

Develop, test, and evaluate initiatives facilitating a safe and productive learning environment on the MSc-course in general practice

Henrik Rindel Gudbergesen

Department of Public Health
University of Copenhagen

Introduction

The overall goal for this course is that the students are able to apply new knowledge and skills within the space of general practice. Following attendance in the MSc-course in general practice, the students must be able to diagnose and treat commonly occurring conditions in general practice. In doing so, the students must be able to use previously learned knowledge in the meeting with the not yet diagnosed patients. The students must be able to involve the patient in the decision-making process and act based on the patient's prerequisites and life situation, by utilizing a consultation process framework. The latter is practiced by recording real-life consultations at a general practitioner.

The teaching is pedagogically based on Kolb's learning circle, which is based on '*learning by doing*' in combination with reflection, supervision, the build-up of knowledge, and gradually testing the newly acquired knowledge. Moreover, the goal description for the course specifies each of the learning objectives within the framework of Blooms taxonomy, highlighting the targeted skills and knowledge level for each of the learning objectives.

The primary learning objective for the course is that the students must become confident in carrying out safe patient treatment, including independently assessing whether the patient can be treated further in general practice or must be referred to emergency or elective treatment. A key element in achieving this learning objective is to engage in applying the consultation process framework. From the point of view of Kolb's learning circle, focusing on the consultation process provides an

ideal example of working with a ‘*learning by doing*’ teaching scenario in which students are required to:

- Know the basics about the consultation process framework,
- Apply their knowledge in a realistic real-life scenario, and
- Analyze, reflect, and evaluate examples of how the consultation process is applied

From the perspective of applying Blooms taxonomy in the course description, the consultation process acts as a great example of how students are expected to acquire and achieve both simple and more complex competences throughout the course.

From a student engagement point-of-view the consultation process constitutes a key competence that is infrequently practiced as part of the study to become a medical doctor. Nonetheless, the learning objective around the consultation process is absolutely key for the student's future work as a medical doctor working in clinical practice. Even so, the colloquium of teachers has discussed the topic of engaging the students even more, i.e., by enabling the creation of a safe learning space in order to facilitate analyses, synthesis, and assessments of the consultation process through video recordings. More specifically, we experience that students find it challenging to even engage in providing feedback to fellow students, to provide feedback in a non-judgmental way, to integrate feedback and so forth.

Based on reflections throughout the UP-course I have drafted a plan for improving my own teaching throughout five teaching sessions that was scheduled to include supervision by fellow students, a faculty supervisor, and an educational supervisor. The question to be answered as part of this project assignment is:

Can an improved focus on initiatives that facilitates a safe and productive learning environment ensure that more students meet the learning objective of being able to apply the consultation process framework?

The initiatives include:

- *A keen focus on creating a safe learning space from the outset,*
- *Utilizing virtual and face-2-face buzz-groups to continuously foster engagement, and*

- *Introducing and continuously revisiting a hands-on approach to providing feedback*

Background

The course I will be working on in this assignment is related to the teaching of medical students attending a course in general practice as part of their 12th, and last semester, before they graduate as medical doctors. Throughout the study to become a medical doctor the students have used a great of their time on reading in combination with numerous short internships in medical practice, primarily at hospitals. In this course, students move between clinical practice at a general practitioner, lecture-hall teaching, and class-based teaching. Students has to move beyond theory and practice to exert evidence-based medicine by including patients' preferences and their own experience from clinical practice. This approach is new to most of the students, and it is practiced by recording videos of real consultations carried out by themselves prior to the consultation training sessions – followed by in class feedback from peers and me as a teacher.

The course consists of:

- A 3-hour communication workshop
- 9 lectures
- 5 x 4 hours of consultation training with approx. 14 students (*the focus for this project assignment*)
- 8 days in general practice (*in which the students record between 5 and 25 consultations on video*)

Following participation in the communication workshop, the learning objective related to applying the consultation process framework is supported by the introduction of a structured checklist and several videos displaying various ways of delivering the *ideal* consultation (all available on Absalon).

Approach

In connection to my teaching in the consultation training sessions I will test three interventions over the course of five teaching sessions – continuously adding and/or mixing up to the elements in relation to each of the interventions (*safe learning space / buzz-groups / feedback*).

Safe learning space

In the context of me as a teacher I typically try to kick-off the teaching of a new group of medical students by bringing instant coffee and cookies, and by arriving well in advance in order to greet the students individually upon their arrival.

Based on my past experience, and on the basis of discussion with fellow UP-students, there is a potential risk of students holding back when it comes to engaging in the teaching-sessions. This is particularly the case when it comes to activities that has to do with each of student's own performance, or activities related to fellow students' performance – in both cases as part of the review of videos of the consultation process. Based on these reflections my first intervention was to increase my focus on creating a safe learning environment by:

- Sharing a personal experience related to the topic of the course in order to 'open up the class',
- Playing name-games,
- Reserving time for introductions, incl. sharing of a fun-fact, and
- Highlighting the nature of the classroom environment as to confidentiality, respect and accept

Buzz-groups

Focus on recapping topics and learnings throughout the teaching sessions is likely to increase learning outcomes for each student and the class as each student must explain certain topics out loud. Moreover, the change in teaching-format and mix-up of student pairs/groups will enable students to increase confidentiality/familiarity and share learnings/reflections, both of which are specific skills and prerequisites needed in the review of the videos.

Based on these reflections my second intervention was to increase my focus on utilizing group work by:

- Initiating ‘buzz’-groups in order to recap topics and learnings throughout the teaching sessions,
- Ensuring rotation of roles (i.e., timekeeper, secretary, and moderator), and
- Initiating group work focusing on larger topics of interest

Feedback

Feedback in this context is a reaction related to the students’ performance from a fellow student or me as a teacher with the purpose of promoting learning. Feedback during the teaching sessions is typically provided through single-words and/or questions depending on how far we are in the course and depending on the student’s ability to engage in a safe learning environment. Prior to this project assignment the students were typically exposed to a theoretical, evidence-based introduction to feedback and its importance for learning as described in Rienecker et al. To improve student’s learning during the teaching process I planned two consecutive interventions in relation to feedback, the first one focusing on:

- Executing early learning exercises focusing on ways of thinking and working with evidence-based medicine in general practice,
- Focusing on staying clear from over-commenting, and
- Supplementing the already provided feedback with a combination of praising all the things that went well and analytic feedback based on the theoretical framework for good clinical practice when it comes to patient communication and clinical consultations

The second intervention, provided at the following teaching sessions, focused on:

- Setting the scene by revisiting the framework for providing feedback,
- Providing clear roles and time limits for the in-class peer review sessions,

- Instructing students to provide feedback by speaking to the presenter directly,
- Asking the students to draft a plan for how, and why, they would incorporate feedback, and
- Concluding each session by discussing the process in class

Evaluation

The evaluation of the interventions is based on oral feedback from students, fellow UP-students, a faculty supervisor, and an educational supervisor.

Results

Safe learning space

The exercises introduced as part of the first teaching session worked well in the sense that it inspired the students to present themselves incl. a fun-fact, it initiated a cake-rotation-setup in which students took turn in bringing cake to class, and resulted in a lively and vibrant atmosphere.

In the feedback provided by the students they highlighted that the personal introduction I gave created a calmness, that the focus on creating ‘hygge’ created a feeling of belonging and that the sessions felt like a sheltered and cozy learning environment. The feedback from my supervisors highlighted that the students displayed a willingness to ‘play along’ when presenting themselves in an atypical fashion/way, a high level of engagement, a high number of questions/discussions and very positive student-feedback.

Buzz-groups

Moving between a more classic cathedral teaching format and student activating teaching through buzzgroups and groupwork worked out really well. The teaching moved between digital and face-to-face formats, and between working in pairs (buzz-groups) and smaller groups (groupwork).

In the feedback provided by the students they enjoyed the mix between teaching formats as it facilitated a more live and vibrant learning

environment, and ensured an increasing familiarity between students, even for those who did not know each other in advance. Two students highlighted a need for more structure and a clearer purpose of why the group exercises/buzz-groups were needed. The feedback from my faculty supervisor emphasized that the students had a surprisingly high engagement, that the session was based on a very positive and safe learning-space, and that the tools/methods created a very student-engaging environment. The supervisor also highlighted a need to keep a focus on optimizing the methods based on student feedback and to continuously adjust the balance between student-engaging teaching and a stricter steering of the topics/discussions in order to keep engagement.

Feedback

Continuously developing the skill of providing and receiving feedback worked out very well as the interventions were all applied and intuitively made sense as the students became more confident and familiar with the feedback-sessions. The feedback from my supervisors included that the teaching and/or initiatives had created a safe and engaged learning environment and that the teaching facilitated transfer of learning from theory to practice. It also highlighted that improvements could be made by focusing even more on repeating conclusions and/or revisiting topics, and by developing questions from being descriptive to being more reflective/analytical (a move up on Blooms taxonomy scale).

Discussion

The purpose of completing this project assignment was for me to develop my teaching skills as that will likely improve my ability to facilitate a process in which my students achieve the learning objectives.

The three interventions focused on aspects that I believe are critical for students in achieving the learning objectives, secondly, for them to embark positively and safely in a career as medical doctors in the clinic. The feedback from students and my supervisors were indeed very positive and generated ideas for future improvements that I look forward to trying out. As such, I do consider it possible to facilitate a process of creating a safe and productive learning environment, and I find it likely

that more students met the learning objective as the teaching was deemed capable of transferring knowledge from theory to practice.

Despite a feeling of having just embarked on a journey of continuously improving my abilities as a teacher the project assignment has greatly increased my self-reliance in analyzing, developing, and accessing teaching. Initially, I will share my learnings from this project assignment with my fellow teachers at the next teachers retreat in collaboration with my faculty supervisor.

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