Approaches to active learning; two medical schools make a start



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Approaches to Active Learning in a Pre-Clinical Curriculum: A KU Experience

IAMSE Webinar 2014

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Intention of this Session

- Describe the context for a model of active learning at Kansas
- Discuss primary goals of encouraging critical thinking, independent learning and clinical reasoning among MS1 students
- Discuss some variations on active learning strategies in a large classroom
- Describe some means of assessment

KU SOM Learning Environment

- Sole state medical school with class size of > 200 students
- 3-site campus connected by ITV
- Modular preclinical curriculum with first Fall term devoted to underlying fundamentals
- 4-week Inflammation and Immunity module in Oct-Nov

Foundations of Medicine

Genetics and Neoplasia Inflammation and Immunity

KU SOM Graduation Competencies

- Patient Care: <u>assessment</u>, <u>diagnosis</u>, <u>management</u>, prevention/promotion, skills
- Medical Knowledge: <u>access</u>, <u>provide evidence</u>, <u>appraise</u>
- Practice-based learning/improvement: <u>refine</u>, <u>feedback</u>, reflect, <u>set personal objectives</u>
- **Professionalism**: attitudes, behaviors, sensitivity, responsiveness, limitation, ethics
- Systems-based practice: <u>team</u>, health systems, error, solutions for community

What can be done in the first year of medical school?

- Developing these skills does not require a vast fund of knowledge; it requires inquisitiveness, patience and a learning framework.
- Independent engagement of students in active learning assignments facilitates skills development.

Assessment?

- How well do students manage complicated clinical case material?
- Where do they go for authoritative information?
- How do they develop an understanding of key diagnostic characteristics?
- How well do they apply mechanisms of disease to new clinical scenarios?
- Can they communicate what they have learned?

9 Steps in the Teaching/Learning Process

- 1. Define background study expectations
- 2. Provide an independent learning exercise (clinical case).
- 3. State pre-class student expectations: identify individual or team learning issues.
- 4. Assess student readiness to participate in class. Provide feedback.
- 5. State the specific case and session objectives.

9 Steps in the Teaching/Learning Process

- 6. Present the case in a large group setting.
- 7. Illustrate the desired skill.
 - Identifying learning issues and rich resources
 - Developing a problem list
 - Managing large sets of case information
 - Developing a concept map of pathogenesis
- 8. Provide a take-home exercise, typically another case.
- 9. Written post-class reports with assessment and feedback

Example: Transfusion Reaction

- 1. Reading and lecture review
- 2. Clinical case on transfusion reaction
- 3. Submit a set of 5 learning issues/objectives
- 4. Readiness: ABO antigens/antibodies and universal donors and recipients (web-clickers)
- 5. Objectives: Recognizing the signs and symptoms of an adverse event.
 - Clinical response
 - $_{\odot}$ Understanding the genetics of ABO

Example: Transfusion Reaction

- 6. Present case in typical clinical format: CC, HPI, PMH, etc.
- 7. Skill: Linking presenting signs/symptoms to immune mechanisms of RBC destruction.
 - Nearest neighbor discussion about blood types
 - $_{\odot}$ Constructing a concept map of pathogenesis
- 8. Take-home case of TRALI
- 9. Report: How do these mechanisms relate to solid organ rejection mechanisms?

Variations in the Process

- Stage of the learner: independence?
- Sequencing of skills development?
- Teaching/learning setting?
- Resistance to class attendance?
- Competition with podcasting?
- Individual versus group assignments?
- Time burden of assessment?
- Opportunities for narrative assessment

Constructing a concept map of disease pathogenesis

Connect the following terms or processes in a concept map to create a picture of disease pathogenesis.

- Foreign RBCs (foreign ABO)
- Anti-ABO antibodies
- Intravascular lysis of RBCs
- Released cellular debris
- Fever, pain, tachycardia and hypotension

Review of this Session

- Context at KU for this model of active learning
- Primary goals: critical thinking, independent learning and clinical reasoning
- Assessment
- Variations on active learning strategies in a large classroom

Expanding student-directed learning at Virginia Tech Carilion School of Medicine

IAMSE Webinar 16 January 2014

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Expanding student-directed learning at Virginia Tech Carilion School of Medicine

Session objectives:

Outline the VTCSOM MS1/MS2 learning environment

Describe the 2013 expansion of student-directed learning

Highlight surprises, successes & challenges



Virginia Tech Carilion School of Medicine

- New school Charter class graduates May 2014
- Very small 42 students per class
- 48% Basic Science curriculum = PCL/PBL
 Patient-centered Learning/Problem-based Learning for MS1/MS2
- Pass/fail system; end-of block assessment (informal, formative assessments during blocks)
- Curriculum is organ system-based;
 MS1 year = normal; MS2 year = pathological

VTCSOM MS1/MS2 learning environment

- Four Value Domains: Basic Science Clinical Science Research Interprofessionalism
- Basic Science curriculum = lecture 7 hours/week lab/workshop 4 hours/week PCL/PBL 10 hours/week

As of 2013 MS2 🗲 enhanced student-directed learning



Patient-centered Learning (PCL)/PBL at VTCSOM

- 7 students + 1 faculty facilitator/group
- 1 clinical case/week
- **Students identify learning objectives;**

each student presents to group twice weekly

Mon. 2 hours Wed. 3 hours Fri. 4 hours (1h with patient)



2013 Expansion of student-directed learning MS2 year only

(Block V – Infectious disease, Pathology intro., Dermatologic disease, Genetic disease)

Voluntary faculty participation (2013):

traditional lecture OR asynchronous content delivery

3/15 faculty members chose asynchronous content delivery



Method of asynchronous content delivery 2013

Pre-recorded voice-over Powerpoint slides

- Mycology
- Parasitology
- Autoimmune disease
- Skin & Soft tissue Infections

Plan to add video pre-recorded sessions in 2014

In-class synthesis sessions – focus on clinical correlations Q&A Small-group problem-solving

In 2013, for some lecture topics, students were provided with an additional choice for content consumption: textbook assignments pre-recorded content in-class synthesis sessions

Results:

No change in attendance for synthesis sessions vs. lectures

No change in end-of-block exam results vs. 2012

Student response varied widely

POSITIVE student responses

End-of-block evaluation: Asynchronous content delivery rated slightly higher than traditional content delivery

Availability of pre-recorded content was well-received.

Some students found this an improvement over lectures.



NEGATIVE student responses

Quality of pre-recorded content was unsatisfactory to some.

Time needed for pre-recorded content was problematic.

Uncertainty regarding synthesis sessions was unsettling.



Challenges for 2014 and beyond...

- Increasing faculty participation
 - convincing reluctant colleagues
 - providing suitable faculty development opportunities

Improving quality of pre-recorded content

Providing excellent in-class synthesis sessions

Presenting expanded choices for student-directed learning *without* expanding required study time



In summary... this session described :



- The VTCSOM Basic Science PCL/PBL-intensive MS1/MS2 learning environment
- initial attempts at providing pre-recorded curricular content & in-class synthesis sessions in MS2
- results & challenges for the future

Thank you!

Questions?

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