

Can we talk about the report now? Rethinking Learning-Teaching Activities in the TPK course

Alexandra Brandt Ryborg Jønsson

Department of Public Health
University of Copenhagen

Introduction

Despite the vast body of literature confirming the positive correlation between physicians' communication skills and patients' treatment adherence (Zolnierek & Dimatteo, 2009), medical students have only limited training in communicating with patients. One example of such training is the Tidlig Patient Kontakt (TPK) course. The course intends to make students familiar with two of the established seven roles of physicians; namely the communicator and the academic. The overall aim of the course reads "students obtaining the ability to use the presented theories and [communication] techniques to describe and analyze the patient's life circumstances in written and oral form" ("Course Description", 2022, my translation). Notwithstanding a particular focus on the report during the course students repeatedly find the requirements unclear: *"It's is not until long into the course that the teaching starts focusing on the written report and examination. We could have used this info at an earlier stage"* ("Course Evaluation TPK fall 2019", 2019). This leads to a large number of specific questions regarding the report and how to get started on it, which takes away time from teaching the curriculum, as shown by Willadsen in her pedagogical project (Willadsen, 2020). I have been discussing the discrepancy in intended learning outcomes (ILO)s and students' ability to transfer acquired knowledge to the report with fellow teachers and my departmental supervisor. Learning is said to encompass three overall dimensions; what is being learned, the driving force for learning, and the interaction with others (Illeris, 2015). Adding to that, students anticipating that they can master a task

helps motivation for learning (Skaalvik & Skaalvik, 2015). TPK teachers agree that the teaching-learning activities (TLA)s of the course could be revised to better facilitate learning the academic role of physicians by a more student-activating approach in which the students will realize that they can master writing an academic report. This project aims to investigate whether rethinking TLAs with an intervention to facilitate writing during SAU classes can improve students' transfer of acquired knowledge in the field into an academic report and hence strengthen the alignment of the course TLAs and its ILOs. Empirically, I draw on the course material, course evaluations, and questionnaires for students on the intervention together with individual interviews with students, teachers, and external assessors (see methods section).

TPK-course: rethinking TLAs

“It doesn't matter what I tell them about learning outcomes of the SAU, no matter what someone is always going to ask “is this going to be in the report” (Interview with TPK teacher, Jan 4, 2021)

TPK is a mandatory 2.5 ECTS course on first term BA medicine. The course consists of six lectures, six three-hour classes (SAU) taught in smaller groups by a default teacher, small-group supervision by an assigned General Practitioner (GP), and three individual at-home visits with an assigned patient. Each SAU has its own ILO, not necessarily linking directly to the overall learning (“Kompendium TPK. Revideret Januar 2020 af Andersen, J.S. og T, Willadesen og Jønsson, A.B.R.” 2019). Attendance is only mandatory on the first SAU class, yet supervision and patient interviews need to be completed to pass the course. At-home visits focus on life-story interviews with the assigned patient, which are audio recorded and partly transcribed verbatim by the student herself. The patient interviews also lay the ground for the student's individually written report in which the patient's experience of living with an illness is analyzed through the curriculum theory presented at the SAUs and in the textbook. Finally, the course is assessed in an individual oral examination based on the written report. The assessment is meant to assess the students learning outcome as a whole but the nature of the assessment leads the focus primarily to students' ability to write a report and use theoretical concepts. Evaluation is passed/not-passed (“Course Description”, 2022).

In general, TPK students focus on the report and this drives their attention in terms of learning. It is a standing joke among TPK teachers that in every class, at least one student will raise their hand asking *can we talk about the report now?* Acceptance at the medical school at UCPH requires a very high graduation score from high school, which means that the students have been high achieving in all of their assessments from high school. Throughout their past three years in high school, students have adapted to attending to learning with a particular focus on examinations, because that has been what mattered, in the end, to get into university. Such cultural habitus is not easily unlearned, as we know from social science research (see for instance Bourdieu, 1977).

TLAs that hold students active and engaged in their learning processes may promote a feeling of better mastering the tasks presented to them, and I wanted to try to rethink the TLAs to better encompass the more practical aspects of the course and thus create more confidence in the students that they are capable of writing the report. I suggest an intervention with practical writing exercises to strengthen medical students' academic proficiency, as a direct continuation of the pedagogical project of Willadsen (Willadsen, 2020) focusing on student peer feedback, where a shorter version of a writing exercise was offered to interested students. Willadsen's project showed that students felt insecure about their ability to write the report and that writing exercises have the potentiality to be adapted as an integrated TLA on the last two SAU classes (Willadsen, 2020).

The TLA intervention

The report upon which the student is orally assessed is written individually and contains two separate parts; the patient part and the communication part. The first part is telling the patient's life story and disease trajectory and then analyzing it with theories discussed both in the lectures and at the SAUs. The second part describes the communication between the student and the assigned patient. Both parts need to have a description section, an analysis section, and a reflection section.

To get the students confident that they can write the report and subsequently getting the students started with the writing process I have made an intervention to the SAU class consisting of three parts:

1. Description: 20 min of SAU 5. First, students are allocated to their default group where they will be taking turns presenting their patient

in an anonymized form (15 min). This will make students tune in to how and what to present, and they may gain inspiration from listening to each other. Then they will individually write for 5 minutes in silence timed by the teacher (me).

2. Analysis: 20 min in SAU 6. Same procedure as with part 1 only that I will have been going through the most common theoretical terms and how to use them before this exercise.
3. Reflection: 60 min of SAU 6. First, we will have a general discussion in plenum on what kinds of reflections that the students have made upon meeting their patient and developing new communication skills. Second, students are assigned to default groups to name three things they might use in the reflection section. Last, we will finish with the five minutes of writing in silence.

Methods

In this project, I wanted to investigate whether the intervention had any effect and if students found the intervention to be meaningful. Regarding the latter, I asked my students to fill out an online open-ended questionnaire and held individual interviews to get more in-depth knowledge. To see if the intervention had any effect on the outcome, namely the written report, I interviewed one external assessor following his examination of my students.

Within individual interviews, there is an asymmetric power relation (Kvale and Brinkmann, 2015: 56). The power relation is usually not intentional, but the structural positions in the interview situation may result in the participants, consciously or unconsciously, distorting the information they give to the interviewer. In this particular situation, both students and assessors may have felt urged to be positive about the intervention when talking to me, which is why I decided to add the anonymous open-ended questionnaire¹. In total, six individual interviews with students were held, and 49 out of 52 students completed the questionnaire. Two assessors examined my students, but I only gained access to one, whom I interviewed. This assessor is a retired GP and has been examining the TPK course for more than 5 years.

¹ The questionnaires are too long to attach to this paper (49 pages). They can be forwarded upon request.

What did the students learn?

Interviews and questionnaires with students show that students perceive the writing exercise as both meaningful and helpful. Particularly two themes were brought up; that writing exercises made the task of report-writing more manageable and that beginning writing earlier during the course was a skill that they would carry on forward. The external assessor pointed out that there may have been a slightly more broad reflection in the reports, though this is a subjective perception and cannot be used as an objective outcome.

Report writing made manageably

Students reported all but one (N=46/47) that writing exercises made the task of report writing more manageable. As one student said in an interview: *“I was unsure of what we had to do, so I think maybe I just had been postponing it. But when *Ida* and *Mie* and I spoke of our patients it made it so much more easy to put it into writing, and I felt like ‘ooohhh so it’s ‘just’ this, I can easily do this”*. Several students pointed out that they felt more secure in their abilities to write the report after this initial exercise. One wrote in the open-ended questionnaire: *“It was great, because I feel like talking about it is easy, and it helps a lot writing it down immediately after speaking. It seems hard to write the report but the exercise opened it”*

Usable lessons for studying

What I had not asked in the open-ended questionnaire but kept coming up during interviews was that students felt the exercises had prepared them for how to study. One said: *“Getting started, dividing the task into smaller parts that I can actually do, I think that’s something that I’ll try to use onwards”*. In particular, working with the more vague term of ‘reflections’ in the report resonated with the students’ perception that they could use this in their future studies. Another student puts it like this: *“Reflections, I mean, what is that? But having actually worked with it, not just trying on my own, I think I’ll much easier make reflections in the future now”*.

Reflections broadened

Reading the reports and discussing them with the external assessor in the interview showed that what is usually the most unprocessed part of the reports, namely the reflection sections, had what the assessor and I perceived to be more ‘depth’. Instead of merely writing something like *I gained from meeting a patient and learned a lot* students had provided more details. Observing GDPR and informed consent rules, I am not allowed to publish any parts of the reports. But generally, students would be reflective on how this course had given them tools to understand and communicate with patients and give examples of such tools, like “realizing that even though they both have diabetes, two people will always have individual experiences of that disease” as a student mentioned in the interview when recalling what he had written about. The assessor said, “*I’m not sure if it’s because we’re [he and I] talking about it but I think that this batch of students have really made great reports, and they’ve been really reflective about how they can use it when it comes to practice medicine in the future*”.

Concluding remarks

I believe, that to offer students a coherent, connected and integrated learning experience any course should regularly be assessed and new TLAs should be integrated. This small-scale investigation may not function as a white paper for revising the TPK course, however, building on existing knowledge about this particular course, I have shown that my intervention improves students learning by helping them anticipate that they can master the task of writing the exam report (Skaalvik & Skaalvik, 2015). Thus, my departmental supervisor and co-teachers have discussed the possibility of making writing exercises an integrated part of the course to the teachers who express interest, not least based on this report and the very positive oral evaluations of my classes. In the coming semester, I will present these results at the TPK teacher conference and discuss the findings with the course leader.

References

Bourdieu, P. (1977). *Outline of a theory of practice* (R. Nice, Trans.). Cambridge University Press.

- Course description. (2022). <https://kurser.ku.dk/course/smeb12002u>
- Course Evaluation TPK fall 2019 [Confidential. Can be forwarded upon request.]. (2019).
- Illeris, K. (2015). Læring [3. oplag]. *Samfundslitteratur, 3. udgave*.
- Kompendium tpk. revideret januar 2020 af andersen, j.s. og t, willadesen og jønsson, a.b.r. [Can be forwarded as pdf upon request.]. (2019).
- Kvale, S., & Brinkmann, S. (2015). *Interview: Det kvalitative forskningsinterview som håndværk* (3rd ed.). Hans Reitzels Forlag.
- Skaalvik, E., & Skaalvik, S. (2015). Mestringsforventning i motivation for læring: Teori og praksis, 1. udgave, dafolo forlag og forfatterne.
- Willadsen, T. (2020). Feedback til medstuderende og oplevet læringsudbytte i faget ”tidlig patientkontakt”. In F. Christiansen & A. Arias (Eds.), *Improving university science teaching and learning - pedagogical projects 2020*. Department of Science Education, University of Copenhagen.
- Zolnierek, K., & Dimatteo, M. (2009). Physician communication and patient adherence to treatment: A meta-analysis. *Med Care*, 826–834.