

EPEEC for Veterans

Education in Palliative and End-of-life Care for Veterans

Trainer's Guide

Plenary 4

Effective

Educational

Techniques

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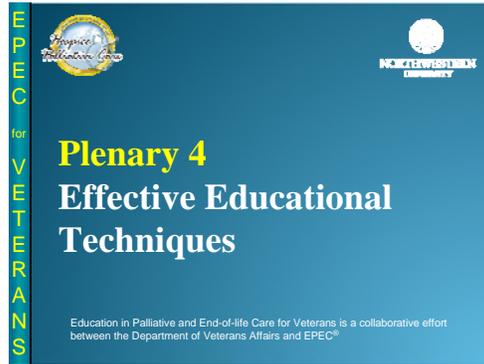
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Introduction

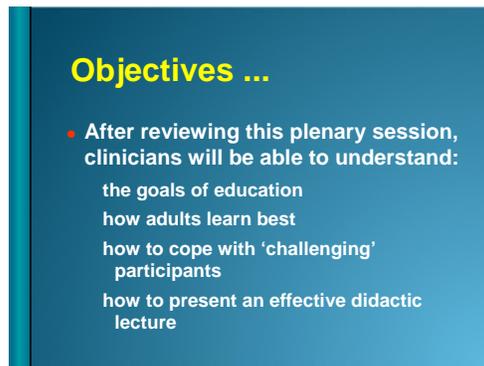
Slide 1



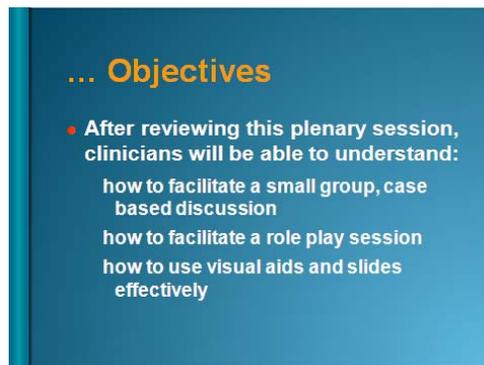
The goals of this plenary are to introduce the pertinent education techniques that will facilitate the dissemination of the EPEC for Veterans Curriculum, and to equip the trainers with the knowledge to apply these various techniques. The EPEC for Veterans Curriculum has been designed to incorporate a variety of instructional methods. This module explores specific training techniques focusing on the lecture, case-based/small-group discussion, and role play. It also discusses the use of trigger videos and visual aids, which can enhance learning when used with any of the above techniques. By discussing a variety of options, trainers will be prepared to choose the techniques that are best able to deliver the intended learning objectives.

Objectives

Slide 2



Slide 3



After reviewing this plenary session, clinicians will be able to understand:

- the goals of education;
- how adults learn best;
- how to cope with ‘challenging’ participants;
- how to present an effective didactic lecture;
- how to facilitate a small group, case based discussion;
- how to facilitate a role play session; and
- how to use visual aids and slides effectively.

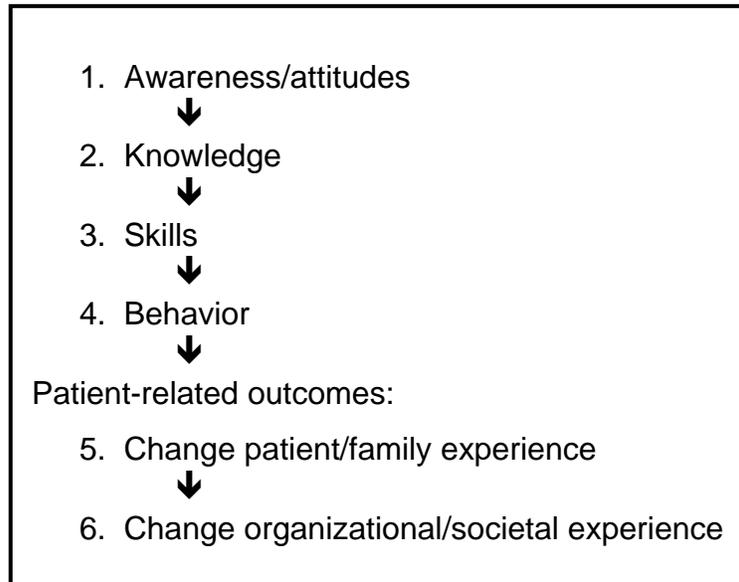
The focus of this module is on the ways people learn; what makes the process more enjoyable, effective, and efficient; and helpful hints to providing a successful educational experience. As trainers, this information is key to maximizing impact. Education research has demonstrated that *how* information is taught is important to what the learner retains. The challenge for the trainer is to decide the best techniques that will maximize information transfer and retention.

Goals of education

Many of us hope and believe that knowledge alone changes behavior. Yet, the evidence suggests attitudes and knowledge are necessary, but insufficient, to change behavior.¹ For example, a palliative care physician gives Grand Rounds on cancer pain management. She hopes that the patients of the clinicians who attended will experience pain relief. Yet education that only transmits knowledge does not change behavior.² Although this seem discouraging, it should not be surprising. Education regarding tobacco, alcohol, sex, diet, hand washing, hypertension, advance directives, etc., points to the same conclusion.¹

We need behavioral approaches as well as education to change actions. If it is our goal to change patient and family experiences, we need to adopt a more precise way of understanding education. Dixon and colleagues described a cascade of steps of education evaluation that remains helpful.^{3,4} We have adapted his cascade to assist our understanding of the components (or steps) of education (see **Figure 1**).

Figure 1: A framework for educational change



In this sequence, knowledge and attitudes precede the learning of new skills. Those skills must be translated into behavior if desired outcomes are to be seen. When enough people are experiencing the desired outcomes, there will be social improvement.

Slide 4

Education steps

- Attitudes
- Knowledge
- Skills
- Behavior
- Patient Experience
- Group / Societal Experience

Adapted from Dixon J. Evaluation Criteria in Studies of Continuing Education in the Health Professions: A Critical Review and A Suggested Strategy. Evaluation and the Health Professions, 1978, 1(2), 47-66.

If we use this framework to understand the necessary steps of pain education, we would say that the **attitude** that ‘it is important to control cancer pain’ and the **knowledge** of how to control it come first. Next, the **skills** of assessing pain, prescribing appropriate medications and training patients and families must be learned. Then, the clinician must change his or her **behavior** and implement the knowledge, attitudes, and skills in order for the desired outcome to be realized. Patients must also change their attitudes, knowledge, skills, and behavior to control cancer pain. When these behaviors are exhibited by both clinicians and patients, the outcome will improve **patients’ and families’ experiences**. When all patients in palliative care get good relief, we will have achieved a social good.

The EPEC for Veterans Curriculum is designed to help clinicians affect attitudes and improve knowledge. The information can also be used to teach skills. However, the EPEC for Veterans Curriculum alone will not lead to behavior change.^{5,6} The evidence for behavior change is that the systems in which clinicians work must support the implementation of the new knowledge and skills.⁷ This is part of the larger goals of VA Hospice and Palliative Care Program and Comprehensive End-of-life Care Initiative discussed in Plenary 1.

How adults learn

Positive and negative learning experiences

Think about your personal experiences with learning. What have been the best or most positive learning experiences? Who was teaching? What did they do? What made the experience so positive?

Reflect on your worst or most negative learning experience. Who was teaching? What did they do? What made the experience so negative?

If your reflections mirror the research, you will have decided that positive learning experiences are associated with respect, reflection, and experiential training. Your most negative learning experiences are likely related to demonstrations of lack of respect (such as a demeaning or humiliating tone) and boring lectures in which you weren’t interested in the subject.

Passive versus active learning

Slide 5



Passive learning describes activities where the participant observes, does not take an active role in the process. Examples are reading, watching a demonstration, or listening to a lecture or interaction between the trainer and another student.

Passive learning has an important role. It is valuable for the transfer of information. It permits the learner to reflect, evaluate, assess, and analyze the information. One major advantage of passive learning is that a large amount of information can be presented. A major disadvantage is that recall of the material is generally limited. Passive learning is most often linked with memorization and simple fact recall. Studies have shown that passive learning can, at best, lead to 10% retention.⁸

Active learning is accomplished when the information is discussed, debated, processed, linked to relevant activities, or incorporated into current decision-making processes. Examples include situations where participants may be challenged with a problem or activity that involves debate and resolution (such as a case conference). Small groups may be convened to negotiate a solution or identify how the issue being discussed is relevant to their current situation (such as a case-based training session). Active learning improves retention.⁸

Involving the learner actively in the learning process is important because adult learners process information better if they can:

- do something with the information,
- discuss it with others,
- ask questions about it,
- compare and contrast it to other things in their experience, and
- evaluate the results.

Individual adults generally have a preferred learning style, e.g., visual, auditory, kinesthetic. This has been shown for medical students as well.⁹ Therefore, a session that includes many people will, ideally, combine modalities to meet the likely range of learning styles in the group. For example, a lecture that includes slides and a handout

where the participants can take notes reaches the auditory, visual, and kinesthetic needs within a group. However, if the speaker is inarticulate, the slides are poorly designed, and the presentation moves too fast for the person to take notes, the lecture will fail to meet anyone's needs. An active learning process that involves listening, demonstrations, and interaction is more likely to reach all learners. In addition, adult learners tend to have a social need to interact with others.

Well-designed training programs combine both passive and active modalities. Passive is good for information transfer. However, without an active component the information that is only shared in a passive learning format is likely to become boring or irrelevant to the participant. The key to learning for adults is to provide new information that is relevant and usable within a relatively short time. As a trainer, success is measured to the degree to which the knowledge and skills are retained and used by the participants. Active learning is needed for this to happen.

For trainers who are most comfortable with the lecture-only training style and for participants who are most familiar with passive learning, group involvement and active participation may be challenging. Trainers may initially feel they lose control of the group when permitting participants to participate or set the learning agenda. Participants may initially feel they could be learning more (meaning that more material could be 'covered') if they could get the information through lecture or reading.

The answers to these concerns rest on evidence.^{4,5,6,7} If we are to be evidence-based trainers as well as evidence-based clinicians, then the evidence is that participants are capable of cognitively understanding a great deal of information but can only retain small amounts. Behavior does not change unless active education and a system to support the change are included.

Factors in the learner that influence learning

Regardless of whether an educational session uses passive or active learning or a combination of the two, there are other positive and negative influences on learning

Slide 6

Positive influences

- Motivation
- Role model
- Learner has unsuccessful experience and wants to do better
- Learner needs to know

Among the *positive* influences are:

- Motivation. Nothing stops the learner who wants (needs) to learn.

- Role model. The learner wants to be like the trainer.
- The learner has some (perhaps unsuccessful) experience and wants to do better.
- The learner needs (wants) to know.
- The learner can see practical application of information.

Among the *negative* influences are:

- The learner resents authority figures.
- The learner is fearful of being inferior or embarrassed.
- The learner had negative experiences in the past and has generalized this to all education.
- The learner is distracted and is unable to focus.
- The learner resents being forced to attend.
- The learner has personal barriers (attitudes) to learning the topic (such as a belief that the diagnosis should never be told).

Trainers will want to anticipate the factors that may influence a learner’s readiness to learn. However, it is unrealistic to think that every learner will be able to fully participate in every educational session. Be able to be flexible in adjusting the session to accommodate some influences. For example, if there is general resentment over mandatory attendance, address that issue and negotiate a way to make the time together valuable.

Presentation skills

Every trainer develops his or her own personal training style. It is important for trainers to express their individual style and not to mimic another. A few points to keep in mind include the following. Although these points are especially important for delivering lectures, they are relevant for other educational approaches as well.

Slide 7

Presentation skills

- Movement
- Voice
- Know your audience
- Know your material
- Rehearse
- Be prepared to answer questions
- Humor
- Be prepared for difficult participants

Movement

Find a happy medium between pacing and standing stoically in front of the group. Stand in a place where everyone can see you. If participants can't see you, they won't hear you. Use gestures to help emphasize points. Gestures should be natural and purposeful. They have a beginning and an end. Speak to the participants and not to slides. Make eye contact with individual participants – stop long enough with each person to complete one thought. Choose several points in the room to present to. Resist the temptation continually to scan the room.

Voice

Vary the volume and tone of your voice to avoid sounding monotonous. Be conscious of the speed of delivery. Some variation in speed is good, but avoid talking too slowly (this is boring) or too fast (this is annoying). Consciously think about projecting your voice to the most distant part of the room. Although you may use a microphone, don't avoid injecting energy into your voice.

Know your audience

Gather as much information as possible about the participants and what they are hoping for. Find out where they work, their professional background, length of time in the field, etc. It is best to get this information in advance of the session so that the training can be modified to meet the particular needs including using appropriate language for the target audience. However, this can also be done briefly at the beginning of a presentation by asking the background of the audience members.

Know your material

The audience will know if the trainer doesn't know what he or she is talking about. It is not enough to be familiar with the subject matter and the curriculum. It is important to understand it and be prepared to respond to questions pertaining to the topic. This does not mean trainers need to have all of the answers, but not knowing the majority of the answers often invalidates expertise.

Rehearse

Teaching is a skill like any other. It takes practice to develop. Many clinicians believe that they can review their slides the night before a presentation and that will be sufficient rehearsal for the next day. Others believe they can take notes for their presentation, plan to refer to their notes, and not rehearse. Do not make this mistake. The only way to prepare for this training is to practice.

Rehearsal should not be equated with memorization. Practice your presentation once or twice aloud — preferably in front of a live audience that can give feedback. Choose a

‘low risk’ audience such as colleagues who know you. Even if the subject matter is not new, it is helpful to practice what will be presented.

By knowing your material and rehearsing, you can avoid one of the worst training errors there is - reading to the audience. They can read for themselves. They are looking to the trainer to give life to the material and to make it relevant to them.

Be prepared to answer questions

It is sometimes difficult to ascertain the intent of questions. Questions may be asked to clarify, to gain additional information, to confuse, to trick, to demonstrate participant superiority, etc. If the question is unclear, ask the participant to clarify. If the question is still unclear, reframe the question and ask the participant if that is what he or she is asking.

There are 3 basic rules to answering questions.

Repeat the question. Assure the question was heard correctly and that other participants heard the question as well.

Keep answers short. Answers should be short and to the point. We have all attended sessions where participants have asked questions and the trainer goes off on a new mini-lecture. This serves no real positive function other than to irritate participants.

Do not get defensive. If you do not know the answer, say so and then offer to get the information for the questioner after the session. Do not forget to follow through on the promise. If the questioner has been hostile, try to deflect the hostility. Do not take the hostility personally. The hostile questioner often makes other participants at least as uncomfortable as the trainer. Rephrase the question in non-hostile terms, use humor, or say that this can be discussed during a break. This approach helps maintain control and allows other participants the opportunity to avoid being in the middle of an unwanted confrontation.

Use humor appropriately

Humor is a training tool that, when used appropriately, can enhance educational experiences. To be effective, humor should be related to the subject, particularly as it makes a point or stresses a concept presented. Humor can create a bond between the trainer and the participants, keep participants alert, increase participant retention of information, and enhances the participant’s reaction.

There are general pointers trainers should keep in mind.

- Do not force humor—if humor does not fit the situation, do not use it. Likewise, if a joke or humor doesn’t go over—do not embellish it to try and make it work.
- Do not make a joke or make fun at a participant’s expense.
- Do not tell long, rambling story jokes.

- Avoid race, religion, sex, and politics in jokes. When in doubt—leave it out.

‘Challenging’ participants

Ideally, participants come to education activities motivated and invested in the learning process. In reality, every session will likely have at least one ‘challenging’ participant. The varieties of challenging participants that you might encounter as a trainer include some of the following.

Slide 8



Know-it-all

This person is an ‘expert’ on everything being covered. This participant wants everyone to know how much he or she knows. Avoid debate with this participant. Trainers never ‘win’; instead, debate leads to a power struggle with the participant for control of the session. Acknowledge his or her expertise and ask if he or she minds being called on as an expert for support on various issues. This usually defuses these participants.

Naysayer

This person refuses to see how what is being covered can or will work. If this is not handled appropriately, trainers may find themselves spending the bulk of their time countering these comments. As with the ‘know-it-all,’ if the trainer gets caught up with this participant in debate, other participants may feel left out. In addition, it is very difficult not to become defensive. As a rule of thumb, if a naysayer is in the audience, a comment like:

- “I see you have a different point of view. I appreciate what you are saying, but there are people here who want to hear what I have to say.”

may cut him or her off. If s/he continues, consider pulling him or her aside during a break.

Monopolizer

A monopolizer attempts to spend a great deal of time reinforcing what is being said or in contradicting the content. The monopolizer may simply have *a lot* of questions or *a lot* of

stories or ‘relevant’ information. These participants can become very annoying for other participants. These participants seem to thrive on the attention the trainer and the group gives. Some recommend bluntly saying:

- “We have heard a lot of good information from you today. Let’s now give others a chance to speak.”

This approach will often be welcomed by other participants. On the other hand, some participants may be afraid to speak up because they are afraid the trainer will suggest that they are speaking too much. A more gentle approach with these participants is simply to avoid eye contact with this person or, if possible, use body language like turning away from the participant or walking to another area of the room while speaking.

Chatterbox

This participant seems to have forgotten that education is taking place. This person carries on conversations with other participants during the presentation, seemingly oblivious to how his or her behavior distracts others. Although it may be uncomfortable to limit a participant’s behavior, this chatter is most likely disruptive for other participants. One way to intervene is to call on the person, asking a question related to the material. Another way is to say:

- “I notice there are collateral conversations. Perhaps that means I have been unclear—could you tell me if that is true?”

A more subtle approach is to continue training while walking over and standing by the participant. Few participants will continue a sideline conversation under this situation. If the chatterer persists, it may be necessary to describe the behavior to the participant.

Reluctant learner

This person may have brought work from the office, work on his or her computer, or may be reading something else during the presentation. Although seemingly less disruptive than the other participant types, this participant is conveying a negative message to other participants. The message is that ‘although I may have to be here, this training is not important enough for my attention.’ Do not take this behavior personally. The behavior should not be ignored, either. Tell the participant you need their attention. Ask them to do something in the session such as comment or be a scribe. Similarly, if this participant is doing work from the office, acknowledge how busy he must be, but ask that he stop for the sake of others in the room.

Disengaged participant

These participants tend not to take an active role in brainstorming, question asking, or other exercises. Often they give no effective body language feedback to the trainer. Check in with these participants during the training. For instance, during a brainstorming

exercise, rather than starting with a request for people to volunteer input ask these participants what they think. Their reaction should give sufficient information as to their level of participation. Some unresponsive participants simply need a little encouragement to become active participants.

Interactive lectures

Slide 9



Interactive lectures

- Write your objectives or ask the group
- Know your material & audience
- Rehearse
- Prepare the room
- Prepare and test AV equipment
- Be prepared to answer questions
- Use humor appropriately

What: The lecture method is a standard technique for delivering information. When the content is relevant to the needs of the learner and when the speaker is motivating and interesting, the lecture format can be an effective learning modality.¹⁰

Why: The lecture method is efficient when a large amount of information needs to be imparted quickly. It is also a way for a content expert to reach many learners at one time.

Making lectures part of active learning

Lectures are, by nature, a passive form of learning. However, there are ways to increase the effectiveness of lectures by combining lecture with techniques of involvement and participation. It takes some careful planning, but here are some suggestions for making the lectures more active.

- Plan how to grab the attention of the audience in the first few seconds of the presentation. Ways to do this include describing a particularly compelling case from your experience or known to the participants. Or it could be a startling or troubling piece of evidence from the literature or the media.
- Explain why the subject matter is important.
- Explain what will be covered and involve participants in determining the focus of the learning.
- Use personal anecdotes or case studies and examples throughout the talk to reinforce key points. Do not be afraid to use cases where things did not go well. These will be easily identifiable to the audience and will help them to see how the new information can be used to ‘solve’ the problem.

- Provide opportunities for participants to reflect and record their own thoughts and questions related to a specific topic.
- Provide opportunities for participants to share their experience with each other. This can be done in the large group, small groups, or pairs. Exchange of experiences is especially helpful in the modules that focus on the humanistic components of palliative care.

Limitations

There are some limitations of the lecture method, particularly if it is used extensively over a prolonged period of time. These limitations include:

- Lecture is a passive form of learning designed to transmit knowledge. If the goal is to learn new skills, then techniques other than lecture must be used.
- Lecture appeals primarily to learners who prefer auditory modalities. The use of visual aids as part of a lecture (such as slides) can be used to appeal to visual learners. A handout that permits the taking of notes appeals to kinesthetic learners.
- Lecture assumes that all learners need the same information at the same time and at the same pace.
- During lecture, attention span tends to decrease with each passing minute. Psychometric evidence indicates humans can maintain attention for about 10 minutes before attention begins to wane.¹¹ Skilled lecturers therefore structure their lectures to permit pauses or incorporate changes to re-stimulate attention (like showing a trigger video, asking for comments or questions).

The lecture method in EPEC for Veterans

Each module in EPEC for Veterans has a set of slides and text that can be reproduced for participants to take home. In addition, most modules have a trigger video to stimulate interest. Some of these trigger videos are reenacted clinical scenarios. Some are Veterans, their families and their professional caregivers telling their experiences of illness.

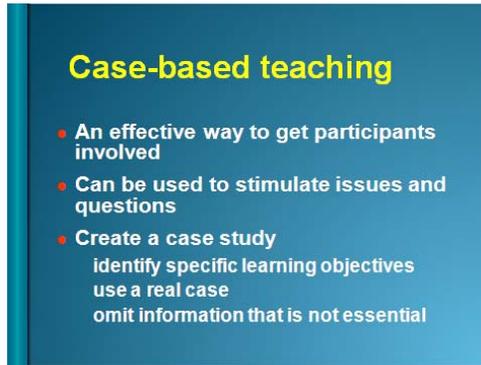
When teaching an EPEC for Veterans module, make explicit decisions about which content is relevant to the learners. Practice your presentation to be sure it fits the time frame. Nothing is more annoying to participants, or more counterproductive, than when the speaker either speeds up, or jumps over material the participant wanted to learn.

If you are planning a lecture to be given in one hour, plan to spend no more than 35 minutes in slide-based content. The remaining time will be taken up with introductions, comments, questions, and/or other activities that will involve the participants in thinking about and applying what they are learning.

A set of training notes accompanies each module to give advice as to how specific modules can be taught. We have included some suggestions for how to make lectures more active as well as suggestions for how to use case studies and role plays to spice up the training.

Case-based teaching

Slide10



Case-based teaching

- An effective way to get participants involved
- Can be used to stimulate issues and questions
- Create a case study
 - identify specific learning objectives
 - use a real case
 - omit information that is not essential

What: Cases are an effective way to get participants involved by having them apply what they are learning. Cases provide a description of a situation with enough detail to allow analysis of the issues and problems involved and to decide on possible responses.¹²

Why: Cases can be used to stimulate issues and questions, to reinforce or explore the application of a specific concept, and to help participants pull together and summarize everything that they have learned. Sometimes case studies are also used to provide content that otherwise would need to be covered in a lecture.

How to create a case study

Many of the EPEC for Veterans modules have cases that can be used. However, it is not difficult to develop your own case study. Unfortunately, it is also not difficult to develop a confusing or ineffective case study. By following a few simple steps, an effective case study can be written that serves the educational needs at hand:

- Identify the specific goal and learning objectives you want to achieve with the case study. Generally speaking, there should only be 1-3 learning points for any individual case. This is the area where mistakes are most frequently made. Trainers often choose the ‘most interesting’ or ‘most complicated’ cases. Consequently, the participants can become confused by the complexity. Keep it simple.
- Use a real case. This approach infuses the case with realism that participants can relate to. It also conveys a sense of expertise because the speaker really has ‘been there.’ Adapt to ensure anonymity.
- Omit information that is not essential to the learning objectives. The goal is to generate interest and discussion. Do not confuse the case description with a

written history and physical examination for the chart or a case report for the medical literature. The more information provided, the more likely participants are to focus on extraneous information. In addition, what often happens when too many variables are added to a case study is that participants debate approaches or methods that are unrelated to the intended goal.

- Have the case printed out or on a slide.

How to facilitate activities using a case

Preparation

- Know the educational goals of the activity.
- Review the directions and material for the case to become completely familiar with the content and process.
- Determine the time limit for the activity and strategize on how this time line can be adhered to.

Introduce and monitor the activity

- Introduce and explain the purpose of the activity.
- Clearly explain the directions and the time frame.
- Suggest that participants begin with an overview of the case to identify the key problems and underlying issues before they try to solve the problem or answer the questions that have been posed.
- Ask if participants have any questions before starting.
- If there are multiple small groups going at once, circulate between the groups/individuals and answer questions as needed.

Debrief the activity

- Provide an opportunity to debrief the case so that learners can think about how they would apply the learning from the case to their own environment.
- Encourage feedback and questions from the group. Trainers should provide feedback as well if appropriate.
- Summarize the key learning points of the discussion and any open issues or questions. Record these key points on a flipchart to leave posted in the room.

Role of the facilitator

Slide 11



Facilitator's role

- Establish welcoming, emotionally open setting
- Admit gaps in knowledge, then group will too
- Encourage exploring topics and do not criticize
- Loosely guide discussion

In case-based learning, the facilitator enables others to learn rather than providing the answers him- or herself. The facilitator is responsible for creating a learning environment that is informal and collegial. The facilitator is also responsible for setting the ground rules.

The facilitator is primarily responsible for guiding the group. A balance is struck between allowing inquiry of the group that may take it far afield from the immediate learning objectives and keeping on track to meet the objectives in the time allotted. In addition, the facilitator is responsible for balancing the participation of the various members of the group. That includes managing, but not necessarily suppressing, conflict. The facilitator is also responsible for summarizing where the group is and what it has learned. This includes providing time to pause for review.

The facilitator works to establish a psychologically safe climate for intellectual exploration. In order for all of the group members to participate and extend themselves to the limits of what they know, they will experience a sense of vulnerability. This process will be inhibited if the right climate is not created. Many participants will have had previous experiences where expressions of ignorance were met with negative sanctions. Therefore, one of the most important ground rules to establish is that learners and their contributions will be respected, not maligned or denigrated.

The role that a facilitator plays in a single group over time is likely to change. In the beginning, the facilitator may need to model the desired behavior. This will then evolve to coaching the members. Finally, as the group gains experience and self-confidence, the role of the facilitator will fade to permit the learners and the group as a whole to manage itself.

Acknowledging participation

The way a facilitator responds to participants in a discussion will impact how fully members will participate. The goals in responding to comments should be to remain open to a variety of ideas, to thank members for their participation, to avoid revealing personal feelings about a particular comment (either positive or negative), and to be respectful of

all contributions. If the trainer can do these things, it will encourage positive participation from everyone.

In acknowledging responses there are a number of tactics trainers can use.

React neutrally: Do this to convey interest and to keep the person talking. Say things like, ‘I see,’ or ‘That’s interesting. Tell me more.’

Explore: Do this to gather more information and help participants explore all sides of an issue. Say things like, ‘What do you think the most important problem is that we need to deal with?’

Restate: Do this to show you are listening and to encourage more participation. Say things like, ‘If I understand you correctly, your idea is...’ or ‘So that experience was quite powerful for you. Am I correct?’

Summarize: Do this to pull together different ideas and to reemphasize key points of the conversation. Say things like, ‘So far we have heard 3 different ideas about how to handle that problem. They are...’

Provide input: Do this if you feel you have an important point to make that is not coming out in the discussion. Be careful not to do this too much or you will discourage participation from the group. Always try asking open-ended questions to elicit the point first, before adding it yourself.

Questioning techniques

Skillful questioning is the key to effective facilitation. Through questioning, the facilitator can achieve many objectives. Some of these objectives and examples of questions are listed below:

To open a discussion:	‘What is advance care planning helpful for?’
To make a point:	‘Why do you think that the patient’s mother was upset?’
To check understanding:	‘What is the gold standard in this case?’
To surface new ideas:	‘How else could he have approached this problem?’
To keep on track:	‘Can we go back to John’s problem with breathing?’
To bring out feelings/attitudes:	‘How would you feel if you were confronted by her?’
To bring out reactions to a point:	‘How do the rest of you feel about Carol’s point?’
To suggest an approach/idea:	‘What do you think would have happened if...?’
To broaden a discussion:	‘What other factors might be important here?’
To explore different approaches:	‘What approach would the ethics committee take?’
To advance a discussion:	‘What is the next step in the assessment process?’
To summarize:	‘What are the key points that we can take away?’

To move toward agreement: ‘Does this represent the thinking of all of us?’

To test ideas: ‘What would happen if we increased the dosage?’

As a facilitator, trainers generally want to avoid answering their own questions. Questions should stimulate thinking and ideas from the group. This means that trainers need to be comfortable asking open-ended questions, allowing enough time for people to respond, asking questions of specific individuals, and diverting questions back to the group. There are 4 categories of questions that facilitate this.

Open-ended/general questions

These are questions that can be thrown out to the whole group. It may be useful to ask the same question more than once to get different answers. Use these questions when the desired outcome is to give everyone a chance to respond. Note that these questions work best if they cannot be answered with ‘yes’ or ‘no.’ Examples include:

- What is the philosophy of palliative care?
- How should we structure this session?
- Why else might that concept be important in your work?
- What have you learned?

Questions directed to specific individuals

Use these questions to call on a person for specific information that he or she has or to involve someone who is not participating. Always begin the question by stating the person’s name so that they know they are the one who is expected to respond. Examples include:

- Jim, in your experience, what are the benefits of advance directives?
- Maria, do you agree with that approach?

Returning a question to the participant

A participant may direct a question to the facilitator to get his or her opinion. At this point the facilitator needs to decide if he or she will answer the question, redirect it, or both answer and redirect. Redirecting a question back to the participant is a way for the facilitator to avoid giving an opinion or answer, a way for the facilitator to encourage the participant to think for him- or herself, and a way to bring out opinions. Examples include:

- Cathy, it sounds like you have some interesting experience with hits. What is your opinion?
- Well, Thomas, how do you feel about the approach described?

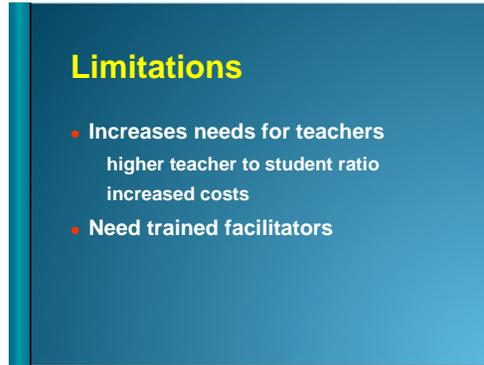
Relaying a question to another participant or the group

An excellent way to get more people involved in the discussion is to use relay questions. Relay questions can be directed at another participant or to the group as a whole. They help the facilitator avoid giving an opinion or answer, get others involved, and, if appropriate, call on someone they know has related experience. Examples include:

- What do the rest of you think about this?
- John, how would you answer Ezra's questions?

Common pitfalls

Slide 12



There are several common pitfalls in facilitating case-based discussion.

One-on-one versus group discussions. Avoid being drawn into a dyad while discussing a subject, or permitting two group members to do so. This is particularly easy to do when one individual has much more background or there are strong points of view. If it carries on too long, other members of the group are relegated to passive observer roles rather than active participants. When this is recognized, interrupt with a comment like, “What do others think about this?”

Non-conductive physical environment. The place in which case-based learning is conducted is important. Ideally, it permits the participants to sit comfortably in close proximity to one another in a nonhierarchical fashion. Sitting around a table would be an example. There need to be enough comfortable seats. Extraneous noises and interruptions should be prevented. Simple tools and supplies, such as whiteboards with dark colored markers that work or flip charts, should be at hand. The room should have adequate lighting and be a comfortable temperature. In contrast, a lecture hall with fixed forward-facing seating or a large boardroom table that keeps participants at large distances should be avoided.

Psychological climate discourages risk-taking. This is a complex and subtle characteristic, yet vital to the exercise. Risk can be implied in a variety of ways. For example, being observed and judged by someone in a position of authority, facilitator comments that imply criticism or ranking, or pejorative comments made by group members outside of the group can lead to a non-conductive learning environment.

Panic over content. Either facilitators or participants may feel like they do not know enough or have not prepared enough, covered enough or performed well enough. While a little unease creates the ‘tension for change’, too much panic leads to the learning environment being shut down.

Panic over silence. Facilitators may be uncomfortable with the silence that frequently comes when group members are reflecting or synthesizing material. Classically, the facilitator feels the silences are endless when the participants do not notice silence at all. Less frequently, a participant will be similarly uncomfortable.

An important pearl with which to finish is this: when confronted with a problem, consult with the group about its solution. If you trust the group process, they will solve most problems for you.

Using case-based discussion in EPEC for Veterans

Almost every module can be taught using case-based discussions. Discussions can be introduced between slides as part of a lecture or can serve as the main training technique. The effectiveness of group discussion in achieving the educational goals depends on the ability of the trainer to effectively facilitate a discussion.

Role play

What: In a role play, participants actually have a chance to practice a particular skill, such as conducting an assessment for depression or practicing presenting a phase I study to a patient. Role plays can be conducted in two ways:

1. **Fish bowl.** A pair of participants comes to the front of the room. They conduct the role play.
2. **Small groups.** These can be in pairs or small groups of 3. This allows one person to be in the physician role, one person to be in the patient, family, or other role, and one person to observe and give feedback. Roles can be rotated to allow each person the opportunity to practice, if time allows.

Why: This technique is the closest thing to actual application of skills that can be achieved in a classroom setting. It involves the learner in practicing a skill and getting immediate feedback.¹³

Standardized patients represent a more advanced aspect of role play, where the person in the ‘patient’ role plays it from a predetermined script that is reproducible across multiple learners.¹⁴

Slide 13

Designing role plays ...

- Base the role play on a real case
- Use prepared roles
- Clarify goals
- Give details to “set the stage”

Slide 14

... Designing role plays

- Make role plays brief and simple
- Participants “make up” what they don’t know
- Balance structure and spontaneity

Slide 15

Conducting role plays

- Develop the role play
- Set the stage
- Assign the roles
- Prepare and clarify
- Conduct the role play
- Discuss
- Give feedback

Slide 16

Types of role plays

- Paired
- Paired with an observer
- “Fishbowl”
- Video case
- Standardized patient

How to conduct role plays

- Review the goals and instructions for the activity and clearly identify the roles to be used for the activity.

- Prepare instructions for the activity on a flipchart in advance to ensure that all key points are covered.
- Determine the time limit for the activity.
- Determine how to divide the participants for the activity.
- Determine how to best monitor and debrief the activity.

Introduce and monitor the activity

- Introduce and explain the purpose of the activity.
- Clearly explain the directions and the time frame.
- Clarify the roles, the actions that should occur, and the setting in which the role play is to occur.
- Explain the process each small group should use to debrief (see below).
- Encourage learners to stay in their roles.
- Explain that the observers should look for specific behaviors exhibited by both the physician and the patient. These observations may be of great help in deciding whether to apply the role-played actions in the real world.
- Clarify that participants can call ‘time out’ to stop a role play if an issue develops that needs to be discussed in order to move forward on the role.
- Ask if participants have any questions before starting.
- Circulate between the groups and answer questions as needed.
- Periodically let participants know how much time they have remaining. If the exercise calls for participants to rotate roles, let them know when to rotate.

Debrief the activity

- Debrief within small group. Start with reactions from the clinician, then the patient, then the observer. Each person should include:
 - general reactions about how they felt in the role
 - what they think went well
 - what they would do differently
 - specific behaviors that worked or did not seem to work
- Debrief with the large group. Ask each small group to comment on 1 key lesson learned and record these on a flipchart to post.
- Encourage feedback and questions from the groups.

- Explain how this activity links to the next part of the module.

Using visual aids

In addition to mastering various instructional methods, various forms of visual aids can be used to augment the educational session.

Slides

The EPEC for Veterans Curriculum was developed with slides as an important source of visual support to the trainer. Do not completely darken the room when projecting slides. See if the slides can be read without turning the lights out. If not, try to decrease the lighting. The darker the room, the more likely you are to lose the attention of the participants. When slides are not being used, the LCD projector can be turned off.

A helpful trick if using PowerPoint is to push the 'B' key to blank the slide if you are pausing for a few minutes.

As a Trainer, please use as many or as few slides as you need to convey your educational objectives. In addition, please adapt the slides to fit your needs. New slides can be developed in PowerPoint using the same background as that of the existing PowerPoint presentation materials.

When making new slides, a few tips will help you make them effective and avoid common pitfalls.

- Use words or short phrases, not sentences.
- Use more slides; don't put more words on a slide. Guidelines are:
 - ≤ 6 words/line
 - ≤ 30 characters/line
 - ≤ 6 lines per slide.
- Plan on about one slide per minute.
- Use a clear, easily read font without serifs, e.g., Arial. Fonts that look nice on the printed page, e.g., Times New Roman, (or on your computer when you develop the slides) may not translate well to projected slides.
- Maintain font size ≥ 32 point.
- Use a limited number of high-contrast colors, e.g., white or yellow on dark purple. What looks fun to you on your computer may not translate well in the training room.
- Indent secondary, tertiary thoughts.

- Use animation and text building features sparingly. Their effectiveness is in inverse proportion to their frequency of use.
- Insert photographs of patients as cues for stories, examples.
- Print out pages with the slides (or photocopy the EPEC for Veterans slides) to help participants take notes.

Trigger videos

What: The trigger videos can be used to stimulate interest in the topic, identify issues, and establish the relevance of the subject matter. They are generally only a few minutes in length.

Why: The trigger videos provide a good vehicle for active learning because they can be used to identify key issues and stimulate discussion. Don't miss the opportunity to structure some type of activity/discussion around the trigger video for each module, even if it is very brief.

Using EPEC for Veterans trigger videos

Each module contains a description of the scenario in the trigger video. Some trigger videos have been made specifically for EPEC for Veterans and feature Veterans, their families, and their professional caregivers. Others are from the original EPEC Curriculum and include re-enacted clinical scenarios. You can enhance the effectiveness of the trigger videos by asking the participants to watch for specific behaviors or phrases.

Some tips for using the trigger videos include:

Preparation

- Always check the equipment in advance to ensure that operation is clear and that it is functioning.
- Adjust the position for good visibility and make sure the sound level is appropriate.
- Make sure the DVD is inserted and set to the beginning of the segment to be shown.
- Find out how to get help if there are any technical difficulties.
- View the trigger video in advance and make notes on key points to remember to bring out in the discussion.

During the module

- Briefly introduce the trigger video and explain the purpose.

- Help the participants to focus on the right things by providing direction on what they should look for.
- Suggest that the participants may want to take some notes as they watch the trigger video.
- Show the trigger video.
- Summarize the key points of the discussion and link this activity to the next part of the module.

Be sure to

- Keep the discussions focused and adhere to the timelines.
- Manage expectations about what it will or will not be possible to cover in the 45-minute conference format. Explain how participants can get more information if they are interested.

Summary

Slide 17



This module has explored specific training techniques focusing on the lecture, case-based/small-group discussion, and role play. It has also discussed the use of trigger videos and visual aids, which can enhance learning when used with any of the above techniques. Each educational technique, lecturing, small group case-based, or role play has indications and contraindications depending upon the educational objectives of the session and the setting. With practice, the trainer will enjoy applying these techniques to achieve the maximum benefit for the effort.

Appendix: EPEC module planning worksheet

Module # _____: Title: _____

Principal Message:

INTRODUCTION (10 minutes): (includes your opening, module objectives, trigger video and discussion)

Opening: (How will you grab their attention and create motivation?)

Trigger video: (Which discussion questions will you use?)

MAIN CONTENT SEGMENT (25 minutes): (includes key content that will be covered, active learning techniques and time estimates)

Content points:

Active learning technique: Time:
(plan for at least 1 in this section)

CLOSING/REVIEW (10 minutes): (includes review of objectives and wrap up, identification of any action items for follow up, and bridge to next module). Also includes the post-test (5 minutes).

How will you address the material that is not covered?

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