

Article Summary

Summary: Online Curriculum for Medical Education

Title: "Implementing an online curriculum for medical education: Examining the critical factors for success."

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Reference: Olson, B. (2013). Implementing an online curriculum for medical education: Examining the critical factors for success. *International Journal on E-Learning*, 12(2), 197-208. Chesapeake, VA: AACE. Retrieved October 7, 2014 from <http://www.editlib.org/p/36077>.

Problem:

The pediatric residency program directors at SUNY Upstate Medical University needed to translate their core didactic lectures to an online format. The research article examines the varied success of different design factors and pedagogical techniques in the online core curriculum.

Context:

Four focus group sessions were conducted consisting of a mixed group of residents (1st, 2nd, 3rd year). While the study does not state the number of participants, the pool was out of the 38 pediatric residents participating in the program. Each focus group was asked questions in a semi-structured interview to get feedback on the following items:

- Overall assessment
- Aspects of curriculum that they liked/disliked
- Factors of the curriculum that prompted/prevented viewing of online materials
- Learner uses of the online curriculum
- Learner perceptions of the curriculum meeting their learning needs

Each interview was recorded and the anonymous transcripts were analyzed independently to find themes within the qualitative data.

Findings:

Learners using the Pediatric Online Core Curriculum reported affordances (positive aspects), mixed (both positive and negative aspects) and barriers (negative aspects) along themes.

Affordances

The high quality curriculum was redesigned for the blended learning format, lectures were chunked into 25 minute or less, participation in the curriculum was monitored, the curriculum was accessible during clinical rotations or when clinical questions came up, and it was flexible.

Mixed – Both affordances and barriers

Overall, the content of the curriculum was perceived of a mixed quality. Quizzes were of a mixed quality: some had poor correlation between content and quiz questions or had a lack of feedback.

Barriers

Barriers included software issues when viewing videos, lack of access of computers to view videos in the blended format, and desired features not in the user interface. Learner specific barriers, such as lack of time and resistance to new curriculum were also present.

Recommendations:

I agree with the author that a well-received online curricula must consist of high-quality material that is well-integrated into the overall educational program and presented on a user-friendly yet flexible platform. It is a misconception that one can simply record existing face-to-face lectures for delivery online and be successful. The following should be considered in the design of online curriculum, particularly for medical education:

- 1) Create a well-defined curriculum
- 2) Design the content for online delivery (e.g., keep length of lectures short)
- 3) Present the content in a format that is flexible, yet which constrains content to aid completion

- 4) Ensure access to appropriate technology
- 5) Consider the user interface
- 6) Provide high-quality learner feedback
- 7) Set learner expectations and monitor compliance