Chapter 3.8
Reusable Learning Objects in Health Care Education

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ABSTRACT

This chapter will review the definition, development and characteristics of reusable learning objects (RLOs) and outline examples of how these resources are meeting the challenges of interprofessional learning. It will discuss the ways in which pedagogy is developed and expressed within RLOs and how this may impact on inter-professionality.
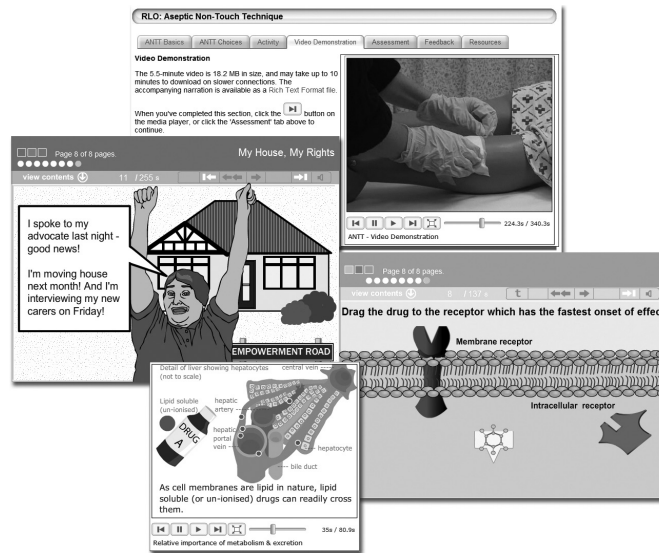
INTRODUCTION

Reusable learning objects (RLOs) are small, granular e-learning resources. They generally utilize multimedia elements to engage the learner in a visual and interactive learning experience.

They are mostly web-based and increasingly are being offered as open-education resources, which can easily be accessed and used. Screen-shots from some health-related RLOs which have been used with interprofessional groups are shown in Figure 1, and "live" examples can be found at the following websites/repositories SONET (University of Nottingham, 2009), CIPEL (2009) and UCEL (2009).

As the name suggests, sharing and reusability are important drivers for the RLO model of e-learning. This philosophy has obvious resonance with interprofessional learning. At its best, it influences every aspect of the design, creation and delivery of the resources. This includes the types of repositories used, compliance with technical standards to allow interoperability between IT systems and the licensing/copyright models adopted. A robust learning object economy based on sharing of resources between diverse stake-

Figure 1. Screenshots taken from examples of RLOs used for interprofessional learning

holder groups has long been the vision of many in this field (Gunn, Woodgate & O'Grady, 2005; Weller, 2004). Such an economy offsets the production-costs of high quality, media-rich learning resources, by the number of times they can be reused; by different cohorts on the same course (vertical reuse), on different courses within the same institution (horizontal reuse) and between institutions, making the final cost per student a miniscule amount.

Although this model has resonance in many areas of higher and further education, it has particular potential in the area of interprofessional health and social care education given the large numbers of students involved. This is multiplied by the wide variety of health and social care courses offered by any one institution, the number of institutions offering such courses and the emphasis on continuing or life-long learning in this area. Taken together these factors mean that certain subject areas are revisited many times. For example, think for a moment how often hand-washing is taught within a given institution; between cohorts, on different courses and for different health and social care disciplines. When this is multiplied by the number of institutions teaching these courses in

one form or another, the true potential for sharing becomes apparent.

Indeed, RLOs have been taken up extensively in health and social care education and have proved highly effective in meeting the educational challenges that these curricula face. For example, a series of chemistry RLOs were developed for an interprofessional nursing and midwifery programme to address the difficulties that these students experienced in this area. These proved to be highly popular and effective for these groups, both reducing anxiety and improving knowledge (Windle et al., 2007b). Moreover, these RLOs have also been widely reused by other health care professional students throughout the world. This suggests that that the RLO approach is effective at addressing similar areas of difficulty across the he care professions.

Despite examples like the one given above, and those that appear in a chapter by Wharrad and Windle in this volume, examples of widespread cross-institutional reuse are rare. Take the example of hand washing again. A quick internet search reveals the multitude of virtually identical learning objects produced by different organisations in this area. There does not appear to be an unwillingness

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