evaluating found learning resources, a repeating theme was that an individual teacher decides if the material was fit for their intended purpose by reviewing the resource. Participants were generally not influenced by the reputation of the institution that created a resource or the education context the resource was originally created for. It was thought that educational context based on intended 'year of study' would be unhelpful as the institutional courses vary greatly in their integration of clinical materials in early years. However some may look at the URL for a resource to identify those created by academics (i.e. from an '.ac.uk' web site).

Participants used 'Star' rating systems to preferentially view resources (particularly if a search returned many resources) and to vote for useful material. Individual teachers would ultimately decide if a resource was suitable for their intended use. 'Thumbs up/down' system was also used.

Clear information about reuse rights e.g. CC was thought to be not very important. Participants knew it was important, in theory, but in practice they did not follow this for their own materials kept 'in house'. Materials where reuse rights were not clear were removed from institutional VLE version of materials by the creator, prior to depositing. Once a learning resource has been found and evaluated, a link to it was shared with students via email or re-posting on WebCT.

Participants were asked to rate IEEE LOM metadata fields in terms of being essential/really useful, nice to have or irrelevant/don't understand. Results from this exercise were mixed, as each participant had their own view about the relative importance of specific metadata fields. For example, user comments and reviews/ratings of learning resources was deemed essential by one academic, nice to have by another, and irrelevant by yet another. Similarly the use of licence statements was seen as both essential and irrelevant by different teachers. Little consensus emerged other than title, keywords and description were most valued by all participants. The

conclusion from this exercise was that clearly different academics have very different and sometimes opposing ideas of the relative importance of metadata fields.

### **Newcastle medical students focus group**

Student participants indicated that they search for learning resources online as a result of self-motivated reasons; for research, self-directed study, as well as external drivers; references given by teachers, an assignment was due, and preparation for exams.

Students seem to use a wider range of search sites than their teachers. Although Google once again was the preferred service, with Wikipedia also being a popular first port of call (although most would be reluctant to cite this as a reference in submitted work), a richer collection of sites and services were cited, including those specifically aimed at students, such as question/test sites. Indeed students seem to use more sources than do their teachers. This was not so surprising, as students are perhaps more motivated to find learning resources to aid their understanding than teachers are to aid their teaching. Generally students were not influenced by who created a learning resource, unless it was one of their teachers.

Students' search strategies appear to be similar to those of their teachers, with most preferring initially to use a simple search box, only resorting to advanced search when either too many or too few learning resources are found, or if there's something very specific they are looking for. Students did appear to be more informed about constructing search queries, which might reflect the instruction many would have had as part of library skills training.

Students reported a wide variety of sharing knowledge about good resources or site between peers using word of mouth as via email, or through specific collaboration tools such as when working in a small group on a shared task. Although student participants declared that they sometimes shared resources or links to resources via social networking sites such as Facebook, they did see Facebook in particular as a black hole of productivity. Interestingly the majority of student participants did not share knowledge about good resources with their teachers.

The evidence we have collected allows us to make some recommendations for how learning resources should be described, and how repositories should work to aid resource discovery and re-use. Recommendations are included in the summary recommendations at the end.

## 8.12 Dissemination (WP10)

The OOER project has enjoyed significant dissemination opportunities despite the relatively short time period that it has been running for. This is partly because of the interest in OER in the UK and partly due to the relatively large number of partners who have different dissemination outlets. This list does not include casual dissemination via events and other meetings attended (without presenting). We plan a major dissemination event on 26 October 2010 in collaboration with two or possibly three other OER projects.

Table 12 Summary of dissemination outputs (NB evidence of uptake figures obtained 24 April 2010).

Evidence	Location	Coverage	Description	Notes	Evidence of uptake
Presentation	<a href="http://www.slideshare.net/SuzanneHardy/jisc-workshop-nov-09-sh-medev">http://www.slideshare.net/SuzanneHardy/jisc-workshop-nov-09-sh-medev</a>	Dissemination and consultation	WP10 and WP3	JISC workshop on reusing medical images November 2009, London	Audience: invited c.25. Presentation 174 views, 1 embed (after 5 months via SlideShare)
Presentation	<a href="http://www.slideshare.net/SuzanneHardy/medev-uhmlg-2009">http://www.slideshare.net/SuzanneHardy/medev-uhmlg-2009</a>	Dissemination	WP10	UHMLG annual conference 2009, UEA, Norwich	Audience: invited c.50 Presentation: 409 views, 3 embeds (after 9 months via SlideShare)
Presentation	<a href="http://www.slideshare.net/SuzanneHardy/uhmlg-spring-2010">http://www.slideshare.net/SuzanneHardy/uhmlg-spring-2010</a>	Dissemination	WP10	UHMLG Spring meeting 2010, London	Audience: c. 50 Presentation: 104 views (in 1 month via SlideShare)
Workshop	<a href="http://www.slideshare.net/SuzanneHardy/ooer-oer10">http://www.slideshare.net/SuzanneHardy/ooer-oer10</a> <a href="http://www.ucl.ac.uk/oer10/index.html">http://www.ucl.ac.uk/oer10/index.html</a>	Dissemination	WP10	OER10, March 2010, Cambridge	Audience: c. 15 Presentation: 94 views (in 1 month via SlideShare)
Presentation	Presentation in IPR session given by Charavanan Balasubramiam (WP2)	Dissemination	WP10	JISC10, April 2010, London	Audience: c. 150 Presentation not yet uploaded. TBC.
Presentation	<a href="http://www.slideshare.net/SuzanneHardy/ooer-jisc10-april-2010">http://www.slideshare.net/SuzanneHardy/ooer-jisc10-april-2010</a>	Dissemination	WP10	JISC10, April 2010, London	Audience: c. 70 Presentation: 3 views (after 1 week)
Abstract for workshop	AMEE 2010, Glasgow <a href="http://www.amee.org/index.asp?pg=132">http://www.amee.org/index.asp?pg=132</a>	Dissemination	WP10	Accepted as workshop September 2010	No. of international conference delegates >3000
Abstract for short communication	OOER abstract submitted to elearning symposium 2010, Glasgow <a href="http://www.amee.org/index.asp?pg=179">http://www.amee.org/index.asp?pg=179</a>	Dissemination	WP10	Accepted as workshop September 2010	No. of international delegates c. 200
Abstract for short communication	Resource discovery survey abstract submitted to elearning symposium 2010, Glasgow <a href="http://www.amee.org/index.asp?pg=179">http://www.amee.org/index.asp?pg=179</a>	Dissemination	WP9 and WP10	Accepted as short communication September 2010	No. of international conference delegates >3000
Article on OER in medical education	The Clinical Teacher <a href="http://www.theclinicalteacher.com/about.html">http://www.theclinicalteacher.com/about.html</a>	Dissemination	WP10	Accepted. In press	Circulation >2000. Exact readership unknown but likely >5000 world-wide.
Keynote session	2nd International Conference on Virtual Patients and MedBiquitous Annual Conference <a href="http://www.medbiq.org/icvp">http://www.medbiq.org/icvp</a>	Dissemination	WP10	MQB Invited to present a keynote session	c. 250 international audience focussed on virtual patients and technical interoperability standards for medical education
Short presentation	2nd International Conference on Virtual Patients and MedBiquitous Annual Conference <a href="http://www.medbiq.org/icvp">http://www.medbiq.org/icvp</a>	Dissemination	WP10	Abstract accepted April 2010	c. 30 international audience focussed on OER in virtual patients and technical interoperability standards for medical education conference

<b>Evidence</b>	<b>Location</b>	<b>Coverage</b>	<b>Description</b>	<b>Notes</b>	<b>Evidence of uptake</b>
Consultation	Online conference between Simon Thomson, Leeds Met Unicycle, Chara Balasubramaniam, SGUL, Nigel Purcell and Suzanne Hardy, MEDEV, 24 Sept 2009	Strategies for reward & recognition	WP10, WP12	Skype conference	Discussions with professional recognition team at the Higher Education Academy
Presentation	Presentation given to the M25 group in March 2010 by Ashish Hemani (WP11) <a href="http://www.slideshare.net/SuzanneHardy/ooerm2519march10">http://www.slideshare.net/SuzanneHardy/ooerm2519march10</a>	Dissemination	WP10	London, March 2010	Audience: unknown Presentation: 15 views (in 1 week)
Value statement	<a href="http://www.medev.ac.uk/oer/value.html">http://www.medev.ac.uk/oer/value.html</a>	Dissemination	WP10	To help with 'selling' OER to less enthusiastic HEIs	Yet to be analysed
Pros and cons statement based on focus group work	<a href="http://www.medev.ac.uk/oer">http://www.medev.ac.uk/oer</a>	Dissemination	WP10	To help with 'selling' OER to less enthusiastic HEIs	Yet to be analysed
Position paper	<a href="http://david.davies.name/weblog/2010/04/15/what-do-people-look-for-when-they-search-online-for-learning-resources/">http://david.davies.name/weblog/2010/04/15/what-do-people-look-for-when-they-search-online-for-learning-resources/</a>	Dissemination of results of resource discovery survey	WP9 and WP10	CETIS ROW event, London, April 2010	Audience: unknown Presentation not yet uploaded
Short paper	Introduction to our policy work and the WP5 toolkit at 'IntraLibrary Conference 2010 - Back to the Future'	Dissemination of institutional policy toolkit	WP5 & WP10	IntraLibrary Conference April 2010, Edinburgh	n/a
Abstract for short communication	ADEE 2010, Amsterdam	Dissemination	WP10	Submitted. Awaiting decision	Average conference attendance c.300
Article on CC in 01	Part of eLearning themed issue of Subject Centre newsletter, 01	Dissemination	WP10	In press, due for June publication	Print run of 4000
Article on OoER in 01	Part of eLearning themed issue of Subject Centre newsletter, 01	Dissemination	WP10	In press, due for June publication	Print run of 4000
Themed elearning issue of 01 with five OER articles	Articles from OoER, BioOER, PHORUS, SimShare and one on CC (see above)	Dissemination	WP10	In press, due for June publication	Print run of 4000
Presentation	SCORE regional event, Leeds, 13 May 2010	Dissemination	WP10	Leeds, 13 May 2010	c.20 delegates
Presentation and position paper	Education Inter-Regulatory Group, 17 May 2010	Dissemination	WP10	General Medical Council, London, 17 May 2010	Presentation to education leads of UK health and social care regulatory and professional bodies
Institutional presentations	Internal presentations to stakeholder committees in LSHTM, Keele, Warwick, Newcastle, RVC, Aberdeen, Bristol, Southampton, IC, QUB, etc.	Institutional policy	WP10	Internal committee meetings	Presentations to and discussions with internal policy committees within partner institutions
Consultation	Online conference between Simon Thomson, Leeds Met Unicycle OER project, Lindsay Wood, Nigel Purcell and Suzanne Hardy, MEDEV 30 March 2010	Strategies for reward & recognition	WP10, WP12	Skype conference	Discussions with professional recognition team at the Academy
Abstract for poster	The Higher Education Academy conference, 22-23 June 2010	Dissemination	WP10	Hatfield June 2010	Estimated audience c. 300
Abstract for presentation	OpenEd 2010	Dissemination	WP3 & WP10	Barcelona November 2010	TBC

<b>Evidence</b>	<b>Location</b>	<b>Coverage</b>	<b>Description</b>	<b>Notes</b>	<b>Evidence of uptake</b>
Presentation	UKOER10 International Showcase	Dissemination	WP10	London July 2011	Invited to present <a href="http://www.jisc.ac.uk/events/2010/07/ukoer10.aspx">http://www.jisc.ac.uk/events/2010/07/ukoer10.aspx</a>
Conference	Joint conference between cognate subject strand projects including PHORUS, SimShare, OOER, and possibly BioOER and HumBox.	Dissemination	WP10	London, 26 October 2010	Estimated audience c. 200
Workshops	2 x Subject Centre workshops on OER, 1 in Scotland and 1 in Wales, Scott Leslie to present at July workshop	Dissemination	WP10	July and November 2010	Estimated audience 2 x 20
Presentation/poster	LIVE conference, RVC, London	Dissemination	WP10	Abstract submitted September 2010	Estimated audience c. 100

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## 8.13 Evaluation (WP11)

Maria Toro-Troconis and Ashish Hemani, Imperial College

### 8.13.1 SW11 overview

The OOER project aim was to 'open' 360 credits of ER in medicine, dentistry, veterinary medicine/science, postgraduate and staff development programmes. This project has focused on issues relating to these subjects (such as consent, securing ER from staff delivering programmes who are non-HEI employed (e.g. NHS staff)), complementing other projects in the OER programme. Imperial College London (Faculty of Medicine) has been assigned with the development and execution of WP11 of this project. This WP involved the evaluation of the project using constructive SWOT (strengths, weaknesses, opportunities and threats) analysis on the project as a whole.

### 8.13.2 WP11 why SWOT analysis?

SWOT analysis is a general technique which can be applied across diverse functions and activities, but it is particularly appropriate to the early stages of planning. Performing SWOT analysis involves generating and recording the strengths, weaknesses, opportunities, and threats relating to a given task. It was customary for the analysis to take account of internal resources and capabilities (strengths and weaknesses) and factors external to the project (opportunities and threats).

SWOT analysis can provide:

- A framework for identifying and analysing strengths, weaknesses, opportunities and threats;
- The impetus to analyse a situation and develop suitable strategies and tactics;
- A basis for assessing core capabilities and competences;
- The evidence for, and cultural key to, change a stimulus to participation in a group experience<sup>67</sup>.

TeacherNet<sup>67</sup>

### 8.13.3 WP11 aims of the evaluation

The main aim of the evaluation was to carry out SWOT analysis on the project as a whole and disseminate the key findings to the wider community. Due to the short timescale, SWOT analysis has focused on qualitative improvement and highlight potential enhancement opportunities, as well as signposting good practice for uptake elsewhere.

### 8.13.4 WP11 SWOT questionnaire and findings

A SWOT analysis questionnaire was designed covering different areas related to the project (see 13.7 Appendix seven: SWOT survey questionnaire (WP11) on page 134 below. Detailed response from WP leaders (see 13.7.2 WP11 SWOT analysis results on page 136 below) were analysed. The key SWOT findings based on the perspectives from WP leaders on the project as a whole are listed in Table 13.

Table 13 Summary of key SWOT finding based on 15 respondents (n=15).

<b>Strengths</b>	<b>Weaknesses</b>
<p>Multi-institutional project with a group of like-minded institutions which has the potential to make a big impact to the medical, dental and veterinary sector.</p> <p>Gives partners an opportunity to work with other like-minded enthusiasts from other institutions which would have been difficult otherwise.</p> <p>Ability to tap into the Subject Centre's excellent widespread network of contacts in order to change cultures relating to the adoption of OER.</p> <p>Collaboration between different institutions and sharing experiences and developing solutions for common issues with providing OER.</p>	<p>Time Scale imposed by funding body. Due to the relatively small sums of funding available to partners as a result of this project in comparison to the institutional project strands, it seems to be proving difficult to get complete institutional buy-in for the adoption and release of OER. So, the work conducted by the project runs the risk of becoming another excellent collegiate initiative with little impact back to the institutions. Perhaps something for OOER2 to tackle.</p> <p>Perversely the mirror of it's strengths. The wide range of partners and the difficulty of synchronising periods of availability and patterns of activity was a real problem.</p> <p>Lack of a fully features repository at the start of the project.</p> <p>Not a weakness of this project but of the whole OER programme – sorting out the consortium agreement. There must be a better way nationally to do this. A lot of unfunded resource was spent on this by all institutions.</p>

<sup>67</sup> TeacherNet <http://www.teachernet.gov.uk/professionaldevelopment/tipd/guidance/swot/> (a. May 2010).

<b>Opportunities</b>	<b>Threats</b>
<p>There are opportunities to align all UK HEIs in MEDEV together with regards to the creation, adoption, use and sharing of OER.</p> <p>To make a real difference to the policy and perception surrounding OER in individual institutions by providing a framework for engagement.</p> <p>To deliver nationally accepted tool packs that address various issues, regarding medical images, patient/actor consent, IPR etc that can be adopted by any UK institution (and beyond).</p> <p>The potential to deliver comprehensive OER, but this would require additional funding and an enhanced Repository that can be searched using subject specific keyword (e.g. MeSH type dictionary for Medicine &amp; Dentistry).</p>	<p>Biggest threat to the OER was the legal side of at the local level e.g. negotiating and ensuring consent forms are ratified by the NHS. Consent forms were never designed with the intention of being a release for using materials as educational materials.</p> <p>Lack of coordinated activity and a clear focus on tangible outcomes.</p> <p>Failure to make time available as a result of contractual delays so that staff are not released in a timely way.</p> <p>Lack of resource – partly as a result of the timescale and partly because of the funding.</p> <p>Lack of fully functional repository at the start of the project. We may have to retrofit some aspects and currently there are some missing features which may create issues later on.</p>

### 8.13.5 WP11 SWOT conclusion and recommendations

The SWOT analysis has proved to be an efficient mechanism for collecting views and perceptions regarding this project and therefore providing a coherent evaluation involving all the partners.

#### SO strategies: use strengths to take advantage of opportunities

One of the main strengths of this project has been its multi-institutional nature. The project has capitalised on this strength spreading a range of functions and responsibilities among its partners making the best of the opportunity presented to tackle issues about the creation, adoptions, use and sharing of OER. Having a multi-institutional project had helped to spread the message across a large number of institutions about OER. This process has started to influence the development of institutional policies about OER among these institutions.

#### WO strategies: overcome weaknesses to take advantage of opportunities

The time scale of this project as well as the difficulty of synchronising periods of availability among the partners can be overcome by creating working groups that include several related WPs which become more manageable. WP leads could benefit much more from the multi-institutional nature of the project being able to work with other WP leaders in areas directly linked to them. For example, having a working group focused on IPR/Copyright, Patient Consent and Institutional Policy. Larger meetings involving all the partners may become more effective by having smaller working groups with one voice instead of a large number of WPs with different opinions.

#### ST strategies: use strengths to avoid threats

It would be very useful if the HEFCE/Academy/JISC provided lead institutions, such as: MEDEV, in this case, with consortium agreements at the beginning of the project to expedite the process of getting partners on board on this matter earlier in the project.

#### WT strategies: minimize weaknesses and avoid threats

Having a manageable number of partners and identifying partners that can bring more than one area of expertise into the project may be a way of avoiding threats. Being more realistic about the timescale/funding available when setting up the project's goals and objectives.

## 8.14 Sustainability (WP12)

Dr Helen O'Sullivan and Dr John Smith, University of Liverpool

### 8.14.1 WP12 introduction

The OECD has published some excellent papers on the subject of the sustainability of the OER initiative<sup>8,42</sup> with compelling reasons why institutions should be interested in participating. Sustainability means the ability to become self-sustain following any funded period. The SCA cited in their objectives the need to:

“find affordable solutions for the ongoing sustainability of the services which provide online content to the e-citizen. The potential for affordable solutions through economies of scale”

SCA<sup>54</sup>

It is clear that having a large size and converting from existing (more expensive) ways of working to cheaper ones is a fundamentally successful way of establishing long term sustainability (e.g. HMSO publication of print materials on-line, thus reducing costs of printed material and increasing circulation). However in HEIs the cost of, for example, academic time is typically not separately calculated. For example, when UMAP<sup>15</sup> became subscription funded they had to get institutions to calculate what they were 'spending' on developing

examination questions (usually undertaken by academic and clinical staff within the definition of their job, therefore the cost was one of opportunity rather than actual) in order to provide cost comparison data to show that UMAP was financially viable.

OOER was moving forward on a very broad front and therefore it wasn't possible to assume that we could achieve an economy of scale across all the HEI partners. Nor would we have been likely to succeed had we had a much narrower focus: the risks were higher that if we encountered OER-negative policies in a few institutions that we would not achieve upload of any material, let alone '360 credits'. A 'light bulb' moment occurred with the realisation that we didn't need to solve the problems that we were encountering, only highlight their status in terms of national good practice, and the associated risks, and then to support institutions in responding in their own time. Providing that institutions were being 'reasonable and fair' it was unlikely that they would be sued. We were unlikely to change culture overnight, and genuine shift in institutional policies were also unlikely to be implemented with a 12 month period. We were committed to developing a direction of travel rather than short term solutions (possibly at the expense of uploading content to JorumOpen).

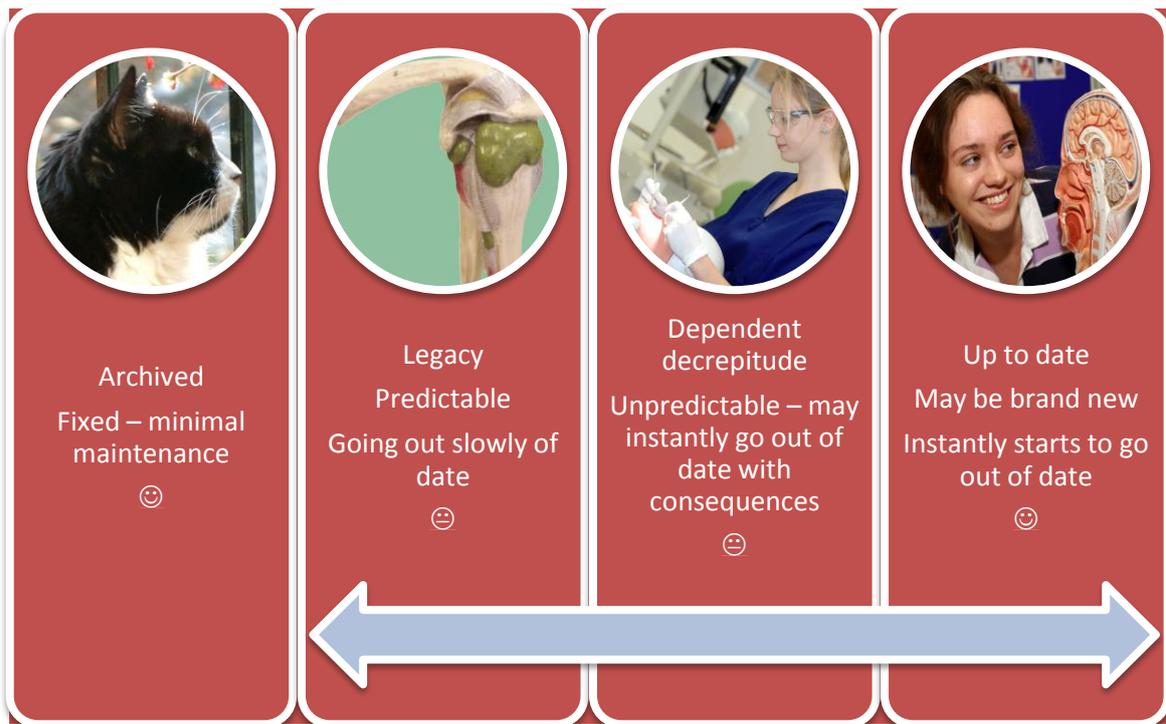
Sustainability was built into the project at the outset both in terms of the methods being set up, and a WP to review success factors for sustainability. OOER attempted to achieve sustainability by:

- Driving down the costs of involvement/going OER;
- Pooling intellectual capital;
- Adding value to academic 'bartering' through increasing the availability of shared materials;
- Seeking to reach a level of critical mass able to 'tip' the sector into new ways of working (this was not achieved in the pilot but may be in sight within 5 years);
- Creating an environment of collective defensibility though marshalling widespread buy-in to the recommendations;
- Appealing to movers and shakers (educational leads) in a large number of UK medical, dental, veterinary and related programmes schools;
- Clearly highlighting the intrinsic (often unstated) or other costs or risks associated with current practice;
- Working with partners / others in the sector to ensure convergence of approach.

### 8.14.2 WP12 solutions

Long term sustainability was particularly challenging in our sector because of national policy documentation which established principles for practice (see 5.2.1 Current context on page 9 above) which predicated against making ER open forever and a day. From the point when educational materials were new they begin to go out of date (Figure 14). Unless upload to JorumOpen was zero-cost the only way to assure that ER are reasonably up to date was to unlock access to the live programmes currently being used by students. This proposes a completely different model to that offered by a national repository, one where (for example) ER were hallmarked with basic data (such as a URI) and it is left up to the search engines to find them. This would provide a much lower cost solution than upload to a national repository as hallmarking resources could be undertaken automatically.

Figure 14. Image of the timely state of ER – from fixed and archived (left) to brand new and up to date. The OOER project is typically working within the area outlined by the gray arrow.



We believe that the work we have contributed to in patient and non-patient consent will have far-reaching implications (for the better) to ensure balanced ethical underpinnings for OER. We haven't yet had to deal with what happens when authors (or their family) request removal of their name from ER on the internet – there may be no legal reason to comply, however morally, is there? We believe that our issues of degradation of quality are relevant to all sectors.

This project has succeeded in its aim by developing long term, sustainable processes which the subject centre has committed to continue to supporting into the future. Permanent 'shift' has been achieved within the host and some of the partner sites, with many UK schools offering to test the toolkits as a way of accessing knowledge about best practice in on-line learning. The necessary critical mass of effort needed has provided clear recommendations for current practice (see 10 Conclusions and Recommendations on page 62 below). The collaborations/consortia outlined (Table 6) have established a variety of sustainability criteria which effectively deliver more value for the partners than not belonging, although it is not completely clear-cut. It is likely that hybrid models will emerge in future, possibly using just the CC site to register IP (and 'consent commons?') and search engines to provide the assembly of collections of ER.

At a practical level MEDEV has committed to further supporting OOER until January 2011 in order to further embed the outcomes of the project through employing a Project Officer 40% wte.

## 9 Outcomes and Impact

### 9.1 Outcomes and innovations in practices/processes around OER

The OOER project has addressed OER programme objectives throughout by releasing a *substantial number of existing learning resources* under a CC by-nc-sa. It has put in place all of the key activities with which to make OER a *default* for HEIs, however the tools and approaches still need to be joined up and tested further in order to make them stand-alone. The primary value of this project was in the use of the toolkits to assess institutional practice against best practice. Highlighting gaps and omissions is only the first step to raising standards, however more work is needed to consolidate the work of the pilot, and bring it into mainstream use. The toolkits were valued by individuals and institutions at the partner sites (see evidence from the case studies), and we anticipate that unintended outputs (e.g. the HumBox also used OpenLabyrinth software to take their contributors through a 'Copyright Clearance Helper' developed by Oren Stone and Erika Corradini at Southampton) will be valued elsewhere.

The value statement is consistently useful as it looks at some of the pros and cons of the OER approach, and helped partners to square ethical justification in favour of OER against the possible costs. It was possible to detail good practice and recommendations for individual teachers; institutions and their work/practice based learning partners and professional bodies; funders; the JISC and JorumOpen; but harder to generalise specific recommendations for faculty level committees, Deans and heads of schools/departments. Our findings are fairly generic although there was the health perspective. Our recommendations are intended to enable institutions to identify risks, where they are perhaps risking losing valuable IPR, vs. risking litigation from third parties through difficulties with either having or implementing watertight policies and procedures in relation to OER.

We generally recommend that institutions follow the processes outlined by one of the OER projects to trial uploading a range of materials in order to test their own processes and procedures, highlighting gaps. Hypothetical scenarios can be as useful as actual examples in order to imagine a range of challenges that an institution may need to cover.

Key strategic outcomes included:

- Meeting and exceeding the deliverables that we set out to;
- Influencing GMC guidance on patient consent;
- Commissioned changes to OpenLabyrinth;
- Senate agreement for the OER pilot to proceed at LSHTM;
- Planned institution policy development at partner organisations (see impact below), for example, Warwick, RVC, Newcastle, Keele, Southampton and Bristol;
- Establishing a strong collaboration around OER.

### 9.2 Impact

#### 9.2.1 Professional and regulatory bodies

This proposal was brought to the attention of and supported by high level stakeholders:

- Freda Andrews, Head of Education, Royal College of Veterinary Surgeons;
- Professor Mike Wilkes, International Virtual Medical School (IVIMEDS);
- Kamran Siddiqi, Education Advisor, National Institute for Health and Clinical Excellence (NICE);
- Professor Steve Field, Chairman of Council, Royal College of General Practitioners;
- Professor Robert Howard, Dean, Royal College of Psychiatrists;
- Professor Peter Coolbear, Director, Ako Aotearoa, National Centre for Tertiary Teaching Excellence, New Zealand.

A presentation was made on the outcomes and recommendations of the project to the health and social care professional body inter-regulatory group in May 2010 (see 8.12 Dissemination on page 50 above) in order to highlight the OER programme and to discuss the contribution to the updated guidance for patient consent. The guidelines are yet to be published but the project team is hopeful that reference to reusing clinical content in non-clinical (i.e. educational) settings would appear explicitly.

IVIMEDS has developed a ER-assembly tool (Riverside) which has potential to assist staff to easily assemble ER into teaching materials.

## 9.2.2 Future work

We are planning to work together with the SCA to provide more clarity on reusing clinical recordings in non-clinical (educational) settings. We understand that the JISC has set aside £50,000 for this work, which was likely to consist of activities as outlined in the report following the event in London in November 2009.

## 9.2.3 Post project interviews: impact and reflections from partners

We collected short informal interviews on video at the end of the initial project period (i.e. April 2010) based on six semi-structured questions:

- What has been your experience of taking part in this project?
- What have you learned?
- How has the project changed your approach to OER?
- How has the project changed the approach of your institution?
- What do think are the next steps? What should happen next?
- What, if anything, surprised you?

For those unable to join us for a video interview we received text-based feedback based on these six questions. The videos can be accessed from [www.medev.ac.uk/oer/talkingheads](http://www.medev.ac.uk/oer/talkingheads)

In summary, at least half of the partners have had some internal discussions with senior management, ranging from agreement from Senate to pilot OER in the institution (LSHTM); presentations to and discussions with senior management (RVC, Newcastle, Bristol, Aberdeen, Southampton, Imperial College, QUB, etc.). Dissemination to non-partner sites has resulted in greater potential changes to local practice: we are planning case studies at Leicester who hope to put the patient consent work through as part of ethical approval; City University/QMUL will update practice in relation to contracting film crews. Dissemination sites are likely to benefit more as they tend to have been less aware of OER at the outset. We always knew that uptake within the partnership would be patchy therefore took the slightly easier path of working with those who were in a position to work with the outcomes of the project first, planning to work with less ready sites over a longer period.

### **Bedfordshire University: Clare Morris and Judy McKimm**

Case studies are planned at Bedfordshire University.

### **Cardiff University: Paul Kinnersley and Jeff Wilson**

Case studies in both medicine and dentistry are planned at Cardiff University.

### **Imperial College: Maria Toro-Troconis and Ashish Hemani**

IC was a very enthusiastic partner and has contributed extensively to the project throughout, leading on WP11. Imperial already had processes in place for consenting IPR and patients, however the establishment of frameworks has helped us to standardise what we do. We have made presentations to internal committees and received provisional support consistent with piloting OER at IC to look at any issues arising from making ER available under OER.

### **LSHTM: Sara Atkinson and Trevor Manning**

Involvement with others working on this project has been a very positive experience. Also the excuse to work with others in my own school – academics, clinicians, support staff such as information and elearning specialists. The LSHTM is clearly very interested in OER Africa and we have attended a conference (in Africa) where it was clear that teaching materials are badly needed, but they want to be able to implement education locally. We hoped that putting a whole module out would be useful and straightforward, but of course others may want little bits of it.

We have learned a lot about IPR which is going to have such an impact on us. We were surprised to discover the issues relating to images and needing to ensure use of copyright-cleared materials. We have learned a lot about the way that institutions approach OER. The project hasn't changed how we think about OER. What has changed are the implications about institutions making this a policy – maintaining and sustaining OER. Trying to maintain OER is going to be difficult given the subjects we are trying to make open. To maintain quality we need ER to be accurate. We have worked towards a broader understanding of what is needed within LSHTM and the Bloomsbury group.

The work done on 'going OER' with the Malaria module was taken to the institutional Learning and Teaching Policy Committee (LTPC) where [Sara] gave a presentation (supported by the Dean). LTPC approved the

decision to go open with the pilot malaria module with a view to learning lessons for further decisions on OER in future. They made a recommendation to the LSHTM Senate who also approved the pilot. We were surprised how long it took to get this approval – if we had it sooner we could have done more, but you have to do the work before you get the approval. But now we have got through the bottleneck we can look at new possibilities.

We now have a new set of issues such as maintenance, how to understand how others are using the materials, and whether, for example, it increases student interest in the institution which would be of interest to managers. I am often asked the question of what happens to the students who are actually paying? Also we are concerned that either we or teaching staff will receive many enquiries from 'the public' – there may be knock-on implications for staff whose material is now accessible to a wider group. Who handles these enquiries? Having got approval for the pilot module we now need to test the concept and understand the implications, creating new policies as we need them.

To deliver the pilot we are now working with the Malaria Centre (a research centre pooling research expertise from basic sciences through to public health) who were very enthusiastic about the idea of OER. The Director of the Malaria Centre (who is one of the tutors on the module) is very keen for the module to be open. They have good tracking software which will enable better tracking of who is using it.

### **Keele University: Tim Denning and Adrian Molyneux**

It was clear that the MEDEV OER consortium work has led to more meaningful discussion within and between some of the institutions, involving stakeholders that might include the library, knowledge transfer office, e-learning strategy committee, research and enterprise development office, educational support unit, PVC for teaching and learning, IPR working group and academic affairs office. The Policy Framework Toolkit aims to build on this work, assisting in the development of OER policy whilst avoiding an overly-restrictive approach which might curtail or stifle the innovative use of new media.

The experience of the WP5 team in their own institution (i.e. Keele University) suggested that opportunities to open up this debate are welcomed by those staff currently holding responsibility for IPR issues. Clarity about the presence or otherwise of intrinsic commercial value in learning materials being considered for release as OER was an important first step. This can provide a much more productive context for establishing institutional attitudes and policies that recognise the potential benefits to all stakeholders of sharing and re-using high quality educational material of all kinds.

Another direct consequence of our work in the MEDEV programme has been the synergy generated by the overlapping interests of the WP5 team in supporting the work of the university VLE project and the activities of the Research and Content Repository development group. A number of dissemination and presentation activities are already in hand for national and local events.

### **Newcastle University: Megan Quentin-Baxter and Brian Lunn**

Newcastle University Faculty of Medical Sciences benefitted from hosting the OOER project through having access to the developing toolkits. They also contributed as they have a great deal of electronic ER, including hundreds of hours of 'recap' lectures, available for students to download, and five different teaching staff were involved in developing case studies. There is a long way to go to influence institutional policy but certainly we have made a good start. One area which is very important to Newcastle is in delivery of course material to our students in Malaysia and other international settings, and senior managers see the principles of OER as important to developing international delivery.

Our PVC T&L is on the HEFCE Teaching, Quality and the Student Experience committee overseeing HEFCE's interest in the OER programme as a whole. Presentations to the School of Medical Sciences Education Development and University Teaching and Learning Committee were successful although UTLC was understandably more reserved about OER and there is still work to be done in order to raise confidence.

### **The Royal Veterinary College: Nick Short**

The RVC was a slow adopter as they were part of testing the toolkits and therefore their role was towards the end but we have seen the value as the toolkits have taken shape and we are now enthusiastic. It has been hard work to get a partnership of this size working well together – we can see how complicated it is and including getting a consortium agreement. We mustn't underestimate the effort involved in putting together the multi-institutional arrangement such as this, but the value is equal to the inputs.

In WikiVet (which has been going for some years now) it dovetails with the OER project and it has made us think more thoroughly about CC licencing on the site, one of our concerns was about student generated material and we need to address that more thoroughly. The whole area of copyright and IP. This project has helped make us take more seriously as well.

The project has given us more clout to leverage the institution to incorporating OER policies more centrally. We have taken papers to senior management groups in the College and received their provisional approval for the approach. We (ourselves and the library) have also taken the arguments to Academic Board which represents all the senior academics in the College. It hasn't been entirely straightforward but we have managed to get

senior buy in – they have a lot of sympathy for an OER approach. Now that we have toolkits it is crucial to start using them more widely preferably in collaboration with other institutions. We are keen to carry on with looking at the lessons learned. Not all of the content of the toolkits relate as well to the veterinary field. But other aspects are very valuable. A lot of our ER will be informed by the toolkits and what we learned as part of the project. We were surprised by the extent of interest in OER. So many people are prepared to commit to it. There is a long way to go but we were pleased with the support for it. In terms of international profile increased visibility will really help our RVC impact. We are trying to increase student recruitment and we want to have a better international research profile. Our podcasts are the top in the world in terms of downloads by vets and we need to maintain this reach. The RVC (with Nottingham veterinary school) has begun discussing the implications more widely of going OER and the development of policy to support such a move.

### **Queen's University Belfast: Kieran McGlade and Clare Thompson**

The project has given OER a public platform. This has really brought the notion of sharing home and we can start disseminating the strategies into the institution. Within the Centre for Medical Education we are implementing an eLearning strategy and after being involved we will be implementing a policy for better shaping our process with for consenting and agreement for patient and non-patient consent. We would like to test the toolkits again when they are updated to ensure that we can get things into JorumOpen. We were surprised by the complexity of the size of the project. OER is large in itself and this is reflected in the project.

### **Royal Veterinary College: Nick Short**

The RVC has recently expressed a new enthusiasm for sharing ER with a wider international community. This was partly because the College has steadily increased its production of resources but also the means to share content are now so much easier. Allied to this interest in sharing has been the perceived benefits of collaborating with other institutions through initiatives such as WikiVet and the value added that this offers all the partners.

Sharing OER online was new territory for the RVC and there are many issues or concerns that have started to become apparent. For example we have cases where educational videos taken at the RVC have been used in the wrong context by an external audience or lecture material which was being repurposed without permission by other institutions.

It was for these reasons that the OOER initiative has proved valuable in bringing together the collective experience of other veterinary schools and our medical and dental colleagues. Using the toolkits has concentrated our minds on what content we really are able to share (and how much material we have to withhold). It has also introduced a new discipline which would inform further development of ER - something that we have now discovered was much easier to impose at the start of the creation process, not the end!

### **St George's, University of London: Chara Balasubramaniam**

The main experience from taking part in the project was a question about what OER means; my ideas were different to that of others. However we are all coming up to that same level of understanding and it is important to have that common understanding. This subject strand project looked at what the steps were when releasing OER, and what were the barriers. As part of this we worked out how to release content, and we can interpret/adapt common policies and make this sustainable. We may not have answered all the questions but we are a long way along the path. This project has been a lot of work in the project and there still needs to be some tidying up to carry on the momentum, building on the common ground, to ensure that the processes are more fully joined up. We were surprised by the large number of institutions (project partners) who were interested enough to get involved - there are 17 partners plus a further 4 or so who are affiliated with it and that demonstrates a lot of interest.

### **University of Aberdeen: Neil Hamilton**

Aberdeen has already uploaded other titles to JorumOpen following the first case study. Working with others is beneficial for reviewing your own approaches to see that there is commonality. Aberdeen has always made teaching materials available and it will be interesting to see whether exposure through JorumOpen increases the traffic to them. Although Aberdeen is a fully signed up signatory to the project we didn't enter into it for the very small sums of funding available, what we wanted was to share expertise and I think that we achieved that within the project. We hope that the collaboration continues beyond the currently funded period.

### **University of Bristol: Jane Williams**

1. The main motivation for being involved in this project was to take forward issues of patient consent - in the spirit of OER Bristol had done a lot of local work in this area as well as contributing to national work and wished to share this across medical and dental (and potentially vet) community. This has been enabled through this project.

2. Another motivation was that medical education centre was beginning to look at opening up its resources, largely driven by NHS consultants and clinical teachers requiring access to materials, and this would be one way to get some help and advice and learn from each other! Has happened! Working with the NHS adds a layer of complexity and the OOER project, working together with others in education who understand that environment and can help deliver relevant practical advice has been really useful.

3. Impact: it has helped us begin conversations within our research and enterprise development team and secretaries' office regarding what it means to us as an institution in 'going OER'. A national project/driver has been helpful here in which we can embed our work. We have no institutional policy for sharing and so the project has been helpful in engaging with this area. Bristol is very positive about sharing and very willing to begin developing a policy and having a funded project means something will now move forwards – the project has given it a wider platform. WP5 has been particularly helpful here.

4. The medical education centre is also developing a repository to support and manage the development of its e-learning materials (now over 100 packages) including tracking of patient consent. Work from WP7 has been valuable in understanding issues to do with quality assurance such as best-before dates and evaluation of resources, and other information that should be kept either as metadata or attached to the resources in terms of its use, including learning outcomes and other curriculum-related information.

5. The SWOT and impact stories as approaches to evaluation of short-term projects when evaluation and measuring success can't be evaluated until sometime after the project are now being implemented within the CHERRI 3 project involving re-use of clinical recordings - again a short term project which will require evidence of success.

### **University of Edinburgh: Michael Begg**

Changes to OpenLabyrinth has helped all OL users. Edinburgh is already interested in OER because of international work we do with the WHO. We didn't learn a lot about OER during the project as we knew much of that already, but it was helpful to be part of a wider team developing consensus of approach.

### **University of Nottingham: Liz Mossop**

From my perspective, being involved in both an institutional and subject strand has given a unique perspective on differing approaches adopted by different projects. The subject centre strand has certainly produced a more cohesive set of releases, in comparison to the institutional releases which have cross-subject coverage and so appear slightly disjointed. It would be interesting to see how this affects accessibility rates. The other main difference was the two approaches to the upload of material. Being run more remotely, the OOER project has developed some excellent tool kits for academics to use across their resources, whereas our institution provided a primary contact who sat with the author and talked them through issues before release using a flow chart. This would be something to consider in the future as author confidence was critical in any OER release.

The tool kits have been produced primarily with medics in mind, and this has raised some issues for veterinary academics. We have as many issues with confidentiality and consent as the medics do (many owners would not be pleased to see their ill animals appearing in resources), but this was difficult to cover within the first draft of the tool kits released.

I must admit that I struggled to see the benefits of OER initially, but as the project has progressed these have been made very clear and I now fully support the principle. However, recognition of academics time contributing to such strategies would need to be considered strategically by institutions, rather than relying on goodwill.

### **University of Oxford: Vivien Sieber**

In terms of sharing/copyright/intellectual property agreements Vivien Sieber has explored possibility of modifying one from the OpenSpines project to add learning resources (primarily for the BioOER project Academy Biosciences). The changes are going to be considered by University of Oxford lawyers and then the document would go to the General Purposes Committee next term. The frustrating parts of the project included getting the contracts signed whereby the agreement needed to be signed off by different partners, and problems with communication via teleconferencing and basecamp. I have learned a lot and I am grateful for that, particularly patient consent and copyright. It is very difficult to describe a learning resource to others in a way that they may be able to understand. It hasn't changed my approach to OER because I have always believed in OER. It is useful to be able to show it to other people and hopefully encourage more others to use it. JorumOpen is a lot easier to use than the old Jorum, however I have concerns about how many different repositories there are going to be in the world, compared with, for example, federated searching.

The OOER project hasn't made much impact yet but we will use the toolkits – but we will use them and the patient consent toolkit in particular was eagerly awaited at Oxford. It is useful to be able to say that something emerging from a national project is good. We need to see what happens in a year's time. The timescale of the project was very short (just a snapshot). I think that there should be a detailed evaluation of the SS programme and the outputs. And an analysis of what we have learned. The goodwill between partners/people involved was surprising, they really want this to happen.

## University of Southampton: Trevor Bryant

At the University of Southampton there was a strong desire (and had a publically stated commitment) throughout the institution to engage in OER activity, however there were few of the required policy documents in place to facilitate the process. For info I have submitted details of a 10 ECTS Research Methods course to Jorum Open, which points to the Southampton repository which describes the collection of resources. So there is an entry describing the module which points to 30-40 individual ER. This would be sufficient for someone interested in using it to follow it up. Currently we have not released all the resources (titles are available) but this provides a quick way to put up whole modules and then allows us to check each resource at our leisure. Being involved in the project (Southampton was involved in three) has helped to see how others are approaching OER, and to adopt those that work for us.

## University of Warwick: David Davies

I am part of the eLearning steering group and there we have challenged what does the institution think and do about OER? What do they think about staff sharing or not sharing their content. PVC teaching and learning has set up a new small working party to address IPR as it relates specifically to OER on an institutional basis in order to make suggestions and recommendations to formal university committees.

Being involved in the project was enjoyable but frustrating at times. We are not taking away new knowledge but are pleased with the evidence which has been gathered in support of some of the outcomes. The project hasn't influenced the understanding that we need OER, at a practical level we get better value if we share, but at a philosophical level we ought to be sharing publicly funded materials. Some of the most valuable work has been around patient consent – this is beyond the influence of a single project like OOER – but if we can influence the GMC and others then we can work towards common patient consent forms and processes which will add a tremendous amount of value, and properly recognise patients who support us in teaching. What surprised me? How some of the money was spent? It has been interesting, overwhelming and very positive.

# 10 Conclusions and Recommendations

## 10.1 Conclusions

This has been a timely and important project for our sector. Our initial plan was very accurate, generally identifying the necessary steps and hurdles to be investigated. The notion of OER was not a new idea to partners although some of the issues raised in terms of IPR and consent surprised partners with how complex the area is. However it was agreed that the project placed them better to effect change in relation to OER strategies. Part of the strategy has been to raise confidence – if we are to unlock the full potential of OER then we have to mainstream practice when preparing teaching materials; be confident in sharing them; and confident in our take-down strategies (that we can take action to avoid litigation). We also need confidence in post-OER activities: that greater prominence on the web doesn't impact on the roles of teachers, etc., and we still have a lot of work to do here to understand and plan for these potential issues.

We were correct to consider the complexity of IPR ownership and contributions in our subjects (reflecting work based or practice base learning); patient and non-patient consent; the demand for 'quality' and the need for institutional policies to consider these extensions in their planning for OER readiness. No one partner demonstrated exemplary practice across the whole range of issues tested by the toolkits, although there were clear examples of excellent practice within the partnership. Partners were very willing to share expertise (or lack of it!) which meant that the WP leaders had plenty of support. Some partners were able to devote more time than others at different stages of the project, and those who have yet to undertake case studies will provide us with more feedback.

Feedback from other OER projects indicates that the patient consent work was, as we anticipated, necessary across the UK as a whole, and it may be that feedback from other projects or outside the funded partners demonstrates utility of the toolkits.

### 10.1.1 IPR and work/practice based learning

There are two distinct parts to IPR – existing rights (upstream rights) and new rights (rights in newly created ER) which was explored in greater detail in 8.4 IPR/copyright (WP2) on page 21 above. We knew when we started that upstream IPR rights, in terms of materials of 'mixed parentage' (multiple authors/institutions or commercial materials/images/texts depicted) would be an issue. We are fortunate in our areas that some of the healthcare publishers, such as Elsevier, routinely allow staff and students to access on-line versions of texts (including images) and to download and re-use materials for personal study and teaching. As a result many face to face teaching materials contained source materials taken directly from texts. There were several possible solutions:

- Clear rights to use the teaching materials with embedded upstream IPR 'as is' (with clear attribution);
- Clear rights to use downgraded versions of the embedded upstream IPR in teaching materials (with clear attribution);
- Remove the embedded upstream IPR from the teaching materials (to the detriment of the materials);
- Look for alternative materials (without embedded upstream IPR);
- Do the first or second option above, with clear take-down policies, and notification to the publisher (and wait for the lawyers to show up).

Elsevier publishing has an agreement with MIT to allow them to embed a small number of Elsevier materials in their open resources. An analysis of the background reveals an alliance built on mutual opportunity; and a certain amount of environment testing. Communication with Elsevier UK reveals strong interest in worldwide OER. It was easy to see that publishers have a lot to gain from the OER movement, however if it was badly managed then we all have a lot to lose – publishers exposure of their material (and potential sales) and teachers/the OER movement. This needs further investigation.

Just because something was already available on the Internet doesn't mean that it was compliant with good practice. To make available materials which have already been 'released' (such as staff development materials already on the MEDEV website) we decided to contact authors to request their specific consent for uploading materials into JorumOpen because by uploading ER *or linking to them* we were making explicit an otherwise implicit CC licence. Conversely, some case study subjects whose material was already available on the web decided to add a clear statement of what CC licence applied on the resource itself. Example consent/agreement forms are listed on the OOER website.

While you may know that legally you are 'in the right' by uploading materials that you own to a national repository it was courtesy to ask for permission from those who have participated, whether they are identifiable or not. For example, if you take a photo of a colleague and embed it in a PPT file as illustrative of [whatever] and then upload it to JorumOpen then the colleague could, reasonably, request that it was taken down. There are any number of reasons why someone might request removal of materials: they teach or mentor students and prefer that their recognisable image (smiling, frowning, eyes closed, etc.) was not displayed in teaching materials created by other staff; they have moved jobs since the photo was taken and it is no longer appropriate; they are involved in scientific research and their identity was closely controlled by security.

Finally it was not always possible in this pilot project, intended to increase access to existing resources, to assign the recommended CC licence (cc by-nc-sa) to resources put forward for open release – we chose to use the licence preferred by the author in the hope that as use of OER becomes more routine that more open licences would be chosen in future.

### 10.1.2 Patient and non-patient consent

OOER was in the unique position of being able to examine in detail the current process around consent, particularly where patient data was concerned. We believe our work in this area has revealed gaps in practice which the work of WP3 would inform across the wider sector. For example consent issues in using actors and students as simulated patients in learning resources may be applicable in other situations.

### 10.1.3 Legal advice and risk management

Although not strictly 'technical' the amount of legal input to various documents was crucial to this project, and it was inadequately estimated and costed at the outset. Documents requiring legal advice included:

- Consortium agreement;
- Content of the toolkits;
- Disclaimer/s.

It was not possible for a partner to provide a single 'final' text for use by others, all institutions taking the outputs of the toolkits need to interpret them and ensure that the content are consistent with local policies.

Institutions need to indemnify themselves against risk. There are a variety of sources of risk, one of which was staff or students potentially infringing upstream IPR. Another was ensuring adequate patient or non-patient consent. A third was moral rights (as distinct from, but inherent in, copyright). In principle an institutions liability risk was covered by annual insurance premiums. If the institution was undertaking inherently risky strategies then their risks would go up and so would their premiums. If they are minding their risks and taking appropriately defensive strategies then premiums may come down. While adopting national 'best practice' doesn't absolve institutions of risk, it does reduce the probably that litigation would be activated/invoked.

### 10.1.4 Quality

WP7 looking at 'quality' issues provided a significant topic of debate – while everyone agreed in principle that it was useful to have some notion of quality, it wasn't clear what was the best way to go about recording this, nor what / how much to record. While we wanted to keep the metadata as short as possible (and therefore simple and easy to complete) it was also felt that there needed to be enough information that others could discern more about a resource's potential application. We acknowledged that if we didn't have scope for detailed metadata then this would be criticised, but if we did then there may be complaints about how much depositors had to fill in.

### 10.1.5 Reward and recognition

An emerging theme has been the need for HEIs to recognise the effort made by its academic and non-academic staff in adapting existing materials for upload as OER, and in the future creation of new materials with open release in mind from the outset.

### 10.1.6 Summary of outcomes against the synthesis framework for OER Pilot projects

<input type="checkbox"/>	OER release processes
<input type="checkbox"/>	Developing, managing and sharing OER
<input type="checkbox"/>	Guidance and support mechanisms
<input type="checkbox"/>	Business cases and benefits realisation
<input type="checkbox"/>	Cultural issues
<input type="checkbox"/>	Institutional issues - strategy, policy, practice
<input type="checkbox"/>	Legal issues
<input type="checkbox"/>	Technical and hosting issues
<input type="checkbox"/>	Quality issues
<input type="checkbox"/>	Pedagogy/end-use issues (not a primary focus of evaluation)
<input type="checkbox"/>	Learner and other stakeholder involvement
<input type="checkbox"/>	Programme and project management issues

## 10.2 Recommendations

Our specific recommendations are that:

1. Further funds are made available to continue to develop and disseminate the excellent work undertaken in these pilot projects – specifically to build on the toolkits to:
  - a. increase the quantity of content made available;
  - b. investigate how OER deliverables such as ER and toolkits age / go out of date;
  - c. understand 'unintended consequences' of OER policies;
  - d. continue to share practice at a subject or thematic level between different institutions;
  - e. raise the profile and uptake of CC through institutional policy development.
2. Continue to fund multi-institutional projects. The OOER project has capitalised on this strength spreading a range of functions and responsibilities among its partners making the best of the opportunity presented to tackle issues about the creation, adoptions, use and sharing of OER.
3. Make sure open really does mean open. The majority of users prefer not to have to register/login to access learning resources.
4. All partners/HEIs adopt clear CC licences for all materials produced, whether for OER sharing or not.
5. All partners/HEIs adopt systems and processes for consenting everything, whether the IPR/consent issues are clear (clearly laid out and owned) or not.
6. All HEIs with health and social care subjects should run at least a small selection of ER through the OOER toolkits.
7. JorumOpen develops/supports batch upload.
8. JorumOpen continues to develop RSS aggregation for reading in metadata and URLs about resources already catalogued elsewhere.
9. JorumOpen develops capacity for more flexible meta data.

10. The Jorum team continues to work on role-based authentication, as was proposed for Jorum Plus, similar to Athens medic-restrict authentication (for example Film and Sound Online, which now has access to medically restricted materials using OpenAthens<sup>68</sup>).
11. JorumOpen should 'mirror' resources which are 'referred' if they are already stored elsewhere, such as on iTunesU or YouTube, (referatory model) rather than repository model.
12. Peer review, user comments, reviews and star ratings are not as important to users when looking for materials as some might think they are. Formal peer review processes can be expensive to implement.
13. Jorum continue to work on a built-in or possibly entirely separate tiered peer review system – from simple star ratings and comments to a detailed peer review process for 'kite marking' materials and ways for authors/reviewers to cite this activity in their CVs.
14. The Jorum team considers developing depositor profile pages to encourage further sharing via communities of practice.
15. Projects enter a dialogue with publishers to increase the potential for re-using upstream rights especially images.
16. JISC/Academy generally investigate national agreements with publishers for third party re-use of materials in context.
17. JISC continues to fund further work on clarifying and disseminating consensus based good practice in using clinical recordings in non-clinical educational settings.
18. JISC and HEFCE recognise that 12 months was not long enough to make significant impact on changing institutional policies. Be more realistic about the timescale/funding available when setting up the project's goals and objectives.
19. The Academy/JISC encourage projects to cost in legal advice at the bidding stage (and be prepared to pay for it).
20. Make ER easy to find by clearly writing accessible descriptions, especially if they contain keywords that you would use if you were searching for teaching resources. More technical metadata fields are seldom used to find resources.
21. Metadata should be searchable by Google. Federate your metadata to other repositories, or at the very least allow searching by third party search engines. In terms of ease of finding learning resources, many people prefer to use a small number of trusted search engines, most notably of course Google. So if you must create another repository, at least open it up to external searching.
22. Make sure ER are downloadable. This was a common practice, so resources that require server/client interaction might be less favoured than those that are self-contained and downloadable.
23. Hallmark ER by stamping them with a unique ID number, their CC licence and patient consent and possibly creation date/version number (or a means of linking back to this information).
24. Educational resources need to have a system similar to software updaters (or some other way for ER to communicate with their parent/metadata) – where they can automatically verify whether there is a new version or that they have been 'taken down'.
25. Upload of ER into JorumOpen needs to be streamlined, possibly with API/multiple external interfaces developed by others for different purposes, in order to make it the *default* rather than an add-on to current teaching practice;
26. Further work should be undertaken in understanding the lifetime of a resource, to understand that it 'dates' either quickly or slowly, and we need further research into the process for this in order to understand how to make OER fully open.
27. Use strengths and the value statement to take advantage of opportunities, build confidence, and avoid threats.
28. Keep the number of project partners to a manageable number with relevant expertise.
29. Use multi-institutional project partners to spread the message across a large number of institutions about OER. This process may influence the development of institutional policies about OER among these institutions.
30. Avoid difficulties of synchronising periods of availability among a large partnership by creating multi-institutional working groups. WP leads can benefit much more from the multi-institutional nature of the project being able to work with other WP leaders in areas directly linked to them. For example, having a working group focused on IPR/Copyright, Patient Consent and Institutional Policy. Larger meetings involving all the partners may become more effective by having smaller working groups with one voice instead of a large number of WPs with different opinions.

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<sup>68</sup> JISC Film and Sound Online <http://www.filmandsound.ac.uk/> (a. Jun 2009).

31. It would be very useful if the HEFCE/Academy/JISC provided lead institutions with sample consortium agreements at the beginning of the project to expedite the process of getting partners on board earlier in the project.
32. Further work is needed on consolidating the toolkits into a single tool (realising that some toolkits work a little differently to others) and on ensuring legal input to guidance documentation.
33. Development of sophisticated 'take down' policies to meet the ethical obligation of 'reasonable and fair'.
34. Make use of cognate projects to demonstrate project utility. e.g. OOER made use of projects such as the Scottish Doctor<sup>69</sup> and Dynamic Learning Maps<sup>70</sup> to illustrate the potential for ER to be dynamically mapped to learning outcomes.

## 11 Implications for the Future

We would like to maintain the collaboration established within the OOER project, to continue to support partners in taking up and refining the outputs of the project (such as the toolkits). Some further development work is needed to align the tools to make them more stand-alone and more testing in NHS settings should be undertaken. However we believe that the OOER project has significantly contributed to understanding of OER practice, and enabled subjects such as ours to take a subject perspective on implementation. Some partners are interested in future collaboration and may bid into OER phase 2 (if permitted).

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<sup>69</sup> The Scottish Doctor/GMC Tomorrow's Doctors cross-referencing project: <http://www.scottishdoctor.org/node.asp?id=aligntd> (a. Mar 2010).

<sup>70</sup> Dynamic Learning Maps: <http://www.eportfolios.ac.uk/?pid=203> (a. Mar 2010).

## 12 Financial Statement

### 12.1 Planned project costs

The planned project costs were estimated at the outset of the project (Table 14), and some fairly minor changes were authorised by the Executive Board (see Table 4 on page 17 above). The major change was in committing the balance of WP8 finance to complete the project case studies (many more than were originally planned) after the duration of the project. Estimated time spent (rather than specific time sheets) working the project including 'institutional commitment' has been collated. Effort expended on the consortium agreement alone accounted for a significant institutional commitment from partners.

A full financial statement will be provided separately.

Table 14. Finances were estimated according to the following breakdown for the entire project (by work package).

WP	Description	Lead and support	Bid % Resource	WP Lead £	Project Support / Service Costs £	Total From Funder £	Institutional Contribution (Estimated) £	Total £
WP1	Formalise roles including project management. Establish terms of reference for the Executive Group; Work Strand Groups (WSG); and reporting structures and timetable for meetings. Finalise consortium agreement. Website. Detailed project planning. Schedule Executive Group meetings. <i>Submit operational plan and reports.</i>	MEDEV with Executive Group	25.8	50,962	13,562	64,524	42,562	107,086
WP2	Literature and existing project review to document <i>IPR/CC, API and Access Toolkits</i> (building on existing experience).	Total	5.8	12,000	2,500	14,500	14,500	29,000
		SGUL				10,150		10,150
		LSHTM				4,350		4,350
WP3	Document patient consent procedures. Consider statutory limitations relating to DP, patient consent and privacy issues. Develop <i>Consent Toolkit</i> .	Bristol	4.0	12,500	2,000	14,500	14,500	29,000
WP4	Refine "Mapping and 'Readiness' Categorisation" model. Identify and categorise potential resources including student generated resources and preferred sites. Document resource availability. Develop <i>Categorisation Toolkit</i> .	Newcastle with MEDEV	6.4	9,500	2,000	11,500	11,500	23,000
WP5	Institutional policy development. Document HR practice relating to IPR. Collaborate with IISP. Develop multiple-HEI <i>Policy Toolkit</i> . Disseminate/provide support for HEIs to adopt.	Keele	3.0	5,000	2,500	7,500	7,500	15,000
WP6	How does OER affect existing collaborations and international (including developing world) 'markets'? Develop <i>Collaboration Toolkit</i> to brief senior managers.	QUB	1.7	3,000	1,250	4,250	4,250	8,500
WP7	Establish pedagogy map, quality monitoring / peer evaluation and 'best before' procedures. Develop and refine <i>QA Toolkit</i> . Informs other Toolkits.	Oxford	2.6	5,000	1,500	6,500	6,500	13,000

WP	Description	Lead and support	Bid % Resource	WP Lead £	Project Support / Service Costs £	Total From Funder £	Institutional Contribution (Estimated) £	Total £
WP8	Upload '360 credits' of educational resources via API. Document the processes necessary to enable ER to be made 'open'. This WP is likely to be delivered by multiple institutions based on Subject; Student/Staff; etc., coordinated by MEDEV.	MEDEV with:						
8.1	Medicine	Southampton	7.5	18,000	800	18,800	18,800	37,600
8.2	Dentistry	QUB	7.5	18,000	800	18,800	18,800	37,600
8.3	Veterinary medicine/science	RVC with Nottingham	7.5	18,000	800	18,800	18,800	37,600
8.4	Postgraduate	LSHTM	7.5	18,000	800	18,800	18,800	37,600
8.5	Staff Development	Bedfordshire	7.5	18,000	800	18,800	18,800	37,600
WP9	Document <i>Metadata/Workflow Toolkit</i> . Evaluate 'resource discovery' with staff and students. Investigate downstream rights for re-use. Document as a <i>Resource Discovery and Re-use Toolkit</i> . Inform other WPs.	Warwick with Intute	2.6	5,000	1,500	6,500	6,500	13,000
WP10	Host workshops, dissemination/engagement event/s to raise awareness of, inform and obtain feedback on <i>Toolkits</i> in order to refine them, and encourage uptake of the OER.	MEDEV	3.2	0	8,000	8,000	8,000	16,000
WP11	Evaluate the project using constructive SWOT analysis of each WP. Disseminate according to the strategy; publish on Academy/JISC websites, and in appropriate journals.	ICL	3.5	5,632	3,000	8,632	8,632	17,264
WP12	Exit strategy and sustainability. Develop <i>Sustainability Toolkit</i> pulling together and documenting outcomes listed above.	Liverpool	1.7	3,000	1,250	4,250	4,250	8,500
	Support costs for two otherwise unfunded sites	Aberdeen and Edinburgh	0.4	0	1,000	1,000	1,000	2,000
	Contingency		1.7	4,304	0	4,304	4,304	8,608
	<b>Totals:</b>		<b>100.0</b>	<b>£206,898</b>	<b>£43,062</b>	<b>249,960</b>	<b>227,998</b>	<b>477,958</b>

## 13 Appendices

### ***13.1 Appendix one: consortium agreement (WP1)***

Please see the website ([www.medev.ac.uk/oer](http://www.medev.ac.uk/oer)) for a copy of the consortium agreement.

## **13.2 Appendix two: value statement and 'pros and cons' for institutions of going 'open' (WP1)**

### **13.2.1 WP1 OER value statement**

#### **Teaching resource quality**

- The quality of ER, as a whole, will be driven upwards due to competition, feedback and peer review.
- Individual staff are making their materials available on the internet already (i.e. YouTube, iTunesU, Flickr, etc.). An institutional policy and pedagogy/QA guidance is needed.
- You can gain invaluable information about which staff and students are using your ER.

#### **Financial**

- Time saved in not duplicating resources or parts of resources, with novel resources having a foundation to build upon (Yuan, 2009).
- Time saved in using an IPR and Patient Consent cleared repository of OER (Fleming & Massey, 2007).
- Promotion of an institution's teaching portfolio and recruitment of new students (Yuan, 2009).
- There is potential for new funding and revenue generation opportunities through exposure to new markets (Fleming & Massey, 2007).

#### **Diversity**

- OER may increase diversity in student applications to undergraduate programmes.
- OER may aid in widening participation (OECD, 2007).

#### **Institutional**

- OER development will allow comparison of institutional policies and will lead to development of UK wide best practices (IPR, Patient Consent) more quickly and efficiently (Fleming & Massey, 2007).
- OER portfolio and institutional brand image will be linked in the future (thus OER cost will become a 'necessary overhead') (Smith, 2009).
- Used as evidence of efficiency and value for money as required by funding bodies and taxpayers (Fleming & Massey, 2007).
- Potential students may view a portfolio of OER from a host institution and use, in part, to decide if institutional teaching approaches are compatible with their own learning style.
- An OER repository can be a means to an effective individual staff teaching portfolio of learning resources/activities.
- Increase in collaboration between institutions, including inter-discipline exchange (Yuan, 2009).
- Increased institutional publicity and reputation (OECD, 2007).
- If an OER culture is inevitable, such as directed by future funding body requirements, early adoption is preferable.
- The University retains 'ownership' of educational materials which are 'licenced' for others to use.
- A single place where materials are stored, archived, searchable and available from is created.

#### **Student recruitment, satisfaction and retention**

- Address specific student learning resource needs more rapidly by finding appropriate resources available from other institutions uploads to an OER repository.
- Students could access resources that have a different approach (visual, audio, text, etc.) in their teaching method and add them to their own personal learning environment to complement host institution resources.
- Potential students may view a portfolio of OER from a host institution and use, in part, to decide if institutional teaching approaches are compatible with their own learning style.
- Learning materials are made more accessible for an institution's students and to others.

#### **References**

Li Yuan, Sheila MacNeil and Wilbert Kraan. Open Educational Resources – Opportunities and Challenges for Higher Education. JISC CETIS. 2009

Catherine Fleming and Moira Massey. JorumOpen Educational Resources (OER) Report. 2007.

Marshall S. Smith. Opening Education. Science. 89;323. 2009.

Giving Knowledge for Free: the Emergence of Open Educational Resources. OECD. 2007.

### 13.2.2 WP1 OER pros and cons

Table 15. Pros and cons to institutions and individuals of 'going OER'.

<b>Pros</b>	<b>Cons</b>
'Going open' would be popular with some individual teachers, middle or senior managers	Other teachers, middle and senior managers may have a different (collective or otherwise) view
Individual staff are making their materials available on the internet already (you tube, iTunesU, Flickr, etc.)	Not all staff would want to be involved – some might actively reject having their materials 'open'
Institutions can establish policies and procedures through sharing good practice	There was work involved, HR and potentially e.g. trade unions. Maybe it was better to not ask the question
The University retains 'ownership' and materials are 'licenced' for others to use	It was not really clear to teachers what rights they have over materials that they create here
Sharing the results of the public purse	Giving away the 'crown jewels'
Making materials more accessible for our own (and other) students	Making materials accessible to 'third parties who might abuse/make money out of it
Exposure to new markets – students, collaborators, public	Need to monitor 'quality' – branding means it should be of a particular standard
Accessing materials from other institutions	Not likely to want to use others' materials
Having a back up/single place where materials are searchable/stored/available from	There needs to be some metadata Funding for JorumOpen might be cut without warning (e.g. Intute)
Whole Programmes/Modules right down to individual images could be made 'open'	Any non-owned stuff would have to be removed and replaced with a note of what had been there (e.g. images from texts) and the result might be useless You would have to get agreement of all parties, and maintain materials (if they go out of date)
You can make materials available from staff and students, and find out who was using your stuff	Maybe no one would use them, or they might be criticised by others
One place from which to access video, images, podcasts, etc.	If you are doing it anyway then there doesn't seem any advantage of having to maintain materials in JorumOpen as well as e.g. iTunesU
You can upload materials from staff, students	They might include something which does not conform to good practice e.g. GMC guidance; the institution may be sued
There was funding available to be involved now (through the OER programme)	It was not clear how the 'cake' will be cut or how resource flows to reward those with content

### **13.3 Appendix three: patient and non-patient consent workflow and agreements (WP3)**

#### **Patient consent toolkit disclaimer**

##### **Disclaimer**

The materials and information contained within the patient and non-patient consent Toolkit (the "**Toolkit**") are provided "**as is**". The Toolkit is not designed to make diagnoses, administer treatment, prescribe medications, order tests, or provide any kind of medical advice or a medical opinion. The materials and information contained within the Toolkit are provided as an educational service to assist in training you in abiding by the regulations which govern patient and non-patient consent when taking images and/or recordings ("**Patient Consent**"). Users of this Toolkit should not regard it as an exhaustive guide on patient consent and/or data protection and/or confidentiality.

We make no warranties or representations about the Toolkit's accuracy, completeness or suitability or fitness for any purpose, or absence of latent or other defects or errors of the material contained within the Toolkit. To the maximum extent permitted by applicable law, we accept no responsibility or liability for any loss or damage, which may arise from reliance on the guidance, materials or information contained within this Toolkit or other external links, such as web sites, which may be linked to the Toolkit from time to time. You agree that we are excluded from all liability of any kind arising from such third party content or information. We do not give any warranty that any external link from the Toolkit is free from viruses or anything else which may have a harmful effect on any technology.

Although we make reasonable endeavours in order to ensure that the content of the Toolkit is accurate and up-to-date, users of the Toolkit should seek appropriate advice before proceeding on the basis of any of the materials or information.

None of the individual contributors, authors, developers, or sponsors of the Toolkit, nor anyone else connected to the Toolkit, takes any responsibility for the results or consequences of any attempt to use or adopt any of the materials or information presented within this Toolkit.

##### **Update**

Please note that this section was correct at the time that this report was signed off, but will be dated quickly by the publication of the promised GMC documentation and thinking around 'Consent Commons' (see OpenEd 2010 for a paper proposing a framework for an international consent commons and digital professionalism).

## Patient consent toolkit

### **This toolkit relates to the following check:**

If the teaching material contains

1. Images/recordings of patients or patient data.
2. Images/recordings of other people such as staff, relatives, teachers, students, public.

Then you need to check the status of the consent of the subject(s) in each recording to find out:

1. Whether there needs to be written consent for the recordings to be used for teaching and learning.
3. If so, whether such a consent exists.
4. If so, whether this consent covers permission for these recordings to be made available as an Open Educational Resource.

This Consent Toolkit is designed to help you do this.

*Note: WP3 does NOT cover:*

1. Copyright and ownership (see IPR/CC Toolkit supplied by SGUL).
2. Whether your institution (? university) is prepared to release this material for distribution as an Open Educational Resource (see Policy Toolkit supplied by Keele University).

Remember: In order to sign your material over as “Open Educational Resource ready”, you will need to sign a declaration that appropriate consents are in place.

The main part of this resource relates to material that demonstrates recordings of patients or patient data.

1. Everyone has rights of privacy but patients have special rights because they are patients. It is very important that these are respected.
2. There is plenty of experience and advice available.

To find out what is involved and what you need to do:

[Go to Flow Chart for Patient Consent >>](#)

In addition we have provided an information page that relates to material that demonstrates recordings of other people such as:

- Patient’s relatives
- Hospital or other health-care workers
- Students or teachers
- Actors
- Public bystanders, etc.

These people also have rights of privacy, which need to be respected.

To find out what is involved and what you need to do:

[Go to sheet on Non-Clinical Consent >>](#)

## What if you need to seek modified patient consent or start a new project?

[Return to Flowchart >>](#)

[Return to Patient Consent Missing Etc >>](#)

Essentially you have two options:

1. To go back and seek a new consent from the original patient  
or
2. Make new recordings of new patients as a replacement.

Either way, we thought you might appreciate some help to ensure that:

1. You understand what is involved when you seek consent(s).  
The consents that you obtain are sufficiently robust to make the material available to the OER programme.

### **Patient Consent**

The GMC emphasises the importance of:

- Complying with the laws, rules and guidelines (including local rules & guidelines) that apply to patient confidentiality, privacy and autonomy (the right to make their own decisions).
- Taking time to treat the patient well – they are in an especially vulnerable position.
- Maximising the patient's opportunity to make decisions for themselves.
- Respecting their decisions.
- Ensuring that patient consent is a process that involves:
  - The provision of information in a way which is clear, simple and appropriate for their individual needs.
  - Ensuring that the patient understands that you are seeking consent not just to make the recording, but also to store, distribute and use that recording in the future (for OER this means seeking the widest possible consent)
  - Listening, and allowing time for discussion, reassurance and dialogue to ensure that you accommodate the patient's views. The signature on the consent form is simply the evidence that this process has taken place.

### **Here are some guidelines to help you think about the process of obtaining consent**

You need to:

- Understand when patient consent is needed and appropriate. The GMC provides special guidance regarding adults who are not capable of giving consent, and regarding children.
- Comply with the GMC guidelines and requirements.
- Comply with any local NHS Trust's guidelines and requirements via that Trust's Department of Medical Illustration (if they have one).
- Have a well prepared, clear patient information sheet that they can read in their own time.
- Have a well prepared, clear patient consent form that spells out clearly that the teaching material will be made widely available for teaching and learning (this usually equates to level III - equivalent to placing on the internet > public domain).
- Ensure that the senior member of the patient's care team knows about your approach to their patient. Consider having a member of the patient's care team present when you are seeking consent.
- Ensure that there is a full record of the consent in the patient's notes or in the Department of Medical Illustration.
- Be confident that there is a mechanism for fulfilling the expectations of the patient concerning safe storage and appropriate use. The signed consent form is a contract.
- Understand that, if you have promised the patient that, if they change their mind at a later date, there needs to be a long-term mechanism for identifying the recordings and withdrawing them.

The patient needs to understand:

- Who you are and who you represent (NHS Trust or University).
- That declining the request will not jeopardise their medical care.
- What pictures/videos/audio/data/patient history recordings are being made.

- The good reasons for making the recordings.
- That recordings will be anonymised as far as possible.
- That any identifiable recordings will be kept secure.
- Who will have access to the recordings.
- What the recordings might be used for.

That if they change their mind, there is a mechanism in place to withdraw the recordings, but that once recordings are released onto public media (e.g. OER), withdrawal may not be possible.

## **Non-clinical consent**

### **The general issues are similar to those for patients, centring on privacy and confidentiality**

However the implications differ depending who is in the recording. Here are some examples:

- Patient's relatives
- Hospital or other health-care workers
- Students or teachers
- Actors
- Public bystanders

Rules and guidelines are less rigorous here -- but also more confused.

To find out what is involved and what you need to do:

[Go to sheet on Non-Clinical Consent >>](#)

### **Copyright**

For a new project, you will need to consider copyright, and licence-for-use. Although these topics are dealt with elsewhere in the OER Toolkit, special considerations apply when you are acquiring recordings of patients. For instance, most patient recordings are acquired on NHS premises and the majority of NHS Hospital Trusts – for the protection of the patients – have a written declaration that they own the copyright of any images/recordings of patients acquired on their premises. You may have to negotiate a licence-for-use from the NHS Trust.

### **Storage, Distribution and Use**

Unlike patient consent for procedures within medical care, patient consent to let you acquire recordings for teaching and learning means that the patient will have needed to have:

- not only consented for the recordings to be made
- but also consented to their future storage, distribution and use.

This should be made clear in:

1. your Patient Information Sheet,
2. discussion when you talk with the patient, and,
3. your Patient Consent Form.

Things to think about before you leave the patient:

- For submission to the OER programme, you will need to have obtained consent for wide distribution, storage and use of the recording(s).  
In practical terms this means consent for the equivalent of publication in public media including the Internet.
- Although the patient has the right to change their mind later, but they need to appreciate that, once the recording is released to OER programme, then you cannot guarantee that all copies can then be traced for deletion.

## Resources

[Sample patient information sheet >>](#)

[Sample patient consent form >>](#)

### **General Medical Council guidelines on patient consent in general**

[http://www.gmc-uk.org/guidance/ethical\\_guidance/consent\\_guidance/index.asp](http://www.gmc-uk.org/guidance/ethical_guidance/consent_guidance/index.asp)

“Consent: Patients and Doctors making decisions together (2008).”

### **General Medical Council guidelines on consent for taking audio and visual recordings of patients**

[http://www.gmc-uk.org/guidance/ethical\\_guidance/making\\_audiovisual.asp](http://www.gmc-uk.org/guidance/ethical_guidance/making_audiovisual.asp)

Good core guidelines.

Note:

New draft guidelines are currently (Jan 2010) under consultation for release in the autumn.

### **Institute of Medical Illustrators**

<http://www.imi.org.uk/lawethics/Model-Consent.pdf>

A model policy on Photography and Video Recordings of Patients: Confidentiality and Consent, Copyright and Storage -- model for many NHS Hospital Trust policies.

### **Department of Health key documents on patient consent in general**

<http://www.dh.gov.uk/en/Publichealth/Scientificdevelopmentgeneticsandbioethics/Consent/Consentgeneralinformation>

Key documents on consent for both patients and clinicians -- oriented to consent for treatment -- no specific forms for the making and taking of images/recordings.

### **Academy Subject Centre for Medicine, Dentistry & Veterinary Medicine FAQs**

[http://www.medev.ac.uk/resources/faq/display\\_single?autonum=66](http://www.medev.ac.uk/resources/faq/display_single?autonum=66)

Very useful answer but many of the links now broken.

[Return to Flowchart >>](#)

[Return to Patient Consent Missing, etc. >>](#)

## **Patient external images/recordings Patient clearly or potentially recognisable**

### **Description and comments on current GMC definitions and guidelines**

You will need to check each image/recording.

Traditionally the GMC has decreed that if the patient in a recording that is either clearly recognisable (full face) or potentially recognisable (distinctive features, skin marks, jewellery, accent, dialect, etc), then that recording would have required patient consent. Note that voice recordings may be easily identifiable by accents or dialect.

Comment: The traditional 'black bar' across the eyes of a face is now recognised as being inadequate for anonymisation.

If the patient is not identifiable in the recording (e.g. operation site or skin spots), then that recording would not have required patient consent.

If in doubt, then err on the side of requiring patient consent.

Important footnote: Recognisable autopsy images? -- Following the "organ retention scandal" this is very sensitive. We recommend that you consult with your friendly pathologist.

[External link to current GMC definitions/guidelines >>](#)

*Please note that an update to these guidelines is pending (January 2010) and will be released shortly...*

[Return to Flowchart >>](#)

## **Patient internal images/recordings e.g. X-Ray, internal organ, endoscopy**

### **Description and comments on current GMC definitions and guidelines**

The following types of recording would not have required the patient's consent for their use for teaching and learning, provided they are adequately anonymised.

- Recordings of internal organs or structures (such as laparoscopic images)
- Recordings taken from pathology slides
- Recordings taken inside body orifices (such as endoscopic images or video)
- X-rays, ultrasound and other scans
- Recordings of organ functions

#### *Note:*

Adequate anonymisation involves removal of all the following

- Patient's name and any other patient details.
- Patient's hospital number.
- Doctor's name.
- Name of the hospital.
- Remove any Radiograph or Pathology number.

*[External link to current GMC definitions/guidelines >>](#)*

*[Return to Flowchart >>](#)*

## **Patient non-image data e.g. Clinical story, ECG, lab data**

### **Description and comments on current GMC definitions and guidelines**

Patient data, such as the following, would not have required the patient's consent for their use for teaching and learning, provided they are adequately anonymised.

- Clinical story provided it does not reveal the patient's identity or details that would reveal this
- Investigatory traces such as ECGs, EEGs or blood pressure recordings.
- Laboratory data such as Haematology, Chemistry or Microbiology results.

*Note:*

Adequate anonymisation involves removal of all the following

- Patient's name and any other patient details.
- Patient's hospital number.
- Doctor's name.
- Name of the hospital.
- Remove any Radiograph or Pathology number.

*[External link to current GMC definitions/guidelines >>](#)*

*[Return to Flowchart >>](#)*

## Properly informed written patient consent?

### Part one

You need to make your best possible judgement from the recording and from any other information, whether the patient was fit and legally empowered both to understand the issues and to give proper consent.

In particular, you obviously need to be very careful if the recordings include such sensitive subjects as:

- Children.
- An unconscious patient.
- A patient who is mentally incapable of giving meaningful consent.

As you can imagine, this is a complex and sensitive area of medical ethics. Fortunately, lots of people who are wiser and more experienced than you or I have wrestled with it on our behalf.

As a result, the principles are very clearly set out by the GMC.

Here are some useful links:

[External link to current GMC definitions/guidelines >>](#)

*Please note that an update to these guidelines is pending (January 2010) and will be released shortly...*

**Not yet active**

[Link to new consultation version for release 2010 >>](#)

**(pending GMC launch of this new version autumn 2010)**

[External link to current GMC guidelines on fitness of patients to give consent of any sort >>](#)

### Part two

You need to form an opinion as to whether there is evidence that the patient really understood:

- Who was seeking the consent.
- Who that person represented (NHS Trust or University).
- What recordings were being taken.
- What was the reason for taking the recording.
- Who would have access to the recordings.
- What the recordings would, or might be, used for.
- That if they change their mind at a later date, then it might not be possible to track down and remove every recording.

*Note:*

These reassurances may well have been provided in a separate "information sheet" to which you do not have access. In this case you have to make your own best judgement.

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## **Patient consent – missing or not fit for purpose or wording not okay**

### **Go back to donor of recording**

Recordings may have originated from a very wide range of possible sources such as your own archival collection, someone else's archival collection, or the internet.

That person may or may not know the origin of the recording and may or may not have documented evidence of the patient consent.

If you contact the donor of the recording, make sure that:

1. You have a check-list of all that you need to ask.
2. Beware: be clear that you are asking whether the owner has evidence of consent -- not whether they will give consent (which of course they cannot).

### **Anonymise the recording**

This may be possible but beware:

1. The old method of just blacking out the eyes is no longer acceptable.
2. As cultural expectations change, so it becomes less and less likely that anonymisation will be acceptable

### **Go back and find the patient > ask for modified consent for intended new storage and use.**

This is dealt with on the special sheet about talking to patients -- see below.

### **Replace with a new project**

This is dealt with on a special sheet about talking to patients.

*[Find out about talking to patients or initiating a new project >>](#)*

### **Use an actor or volunteer colleague to role-play the patient's role**

This is increasingly a good option.

Written consent is required even if you use a volunteer colleague.

Either way, appropriate consent is can be built into the written contract.

*[Return to Flowchart >>](#)*

**Does the patient consent give you permission to:**  
**1. Use their images/recordings for teaching and learning?**  
**2. Make their images/recordings available for open access?**

This is all about the patient understanding and expectations as to:

- The purpose for which the recordings were taken
- The way in which the recordings would be stored
- Who would have access to the recordings

So:

- Do you have evidence that the patient has consented for the recordings to be used for teaching and learning as opposed to their own direct patient care or patient record?
- Has there been any promise about security of storage of the recordings that would now be broken by releasing them to the OER?
- Has there been any promise that access to the recordings would be restricted (such as by password) to a particular institution such as a medical school or to a particular group such as healthcare workers?

*Note:*

Many NHS Trusts have Patient Consent Forms which specifically designate availability to public access including the Internet (often as level III consent). If this applies, then Open Access in the sense of the OER project clearly would fall within this permission.

[Return to Flowchart >>](#)

## Patients' right to withdraw their consent

[Return to Flowchart >>](#)

### **Background**

Prior to the extensive use of digital recordings, a patient could expect there to be a mechanism for the withdrawal of their recordings if they changed their mind later, even after many years.

Nowadays, the most useful digitised teaching recordings, including images of patients, tend to be made available to as many healthcare workers as possible, which often requires the storage of more than one copy on different servers for a digitised networks.

### **For newly acquired recordings**

Seeking and obtaining patient consent entails explaining:

- Why a recognisable recording is sometimes vital for the purpose of teaching and learning.
- The importance of making good teaching and learning recordings as widely available as possible. To achieve this, the recordings often need to be placed, to all intents and purposes, in the public domain. Hence the need for Level 3 consent = public access (such as via the internet).
- Note: Experience has shown that most patients are happy for this to happen provided it has been explained meticulously.
- That, once made widely available, it would be difficult to promise that every single recording could subsequently be traced and removed.

### **For pre-existing archival recordings**

Consent is likely to have been given either before the digital age made wide distribution of such recordings possible or, crucially, before such concepts could have been explained to, or understood by, the patient.

Here is a piece of relevant experience:

- Where patients do change their mind, this usually occurs within a month of their giving consent.

The message from this is as follows:

- With increasing time since the giving of consent, the less likelihood there is that your continuing to make the recording available for teaching and learning will in any conceivable way be against the patients wishes.

### **So what to do in practice?**

If you do know the patient details, then it would be good practice to make sure that a coded identifier tag was included with the metadata of all copies of the recording, so that if the patient did one day change their mind, there was a mechanism for withdrawal of the recording.

If not, and consent was given more than six months previously, it would be reasonable to assume that continuing to store and use the recording for the purposes for which that consent was originally given, would not be against the patients wishes.

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## **Your declaration of consent to use as an OER resource**

In order to submit your teaching material as an OER resource, as the contributing author you will need to have worked through the Consent Toolkit.

It will then be your responsibility to provide the re-assurance that there are adequate consents for these recordings to be made available to the Open Educational Resource.

This may be in the form of a 'Declaration of Consent' which you will need to sign.

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## Non-clinical consent

[Return to Homepage >>](#)

[Return to "Seeking Modified Consent or Starting a New Project" page >>](#)

This Consent Toolkit relates to issues of consent from patients. However, some of your material may have, or may need to have, recordings other people in the shot, either with the patient, or on their own. There is no separate advice in the OER pack of Toolkits to cover this. Hence this page.

### General principles

- Everyone has rights of privacy, which need to be respected.
- Rules and guidelines are less well defined here than for patients' rights.

### This sheet

introduces you to the issues and provides some awareness of what you might need to do about them.

### Changing cultures

Before the digital age most people were unconcerned if someone took their picture. Nowadays things are different, and if someone takes a recording of us we like to know

- Who they are
- Why they want to take our picture or otherwise record us, and
- What they intend to do with it.

You can see the effect of this on your TV screen, where shots in public places more and more tend to avoid recognisable faces of public bystanders, or the faces are 'blurred-out'. Even car registration plates are blurred out.

### Practical consequences of our changing cultures

*For pre-existing material that demonstrates recognisable recordings of adults.*

You will have to make your own judgement. Here are some suggestions, depending on the exact content and contexts. But beware, they are only suggestions. You will have to make your own judgements.

- If it is possible, crop the bystanders faces out of the material.
- Particularly children.
- For material more than 25 years old, provided the recording does not show them in a derogatory light, then it is very unlikely that retaining their recordings in the material will contravene what would have been their wishes at the time.
- The more recent the material, the more circumspect you need to be, as contemporary culture is more protective of privacy.

*For new projects that might demonstrate recognisable recordings of adults*

It is wise to get consent wherever possible. What this means in practice will vary depending on who the people are. Here are some comments that might help.

- For patient's relatives  
For new projects, it is sensible to obtain, and document, some sort of consent.  
Avoid recordings of children.
- Hospital or other health-care workers  
On many NHS Hospital Trust premises, there are local guidelines and rules about this. Ask advice from the local Department of Medical Illustration.
- Students or teachers  
Most institutes of Higher and Further Education will have local guidelines and rules. You need to be aware of, and conform to, these.
- Actors  
There is usually a written contract which will cover such things.
- Volunteers

More and more frequently, teaching material includes role-play by volunteers. For new projects, it is sensible to obtain, and document, some sort of consent.

- Public bystanders  
Keep faces out of shot wherever possible.

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[Return to "Seeking Modified Consent or Starting a New Project " page >>](#)

## Sample patient information sheet

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*Thank you for offering to help us in this project.*

### **Why are we asking for your help?**

The quality of care that you receive depends on the previous good training of your health care team. This recording will contribute to even better training in the future.

### **What is this recording and why are we making it?**

The word "recording" is the name given to still or moving images and/or sound recordings.

Recordings are digital so that they can be easily stored, copied and transmitted (e.g. when used for learning over networked computers).

### **Confidentiality and Privacy?**

Wherever possible the recordings will not be identifiable. However, for particular teaching and learning purposes, some recordings of people may need to be recognisable. We will tell you whether or not your recordings will need be recognisable in the final material.

You will never be referred to by name.

### **Who will see or hear the recordings?**

Good teaching and learning recordings are of such a value for the education of medical students and other health care workers that it is important to make them as widely available as possible.

To meet this objective, they may be placed onto a digital computer network for wide access or included in other products such as educational CDs or DVDs, books and journals.

If we felt that the recordings would be of particular educational value to the public, we might use them in this way by placing them on a public educational website.

### **What if I change my mind?**

Very occasionally, patients who have given their consent become concerned afterwards and wish to change their mind. Should you do this, we would destroy all copies of the recordings that are under our control. However, with increasing time, some of the recordings may have already been distributed for teaching and learning elsewhere and it may not then be possible to trace all of these.

### **Is anyone making any money out of this?**

The recordings are stored and used for educational purposes on a not-for-profit basis.

If any approved commercial business were to request copies for educational purposes, we would levy a charge to cover production costs and if possible a contribution to go towards funding similar education projects, but would not attempt to make a profit.

### **Important re-assurances**

You are entirely free to choose whether or not to consent. If you do not wish give your consent, you do not have to give a reason. Choosing not to participate will not affect your medical care, either now or in the future.

The doctor in charge of your care has given us permission to approach you and ask whether you would agree to help us.

### **If I agree, what happens next?**

Having read this information sheet, please feel free to ask any questions.

We will then explain the practical arrangements for making the recordings. Please feel free to ask any questions about these as well.

If you are willing to grant your consent, we will ask you to sign a Consent Form to say that:

1. You have understood this information
2. You are willing to give your consent for the taking and use of the recording along the lines described here.

**Further information**

If you think of any further questions afterwards, please feel free to contact:

.....  
(the person who is seeking consent)

.....  
.....  
.....  
.....

Telephone: .....

e-mail: .....

\*\*\*\*\*

**Thank you for your help  
in our quest for excellence  
in the training of doctors and others  
involved in caring for patients in the future**

\*\*\*\*\*

*[Return to Resources list >>](#)*

### 13.4 Appendix four: review of the Pedagogy/QA toolkit (WP7)

Table 16. Illustrates the process for review of the pedagogy/QA toolkit between v1 and v2.

<b>Work Package 7: Quality Assurance and Pedagogy</b>	<b>Comments</b>	<b>WP4 meta</b>	<b>Open Lab.</b>
Most Useful			
1. Please enter your name.		X	
2. Please enter the name of your home institution.		X	
3. Please enter the title of the resource below.		X	
4. Please provide a brief description of your resource.		X	
5. Please include a list keywords for your resource (use a separate line for each keyword).		X	
7. Please provide a creation date for the resource, leave blank if unknown.		X	
10. Please specify below the intended learning scenario(s) e.g. Lecture.*		X	
9. How do you intend to use the resource?*	} Similar/	X	
10. Please specify below the intended learning scenario(s) e.g. Lecture.*	} or need	X	
21. What does the resource teach? Please include learning objectives.	} differentiation	X	
59. Why/for what purpose was the resource created?*	}	X	
60. What requirement does the resource fulfil?*	}	X	
22. Was the resource intended for learning in:*		X	
23. You selected Other, please specify the appropriate course title in the space below.		X	
25. Is the resource intended for:* [Lecture/Tutorial/SDL/etc.]		X	
29. Have you tested the resource against the W3C accessibility guidelines?			X
30. Why does the resource fail to meet the W3C guidelines?*			X
31. Can the resource be easily modified to meet the W3C guidelines?			X
41. Are the original author and their institution known?*		X	
42. Does the resource carry any institutional branding for the original creator of the resource?			X
43. Can the resource be re-branded provided that the original creator/home institution are acknowledged?			X
44. By saying Yes to the previous question, are you granting permission for users to re-brand the material?			X
45. Have you received any feedback about the resource from the student cohort and/or staff?			X
46. Was the student feedback mainly good, mainly bad, or mainly neutral?			X
47. Please provide a brief summary of student feedback, including recurring comments and themes.			X
48. Have you evaluated the resource with colleagues/staff?*			X
51. Did the resource deliver the intended learning outcomes?*			X
52. Why did the resource fail to meet the intended learning objectives?			X
53. Did the resource facilitate any unanticipated outcomes?*			
54. What unanticipated outcomes did the resource facilitate?*		X	
64. Does the resource contain any items for assessing students?*		X	X
65. If the resource assessment item is formative, is feedback given?*			X
No strong opinion			
14. Does the resource rely on an internal database (e.g. PHP/SQL data) to function properly?		X	
15. Does the resource need to be:* [Installed/Hosted/Accessed by web/etc.]			X
28. How many hours would you expect the typical student to spend using the resource?		X	
16. You selected Other, please specify below how the resource is stored and or run.			X
27. How many students are taught at your institution each year with the resource?			X
32. Does the resource require any browser plugins or downloadable software to run (e.g. Quick Time, Java, Flash)? *			X
33. What plugins or downloadable software does the resource require?			X

Please list all the apply.			
34. What is the file size of the resource?*		X	
36. Does the resource have a commercial licence associated with it?*	Meaning ?		X
37. What is the commercial licence type associated with the resource?*			X
40. Is the resource backward compatible i.e. will it run on legacy software (e.g. Office 97/2000/XP/2003)?			X
55. Were you able to assess the performance of the resource as a learning tool in any quantitative or qualitative way?			X
56. How did you assess learning performance from using the resource?*			X
57. Was the performance and feedback for the resource consistent between students and staff?			X
58. What were the main difference between student and staff feedback?			X
Please provide a brief summary of the main comments and recurring themes.		X	
Not Useful/Did not understand			
6. If your resource was created as part of a funded project, please provide the project name		X	
8. Which group of universities does your institution belong to?*	Used for ?		X
11. Does the resource require a login to access it?*	If yes, can be changed		X
35. Is the resource accessible from behind a NHS firewall?*	Depends on NHS		X
38. Does the resource have a CC licence?*	Usually none yet		X
39. Which CC licence does the resource have?*		X	
62. Are there any other ways/resources that would enable students to meet the same learning outcomes as for this resource?	Nearly always others		X
63. How else might the learning outcomes be met?*			X
67. Does the resource adhere to IMS standards?*	IMS Not well known		X
68. Which learning technology standards does the resource adhere to (e.g. IMS, QTI, LON)?		X	
<b>SURVEY EVALUATION</b>			
69. Was the wording of questions in this survey easy to understand?*			
70. Would you modify the wording of any questions, if so which ones?*			
71. Can you think of anything we've left out of the survey?*			
69. Was the wording of questions in this survey easy to understand?*			
70. Would you modify the wording of any questions, if so which ones?*			
71. Can you think of anything we've left out of the survey?*			
73. Have we left anything important out of the survey?			
74. What are the strengths and weaknesses of this survey and the questions it asks?			
50. Finish			

### 13.5 Appendix five: WP8 case study examples

To date we have collected 11 case studies. The following examples have been fully completed and agreed with the participating institutions.

<b>Case study one</b>	<b>Bronchiolitis</b>
<b>School or Department</b>	Medical Education Unit
<b>Institution(s) involved</b>	University of Aberdeen
<b>Contact + Email</b>	Medi-CAL Unit ( <a href="mailto:mil007@abdn.ac.uk">mil007@abdn.ac.uk</a> ) Lindsay Wood ( <a href="mailto:lindsay.wood@ncl.ac.uk">lindsay.wood@ncl.ac.uk</a> )
<b>Date</b>	24 Feb 2010
<b>Tags</b>	Medicine, undergraduate, bronchiolitis, paediatrics, e-branding, accessibility
<b>Questions</b>	<b>Explanation and further information</b>
<b>1. What is the curriculum context of the resource or resource collection?</b>	The podcasts are short audio podcasts, on a range of core subjects for undergraduate medical students.
<b>2. What were the aims and objectives of the resource or resource collection?</b>	The podcast describes the causes, pathophysiology, clinical features, diagnosis, investigations and management of bronchiolitis.
<b>3. How was the resource or resource collection implemented?</b>	A 10-15 minute audio file podcast embedded within a HTML website.
<b>4. What technologies and/or e-tools were needed to deliver this?</b>	Audio editing software. 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. OpenLabyrinth ( <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. 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. JorumOpen ( <a href="http://www.jorum.ac.uk/">http://www.jorum.ac.uk/</a> ) was used as a repository to which learning resources were uploaded to.
<b>5. What guidance and/or support did you develop?</b>	Resource Categorisation guidance was followed. The collection of relevant standardised metadata at the point of resource proposal, together with storage and tracking with a database was viewed as a useful practice to adopt. Preliminary Patient Consent guidance was followed. The resource does not involve patient data so limited use of guidance was needed. IPR/Copyright guidance was followed. The definitions of IPR, licence, and copyright are not generally clear to end users and the terms are often used, incorrectly, in an interchangeable manner. Similarly, the term 'provenance' was not generally well understood. Ownership of the IPR was with the University of Aberdeen as all contributors had a University contract at the time. Institutional Policy guidance was not available. A meeting with the Institution's Contracts Coordinator and Office of Research and Enterprise representative was used to determine institutional policy on IPR. This confirmed that the IPR of a University academic were administered by the University as described in the individual's contract. The permission to release a resource as an OER would be decided by the MBChB Degree Curriculum Steering Group on a case by case basis. Internationalisation guidance was not available. Pedagogy/QA guidance preliminary survey was completed, with detailed feedback on wording, appropriateness of questions and usability. It was noted, that in the final toolkit in would be necessary to use auto-completion of data as far as possible to avoid repetition and save the end users time. The survey raised the issue of accessibility guidelines for podcasts and a discussion of the implications of re-branding. Resource Discovery/Re-use guidance was not available. The preliminary survey was completed. Resource Upload guidance was used. Attribution Non-commercial No-derivative England & Wales licence was applied even though the resource was hosted in Scotland. No problems were expected to arise from this.
<b>6. Uploading and hosting resources.</b>	The resource was successfully uploaded as an OER by the Director of the Medi-CAL Unit. The repository upload system was seen as straight forward and easy to use. In future systems it was suggested that there would need to be the ability for data to be automatically passed between online guidance packages (particularly their metadata) and the repository. This would allow streamlining of OER release by avoiding repetition of data entry, with import/export of data allowed. More information on regarding tracking of resources, other than just a 'hit' counter would be useful.
<b>7. What are the key outcomes of the resource or resource collection?</b>	A review of Institutional processes and development of best practices regarding the documentation of the author's contractual status and IPR ownership for assets used in a resource. This would facilitate the ease of which learning resources could be made OER. The use of asset tagging and/or a system whereby the validity of a learning resource (based on patient consent, licence issues, expiration of usefulness) was checked

	<p>against a centralised database.</p> <p>Outcomes for learners would be easier discovery of a useful learning resource that was presented in a novel format. Teachers would be able to refer students to the resource and would not have to spend time creating a resource. The reputation of the Institution and authors would be enhanced. The impact on OER practices with the department would be to clarify IPR policies of contracted staff and to develop processes and documents to direct the organisation of open ER release.</p>
<b>8. What follow-up activity will be/has been carried out as a result of the resource or resource collection?</b>	<p>Check accessibility guidelines for podcasts.</p> <p>Monitor resource discovery, currently at time of writing the JorumOpen version appears in a 'site:.ac.uk' Google search for 'bronchiolitis' on the first page in preference to the Institutional copy URL.</p>
<b>9. What are the lessons learned from the resource or resource collection?</b>	<p>The resource would be reviewed on a yearly basis and changes made to the institutional copy. It would be an additional burden on staff time to change both the institutional and the repository copies. There needs to be an automated syncing process. If a revised copy was to be seen as a separate repository entity care would need to be taken so that users could easily find the latest version. In some cases depositing an entire e-Learning application into a repository was likely to make that e-Learning application non-functional.</p> <p>The risks are that, although unlikely, someone would make claim to some of the resources uploaded or that the resource was considered detrimental to the reputation of the Institution.</p> <p>The benefits are perceived as increased reputation of the Institution and the resource author. There would be philanthropic provision of a learning resource to medical education in developing countries. As part of a pilot project, resource upload would develop sufficient critical mass to create a culture of institutional sharing.</p> <p>Future plans are to review operational processes and strengthen legal consent documents.</p> <p>Advice for others would be to be proactive and to get involved in OER.</p> <p><a href="http://www.abdn.ac.uk/mrc/podcasts/Bronchiolitis.mp3">http://www.abdn.ac.uk/mrc/podcasts/Bronchiolitis.mp3</a>  <a href="http://open.jorum.ac.uk/xmlui/handle/123456789/1759">http://open.jorum.ac.uk/xmlui/handle/123456789/1759</a></p>
<b>Case study two</b>	<b>Examination of the Oral Cavity</b>
<b>School or Department</b>	Medical Education Unit
<b>Institution(s) involved</b>	University of Aberdeen
<b>Contact + Email</b>	Medi-CAL Unit ( <a href="mailto:mil007@abdn.ac.uk">mil007@abdn.ac.uk</a> ) Lindsay Wood ( <a href="mailto:lindsay.wood@ncl.ac.uk">lindsay.wood@ncl.ac.uk</a> )
<b>Date</b>	24 Feb 2010
<b>Tags</b>	Medicine, undergraduate, anatomy, oral, clinical examination, patient consent, multi-point IPR, NHS Clinician, University Academic, institutional processes, workflows
<b>Questions</b>	<b>Explanation and further information</b>
<b>1. What is the curriculum context of the resource or resource collection?</b>	The Examination of the Oral Cavity is a multi-component learning resource that is intended for use by undergraduate medical students (MBChB) in years 3 and above. There is a requirement for prior learning in the form of basic anatomy, as would be derived from part of a year in a medical degree. The resource collected was not credit bearing.
<b>2. What were the aims and objectives of the resource or resource collection?</b>	<p>Examination of the oral cavity was the first module in the head and neck examination series.</p> <p>Understand the importance of the examination of the oral cavity.</p> <p>Development of clinical examination skills and early recognition of potentially serious disorders.</p> <p>This module gives the basic skills and confidence to examine this anatomic region systematically and competently. Emphasis was placed on the significance of some of the common findings that may be encountered and their possible differential diagnoses.</p>
<b>3. How was the resource or resource collection implemented?</b>	Multiple component learning resources consisting of images and video media organised in the Moodle VLE, with a PHP/MySQL database backend.
<b>4. What technologies and/or e-tools were needed to deliver this?</b>	<p>Video editing software.</p> <p>Moodle VLE (PHP/MySQL database)</p> <p>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.</p> <p>OpenLabyrinth (<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.</p> <p>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.</p> <p>JorumOpen (<a href="http://www.jorum.ac.uk/">http://www.jorum.ac.uk/</a>) was used as a repository to which learning resources were uploaded to.</p>
<b>5. What guidance and/or support did you develop?</b>	<p>Preliminary Patient Consent guidance was followed. The Institution has in place procedures for recording patient consent. Consent was not given specifically for OER, but included educational purposes. The guidance raised the issue of how withdrawal of patient consent was addressed as this was not explicitly mentioned within the consent form.</p> <p>IPR/Copyright guidance was followed. The definitions of IPR, licence, and copyright are not generally clear to end users and the terms are often used, incorrectly, in an interchangeable manner. Again the term 'provenance' was not generally well understood. The large resource collection of videos, images, and text requires substantial time to follow recording, document, rendering, imaging specific advice. This requires explanation to a new end user that they must navigate through each relevant decision tree node and then</p>

	<p>return to a central guidance question repeatedly until all items within the resource collection are addressed. The IPR of clinicians and their contractual status when involved in the learning resource would need further investigation. As the resource collection involves multiple sources of IPR there was a high administrative burden in retrospectively making the resource open.</p> <p>Institutional Policy guidance was not available. A meeting with the Institution's Contracts Coordinator and Office of Research and Enterprise representative was used to determine institutional policy on IPR. This confirmed that the IPR of a University academic were administered by the University as describe in the individual's contract. The permission to release a resource as an OER would be decided at the Faculty level on a case by case basis.</p> <p>Internationalisation guidance was not available.</p> <p>Pedagogy/QA guidance preliminary survey was completed. In the final toolkit in would be necessary to use auto-completion of data as far as possible to avoid repetition and save the end users time. Recommendations on usability, the most useful questions and terminology were made.</p> <p>Resource Discovery/Re-use guidance was not available. The preliminary survey was completed.</p> <p>Resource Upload guidance would not be used until further information has been collected on IPR issues.</p>
<b>6. Uploading and hosting resources.</b>	The resource was not uploaded as OER due to unresolved IPR issues.
<b>7. What are the key outcomes of the resource or resource collection?</b>	<p>A review of Institutional processes and development of best practices regarding the documentation of the authors' contractual status and IPR ownership for assets used in a resource collection. This would facilitate the ease of which learning resources could be made OER. The development of an asset tagging and/or a system whereby the validity of a learning resource (based on patient consent, licence issues, expiration of usefulness) was checked against a centralised database was needed.</p> <p>The impact of this case study was to clarify the meaning and assignment of IPR and to improve patient consent forms.</p>
<b>8. What follow-up activity will be/has been carried out as a result of the resource or resource collection?</b>	<p>To chase up unresolved IPR issues, subject to administrative burden.</p> <p>Monitoring of the time required to resolve these issues</p> <p>Monitor re-source discovery.</p>
<b>9. What are the lessons learned from the resource or resource collection?</b>	<p>A clarification of processes and information for patient's to withdraw consent using the consent forms would be a useful future outcome. A need to push for clear guidance from the General Medical Council on future best practices in relation to the storage, within a patient's clinical notes, of patient derived teaching materials. Development of policies for the point of anonymisation of patient derived teaching materials, such as within the NHS setting, prior to reaching the Medical Education Unit / Medi-CAL Unit.</p> <p><a href="https://www.abdn.ac.uk/mrc/moodle/course/view.php?id=21">https://www.abdn.ac.uk/mrc/moodle/course/view.php?id=21</a></p>
<b>Case study three</b>	<b>Confidence Intervals</b>
<b>School or Department</b>	School of Medicine
<b>Institution(s) involved</b>	University of Southampton
<b>Contact + Email</b>	Dr Trevor Bryant ( <a href="mailto:T.N.Bryant@soton.ac.uk">T.N.Bryant@soton.ac.uk</a> ) Lindsay Wood ( <a href="mailto:lindsay.wood@ncl.ac.uk">lindsay.wood@ncl.ac.uk</a> )
<b>Date</b>	1 <sup>st</sup> March 2010
<b>Tags</b>	Medicine, medical statistics, research methods postgraduate, repository usability
<b>Questions</b>	<b>Explanation and further information</b>
<b>1. What is the curriculum context of the resource or resource collection?</b>	Powerpoint presentation on Confidence Intervals used with postgraduate (PhD & MSc) medical students.
<b>2. What were the aims and objectives of the resource or resource collection?</b>	The aims were for students to understand how to interpret, calculate, use and apply confidence intervals.
<b>3. How was the resource or resource collection implemented?</b>	PDF file of a PowerPoint presentation including examples taken from the Medical Literature.
<b>4. What technologies and/or e-tools were needed to deliver this?</b>	<p>Microsoft PowerPoint and subsequent PDF creation software.</p> <p>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.</p> <p>OpenLabyrinth (<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.</p> <p>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.</p> <p>EdShare was used as a institutional repository to which the resource was originally uploaded (<a href="http://www.edshare.soton.ac.uk">http://www.edshare.soton.ac.uk</a>)</p> <p>JorumOpen (<a href="http://www.jorum.ac.uk/">http://www.jorum.ac.uk/</a>) was used as a repository to which this learning resource was uploaded to.</p>
<b>5. What guidance and/or support did you develop?</b>	<p>Categorisation guidance was followed. The categorisation technology should auto detect file format and size. The categorisation system should use very clear language and give examples of what is expected. Drop down menus, that included controlled vocabulary, with the option for 'Other' field and free text are needed. Auto-</p>

	<p>completion should be maximized (i.e. use of Ajax) to fill in terms from those already in the database. Clinical, pre-clinical, F1/F2 are the most useful terms to use instead of years of study. The system should encourage upload by being as usable as straight forward as possible. Data captured during categorisation will need to be stored and should flow through the guidance packages, without the need to repeat data entry.</p> <p>Preliminary patient consent guidance was followed. As this resource does not involve patient data, limited use of the guidance package was made.</p> <p>IPR/Copyright guidance was followed. The resource has a single point of IPR belonging to the author, a University employee, as dictated by the individual's contract.</p> <p>Institutional Policy guidance was not available. There was no institutional policy on the release of OER. The time scales required to establish new institutional policies and the administrative burden tracking down ownership of IPR for ex-employees whose exact contractual status at the time of authoring a learning resource is a barrier to the timely release of OER. A 'traffic light' approach is being considered, which classifies a resource on an OER readiness scale, whereby the degree of compliance with the guidance packages is weighed against the likely risk of litigation. It is suggested that in lieu of an Institution Policy, all involved parties will be contacted and asked if they object to the resource being made open.</p> <p>Internationalisation guidance was not available.</p> <p>Pedagogy/QA guidance preliminary survey was completed and detailed feedback given on usability and which of the questions provided the most valuable information to be applied as metadata.</p> <p>Resource Discovery/Re-use guidance was not available. The preliminary survey was completed.</p> <p>Resource Upload guidance was followed. The resource was assigned a CC Attribution Non-commercial No-derivatives licence.</p>
<b>6. Uploading and hosting resources.</b>	<p>The resource was successfully uploaded as an OER to the JorumOpen repository by a Senior Lecturer and eLearning staff member.</p> <p>The JorumOpen repository system does not meet requirements. The metadata collection is minimal. A future repository will likely need lots of metadata to discriminate between resources if there are many of resources returned in a search.</p> <p>The repository needs to be very easy to use and not expect depositors/end users to learn how to use the system. All usability approaches to encourage resource uploads need to be used. There needs to be a batch upload system and metadata data needs to be pre-populated.</p> <p>It is not clear of the purpose why FE and HE are differentiated in JorumOpen. The environment should provide search and deposit options separately. The CC button icons (external links) should be separated from the radio buttons to avoid confusion.</p> <p>The terminology used is unclear. For example, the user needs to learn by trial and error what action 'Save as draft', 'Publish' and 'Exit' perform exactly. JorumOpen should validate URL links to prevent addition of 'dead links'. There is no template system to allow for rapid addition of content. All warnings should all be in red giving a consistent style.</p> <p>A takedown time of 48 hours in too long, there needs to be instant removal by the resource uploaded. This is critical for patient based material.</p> <p>There needs to be additional re-use/download statistics. In summary, JorumOpen has more usability issues compared to modern repository sites.</p>
<b>7. What are the key outcomes of the resource or resource collection?</b>	<p>Clarification of resource authors' IPR based on contract status.</p> <p>A case-by-case approach to making resources open in an Institution where a policy does not exist.</p>
<b>8. What follow-up activity will be/has been carried out as a result of the resource or resource collection?</b>	<p>None. But the depositor would like to be able to know who has accessed and used the resource.</p>
<b>9. What are the lessons learned from the resource or resource collection?</b>	<p>It will not be sustainable to update resources in multiple repositories. Updating in an Institutional repository is the preference. Tracking down and resolving IPR issues and approving a novel Institutional Policy is very time consuming. A solution might be the proactive release of OER resources by contacting interested parties and inquiring if there are any objections, together with a rapid take down policy. The issue of what justification there is for a centralised repository and how competitive it is compared to other open sharing sites (Institutional repositories, YouTube, Slideshare, etc) was raised</p> <p>The risks are perceived as releasing an OER that someone objects to. Following toolkit guidance should avoid this and a robust take down policy will minimise the impact. Also, how to maintain and protect Institutional branding on share resources.</p> <p>The benefits are to promote the University and to promote the individual resource creator.</p> <p><a href="http://www.edshare.soton.ac.uk/4168/">http://www.edshare.soton.ac.uk/4168/</a>  <a href="http://open.jorum.ac.uk/xmlui/handle/123456789/1759">http://open.jorum.ac.uk/xmlui/handle/123456789/1759</a></p>
<b>Case study four</b>	<b>Psychiatry Teaching Resource</b>
<b>School or Department</b>	School of Medical Sciences Education Development
<b>Institution(s) involved</b>	Newcastle University
<b>Contact + Email</b>	Brian Lunn ( <a href="mailto:b.s.lunn@ncl.ac.uk">b.s.lunn@ncl.ac.uk</a> ) Lindsay Wood ( <a href="mailto:lindsay.wood@ncl.ac.uk">lindsay.wood@ncl.ac.uk</a> )
<b>Date</b>	12 Feb 2010
<b>Tags</b>	medicine, psychiatry, psychopathology, cases, disorders, mental state examination, NHS clinician, honorary contract, branding, existing OER

<b>Questions</b>	<b>Explanation and further information</b>
<b>1. What is the curriculum context of the resource or resource collection?</b>	<p>The learning resource consists of a website that is aimed at providing psychiatry teaching materials to undergraduate medical students (MBBS) at Newcastle University.</p> <p>The intended learner profile is students in the clinical years of undergraduate study (Stage 3 and 5 attachments in psychiatry and also used by Stage 4 students doing a psychiatry SSC).</p> <p>The resource website provides video clips of role players portraying clinical case scenarios to supplemented core teaching.</p>
<b>2. What were the aims and objectives of the resource or resource collection?</b>	<p>Built to facilitate learning in psychiatry emphasizing the importance for all doctors to have at least some knowledge of psychiatry.</p> <p>Diagnoses in psychiatry, how they are made, and an introductory discussion of some of the important diagnostic categories.</p> <p>An introduction to the principles of management of psychiatric patients.</p>
<b>3. How was the resource or resource collection implemented?</b>	<p>Initially as a HTML-based website with .avi and Real Media video clips. Currently, the trend is towards a WordPress blog with embedded Flash &amp; HTML 5 videos hosted on associated YouTube &amp; Vimeo channels along with downloadable files for use on mp4 players e.g. iPod/iPhone.</p>
<b>4. What technologies and/or e-tools were needed to deliver this?</b>	<p>Video editing software.</p> <p>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.</p> <p>OpenLabyrinth (<a href="http://sourceforge.net/projects/OpenLabyrinth/">http://sourceforge.net/projects/OpenLabyrinth/</a>) was used to create a online application to deliver the decision tree maps.</p> <p>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.</p> <p>JorumOpen (<a href="http://www.jorum.ac.uk/">http://www.jorum.ac.uk/</a>) was used as a repository to which learning resources were uploaded to.</p>
<b>5. What guidance and/or support did you develop?</b>	<p>Preliminary Patient Consent guidance was followed and indicated that the resource was suitable for OER release. This was due to the use of role players to portray clinical case scenarios. The role players had consented to their recording and distribution online for educational purposes. Consent for specific OER release was not gained and it would seem prudent to develop specific advice for this in light of recent Human Rights legislation.</p> <p>IPR/Copyright guidance was followed. The resource is already licenced by a CC Attribution-Non-commercial Share-alike 2.0 UK: England &amp; Wales agreement. This has been in place since 2005. The existence of a pre-existing licence resulted in only a limited exposure to the IPR/Copyright guidance available. The guidance package assumes that the original licence is valid and that IPR/Copyright has been correctly assigned. The licence to use the host's University trademark to brand the resource was not tested by the guidance package. There is a possible disparity between the wish to have the resource branded and the use of a licence that allows derivative works if the licence is maintained, but not the branding per se.</p> <p>Institutional IPR Policy guidance was not available. The resources were created while working within an honorary University contract, although the author was employed by a NHS contract. It is the resource author's opinion that the NHS has no claim to the IPR of the materials and that there is no specific policy documents that state otherwise.</p> <p>Internationalisation guidance was not available.</p> <p>Pedagogy and QA guidance the preliminary pedagogy survey was completed and it was noted that IMS terminology is not widely understood. No modifications were made to the resource.</p> <p>Resource Discovery guidance was not available. The preliminary resource discovery survey was completed. No modifications made to the resource and evidenced-led metadata guidance would be useful. Advice on an OER repository resource description, rather than an Institutional repository/website resource description maybe needed to allow maximum discovery and exposure of a resource across subject disciplines.</p> <p>Resource Upload guidance was followed and the resource URL was uploaded to JorumOpen (the resource also exists on YouTube).</p>
<b>6. Uploading and hosting resources.</b>	<p>The resource hyperlink was successfully uploaded as an OER to JorumOpen by the creator, an Honorary Clinical Senior Lecturer with a long standing interest in online media.</p> <p>The JorumOpen repository upload was deemed easy to use. The user was experienced with keyword tagging and anticipated the use of comma separated keywords and quotation mark delimiting of keyword phrases. A clearer explanation of the current submit 'one at a time' keyword addition was thought needed.</p> <p>The repository publishing environment needs to be able to keep in sync with resources that are updated on an external site.</p>
<b>7. What are the key outcomes of the resource or resource collection?</b>	<p>For learners and teachers, a source of self-directed learning and revision has been provided. This process has added an additional access route to the resource collection (although already available as open access). It is likely that there will be more access from unintended learner groups (see below).</p> <p>The profile and recognition for the learning resource creator and Institution has been enhanced.</p>
<b>8. What follow-up activity will be/has been carried out as a result of the resource or resource collection?</b>	<p>The guidance may lead to a future a departmental review and development of procedures for the use of role players in learning materials, with specific permission granted for OER.</p> <p>The issue of Institutional branding usage has been raised.</p>
<b>9. What are the lessons learned from the resource or resource collection?</b>	<p>There needs to be clarification of the guidance advice for an existing OER. For example should not the IPR/licence of an existing open education resource be re-evaluated in light of continually developing guidance advice.</p> <p>In terms of sustainability, it is proposed that this resource collection will be reviewed at six months intervals using end user review and voting on which resources have been the most useful and what additional</p>

	<p>resources need to be added. Thus resource collection content will change over time.</p> <p>No risks are perceived. The resources have been online for some time in various forms and locations.</p> <p>Benefits are cited as raising the profile of the teacher and institution.</p> <p>Unexpected outcomes were the additional range of learners that discovered the resource when originally delivered as an open access resource such as police, federal healthcare assessors, nurses, caregivers and patients.</p> <p>Further information:</p> <p><a href="http://open.jorum.ac.uk/xmlui/handle/123456789/1598">http://open.jorum.ac.uk/xmlui/handle/123456789/1598</a></p> <p><a href="http://mbbs-psychiatry.ncl.ac.uk/">http://mbbs-psychiatry.ncl.ac.uk/</a></p> <p><a href="http://www.youtube.com/user/psychiatryteacher">http://www.youtube.com/user/psychiatryteacher</a></p> <p><a href="http://www.vimeo.com/user1710824">http://www.vimeo.com/user1710824</a></p>
<b>Case study five</b>	<b>E-module Clinical examination in Cardiology (Patient Introduction).</b>
<b>School or Department</b>	E-learning Unit, Faculty of Medicine
<b>Institution(s) involved</b>	Imperial College London
<b>Contact + Email</b>	Maria Toro-Troconis ( <a href="mailto:m.toro@imperial.ac.uk">m.toro@imperial.ac.uk</a> ) Ashish Hermani ( <a href="mailto:a.hemani@imperial.ac.uk">a.hemani@imperial.ac.uk</a> ) Lindsay Wood ( <a href="mailto:lindsay.wood@ncl.ac.uk">lindsay.wood@ncl.ac.uk</a> )
<b>Date</b>	15 March 2010
<b>Tags</b>	undergraduate, medicine, cardiology examination, patient consent, standard forms, IPR, contractual status, 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>	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.
<b>2. What were the aims and objectives of the resource or resource collection?</b>	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.
<b>3. How was the resource or resource collection implemented?</b>	The resource was implemented as a digital video on the institutions online learning environment.
<b>4. What technologies and/or e-tools were needed to deliver this?</b>	Video editing software was used to create the Window Media Video. 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. OpenLabyrinth ( <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. 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. JorumOpen ( <a href="http://www.jorum.ac.uk/">http://www.jorum.ac.uk/</a> ) was used as a repository to which this learning resource was uploaded to.
<b>5. What guidance and/or support did you develop?</b>	<p>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.</p> <p>IPR/Copyright guidance was followed. The resource was not previously licenced. 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.</p> <p>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-learning 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.</p> <p>Internationalisation guidance was not available.</p> <p>Pedagogy/QA preliminary guidance survey was deferred.</p> <p>Resource Discovery/Re-use guidance was not available. The preliminary survey was completed.</p> <p>Resource Upload guidance was followed to upload the resource to the repository. The resource was assigned a CC Attribution Non-commercial No-derivatives licence.</p>

<b>6. Uploading and hosting resources.</b>	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.
<b>7. What are the key outcomes of the resource or resource collection?</b>	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.
<b>8. What follow-up activity will be/has been carried out as a result of the resource or resource collection?</b>	Additional OER specific informed patient consent was gained retrospectively, in addition to the standard patient consent.
<b>9. What are the lessons learned from the resource or resource collection?</b>	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. 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. 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. An unexpected outcome might be the future misuse of an OER and subsequently how this would be dealt with. The resource can be viewed at: <a href="http://open.jorum.ac.uk/xmlui/handle/123456789/2756">http://open.jorum.ac.uk/xmlui/handle/123456789/2756</a>
<b>Case study six</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
<b>Contact + Email</b>	Dr Jane Williams ( <a href="mailto:J.Williams@bristol.ac.uk">J.Williams@bristol.ac.uk</a> ) Gemma McCann ( <a href="mailto:gemma.mccann@bristol.ac.uk">gemma.mccann@bristol.ac.uk</a> ) Lindsay Wood ( <a href="mailto:lindsay.wood@ncl.ac.uk">lindsay.wood@ncl.ac.uk</a> )
<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. 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: 1. Know the basic steps in a routine cardiovascular examination 2. Know the main physical signs of cardiovascular disease 3. Understand the basic pathology behind those physical signs 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. It is hosted on a University web page with embedded videos. 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. 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. OpenLabyrinth ( <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. 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. 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. 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

	<p>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 licenced with a CC Attribution Non-commercial No-derivatives licence when it was ready to be released.</p> <p>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.</p> <p>Internationalisation guidance was not available.</p> <p>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.</p> <p>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.</p> <p>Resource Upload guidance will be followed when the above issues have been resolved and the resource is uploaded to a repository.</p>
<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 outcomes of the resource or resource collection?</b>	In attempting to release the resource as an OER it is hoped that this will help develop institutional policies for OER release.
<b>8. What follow-up activity will be/has been carried out as a result of the resource or resource collection?</b>	Too early.
<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>
<b>Case study seven</b>	<b>CT Head Tutorial</b>
<b>School or Department</b>	E-Learning Team, Medical School
<b>Institution(s) involved</b>	University of Bristol
<b>Contact + Email</b>	Dr Jane Williams ( <a href="mailto:J.Williams@bristol.ac.uk">J.Williams@bristol.ac.uk</a> ) Dominic Alder ( <a href="mailto:dominic.alder@bristol.ac.uk">dominic.alder@bristol.ac.uk</a> ) Lindsay Wood ( <a href="mailto:lindsay.wood@ncl.ac.uk">lindsay.wood@ncl.ac.uk</a> )
<b>Date</b>	11 <sup>th</sup> March 2010
<b>Tags</b>	Undergraduate, medicine, CT, radiology imaging, internal images, GMC patient consent guidance, commercial company, IPR, student IPR, 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>	The resource collection is used in the third year and onwards of the undergraduate medicine curriculum (MBChB). It is used for pre-familiarisation, 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>	This tutorial aims to teach students to recognise basic pathology on CT head.
<b>3. How was the resource or resource collection implemented?</b>	Webpage with embedded images hosted on the University servers.
<b>4. What technologies and/or e-tools were needed to deliver this?</b>	HTML with Java/ActiveX 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. OpenLabyrinth ( <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. 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 guidance 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. Safari browser on Mac shows some cross-browser incompatibility (image place holders shown for 'information' hover over) Patient Consent guidance was followed. The resource has images of patient internal images (CT radiographs) obtained commercially from a medical publisher which have been adequately anonymised. Thus patient consent was not required. IPR/Copyright guidance was followed. The resource was not currently licenced and the provenance was

	<p>known. The use of American English was noted. The long list of options in the review your pathway was seen as distracting. The 'Not amenable' language in the Labyrinth workflow was seen as somewhat confusing. The workflow requires that individual objects be considered separately for IPR, this could be time consuming to do each element in a large resource aggregate. It was thought that there were too many clicks required in the Labyrinth workflow between questions and this had a negative effect on usability. The resource was found to have IPR associated with the student who assisted in writing the resource, the non-academic staff member and the commercial publishing company who supplied the CT images. The ability to release as an OER would be governed by relevant contractual agreements. At Bristol, students have ownership of the IPR in ER they create. The IPR of the member of non-academic staff would be administered by the University. The IPR associated with the commercial images would need to be agreed and licenced for open education resource release. Previously this had not been forthcoming as the publishing company was not in agreement. The resource could not be made open due to unresolved IPR issues.</p> <p>Institutional Policy guidance was not available. In this devolved University, the E-learning Team were driving the development of the institution's own policy, which was absent. This would be decided on a case-by-case basis through the Educational Board and PVC.</p> <p>Internationalisation guidance was not available.</p> <p>Pedagogy/QA preliminary guidance survey was completed. It was noted that in the final toolkit there should be no duplication of data entry. The use of mandatory questions before progression was not helpful and more than one question per page was requested. Detailed guidance on the wording of the questions was recorded. The use of 'IMS' terminology was not understood, but this was thought useful in prompting the further investigation of this topic. The survey, although long, was considered thorough and thought provoking. The end user requested more information on how the data will be used and was expecting to receive some QA/pedagogy feedback based the questions answered at the end of the survey. Specific to this resource, the pedagogy/QA changes that were recorded were a general statement of correct options with explanations/model answers as requested by students in their feedback. These would be addressed before resource was made open.</p> <p>Resource Discovery/Re-use guidance preliminary survey was completed and feedback on the survey was submitted to the online system.</p> <p>Resource Upload guidance will be followed when the resource is uploaded.</p>
<b>6. Uploading and hosting resources.</b>	The resource will be uploaded if the issues with IPR in the commercial images are resolved with the commercial company and after the pedagogy feedback has been addressed.
<b>7. What are the key outcomes of the resource or resource collection?</b>	Highlighted some of the barriers to OER release, such as upstream IPR.
<b>8. What follow-up activity will be/has been carried out as a result of the resource or resource collection?</b>	Too early.
<b>9. What are the lessons learned from the resource or resource collection?</b>	<p>In terms of sustainability, the current 2 hours required to follow the toolkit guidance may not be sustainable. This time will be reduced when end user is more familiar with the toolkits, but the toolkits themselves will have to be streamlined. One hour would be more preferable. Making existing resources open is more time consuming than new resource where the processes have been put into place to document all the information needed to complete the toolkit guidance. It is likely that the institution will upload to their own Blackboard repository, therefore uploading to a second national repository (such as JorumOpen) would be an additional time burden. A more sustainable option would be for the resource to be hosted on the institutional repository and the external user to access it there, if it was decided to release them as OER.</p> <p>If the toolkit guidance is followed, the risks in making a resource OER should be minimised.</p> <p>The benefits are perceived as efficiency gains by being able to tap into a source of extra learning resources, before starting new project to create a resource. Learning resource creators would search to see if a suitable resource was available openly first.</p> <p>The capacity of a national repository could be used for large bandwidth video resource if it was not available in the institution.</p> <p>Advice for others is to use and follow the toolkits.</p>
<b>Case study eight</b>	<b>Feeding and Nutrition in Infants and Children</b>
<b>School or Department</b>	Centre for Excellence in Interprofessional Education, Queens University Belfast
<b>Institution(s) involved</b>	Queens University Belfast
<b>Contact + Email</b>	Mark McCalmont ( <a href="mailto:m.mccalmont@queens-belfast.ac.uk">m.mccalmont@queens-belfast.ac.uk</a> ) Lindsay Wood ( <a href="mailto:lindsay.wood@ncl.ac.uk">lindsay.wood@ncl.ac.uk</a> )
<b>Date</b>	18 <sup>th</sup> February 2010
<b>Tags</b>	nutrition, undergraduate, medicine, interprofessional education, multi-point IPR, copyright, image permissions, commercial product information, book and journal reproduction, administrative burden, retrospective opening, licensing of external content
<b>Questions</b>	<b>Explanation and further information</b>
<b>1. What is the curriculum context of the resource or resource collection?</b>	A collaborative learning resource collection used to develop interprofessional skills in the area of feeding and nutrition in infants and children. The resource collection includes a variety of documents on topics such as breastfeeding, formula milk, weaning, dietary guidelines, nasogastric tube feeding, soya proteins in milk, and feeding behaviours. The resource collection has previously been used in 4 <sup>th</sup> year undergraduate medicine and 3 <sup>rd</sup> year nursing courses.

<p><b>2. What were the aims and objectives of the resource or resource collection?</b></p>	<p>Used to develop interprofessional skills.</p> <p>Learning outcomes;</p> <p>Know fluid and calorie requirements in infancy and childhood; be familiar with current infant feeding and weaning guidelines; know nutritional composition of breast and (common) formula milks; be able to identify and manage common nutritional problems in infancy and childhood; be aware of specialised nutritional requirements in infants/children with medical; diseases and how these are managed; be aware of factors contributing to childhood obesity and the short and long term consequences; be aware of the impact of family, environmental and medical factors on the feeding process; appreciate the role of various professionals in managing feeding problems in infants and children; be aware of implications of feeding difficulties for infant/child, caregivers and professionals; be aware of the bonding and attachment issues in relation to early infant feeding.</p>
<p><b>3. How was the resource or resource collection implemented?</b></p>	<p>PDF file with links to external websites.</p> <p>Flow diagrams, dietary tables, references and further reading, case studies, presentation slides and images.</p>
<p><b>4. What technologies and/or e-tools were needed to deliver this?</b></p>	<p>PDF file with some embedded hyperlinks located on a HTML webpage on QUB servers.</p> <p>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.</p> <p>OpenLabyrinth (<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.</p> <p>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.</p> <p>JorumOpen (<a href="http://www.jorum.ac.uk/">http://www.jorum.ac.uk/</a>) was used as a repository to which learning resources were uploaded to.</p>
<p><b>5. What guidance and/or support did you develop?</b></p>	<p>Preliminary Patient Consent guidance was followed and as this resource did not involve patient data no further actions were needed. Case studies were not of real, identifiable patients.</p> <p>IPR/Copyright guidance was followed and indicated that the learning resource had an existing licence in the form of an 'All rights reserved' disclaimer ("no part of this pack can be reproduced in any form without prior permission of the copyright owner"). The resource collection was identified to have multiple IPR sources including its authors and sources of information used to create the resource collection. These include Queen's University Belfast, Royal Belfast Hospital for Sick Children Belfast Health and Social Care Trust, British Dietetic Association Paediatric Group and the National Patient Safety Agency. There were referenced information tables concerning the nutritional composition of infant feedings products derived from the website of a commercial product, a published text book and a journal article. There were also several unattributed images. The resource collection did not complete the IPR guidance as additional information was needed as to the status of the IPR from multiple points.</p> <p>Institutional Policy guidance was not available. The location of institutional policy documents governing the member of staff's IPR, for use in commercial or non-commercial applications, were not known.</p> <p>Internationalisation guidance was not available.</p> <p>Pedagogy and QA preliminary survey was completed and it was noted that IMS terminology is not widely understood. Answering of some of the questions was difficult as a Learning Technologist (the 'content uploader') may not have all the information about a resource that the original author has. No modifications were made to the resource.</p> <p>Resource Discovery/Re-use guidance was not available. The preliminary guidance survey was completed.</p> <p>Resource Upload guidance will not be used until further information has been collected on IPR issues.</p>
<p><b>6. Uploading and hosting resources.</b></p>	<p>The resource was not successfully uploaded as an OER due to unresolved IPR/copyright issues. It will likely be possible to upload the resource when IPR/Copyright issues have been resolved.</p>
<p><b>7. What are the key outcomes of the resource or resource collection?</b></p>	<p>The initial unsuccessful upload to Jorum, as a result of a requirement to gather further IPR data, contributed to future OER practice within the institution by highlighting the administrative burden in retrospectively making a learning collection open. Namely, the ease of access to documents clearly recording IPR permissions, use of pre-existing usage restriction and the use of unattributed images.</p>
<p><b>8. What follow-up activity will be/has been carried out as a result of the resource or resource collection?</b></p>	<p>Confirm of points of IPR.</p> <p>Locate any copyright and intended use/distribution permissions from external sources of information, gain OER specific permission where possible.</p> <p>Decide on an appropriate CC licence acceptable to external content providers.</p> <p>Check image, journal, book permission used in learning collection.</p> <p>Follow 'clean up' procedure if necessary, and apply an OER licence to the resource.</p>
<p><b>9. What are the lessons learned from the resource or resource collection?</b></p>	<p>In terms of sustainability, the resource will be reviewed on a yearly basis. There is a large administrative burden in checking IPR statuses of learning resource elements to retrospectively make OER.</p> <p>Once the issues above are addressed, then little risk is perceived in making this an open educational resource. The resource collection is available openly already (not for re-use and repurposing), although it is not promoted outside the institution.</p> <p>The potential benefits would be in providing future IPE training to an increased number of students.</p> <p>An unexpected outcome was that it was more difficult to make a resource collection an OER than expected, following the OOER guidance packages of best practice which raised issues which had not been addressed by internal procedures.</p> <p>Advice to others would be to develop processes for clear accessible logging of copyright permissions.</p>

<b>Case study nine</b>	<b>Learning and study styles - group work</b>
<b>School or Department</b>	Nottingham Veterinary School
<b>Institution(s) involved</b>	University of Nottingham
<b>Contact + Email</b>	Liz Mossop <a href="mailto:Liz.mossop@nottingham.ac.uk">Liz.mossop@nottingham.ac.uk</a> Gillian Brown <a href="mailto:gillian@medev.ac.uk">gillian@medev.ac.uk</a>
<b>Date</b>	12/04/2010
<b>Tags</b>	Study skills; Veterinary; Group work; Learning styles; Professional skills; Professionalism; PBL; UKOER; OOER; MEDEV; toolkit usability; toolkit v1
<b>Questions</b>	<b>Explanation and further information</b>
<b>1. What is the curriculum context of the resource or resource collection?</b>	The curriculum context is the undergraduate veterinary degree at the University of Nottingham. This document outlines a sample session for small groups of year 1 undergraduates. The session asks students to think about how they learn and identifies their learning style. It also asks the students to analyse how well they have been functioning as a group. It is therefore a useful session early on in a PBL curriculum, or a curriculum that uses extensive group learning.
<b>2. What were the aims and objectives of the resource or resource collection?</b>	After working through this resource the students should be able to: Appreciate different learning and study methods - discuss different approaches to lectures and note taking Identify their own learning type and study methods most effective for them using the VARK test Understand the methods and advantages of working in a group Explore study techniques that promote understanding and memory retention (active vs. passive learning) Discuss different approaches to lectures and note taking Explain the use of learning objectives/session summary sheets and how this can help the revision process Identify the different types of MCQ questions (standard, EMQs, A/R, graphical).
<b>3. How was the resource or resource collection implemented?</b>	The resource comprises Microsoft Word documents which are used by facilitators running the session. Other resources utilized are referenced within this document.
<b>4. What technologies and/or e-tools were needed to deliver this?</b>	Questions and envelopes (guidance within document) A useful addition to the session is a short video clip (mov format) of current students talking about their own experiences, and also some sample MCQ questions for students to view. These resources are institutional specific and therefore have not been uploaded; however the author is happy to share details. TurnitinUK was used to confirm the originality of the resource ( <a href="http://www.submit.ac.uk/static_jisc/ac_uk_index.html">http://www.submit.ac.uk/static_jisc/ac_uk_index.html</a> ). 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. OpenLabyrinth ( <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. 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. JorumOpen ( <a href="http://www.jorum.ac.uk/">http://www.jorum.ac.uk/</a> ) was used as a repository to which this learning resource was uploaded to.
<b>5. What guidance and/or support did you develop?</b>	Categorisation guidance was followed and inputted into the MEDEV proposal system with as much information to hand as possible. It didn't seem to like less than 1.0 credit being entered. This resource is equivalent to 0.2 credits. Patient Consent guidance was followed but this WP did not seem relevant to this particular resource. Besides that, we found the questions were worded unclearly. For example, "is the provenance known?" may benefit from different wording, such as "Is there any information about the history of the ownership of the resource?" The WP (3) is difficult to understand, as there is not a clear pathway through to a definitive ending so you know you have 'passed' the toolkit. It would be preferable to have something that says, "Stop. Don't upload until you can complete this package". It felt like there was no completion. Also, the wording is not quite right for the veterinary context – patient consent is different (patient and owner). The toolkit needs to be spell-checked too. IPR/Copyright guidance was followed but we felt there were questions missing. It did not ask if there was anything within the resource that was 'appropriated' from other sources. i.e. a couple of activities were taken from a teaching book (Stella Cottrell, Study Skills Handbook, Palgrave Macmillan, 2nd Revised edition) which allows photocopying the resources in there for teaching purposes, but does not allow publishing. Therefore, we removed the diagrams/tables and left the book reference in the document. Also, the question(s) about using images/imaging is a little unclear. There was no clear guidance concerning images which are not owned by the author, or if present this was unclear. The whole image/imaging issue is not complete, it seems very focused on patient consent but not on other issues. This resource was written 4 years ago and as time passes people forget where they got the idea or if they wrote the resource completely. Therefore, it was decided to run the resource through plagiarism software TurnitinUK before finally uploading it as it felt like 'all the boxes had then been ticked'. Institutional Policy guidance was not available. A conversation with a member of the BERLIN project confirmed that that the institution was very 'pro-OER' and a copy of Nottingham's institutional policy states that the IPR of a University academic is administered by the University. Internationalisation guidance was not available. Pedagogy/QA guidance was followed and the survey completed. This toolkit was more straightforward and

	<p>had a sense of completion. The order of the questions within the toolkit need looking at, as Q.18 asks "Will the resource be available on JorumOpen?" which seems a bit premature. Q. 60 is unclear so was not answered. Q. 67 mentions 'IMS', but it doesn't offer an explanation as to what IMS actually is.</p> <p>Resource Discovery/Re-use guidance was not available. The survey was closed.</p> <p>Resource Upload guidance was followed and seemed straightforward.</p>
<b>6. Uploading and hosting resources.</b>	<p>Was the resource successfully uploaded as an OER? YES</p> <p>Does the repository upload system meet your requirements? YES</p> <p>Does the repository publishing environment meet your needs? YES – although retrieval of a resource seems 'clunky'. Also uncertain as to how the number of people viewing the resource is monitored.</p> <p>What is your role in the organisation e.g. Learning Technologist, Lecturer, etc.?</p> <p>Lecturer.</p>
<b>7. What are the key outcomes of the resource or resource collection?</b>	<p>Describe the outcomes for learners, teachers, staff, the institution(s), employers, partners etc. How has it contributed to OER practice within the department/institution/sector? What has been the impact on learners and staff?</p> <p>The outcome for teachers is the ability to access this session and implement it in their own institution should they wish.</p> <p>The contribution to OER practice within this institution is currently small, as the University of Nottingham already has a clear policy and practice, running its own OER institutional strand. However, the pit falls and issues surrounding OER release have been highlighted on an individual basis.</p>
<b>8. What follow-up activity will be/has been carried out as a result of the resource or resource collection?</b>	<p>Give details of how you have disseminated the outcomes of the resource or resource collection and any follow-up projects.</p> <p>A verbal report to the school management team on this process will allow the school to consider future OER policy.</p> <p>Retrieval(s) of the resource will be monitored if possible.</p>
<b>9. What are the lessons learned from the resource or resource collection?</b>	<p>Give details of what you have learned from implementing this initiative, whether you believe this initiative was successful in contributing to OER development and what you might have done differently.</p> <p>The toolkits within OpenLabyrinth need a more defined pathway to gain a sense of completion. It is appreciated that these are mainly at pilot stage but it is difficult to expect upload when they are incomplete and do not give authors confidence in the system. This resource highlights the issue of uploading older material which has been adapted from other sources. It also raises issues around institution specific material such as sample MCQ questions.</p> <p>Tunitin was used to check this resource as the author was not confident about the sources of some of the written material. This should perhaps be an advised policy in this situation, as it certainly improved confidence levels that the resource could be released.</p> <p>The author has also uploaded resources to their institutional OER project (BERLIN) who checked the resource step-by-step through the Institutional Policy so the author felt more comfortable about uploading. This is obviously a time consuming process – but it may be that some kind of training course is necessary for academics before upload commences. Many academics are very keen to release material and without proper training around copyright they could unknowingly cause issues.</p>
<b>Case study ten</b>	<b>Veterinary Professionalism, stress and work life balance.</b>
<b>School or Department</b>	Nottingham Veterinary School
<b>Institution(s) involved</b>	Nottingham Veterinary School
<b>Contact + Email</b>	Liz Mossop <a href="mailto:Liz.mossop@nottingham.ac.uk">Liz.mossop@nottingham.ac.uk</a> Gillian Brown <a href="mailto:gillian@medev.ac.uk">gillian@medev.ac.uk</a>
<b>Date</b>	12/04/2010
<b>Tags</b>	MEDEV; OER; UKOER; Professional skills; Professionalism; Study skills; Stress awareness; Stress management; Veterinary; RCVS; Time management; Work life balance; toolkit usability; toolkit v1
<b>Questions</b>	<b>Explanation and further information</b>
<b>1. What is the curriculum context of the resource or resource collection?</b>	<p>This session forms part of the University of Nottingham undergraduate veterinary degree. It is a facilitated small group session run as part of the Professional and Personal Skills module.</p> <p>The personal and professional skills module aims to equip students with generic and professional skills necessary for university life and ultimately the workplace. This session focuses on the identity of veterinary surgeons, and asks students to discuss what the concept of veterinary professionalism means to them. It also covers the role of the professional regulatory body, and issues of stress and work life balance which are extremely pertinent to veterinary surgeons.</p>
<b>2. What were the aims and objectives of the resource or resource collection?</b>	<p>Teachers accessing this resource will access the following learning outcomes:</p> <p>Define the meaning of professionalism within the veterinary context</p> <p>Give examples of good and bad professional behaviour</p> <p>Understand the role of the Royal College of Veterinary Surgeons and the "Guide to Professional Conduct"</p> <p>Understand the consequences of inefficient timekeeping and its effects on others, relate this to being a professional</p> <p>Understand time demands of the course</p> <p>Prioritise tasks as necessary and develop a study plan to ensure all subjects are dealt with effectively</p> <p>Evaluate and revise plan to ensure most effective use of time</p> <p>Understand the concept of work/life balance</p>

	Describe the signs of stress and how to deal with it. Know the routes for help within the university and beyond
<b>3. How was the resource or resource collection implemented?</b>	The resource is comprised of two Microsoft Word documents – one is guidance for facilitators, the second is a student task sheet. The two documents need to be used together to run the session
<b>4. What technologies and/or e-tools were needed to deliver this?</b>	TurnitinUK was used to confirm the originality of the resource ( <a href="http://www.submit.ac.uk/static_jisc/ac_uk_index.html">http://www.submit.ac.uk/static_jisc/ac_uk_index.html</a> ). 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. OpenLabyrinth ( <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. 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. JorumOpen ( <a href="http://www.jorum.ac.uk/">http://www.jorum.ac.uk/</a> ) was used as a repository to which this learning resource was uploaded to.
<b>5. What guidance and/or support did you develop?</b>	Categorisation guidance was followed and inputted into the MEDEV proposal system with as much information to hand as possible. Patient Consent guidance was followed but this WP did not seem relevant to this particular resource. A flowchart process (if possible to include in OpenLabyrinth) may be a better solution. IPR/Copyright guidance was followed but we felt there were questions missing. This session has had several authors contributing over the four years it has been run and so the providence of all material could not be guaranteed. This tool kit is not geared towards copyright for written documents, or this element was unclear to us as users. Internationalisation guidance is not available Pedagogy/QA guidance was followed but the survey was unavailable. "The survey has been completed". Having used it successfully an hour earlier we closed the browser and reloaded but got the same response (survey monkey sometimes only allows one response per IP address – depending on how it's been set-up and we wondered if this was the reason?). The OOER Project Manager (SH) kindly emailed a PDF version of the questions so we were able to go through the process, but it will not have been recorded on the survey. Resource Discovery/Re-use guidance was not available. The survey was closed. Resource Upload guidance - the upload to Open Jorum was quite straightforward.
<b>6. Uploading and hosting resources.</b>	Was the resource successfully uploaded as an OER? YES Does the repository upload system meet your requirements? YES Does the repository publishing environment meet your needs? YES – although retrieval of a resource seems 'clunky'. What is your role in the organisation e.g. Learning Technologist, Lecturer, etc.? Lecturer.
<b>7. What are the key outcomes of the resource or resource collection?</b>	The outcome for teachers is the ability to access this session and implement it in their own institution should they wish. The contribution to OER practice within this institution is currently small, as the University of Nottingham already has a clear policy and practice, running its own OER institutional strand. However, the pit falls and issues surrounding OER release have been highlighted on an individual basis.
<b>8. What follow-up activity will be/has been carried out as a result of the resource or resource collection?</b>	A verbal report to the school management team on this process will allow the school to consider future OER policy. Retrieval(s) of the resource will be monitored if possible. Monitoring of the time taken to go through the toolkits We also 'googled' to see if we could find the resource on Open Jorum but were unsuccessful. Will monitor over next few days.
<b>9. What are the lessons learned from the resource or resource collection?</b>	This resource was relatively easy to achieve upload, as it contained no images or slides. However text based resources are not without their own copyright issues. This resource has been modified by several different authors over the years it has been in use, and so it was felt important to run a plagiarism check via the TurnitinUK software package. Considerable time was spent using the tool kits and we still did not have complete confidence that all the elements of copyright and open resources had been covered. There is a focus on patient consent which is not relevant in this situation, and it would be interesting to use other more generic tool kits on resources such as this.
<b>Case study eleven</b>	<b>Document Management 1</b>
<b>School or Department</b>	School of Medical Sciences Educational Development
<b>Institution(s) involved</b>	Newcastle University
<b>Contact + Email</b>	Rebecca McCreedy ( <a href="mailto:rebecca.mccreedy@ncl.ac.uk">rebecca.mccreedy@ncl.ac.uk</a> ) Lindsay Wood ( <a href="mailto:lindsay.wood@ncl.ac.uk">lindsay.wood@ncl.ac.uk</a> )
<b>Date</b>	10 February 2010
<b>Tags</b>	word 2007, IT skills, coursework, existing open resource, licence syncing, creative commons licence
<b>Questions</b>	<b>Explanation and further information</b>
<b>1. What is the curriculum</b>	A highly generic learning resource for undergraduates and postgraduates in several disciplines. Currently

<b>context of the resource or resource collection?</b>	used for undergraduate medicine, dentistry, biomedical sciences and psychology and also MSc, MRes and PhD postgraduate programmes to teach information technology skills in document management. Training is delivered using an online resource, 2-3 weeks prior to a course work assignment.
<b>2. What were the aims and objectives of the resource or resource collection?</b>	Development of Microsoft Word 2007 document management skills, including; employ good file management practices; use styles to format your documents; insert images and tables from other sources i.e. Irfanview, Excel; use captions and cross-referencing to link figures; insert headers and footers; employ good printing practices; effectively use the spelling and grammar checker and autocorrect features.
<b>3. How was the resource or resource collection implemented?</b>	Online material located on host institution web servers using HTML, PHP, and JavaScript. No access restrictions applied. Material complied with web accessibility guidelines.
<b>4. What technologies and/or e-tools were needed to deliver this?</b>	Visual Understanding Environment ( <a href="http://vue.tufts.edu">http://vue.tufts.edu</a> ) was used to construct decision tree maps for OOER guidance package advice. OpenLabyrinth ( <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. SurveyMonkey ( <a href="http://www.surveymonkey.com/">http://www.surveymonkey.com/</a> ) was used to survey partners and collection data on their methods used in pedagogy and resource discovery. JorumOpen ( <a href="http://www.jorum.ac.uk/">http://www.jorum.ac.uk/</a> ) was used as a repository to which learning resources were uploaded to.
<b>5. What guidance and/or support did you develop?</b>	Patient Consent guidance was used and as this resource did not involve patient data no further actions were needed. Institutional Policy guidance was not available. The location of institutional policy documents governing the member of academic staff's IPR, for use in commercial or non-commercial applications, were not known. Internationalisation guidance was not available. IPR/Copyright guidance was followed and proposed a CC Attribution Non-commercial Share-alike licence. More of an introductory explanation and examples of the concepts of a licence, copyright and IPR would have been useful in this guidance. This resource was published with a University copyright statement, but without specific licence instructions. More explanation on how published learning resources have a licence would be beneficial. Pedagogy/QA guidance was not available. The preliminary guidance survey was completed. No modifications were made to the resource. Answering a few of the questions was more difficult when the resource author had the intent to do something, but had not done so yet. Some of the terminology (i.e. IMS standard) was not known to the survey participant, it was thus assumed that the learning resource did not use this standard. Resource discovery was not available. The preliminary guidance survey was completed. Resource upload guidance was followed. The issue of syncing between the CC licence in the repository and the licence on a learning resource that was retrospective made open was highlighted. An explanation of the CC licensing system terminology was needed.
<b>6. Uploading and hosting resources.</b>	The resource was successfully uploaded as an open educational resource to the JorumOpen repository by the Learning and Teaching Advisor who authored the resource. The repository upload system was found to be simple to use. The repository publishing environment was satisfactory. A specific field to give direction on how the resource could be re-used (pedagogy) was thought a useful future addition.
<b>7. What are the key outcomes of the resource or resource collection?</b>	The outcome for staff is to clarify the institutional policies that oversee their IPR and how their teaching materials are licenced. Specific Institutional direction on IPR associated with non-commercial OER would be useful. The Pedagogy/QA guidance confirms that good practice has been followed prior to release. The most effective approach for a resource to be discovered and used by learners will be highlighted by the Resource Discovery guidance. This resource has provided a source of testing material to be used to develop the OOER guidance packages. Most users will require some basic instruction of the CC licence terminology. There needs to be syncing of CC licences on the resource and the repository link. The resource was previously available in the public domain hosted on the University web server. There will be a CC label, stating how the resource is to be licenced. The resource is now available for discovery on JorumOpen and has been indexed by the Google search engine. An '.ac.uk' specific Google search of relevant keywords to this resource returns the JorumOpen hosted URL in a preferential position to the Institution hosted page.
<b>8. What follow-up activity will be/has been carried out as a result of the resource or resource collection?</b>	Monitoring of resource discovery. Syncing of CC licences. Find location of relevant Institutional IPR documents
<b>9. What are the lessons learned from the resource or resource collection?</b>	This resource has proven successful in providing a source of testing material to develop the OOER guidance packages. The sustainability of the resource is expected to be approximately 3 years, with an annual review. Any changes in the resource status will need to be reflected in the JorumOpen repository by updating it manually. The risks in making this an OER were perceived as low. There is a potential for people to contact the resource author with questions regarding resource, thus increasing workload. An unexpected outcome was the need to sync repository and learning resource licences. Resource further details: <a href="http://fms-itskills.ncl.ac.uk/dm01/">http://fms-itskills.ncl.ac.uk/dm01/</a> <a href="http://open.jorum.ac.uk/xmlui/handle/123456789/1574">http://open.jorum.ac.uk/xmlui/handle/123456789/1574</a>

<b>Case study twelve</b>	<b>Interactive guided learning material for depression core concepts</b>
<b>School or Department</b>	School of Medicine
<b>Institution(s) involved</b>	University of Southampton
<b>Contact + Email</b>	Dr Sunhea Choi ( <a href="mailto:S.Choi@soton.ac.uk">S.Choi@soton.ac.uk</a> ) Lindsay Wood ( <a href="mailto:lindsay.wood@ncl.ac.uk">lindsay.wood@ncl.ac.uk</a> )
<b>Date</b>	1 <sup>st</sup> March 2010
<b>Tags</b>	Medicine, undergraduate, mental health, depression, multi-point IPR, eLearning staff IPR, University visiting contract, honorary contract, NHS clinician, repository, usability, IPR negotiation, traffic light release system, granularity, cohesive resource vs. single asset
<b>Questions</b>	<b>Explanation and further information</b>
<b>1. What is the curriculum context of the resource or resource collection?</b>	Resource collection to help students to make sense of their knowledge base. Also, for use in revising for exams to refresh understanding as a supplement to factual content provided from recommended texts and lecture notes. Use in BM undergraduate medicine teaching, specifically clinical years.
<b>2. What were the aims and objectives of the resource or resource collection?</b>	Mental illnesses are not always easy to get to grips with during short psychiatry attachments. This learning resource collection tries to make the task easier by presenting psychiatric concepts in a more easily digestible way. Wherever possible the resource shows figures and concepts in a visually memorable way in the hope that students will really grasp how the information fits together in the "bigger picture".
<b>3. How was the resource or resource collection implemented?</b>	HTML web page with embedded Flash video and animations.
<b>4. What technologies and/or e-tools were needed to deliver this?</b>	Adobe Flash. 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. OpenLabyrinth ( <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. 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. EdShare was used as a institutional repository to which the resource was originally uploaded ( <a href="http://www.edshare.soton.ac.uk">http://www.edshare.soton.ac.uk</a> ) JorumOpen ( <a href="http://www.jorum.ac.uk/">http://www.jorum.ac.uk/</a> ) was used as a repository to which this learning resource was uploaded to.
<b>5. What guidance and/or support did you develop?</b>	Categorisation guidance was followed. It would be useful to have drop down menu options to select from, together with an option to add 'Other'. This would guide the end user and make data collection more consistent. Automated detection of file format and length are available technologies and should be used more to reduce end user workload. Preliminary Patient Consent guidance was followed. As this resource contained no patient data, the guidance package was not used in depth. IPR/Copyright guidance was followed. The resource collection was shown to have multiple points of IPR, these being a University eLearning Manager, an NHS Clinician and others involved at various stages of producing the material. This information was not available to hand during the initial testing of the guidance. Subsequently, the following was clarified. The clinician was employment by the University on a Visitor Contract. These contracts are allocated to any Consultant who teaches students in this Institution in an a transient role, requiring the submission of a CV and contract form. Not all Visitors complete this process as they should. The Visitor Contract does refer to IPR and it links to the University Intellectual Property Regulations ( <a href="http://www.calendar.soton.ac.uk">www.calendar.soton.ac.uk</a> ). These state that anything made with University facilities are owned by the University. Honorary contracts are being developed for key people who really benefit the School. These will be more specific as regards to IPR, but they do not exist at present. As regards to the NHS contract, this requires a Consultant to comply with NHS procedures for intellectual property which are in line with 'The NHS as an Innovative Organisation, Framework and Guidance on the Management of Intellectual Property in the NHS' (which is available from <a href="http://www.dh.gov.uk/">http://www.dh.gov.uk/</a> ). This states that the NHS owns the IPR, with emphasis is on R&D, but educational materials are included. Section 4 of this document discusses the NHS-University relationship and says there needs for agreement between parties for one to hold the IPR, but give full rights to the other with shared income if applicable. This should be agreed at the beginning of the process. Institutional Policy guidance was not available. There was no institutional policy on the release of OER. The time scales required to establish new institutional policies and the administrative burden tracking down ownership of IPR for ex-employees whose exact contractual status at the time of authoring a learning resource is a barrier to the timely release of OER. A 'traffic light' approach is being considered, which classifies a resource on an OER readiness scale, whereby the degree of compliance with the guidance packages is weighed against the likely risk of litigation. It is suggested that in lieu of an Institution Policy, all involved parties will be contacted and asked if they object to the resource being made open. Internationalisation guidance was not available. Pedagogy/QA guidance preliminary survey was completed. Feedback was received on usability and which are the most useful questions to take forward to record metadata about a resource. Resource Discovery/Re-use guidance was not available. The preliminary guidance survey was completed.

	Resource Upload guidance will be used when the resource is uploaded.
<b>6. Uploading and hosting resources.</b>	The resource was not initially uploaded as an OER. This was deferred until IPR issues could be resolved. The resource collection URL link will be uploaded to JorumOpen by the OOER Project Officer after permissions have been given and documented.
<b>7. What are the key outcomes of the resource or resource collection?</b>	Clarification of resource authors' IPR based on contract status. A case-by-case approach to making resources open in an Institution where a policy does not exist.
<b>8. What follow-up activity will be/has been carried out as a result of the resource or resource collection?</b>	An ideal future outcome would be that it is clearly established that all NHS Trusts agree that the University will take ownership of the IPR where the University is delivering the education, but will share any profits.
<b>9. What are the lessons learned from the resource or resource collection?</b>	It will not be sustainable to update resources in multiple repositories. Updating in an Institutional repository is the preference. Tracking down and resolving IPR issues and approving a novel Institutional Policy is very time consuming. A solution might be the proactive release of OER resources by contacting interested parties and inquiring if there are any objections, together with a rapid take down policy. The issue of what justification there is for a centralised repository and how competitive it is compared to other open sharing sites (Institutional repositories, YouTube, Slideshare, etc) was raised. The risks are perceived as releasing an OER that someone objects to. Following toolkit guidance should avoid this and a robust take down policy will minimise the impact. Also, how to maintain and protect Institutional branding on share resources. The benefits are to promote the University and to promote the individual resource creator. <a href="https://www.som.soton.ac.uk/learn/mentalhealth/bmyr3yr5/curriculum/depression/">https://www.som.soton.ac.uk/learn/mentalhealth/bmyr3yr5/curriculum/depression/</a>
<b>Case study thirteen</b>	<b>ID503 Malaria</b>
<b>School or Department</b>	LSHTM
<b>Institution(s) involved</b>	LSHTM
<b>Contact + Email</b>	Dr Sara Atkinson ( <a href="mailto:sara.atkinson@lshtm.ac.uk">sara.atkinson@lshtm.ac.uk</a> ) Lindsay Wood ( <a href="mailto:lindsay.wood@ncl.ac.uk">lindsay.wood@ncl.ac.uk</a> )
<b>Date</b>	3 <sup>rd</sup> March 2010
<b>Tags</b>	postgraduate, malaria, infectious diseases, copyright permissions, institutional collaboration, commercial relationships, institutional policy
<b>Questions</b>	<b>Explanation and further information</b>
<b>1. What is the curriculum context of the resource or resource collection?</b>	A postgraduate advanced module as part the MSc in Infectious Diseases. It consists of 100-150 hours of study on malaria (likely to be but not yet confirmed as 15 PG credits). The pre-requisites are an undergraduate science degree.
<b>2. What were the aims and objectives of the resource or resource collection?</b>	The module enables the student to understand the biology and pathology of malaria. Although the subject of numerous interventions and control programmes, malaria remains the major parasitic cause of morbidity and mortality world-wide. The reasons for the failure of past attempts at control and the prospects for future success will be examined.
<b>3. How was the resource or resource collection implemented?</b>	A CD ROM, 300 MB in size, containing text, images and quizzes.
<b>4. What technologies and/or e-tools were needed to deliver this?</b>	CD-ROM authoring software. 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. OpenLabyrinth ( <a href="http://sourceforge.net/projects/OpenLabyrinth/">http://sourceforge.net/projects/OpenLabyrinth/</a> ) was used to create a online application to deliver the decision tree maps. 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. JorumOpen ( <a href="http://www.jorum.ac.uk/">http://www.jorum.ac.uk/</a> ) was used as a repository to which learning resources were uploaded to.
<b>5. What guidance and/or support did you develop?</b>	Preliminary Patient Consent guidance was followed. As this resource did not involve patient data no further actions were needed. IPR/Copyright guidance was followed. It was determined that the resource had multiple sources of IPR derived from its many authors and their contractual status. This included School employees, clinicians, contract staff and students employed on a temporary contract. Some of these contracts date back 10 years or more and would be time consuming to locate. Resource authors will be contacted to see if there are any objections to open release. In this institution the Library is a driver of copyright policy observance. A meeting was held with a representative from the Library who clarified the contractual copyright position of School employees and the location of a general IPR policy on the School website ( <a href="http://www.lshtm.ac.uk/">http://www.lshtm.ac.uk/</a> ). The IPR/Copyright guidance package highlighted some elements of the resource that required clarification. There were some unattributed images, probably from Flickr, where permission needed to be checked and attributed if required. There were some images attributed to websites, which it would be prudent to know the locations of permission request documentation that were made to the author. Institutional Policy guidance was not available. There is no Institutional Policy on releasing resources as OER.

	<p>Currently, within the School, there is a focus to raise the profile of the School and for self-promotion Also, historically the School has in its foundation philanthropic activities in promoting worldwide public health and education. Within this Institution, efforts have been made by the OOER project to develop a policy on releasing OER. Negotiating through internal processes (Learning and Teaching Policy Committees and Senior Management Team meetings) has proved to be a time consuming and slow procedure (but is at least moving). As yet an Institutional decision to allow resources to be made open has not been made. In this Institution, a further complication is the commercial relationship with the University of London International Programmes. This commercial relationship is used to market this resource collection, and the students are dual registered (although this has taken time) in both institutions). The contract governing this University of London International Programmes relationship is currently being re-negotiated, which adds a further complication to the release of OER.</p> <p>Internationalisation guidance was not available.</p> <p>Pedagogy/QA guidance preliminary guidance survey was completed with feedback on wording, appropriateness of questions and usability given. It was useful in that it raised the issue of re-branding and of web accessibility issues.</p> <p>Resource Discovery/Re-use preliminary guidance survey was completed.</p> <p>Resource Upload guidance will be followed when IPR issues have been clarified and an Institutional Policy (more examples of those used elsewhere are needed) has been established.</p>
<b>6. Uploading and hosting resources.</b>	The resource was not uploaded as an OER due to Institutional Policy issues.
<b>7. What are the key outcomes of the resource or resource collection?</b>	A useful outcome is the discussion of what is valuable to the end user as an OER, in terms of the granularity of a resource. Is an entire module more useful as it represents a cohesive learning collection suitable for a student or a teacher developing new material with few resources? Or is a single resource element, which a teacher could use to supplement their own materials, more useful (After attending the Cambridge event I am more and more of the thinking that individual item within the module might be most useful)? Recent attendance at OER10 has lead the resource uploader to think that individual items within this module might be most useful.
<b>8. What follow-up activity will be/has been carried out as a result of the resource or resource collection?</b>	The IPR clarifications will be followed up to confirm image permission have been sought. If possible the contractual status of employees from 10 years ago will be checked, although this may prove too time consuming. All resource authors will be contacted by email to see if any object to their resources being made open. The process of gaining Institutional support to release a resource collection as OER will be tracked and the rate limiting step will be reported back.
<b>9. What are the lessons learned from the resource or resource collection?</b>	<p>No personal risks are perceived to the content depositor. There may be Institutional risks if content is uploaded that a person or organisation objects to. The lack of control in re-branding of a resource released as an OER is also a potential risk.</p> <p>The benefits of making a resource open are to drive quality of learning resources upwards. In being a partner in the OOER project there has been increased interaction with different people within the School to discuss the project and to develop novel internal procedures.</p> <p>Advice for others would be to release content where possible with a licence that does not unnecessarily restrict re-use and repurposing. The latter are important to developing countries that need be able to adapt resources to their own teaching and learning environment. Addition advice is to be aware of how much time is required for Institution Policies to be written or changed.</p>
<b>Case study fourteen</b>	<b>Clinical demonstration of internal pelvic examination</b>
<b>School or Department</b>	eLearning Developer
<b>Institution(s) involved</b>	Queens University Belfast
<b>Contact + Email</b>	<a href="mailto:c.thomson@qub.ac.uk">c.thomson@qub.ac.uk</a> <a href="mailto:lindsay.wood@ncl.ac.uk">lindsay.wood@ncl.ac.uk</a>
<b>Date</b>	26 <sup>th</sup> March 2010
<b>Tags</b>	gynaecology, internal female examination, medicine, internal contracted videographer, IPR, non-patient consent, 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>	An Obstetrics and Gynaecology resource used for Year 4 undergraduate medicine, with curriculum dependencies of basic anatomy. It is used for self-directed learning for 200-500 students per year and is non-credit bearing.
<b>2. What were the aims and objectives of the resource or resource collection?</b>	The learning resource ensures students have observed a clinical demonstration of female internal examination. It gives an introduction to performing an internal examination and includes the external examination, carrying out a cervical smear and the use of a speculum.
<b>3. How was the resource or resource collection implemented?</b>	A video was filmed of a clinical tutor performing the examination on a mannequin. The resource was hosted on the institutional VLE as a WMV video of 22 MB and 7 minutes duration. Currently, students login to an institutional learning environment to view the resource.
<b>4. What technologies and/or e-tools were needed to deliver this?</b>	<p>Video editing software.</p> <p>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.</p> <p>OpenLabyrinth (<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.</p> <p>SurveyMonkey (<a href="http://www.surveymonkey.com/">http://www.surveymonkey.com/</a>) was used to survey interested parties and collection data on</p>

	<p>their methods used in pedagogy and resource discovery.</p> <p>JorumOpen (<a href="http://www.jorum.ac.uk/">http://www.jorum.ac.uk/</a>) was used as a repository to which this learning resource was uploaded to.</p>
<b>5. What guidance and/or support did you develop?</b>	<p>Categorisation guidance was followed. It was noted that scope notes should be added on the proposal form to give more assistance in what to enter into each field.</p> <p>Patient Consent guidance was followed. The resource does not require patient consent as a mannequin is used. However, the guidance commentary reinforced the need to inform patients on how to withdraw consent, although this was not directly tested with resource. The implications and practicalities of this of this when resources are released openly online were discussed. Non-patient consent would be required from the member of the university staff caring out the clinical demonstration. Non-patient consent guidance was provided in the associated notes of the toolkit. This should be incorporated more obviously into the workflow when providing decision trees.</p> <p>IPR/Copyright guidance was followed. When using the toolkit, it was desired to select the institution, QUB, as the IPR holder. This option was not available to choose. This would be classed as 'Other' on the toolkit decision tree. The toolkit was designed to get end users to think about who had the intellectual creative idea in creating the learning resource (and hence ownership of IPR). The resource has multiple points of IPR, these being the internal contractor filming the video (University Video Production Unit) and the member of staff demonstrating the clinical examination. The terminology and differentiation of non-contracted and contracted clinician was not instantly clear and perhaps some definitions would be helpful. Also, available/unavailable is unclear in reference to availability of contracts. With respect to this resource, the University Video Production Unit has their IPR administered by the University as part of their employment contract. The QUB staff member was a clinician working under a QUB employee contract and their IPR was administered the University. The guidance package showed that the resource was not already licenced and that the provenance was known. A CC licence was assigned.</p> <p>Institutional Policy guidance was not available. The institution does not have a formal policy on releasing learning resources as OER. It was hoped that involvement in this project would clarify where the final permission, within the institution, to release a resource openly is gained from.</p> <p>Internationalisation guidance was not available.</p> <p>Pedagogy/QA guidance preliminary survey was completed. From the survey, it was noted that there are no built in captions on the video to make accessible. The issue of branding raised and currently this video is not branded with any institutional logos. The term IMS was not familiar and perhaps should be replaced with 'learning standards'. The survey was useful, but long.</p> <p>Resource Discovery/Re-use guidance was available as a preliminary survey.</p> <p>Resource Upload guidance was followed. It was decided to licence the resource as CC Attribution-Non-commercial No-derivative Works 2.0 UK: England &amp; Wales. JorumOpen.</p>
<b>6. Uploading and hosting resources.</b>	<p>The resource was successfully uploaded as an OER to the JorumOpen repository by the eLearning Developer.</p> <p>The repository upload system was viewed as relatively simple and straightforward. There were initial problems with JorumOpen authentication through Shibboleth.</p> <p>The publishing environment was fairly simple.</p>
<b>7. What are the key outcomes of the resource or resource collection?</b>	<p>The in-house patient information/consent forms have been adapted in line with suggestions from the Patient Consent toolkit.</p>
<b>8. What follow-up activity will be/has been carried out as a result of the resource or resource collection?</b>	<p>It is hoped to be able to track resource usage.</p>
<b>9. What are the lessons learned from the resource or resource collection?</b>	<p>For further information: <a href="http://open.jorum.ac.uk:80/xmlui/handle/123456789/2427">http://open.jorum.ac.uk:80/xmlui/handle/123456789/2427</a></p>

### 13.5.2 Full list of complete, in progress and planned case studies (WP8)

Table 17. Full list of case studies – completed and planned

Site	Subject	Status	Date	Authors	Title	Tags summary; comment
Newcastle University	Generic	Complete	10.2.10	Rebecca McCready / Lindsay Wood	Document Management 1	creative commons licensing, licence syncing
	Medicine	Complete	12.2.10	Brian Lunn / Lindsay Wood	Psychiatry Teaching Resource	role players, existing OER, branding
	Medicine	On going (to write up)	26.2.10	Philip Bradley / Megan Quentin-Baxter / Lindsay Wood	Recap lectures	institutional IPR, granularity/usefulness, OER pros and cons
	Medicine	On going (to write up)	26.2.10	Philip Bradley / Megan Quentin-Baxter / Lindsay Wood	PBL case studies	institutional policy, granularity, context, student recruitment
	Medicine	On going (to write up)	6.5.10	Richard Price / Lindsay Wood	Interactive Q&A tutorials to accompany PBL cases	IPR of collaborative material written over many years
	Medicine	Not started		Roger Searle / Lindsay Wood	Anatomy lectures	patient consent (awaiting v3 of the toolkit)
	Medicine	Draft complete	01.09.10	Geoff Hammond / Chris Smith	Anatomy lectures and handouts	
	Medicine	Complete	01.09.10	Suzanne Cholerton / Chris Smith	Pharmacology	
	Dentistry	Not started		Mark Thomason / Lindsay Wood / Gillian Brown	Dental resource	Awaiting v3 of the toolkit
	Veterinary	On going (to write up)	01.02.10	Megan Quentin-Baxter / Chris Smith	Rat anatomy images	
Queen's University Belfast	Interprofessional	Complete	18.2.10	Mark McCalmont / Lindsay Wood	Feeding and Nutrition in Infants and Children	multi-point IPR, resource collection, administrative burden, resource 'clean up'
	Dentistry	Not started		Mark McCalmont / Lindsay Wood	TBC	Awaiting v3 of the toolkit
	Medicine	Complete	16.3.10	Kieran McGlade / Clare Thomson / Megan Quentin-Baxter	Female Pelvic examination	institutional IPR, branding, IPR
	Medicine	Complete	28.5.10	Kieran McGlade / Clare Thomson / Megan Quentin-Baxter	Haematology	
University of Aberdeen	Medicine	Complete	24.2.10	Neil Hamilton / Lindsay Wood	Bronchiolitis	institutional IPR
	Dentistry	Complete	24.2.10	Neil Hamilton / Lindsay Wood	Examination of the Oral Cavity	institutional IPR, multi-point IPR, administrative burden, patient consent withdrawal
	Medicine	Complete	01.06.10	Neil Hamilton / Lindsay Wood	Child development	Awaiting sign off from co-authors to upload into JorumOpen
	Dentistry	Not started		Neil Hamilton / Lindsay Wood	CLEO resources	Awaiting v3 of the toolkit
University of Southampton	Medicine	Complete	01.3.10	SC/Lindsay Wood	Interactive guided learning material for depression core concepts	institutional IPR, eLearning staff IPR, clinical staff IPR, honorary contracts, repository usability
	Generic	Complete	01.3.10	Trevor Bryant / Lindsay Wood	Confidence Intervals	institutional IPR, repository usability

Site	Subject	Status	Date	Authors	Title	Tags summary; comment
	Medicine	Not started		Trevor Bryant/Helen Lottery/Lindsay Wood	Dermatology	Awaiting v3 of the toolkit
	Medicine	Resource uploaded (to write up)		Trevor Bryant / Lindsay Wood	Research skills for medicine	
LSHTM	Postgraduate	Complete	03.3.10	Sara Atkinson / Lindsay Wood	PG 15 credit Masters level programme module - Malaria	institutional policy, institutional IPR, resource collection, contractual status, granularity
University of Bristol	Medicine	Complete	11.3.10	Jane Williams / DA / Lindsay Wood	CT head	institutional IPR, student IPR, commercial educational image copyright negotiation, third party upstream IPR
	Medicine	Complete	11.3.10	Jane Williams / GM / Lindsay Wood	Cardiovascular examination	institutional IPR, consent, contractual status
	Medicine	Complete	01.08.10	Jane Williams / Gillian Brown	Palliative care	
	Medicine	Complete	01.08.10	Jane Williams / Gillian Brown	International health	
	Dentistry	Not started		Jonathan Sandy / Chris Mills / Gillian Brown	TBC	Awaiting v3 of the toolkit
	Veterinary science	Not started		Lynda Moore / Nick Crabbe / Gillian Brown	TBC	Awaiting v3 of the toolkit
Imperial College	Medicine	Complete	15.3.10	Maria Toro Troconis / Ashish Hemani / Lindsay Wood	E-module clinical examination in Cardiology	institutional IPR, patient consent, consent forms
The Royal Veterinary College	Veterinary science	Complete	22.3.10	Nick Short / SP / CP /CL / Lindsay Wood	WikiSnakes	institutional IPR, client consent, external contractors, permissions forms, licensing
	Veterinary science	On-going	26.4.10	Nick Short / SP / CP /CL / Lindsay Wood	Veterinary dentistry	
	Veterinary science	On-going		Nick Short / SP / CP /CL / Lindsay Wood	Diagnosis in Dermatology	
	Veterinary science	On-going		Nick Short / SP / CP /CL / Lindsay Wood	WikiQuiz	
	Veterinary science	On-going		Nick Short / SP / CP /CL / Lindsay Wood	FAO Parasitology	
	Veterinary science	On-going		Nick Short / SP / CP /CL / Lindsay Wood	Canine Abdomen and Canine Forelimb	
	Veterinary science	Complete	01.08.10	Nick Short / SP / CP /CL / Lindsay Wood	Digital SlideBox	
	Veterinary science	On-going		Nick Short / SP / CP /CL / Lindsay Wood	Canine Radiographs	
	Veterinary science	Complete	01.08.10	Nick Short / SP / CP /CL / Lindsay Wood	RVC Podcasts	
	Veterinary science	On-going		Nick Short / SP / CP /CL / Lindsay Wood	Recombinant DNA	

<b>Site</b>	<b>Subject</b>	<b>Status</b>	<b>Date</b>	<b>Authors</b>	<b>Title</b>	<b>Tags summary; comment</b>
	Veterinary science	Not started		Nick Short / SP / CP / CL / Lindsay Wood	Diagnostic ophthalmology	
University of Nottingham	Veterinary science	Complete	12.4.10	Liz Mossop / Gillian Brown	Learning and study styles group work	toolkit usability, provenance
	Veterinary science	Complete	12.4.10	Liz Mossop / Gillian Brown	The veterinary professional's stress and work life balance	toolkit usability, provenance
	Staff development	On going (to write up)	28.4.10	Reg Dennick	Staff Development materials	
	Staff development	On-going	28.4.10	Reg Dennick	Staff Development materials	
	Staff development	On-going	28.4.10	Reg Dennick	RAFTT contribution	
University of Liverpool	Medicine	Not started		Helen O'Sullivan / Suzanne Hardy	TBC	Awaiting v3 of the toolkit
	Medicine	Not started		Helen O'Sullivan / Suzanne Hardy	TBC	Awaiting v3 of the toolkit
	Dentistry	Not started		Helen O'Sullivan / Suzanne Hardy	TBC	Awaiting v3 of the toolkit
	Veterinary science	Not started		Avril Senior / Carol Gray / Gillian Brown	TBC	Awaiting v3 of the toolkit
University of Edinburgh	Medicine	Not started		Michael Begg / Gillian Brown	Pathcal	content packaging
	Generic	Not started		Michael Begg / Lindsay Wood	OOER Labyrinth	Toolkit software
	Veterinary science	Not started		Susan Rhind / Gillian Brown	TBC	Awaiting v3 of the toolkit
Bedfordshire University	Staff development	Not started		Judy McKimm / Clare Morris / Lindsay Wood	TBC	
	Staff development	Not started		Judy McKimm / Clare Morris / Lindsay Wood	TBC	
Cardiff University	Medicine	Complete		Paul Kinnersley / Nick Webb / Chris Smith	Communication skills teaching - CBT	
	Medicine	Not started		Paul Kinnersley / Nick Webb / Megan Quentin-Baxter	TBC	Awaiting v3 of the toolkit
	Dentistry	On going (to write up)	06.10.10	Jeff Wilson / Megan Quentin-Baxter	TBC	Awaiting v3 of the toolkit
	Dentistry	Not started		Jeff Wilson / Megan Quentin-Baxter	TBC	Awaiting v3 of the toolkit

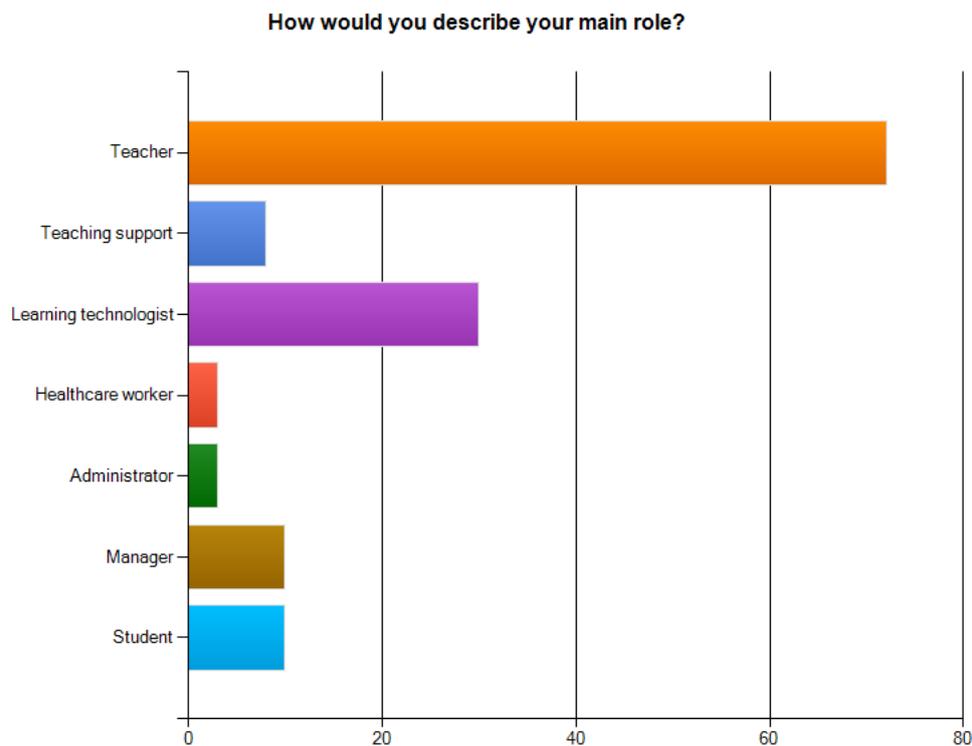
<b>Site</b>	<b>Subject</b>	<b>Status</b>	<b>Date</b>	<b>Authors</b>	<b>Title</b>	<b>Tags summary; comment</b>
University of Oxford	Medicine	Complete	15.06.10	Stella Hornby / Vivien Sieber / Lindsay Wood	Ophthalmology	
Keele University	Medicine	On going (to write up)		Tim Denning / Adrian Molyneux / Lindsay Wood	Histology	IPR, patient consent, aggregated resources with many authors over time, movement of resources between institutions with staff
University of Warwick	Medicine	Not started		David Davies / Lindsay Wood	TBC	Awaiting v3 of the toolkit
<b>Non-partners</b>						<b>(dissemination)</b>
University of Leeds	Medicine	Not started		Librarian / Suzanne Hardy	Student generated material 1	Student IPR, student authored learning resource (non-partner) Awaiting v3 of the toolkit
CETL QMUL/City University	Medicine	On going (to write up)	3.6.10	Natasa Perovic / Lindsay Wood	CETL materials from <a href="http://www.clinicalskillscentre.ac.uk/">http://www.clinicalskillscentre.ac.uk/</a>	multiple institutional contributions (non-partner)
	Medicine	On going (to write up)	3.6.10	Natasa Perovic / Lindsay Wood	Careers in mental health	multiple institutional contributions (non-partner)
Swansea University	Medicine	Not started		Ruth Roberts / Victor Ottaway	TBC	Medicine (non-partner) Awaiting v3 of the toolkit
	Medicine	Not started		Ruth Roberts / Victor Ottaway	TBC	Medicine (non-partner) Awaiting v3 of the toolkit
University of Leicester / NHS	Medicine	Complete	01.07.10	Dr Patel / Lindsay Wood	Virtual patient player	NHS staff in NHS (non-academic) (non-partner)
	Medicine	Not started		Dr Patel / OR Liz Anderson? Lindsay Wood	TBC	Awaiting v3 of the toolkit
HealthTalkOnline	Medicine	Complete	01.06.10	Kate Field / Chris Smith	Patients speaking about their experiences 1	Charity (non-partner)
	Medicine	Complete	01.06.10	Kate Field / Chris Smith	Patients speaking about their experiences 2	Charity (non-partner)
Patient Voices	Medicine	Complete	10.09.10	Pip Hardy / Tony / Megan Quentin-Baxter	Patient voices (1 case study)	Semi-commercial company learning resource (non-partner)

### 13.6 Appendix six: metadata and resource discovery: Online survey full data including free-text response (WP9)

A SurveyMonkey online survey was created and access was open to all during February and March 2010. A link to the survey was widely publicized using various JISCmail mailing lists, newsletters from the MEDEV and HSAP Subject centres, educational blogs and Twitter. A total of 155 respondents completed the survey. Although the target audience was primarily teachers in medicine, veterinary science and dentistry, responses were also welcome from related subjects including health science and biological science. There were also a number of responses from other disciplines.

There were 20 questions in the survey, and what follows is a quantitative analysis of responses. In all bar charts, numbers refer to the absolute number of responses.

#### 1. How would you describe your main role?



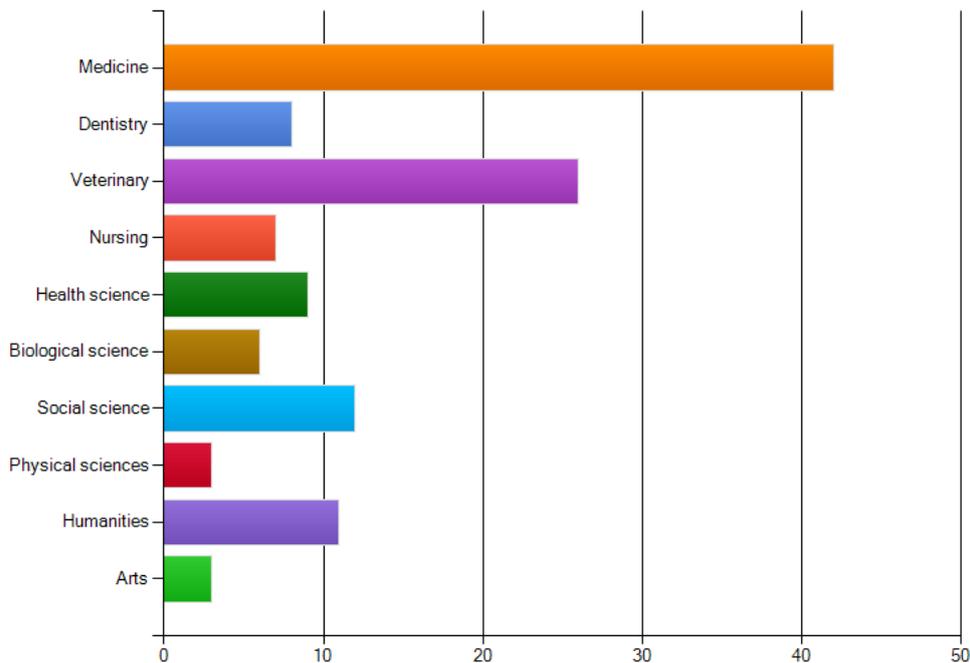
#### Other (please specify)

Researcher  
 faculty development  
 librarian  
 I teach and support IT  
 mixture above  
 freelance lecturer/trainer  
 researcher not learning technology  
 Course Director  
 Researcher  
 Researcher & Lecturer  
 researcher  
 Clinician, teacher and researcher and Head of the elearning unit  
 educational web editor  
 Researcher  
 Scientific Researcher  
 Researcher

Head of the English Department in K-12 bilingual school  
 E Learning Scientific Development Officer  
 Researcher  
 Teaching support  
 Librarian  
 Sessional Instructor  
 Recent college graduate  
 Staff educator  
 Librarian  
 Mental Health worker and Teacher

2. What discipline area do you work in? If you work in more than one area, please indicate the area in which you spend the most time.

What discipline area do you work in? If you work in more than one area, please indicate the area in which you spend the most time.



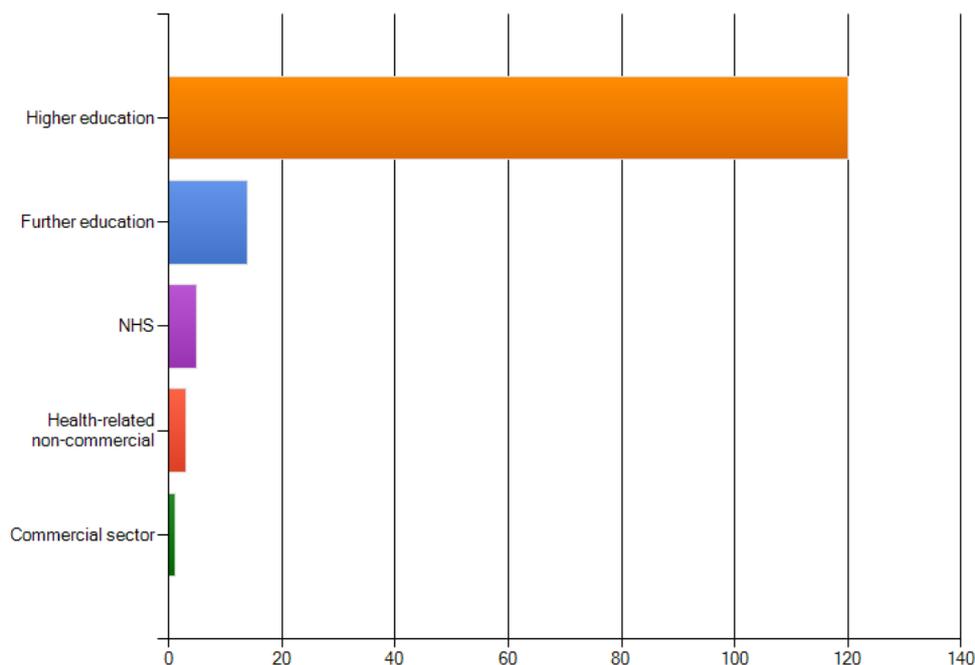
Other (please specify)

Medical Education/Psychology  
 Dentistry and veterinary medicine  
 biosciences &  
 Photography and Digital Imaging  
 Across curriculum  
 psychology - biological  
 teacher education & training  
 Science  
 IT  
 Interdisciplinary  
 Staff Development  
 e-learning  
 Education  
 new technologies  
 Veterinary Nursing  
 General Education  
 Core Skills  
 e-learning

Technology  
 Computer Science  
 IT skills relating to Medical Faculty subjects (Medicine, Dentistry, Psychology, Biomed Sci, PG qualifications)  
 Education  
 Student Development  
 Business  
 Interdisciplinary  
 Law  
 Law  
 ICT  
 Midwifery  
 education  
 Pharmacy  
 study skills  
 Health studies  
 general  
 Support a range of disciplines across the medical and health sciences sector.  
 Further Education vocational  
 teaching  
 Mental Health  
 Educational Technology

3. In what sector do you normally work? If you work in more than one sector, please indicate the sector in which you spend the most time.

In what sector do you normally work? If you work in more than one sector, please indicate the sector in which you spend the most time.

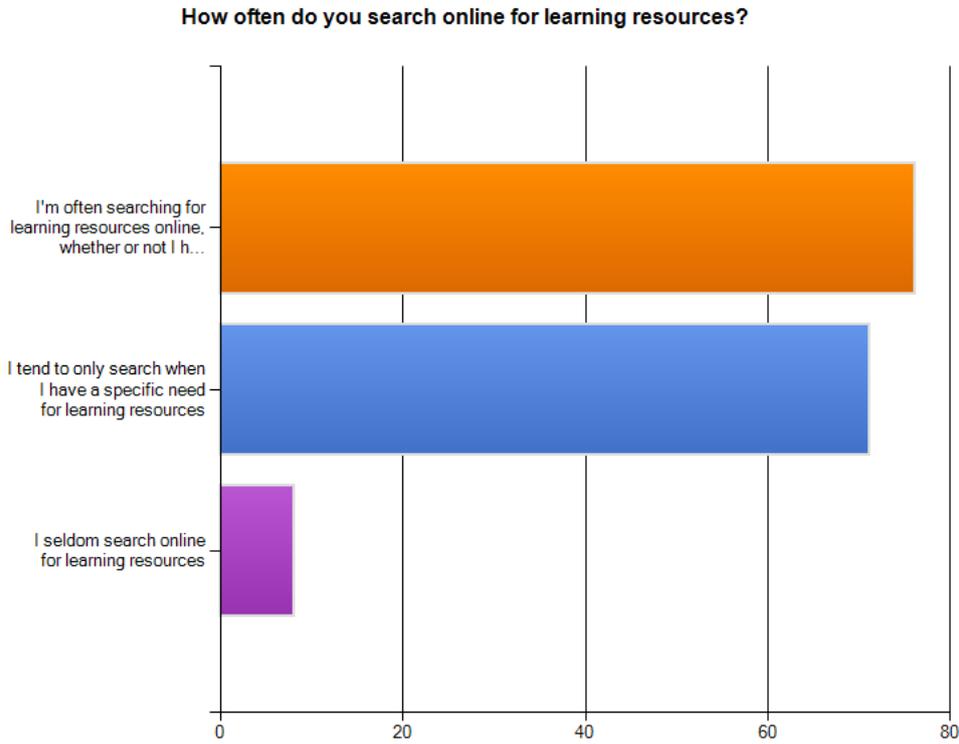


Other (please specify)

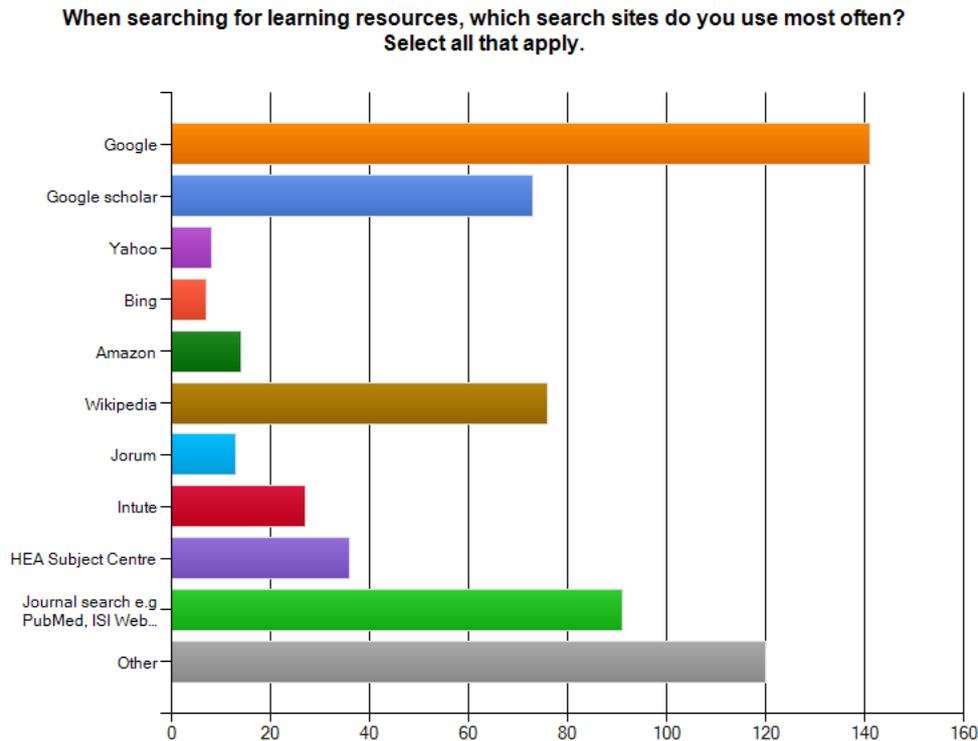
and Heritage Sector  
 research  
 Dutch vocational education  
 post graduate continuing professional development for veterinary professionals  
 secondary education  
 K-12  
 Private

Teaching medical students  
 Non-commercial public sector, not health-related  
 Public education  
 Elementary

4. How often do you search online for learning resources?



5. When searching for learning resources, which search sites do you use most often? Select all that apply.

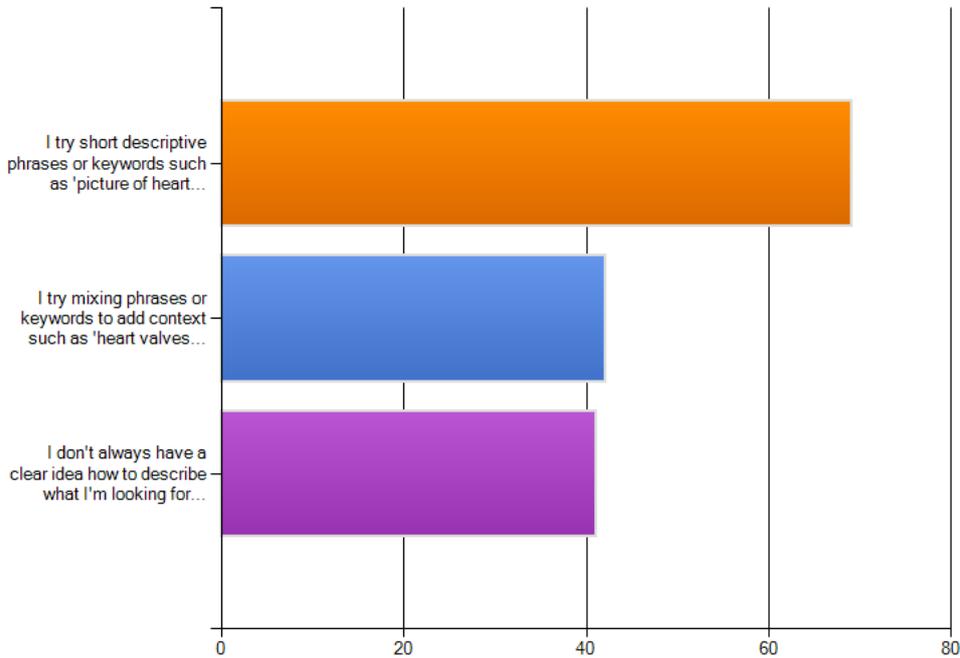


Please list other search sites you use often to look for learning resources

Leo (dict.leo.org)  
Specialised medical education sites, e.g. Trauma.org  
Merlot  
jiscdigitalmedia  
OpenLearn  
BBC Health  
other universities' departments  
Merlot, OpenLearn (Open University), OpenCourseWare by MIT, TUFTS, Carnegie Mellon  
sxc.hu  
Wisconsin LO repository, HEAL Central, openclipart.org, Everystockphoto.com  
//vetgate.ac.uk/  
IVIMEDS repository, RLO repository  
Ixquick  
Orange Grove, WISC online, NSF digital library, Merlot, Connexions  
Guardian website; BBC website  
Google images  
Videjug. Wikipedia is getting unreliable. That Quiz.  
JISC Subject Directory  
blog, web, wiki  
emedicine, clinical care options  
OER Commons  
web of science  
References that others have posted to Twitter.  
Cochrane Library, CKS, UpToDate, MDConsult, e-books, Best Practice, Guidelines Finder etc  
e-medicine Medscape  
medical portals: Medscape; Goldenhour  
My institutional learning environment  
Google.ca, Twitter Search, MS Office Online (clipart), Creative Commons Search  
oercommons.org  
University Library search service  
LexisNexis, Internet Archive, Library of Congress  
SSRN  
Vimeo  
Academic Earth  
University library pages  
Athens  
Advances in Physiological Education; American Physiological Society Resources pages; Access Excellence;  
Dennis Kunkel's education website  
Other HE institutions that share online material.  
OER Commons, Internet Archive,  
www.search.com  
BBC web pages  
JISC infoNet  
Bubl; subscription services  
my own 'Delicious' resources  
Connexions; SOLR  
www.alt.ac.uk

6. When searching for learning resources, which of the following best describes your initial approach?

**When searching for learning resources, which of the following best describes your initial approach?**

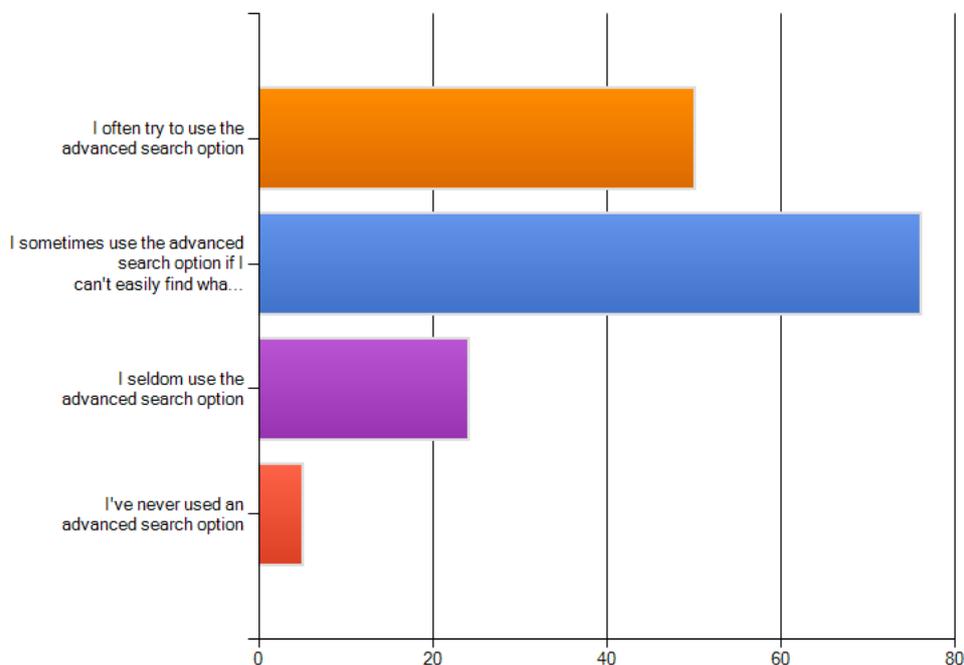


Something else (please briefly describe)

Use a search strategy involving Boolean operators and MESH headings  
 I use phrases and also keywords, and try several searches, and also refine my search to ensure that I have resources what I want  
 It depends on what I'm searching for, I adapt according to need using all of the above plus others such as Boolean searches etc

7. When searching for learning resources, if a search site offers an advanced search option allowing you to construct more complex search queries, how often would you use this?

**When searching for learning resources, if a search site offers an advanced search option allowing you to construct more complex search queries, how often would you use this?**



8. Please briefly explain your answer to the advanced search question. We'd like to know what you think about using advanced search options.

They refine choices. e.g. searching for Richardson turns up thousands of papers. Searching for Author: Richardson, Year: 2006, Journal: JSAP finds the one I want.

Looking for specific journals or topics is more easy with the advanced tools. For example in the ISI web of science/knowledge.

I prefer to use advanced search because it offers me the opportunity to focus my search from the start instructions not always clear

I never feel that it will be much better

I think they are/could be quite-very useful but I often find them to be too complicated and not very user friendly; hence I tend to move on to another site instead.

Dates added, creator (if I know it), related papers, citations, specialised taxonomies, if available

They work best when you have a clear sense of what you are looking for i.e. very specific resource on very specific topic. Find it less useful when I am trying to find resources that illustrate more conceptual points/creative standpoints to something. Whilst I work with medical, dental and veterinary educators, the resources I use are to support teaching about education and leadership - so less absolute in intent perhaps

My experience is that advanced searches are more structured and usually find better results

Helps tailor the information and refine searches. I start with the advanced search then move to basic searching if I don't get many results

I would more often use it than not. In fact I don't like 'simple' searches as I don't really know what they are doing and prefer an 'advanced' search as you at least know what it is doing. If you have a 'simple' search it should have a clear explanation of what it is searching and on what basis.

I use it when needed - but usually have to look up what tags to use if it's not a simple Boolean search

Advanced searches usually allow you to focus on resources most relevant for the particular issue at hand

I would only use advanced if I really need some information if I was just interested in a general area then wouldn't use it.

I usually tend to find what I'm looking for without the need for an advanced search option.

"enable author & date

there is a NOT option I don't use, but should try"

I tend to use them in tandem with keywords/phrases, i.e. the wider the keywords, the more I rely on advanced options. This also depends on the discovery strategy I'm following - going for hits or fishing around

Rarely required - usually abandon search if nothing comes up on basic search.

It is helpful to locate relevant material

combing search terms

I will, it often is not clear what benefits the advanced option will add - (e.g. filter by date, topic etc).

This helps define and refine general searches.

I prefer advance searches that let you pick a word and filter out the returns that contain it.

Performing a simple search often produces hundred of results so I use the advanced search to narrow the results down to images that are closer to what I'm actually looking for.

It gives you more options e.g. doing an author search

Advanced search is useful in getting more relevant search results.

very useful if they are set up well and work

It cuts out a lot of unnecessary results. If I click on Advanced, it's because I know what I'm looking for.

If the simple search returns a lot of irrelevant results I use the advanced search to filter out keywords for the irrelevant results.

Only when I can't find something through a simple search

Seems too tedious - I usually try to drill down to what I want by a combination of short searches

ok if they're intuitive, and allow structured logic (i.e., direct quoted phrases; AND and OR requests)

I would use this where I am likely to get too many items so that it narrows the search down to the most relevant ones.

always use to narrow down within the responses if I get a lot of responses rather than trying a new search term

Generally poor; the more complex the descriptor the less satisfactory the outcome

Two contrasts: the MERLOT advanced search is a daunting unfriendly form, whereas the openclipart.org interface using a tag cloud then refining searches is intuitive though allows fewer options than a form-based search. If you have a clear idea of what you're after, a form-based MERLOT-style approach is good; if you're looking for a range of topics and want to see what topics/keywords are available, tag clouds are useful, and also allow for serendipity.

tend to use Boolean operators and/or adv search facility for most online searches

A simple search gives me what I need.

"Great if you have a good idea of what you're looking for.  
Not so good if you want to gauge the range of resources available"  
allows searches which flags up other related resources  
Useful if the simple search gives information overload  
OK if the syntax is not too complicated to learn  
if I do not find some useful, try advanced.  
Usually highly unsatisfactory (or perhaps that's the searcher...) Tends to return nothing or far too much.  
I most often use it to narrow down by date; I sometimes use it to narrow down by type of resource or by licence  
Depends on the site - it seems the simple searches often give the best answer and advanced gets too complicated.  
Scopus is a good example of that.  
Adding words like journal, article etc usually give me better results. I also change doc type to pdf for best results  
The advanced search often excludes relevant items. Given that keyword metatagging is not as specific or standard,  
it is better practice to make the search broader and then manually exclude.  
often complex to access  
I tend to use more advanced techniques when I either want something specific or a broad search yields too many  
results.  
Usually have found them not to be user friendly and helpful.  
Very useful to narrow down from an initial broad search, or when you know exactly what you're searching for.  
I need resources in PowerPoint if at all possible and also of a good picture/ image quality.  
Not sure how they work so haven't used  
I like to use searching options of date, type of material (xls, swf, jpg...) or sites or acceptable domains like edu,  
ac.uk, etc.  
helpful to home in on the topic I want  
Can be very valuable in narrowing down results.  
If a simple search doesn't give me the results I want on the first page I refine my search with an advanced search.  
I really like the Intute advanced search which lets you search by resource - hope it doesn't get axed!  
usually find what I need with a basic search  
I use the advanced search option if I have a complex search to carry out e.g. particular dates, domain names - or if  
the simple search doesn't seem to be finding what I need.  
I could learn to use them better  
good but not always necessary  
good information found  
Would only use if couldn't find what I wanted from quick search. Often doesn't give you any more appropriate  
results  
It is more effective  
I'm generally satisfied with the results obtained and don't feel the need to use the advanced search option.  
Useful when looking for a specific resource that you know exists and just need to find it  
Sometimes they are complicated to use  
I can usually find quite a lot of info using ordinary search options  
often useful  
It depends what they offer in order to narrow the searching criteria  
I tend to find what I need with a keyword search  
It helps to filter technical resources from general search engines, or to get the specific kind of image that I'm looking  
for. With more technical resources it usually gets me to the information I want quicker than using a simple search  
and paging through hundreds of hits.  
Try anything in ascending order of complexity for find what I want  
If I can't find something easily with simple searches, I will do an advanced search. Most of these are fairly  
straightforward to carry out and generally yield more relevant search results  
See what options they have e.g. country / level / format etc.,  
Usually I can find what I'm looking for without using advanced search  
If I don't find what I need immediately, I'm more likely to revise my search terms to be more specific, rather than  
investigate advanced search options.  
I rarely get a better answer by using these facilities on Google, but do when literature searching  
I know how to use them but don't use them because I usually rewrite my search terms rather than moving to a  
Boolean or advanced search.  
Normally find what I want using a simple search

These are essential as the simple searches are often just that - too simple. Medical searches require one to refine search by patient population, age, etc

they are very different in the different engines. it's not worth the bother.

necessary to refine the area of interest

I rather use advance search, to make sure I find what I want

They can have a place

I use advanced search to restrict results to openly licenced materials

If the info I am looking for is time sensitive - I will often use advanced search to constrain to past 30 days, etc.

I use it to search for CC licenced works, when available.

In Google, I use advanced search for date, usage rights, and region. Most searches start with my region set to Canada.

I often want to search for specific media types, or material recently compiled. Whenever possible I try to use advanced search.

I am not confident in constructing advanced searches.

I only use it if I have time and I really can't find something in the initial search

I usually find what I'm looking for without it, but I acknowledge its usefulness

It all depends on what I am looking for. Some keywords are very common and the search results returned are not relevant. In such cases, I try to use the advanced search option. Even though I use Google, I often prefer specialized academic search engines like Scholar or the university library search service.

I use it only if I know it should be there and I don't find it with a simple search

I often use advanced search, but only after trying simple search engine methods. I find that starting with the simple search engine sometimes brings material into focus that I wouldn't have found otherwise. However, if I'm looking for something specific, advanced options are usually the most efficient way to access the information I need.

Depending on the website advanced search may be the only way to ensure that the information I need will show up in my search results.

it enables to ensure that the search results contain ALL the words in the parameter

Advanced search options in search databases (Wilsonweb, for example): I usually look for words in a title and abstract together, limit the date range, or choose smart-text anywhere feature, which runs a more "natural-language" search

Boolean searching helps narrow down and specify results

It gives more options; takes away unwanted information

Google usually comes back with too many hits. Use of +/- keywords and "phrases" is usually required to get past the LARGE number of commercial sites.

in order to narrow the results down keywords have been extracted from the research question

I try to find free reusable contents

Very useful if the basic search returns too many results.

I only ever use advanced search times if I am presented with millions of results on an initial search or am presented with wrong, poor context results. Search engines are so good these days that I use advanced search features less then ever before.

"This depends on what I want at that time, what search results I found, and what features are available on advance search. I would prefer to limit results to UK, HE and specific disciplines in my context. Some resource types, e.g. books, articles, media types, or presentations, are helpful too.

In many occasions, I started with something in mind, but found something different at the end."

can be useful if a common search term

I often carry out a general search and then filter the results

it can be time consuming to select the 'right' keywords

Sometimes it is helpful to hone down and focus the search; other times the search becomes almost too specific so it yields absolutely nothing. I just try several keywords - it works!

I tend to use advanced searches if the terms I am searching are common and I don't really have an uncommon word to hang the search on so would introduce search criteria such as date or country of publication/origin etc

Sometimes the advanced search options require very precise information which I don't have or the range of words recognised as belonging to a certain area is too limited.

When searching for granular information, I try a general search and then drill down by adding specificity in either the general or advanced search function.

Getting more practiced at using this and find it cuts down search time

Useful and necessary

I didn't think that [www.search.com](http://www.search.com) had an advanced search option.

Sometimes find them complex to complete so will always try a simple search first and if this produces irrelevant material or too much material I'll use advanced search

Very useful in refining my search to more accurate hits and a more manageable size

I use this to try and filter out less relevant results from the start. Some advanced search facilities give you more flexibility than others - I prefer those which give you the option to determine your search fields vs. assuming what they will be.

I try the advanced search first then if I don't get a result I will change the search to a more general one it is easier

Depending on what I am looking for the advance search option can sometimes have quite a narrow focus, which can inhibit the search process.

Being able to filter-out unnecessary hits can be useful to refine results, especially if a higher number are returned.

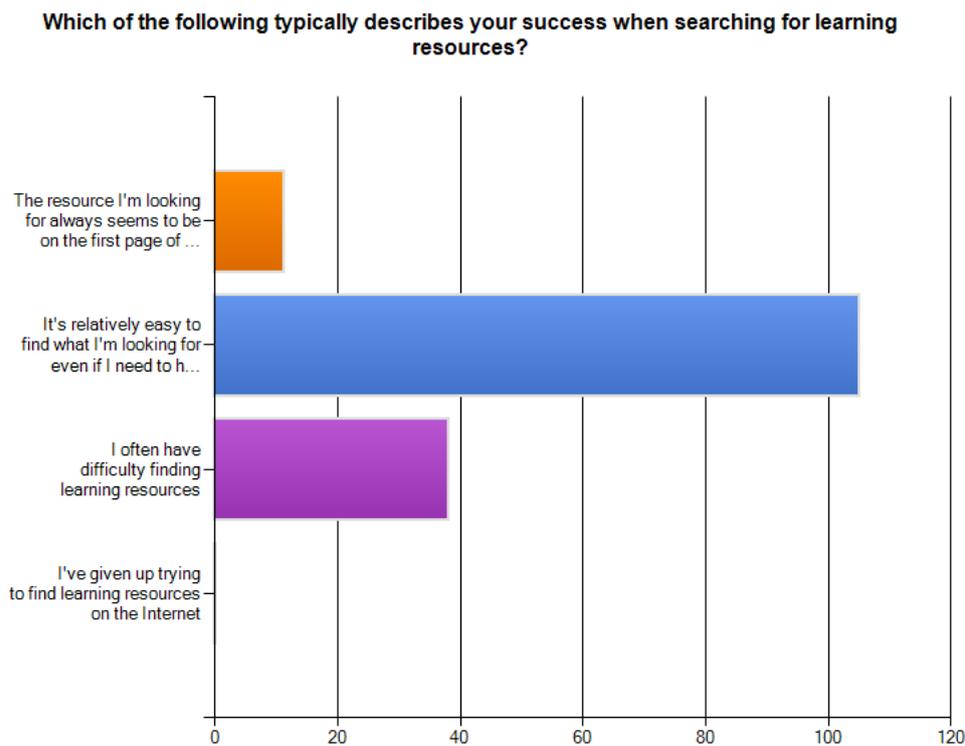
When there are a lot of search results, I use advanced search to narrow my focus.

If I am using a general search tool like Google then I would refine my initial search rather than choose the advanced search option. If the search engine was more specialist, e.g. pub/med then I would be more likely to use the advanced search option.

Too complex to set-up if not a librarian

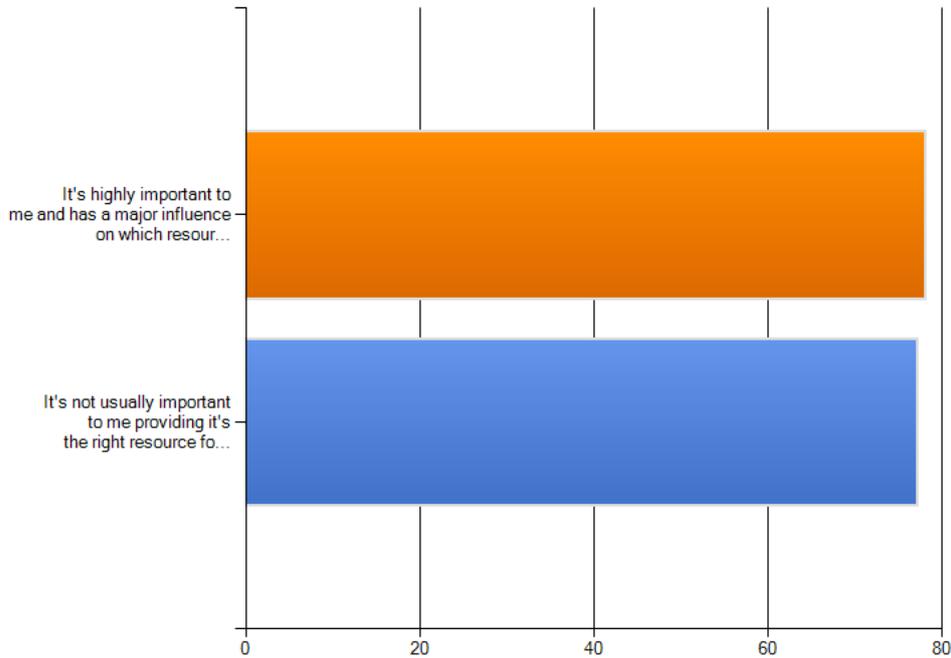
To narrow search according to dates, authors and specific areas.

9. Which of the following typically describes your success when searching for learning resources?



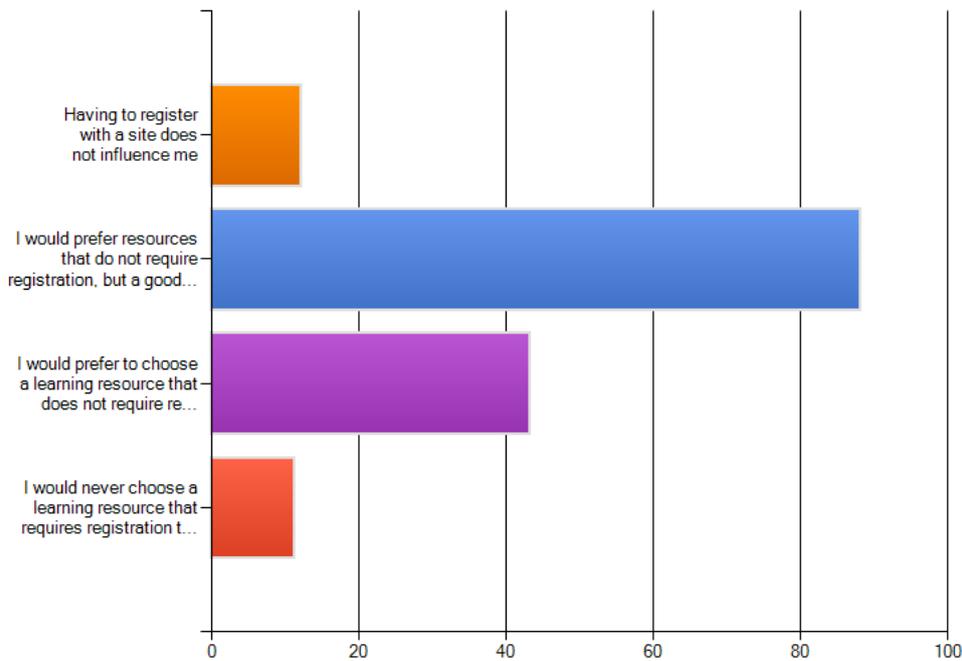
10. When choosing a learning resource from search results, how influenced are you by who created it?

**When choosing a learning resource from search results, how influenced are you by who created it?**

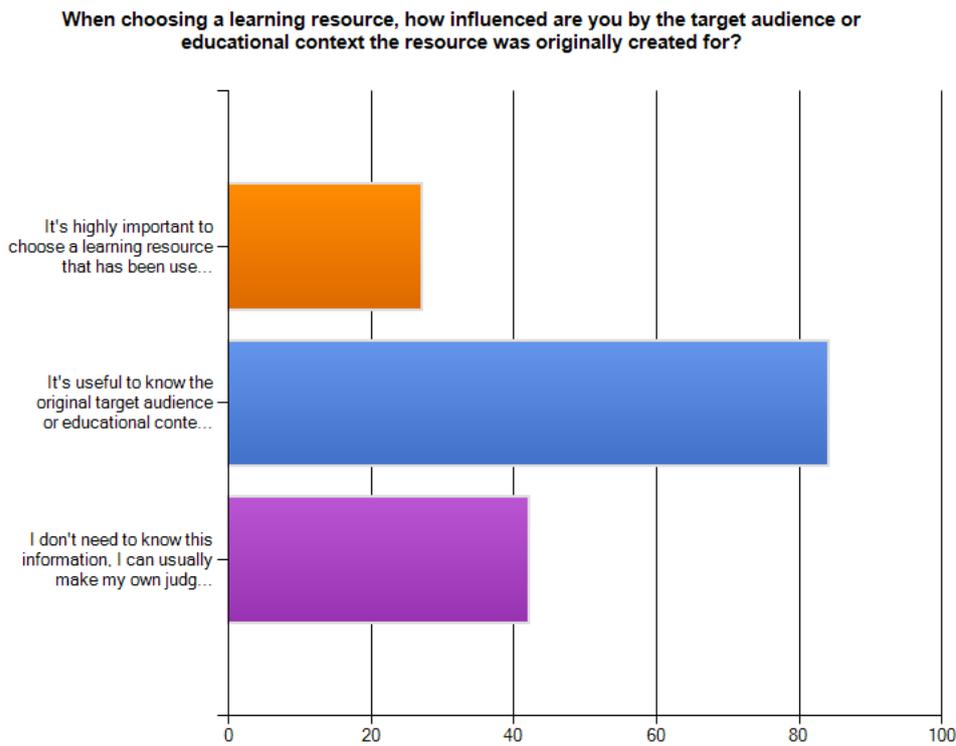


11. How influenced are you when choosing learning resources if you are required to register with a web site to gain access?

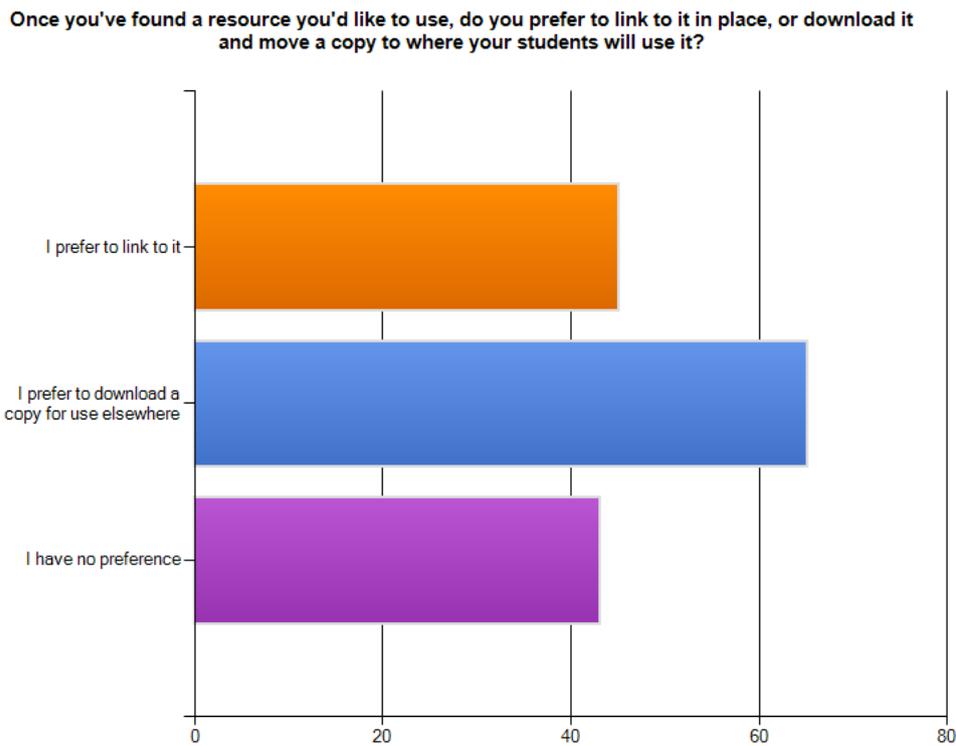
**How influenced are you when choosing learning resources if you are required to register with a web site to gain access?**



12. When choosing a learning resource, how influenced are you by the target audience or educational context the resource was originally created for?

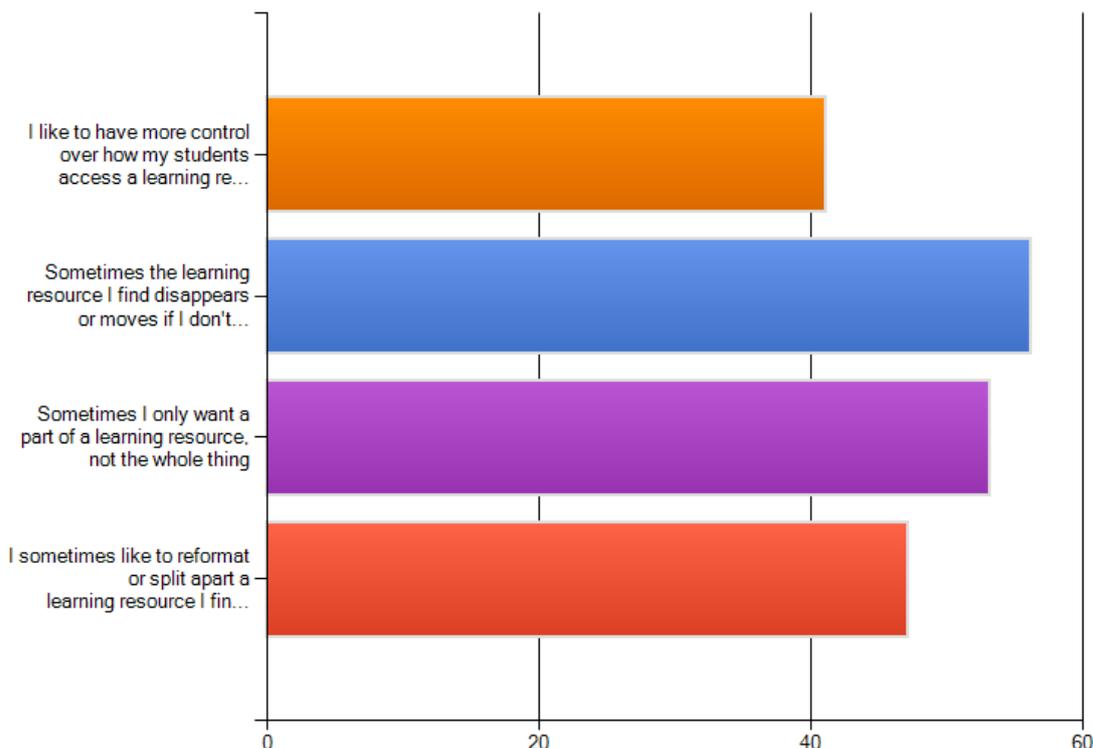


13. Once you've found a resource you'd like to use, do you prefer to link to it in place, or download it and move a copy to where your students will use it?



14. If you prefer to download learning resources that you find, why do you prefer this method? You can select more than one answer.

**If you prefer to download learning resources that you find, why do you prefer this method? You can select more than one answer.**



*Other (please specify)*

If I don't download it I have to go and find it again the next time I want it - not efficient.

Not applicable

I would rarely use a 'whole' resource and want to mix 'n' match from many sources

Learning resource tracking us valuable (to see if students have clicked it) so I look for ways to ensure it can link to the VLE

Add to bibliographic tool

If creating learning packages, it's better to have local rather than remote files as there's no danger of link rot and you're not liable to Internet problems

Putting local version makes it easier for students to find it

I search for other teachers, I would like to know the answer

I usually link, but I often integrate images in slide show

Probably the last option most important, like to put in context

I'm a student, as stated above so 'my students' is not applicable. I prefer hard copies for accessibility and portability

But, depends on the licence - if they don't want it downloading, then I don't. Also depends on the material - e.g. video not worth downloading due to size, .pdf not hard disc hogger generally!

Using a resource from a site doesn't mean I endorse other material on that site.

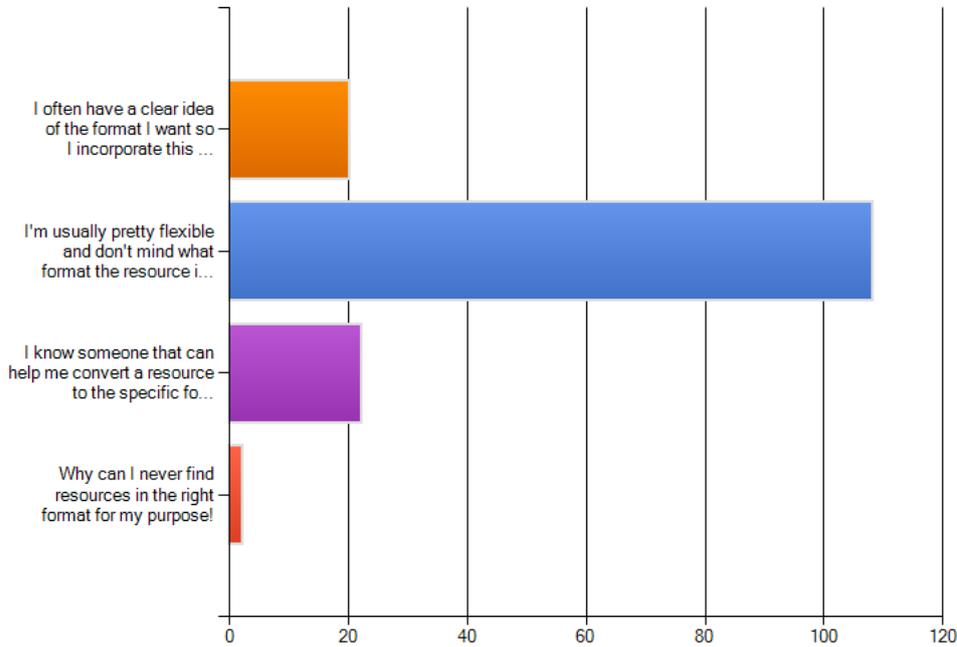
I will download specific images on occasion

I usually adapt the learning resources for my own students - they are rarely designed in a way that would be completely appropriate so where necessary I adapt and acknowledge the source.

see q.13 - I have no preference

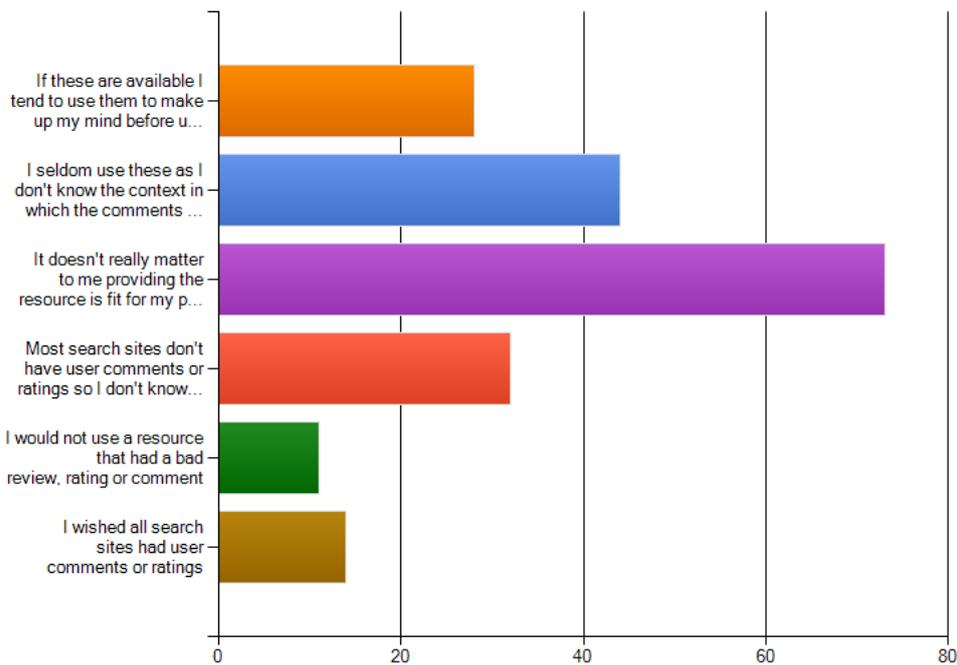
15. Regarding the format of learning resources you find, which of the following best describes your experience? Please interpret 'format' in whichever way makes most sense to you, for example type of file, whether a learning resource is on a web page, in a MS Word file, PDF, or whether it is packaged or not, etc.

Regarding the format of learning resources you find, which of the following best describes your experience? Please interpret 'format' in whichever way makes most sense to you, for example type of file, whether a learning resource is on a web page, in a MS Word file, PDF, or whether it is packaged or not, etc.



16. How influenced are you by user's comments or ratings about learning resources that you find? You can select more than one answer.

How influenced are you by user's comments or ratings about learning resources that you find?  
You can select more than one answer.



Something else (please specify)

sometimes I am looking for resources that are flawed - want students to critique them  
It doesn't influence my choice, I like to use my own judgement

Unfortunately they're not always available, when they are they can be a useful confirmation if I'm in doubt, provided they come from a known/trusted community. Unless I can access the criteria and (especially) comments (great? stinks? then why?), I'm usually a bit sceptical about ratings from low numbers of users.

I never use other people's reviews as second hand reviews are not relevant in academic work, you should be forming own opinions.

It often depends on the tone in which this is written.

depends on time constraints - tend to look at source of any recommendations

sometimes it helps

Reviews would influence me but I would make up my own mind

They are sometimes useful as a guide.

I scan comments and factor the responses into my decision to use a learning resource.

I would always read the comments- and take from them what I wanted. I wouldn't necessarily accept it as gospel.

Most search sites don't have user comments, but I wish that they did

If they're available they can be useful, but aren't deal breakers one way or the other

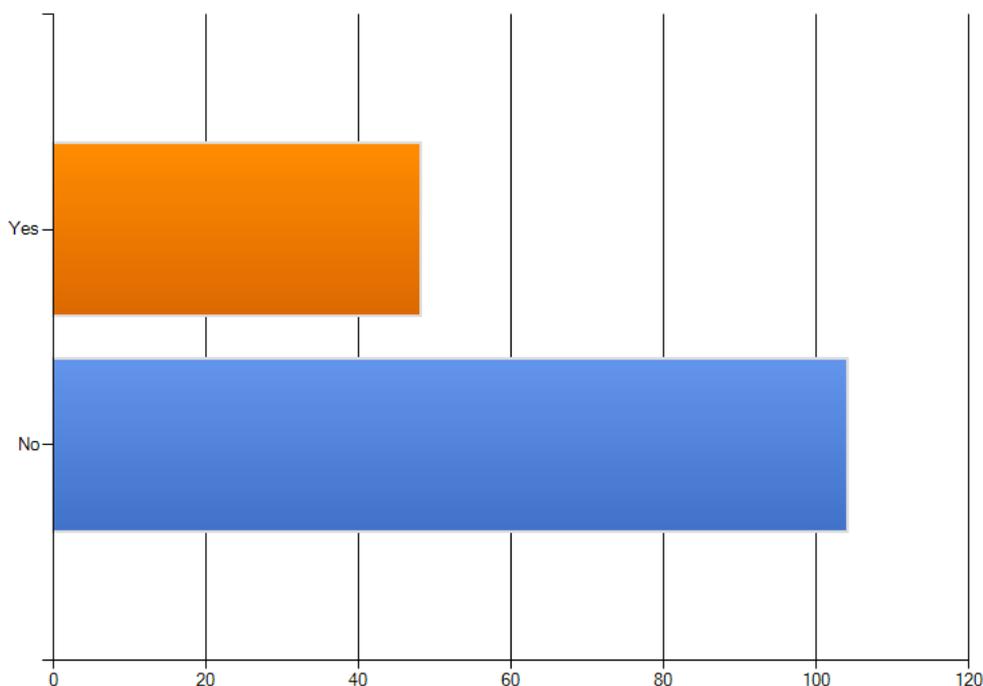
I think types of rating, and background of the commenters are helpful.

I prefer to try out a resource for myself; now have >30 years experience of teaching so I generally know 'what works' but I think reviews may be helpful for new teachers who are developing their own style.

Getting Subject Matter Experts involved

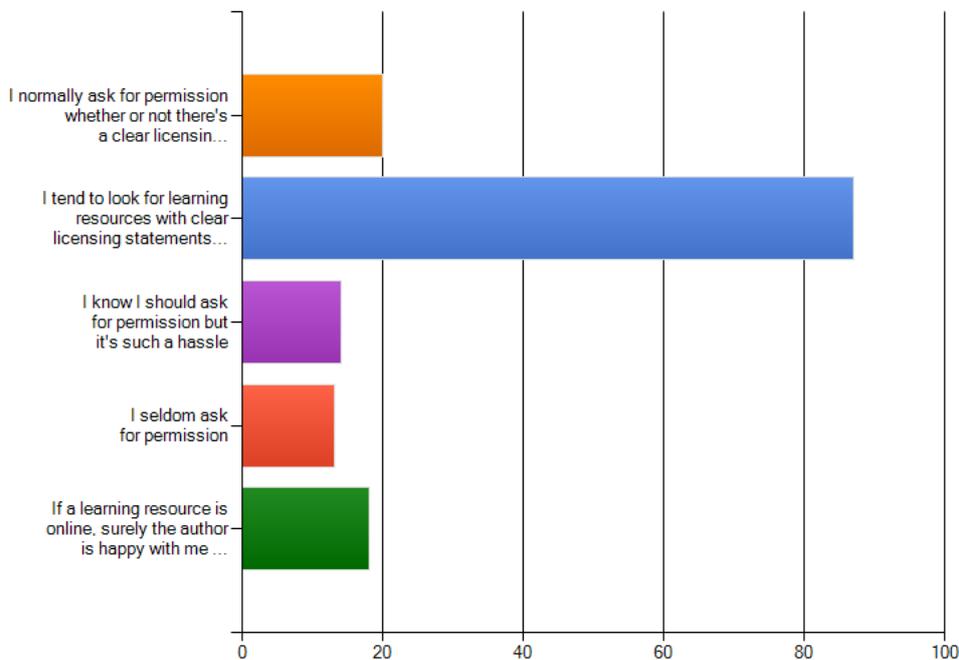
17. Have you ever left a comment or rating of a learning resource that you have used?

Have you ever left a comment or rating of a learning resource that you have used?



18. When you have found a learning resource that you would like to use, would you normally ask for permission to use it?

When you have found a learning resource that you would like to use, would you normally ask for permission to use it?



19. What is most important to you when searching for learning resources online?

Ease of access.

Simple to use; detailed information; sources stated clearly/ references made/ cross-links; nice format (usually PDF); pictures/graphs should be accessible for download or copying

finding something that I can use directly without having to adapt it for my specific needs. In this context, being able to use part of a resource without having to use all of it can make the difference about whether or not I use it at all validity of the resource

finding a suitable piece of information in a format that I can use

Obviously that I find what I am looking for, ideally in a timely fashion. Ideal learning resources are clear, intuitive, reliable and up-to-date.

Finding something that covers the content at the right level

finding good results

To get the search terms right in the first place in order to get the best results

"Well indexed - so easy to find

Easy to break apart and use any parts separately

All copyright cleared on licences I can use and re-use"

I have a just in time approach so easy accessibility and good selection criteria are the most important factors for me.

That I say within the licensing agreement

I find what I'm looking for and its relevant to what I wish to teach.

"topic relevance

interactivity"

"1. Meets my objectives

2. Suitable/adaptable to my context

3. satisfies what I see as ""quality""

4. Comes from a reliable/trustworthy source

5. I can engage in the resource's lifecycle (give feedback, ratings, comments, perhaps post a reworked/remixed version...)"

"copyright implications

ease of re-use

size of file"

Finding something that meets my needs most precisely.

That they are fit for purpose & legally available to use.

Relevance to my needs - and not overly branded by the source. I don't mind branding or watermarks - but excessive use of these is not helpful.

Ease of finding them and their quality.

"that it comes from an authoritative source, it is not a summary of other people's work and it is peer reviewed.

if it is not peer reviewed by the academic community then I will not use it"

Ease of finding the correct images, an accurate match to what I'm looking for, a copyright free image.

That I can find what I want in a format that is easily usable.

Suggestions for related searches, getting only the relevant resources in the search results

Relevance and currency of the resource

That the resources are up-to-date and have been put there because they are excellent.

Clear licensing statements, reputable source, fitness for purpose

Quality of resource

Finding something tried and tested, that can be easily implemented and is likely to engage our students.

licencing is easy to find, author or provenance is available,

"Simplicity and clarity

Being able to extract material to suit my purposes"

"Suitable search terms

Easy access"

That they're CC or PD - that is, reusable for non-profit educational purposes.

Time & quality

That it delivers information in a way that I cannot achieve via handouts, chalk and talk, i.e. animations, high quality diagrams.

The quality and reliability of the resource.

Well structured - easy access

The resource is of good quality and useable in my situation

"Good metadata which helps to identify the resource.

Ability to preview the item before downloading it."

students and teachers do have to use it easily

Quality, ease of download, edit-ability, creative commons (or equivalent) clear attribution statements

Speed. I hate messing around searching for stuff, and I dislike having to go through a long convolute process to access it or use it

The resource itself should be in the peer reviewed literature and of high quality - i.e. I usually search for journal articles and library resources only.

more federated searching would be helpful, filtering is important, incorporating digital resources into library collections needs to happen, meta data standards need to improve

That they are 'fit for purpose'

That it is relevant for the session and audience with which I would like to use it.

That the resource is fit for purpose

speed and quality of resource

quality and coverage

good illustrations / images/ cartoons

That the resource is appropriate without introducing potentially confusing information that the students might not need.

That I quickly find resources that suit my task and that I can direct students towards.

Quality - that's why Intute is so good.

easy to find with basic search and free to download

That they are highly relevant and appropriate to the learning level I'm supporting.

Clear statements about copyright, enough information to make a choice especially if I have to pay to access it, reliable site (content and availability)

"Accuracy & appropriateness of content to the task.

Clear referencing of factual content."

Helpfulness to students

peer reviewed

Variety to choose from, released for use in public domain so no copyright issues, scientifically correct

Because I can choose from several options

"easy access  
appropriate for age group"  
to be interactive

Fit for purpose

That it's easily accessible without having to keep registering as an Athens user and selecting organisation when accessing off-site. It would also be helpful if those offering this facility would state clearly in pop-up box or something similar when your organisation does not have access, rather than keep throwing you back to log-in page.

Accessibility

To have hassle free access to the material required without any need for registration.

That it's fit for purpose

creative commons licence

Finding something relatively quickly without hassle

Convenience and being able to find what I want quickly

Quality and appropriateness of resource and accessibility to the general student body.

Resources should be of good/high quality, easily searchable, free, up-to-date, preferable made by a credible source.

Content - and "grab-ability" for students - or, if it's for the unit I teach on creating learning materials - that it's sufficiently different from other examples that I already have!

That it's on a website I know can be trusted for quality

Finding what I want quickly.

That what it says on the tin is what it is, I waste a lot of time with material that is not what I searched for, or maybe is but is behind a login that I usually cannot be bothered to navigate although I usually do have the necessary access rights.

Quality. Clear explanations within the resources.

reliability, accessibility

the quality of the resource.

They must be available for use in the learning environment

Finding the best openly licenced resource for my needs

easy access and high quality content - high quality "presentation" important but less so. I'll choose a YouTube video resource with relatively low production quality but excellent content over one that is flimsy on content but looks really good.

"- Quality of the resource

- Ease with which I can gain access it (clear usage, no or simple registration)
- Whether I can save a copy and edit it for my purposes"

Quality, discoverability and open licensing

That the resource conveys the information I wish the students to have.

Resources which are easily re-purposable

That the content is what I am looking for. If it's something that I want to use, I am looking for creative commons material (for example, I often use pictures with CC licence in my slides).

Accessibility (meaning metadata on the document, clarity of the document, ability to interact/access the data freely without registration or walls) and trustworthiness of the content (which I need to be able to verify).

Accuracy, reliability and references to high-quality hardcopy books or other publications.

credibility of source; clear sharing language

Fit for purpose and in context I'll adapt it as required using it as a guide if not fully working

Reliable source. There's too much opinion out there without facts behind them these days.

that it is easily accessible, that it has an advanced search function, that it is protected with a Creative commons licence (so I can re-use is)

That the resource is free for me to use and copyright is clear (e.g. creative commons licence). I also want self-contained units that I can pick up and use without much alteration to suit my purpose.

Fit for purpose

Reputable sites; quality resources; ease of access to the site

easy quick access

"The needs of my own students.

Visual approaches for kinaesthetic learners - a lot of other people's resources are in read/write formats which are not always appropriate for undergraduates these days."

That resources are properly tagged and easy to find  
 ease of access to the resource and a clear sign that the site is reliable  
 quality and appropriateness of material for the specific context.  
 good use of metadata to enable accurate and quick searching  
 Ease of use. I have used the Academy subject centre for health to try to find resources a year or so ago but with no success, so have not been back!  
 That these are readily available through search engines.  
 authoritative content  
 That they meet the target audience, are easy to download and reload to my VLE and will not become out of date quickly  
 That I can retrieve material efficiently and effectively  
 "Metadata - clear, searchable.  
 Date - created/modified. Who/where created.  
 Clarity of purpose of a resource - succinct description - if I want to know more I'll delve in!"  
 Currency, appropriateness, source  
 that it is fast and easy  
 That the resources are current reflecting changes in mental health care. That there is service user and carer involvement in the development of the recourse.  
 easy and quick to find, from a credible source.  
 That they are easy to find and relevant.  
 "Speed, clarity, flexibility. Either a basic search facility as useful as Google, or an advanced search with plenty of options that delivers what I am looking for.  
 I use Google to search my own University's website. It does a much better job than the search facility within the website itself, and I usually find what I want near the top of the first page. It finds things that our website search misses, and I think this is crucial when searching for resources."  
 Locating them in the first place.  
 Quality, easy access, how current it is.

**20. Finally, if you have comments about any aspect of this survey, please use the box below.**

Thank you for doing this survey and your other work.  
 Options more clear cut than answers  
 "Who do you want us to send it out to??  
 ed.bremner@plymouth.ac.uk"

Q18 is hard to answer as the restrictions on re-use of digital content are hard to bottom out. The statement 'copyright restrictions may apply' is very unhelpful.  
 I would be extremely interested in the survey results. I work on OpenLearn and Support Centre for Open Resources in Education - please share and I will flag it up with our OER community score@open.ac.uk  
 For me Question 10 needed an intermediate option. Perhaps something more on community sites vs. search engines, otherwise it's very thorough. Good work. P.S. I'm not UK.  
 I will never use a wiki site as the authorship is too unknown and the information can be made up. if a resource comes from a wiki I will discount it immediately.  
 None  
 How often do you search online for learning resources? Perhaps "How often do you search online for learning resources for your own teaching or as a service to other teachers?" would be better  
 "Well designed  
 Sensible questions and options plus the option to explain."  
 "I would like to see the results  
 (info@softskills.kennisnet.nl)"  
 Question 15 has too narrow a set of options.  
 good survey thanks  
 No comment  
 First question asked who I was, with an option to tick 'student', but then some of the questions referred to 'your students'! So, don't know whether my comments are valid/useful or not...  
 Hope that it will feed through to resource availability  
 Some of these questions are very difficult to answer, especially if you don't search for online learning resources very often!  
 would love to know the results once compiled! email: [cindy.underhill@ubc.ca](mailto:cindy.underhill@ubc.ca)  
 Interesting. Found via Twitter.

I would be interested in the study that follows, please email me at [pskmic001 \[at\] uct.ac.za](mailto:pskmic001@uct.ac.za)

"The nightmare prospect of the Digital Divide is coming ever closer due to the fact that Google does not make a distinction between content which is open to all and that which is restricted to subscribers (such as JSTOR).

This makes it almost impossible those who do not have credit facilities or can afford to subscribe to find suitable reference materials. Educational budgets have been drastically slashed on a global scale. I wish that Google would try to make things easier for teachers and educators."

I limit my use of resources to either those I have database access to through my institution, and thereafter apply "fair use" for use with students, or use only use resources with Creative Commons or other explicit "sharing" statements.

Ok

I think in principle the idea of conducting this survey is very good, but questions, choices and types of questions are not appropriate. Some ranking type and others/ comments at the end would also be helpful.

There are an incredible number of creative resources 'out there' that can be adapted. The main barrier to my doing this is time.

It would be good if some funding went to placing some of the excellent sites mentioned at the beginning of this survey-such as Intute, Jorum and HE Subject Centres at the top of Google search or as adverts or some other form of marketing. A lot of the time I forget that these sites exist:-(

Well thought out questions

N/A

I think this survey will produce some very useful findings. However, I feel that it should be offered to students as well as those associated with the OOER project should complete it. People working on OOER are likely to be experienced, advanced searchers. Students are very likely to be new to this kind of resource search.

Question 18: my option would be: I don't ask if there is a clear statement but do if there isn't.

## 13.7 Appendix seven: SWOT survey questionnaire (WP11)

### 13.7.1 Questionnaire

#### Perspectives from WP Leaders on the project as a whole.

- What are the strengths of the OOER project as a whole?
- What are the weaknesses of the OOER project as a whole?
- What are the opportunities for the OOER project as a whole?
- What are the threats to the OOER project as a whole?
- What attracted you to the project?

#### Work Package Strengths

- Why is your WP necessary to the project?
- How does your WP contribute to meeting the aims, objectives and deliverables of the project?
- What does your team bring into the project in terms of resources, assets and people?
- What innovative approaches does this WP bring to the project?
- What processes, systems and communication mechanisms were implemented for the successful delivery of this WP?
- What are the strengths of your WP?

#### Work Package Weaknesses

- What are the gaps in your WP that may affect the delivery of the project overall?
- What vulnerabilities may affect the delivery of this WP?
- What dependencies may delay the delivery of your WP?
- Were the deadlines and timescales allocated for this WP realistic?
- What processes needed reworking to deliver the WP effectively?
- What are the weaknesses of your WP?
- What difficulties have you experienced so far?

#### Work Package Opportunities

- How might this WP influence new processes, frameworks, guidelines and legislation that may be used across the HE sector in the UK and abroad?
- How might this WP have an impact on future developments in this field?
- How might this WP contribute to the UK HE international reputation?
- What are the potential economies of scale in this WP?
- How might this WP be used for other projects in Medicine, Dentistry and Veterinary Medicine?
- In what ways could this WP be relevant to other subjects?
- What quality issues do you see as important for the project?
- What other opportunities for your WP?

#### Work package threats

- How will non-delivery of this WP threaten the project?
- What global influences may have a negative effect in this WP?
- What local influences may have a negative effect in this WP?
- What learning technology trends may affect this WP?
- What global, local or technical changes may influence the sustainability of your WP?
- How might new laws or frameworks influence the effectiveness of your WP?
- Is the output of your WP 'people dependent' and/or process-driven?
- How may the absence of any vital partner or collaborator have an impact on the successful delivery of this WP?

- What are the threats to your work package?

### **13.7.2 WP11 SWOT analysis results**

*Table 18. Perspectives from work package leaders as a whole.*

[Removed in the short version of the report.]

*Table 19. Work package strengths.*

[Removed in the short version of the report.]

*Table 20. Work package weaknesses.*

[Removed in the short version of the report.]

*Table 21. Work package opportunities.*

[Removed in the short version of the report.]

*Table 22. Work package threats.*

[Removed in the short version of the report.]

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