

Dynamics Of Listserv Discussion On Educational Research

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Abstracts: Background: PSG –FAIMER Regional Institute Listserv generates discussions among faculty, fellows and scholars working and interested in the field of Medical education research. The online programme is designed to teach educational method, professional networking and leadership skills to promote development of professional relationship among participants. Method: In the month long discussions on Educational research, 306 mails were exchanged and various topics were discussed. The process involved presenting content and questions in an academic manner, focusing discussions, establishing knowledge by articles and web sources and responding to technical concerns. Results: During the process of the discussions, participants expressed that they were enjoying the sessions and were richly rewarded in terms of knowledge transfer about Educational Research. Originality/value: Online forums are great sources to exchange and learn information on Medical education for busy practitioners and medical teachers. Conclusion: Online discussions are conducive in continuing medical education programmes. [Latha R et al NJIRM 2012; 3(2) : 76-81]

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Introduction: Online discussions forums are becoming more popular in Asian countries with the internet availability and advantages of quick transmission of information. An internet spans the globe; many issues can be planned and considered instantaneously. They form a platform for rapid transmission and exchange of information, clarifications, solving issues, initiating innovative focus for deliberations, survey and educating oneself at the comfort of home and office. The introduction of online discussions to establish a community of learning in students^{1,2,3} and Medical doctors^{4,5,6} have been reported and is becoming a new trend.

FAIMER conducts listserv intersession programme of 20 month duration for FAIMER fellows after on-location medical education programmes. The major goal of these sessions is to bring a global population of educational leaders together and to learn from one another. Leadership qualities in giving preamble, leading, directing and summarizing are also expanded by the moderators and participants.

The PSG- FAIMER Regional Institute online session started with moderators deliberating on Educational research in June 2009. All transcripts received on e mail were analyzed and placed as a report at the end of the month for the benefit of

future exploitation and dissemination of knowledge. The reports and summary can be assessed at: <http://psg-faimer-2007.wikispaces.com/Final+Project+Reports>

Objective of our study are

1. To establish the importance of the listserv discussions.
2. To investigate the process of discussions online, topics discussed and continued learning occurring.
3. To ascertain the importance of case based discussions over open discussions in listserv.

Material and Methods : Process: Topics for the intersession programme were selected by 2009 fellows during our on-spot meet in PSG Coimbatore in April 16-24 during FAIMER fellowship programme. The intersession programs were to be held through out the year starting from June 2009 to January 2010. As moderators of the first intersession of this year, we had the onerous task of designing a discussion which has good participation, keeping up the interest levels of FAIMER faculty and 2007, 2008 and 2009 fellows setting an example for the succeeding month moderators.

The sub topics for Educational research were brainstormed in May 2009 “closed group discussion”.

There were varied opinions. One outlook was to have a very much focused discussion but the counter argument was that the new 2009 fellows would prefer to have a basic understanding of Educational research before pondering on the nuances and subtleties. Hence it was decided that the discussions would start on June 1, 2009 on a general basis and then become narrowed down to specific topics. Though the 4 weeks were blue printed for discussions, the consensus was that the path may fine tune according to the participants response.

Faculty and fellows of June discussion were from varied disciplines: Anatomy, Physiology, Community Medicine, Biomedical, Physiotherapy, Nursing, Gynecology, Pharmacology, and Pediatrics. The respondents took part actively and the number of e mails exchanged was: 306 mails, pdf posted were 28, scientific web sites were: 42 (Table 1)

The dynamics of the June listserv discussion has been divided into 3 major subdivisions:

1. Types of discussion
2. Innovative terms that emerged in the listserv discussion
3. Dynamics of one major discussion on "Curriculum development".

Data collection and reporting: During the list serve discussions, transcriptions generated 17 pages of information 3765 words on quantitative data analysis. Descriptive categories were made from the contents of the transcripts which had characteristics of speech and writing and thus the unit of analysis was sentences and paragraphs. These are presented as axial hierarchical typology which represents conceptions of the phenomena of the students. Italics statements signify direct quotes of students. The pawing of the text material was done and codings were derived by the first and second authors. Themes and categories emerged during the -interviews and they were grouped together. Cards were made and placed on a table to live through the information. "Ocular scan" and "pile sorting" was employed. The first and second author performed the content analysis and the third author reviewed it. Disagreements were resolved through discussions.

Qualitative Analysis: The key words, phrases, statements of participants were translated so that their thoughts and feelings could be understood.

Result: The knowledge gain was assessed by a retro-pre questionnaire. 85% replied by e mail that the discussions were useful and helped them to improve their understanding and knowledge on "Educational Research" and its sub topics

Table 1: Total number of mails in each category:

Types of discussions	Total number of mails
Case based discussions	120
Open Discussions (Question and answer)	138
Debate Based Discussions	11
Differences based discussions	37
Force Field Analysis	28

For the 10 open discussions conducted as question and answer, 138 mails were exchanged, but for only 3 case based discussions, 120 mails were exchanged. This trend seems to reveal that case based discussion evoke abundant responses from listserv discussions. This seems to follow the pattern in interactive workshops where involvement is evoked by relevant real life scenarios.

New terms which arose are summarized in Table 2. Many terms like education clearinghouse and teaching scholarship were new to Asian participants (especially Indian fellows who constituted over 90% of the discussions).

Table 3: Gives a comprehensive view of the types of discussions and number of participants.

When questions pertaining to the discussion were presented in scholarly fashion; it was observed that the participants took longer time to give feed back. Any new topic introduced like design-based research in debate form and grounding theory as pdf article drew responses like, " cannot understand concept" ; " we need examples to get it clear" ; " we need more time to go through the material" ; " we will get back later". On the other hand "case based discussions model" constructed for the specific theme evoked immediate responses.

Table 2: This table enlists the innovative term that needed clarification among participants.

Blended learning	Q2 engage approach
360 degree feedback leadership survey	Educational diagnosis Educational Clearinghouse
Educational and Teaching scholarship	Educational Seduction
SEF : Student evaluation of faculty	'Grading Leniency Bias' and 'Dumbing Down Courses'
Gold Standards in MER	Swot Analysis
Saber toothed curriculum	Faculty Attributes
Multi tasking in Educational Research	The Indian Council of Medical Research-Short Term Scholarship (ICMR-STs)
Problem Solving for Better Health (PSBH)	Education indexes to map research trends
"Unlearning our teacher reliance" and "relating the topic to learners experience".	Teaching/Learning/Evaluation (TLE) Workshop
Participatory action research	Validation of questionnaire
Learning contract	Teacher and student accountability
Content analysis	

In addition, the first statement of the respondents invariably pointed out to their enjoyment and satisfaction in answering to the idea. The other strategies employed during the process were: Presenting content and queries, focusing the discussions, confirming understanding, identifying misperceptions, introducing knowledge from varied sources, responding to technical concerns, separating thread on offshoots, encouraging discussions on new terminologies, summarizing the discussion and submitting the final report to the committee. The 2 major observations were: Discussions off shoots were plenty and participants enjoyed case based approach for sharing annotations. Table 3: Gives a comprehensive view of the types of discussions and number of participants.

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Number of listserv responses from participants			
Types of Discussions	Number of respondents	No of e mails exchanged	Wk
Case based discussions			
Topics: Curriculum	35	55 mails	1
Ethics in ER 1 and 2	12	31 mails	3
Feed back to Regulatory bodies	16	34 mails	4
Open Discussions (Not case based)			
Grounded theory	5	13	2
Impact of ER on ME	12	37	3
Need for guidance, career development	8	18 mails	3
Social accountability of medical schools	6	8 mails	3
Effect of IT in ER	2	2	1
Triangulation in ER	13	22	2
Retrospective evaluation	7	12	2
Validation of questionnaire	9	12 mails	2
Student evaluation in ER	5	5 mails	2
Responsibility of Medical schools to faculty	5	6 mails	1
Learning Styles	11	15 mails	4
Debate Based Discussions			
Ethnography	6	11 mails	2
Differences based discussions:	16	37 mails	1
Medical ER and Clinical Trials			
Force Field Analysis			
IRB for ER or not!	16	16 mails	1
Design Based Research	8	12 mails	2

Observations: When questions pertaining to the discussion were presented in scholarly fashion; it was observed that the participants took longer time to give feed back. Any new topic introduced like design-based research in debate form and

grounding theory as pdf article drew responses like, “cannot understand concept”; “we need examples to get it clear”; “we need more time to go through the material”; “we will get back later”. On the other hand “case based discussions model” constructed for the specific theme evoked immediate responses. In addition, the first statement of the respondents invariably pointed out to their enjoyment and satisfaction in answering to the idea. The other strategies employed during the process were: Presenting content and queries, focusing the discussions, confirming understanding, identifying misperceptions, introducing knowledge from varied sources, responding to technical concerns, separating thread on offshoots, encouraging discussions on new terminologies, summarizing the discussion and submitting the final report to the committee. The **2 major observations** were: Discussions off shoots were plenty and participants enjoyed case based approach for sharing annotations.

Dynamics of one major discussion is considered here. They are on qualitative content analysis of:
1. Curriculum and teaching issue (Table 4a, 4b).

Table 4a: Process of bringing about Curriculum development N=35, No of Mails=55.

Sl no:	How to bring about curriculum development in your home Institute?	N =3 5 N,
1	Student feed back	4
2	Need based	3
3	Incorporate Educational research	2
4	Faculty feed back	2
5	External examiner feed back	2
6	Core competencies	2
7	Assessment in curriculum	2
8	Have curriculum workshop	2
9	Comprehensive and contemporary	1
10	Involve all stake holders	1
11	Cognitive, psychomotor and affective domains	1
12	Adapt to changing values and	1

	expectations	
13	Remove outdated content	1
14	Awareness of motivation for teachers to be “teachers”	1
15	Awareness of motivating students : “choosing their career”	1
16	Learning objective and learning outcome according to students	1
17	Strength, weakness, opportunities and weakness of existing curriculum to be identified	1
18	Patient care related curriculum	1
19	Expertise from other countries	1
20	Identify relevant issues to incorporate	1
21	If there are many Universities under a single body, centre can take opinions from the states.	1

Table 4b: Conceptual Content Analysis of Curriculum Design and Development

Sl no:	How to bring about curriculum development in your home Institute?	N=35	In %
1	Feedback from students, faculty, external examiner and all stake holders (including all states if a central body designs the curriculum)	12	34.28%
2	Need based, comprehensive, contemporary and patient related	15	42.85%
3	Assessment in curriculum to be revised as traditional and performance based	3	8.5%
4	Conduct curriculum workshops	3	8.5%
5	Invite expertise from other countries to share views	1	2.8%

Discussion: Findings confirmed previous research that moderators perceive among their roles those of a filter, firefighter, facilitator, editor, manager, discussion leader, content expert, helper, and marketer. Berge and his colleagues⁷ reported that moderators help in keeping the signal-to-noise ratio high; keeping the discussion focused within the

topic of the list's mission; keeping down "flames;" and digesting/editing posts⁷. Computer-based learning environments (CBLEs) present important opportunities for fostering learning; however, studies have shown that students have difficulty when learning with these environments⁸

The most frequent category of messages posted included, answers to the questions posed; examples for answers, personal experiences related to the topic and links to web sites and attached pdf files. The following principles were used for facilitating discussions: Identifying areas of agreement and disagreement, seeking to reach consensus / understanding, Encouraging, acknowledging and reinforcing faculty contributions, setting a climate for learning, drawing in participants / prompting discussion and Assessing the efficacy of the process. The present situation in India is that the Medical Universities are broadly divided in two categories.

There are total of 271 medical schools⁹ in India (largest number of medical school within 1 country) with the capacity to train 30,408 medical students (2008 data). In 2009, 273 medical schools have been reported with training capacity of 31,298 medical students. While few of them are autonomous, most of them are under the Government. The private and government colleges come under the standardization procedures of regulatory body at the Centre, New Delhi. Hence most of the Universities do not set the curriculum of the Medical contents and subjects. Thus the participants found the discussion on curriculum design and development unique and exceptional.

As discussions began and updates transpired, the discussants found a distinctive platform to put forward and promote their views and annotations. The very fact that curricular issues are encompassed in educational research gave participants an opportunity to take up future medical educational research topics in this field. A maximum number of e mails were recorded under this thread of discussion.

Table 4 presents the content analysis of respondents views on major thrust areas and process of bring about curriculum changes. Over 25% agreed that curriculum change need to take

place once every 3-5 years and feed back from faculty and students is vital for this. This situation doesn't exist in India and the discussion favorably illustrates the paradigm shift which is occurring in terms of bringing in new educational reforms in Indian Medical Curriculum. The number of scholarly articles exchanged in this thread was: 28 pdf files and 42 web sites. Previous report on the problems in Indian medical curriculum has been highlighted by Rita Sood⁹, 2008. The curricula in most Indian medical schools are largely traditional with little integration. Majumder¹⁰, 2004, has proposed that curricular innovations are implemented in a small proportion of medical schools only. Curricular evaluation should be placed in medical schools to generate evidences for curricular changes and educational management.

Relevance of list serve discussion in India: In the high population countries of the developing world, open and distance learning has been seen to offer very significant opportunities for education and training. Lack of infrastructure and professional competence in open and distance learning remain important barriers. Nevertheless, these forms of educational delivery have come to stay, and many countries are looking at open and distance learning as a major strategy for expanding access, raising quality and ensuring cost-effectiveness¹¹.

Online continued medical education discussions have generated active responses from a wide network of participants and learners had an opportunity to voice their opinion in implementing reforms in health system of our country.

Limitations of listserv discussions: The **2 major problems** encountered and reported by participants were "information over load" and "Net connectivity"

Future Directions: Qualitative analysis of listserv exchanges on Medical educational research can ascertain inferences from communications, identifying intentions and communication trends.

Acknowledgment: All participants and medical educators.

Conclusion: This online listserv discussion forum was used mainly by participants well as a source of query, upgrading information, sharing experiences in educational research, strengthening research ideas and progressing towards establishing an excellent foundation for educational research in their respective home institutes/ Medical Universities. The case based discussions were well responded with because it brings out the needs of the society. The immediate relevance of the topic, like in this case "curriculum and changes necessary" was highly applicable to all educationists and case based studies was able to bring about the opinions in an informal way. Thus it may be a promising strategy to reach out the online participants in the future.

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