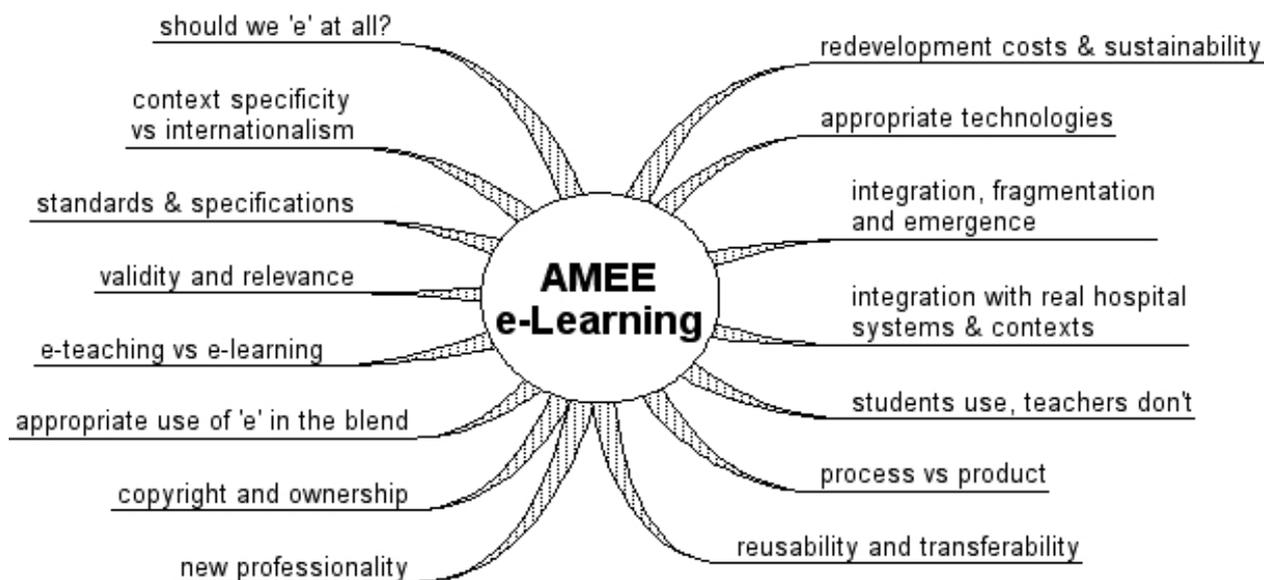


AMEE 2004

Spotlight on e-Learning

A sea-change in e-learning in medical education

Although present as an undercurrent of previous AMEE meetings, e-learning emerged as a major theme of the 2004 AMEE meeting in Edinburgh. This was in part due to the close links between AMEE and the International Virtual Medical School IVIMEDS but it was also a reflection of the extent to which e-learning is informing and changing the learning environment in medical education as a whole. The breadth and depth of issues raised and discussed is reflected to some extent in the mindmap below:



For the spotlight however I have selected five themes that predominated or ran through AMEE 2004's e-learning sessions and discussions, both explicitly and implicitly:

E-everywhere

E-learning has become a part of the mainstream of the design, delivery, assessment and management of medical education for many, although not all, in the AMEE constituency. The use of online discussion, portfolios and electronic resources and reference materials has become both acceptable and increasing normative and the use of email, web and PowerPoint all-pervasive (except for PowerPoint and Edward de Bono, who illustrated how effective more traditional approaches can still be). This normalization may however tend to reduce users' (and non-users') critical appraisal of the effects of this mass adoption of technology-supported practice. This is a theme that it would be encouraging to see more robustly addressed at AMEE 2005.

Systems and Integration

There has been a major move away from small scale and cottage industry e-learning interventions towards systematic and integrated approaches that cross

whole or significant parts of the curriculum. This was particularly notable in presentations from Europe, Asia and Australia, while North America appears to have tended to lag behind in this respect. The integrated 'virtual learning environment' (VLE) or learning management system (LMS) is the most commonly found example of this approach and novel extensions and innovations within such platforms were presented by a number of groups throughout the meeting.

Interoperability and Reusability

Along with the move to systematic and integrated uses of e-learning has been a move to explore ways in which instances of e-learning systems can communicate and exchange materials and processes. Core to such developments are the development and use of e-learning interoperability standards and specifications. Again the AMEE 2004 meeting was notable by the extent to which participants were informed about and indeed using such standards in their work. Also notable was the presence at the meeting of representatives from a number of standards and specifications groups such as IMS and Medbiquitous.

e-Teaching or e-Learning?

A common abuse of the term 'e-learning' is that it is used to cover learning design, teaching activities and the teaching environment. In this respect e-learning as discussed both at AMEE 2004 and in general is more truthfully e-teaching. Notable by their absence were any 'e-learners' or much discussion of the experience of being an e-learner. Certainly several contributors raised the point that to be an effective e-tutor one should also have experience of what it is like to be an e-learner!

Negotiating the Blend

Very few, if any, presenters espoused a purely 'e' approach; medicine after all is inherently human and practical in nature. How the 'e' was combined with and integrated with the traditional face-to-face aspects (f2f) of medical education was another common theme throughout the meeting. A common approach was to shift the didactic and logistical aspects online while retaining, or even boosting, the discursive and exploratory aspects of the f2f encounter. Another was to reconfigure the temporal and physical boundaries of the medical school to meet the individual and collective needs of both the learner and the tutor while still retaining the core traditional experience of medical education.

AMEE 2004 therefore marked a sea-change in the position of e-learning in medical education as it moves from a peripheral and opportunistic practice to one that encompasses many areas of the curriculum and is firmly becoming part of the mainstream of how we approach teaching and learning in the twenty-first century. Where e-learning in medical education will go next may be extrapolated from the themes outlined here, but predictions are inevitably risky – roll-on Amsterdam 2005!

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