

Software Purchase Request Guidelines
Div. Information Technology & Medical Informatics
Marshall Univ. Joan C. Edwards School of Medicine

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Purpose

This document provides guidelines on how DITMI will prioritize funding requests for the acquisition of medical educational software.

Background

The mission of the Division of Information Technology & Medical Informatics (DITMI) of the Marshall University Joan C. Edwards School of Medicine is to design, develop, maintain, promote, support and evaluate information resources and technology solutions in support of the educational, research and clinical efforts of the School of Medicine. To help fulfill this mission, DITMI supports the acquisition, development, deployment, administration, maintenance, training and evaluation of medical educational software resources. DITMI will, therefore, devote a portion of its annual budget to support medical educational software. Recognizing the limited nature of funding for such requests, these allocations will need to be prioritized based on their usefulness to students and faculty and upon DITMI's ability to support them.

Pedagogical and System Administration Philosophies

The pedagogical philosophies which underlie these guidelines are that medical education should be able to happen "anytime, anywhere" and that information and educational tools should be deployed "at the point of need." From the systems administration perspective, a guiding philosophy will be to minimize "total cost of ownership (TCO)" of computer workstations, for example by minimizing the amount of direct intervention on user workstations by DITMI staff. Resources which require minimal configuration and/or installation on individual PCs (i.e., "thin clients") are generally preferred over those which require significant configuration on individual PCs ("fat clients"). In the same vein, resources which facilitate the use of standardized machine configurations ("images") on all computer lab and publicly accessible PCs are generally preferred over those which pollute such standardization.

Guidelines

These guidelines are not necessarily unyielding, but their specifics and spirit will be used to prioritize funding requests for medical educational software:

1. The accuracy and value of the resource content is important and should be evidenced by letter(s) of support from peer faculty who have reviewed the application itself or an evaluation copy of it and/or by documented reports of effective usage at other learning institutions.
2. Resources which will be actively incorporated into the medical education curriculum will be prioritized over those which will be made available merely for optional usage or reference by students. Evidence of such active incorporation should be documented in the form of the course syllabus, lecture notes, handouts, etc.
3. In the spirit of the “anytime, anywhere,” “information at the point of need” and systems administration philosophies:
 - a. Those resources which can be deployed via the World Wide Web are generally easier to administer and more likely to be accessible “anytime, anywhere.” Therefore, WWW-based resources will receive high priority (over those which can be made available only from on campus).
 - b. Resources which are not WWW-based but which can be licensed across the enterprise (in all university or medical school locations if appropriate, and all university and student-owned computers) will be prioritized over those which can be made available only within certain areas of the medical school (only the MEB, only computer-lab machines, only university-owned machines, etc.).
 - c. Resources which can be made available only from individual workstations (e.g., a machine within a department, selected machines in the computer lab, etc.) will receive the lowest level of priority.

A copy of the software license (or multiple licenses if different options are available – e.g., individual vs. site license, etc.) should be included with the funding request.

4. An evaluation of student usage of the resource should be conducted at the end of the first term of the resource’s use and annually thereafter. Results of these evaluations will be considered when weighing subsequent medical educational software acquisition requests from the same department or for the same course.

Deadlines

DITMI will require sufficient time to purchase and deploy medical educational software resources in order for them to be useful to students. Therefore, funding requests which are received before 2 months before the start of a semester will be given priority over those received after this deadline.