

A peer-reviewed version of this preprint was published in PeerJ on 13 November 2014.

[View the peer-reviewed version](https://peerj.com/articles/672) (peerj.com/articles/672), which is the preferred citable publication unless you specifically need to cite this preprint.

Stathakarou N, Zary N, Kononowicz AA. 2014. Beyond xMOOCs in healthcare education: study of the feasibility in integrating virtual patient systems and MOOC platforms. PeerJ 2:e672
<https://doi.org/10.7717/peerj.672>

Beyond xMOOCs in Healthcare Education: Study of the Feasibility in Integrating Virtual Patient Systems and MOOC platforms

Background: Massive Open Online Courses (MOOCs) are an emerging method of online teaching. However in the field of healthcare education their technology is not adopted yet. Reaching beyond the xMOOC type of courses in order to foster interactivity in the healthcare education requires domain specific software. Virtual Patients (VPs) have been integrated in the past with Virtual Learning Environments (VLEs) but extending MOOCs with VPs has not yet been discussed. **Objective:** To investigate the technical possibilities of integrating VPs with MOOCs for the purpose of discovering a pragmatic basis were the potential pedagogical benefits can be later studied. **Methods:** We selected OpenEdx and Open Labyrinth as examples of a MOOC platform and of a VP system. We conducted a literature review to identify technical requirements and e-learning standards apt for the integration. One fundamental requirement was prototyped and verified by use cases. **Results:** A Single-Sign on mechanism connecting Open Labyrinth with OpenEdx, employing the IMS LTI standard, has been successfully implemented and verified. **Conclusion:** We investigated the technical perspective of integrating VPs in MOOCs, aiming to set a base for future investigation on the topic. The results point out new opportunities arising from the infrastructure of MOOCs for integrating specialized software aiming to support the healthcare education.

2 Natalia Stathakarou¹, Nabil Zary¹ and Andrzej A. Kononowicz^{1,2}
3 ¹Department of Learning Informatics Management and Ethics, Karolinska Institutet, Stockholm,
4 Sweden
5 ²Department of Bioinformatics and Telemedicine, Jagiellonian University Medical College,
6 Kraków, Poland

7 **Corresponding author:**

8 Natalia Stathakarou
9 Karolinska Institutet, Dept of LIME,
10 17177 Stockholm, Sweden,
11 Tel: +46 (0) 700979154
12 Email: natalia.stathakarou@ki.se

13 1. Background

14 Significant changes in the healthcare sector and increased learning expectations call the
15 contemporary healthcare education to reform and respond to the challenges. In particular,
16 demographic transitions and growing population demands [1] increase the trainees' required
17 competencies and call for the increasing training of higher order skills. The learning opportunities
18 provided to the medical students in hospitals for observing the treatment process are diminished
19 [2]. The same time, limited access to public medical education, the technological innovations
20 entering the field of healthcare [1] and the rapid expanding of new medical knowledge generated
21 by clinical research [3] highlight the need for massive and continuous healthcare education.

22 1.1 Massive Open Online Courses

23 In the evolving process of online education, Virtual Learning Environments (VLEs) have
24 undergone considerable changes [4]. Currently, VLEs are being prepared to be used at massive
25 scale in Massive Open Online Courses (MOOCs), an emerging method of online teaching.
26 MOOCs, easily and widely accessible on the Internet, promise to provide open access to elite
27 universities' courses in an unlimited number of participants [5].

28 MOOCs are decentralized and networked, based on the development of internet technologies,
29 offered mainly by cloud computing infrastructure [6]. A VLE for MOOCs that holds the content
30 of the course has diminished importance and constitutes usually only one software node in the
31 MOOC's network. A VLE for MOOCs is mainly used for management purposes, such as
32 students' registrations, and for hosting the discussion boards. The remaining nodes regard tools
33 where the students' activity and the information they generate are concentrated. The information
34 is combined by links and descriptions and is distributed to the participants by the form of
35 newsletters [4].

36 The first MOOCs, known as cMOOCs, explore new pedagogies besides the traditional classroom
37 context and allow the learners to construct self-organized and social learning processes based on
38 interaction. The learners' participation generates the content of the course, while the level and
39 type of their participation depends on each individual learner [4]. Many of the massive courses
40 that followed however are an extension of the lectured-base pedagogical models practiced in
41 institutions [5]. Their name, xMOOCs, is associated with the non-profit platform edX [7],
42 launched by Harvard and Massachusetts Institute of Technology, to provide online courses to
43 mass audience [8].

44 Besides their technical innovation, xMOOCs are based on the theoretical presentation of the
45 learning context, supplemented by interactive activities and discussion boards. Medical educators
46 are actively investigating the potential of adopting MOOCs into the healthcare and medical
47 education [9]; MOOCs may have the potential to address some of the current challenges of the
48 healthcare education [10]. They assert however that the lectured-based courses regard only a part
49 of the education which should be provided. In particular, MOOCs' technological infrastructure

50 may foster the learners' communication and interaction but not necessarily to the extent that
51 healthcare education requires [9].

52 **1.2 Virtual Patients**

53 VPs are defined as “interactive computer simulations of real-life clinical scenarios for the
54 purpose of healthcare and medical training, education or assessment” [11]. This definition
55 distinguishes the VPs from devices, human standardized patients, part task trainers and high
56 fidelity manikins [12]. VPs have established their practice in healthcare teaching and assessment.
57 In particular, VPs are suggested as the key technology to enhance the fundamental skill of clinical
58 reasoning in a similar level as whilst training on real patients [13].

59 Although there is evidence about the effectiveness of training clinical reasoning skills by the VPs
60 [14], VPs “play only one part in the development of skilled health professionals” and
61 coordination with other instructional activities is suggested [13]; positive effects have been
62 reported when VPs are used as an additive resource or as an alternative to traditional methods
63 [14].

64 In order to successfully deliver e-learning resources in the healthcare context an important factor
65 to consider is accessibility [15]. For the purpose of enabling accessibility of the VPs among other
66 e-learning material included in the curriculum, VPs may be integrated in VLEs. Requirements
67 and integration strategies to integrate the VPs with VLEs have been proposed and demonstrated,
68 in order to achieve the optimal results of both educational environments. One of the requirements
69 suggested regards the Single-Sign on mechanism (SSO), indicating that “it is a significant
70 drawback of the current VP implementations to require separate authentication mechanisms”
71 [16]. The integration can be achieved partially or fully by applying e-learning standards.

72 A significant barrier that medical faculties often encounter in integrating VPs in their curriculum
73 is the timely, costly and complex process of producing and authoring VPs. VP systems have been
74 extended in the past in order to support content transfer and by that to enable the technical
75 sharing of the VP cases among institutions. That was achieved by applying the MedBiquitous
76 Virtual Patient standard (MVP) [17].

77 Besides the technical sharing of the VPs, the cases require meeting ethnic, language and socio-
78 economic aspects of the institutions in which are used [18]. The process of adapting the VP cases
79 to meet these requirements is known as “repurposing”. The electronic Virtual Patient project
80 (eViP) is an initiative in which nine European institutions and MedBiquitous collaborated to
81 create a repurposed and enriched collection of VPs publicly available [17].

82 **1.3 Problem Description**

83 Whilst xMOOCs rise up concerns associated with the educational benefits that they may offer,
84 this paper addresses the challenge of reaching beyond the xMOOC type of courses by fostering
85 interactive learning and assessment activities that are appropriate in healthcare education. The
86 proposed novel approach is to leverage existing technologies such as virtual patients by
87 integrating them to MOOC platforms.

88 **1.4 Aim**

89 The aim of this study was to investigate how to, technically, integrate virtual patient systems to
90 MOOC platform in order to extend the latter with interactive patient cases. Such knowledge
91 would inform on the feasibility of further educational research on the benefits of such type of
92 integration.

93 **2. Material and Methods**

94 Initially we followed the exploratory study design since there is no previous research on the topic
95 of integrating VPs with MOOCs. The exploratory design allowed us to discover the technical
96 requirements for the integration and the e-learning standards having the potential to address
97 them. In order to construct a functional prototype to address a requirement that we isolated, we
98 followed the build methodology. By that, we demonstrated that the integration of VPs with
99 MOOCs is feasible.

100 **2.1 Study Material**

101 EdX initiative [7] was launched by Massachusetts Institute of Technology (MIT) and Harvard
102 and offers not-for-profit online and in the classroom education; EdX platform is hosting MOOCs
103 of global partner institutions and organizations. The open-source release of the edX platform is
104 named OpenEdx and was selected as an instance of a MOOC hosting platform, for the purpose of
105 authoring a pilot course in which the VP system would be integrated. The selected MOOC
106 platform is comparable with other available ones such as Coursera [19] and Udacity [20] and by
107 that this selection is not influencing the generalizability of the study.

108 As an example of a VP system to be integrated into OpenEdx platform we selected Open
109 Labyrinth [21]. Open Labyrinth is a web application for creating and navigating VP cases and
110 currently the most advanced, free available, open-source system.

111 We set up Open Labyrinth on a virtual LAMP server, launched through Amazon Elastic Compute
112 Cloud (EC2) in order to prepare and finalize the adjustments required for the integration [22].
113 The advantage of this solution is that EC2 includes an auto-scale option which allows the
114 instance to meet potential increased users' demands. EC2 is also a cost-effective solution: the
115 cost is analogous to the actual capacity used. For the particular pilot implementation, the Ubuntu
116 13.10 Micro instance was selected to host Open Labyrinth system which offers 750 hours of free
117 hosting for one year.

118 For the purpose of providing test content we imported manually a VP case from the eViP project
119 [23]. The selected case refers to bronchogenic carcinoma which is an important topic in medical
120 education, since it is the most common cause of cancer-related deaths worldwide [24].

121 **2.2 Exploring viable ways to integrate VP systems with MOOC platforms**

122 To identify the technical requirements and standards apt for the integration, we conducted a
123 literature review in the databases of Scopus, ERIC and PubMed. The review was chronologically
124 limited to publications of the range 2008–2014, to discard outdated technologies. The review was
125 performed using the following queries:

- 126 • Integration AND “Virtual Patient*”
- 127 • Integration AND MOOC*
- 128 • E-learning AND standard AND integration

129 We also considered and reviewed for appropriateness in the MOOC environment technical
130 requirements and proposals for integrating VPs in VLEs that have been explored earlier [16]. At
131 the final stage, we analyzed the outcome of the review in search of standards applicable in the
132 context of OpenEdx and Open Labyrinth systems.

133 **2.3 Verification using test cases**

134 We verified the technical implementation by performing test cases: the test cases were designed
135 in order to verify the system’s response to different input requests. The following test cases were
136 proposed based on the aim of the implementation to provide transparent authentication:

- 137 • A registered in OpenEdx user (instructor) gets authorized in Open Labyrinth in the
138 OpenEdx platform.
- 139 • A registered in OpenEdx user (student) gets authorized in Open Labyrinth in the OpenEdx
140 platform.

141 **3. Results**

142 In this paper we explored how to achieve a technical integration of VP systems and MOOC
143 platforms by isolating one of the technical requirements identified and addressing it by the use of
144 an e-learning standard.

145 **3.1 Technical requirements to be addressed**

146 From the technical requirements derived out of the literature review we isolated one fundamental
147 one to be implemented: the transparent authentication, enabled by an identity management
148 mechanism. This can be achieved by implementing the SSO, which was not applied so far to
149 connect a MOOC platform with a VP system.

150 The user having an account in the OpenEdx platform may access the Open Labyrinth VP cases
151 without requiring a separate log-in. In a proper integration of the two systems the users' access is
152 transparent and it is not obvious that the users are actually accessing a second system.

153 As it has been already described in a previous study proposing requirements of integrating VPs in
154 VLEs, it is an important disadvantage of VP implementations to require a separate authentication
155 mechanism; in such cases the students are required to remember many different log-in
156 credentials, fact that could affect a future evaluation of the educational benefits that integrated
157 systems may offer, by the students' perspective.

158 An important dependency supporting additionally this technical implementation is the fact that
159 students and instructors require to access both systems in order to have a comprehensive
160 perspective of the students' evaluations and results in the whole. The SSO would facilitate the
161 process of accessing the students' generated activity in both educational environments.

162 **3.2 Enabling integration using the LTI standard**

163 One of the e-learning standards identified in our review, having the potential to support the
164 implementation of the SSO, is the IMS LTI standard [25]. The IMS LTI is a framework for
165 integrating e-learning tools and content into VLEs. According to the terminology followed in the
166 specification of LTI, the VLE is referred as a "Tool Consumer", meaning that it "consumes" the
167 external tool to be integrated, while the tool is named "Tool Provider". The specification defines
168 two modes of the integration:

- 169
- 170 • Full LTI which entails a formal agreement of the Tool Consumer and the Tool Provider
- 171 about: "(i) the run-time services that will be used to support tight integrations between the
- 172 systems, (ii) the security policies that will apply, and (iii) the set of destinations within the
- 173 Tool that can be launched from the Tool Consumer system" [25].
- 174 • Basic LTI which establishes a one-launch mechanism from the consumer to the provider
- 175 with one security policy, while there is no access to the Full LTI run-time services in the
- 176 Tool Consumer. The Basic LTI (BLTI) is a subset of the overall functionality of the LTI.

177 EdX and OpenEdx platforms conform to the Basic LTI standard. By that, they can act as a tool
178 consumer. Open Labyrinth however required adjustments to function as a tool provider. The
179 Basic LTI makes use of the OAuth protocol signing approach [26] to secure the message
180 interactions between the consumer and the provider, which requires a set of credentials: a key and
181 a secret. The OAuth is a standard used for authorization. In particular it is a security mechanism
182 used to protect POST and GET requests.

183 The implementation focused on adjusting Open Labyrinth in order to function as a tool provider
184 integrated in the OpenEdx platform. The user of OpenEdx platform while having an account for
185 the course can select the provided link of Open Labyrinth and have access to the included case
186 without a second authorization since is recognized by the data provided by OpenEdx. This is
187 because the OpenEdx user, by selecting the Open Labyrinth's link to access the content, enables a
188 Basic LTI launch request, where a HTTP POST message transmits a set of data elements required
189 to authorize the user. The POST request includes a set of parameters imposed by both the OAuth
190 standard and the LTI specification. Table 1 depicts the parameters required by the OAuth
191 standard.

192 **Table 1:** Instances of the parameters required for the OAuth signing approach that are
193 transmitted through the POST request [25].

<i>oauth_consumer_key</i> <i>oauth_signature_method</i> <i>oauth_timestamp</i> <i>oauth_nonce</i> <i>oauth_version</i> <i>oauth_signature</i>
--

194 The `oauth_consumer_key` and the `oauth_consumer_secret` are the important values required for
195 the signing mechanism. The `oauth_consumer_key` is passed in the message and enables the tool
196 provider to look up for the corresponding secret value, which should be stored locally instead of
197 being transmitted. The signature is calculated based on the values of the key and secret; the tool
198 provider after identifying the value of the secret, re-computes the signature and compares it with
199 the transmitted one, to verify the credentials of the sender. The `oauth_signature_method` implies
200 that the tool provider must at least support the HMAC-SHA1 signing method.

201 The `oauth_nonce` is a random value, used in all OAuth requests to prevent replay attacks. The
202 `oauth_timestamp` value represents the time that the request is sent [26]. The timestamp and nonce
203 parameters should be validated in each request; the timestamp should be validated within a
204 specific time interval while the nonces should be recorded and allowed on a single time.

205 The parameters required and/or recommended by the LTI specification to be included in the
206 POST request are listed in Table 2. Besides these values, other optional or recommended ones can
207 be included to provide further information about the user or the course, but were not required for
208 the particular implementation.

209 **Table 2:** Parameters required and/or recommended by the LTI specification to be included in the
210 POST request.

lti_message_type lti_version resource_link_id user_id role

211 The `lti_message_type` parameter reveals that the launch message conforms to LTI standard; by
212 that parameter the tool provider may accept a set of different LTI message types at the same
213 launch URL. The parameter `lti_version` indicates the particular version of the LTI standard used
214 in the transmitted message. The `resource_link_id` is an identifier unique for every placement of
215 the link within the tool consumer, while the `user_id` is a sequence of random characters and
216 numbers that should not contain any identifying information for the user. In the particular case of
217 OpenEdx platform as a tool consumer, the `user_id` is automatically created and bound to each
218 user's username as an identifier. The `user_id` is unique and kept hidden from regular OpenEdx

219 users. Finally, the role parameter defines the rights that the user has to the content. Particularly
220 for the OpenEdx platform it may obtain the values of “instructor”, “staff” or “student”.

221 **3.3 Adjustments to the Open Labyrinth VP system to act as a tool provider**

222 In order to create the LTI interface we created the elementary framework classes of Basic LTI
223 (files blti.php and oauth.php) as indicated by the IMS-LTI specification. We also created two new
224 files named user-handler.php and database.php and we modified the index.php page of Open
225 Labyrinth. In the database of Open Labyrinth and particularly to the table “oauth_provider” we
226 added a new entry to maintain the credentials (key, secret).

227 Then we modified the landing page page of Open Labyrinth to intercept the data that are passed
228 from a LTI launch request; index.php receives the data and transmits them to the BLTI and
229 OAuth classes in order to be verified: the BLTI class firstly confirms that a minimum set of
230 values to meet the protocol has been received and then, based on the received key is looking in
231 the database for the corresponding value of the secret.

232 Next, by the use of the OAuth signing approach the signature is re-computed and compared with
233 the one received from the LTI launch request, to verify the credentials of the sender. The values
234 of nonce and timestamp are also checked for their appropriateness according to the protocol. If
235 the values are not appropriate the BLTI class will return an “invalid context” message to reject
236 the connection. The connection establishing and the queries handling to the database are managed
237 through the homonymous file. If the signatures’ comparison is successful, the user-handler class
238 is called to manage the user.

239 The user-handler class, on receiving the user’s details by the blti.php is looking firstly in the
240 database to identify whether the user’s entry already exists and if not it creates a new one to
241 register the user. Then by using the log-in function, it allows access to the user and returns to the
242 index class. The user-handler class is also matching the user’s role acquired by the BLTI class to
243 the corresponding one in Open Labyrinth, in order to provide the appropriate user rights.
244 Moreover, it includes the function to encrypt the user’s password that will be maintained in the
245 Open Labyrinth’s database.

246 **3.4 Connecting OpenEdx MOOC platform and Open Labyrinth using LTI**

247 The process for adding the adjusted Open Labyrinth to the OpenEdx platform can be synopsized
248 in the following steps:

- 249 • We created a pilot course in OpenEdx (Figure 1).
- 250 • We added the LTI module in the advanced setting of the course, by registering customized
251 values for the lti_id, key and secret. The lti_id is an extra parameter included in OpenEdx
252 that can maintain any value; its role is to label the integrated component and bind the
253 values of key and secret (Figure 2).
- 254 • We added an LTI component within the pilot course, including the lti_id parameter and a
255 link to the modified Open Labyrinth. (Figure 3)

Create a New Course

Course Name *

The public display name for your course.

Organization *

The name of the organization sponsoring the course. Note: This is part of your course URL, so no spaces or special characters are allowed. This cannot be changed, but you can set a different display name in Advanced Settings later.

Course Number *

The unique number that identifies your course within your organization. Note: This is part of your course URL, so no spaces or special characters are allowed and it cannot be changed.

Course Run *

The term in which your course will run. Note: This is part of your course URL, so no spaces or special characters are allowed and it cannot be changed.

Get started by reading Studio's Documentation
[Request help with Studio](#)

256 **Figure 1:** Creating a new course in OpenEdx.

STUDIO KIMscThesis.Olab3.1
 Olab

Content ▾ Settings ▾ Tools ▾

Settings

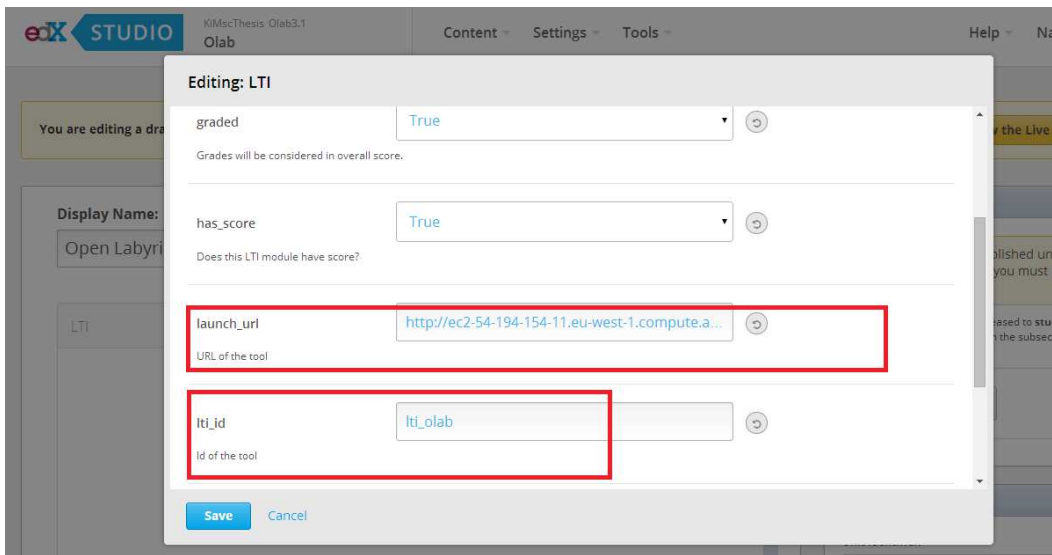
Advanced Settings

Manual Policy Definition

Warning: Do not modify these policies unless you are familiar with their purpose.

Policy Key: <input type="text" value="advanced_modules"/>	Policy Value: <input type="text" value='["lti"]'/>
Policy Key: <input type="text"/>	Policy Value: <input type="text"/>

257 **Figure 2:** Setting the LTI module within OpenEdx to register values of lti_id, key and secret.



258 **Figure 3:** Creating a LTI component within the course, pointing at the Open Labyrinth's server
 259 IP and including the lti_id value.

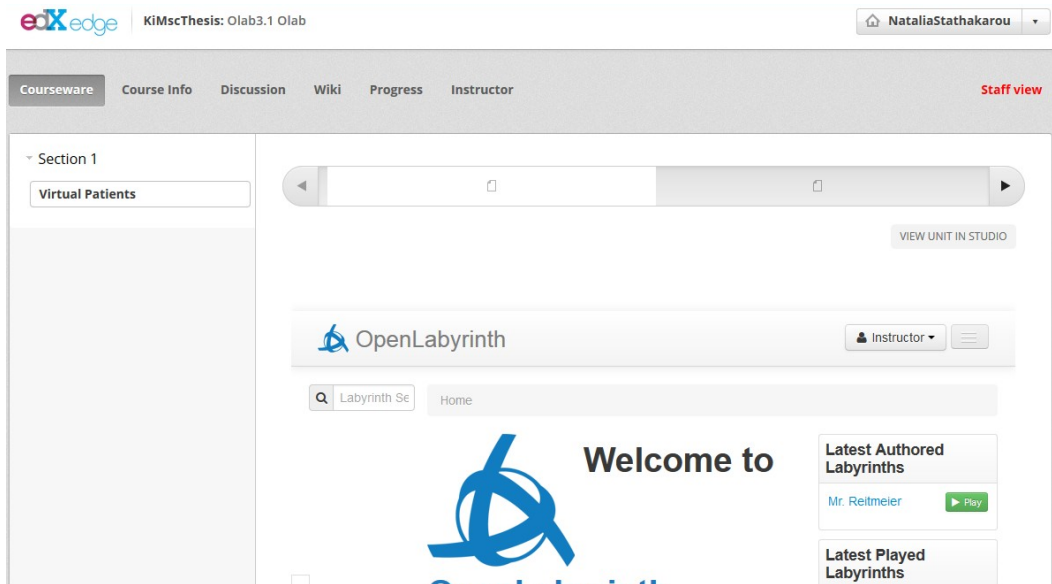
260 3.5 Verification of the technical implementation

261 In the following tables (tables 3–4) we present the test cases which we performed to verify the
 262 pilot technical implementation. The selection of the test cases was informed by the aims of the
 263 implementation for providing a transparent authentication of the users with the appropriate
 264 credentials.

265 **Table 3:** Test Case 1 – An instructor gets authorized in Open Labyrinth in OpenEdx.

Test Case id	1
Title	A registered in OpenEdx user (instructor) selects the link of Open Labyrinth through the platform
Result	Successful
Comment	Open Labyrinth authorizes the user, provides access to the content and authoring rights as a result of conforming to the BLTI standard

266 Figure 4 depicts the integrated Open Labyrinth in the OpenEdx platform from the perspective of
 267 the instructor after getting authorized. The instructor is provided with the user rights imposed by
 268 the corresponding administrator's role of Open Labyrinth. By that, the instructor can create, edit
 269 or delete the content in Open Labyrinth.

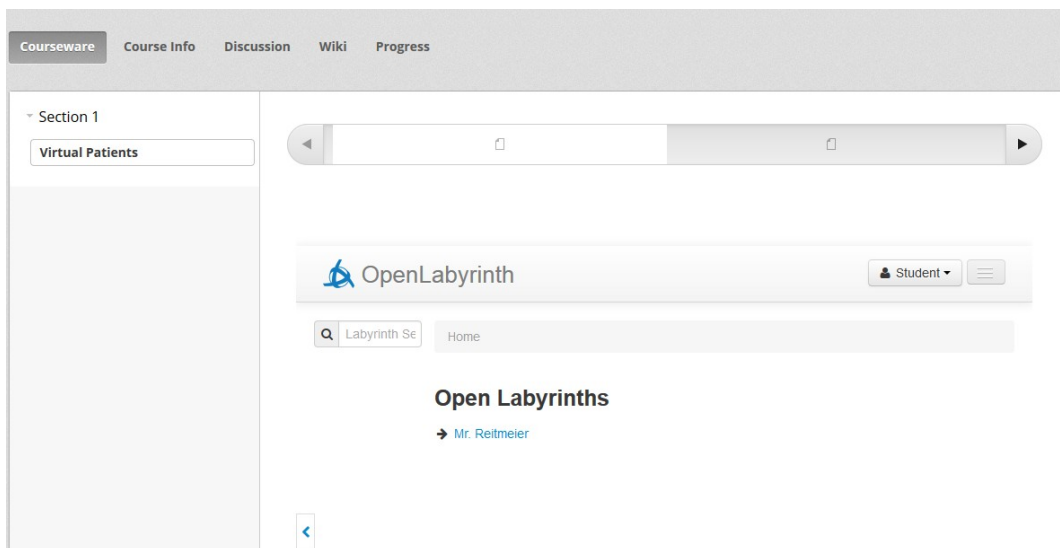


270 **Figure 4:** An instructor is authorized in Open Labyrinth and accesses the content.

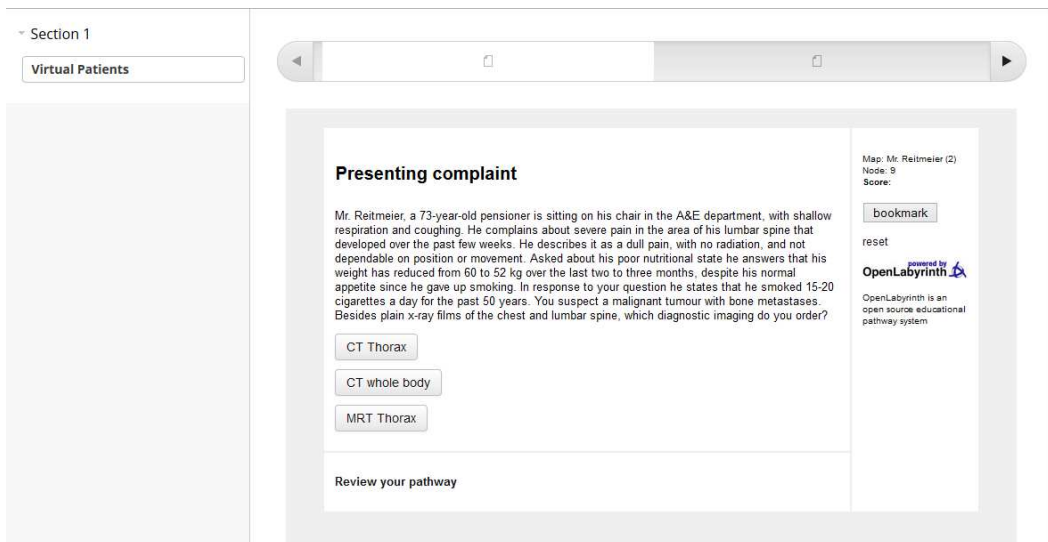
271 **Table 4:** Test Case 2 – A student gets authorized in Open Labyrinth in OpenEdx.

Test Case id	2
Title	A registered in OpenEdx user (student) selects the link of Open Labyrinth through the platform
Result	Successful
Comment	Open Labyrinth authorizes the user and provides access to the content as a result of conforming to the BLTI standard

272 The following pictures depict the students' perspective while accessing the content by getting
 273 authorized in Open Labyrinth (Figure 5) and try the VP case (Figure 6).



274 **Figure 5:** A student is authorized in Open Labyrinth and accesses the content.



275 **Figure 6:** A student tries the VP case.

276 For all the test cases we also verified that providing wrong credentials does not allow the user
 277 entering the system.

278 4. Discussion

279 4.1 Discussion on the results

280 In this paper we investigated the possibility of extending MOOCs with VPs in terms of technical
281 feasibility. The planned objectives of the study have been reached; open Labyrinth has been
282 integrated into the OpenEdx platform as an example of integrating VP systems with MOOC
283 platforms. The SSO was achieved by the use of the Basic LTI standard. The pilot implementation
284 enabled the SSO mechanism in a transparent manner between the two systems. The
285 implementation was verified by the use of two test cases that were imposed by the aim of the
286 technical implementation for transparent authorization.

287 Open Labyrinth was hosted on an EC2 server since it provides scalable computational capacity
288 and control of the resources, while it is a cost effective solution. In a limited free for a year
289 instance such as Ubuntu 13.10 Micro instance, used for the particular implementation, the public
290 DNS is dynamic; changing each time that the server is stopped and restarted. A static IP bound to
291 a Secure Socket Layer (SSL) certificate is required to be obtained in order to provide a secure
292 (https) domain, appropriate for the integration of Open Labyrinth with OpenEdx. In particular,
293 since the edX platform uses an SSL encrypted connection (https), some browsers do not allow
294 displaying at the same page of mixed, encrypted and non-encrypted, content (https and http) and
295 may restrict the identified insecure content.

296 **4.2 Limitations and future studies**

297 From the reviewed and identified technical requirements we isolated and implemented one for the
298 prototyping. Potential mechanisms and standards to support a tight integration of the systems
299 could be identified and implemented in future studies.

300
301 Future studies may also implement the integration by the use of LTI version 1.1.1 to allow the
302 transmission of the grades by the tool provider to the tool consumer. This can be achieved by the
303 use of the LTI Basic Outcomes Service which supports setting, retrieving and deleting results of a
304 particular user of a particular MOOC/VLE system [27].

305 The verification of the pilot technical implementation was based on two proposed test cases,
306 imposed by the technical aim to implement the SSO mechanism. A complete integration however
307 should be tested systematically in order to identify potential failures of the system to respond to a
308 wider range of predicted inputs of the users.

309 The integration demonstrated in the current study was based on the example of a single VP
310 system and a MOOC platform: even though there are no reasons to suspect that the selected
311 platforms were non-representative, next studies may investigate the integration strategies in a
312 wider scale between different VP and MOOC systems.

313 In the particular context of Open Labyrinth and OpenEdx, for simplicity of the implementation,
314 we extended manually Open Labyrinth's database to include the tool consumer's (OpenEdx) id
315 and credentials. Other tool consumers may be added manually in the database to allow the
316 integration of Open Labyrinth. However this functionality could be automatized by letting the
317 tool consumers including the appropriate credentials (key, secret) to be added in the database of
318 Open Labyrinth using a graphical user interface. This would require a careful design to ensure
319 security during the control process of the consumers' credentials and the users' information.

320 Moreover, Open Labyrinth should be modified in order to accept and store potential extra
321 parameters parsed through the launch messages, since the set of parameters may differ between
322 the consumers.

323 Future studies may also investigate the potential educational benefits that such integration may
324 provide. Extending MOOCs with interactive functionalities may have the potential to address part
325 of the current challenges by fostering the massive and continuing healthcare education.

326 5. Conclusion

327 Besides MOOCs' innovative technical infrastructure, their contemporary form is limited to a
328 model of transmission of knowledge, based mainly on video-based lectures combined with self-
329 assessment questions. Moreover their application in the healthcare education, where the lectures
330 are just a part of the education that should be provided, is still in early stages of investigation.
331 Extending xMOOCs in order to support the healthcare education can be achieved by integrating
332 domain specific software.

333 In this paper we investigated the technical perspective of integrating VPs in MOOCs, wishing to
334 set a base for future investigation on the topic. The results point out new opportunities arising
335 from the infrastructure of MOOCs that have the potential to support the healthcare education and
336 foster clinical skills in a more interesting, interactive way.

337 6. Acknowledgements

338 We wish to thank the Open Labyrinth and OpenEdx developer community for their assistance
339 during the study.

340 7. References

- 341 [1] Frenk J, Chen L, Bhutta ZA, Cohen J, Crisp N, Evans T. Health professionals for a new century:
342 transforming education to strengthen health systems in an interdependent world. *The Lancet*, 376,
343 Dec 2010;376(9756):1923-58
- 344 [2] Kononowicz AA, Hege I. Virtual Patients as a Practical Realisation of the E-learning Idea in
345 Medicine, *E-learning Experiences and Future*, Safeullah Soomro (Ed.), 2010; ISBN: 978-953-
346 307-092-6, InTech, DOI: 10.5772/8803. Available from: [http://www.intechopen.com/books/e-
347 learning-experiences-and-future/virtual-patients-as-a-practical-realisation-of-the-e-learning-idea-
348 in-medicine](http://www.intechopen.com/books/e-learning-experiences-and-future/virtual-patients-as-a-practical-realisation-of-the-e-learning-idea-in-medicine)
- 349 [3] Marya D, Zilberberg MD. The clinical research enterprise – time to change course? *JAMA*.
350 2011;305(6):604-605.
- 351 [4] Masters K. A Brief Guide to Understanding MOOCs. [Internet]. *IJME*. 2009;1(2). Available from:
352 <http://ispub.com/IJME/1/2/10995>
- 353 [5] Yuan L, Powell S, MOOCs and Open Education: Implications for Higher Education, JISC CETIS
354 White Paper, The University of Bolton, 2013.
- 355 [6] Sonwalkar N. The first adaptive MOOC: a case study on pedagogy framework and scalable cloud
356 architecture –Part I, *MOOCs Forum*. 2013;1(P):22–9.

- 357 [7] edX [Internet] [cited 2014 Aug 02]. Available from: <https://www.edx.org/>
358 [8] Grünewald F, Meinel C, Totschnig M, Willems C. Designing MOOCs for the support of multiple
359 learning styles. LNCS. 2013;8095:371–82
360 [9] Harder B. Are MOOCs the future of medical education?. BMJ. 2013;346:f2666.
361 [10] Mehta NB, Hull AL, Young JB, Stoller JK. Just imagine: new paradigms for medical education.
362 Acad Med. 2013;88(10):1418–1423.
363 [11] Ellaway R, Candler C, Greene P, Smothers V, An Architectural Model for MedBiquitous Virtual
364 Patients. Technical report, Baltimore: MedBiquitous, 2006.
365 [12] Talbot TB, Sagae K, John B, Rizzo AA. Sorting Out the Virtual Patient: How to Exploit Artificial
366 Intelligence, Game Technology and sound Educational Practices to Create Engaging Role-Playing
367 Simulations, JGCMS 2012;4(3):1-19.
368 [13] Cook D, Triola M. Virtual patients: A critical review and proposed next steps. Med Educ.
369 2009;43(4), 303–311.
370 [14] Consorti F, Mancuso R, Nocioni M, Piccolo A. Efficacy of virtual patients in medical education: A
371 meta-analysis of randomized studies, Computers and Education. 2012;3(59):1001-8.
372 [15] Childs S, Blenkinsopp E, Hall A, Walton G. Effective e-learning for health professionals and
373 students—barriers and their solutions, A systematic review of the literature—findings from the HeXL
374 project. Health Info Libr J. 2005 Dec;22 Suppl 2:20-32.
375 [16] Kononowicz AA, Hege I, Adler M, de Leng B, Donkers J, Roterman I. Integration Scenarios of
376 Virtual Learning Environments with Virtual Patients Systems, E-mentor 2010;5(37):52–54.
- 377 [17] Hege I, Kononowicz A, Pfähler M, Adler M, Fischer MR: Implementation of the
378 MedBiquitous
379 Standard into the learning system CASUS, Bio-Algorithms and Med-Systems, 2009;5(9):51-55
380 [18] Fors UGH, Muntean V, Botezatu M, Zary N. Cross-cultural use and development of virtual
381 patients, Med. Teach 2009; 31: 732–738
382 [19] Coursera [Internet] [cited 2014 Aug 01]. Available from: <https://www.coursera.org/>
383 [20] Udacity [Internet] [cited 2014 Aug 01]. Available from: <https://www.udacity.com/>
- 384 [21] Openlabyrinth.ca [Internet] [cited 2014 Aug 01]. Available from: <http://openlabyrinth.ca/>
385 [22] Amazon EC2. [Internet] [cited 2014 Aug 01]. Available from: <http://aws.amazon.com/ec2/>
386 [23] eViP: electronic Virtual Patients [Internet] [cited 2014 May 10]. Available from:
387 <http://www.virtualpatients.eu/referatory/>
388 [24] Ferlay J, Shin HR, Bray F, Forman D, Mathers C, Parkin DM. Estimates of worldwide burden of
389 cancer in 2008: GLOBOCAN 2008. Int J Cancer. 2010 Dec 15;127(12):2893-917
390 [25] IMS Global Consortium: LTI v.1 specification [Internet] [cited 2014 Aug 01] Available
391 from: <http://www.imsglobal.org/lti/blti/bltiv1p0/ltiBLTIimgv1p0.html>
392 [26] OAuth [Internet] [cited 2014 Aug 01] Available from: <http://oauth.net/>
393 [27] IMS Global Consortium: LTI v.1.1.1 specification [Internet] [cited 2014 May 10]
394 Available from: <http://www.imsglobal.org/LTI/v1p1p1/ltiIMGv1p1p1.html>

