

2013-12-11

Meeting Information

Date:	December 11, 2013
Time:	9 MST/11 EST/16 GMT/17 CET/18 EET

Attendees: Erick Emde, Chair; Daniela Giordano and Stathis Konstantinidis, co-editors; Panos Bamidis, Dawn Carroll, John Nash, Valerie Smothers, Dimitris Spachos

Agenda Items

1 Review **minutes of last call**

Please review and submit comments. We will update accordingly.

2 Discuss **mapping of VA vocabularies to other vocabularies**

Valerie and Dawn walked through their mapping of the VA learning resource vocabulary to mEducator vocabularies for Media type and AAMC vocabularies for Format type. First they determined if the VA term would be a learning resource type or activity or resource format. Activity or resource format is a free text field, so they only mapped items that they identified as learning resource types.

Erik noted that the concept of mobile application or resource is missing from the mEducator vocabulary. Panos commented they would consider adding that into the mEducator options.

Dawn will check to see if radio is still used. They may or may not be recorded. TV has some live events that are recorded and others that are not. John commented that if they are recorded they would consider that an audio or video recording.

Erik summarized that if we took these out there would be no option for live TV and radio training. He recommended using radio and TV for live activities only. Once recorded, use audio or video.

Dawn agreed. Usually they do not make stuff available through the internet. They replay on VHA TV over and over. Daniela asked if someone might ask for a cd rom for their own use. Dawn said yes; it depends on the license restrictions of the content.

Daniela suggested that once we complete the mapping we should review and decide if something should be added to healthcare lom vocabulary. Some things may be kept as independent vocabularies. Learning outcomes could be the last missing step.

John commented that they may be able to adopt the vocabulary, but only those terms that apply to peer reviewed content.

As a next step, John and Valerie will map AAMC and meducator vocabularies. If possible, we will work on a harmonized vocabulary.

3 **Meducator competencies and AAMC competencies**

Daniela commented that they examined 4 systems of medical taxonomies: (Tuning, Tomorrow's Doctor, Scottish doctor, French Taxonomy). Their goal was to index online learning resources. They looked for common ground. They also examined from a usability perspective. They decided on a two level taxonomy. There are competencies and more specific goals. The competencies take a chronological approach – what the learner needs to know, do, and then their professional practice.

John commented that the AAMC went through a very similar process task. They looked at several competencies and identified 7 competency domains and several more specific competencies within those domains. This is now being passed around to US medical schools. Valerie added that US Medical Schools are mapping their program level objectives to these competencies. John added they are About to adopt this for MedEdPortal. AAMC has put their weight behind these competencies.

Valerie explained that the MedBiquitous stance on competency frameworks is that there will be many and that standards should provide a way to represent competency frameworks and a way to link data and resources to specific competency frameworks. We have technical standards for representing competency frameworks, and other standards, including the curriculum inventory standard, use that to indicate how data (in this case, curriculum data) related to specific competencies.

Erik asked if a single resource could be linked to multiple competencies in different frameworks. Valerie replied yes.

4 **Discuss MedBiquitous approach to linked data and competencies (see [Performance Framework Reference](#), p26-28)**

Valerie explained that the Performance Framework specification provides a way to represent levels of performance related to a specific competency. There may be behavioral indicators describing what a novice looks like for a particular competency, additional indicators describing what an expert looks like for a particular competency, and several points in between. The specification requires a mechanism for linking to a competency framework. To meet that need, MedBiquitous created a Reference datatype, which is defined by the common,xsd schema and lives in the ns.medbiq.org/common/v2/ namespace. The datatype uses the RDF description element with RDF about and resource attributes to point to an external reference. The Dublin Core format element provides a way of specifying the media type of the referenced resource (ie application/xml, application/pdf, etc.)

Daniela stated we should try to do this. The competency framework could refer to other things. Panos commented that we have other linked data

descriptions in the cloud; we can utilize in these standards. We should be able to link to other things that exist,.

Valerie agreed that the reference could be used for linking to many things.

Daniela commented this could be powerful for referencing vocabularies. There are several points where we could include in the lom. We should review with this in mind.

On our next conversation we will review where to incorporate the reference and how.

John asked if this would be applied to every resource. Valerie commented it would be optional.

5 Discuss audience category element (current values: general, patient, caregiver, professional) and addition of student and trainee (see [healthcare Lom spec](#))

6 Discuss learning registry call with ADL

Eric explained that the Advanced Distributed Learning Initiative has created a new standard for federated search of content repositories. If you have a repository of content, you can plug it in. It provides protocols to search other registries and other repositories. The registry is very content and metadata agnostic. You could use healthcare lom. It also lets you collect paradata in whatever format you have. Can also be letting you seed information back in the system. For example, the VA could put link resources to one competency framework, it goes out, someone else can pick it up, put in their system, they can also attach their own competencies from a different framework. That gets fed back into the learning registry. If you search on either competency, that content will come up. It lets the owners of content keep control of official metadata.

Panos asked if Erik Duval's group was involved. Erik is the chair of the LOM working group.

Valerie replied that she did not think he was involved.

Erik commented that he wanted us to be aware of the learning registry work so that we could know what other groups are doing. There may be work we could use.

Panos agreed this was very important. It is a good idea to stay up to date.

Valerie offered to schedule a future call with the learning registry folks.

7 Open discussion

Decisions

Action Items

- Dawn will see if radio is a learning resource type still used in the VA
- John and Valerie will map AAMC and meducator vocabularies
- The group will consider where and how references could be incorporated.
- Valerie will work with Erik and ADL to schedule a call with the learning registry folks.