

# Convention on Health Analysis and Management

## CHAM 2015

### Open Knowledge for All: MOOCs and Patient Communities

*Michael Chekroun, Enguerrand Delannoy, Pierre Dillenbourg,*

*Gérard Friedlander, Julien Kouchner*

*Moderator: Antoine Flahault*

Although some see MOOCs as a relatively new fad, barely a decade old, they are a source of information in emerging countries and a way of exchanging ideas through forums in the rest of the world.

#### **1. Is the virtual world any less real than the real world?**

MOOCs aren't just for taking online courses. They give people of diverse backgrounds and interests a reason to contact each other, meet and have real face-to-face discussions.

#### **2. Adjustments needed to go digital**

It seems difficult to take a MOOC course that way you would a live in-person course. The MOOC format has to be adjusted. The teaching methods have to change thoroughly. The syllabus segmentation must change for MOOCs to achieve the widest relevance.

#### **3. Accessibility for the most disadvantaged**

MOOCs should be considered a lever for encouraging access to knowledge for countries and people encountering economic difficulties.

#### **4. But how do you evaluate students?**

Student evaluations must be rethought from square one. Their evaluations cannot be on the same terms as those of classical students. Too often, student evaluations are too rigid. It would seem more than ever necessary to work towards evaluations adapted to the pace of the students taking the MOOCs. Such evaluations don't exist, which means there are no formal obstacles to creating them.

#### **5. Risk taking and banking on habits changing**

Some universities are worried that MOOCs are not committed to this, while others, considering their duty is to innovate, take on this challenge with open arms. These universities are right and believe that you learn by doing. The world is changing and there is nothing worse than turning our backs on innovation and ever-changing uses and practices.

## **6. Why do so few people earn their degrees and qualifications via MOOCs?**

The MOOC successful completion rate is in the order of 5%. Interestingly, 20% of MOOC students are teachers. Other MOOC students just want to take part of a course. Overall, only a small percentage of MOOC students end up getting a certificate. However, for some syllabuses, the ratio of 1<sup>st</sup> year students completing the full course is very low indeed. In addition to MOOCs, mediation is needed to promote success.

## **7. Patient access**

The notion of e-patients is a developing trend, but its definition remains fuzzy. It would be preferable to simply see them as people looking for information. They want to access information directly, without going through an intermediary.

## **8. From information to knowledge**

A vast number of sources are available on the internet. Their scientific value can, however, demand a pinch of caution. It seems necessary to develop a way of giving an official stamp of approval to sources with recognized scientific value.

## **9. MOOCs: an additional tool that the health world should adopt voluntarily before it is forced to do so**

MOOCs are a new vector for learning and for spreading knowledge. They don't replace other vectors, but supplement them. That is why we in the health world must urgently adopt MOOCs voluntarily before outsiders force us to.