Making Your Presentation More Interactive: The Better Way

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Faculty/Presenter Disclosure

- **Faculty:** Jon Davine
- **Relationships with financial sponsors:**
  - **Speakers Bureau/Honoraria:**
    - Toronto East Hospital Network
    - Ontario Medical Association
    - Touchstone Institute
    - Ontario College of Family Physicians
    - McMaster University Department of Psychiatry
    - University of Alberta, Department of Psychiatry
    - Canadian Psychiatric Association
    - Pri-med, University of Toronto Family Medicine
  - **Consulting Fees:** None
  - **Patents**: None
  - **Other:** None

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Disclosure of Commerical Support

- **This program has not received financial support.**
- **Potential for conflict(s) of interest:**
  - Jon Davine has received honoraria only from not for profit organizations. He prepared the slides on his own.

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Objectives

- Awareness of literature re active learning vs. passive learning
- Exposure to methods of facilitation in small group learning
- Exposure to different modalities in small group learning

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Tell me and I will forget
Show me and I may remember
Involve me and I will understand

.....Confucius

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Impact of Formal CME
D. Davis et al, JAMA '99

- In Canada, for Maintenance of Certification, we have to do 400 hours in a 5-year cycle.
- Goal is improving skills, and thus patient outcomes
- The bulk of presentations remain lectures, though lots of studies demonstrate a lack of effect on physicians' performance.

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Lectures

- Think of the last lecture you attended.
- How many facts do you remember?
- Some studies show less than five facts after 24 hours, and les than that after one week.
- At the next lecture you attend, see how many facts you remember in one week.

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D. Davis '99

- Used RCTs of educational interventions.
- Used objective determinants of health professional performance in the workplace/or determinants of health care outcomes, including patient behaviours (e.g., smoking cessation rates)

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Delineated Different Interventions

Didactic: Formal lectures with minimal audience participation.

Interactive: Employed techniques such as role-plays, case presentations, discussion groups, hands on training to enhance physician participation

Mixed: Used both didactic and interactive methods

Length: single (once only) vs. series (more than once)

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Results – Intervention Style

- 14 studies included in analysis
- 17 interventions
  - 4 didactic – 0/4 altered physician performance
  - 6 interactive – 4/6 altered physician performance
  - 7 mixed – 5/7 altered physician performance

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Results – Length

- Single session – 2/7 altered physician performance
- Series – 7/10 altered physician performance

- Sequential learning more effective
  - *Learn-work-learn* gives opportunities to practice new skills, thus more effective

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Results – Group Size

- No relationship between group size and outcome.
- 3 groups <10 participants
- 6 groups <10-19 participants
- 3 groups >20 participants

- 4/5 studies that did needs assessment showed a positive response

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Conclusions

- Traditional didactic lectures not generally useful for impacting on behaviour
- Active learning techniques much more effective, can often happen more easily in small group settings
- Sequential learning more effective than a single session

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Man in Chair with Stereo

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Before the Workshop

- Think about the size of the group.
- Think about the mix of the group re setting up objectives
- Think of the styles of learning you can use to meet your goals.
- Try to include a mixture, including active learning strategies

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Prepare the Learners

- Have slides prepared for parts of the workshop that will involve didactic
- Make a copy of the slides for participants so they won't have to take notes
  - Use handouts or digital copies
- Communicate with the learners
  - Pre-circulate materials
  - Make requests in advance (e.g., bring relevant cases)

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Prepare the Setting

- Check out the LCD projector
- Make extra copies on CD/USB keys, or email materials to yourself
  - Consider online storage services (Google Drive, Dropbox, Windows Skydrive)
- Come early (~1/2 hour) to make sure everything is in working order

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Setting-Up the Room

- Make cards for people with their first name in large letters in front of them
- A rectangular table with you at the head may perpetuate a "passive stance"
  - Can you sit in the middle, not the head?
  - Can the learners sit in a circle?
  - Can it be done without a table?
- Arrange the set-up in a way that encourages colleague-to-colleague discussions, which can be very helpful.

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Opening the Workshop

- Introductions
  - Helps break the ice and gets people hearing their own voice in the group
- Needs assessment
  - Depending on the length of the session, can be brief
  - Helps develop an active, involved stance on the part of the learners
- *"I'd like to hear from each of you, briefly, what you do, why you're here, what connection you have with this topic, and what you'd like to get out of the session…"*

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Opening the Workshop

- State your objectives clearly
- This can be put on an early slide
- Can modify this somewhat based on needs assessment
  - "Meshing of Agendas"

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Buzz Groups

- Effective at getting participation from everyone in the group.
- Leader divides the group into small clusters of 3-6, then provides each cluster with a question or two.
- A recorder in each group then reports to the larger group.

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Snowball Groups

- Extension of buzz groups.
- Groups of 3 join to form 6, then can go up to 12.
- This larger group then reports back to the full group.

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Think – Pair – Share

- All participants think about a problem or question that the teacher presents.
- Then form “pairs” and share the problem with their partners
- Then the “pairs” share their thoughts with the entire group

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Think – Pair – Share

- Gives everyone a lot of floor time
- Easier route for sharing for shyer members.
  - They can formulate their thoughts, then try them out in pairs before going “public”

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THINK/PAIR/SHARE

- How have you seen computer/internet technology used to enhance or make more interactive a presentation
- THINK!!!!!!

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Stand Up and Be Counted

- Present a case
- Participants must decide if they agree or disagree with how it was handled
- They then stand under the appropriate sign; going from strongly agree, agree, don’t know, disagree, strongly disagree.
- Participants have to defend their position, and can then change position depending on what they hear

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Case: Tina

- 35 y.o. woman, single. Lives on her own in an apartment. She works as a bus driver for school kids in Hamilton.
- She presents to her family doctor with a depressed mood which has lasted 3 or 4 months. Her sleep and appetite have been off during this time. She feels that her energy has been lower, and feels less interested in doing things.

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Case: Tina

- She does not enjoy things as she used to, and describes trouble concentrating. She denies any SI or HI
- She describes an episode 9 years ago, when she was admitted to a psychiatry ward
- At that time, she again had a depressed mood with vegetative features, but also remembers having unusual thoughts that her family and the police were after her

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Case: Tina

- She felt very guilty at that time due to her episodic use of marijuana, and felt she should be punished severely
- She was put on nortriptyline and risperidone at that time, with positive results
- She also describes having an episode 3 years ago while still on nortriptyline, with an elevated mood, not out of control, but 'different'

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Case: Tina

- Her energy increased, and she needed less sleep. This lasted about a week. The nortryptyline was d/c'd, and her mood returned to normal. She also says this was one of the times she was doing marijuana daily.
- Medically, she was diagnosed with MS several years ago. Otherwise healthy. She is on no meds at this time.

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Case: Tina

- In her family, her father has been diagnosed with bipolar disorder, and has been on lithium for years
- Her family doctor made a diagnosis of bipolar disorder and started her on a mood stabilizer
- Do you agree or disagree with this plan?

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During the Workshop

- Don't assume a dominating role ("the expert")
- Ask divergent (open) vs. convergent questions, (closed)
  - e.g., "What would you do in this situation?" vs. "Would you now admit the patient?"
- When you have a point to make, bite your lip, and count to 10… by 1's and slowly!
- Brief silences are okay (bite your lip and count to 10, again).
- Encourage discussion

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Discussion

- Allows learners to delve into the meanings of the subject matter
- Express themselves in the language of the subject
- Establish closer contact with the teaching staff
- Helps learners monitor their own learning and have some input into the direction of their studies

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Discussion

- Allows all the learners in the group to share their expertise, which is often quite marked.
- Can let members transiently be "the teacher".
- We often learn a lot when we are in the role of the teacher

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Discussion

- Interactive learning with peers has a lot of benefits
  - We learn to work effectively with others in teams
  - Help develop self-directed learning skills

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During the Workshop

- Do “active listening”
  - Help clarify points and keep people on track, but let them talk.
- Using a case or a problem as a starting point is often very helpful
- Sometimes you can have some didactic material, then move to case and active discussion afterwards
- Some people start with the case, then have a discussion, and end by going over their didactic slides as a way of pulling things together

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During the Workshop

- As leader:
  - Watch the body language of the participants.
  - Watch for the quiet group member. When they appear to have a statement to make, call on them.
  - You may also be called upon to control the over talkative member.

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During the Workshop

- Look around the group both when you are speaking, and when learners speak
  - This way learners will address others in the group, not always you
- Don’t “put down” anyone
  - Groups must be seen as safe to encourage discussion
  - “I see what you’re saying. More than one way to skin a cat. Any other ideas?”
  - “McMaster Sandwich”
- If something incorrect is stated, it is fair to correct this

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Closing The Workshop

- Summarize and reconnect with objectives
- Let audience reflect a bit
- Get some feedback
  - Can use both oral and written feedback

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Cinemeducation

- Use of commercial films for medical education
- Can be especially useful in small groups
- Allows learner to explore personal reactions and feelings to situations in which they bear no clinical responsibility
- Movies can grab people's attention
- Learners can practice their observational skills

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Using Film Clips-Preparation

- Select the appropriate video
- Think through when and how to use the clips
- Prepare lead-in comments and questions
- Prepare follow up questions

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Using Film Clips

- Have video cued up to the correct spot
- Know your equipment
- Describe the actions leading up to the clip to be shown
- Describe how the clip reinforces the goals of the session

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Example: Fatal Attraction

- Dan Gallagher (played by Michael Douglas), is a lawyer, married, with a daughter
- Through his work, he meets Alex Forest (played by Glenn Close), who works for a publishing company
- They end up having an affair
- After spending the better part of a weekend together, Dan now has to leave

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Example: Fatal Attraction

- In this scene, the two have been very loving and friendly with each other
- Now as Dan has to leave, the mood changes quite abruptly
- LIGHTS, CAMERA, ACTION…..

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Reference

Davis D, Thomson MA, Freemantle N et al. Impact of Formal Continuing Medical Education: do conferences, workshops, rounds, and other traditional continuing education activities change physician behavior or health care outcomes? JAMA, September 1, 1999, vol 282, no. 9.

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WE'RE DONE!!

FEEDBACK?

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