

Standards for Group Work in Phase 1

School of Medicine

Faculty of Medicine and Health Sciences

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Purpose

The purpose of this document is to help unit and theme leads design and improve the way in which group work is conducted in Phase 1 of the Medical Course at Buckingham so that there is greater educational coherence over the course and better alignment with the overarching educational philosophy of the course. It has been produced following a qualify enhancement meeting of the Curriculum Implementation Group held in April 2016.

Nothing in these standards precludes the use of imaginative other approaches to group work, which may be used as appropriate, but must be evaluated and shared with other unit leads so that they may be adopted if successful or avoided if not.

Context

The purpose of Group Work

Learning activities in groups is an essential part of the education philosophy of the medical school at Buckingham. All units in Phase 1 must include group work in every session of the unit, and it should take up at least 120 minutes of the session time.

The fundamental educational philosophy of Phase 1 is repeated in every workbook, and it defines the roles of group work. The aim of each session in every unit is to drive students through a cycle of receiving new concepts and information, then working on those concepts with peers in a structured way as soon as possible afterwards, whilst they are still fresh in the mind, to explore and develop understanding through application of the concepts to problems and activities. Students should then undertake further self-directed study to refine the concepts further before developing their understanding of new topics in subsequent sessions and linking past learning to their new understanding.

Policy Details

Key features of all group work

- Group work **must** follow as soon as possible after the exposure of students to new ideas and information. This will normally have taken place through a lecture but may take other forms such as directed reading or use of on-line resources.
- Students must work in the same groups for all units, normally with four groups of students in defined groups.
- Group work **would usually** be supervised by at least one tutor in each room. Tutors will normally be clinical educators. There **must** also be more senior staff available; but at a minimum there must be at least one senior staff member circulating around the rooms. This normally should be the unit lead and deputy unit lead.
- Group work should be supported by materials available at the start of the session. All written materials needed for the group work must be stored on SharePoint to allow CE preparation at least one week in advance and to students at the start of the group work session.
- Where the group tasks include problem solving or case studies there **should** be indicative answers provided in a separate facilitator resource for each of the clinical educators and other staff.

- The indicative answers should be published to the students through Moodle no later than 72 working hours after the session.
- Unit leads should aim to include a variety of different tasks in group work over the course of a unit, focusing as much as possible on the application of concepts to clinical practice.
- Each unit **is expected to** identify a suitable sub-set of the core MLA and UBMS presentations used across the course and ensure that a good proportion of tasks across the group work in the unit are explicitly related to those presentations. This does not preclude referring to other clinical presentations where appropriate.
- At least some of the written problems that students address through group work across the unit **must** be presented in the format of the summative written examinations, so that students may see the explicit links between activities in group work, and the feedback that provides, and their summative assessment tasks.
- All units should consider exposure to real patients and the patient voice in their group work. some examples include live expert patient interaction, recorded interviews with real patients (e.g. Speaking Clinically), clinical attachment (as in CSFC).

Types of activities in group work

There must be a mix of different activities across the unit, which may include:

Written problem-solving tasks

This is likely to be the most common type of task in most units. The aim is to get students to explore their understanding of the new material that has been presented in the context of what they already understand and how it may be applied to clinical practice.

The group work should start with straightforward enquiry to enable students to test their recall and understanding of the material that has just been presented to them. Some of these questions may take the form of an unseen 'quiz' conducted by the clinical educators (see below), but there must also be some in the activities themselves so that students have a record of them.

Tutors in the group rooms must not go through the 'answers' to all the questions at the end of the session. They must concentrate in identifying during the session those topics that students are apparently struggling with and providing further explanation of them. This may include reference to a few of the questions, or one case study, but this must be a minority of the questions.

Anatomy learning

Most units will include learning of relevant anatomy in one or more sessions. The tasks for this should be developed in consultation with the Anatomy Lead and should consist of a 'rotation' though defined tasks using models, images and other resources. In this case, each table must have a different task. This may include:

- Inspection of and identification of key features of anatomical models.
- Presentation of plain film or cross-sectional radiology.
- Surface anatomy
- Use of virtual resources such virtual anatomy packages
- Dissection of non-human organs

Each task must be described in the student workbook, so that students may record their learning in an accessible way.

Learning through images

Some units may have sessions where students learn by inspection of images presented virtually. Students must be instructed so that all are able to access the images as and when required.

Students must be provided with an effective means of recording their learning, and there must be a means, normally through on-line quizzes, of them testing their understanding after the session.

Quizzes and tests

Students may be presented with quizzes or tests during the session. Quizzes or tests during the session must be designed to be undertaken by groups, not by students as individuals. They should normally be conducted verbally by the clinical educators and may be used to collect group marks that contribute towards an overall 'group score' for the unit that may lead to the award of a "prize" for the best group. Quizzes should not take longer than 10min of the group work session.

Presentations

Presentations should take place in each room separately, so that no student has to listen to more than three others than their own. Students should be allocated, or allowed to choose topics from a list, but each group must have a different topic.

Groups should be given their topic a week before the session and prepare their presentations in their own time between sessions. Each presentation should last 10 minutes, with time for questions

Presentations may be marked by the staff in the room but if so the feedback must be according to a defined schedule or rubric with descriptors.

Learning from patients

Wherever possible each unit should interact with patients with a clinical condition related to the topic of that session.

In these sessions:

- Patients must be recruited through approved routes i.e PIF via the Operations team
- Patients will receive travelling and out of pocket expenses but will not normally be paid.
- Patient **should** be met by a unit team member before the session and briefed as to what is required of them
- There **must** always be a member of staff present when students interact with patients in this context, so that if the patient becomes upset or unwell appropriate action may be taken.
- Students **must** be briefed about patient interaction and reminded of their professional obligations in this situation.
- Patients must be thanked formally for their contribution and feedback must be sought from them.

Patient interactions may not necessarily be with an in-person patient, it could be use of patient material or patient voice from various sources.

Most benefit is likely to be gained from these sessions if:

- Students are encouraged in advance to think of questions to ask once the patient has had the opportunity to present their story.
- The clinical educator facilitates the interactions between students and patients to enable the students to learn more effectively.

Learning through role play

Role play can be a very valuable way of enabling students to see from a patient perspective and so develop a more patient-centred approach to practice. Role play should not be used only in the 'social & behavioural' units, and could be incorporated into at least one session in all units.

The purpose of role play is to enable students to imagine and present how their future patients will feel, so that they may become better, empathetic communicators and practitioners. A role play session is most likely to succeed if.

- It is conducted in the course of a 'case study' related to a presentation appropriate for the stage in the unit.
- Each group is asked to divide into pairs (or pairs plus one three).
- One member of each pair is asked to put themselves in the position of the patient in the case study.
- The other student puts themselves in the position of the doctor.
- The 'doctor' takes a simulated 'history' from the 'patient', who will aim to present their history as they believe a real patient with that presentation would. This should last no more than five minutes.
- The 'doctor' then explains to the 'patient' the diagnosis that has been made. This should last no more than five minutes.
- The group as whole then share their experience of what went well and badly with the task, and how they would do it differently in the future.

Other tasks

Nothing in these standards precludes the use of imaginative other approaches to group work, which may be used as appropriate, but must be evaluated and shared with other unit leads so that they may be adopted if successful or avoided if not.

Responsibilities

It is the responsibility of the Phase 1 Lead to update these standards.

Related Policies

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Document Control

Date policy approved: April 2016

Date of policy review approval: July 2023

Date of next policy review: Academic year 2024