

# 2015-07-16

## Meeting Information

<b>Date:</b>	July 16, 2015
<b>Time:</b>	9 MDT/10 CDT/11 EDT/16 BST

Attending: Scott Beck, Andrew Downes, Erick Emde, JB McGee, Ellen Meiselman, Valerie Smothers, Michael Steele, and David Topps

## Agenda Items

### 1 Review [minutes](#)

Minutes were approved as submitted.

Action item follow-up: Ellen contacted David with regards to targeting a journal. David also contacted Rachel regarding a journal submission; he will send to the group as well. Valerie asked about the timing of the journal article and whether it would be best to wait until more progress has been made or forge ahead to develop a focus for the journal article. Ellen agreed with Valerie about focusing on availability of recipes and what they enable and the process to develop them. Valerie added only use cases and requirements have been developed previously. Craig circulated an analytics video link that visualizes quantitative data and relationships of data in XAPI statements, relationships between issues and the people associated with those issues.

### 2 Discuss [Virtual Patient Recipe](#) from David Topps and next steps

Andrew provided some background about recipes in general. XAPI has a strict structure but is flexible in the content. Additional rules are needed to describe those learning experiences so data matches up. Virtual Patient tracks the same event and data doing the same thing in the same way. The reporting tool will be able to understand that data no matter which data tool is used. The data tool doesn't tell you when and what to send and tracking needs to be defined. David mentioned the importance of standardizing data in a community of practice. All statements get tagged with a version supported system number. David will circulate the most recent link to the Virtual Patient profile recipe #50.

David reviewed the simple statements to include defined actor, user and verbs. He acknowledged Andrew's input. Andrew added the importance of using ADL verbs when possible because of the more common use. Initialized is Andrew's preference. David's preference would be to keep it simple and JB agreed. The goal is to have multiple players that can produce data that is similar using minimal verbs. A decision was made to go with initialized and use the same way as CMI5. Andrew commented he can send two statements, one relating to the sessions and one relating to the attempt. Andrew will circulate CMI5 specification to the group.

A discussion followed on use of "complete" or "completed" which implies the user has finished or gone to the end point on the case. It doesn't imply success or failure. JB commented the word "complete" means learner has done enough of the case to be considered complete, not necessarily completed. David still thought "complete" fit the best. He suggested adding "results" or more detail. Andrew commented that "mastered" has the sense of complete. Valerie commented that mastery has more to do with competency than completion.

Valerie suggested talking about a recipe strategy, a modular approach to recipe development benefiting MedBiq and the broader community. Eric asked about the tense of the verb and David was happy to use past tense. The group discussed terminated vs abandoned. Andrew clarified that abandoned indicates that the session was *abnormally* terminated by a learner's action or due to a system failure. Terminated indicates that the session was terminated by the learner (see [https://github.com/AICC/CMIS-Specification/blob/master/cm5\\_runtime.md#verbs](https://github.com/AICC/CMIS-Specification/blob/master/cm5_runtime.md#verbs)). The ADL verb suspended is used to suspend an activity with the intention of returning to it later, but not losing progress (see <http://adlnet.gov/expapi/verbs#experienced>). JB supported using "suspended", leaving for whatever reason. David was happy to use "suspended" for JB's group and "terminated" for his system. Valerie will need to account for variations in the system. David added there are variations to experienced, watched, and read. "Watch" implies dynamic multimedia content; "read" implies static media. David used three different verbs to allow for different content. It is important to know that a user went to a node and got kicked to another node. Valerie asked if the system provided access to additional information and how that would be used analytically. David commented they would look at the context and to determine if something was triggered. The best verb they found for that was "update." They discussed including triggered or redirected as verbs.

Valerie suggested thinking through some examples. David commented that when they leave the node, a rule may be triggered redirecting them elsewhere. For example we can track user briefly visiting the evaluate node and then is bounced to best fit node, by the rule not by the user. Valerie noted the rule was triggered in that point in time. Ellen suggested having a group of statements where the actor was the learner and a statement or two where actor was the system. Andrew added it was important that the user is the mover, to track that they tried to go here. David suggested the verb "experience" be used for tried to go. Valerie commented however, they never get to the node. Valerie clarified experience for every node that user visited. David added they didn't experience but they landed there. Valerie commented the purpose of API is to capture learner experiences, she questioned capturing something they only attempted but didn't experience. David mentioned you don't know that at the point of action.

Valerie thanked David and Andrew for this ongoing work. The next step will be to look at use cases and requirements to perform gap analysis and see whether MedBiq needs a profile. She added even if all the verbs are there we need recipes to clarify what has already been created. She noted the VP and clinical observation checklist will be useful. David asked for the group's feedback. Ellen volunteered to assist Valerie with skeleton structure of recipes.

David suggested using google docs for commenting and suggestions. He will circulate a link on that. JB asked how the recipe works when posted on TinCan site. David answered only the owner of the profile can make changes, but edit ability can be shared. Valerie added there is value in having the MedBiq brand associated with it. We will discuss on the next call whether this should be a formal standards development process.

### 3 Compare [use cases](#) and requirements ([sample statements](#) and [table](#)) and discuss next steps

### 4 Updates on related projects from the group

## 5 Open discussion

### Decisions

- The group agreed the CMI-5 verb Initialized should be used to indicate the start of an activity.
- Verbs will use past tense.

### Action Items

- David will circulate the most recent link to the Virtual Patient profile recipe #50. (note – Valerie updated link in minutes)
- Andrew will circulate CMI5 specification to the group.
- Ellen and Valerie will work on a skeleton structure for recipes.
- We will discuss on the next call whether this should be a formal standards development process.