

Challenges in developing open and accessible medical education resources: lessons learnt from Uganda

¹S Choi, ²R Annan

- 1 S Choi, eLearning Manager, School of Medicine, University of Southampton, Southampton General Hospital, Southampton SO16 6YD
- 2 R Annan, Research Fellow, IMTF, School of Medicine, University of Southampton, Southampton General Hospital, Southampton SO16 6YD

Background and Purpose

Malnutrition is a major cause of death and disability among infants and children ¹. An important reason behind failure of malnutrition management is limited knowledge and competency of health professionals ². It is imperative that their capacity is developed. One way to achieve this is to provide health professionals with standardised and accessible training on malnutrition management. To achieve this, the IMTF and Faculty of Medicine eLearning at the University of Southampton have developed an eLearning course called “Caring for infants and children with Severe Acute Malnutrition (SAM)”. Designed based on the WHO’s guidelines, it provides standardised and interactive learning in 3 modules – core concepts, identification and management. Although rich in media, the course is created to run on a low spec computer with a limited internet speed to enable its access in both developed and developing countries. By completing it the user will gain the core knowledge and competencies for SAM management.

Methodology

In collaboration with the Uganda Paediatric Association (UPA), a study was conducted in Uganda in December 2010 to evaluate the effectiveness of the course and appropriateness of its delivery. Eight six, including doctors, medical students, nurses and nutritionists, participated in three half-days training. The study was planned through email correspondences between the UK project team and UPA. Four members of the project team came to Uganda to make the final arrangement and to conduct the study. Using pre and post tests and questionnaires, observation, individual interviews and focus groups, the participants’ experience during the study were investigated.

Results

Overall the course was well received for its design and delivery. However, the study presented a challenge in designing open and accessible medical resources. The course piloted is accessible through a registration requiring user email as their ID. However, one third, mainly nurses, neither had email accounts nor used a computer before. Only 14 out of 35 interviewed had computers and 8 had internet access. Google, PubMed and eMedicine were used by those who used internet for learning, but none had used an open educational resources repository. When tried to access medical resources from repositories, most were not “accessible” due to limited internet speed.

Discussion and Conclusions

This study presents us a question of what “open” and “accessible” medical resources are. What are accessible and open in developed countries may not be the same elsewhere; therefore, not open or accessible to them. To share a medical resource, we need to create it accessible and open to all, and this means we should consider the user environment.

References

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