Medical ‘e-learning’ and the user experience

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Categories: Medical Education (General), Teaching and Learning, Technology

Received: 03/10/2017
Published: 10/10/2017

Letter

Dear Editor,

Amidst concerns that online learning can place a metaphorical, as well as a physical distance between teacher and pupil (Emery, 2017), we would argue that this is only because of its current failings. ‘Online learning’ is amassed together, but it encompasses a multitude of delivery methods. Poor integration of different media, quality content, and a secure delivery channel, is why online learning can fail in medical education.

One of the main attractions of digital education can be illustrated by its presence on social media (SM). SM demonstrates that there is scope for continuous teacher-pupil interactivity, enhancing the learning experience. Unfortunately, SM and other platforms providing ‘free open access medicine’, can have the drawback of being unregulated if left without monitoring. These cannot, therefore, always be relied upon to replace ‘live teaching’, but if recognized institutions and individuals can share their intellectual property in a secure manner, online training could become more widely respected and utilised.

The user experience, utility and academic rigour of the content and product are all contributing factors in making online learning more effective. Often the poor experience of end users provides the impetus to improve delivery, and in medical education, platforms such as Touch Surgery (TS, 2017), and Medical Realities (MR, 2017) are examples of this.

Undoubtedly, e-learning for medical students can only ever be complementary: we do not live in a virtual world and do not treat virtual patients. However, a significant proportion of medical curricula consists of fact learning and skill demonstration. E-learning can exploit these areas to appropriately match the efficiency of education with the increasing demand for competent, up-to-date doctors. This allows students to focus more time on the complex and fundamentally more important tasks of practical skills, communication, and higher function development.

Further efforts are needed to utilise enhanced e-learning systems, particularly within postgraduate education. Whilst there is literature discussing the use of online learning in medicine, the evidence base does not expand at the same rate as the technology advances. Outcomes from digital and live teaching are not commented upon concurrently so cannot be fairly compared. Conducting prospective cohort studies comparing learning and scoring outcomes, as well as qualitative analysis of student preference in tandem with the use of new delivery systems, would begin to tackle this issue.
Keywords: e-learning

Notes On Contributors

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Bibliography/References


Declaration of Interest

The author has declared the conflicts of interest below.
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