

Case study 1	Interactive guided learning material for depression core concepts
School or Department	School of Medicine
Institution(s) involved	University of Southampton
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Tags	Medicine, undergraduate, mental health, depression, multi-point IPR, eLearning staff IPR, University visiting contract, honorary contract, NHS clinician, repository, usability, IPR negotiation, traffic light release system, granularity, cohesive resource vs. single asset
Questions	Explanation and further information
1. What is the curriculum context of the resource or resource collection?	Resource collection to help students to make sense of their knowledge base. Also, for use in revising for exams to refresh understanding as a supplement to factual content provided from recommended texts and lecture notes. Use in BM undergraduate medicine teaching, specifically clinical years.
2. What were the aims and objectives of the resource or resource collection?	Mental illnesses are not always easy to get to grips with during short psychiatry attachments. This learning resource collection tries to make the task easier by presenting psychiatric concepts in a more easily digestible way. Wherever possible the resource shows figures and concepts in a visually memorable way in the hope that students will really grasp how the information fits together in the "bigger picture".
3. How was the resource or resource collection implemented?	HTML web page with embedded Flash video and animations.
4. What technologies and/or e-tools were needed to deliver this?	Adobe Flash. Visual Understanding Environment (http://vue.tufts.edu/) was used to construct decision tree maps for guidance package advice. Open Labyrinth (http://sourceforge.net/projects/Open_Labyrinth/) was used to create an online application to deliver the decision tree maps. SurveyMonkey (http://www.surveymonkey.com/) was used to survey interested parties and collection data on their methods used in pedagogy and resource discovery. EdShare was used as a institutional repository to which the resource was originally uploaded (http://www.edshare.soton.ac.uk) JorumOpen (http://www.jorum.ac.uk/) was used as a repository to which this learning resource was uploaded to.
5. What guidance and/or support did you develop?	<p>Categorisation guidance was followed. It would be useful to have drop down menu options to select from, together with an option to add 'Other'. This would guide the end user and make data collection more consistent. Automated detection of file format and length are available technologies and should be used more to reduce end user workload.</p> <p>Preliminary Patient Consent guidance was followed. As this resource contained no patient data, the guidance package was not used in depth.</p> <p>IPR/Copyright guidance was followed. The resource collection was shown to have multiple points of IPR, these being a University eLearning Manager, an NHS Clinician and others involved at various stages of producing the material. This information was not available to hand during the initial testing of the guidance. Subsequently, the following was clarified.</p> <p>The clinician was employment by the University on a Visitor Contract. These contracts are allocated to any Consultant who teaches students in this Institution in a transient role, requiring the submission of a CV and contract form. Not all Visitors complete this process as they should. The Visitor Contract does refer to IPR and it links to the University Intellectual Property Regulations (www.calendar.soton.ac.uk/). These state that anything made with University facilities are owned by the University. Honorary contracts are being developed for key people who really benefit the School. These will be more specific as regards to IPR, but they do not exist at present.</p> <p>As regards to the NHS contract, this requires a Consultant to comply with NHS procedures for intellectual property which are in line with 'The NHS as an Innovative Organisation, Framework and Guidance on the Management of Intellectual Property in the NHS' (which is available from http://www.dh.gov.uk/). This states that the NHS owns the IPR, with emphasis is on R&D, but educational materials are included. Section 4 of this document discusses the NHS-University relationship and says there needs for agreement between parties for one to hold the IPR, but give full rights to the other with shared income if applicable. This should be agreed at the beginning of the process.</p> <p>Institutional Policy guidance was not available. There was no institutional policy on the release of OER. The time scales required to establish new institutional policies and the administrative burden tracking down ownership of IPR for ex-employees whose exact contractual status at the time of authoring a learning resource is a barrier to the timely release of OER. A 'traffic light' approach is being considered, which classifies a resource on an OER readiness scale, whereby the degree of compliance with the guidance packages is weighed against the likely risk of litigation. It is suggested that in lieu of an Institution Policy, all involved parties will be contacted and asked if they object to</p>

	<p>the resource being made open.</p> <p>Internationalisation guidance was not available.</p> <p>Pedagogy/QA guidance preliminary survey was completed. Feedback was received on usability and which are the most useful questions to take forward to record metadata about a resource.</p> <p>Resource Discovery/Re-use guidance was not available. The preliminary guidance survey was completed.</p> <p>Resource Upload guidance will be used when the resource is uploaded.</p>
6. Uploading and hosting resources.	The resource was not initially uploaded as an OER. This was deferred until IPR issues could be resolved. The resource collection URL link will be uploaded to JorumOpen by the OER Project Officer after permissions have been given and documented.
7. What are the key outcomes of the resource or resource collection?	<p>Clarification of resource authors' IPR based on contract status.</p> <p>A case-by-case approach to making resources open in an Institution where a policy does not exist.</p>
8. What follow-up activity will be/has been carried out as a result of the resource or resource collection?	An ideal future outcome would be that it is clearly established that all NHS Trusts agree that the University will take ownership of the IPR where the University is delivering the education, but will share any profits.
9. What are the lessons learned from the resource or resource collection?	<p>It will not be sustainable to update resources in multiple repositories. Updating in an Institutional repository is the preference. Tracking down and resolving IPR issues and approving a novel Institutional Policy is very time consuming. A solution might be the proactive release of OER resources by contacting interested parties and inquiring if there are any objections, together with a rapid take down policy. The issue of what justification there is for a centralised repository and how competitive it is compared to other open sharing sites (Institutional repositories, YouTube, Slideshare, etc) was raised.</p> <p>The risks are perceived as releasing an OER that someone objects to. Following toolkit guidance should avoid this and a robust take down policy will minimise the impact. Also, how to maintain and protect Institutional branding on share resources.</p> <p>The benefits are to promote the University and to promote the individual resource creator.</p> <p>https://www.som.soton.ac.uk/learn/mentalhealth/bmyr3yr5/curriculum/depression/</p>