

Editorial

e- Learning

By

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By definition e- learning is learning conducted via electronic media, typically the internet. If you can send a message to someone, almost anywhere, through the internet by email then you can send a whole text. And if you can send it to one person then you can send it to a group of persons. And this happens in almost no time. Hence the idea of e-learning was born. You can deliver a whole course on line for the intended group. e-Learning included by necessity e-teaching specially when it comes to school and university education.

Innovations are tempting to use. Hence, quickly educational institutions, schools and universities, developed online courses and methods for online testing.

e-Learning became a business of its own, and once any activity becomes a business economy comes to the front. e-Learning is much cheaper to conduct: students do not have to commute, the educational institution does not need to prepare classrooms for the students nor do they need to prepare a place for testing, and also it is spared the laborious work of testing, this will be done by the computer.

Teachers are happy since they can prepare the teaching material at leisure and students are happy since they can get in and out of the virtual classroom as they like and can if they need get external help during testing. Though online learning started shyly and hesitantly, the corona virus pandemic, which required us to observe social distancing and avoid gatherings, made online teaching not just preferable but a first choice in education. In health care industry, which I call health care service, the care delivered to the patient rests on the tight rope stretched between the managers from one side and the doctors from the other. Managers, by their economic background and the nature of their job, are very conscious about the cost. That is why they consider e-Learning a very efficient activity and investment. It costs much less money and effort than conventional learning. But doctors, by the nature of their job and their humane background, are more concerned, and probably only concerned, about effectiveness rather than efficiency. They want an output that leads to an outcome that is equal to or as near as possible to the objectives of the activity.

For this, doctors find that in online lecturing the student will miss the body language and the voice emphasis of the teacher. He will also miss the direct face to face feed back and discussion with the teacher and with his colleagues. He will also miss the communication and connections and competition with his colleagues. More importantly is that if the teaching involves practice, as is the case with medicine, the online teaching is out

of the question. You cannot learn a practice online. I can learn online how to fly an airplane, but this does not mean that I can actually fly it. Reciting how to do something is different from actually doing it.

To accommodate for these shortcomings e-learning proponents suggested the blended learning, but there is nothing to suggest that blended learning is superior to class room learning. It seems as if they were trying- harm management- just to reduce the harm of e-learning.

I also think that a good deal of the online students may not be able to organize their time such that they can devote a time for one or two classes every day without interruption and focus on the screen for the required time. Technology problems may also interfere.

This brings us to the intentionally forgotten problem of the “ screen time”. How much screen time is needed per day to receive a full course? ,how much screen time can one take without harm? , we already know that excess screen time harms the eyes and strains the spine and may be harmful to the developing brain of children.

To compensate for this e-learning enthusiasts suggest the development of compressed modules to replace the conventional ones. This compressed module will contain only the salient points of the original. They suggest that this will shorten screen time and will avoid cognition overload, and will be more digestible. But we know from our medicine that the more concentrated the material is, the more difficult it is to digest. Such compressed summaries of the original have very short retention time in the brain. In the Egyptian educational folklore we call it shar shar notes.

So far we have mentioned two components of learning, knowledge and practice, but what about the most important third component which is attitudes. I think we all agree that you can only develop the proper attitudes by practicing within a group under supervision of a senior.

Online testing is a fallacy, you are not sure that the response you are getting is actually the student's response not the response of an outside helper. Also online questions tend to be knowledge based not practice based. This is not good enough for certification.

To sum up:-

= e-learning is not suitable at all for disciplines that contain practice.

= e-learning neglects attitudes completely.

= For knowledge based information e-learning is much inferior to class room learning.

= e-learning can be used occasionally as an extension of classical forms of learning not a replacement for it.

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