Chapter 21
Fostering Self-Regulated Learning in e–Health

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ABSTRACT

Compared to other fields (such as media, banking and communication), the integration of information and communication technologies (ICT) in health has been slow. Among other factors, the lack of systematic education has been identified as a significant barrier. The use of ICT in healthcare delivery is widely known as e-Health. Evidence shows that if used in right context, e-Health can be efficient and cost effective. While designing e-Health curriculum, there are a number of factors to be considered. Due to the specific nature of the subject matter and the learners, the traditional teaching methods and pedagogical constructs may not be suitable. The choice of education methods must be based on the capacity of achieving the learning outcomes. E-Learning has proven to be an effective way of delivering education, particularly for rural and remote learners. Based on blended learning model, E-Health teaching at the Centre for Online Health University of Queensland, Australia has shown its capacity to provide a unique learning experience to students. While designing e-Health curriculum, a particular attention has been paid to aspects such as flexibility of learning processes, students’ control in learning, self observation and self evaluation. These are, in fact, core principles of self-regulated learning (SRL) that have been incorporated in the teaching and learning process of e-Health. This chapter sets out to examine in details the elements of SRL embedded in e-Health teaching and the role of SRL in maximizing the learning outcomes.

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INTRODUCTION

The challenges faced by the healthcare systems around the world are critical. Increasingly aged population, changes in the disease patterns and the cost inflation have put enormous pressure on the already overburdened health systems. Solutions to these problems need long term financial investments and policy implementations. Evidence is emerging that the use of information and communication technologies (ICT) in health practices can offer a range of benefits. A new discipline known as e-Health aims to explore alternative ways of providing health services by using ICT. Studies have shown that e-Health can effectively be used in clinical, administrative, educational and research purposes in healthcare settings. Despite the growing evidence, the integration of e-Health in mainstream healthcare practices has been slow, compared to other fields such as banking, mass media and commerce. Among other reasons, a lack of systematic education to provide knowledge and to develop relevant skills in e-Health has been identified as a main barrier.

Dissemination of e-Health education may require specific considerations due to the nature of the discipline, cohort of recipients/students and the particularity of the knowledge and skills to develop. The conventional classroom-based teaching may not be the best method to provide e-Health education. Therefore new educational models and pedagogical constructs must be explored to meet the requirements of e-Health education. Providing e-Health education using e-learning modalities may have particular advantages, as students may have opportunity to familiarize themselves with online technologies that can be used in their future health practices.

The developments in the information and communication technologies have brought about significant changes in education. Health and medical education is exploring the potential of ICT in delivering and disseminating education in more flexible and effective ways. Online learning (or e-learning) has been effectively used in various aspects of medical and health education. E-learning can potentially be used for providing e-Health education. In essence, online e-Health education means teaching how to use ICT for healthcare delivery by using ICT.

The University of Queensland Centre for Online Health (COH) has been involved in teaching e-Health for the last 10 years. While designing the E-Health teaching programs, a significant attention has been paid to the specific nature of the discipline, learning cohort and skills to be developed. Delivery mode of the e-health education has been chosen to suit the busy health professionals. Thus, E-health education is provided online using flexible delivery mode. Learning process is designed in such a way that the learner will have control over their own learning. Self-observation and self-evaluation are key elements in the learning process.

It is fair to say that the designers of e-Health curriculum, consciously or unconsciously, have incorporated elements that are well versed within the theory of self-regulated learning. As Pintrich and Zusho (2002) defined, ‘self-regulated learning is an active process whereby learners set goals for their learning and monitor, regulate and control their cognition, motivation and behavior, guided and constrained by their goals and the contextual features of the environment’. The following discussion will focus on the features of SRL in e-Health curriculum and the role of SRL to facilitate effective learning outcomes.

WHAT IS e-HEALTH?

A number of different terms have been associated with this new discipline. For example, terms such as telehealth, telemedicine and health informatics have been used interchangeably. It is apparent that the definitions are continuing to evolve. In a broader sense, e-Health connotes the use of ICT for the delivery of healthcare, health administra-