

# 2013-09-18

## Meeting Information

<b>Date:</b>	September 18, 2013
<b>Time:</b>	9 MDT/11 EDT/17 CEST/18 EEST

Please note: the conferencing service will ask you to enter the pound sign. Press # for pound.  
To mute, press \*6.

**Attending:** Dawn Carroll, Emily Cahill, Daniela Giordano, Stathis Konstantidis, Erick Emde, Sarah Hunt, Dimitris Spachos, Valerie Smothers

## Agenda Items

### 1 Review [minutes](#) of last call

The minutes were approved.

### 2 Review modifications to [specification](#) and [schema](#)

Valerie reviewed the changes to the specification and schema. She added the quality element to healthcareEducation (see page 31). It's a URI for describing a quality assurance process. The next change was to section 7.10, page 55. The section was broken into two parts, one for repurposing metadata and another for educational metadata, which is where the new teachingLearningInstruction field appears. Daniela commented that the repurposing section needs to clarify that those repurposing fields go under the relation element. Valerie agreed to make that change.

The group agreed that otherwise the revisions seemed appropriate.

### 3 Discuss mEducator vocabulary for [mediatype](#)

Daniela explained the idea was to provide a multifaceted way to code an item to assist in the process of repurposing and make clear what media is inside the resource. There are four large categories: primary media, multimedia, web/social media, and media package. Each category has more detailed media types: text, images, etc. Some had an xray where you had to draw a structure, then you receive feedback via the annotations. They were trying to make clear the interactive exercises included. They also wanted to include multimedia and less conventional resources, like websites, blogs, discussion forums, etc. Media packages refer to something that follows a standard. Scorm package, dicom images, or what else. It's designed for users to pick as many as apply; it's a way to provide multifaceted information. The vocabulary was tested several times.

Dawn commented that they want additional vocabulary, too. They added a VA vocabulary to education learning resource type. A lot of what Daniela has, they have on that list. Dawn will send us that list to look at.

Valerie asked whether we could harmonize the learning resource type vocabulary with meducator media type and the va values.

Daniela commented that they tried to classify resources from the perspective of media and from the perspective of educational artifact. One was media type. The educational artifact, things like exercises, is classified elsewhere. She can send that vocabulary. Things highlighted in yellow are beyond digital media, but she sees the need in having it here based on the type of resources offered in university courses. There is a distinction between media and type of interaction with media. What are you doing with resources? Are you using them for an exam, using to study, etc. That is coded under educational artifacts. Their vocabulary is based on digital media. In healthcare lom, we could keep it all together or distinguish.

Valerie asked Erik if the CDC had developed an extended vocabulary for learning resource type or something similar to media type. Erik replied no, not that he is aware.

Valerie asked Sarah if MedEdPortal had a distinct vocabulary that it used. Sarah commented that what Daniela shared looks pretty familiar. There may be some distinctions. She can reply all and send their info. The group agreed to revisit on the next call.

Daniela asked if we will include instructional methods and assessment methods from the Curriculum Inventory standard. Dawn replied they have a field for that. She will send that out, too.

Sarah commented that they do have instructional method. While it is their goal to integrate with the curriculum inventory, they are not fully integrated. She can't speak to their vocabularies.

Valerie explained that the curriculum inventory standard was designed to support medical schools and other health professions schools capturing data about the events in their curriculum. She offered to explore incorporating instructional methods and assessment methods and come back with a proposal for consideration on the next call.

Daniela commented that the instructional methods and assessment methods vocabulary covers some thing that are face to face. It is broad. If this is to be digital, terms like role play may not apply as well. Or patient presentation. It's the context. They went more fine grained, had in mind resources that would be internet accessible, digital resources. These are perfect for curriculum, not resources. Not all would naturally apply.

Stathis commented regarding instructional method, when we have learning resources it can be different than the method in the classroom, There may be a method in a web based context. Resource can be more concrete. That needs to be considered.

### 4 Discuss VA encoding of [originating system](#)

Dawn explained that LOM has a technical requirement field that they use to indicate browser, operating system, originating system, and player viewer. They require browser and operating system, and those are preselected. There are only a few possible options – lcms, blackboard. The rest is contracted out or developed in house. Most of those are taken care of in technical format – flash etc. They have specs they are trying to follow.

Valerie clarified that the originating system is not required to use the resource. Dawn replied that is correct. Valerie commented that because it is not really a technical requirement, it may be better to have a distinct field. Dawn replied that adding an originating system field is ok with her. The group agreed.

Stathis clarified that this would be a free text field. They call it something else, what you need to play or use content. Similar. In some cases, the originating system is not common. We need to state it.

## **5 Continue reviewing proposed modifications**

The next proposed change was patient consent data, for use when the content contains patient images or other patient data. The eViP example provides a catalog and entry to document patient consent forms.

Dawn commented that they do something a little different.

Daniela asked what the value of the field was. Dawn commented that they had an incident a few years ago where a video was released on you tube. No one could find the consent form. It took months to track down. They needed to connect metadata to consent to track down that form. This field would eliminate those problems and protect the rights of the patient. This field would allow you to go back and review the form. Daniela agreed it was a way to enforce a good practice.

Valerie asked if the proposed format from the eViP specification was appropriate.

Dawn replied that she will review what they are doing. She can discuss results on next call.

## **6 Open discussion**

## **Decisions**

### **Action Items**

- Valerie will clarify that the repurposing fields in section 7.10 go under relation.
- Dawn will send the VA vocabulary for learning resource type.
- Daniela will send the vocabulary for educational artifact.
- Sarah will send information on how MedEdPortal is tagging things like learning resource type.
- Dawn will send the VA's instructional methods and assessment methods.
- Valerie will explore incorporating instructional methods and assessment methods and come back with a proposal for consideration on the next call.
- Valerie will add originating system to the spec.
- Dawn will provide information on how the VA tracks patient consent.