2014-01-22

Meeting Information

Date:	January 22, 2014
Time:	9 MST/11 EST/17 CET/18 EET

Erick Emde, Chair; Dawn Carroll, Daniela Giordano, Stathis Konstantinidis, John Nash, Valerie Smothers, Dimitris Spachos.

Agenda Items

1 Review minutes

The minutes were approved.

2 Review action items and progress

A Dawn will see if radio is a learning resource type still used in the VA

Dawn replied it was not being used.

B John and Valerie will map AAMC and meducator vocabularies

John and Valerie reviewed the Mapping AAMC vocabularies to mEducator vocabularies page (see http://groups.medbiq.org/medbiq/display/LO/Mapping+AAMC+vocabularies+to+mEducator+vocabularies) . Valerie explained that they took the AAMC terms from the spreadsheet and indicated whether they mapped to Healthcare LOM activityOrResourceFormat (which describes interaction) or learningResourceType (which describes technical format). For those that mapped to learningResourceType, they mapped it to the mEducator vocabulary. The two vocabularies are closely aligned.

John commented that they added administration to intended audience. They have two levels to add specificity. Dawn commented they have professional and general. Professional is medical, and general is everything else. Other terms would work better for them.

Valerie commented that two things missing from the current healthcare lom vocabulary for audience category were student and trainee. She added that the current recommended list of health professions was missing many things and did not work for several organizations. CDC's list of health professions would be focused on public health, while the VA has a much broader purview. Daniela commented that being explicit about students is beneficial. John commented that changing audience category from restricted to free text would work for MedEdPORTAL.

Erick warned that too much flexibility would make it difficult to find the right content. Valerie commented that changing audience category to a recommended list would provide a middle ground. Dawn commented that they extend the audience category using the Classification element, She circulated an example (see http://groups.medbiq.org/medbiq/download/attachments/26279938/audience+vocabularies+at+DVA.docx?version=1&modificationDate=1390410140000) .

The group agreed to make the values for audienceCategory a recommended vocabulary list. Student and trainee will be added to recommended values. Best practices will describe how to use audienceCategory to convey different levels, as seen in the MedEdPORTAL spreadsheet.

Erick asked if there is a repository of vocabularies. Daniela recommended MedBiquitous serving as a single point of access for vocabularies related to healthcare lom. We can collect references to more specialized vocabularies. Valerie created a new wiki page for that purpose at: http://groups.medbiq.org/medbiq/display/LO/Vocabularies

Erick commented that communities of practice often have their own vocabularies. If you can come up with a place to put those vocabularies, you can promote consistency. Valerie will add the curriculum inventory vocabularies to that page.

John commented that the AAMC is looking for a more standardized way to connect its systems. Many of the things discussed make sense.

The group returned to the vocabulary mapping. As a next step, Valerie and Daniela will create a draft vocabulary for learningResourceType that takes into account the mEducator, VA, and AAMC vocabularies for the group to review.

C The group will consider where and how references could be incorporated.

Dawn commented that they added custom elements for learning management-specific data. She agreed to share those with the group (see http://groups.medbiq.org/medbiq/display/LO/VA+Custom+elements)

Erick asked Valerie to better explain the benefits of adding references in specific parts of healthcare lom, such as healthcareEducation, on the next call.

D Valerie will work with Erik and ADL to schedule a call with the learning registry folks.

[The call took place 2/27/2014]

3 ADL Demo (if ADL staff available)

4 Open discussion

Decisions

audienceCategory will have recommended values as opposed to restricted values. Student and trainee will be added as recommended values. Best practices will describe how to use audienceCategory to convey different levels, as seen in the MedEdPORTAL spreadsheet.

Action Items

- The group will add references to their vocabularies to the following page on the wiki: http://groups.medbiq.org/medbiq/display/LO/Vocabularies
- Valerie will add the curriculum inventory vocabularies to that page.
- Valerie and Daniela will create a draft vocabulary for learningResourceType that takes into account the mEducator, VA, and AAMC vocabularies.