

OOER Case Study (DRAFT)

Case Study Title	NESC Teaching Resources
School or Department	Department of Primary Health Care
Institution(s) involved	University of Oxford
Contact + Email	Dr Kate Field (kate.field@dphpc.ox.ac.uk) Mr Christopher Smith (enquiries@medev.ac.uk)
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Tags	NESC Teaching Resources; NHS Education South Central; Primary Care; Long-term health conditions; Patient Experiences; Health Experiences: Carer Experiences of Depression: Chronic disease; Diabetes Type 2; Heart Failure; Dementia; Health Beliefs; End of Life: Palliative Care; Depression

Questions	Explanation and further information
<p>1. What is the curriculum context of the resource or resource collection?</p> <p><i>Approx. 250 words</i></p>	<p>Resource titles:</p> <ul style="list-style-type: none"> • Will I need an operation? • Diabetes Type 2: a life sentence? • Heart failure: 3 Case Studies • Deliver us from dementia • Health beliefs • A good death • Depression in long-term conditions <p>Designed as a teaching films (in DVD format) for staff and students of primary care e.g. foundation doctors, GP trainees, practice nurses, community nurses, health care assistants and primary care receptionists.</p> <p>Each film/DVD has a special topic and has been designed to use video clips from www.healthtalkonline and discussion points to trigger debate and reflection about current practice in primary care and how it may affect patients and carers.</p> <p>Online learning particularly useful in helping primary care staff improve communication with patients/families/carers.</p>
<p>2. What were the aims and objectives of the resource or resource collection?</p> <p><i>Approx. 100 words</i></p>	<p>To spark discussions about different ways of approaching patients with a long-term health condition such as heart failure and dementia.</p> <p>To demonstrate to health professionals how people respond in different ways to hearing a diagnosis and being given bad news about their health.</p> <p>To encourage reflection about aspects of general practice relating to patient support and advice.</p> <p>To build upon the confidence of everyone working in general practice so that they understand the needs of patients and carers coping with a long-term health condition such as diabetes or depression.</p>

<p>3. How was the resource or resource collection implemented?</p> <p><i>Approx. 250 words</i></p>	<p>Interviews recorded in digital audio and video formats. Audio and video released on the website are delivered in streaming Flash and streaming Windows Media formats. Not downloadable.</p> <p>Content delivered through HTML website with embedded flash audio/video components.</p> <p>Content not downloadable as it would breach existing copyright agreements.</p> <p>No awareness of SCORM compliance.</p> <p>Anyone of the patients/interviewees can request a copy of the materials in any format they want e.g. audio, video, transcript</p> <p>Up to 5 clips can be provided for free to doctors/tutors in the British HE system (these can be stored locally), after that they are asked to pay to cover the costs of producing the resource (a varying pay-scale is employed to the cover the costs [individuals incur lower costs that institutions/bodies]).</p>
<p>4. What technologies and/or e-tools were needed to deliver this?</p> <p><i>Approx. 150 words</i></p>	<p>Embedded streaming Flash video</p> <p>Embedded streaming Windows Media video</p> <p>Encountered difficulties with NHS services blocking downloads behind NHS firewalls to prevent internet bandwidth from being used up by data heavy content.</p>
<p>5. What guidance and/or support did you develop?</p>	<p><i>Categorisation</i></p> <p>Categorisation guidance was followed and the resources were successfully input into the resource categorisation toolkit.</p> <p><i>Patient Consent</i></p> <p>Patient consent guidance was followed and indicated that the resources were suitable for upload. Patient consent was granted for online distribution via healthtalkonline.org prior to consideration as OER. Patients are clearly visible though never identified in video clips. Video takes form of 'talking heads' style. Participants understand how they will appear on the website, and interviews only happen if participants have been shown the website and have given signed permission for interview to take place. Sections of each interview (clips) are selected to illustrate the qualitative analysis under topic or themes headings. The clips can reveal intimate details of an individual's medical and lived experience, but interviews can only be used if participants assign copyright of the whole interview to the University of Oxford. All projects are conducted with ethics approval at local and national levels.</p> <p>Researchers take care to remove all information that could link a participant to a specific hospital, doctor or care staff (ie names are routinely removed). Consent for resource URLs only to be uploaded to JorumOpen was granted by Dr Kate Field and Adam Barnett (Webmaster) of DiPEX charity which publishes and maintains the technical aspects of the website.</p> <p><i>IPR/Copyright</i></p> <p>IPR/Copyright guidance followed. The resource is already licensed under institutional copyright to the University of Oxford, as all material created by university researchers' is liable to copyright. Permission for release as OER was granted by DiPEX and the content author, as the materials are already within the public domain. The resource can be released under Creative Commons Attribution-Non-Commercial-No Derivatives 2.0 UK: England & Wales license.</p>



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	<p><i>Institutional Policy</i></p> <p>Institutional policy guidance followed. Institutional policy already in place, all resources have passed through this in order to be released online into the public domain via healthtalkonline.org and youthhealthtalk.org. All content relating to patients depicted on the websites has been cleared through the University of Oxford's legal team.</p> <p><i>Internationalisation</i></p> <p>Internationalisation guidance was not available.</p> <p><i>Pedagogy and Quality Assurance</i></p> <p>Pedagogic survey was completed successfully. Encountered some error loops within the survey, but managed to navigate around these.</p> <p><i>Resource Discovery and Re-use</i></p> <p>Resource Discovery/Re-use guidance was not available. The resources are currently index by Google and other search engine as a result of the website and IT engineer.</p> <p><i>Upload</i></p> <p>Resource upload guidance was followed and the resources were uploaded to JorumOpen as URL links. The resources also exist on the healthtalkonline.org website.</p> <p><i>Resource usefulness</i></p> <p>Evidence of resource usefulness is reflected by users regularly contact DiPEX asking for permission to use the clips and other resources. Further the website and research strategy has been regularly featured in the media, having won several awards, including ones from The Times, BUPA and the BMA.</p>
<p>6. Uploading and hosting resources.</p>	<p>Resource URLs were successfully uploaded as an OER to JorumOpen.</p> <p>The JorumOpen repository upload was deemed easy to use. No problems were encountered by the user.</p> <p>The repository publishing environment provides all the pertinent information relevant the resource and its source file.</p> <p>Dr Kate Field - Senior Research Fellow</p>
<p>7. What are the key outcomes of the resource and/or resource collection?</p> <p><i>Approx. 200 words</i></p>	<p>All materials produced by the DiPEX charity are released online through the healthtalkonline.org website. They are already OER as they are in the public domain for viewing. The videos may not however be downloaded on to a computer, as they are only available for streaming.</p>
<p>8. What follow-up activity will</p>	<p>Follow up projects – continued development of learning and teaching resources</p>

<p>be/has been carries out as a result of the resource or resource collection?</p> <p><i>Approx. 150 words</i></p>	<p>under NESC funding.</p> <p>Currently trying to raise money to continue funding these projects – including end of life – as these experiences transcend end of life issues from various diseases etc.</p>
<p>9. What are the lessons learned from the resource or resource collection?</p> <p><i>Approx. 250 words</i></p>	<p><i>Sustainability</i></p> <p>Healthtalksonline.org website includes its own periodic review procedure, to ensure that resources are kept up to date and amended when necessary.</p> <p><i>Risks</i></p> <p>Future funding – accessibility to funding grants and the potential for it to dry up</p> <p><i>Benefits</i></p> <p>Huge benefit to the medical school and university, as research conducted by the University of Oxford is being made easily available within the public domain for general consumption. Materials are used by medical professionals as well as students, as they cover aspects of the medical knowledge that are traditionally lacking from the medical curriculum (i.e. patient experiences on matters relating to treatment, healthcare and dealing with illness).</p> <p><i>Unexpected outcomes</i></p> <p>Used by clinical teachers, doctors and other healthcare professionals, as well as lay people (original audience).</p> <p><i>Future plans</i></p> <p>Setting up a health experiences institute – which will incorporate medical ethics – will enable other groups looking at patients in the university to pool resources etc.</p>