



FACULTY OF MEDICINE

Facilitating Small Group Learning

Skills for Facilitators of Scenario Groups, Clinical Skills Groups

2011



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1. Introduction: Scenario-Based Learning and the role of the Facilitator

1.1 Purpose of this Manual

This manual has been designed to further assist you in facilitating learning in the scenario group environment. Specifically, we believe you will need to recognise the critical stages of group development and to adjust your role continuously in order to meet the learning needs of your students.

This section provides some information on the UNSW Medicine Program, the rationale for scenario group learning and an overview of the role of the facilitator. It concludes with a checklist of the tasks that the skilled facilitator will be able to perform. You may wish to use this checklist to assess your skills, which will help you focus your attention to specific aspects of the facilitator's job.

The next section explores the core facilitator tasks; explaining them in greater detail giving you step-by-step guidance in how to conduct a session that focuses on the discussion of a scenario. It will be useful for those of you with less experience, or for experienced facilitators who wish to review certain critical stages.

The third section provides additional information to help you develop the supporting skills and techniques you will need to carry out the facilitator tasks more effectively.

In summary we hope this manual will:

- Orient you to the various tasks that make up the job of the facilitator.
- Highlight critical stages through which the facilitator must guide participants.
- Identify the main ways of proceeding at each stage.
- Assist you in understanding and anticipating potential problems commonly encountered when working as a facilitator.
- Teach you some of the supporting skills that will help you become a skilled facilitator.

1.2 The Medicine Program

The Medicine Program (3802) is a six-year undergraduate program leading to the awards of Bachelor of Medicine and Bachelor of Surgery (MBBS). Fundamental design principles are:

- that learning be integrated and occur within authentic contexts;
- that it be generally student-centred and collaborative;
- that experiences form an important basis for learning;
- that material learned is linked vertically to prior and future learning; and
- that students graduate as independent learners who can continue learning through experience.

1.3 Why Scenario Based Learning?

Over the past 35 years, educational research has consistently shown that the combination of small groups and interactive methods produces better results on measures of longer term retention of knowledge, critical thinking and student motivation than occurs when students are taught in large classes.

Thus the scenario group session has been designed according to our best understanding of the kind of teaching most likely to promote understanding, long term retention and ability to apply learning outside the classroom. This is because, in a class which operates along these lines, students will be required to make links between new knowledge and what they already know; in discussion and in responding to questions they need to process new ideas and translate them into their own words. In relating more theoretical material to clinical cases and medical practice, students begin the process of applying their new information and begin to appreciate both the usefulness and the limitations of current knowledge. All of these processes assist in developing understanding, bringing misunderstandings to light and aiding memory.

Scenario based learning has been developed to create an environment for this kind of learning – a small, supportive group in which students will have the opportunity to integrate and discuss the ideas that they have met in their large group lectures.



Facilitating such a group requires, on the facilitator’s part, an ability to tolerate a certain amount of ambiguity and uncertainty, a willingness to tell students less and let them spend more time exploring topics and issues for themselves, and an understanding of the kinds of misunderstandings and errors that novices are prone to.

References on effectiveness of small group learning

- McKeachie & Kulik (1975). Effective college teaching. In Kerlinger, F. N. (ed.). *Review of Research in Education*. Itaska, Illinois: Peacock
- Slavin, R. (1996). Research on cooperative learning & achievement: What we know, what we need to know? *Contemporary Educational Psychology*, 21, 43-69.
- Springer, L, Stanne, M. E., & Donovan, S. (1999). Effects of small-group learning on undergraduates in science, mathematics, engineering, and technology: A meta-analysis. *Review of Educational Research*, 69 (1) 21-51

1.4 The scenario group session

The scenario group session consists of 13 or 14 students. Students begin in Foundations and go on to complete Beginnings, Growth and Development. From the course following this, Health Maintenance, they split into two other groups and join second year students, so there will be 6-7 students from Year 1 and 6-7 from Year 2, together with one facilitator. Then Ageing & Endings, followed by Society & Health.

Year	Semester 1			Semester 2	
	STP	TP1	TP2	TP3	TP4
1		Foundations	BGD-A	HM-B	AE-A
2		SH-A	BGD-B	HM-A	AE-B
3		Phase 2 Clinical Courses		Phase 2 Clinical Courses	
4		ILP		ILP	
5	Phase 3 Course	Phase 3 Course	Phase 3 Course	Phase 3 Course	Phase 3 Course
6	Phase 3 Course	Phase 3 Course	Phase 3 Course	Phase 3 Course	PRINT

The facilitator is usually a staff member (with a background in medical sciences, public health or clinical practice) and with some training and knowledge of facilitation techniques. They are likely to have a very limited knowledge of content in many areas of the scenario, though it is likely they have some relevant content knowledge depending on their particular discipline.

Each session (two per week) is run for two hours. One scenario group session will follow on from presentation of the scenario and will precede most formal teaching in most courses. The final session will usually be the last learning activity of the course.

The scenario group session has been identified as a key component of Phase 1 for the following reasons:

- It is a key activity for promoting student-centred learning.
- It is the only time students come together in such a small group so they can be monitored and supported further if needed.
- It is an important activity for encouraging collaborative learning skills, teamwork and leadership.

To be used to its greatest advantage, it is clear that scenario group sessions need to make the most use of those elements that will not be available to students at other times, namely the availability of a facilitator and structured collaborative work with peers.



The scenario group session is designed to start with real life concerns of medical practitioners. Through the use of case material (much of which has been based on clinical experiences of the course designers), students are challenged to understand and investigate a clinical situation and discuss its associated communication issues. By first interacting with other students in exploring the issues created by the scenario before they go into resource sessions (lectures, practicals, tutorials and clinical experiences), students have the opportunity to draw on their existing knowledge, make connections with their personal experience and enlarge and refine their questions.

What does a good scenario group session look like?

- Students talking to each other about the scenario, and what it meant to them
- Students identifying things they did not understand
- Students working together to formulate plans for learning and for assessment tasks
- Students commenting critically on their own work or that of others
- Students adopting different roles within the group, depending on their skills and/or seniority
- Students asking the facilitator questions, and vice versa
- Students sometimes appearing confused or frustrated during the session, but generally not feeling this way at the end of any session
- Students leaving the session with a clear understanding of what they should be doing until the next session, or what they have to do to figure that out.

1.5 The role of the facilitator

Facilitation has been defined as, “[t]he design and management of structures and processes that help a group do its work and minimize the common problems people have working together.” (Tom Justice)

So as part of their role facilitators:

- Provide the plan of activities or the structure for each session (as detailed in the course guide).
- Promote student discussion and integration of material from scenarios, lectures, practicals and clinical experiences.
- Clearly define tasks for students, including learning activities within the scenario group session and assessment tasks.
- Encourage involvement of all students in the session.
- Recognise and acknowledge students’ contributions and achievements.
- Negotiate with students about other issues which the group may need to address.
- Monitor progress of student tasks.
- Provide clarification of basic concepts where appropriate.
- Provide pointers to resources that may assist students in their work.
- Plan and encourage self and peer assessment of work.

The facilitator’s job is a busy one. There is a lot to do. Although difficult to describe succinctly, when done well, facilitating looks effortless and seamless.

During the life of a group the facilitator will find him or herself performing as a host(ess): welcoming participants and introducing them to each other. Some time will be spent teaching: clarifying purpose, focusing on goals, assigning tasks, using their own content expertise to help students refine their thinking and monitoring progress.

It is also useful to think of the facilitator’s job as a cross between an orchestra leader and a police officer. As the orchestra leader, he or she will draw out the “optimal sound” from each individual and from the group as a whole. As the police officer, the facilitator will keep the group to task: managing interruptions and distractions, and redirecting attention and efforts back to the task at hand.

The facilitator will enact all of these roles during the course of a session. Some roles will receive greater emphasis than others depending on the purpose of that session and the particular mix of temperament and experience displayed by the students and facilitator.



1.6 Facilitator Checklist

Use this outline as a checklist in your own preparation, and as a guide to indicate which skills you may need to enhance.

On a range from new skills (1) to very competent (4), I am able to:

Prepare for a scenario group session	1	2	3	4
Prepare questions and other materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare the room arrangement to meet my purposes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open the session	1	2	3	4
Make introductions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clarify learning goals & tasks for each session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide clear instructions for different tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitor students' progress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilitate discussion	1	2	3	4
Encourage participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elicit information and key issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Give feedback and reinforcement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Summarise and synthesise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manage differences and disagreements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manage reports from sub-groups	1	2	3	4
Present conclusions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluate the session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



2. The Facilitator Role

2.1 Prepare for the Scenario Group session

Typically the tasks involved in preparing for each session will include:

- Preparing yourself for the (new) role of facilitator.
- Preparing the setting.
- Preparing the materials, including reviewing the scenario and the resources and preparing any questions you may need.

Overview

It is important you prepare for the session ahead of time by reviewing the material in your Facilitator Course Guide, so you have a clear idea of what you hope to achieve in the time available and how you plan to organise the session to accomplish those goals. The activities for the each session are set out with a suggested timeframe. If you plan to vary the activities, work out the time you need for each activity to ensure that you do not run out of time at the end of the session and have to omit something important.

You will feel more confident if you read through the briefing notes ahead of the facilitators' weekly meeting, so that you can raise with the facilitator group any questions or issues that are not clear to you.

Prepare a set of questions that you can use to stimulate discussion about the topic for that session – whether it is important issues in the scenario, students' clinical experiences, experiences in group project work or other matters.

Once you arrive at your scenario group room, check the seating to see if it can be rearranged to help establish a setting that is more conducive to what you want to achieve. If you are using equipment such as the data projector, check that it is working correctly.

Preparing yourself for the (new) role of facilitator

As you prepare for the session, it may be helpful to reflect upon your new role as a facilitator compared with your familiar and experienced identity as an academic or clinician.

There may well be a shift in stance required from your usual professional mode of problem-solver and answer-giver to one of assisting others to solve problems and generate courses of action. As students get involved with discussion it is easy to join in and forget the other functions of the facilitator, such as monitoring participation, group dynamics and time-keeping.

It may be useful to remind yourself that the purpose of scenario group learning is not for students to get the 'right answer' to a particular case or question. Instead it is for students to develop their understanding of the complexities of health and disease, to understand the connections among the information provided by the various resource sessions, and to relate these to their own experiences in clinical situations.

The following statements are intended to question your comfort with the role of facilitator. Your responses will alert you to when and where you may be distracted from your role as facilitator.



What difficulties does facilitation hold for you?

	Never	Occasionally	50-50	Frequently	Always
1. When asked a question to which I know the answer I am uncomfortable not providing the answer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I believe students want to be told what to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I would rather be in the action than on the outside watching the action.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Watching others in a discussion that seems to be going nowhere is frustrating and feels like a waste of time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. When criticised about some aspect of the session I feel personally attacked.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I feel/am responsible for the success of the scenario group sessions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. If the students aren't satisfied it is probably due to my lack of skill as a facilitator.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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If your answers cluster at the higher end of the scale you are likely to be overly active and convey to the students that the burden of success of this venture rests on your shoulders. This will interfere with students assuming responsibility for their own learning and will impede their learning process.

Preparing the setting

Basically there are four different arrangements of furniture that are suitable for small group learning and feasible in the scenario group teaching rooms:

1. Board room style: has one large table with students seated around it. The facilitator joins the students at the table, preferably not in the head of the table position.
2. Horse shoe style: has tables in a U shape. The facilitator can sit at the top of the U on either side.
3. Open circle: has the tables pushed back against the walls and the chairs arranged in a circle or horseshoe within. The facilitator may join in the circle at any point.
4. Café style: has a number of small groups each set up around a table. In a scenario group this would most typically be four groups of three or four students. The facilitator usually needs a separate table off to one side for his or her own notes etc.

What are the implications of different seating arrangements?

1. Board room style: Allows all participants to see and speak to each other easily. Seating the group around a table may encourage a task focus, which can be a positive or negative depending on the kinds of tasks you have in mind. For instance, if you plan an exploratory discussion about the ethical implications of a scenario, a board room arrangement may not be the way to go. It is likely to encourage a 'let's get this job done' attitude. Unless the room is large enough for students to draw their chairs back from the table easily, the board room set up may not allow easy movement into and out of sub-groups.
2. Horse shoe style: This is the most common seating arrangement in the SG rooms. It also allows all group members to talk to each other easily, as well as to the facilitator. The tables allow students to take notes but also put up a barrier making some activities more difficult.



3. Open circle: Also allows all group members to talk to each other easily as well as to the facilitator. The lack of a table will be a disadvantage if students need to take many notes. The open circle may also make group members feel more exposed but it allows much greater flexibility in moving in and out of smaller subgroups and is ideal for activities such as role play.
4. Café style: This arrangement allows for easy movement between small group work and full group sessions. If students need to write or consult notes and texts in their sub-groups they have a table to work on. A café style set up increases the likelihood that members of the subgroups will interact with each other and the group leader but will probably limit the interactions between members of different sub-groups.

The effects of these seating arrangements are likely to be reinforced if everyone takes the same position each time the group meets. As the facilitator you can ask people to find a new position from time to time. You can explain that you want them to have the opportunity to work with a wide variety of people.

In preparing the room it is also advisable to check:

- whether there are enough handouts (if you are using them);
- whether whiteboard or data projection are visible from all parts of the room; and
- who to call if there are difficulties with the room or the equipment (the number to call is usually on the wall near the equipment).

Preparing the material

Each session plan is detailed in your course guide. You need to make sure you carefully review the scenario and the resources associated with it. You also need to prepare any questions you may need. Make sure you are clear about:

- what has to be achieved;
- sequence and timing of activities;
- the clarity of instructions for small group tasks; and
- teaching materials/handouts/visual aids (e.g.: PPTs, DVDs etc).

Knowledge and skills needed

See the next section for more detail on the skills and techniques needed for effective group work.

2.2 Open the Session

Typically the tasks involved in opening the session will include:

- introducing yourself;
- clarifying learning goals and making links to the graduate capabilities; and
- monitoring progress.

Introducing yourself

Introductions are important, so begin the first session by introducing yourself to the group. Your opening remarks help set the tone of the session. Your personal introduction helps set an example of relaxed and friendly communication.

When meeting a group of students for the first time it's important to give them some idea of your background. Mentioning your research interests, your clinical experiences or your other teaching responsibilities helps students understand what expertise you will bring to the shared learning experiences and also that you won't be an expert in all aspects of the curriculum.

Remember this is the beginning stage in the group's development. You will inspire confidence in the whole scenario group experience if you can appear confident, enthusiastic and relaxed.



Define your role

You may need to explain your role as a facilitator, so students will know what to expect. If you have a group that has been together for a while the students will already know what a facilitator does but it may not hurt to remind them that your role involves:

- guiding discussion;
- assisting the group with their task(s);
- managing group dynamics; and
- keeping the group to time.

It is also important to emphasise that students can help with these tasks at any time, and that all members of the group, including yourself, come to the session with a wide variety of backgrounds and experience.

Ask students to introduce themselves

In a group that is meeting for the first time it is important to ask students to introduce themselves. This emphasises your respect for their contributions in the session, and makes it easier for them to begin to interact with each other. It also helps you to remember their names. You may want to use an activity that enables people to find out a little more about each other. See the next section for suggestions on different introductory activities.

Present the plans for the session

It is a good idea to give students an overall picture of what will happen in the session and to check out whether there are any particular issues that they want to address. This can be as simple as saying something like: ‘What I would like us to do today is to spend the first hour looking at a second instalment of our scenario but in the second hour I want to check on how the group projects are going and whether there are any problems. Is everyone OK with that plan? Are there any other burning issues that we need to deal with today?’

If someone does raise an issue that they would like discussed or resolved you can:

- Check whether others are having similar problems and/or whether this might be a useful learning opportunity for others in the group.
- If this doesn’t seem to be an issue for anyone else, explain to that student that you will talk to them about it at the end of the session.
- If it does seem to be a problem for others, re-evaluate the plan and decide whether this is best dealt with now or at some other point in the session. Whenever you decide, make it clear what time the group can give to this, for example, ‘OK this does seem to be a concern for a number of people. Why don’t we give ourselves 15 minutes to try and sort this out after we’ve looked at the scenario but before we start on the group project?’

Explain the first task

It is now time to move on to the first task. In many scenario group sessions, this task will be group discussion of a scenario. Introduce this task by reminding students about the structure they will follow (sub groups or large groups, questions to be discussed, time frame). When giving these instructions, it can be useful to outline the steps on a PPT or on the white board.

Tell students how you want them to work before explaining what the task is. Otherwise they are likely to start working on the task and neglect to listen to the other instructions. Check to see if the instructions for completing the task are clear to the group. Restate the task, if necessary. Use an open question to start the discussion, for example, ‘What things strike you about this scenario?’

Clarifying learning goals and making links to the graduate capabilities

Help students see the purpose of scenario group activities by linking them to the graduate capabilities. This is particularly useful with activities involving self-directed learning, and reflective practice, where students might not easily see the connection themselves. Be prepared to justify why any of the graduate capabilities make an important contribution to the practice of medicine.



Monitor progress

Throughout the session check that the group is not spending too much time on any one task. You will learn to be sensitive to their cues that let you know it is time to move on, or conversely, that they do not understand what they must do next and need further explanation. Of course, at other times, you will need to move the group on to the next task to help them complete all tasks according to the schedule.

Monitor yourself by asking these questions:

1. Are we keeping to the time schedule?
 - a. Assign a time keeper to share responsibility of time keeping.
 - b. Give advance notice when time is almost up.
2. Do participants seem ready to move on?
 - a. Check out if anyone looks puzzled.
 - b. Address concerns, take action if feasible.

What knowledge and skills are needed?

Introductions	Section 3.1
Establishing Ground Rules	Section 3.2

2.3 Facilitate discussion

Typically the tasks involved in opening the session will include:

- Encouraging participation.
- Eliciting information and key issues.
- Breaking into smaller groups.
- Giving feedback and reinforcement.
- Explaining and clarifying.
- Summarising and synthesising.
- Managing differences and disagreements.

Encouraging participation

Invite contributions and actively encourage and distribute participation amongst group members. Make sure everyone has an opportunity to speak and can be heard. Establish “ground rules” (see Section 3.2) at the beginning of the group so everyone knows what behaviour is acceptable.

Use the layout of the room to optimise participation (see Section 2.1). If participation is uneven, consider positioning yourself with quiet people opposite you, and talkative members directly on your left or right, where eye contact with them is limited.

Eliciting information and key issues

Ask thought provoking questions. Use your familiarity with the topic to formulate questions that stimulate discussion. A sound educational principle is to begin with questions which encourage reflection on previous experience with the topic (see Section 3 on Questioning Skills).

It can be useful to give the group a few minutes to think about the question individually and perhaps make some notes for themselves before opening up discussion. Pausing for silent reflection can allow people who find it difficult to give ‘off the cuff’ comments space to contribute, and not be overridden by quick thinkers. Intervene if other students indicate non-acceptance of different perspectives. Additional techniques for encouraging participation are provided in Section 3.

Breaking into smaller groups

The most common reason to break the large group into smaller sub-groups is to give everyone an opportunity to discuss an issue or to get some ‘hands-on’ experience in a new skill or technique.



Another reason that you might want to break into smaller groups is to encourage participation, particularly if you have a number of participants who are overseas students or who don't have recent experiences in small group learning.

Teachers of overseas students constantly complain that they are reluctant to speak out in front of the group. This is often attributed to passivity, or cultural background or more traditional kinds of educational experiences in their home country. When you think about it, it is not surprising to find that students who are studying in a new culture and a new language are reluctant to do anything which makes them conspicuous. They may not be certain that they have understood the question correctly, or even the whole topic or that they can adequately express their response. Mature age students who have not had recent educational experiences may feel equally uncertain.

On the other hand, if you put such students into a group of 3 to 5 they will almost certainly participate in the discussion. It is almost impossible not to speak in such a small group and it is much easier to admit that you don't understand the question and have another group member explain it to you. These small groups can discuss the issue and come up with a collective response which one member can report on behalf of the group. This is a much easier thing to do than to speak out on one's own behalf – after all if the response is 'wrong' it is the whole group's responsibility not one individual's.

For activities like this, where the small group is only going to stay together for the duration of that activity or session, it is usually quickest for the facilitator to set up groups based on proximity; that is, split people up into threes or fours according to where they are already sitting in the room.

If you want to mix things up a bit more, which is often desirable, try this:

- Divide the total number of students by the number you want in each small group to see how many groups you need (e.g. 12 students in groups of 4 will need 3 groups).
- Have the students count themselves off around the room from 1 to 3, then put all the ones together, all the twos together and so forth.

- While students work in sub-groups spend some time moving around from group to group to check on whether any group is having difficulty or has misunderstood the task.
- When you give groups a question to discuss, listen to the volume of conversation in the room. When that volume decreases, bring the students' attention back to the class as a whole, even if some groups haven't finished yet. If you don't bring the groups back at the time the volume lowers, the ones that are finished or close to finishing will shift to talking about something else. At that point it can be really difficult to get their attention back.
- Not all groups work at the same rate. If a group finishes early, find another group that is also finished and have the two groups compare what they did and how they did it.

Giving feedback and reinforcement

Listen attentively to all participant contributions. When group members see that their ideas are acknowledged, they will be more likely to speak up, even if they are expressing a different view. One of your important responsibilities as a facilitator is to ensure that a wide variety of views can be heard. Affirm the importance of different perspectives as a means of stimulating new ideas and action. If, after a wide variety of issues have been raised, and you would like to focus on one aspect (most likely one that relates to the key themes of the course) you can say something like 'I would like to pick up the particular issue raised by XX.'

Explaining and clarifying

Concrete examples are extremely helpful in developing understanding. Provide concrete examples in your explanations and encourage students to come up with them – 'What would be an example of that?' Use language that is familiar; if you are introducing new terms, write the definition on the whiteboard or use the definition, together with the term several times until it is familiar.



Check that what you have presented has been understood. Ask participant(s) to restate or summarise what they have heard. Correct misunderstandings.

Generate opportunities for students to challenge the content. Ask students to comment on what they agree or disagree with and why.

Summarising and synthesising

The purpose of summarising is to acknowledge completing a task and to bring closure to a discussion. A summary includes issues raised, points of agreement, and conflicting views. For example, you might say ‘So far we have considered the ethical aspects of this scenario, and most of you agree that the doctor acted appropriately..., and two people disagree, suggesting that she should have sought other opinion’. Summarising is restating what others have said. It is the first step in synthesising, which involves drawing conclusions from what has been said.

Summarise frequently and succinctly yourself and once students have the idea call on them to summarise where the discussion is up to. Information summarised in greater detail after longer periods of time will be less relevant and more difficult to absorb. Frequent and succinct summaries assist students to focus on the task, and think more clearly.

While summarising includes stating what the group has achieved so far, synthesising puts it into a broader framework. Synthesising is a complex process which incorporates the following:

- identifying key elements;
- how elements relate to each other and to the task;
- organising them in a logical fashion;
- describing how they relate to a conceptual framework; and
- how they apply in practice.

Managing differences and disagreements

The facilitator’s role in managing differences is first to support the expression of different points of view. Assist participants to articulate and clarify their different positions, without siding with any one position. Encourage the exploration of differences, to better understand the thinking behind the different positions. For example, in a discussion over the pros and cons of immunisation, assume that both groups have the well being of children at heart but that each has different concerns which need to be investigated. Challenge any tendency to leap to conclusions by asking – ‘How did you arrive at that conclusion? Can you take us through your thinking? What kinds of evidence did you take account of?’

At times you will need to remind the group of the parameters of the session by restating the scope, tasks and time limits. You will also need to maintain order by curtailing interruptions and distractions, redirecting attention to tasks and ground rules, and adhering to time constraints.

What knowledge and skills are needed?

Questioning	Section 3.3
Brainstorming	Section 3.4
Buzz groups	Section 3.5
Pyramid groups	Section 3.6
Developing Reflective Practice	Section 3.10

2.4 Close the Session

Typically the tasks involved in closing each session will include:

- Managing reports from sub groups;
- Presenting conclusions; and
- Evaluating the how the scenario group sessions are working.



Managing reports from sub-groups

It is usual to have sub-groups report their conclusions to the whole group. This can involve a stimulating exchange of ideas or boring repetition. Most commonly the facilitator will simply ask each group to summarise their conclusions. To add some variety to reports you could instead ask each group to report:

- one or two insights group members found most surprising or illuminating;
- the most challenging question that emerged from the discussion;
- the issue or concept that the group found most difficult to understand; or
- key themes or concepts that emerged from the discussion.

Another possibility is to ask each group to note their key findings on butchers' paper and post these on the walls. Invite students to wander around and read the conclusions that other groups arrived at. Have one group member stay with their own poster to answer questions from the audience.

Presenting conclusions and link to coming sessions

To bring closure to scenario discussions, it will be necessary to draw some conclusions about the issues that were raised.

After each person has reported for their group, the facilitator can summarise and synthesise the major themes, the points of agreement, and the points of disagreement. This is the time to emphasise the questions that remain unanswered, learning issues that need to be pursued, and to point students to coming resource sessions which may develop their understanding.

Evaluating how the scenario group sessions are working

You will find it helpful to make some notes of your own on your session plan as to what worked well and what you would do differently next time.

Seeking some feedback from students can also be illuminating. A good time to do this is when you have been with the group for about four weeks – that is when you have had a chance to get to know each other. The easiest way to do this is to prepare a simple evaluation sheet. Tell the students that you are looking for feedback on how the scenario group sessions are working and give them five minutes at the end of a session to complete the evaluation sheets and give them back to you. Responses should be anonymous. For formative feedback like this you only need ask a couple of questions – perhaps:

- How have the scenario group sessions affected your learning?
- What aspects would you like to change so that you can learn more or better?

If the students are complementary and everything seems to be working well, congratulate yourself and them on creating a successful learning environment together. If there is some aspect that a number of people would like to change, talk to the whole group about it and see if you can work out a better way of operating. Negotiating changes to the group's ground rules may help. If students raise problems and you can't see a way of improving the situation, consult the facilitator group and see if your colleagues there have suggestions.

What knowledge and skills are needed?

Managing problems in Group Work Section 3.12



3. Supporting Skills and Techniques

3.1 Introductions

Introducing yourself

Begin by introducing the workshop and yourself. Introductions should be relatively brief, informal and cover the following points:

- Who you are.
- Where you are from (i.e. Academic department, Clinical school).
- What you do.
- Your role in the scenario group.

Your tone and the depth of your description of yourself and your role provide an example for the students, so that when you next ask them to introduce themselves they have a picture of the kind of information you want as well as the spirit in which it can be delivered.

Asking students to introduce themselves

The first time a group meets, for example in the Foundations course, you may ask students to give a bit of background information – perhaps:

- Who they are?
- Where they are from?
- Why they chose to do medicine or which aspects of medicine they have found most interesting so far?

If introductions seem to be meagre and flat, you can show your interest by asking a follow-up question or two.

To increase interaction between participants early on, introductions may be managed by asking participants to pair off and interview each other using similar questions. Then, rather than introducing themselves to the group, they introduce each other.

In later courses at least some of the students in the group are likely to have met before. A useful introductory activity with such a group is to ask the members to introduce themselves and say a little about what personal experiences they have had with the one of the topics of the course. For instance, *'One of the things we'll be looking at in this course is childhood infectious diseases. As we go around the group please introduce yourself and tell us what childhood diseases you can remember having and whether there was anything significant you remember about that experience.'*

An activity like this immediately starts students thinking about the topic, recalling their own experiences, and starting to refine their concepts as they ask clarifying questions, such as 'I had XXX – is that an infectious disease?'. It also provides you with material that you can refer to later e.g. 'John – you had chickenpox – do you remember if you were kept away from other children?'

3.2 Establishing ground rules

One of the things that make students reluctant to speak in class is uncertainty about what the rules of the game are. They may believe that they would be stepping on the group leader's toes if they were to propose topics for discussion, ask questions, or propose a change in direction or procedure. Because they don't want to embarrass a fellow student they may be reluctant to ask questions about another student's opinion or presentation. Students may be afraid of speaking up for fear that they will be ridiculed or embarrassed if they make a mistake. For all of these reasons it can be productive to devote some time to establishing 'ground rules' for how the group should operate.

You can do this by suggesting some rules to the group and having them discuss and agree on which they would like to use. Rules that are often proposed include –

- Students can initiate or redirect discussion.
- Speakers will be allowed to finish what they have to say.



- Speak whenever you wish but after you have spoken try waiting until two or three others have contributed before speaking again, to avoid having a few people dominate.
- Treat other people and their contributions with respect.
- Everyone takes responsibility for the working of the group process. Anyone can propose a change in the way we operate.


Although having a set of rules may look quite restrictive, it can actually generate a sense of freedom as students develop an understanding of what is and is not 'OK'.

To create an understanding of the need for ground rules it can be useful to have students reflect on their previous experiences of group work and have them discuss what characterised successful and unsuccessful groups. As a result of reflecting on these experiences they can try formulating rules for the way they would like this group to work together.

Alternatively or as well you could show them the following two sets of ground rules developed in other courses and let them discuss which they would like to adopt, and whether there are others they would like to add. When the ground rules are agreed have them copied and distributed to everyone the following session, a student may be willing to do this. Emphasise that anyone is encouraged to point out when the group is not abiding by its own rules.


Below are examples of ground rules developed by two different scenario groups at the beginning of the Foundations course:

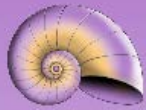
NEW MEDICINE PROGRAM



Eilean's Group: 10 Rules of Teamwork

1. Always set a goal. That way we can stick to it and not go off on tangents
2. Selfishness is not an option.
3. Equal share of air time – only one person speaking at a time.
4. Pull your weight. The group can help a "slacker" so there is an equal contribution from everyone.
5. Know your strengths and weaknesses.
6. Respect people, even if you don't agree with them.
7. Speak up if you don't understand something.
8. Be reliable and stick to deadlines.
9. Decisions are decided democratically.
10. Leadership is shared.





Leah's group: Group rules

- respect each others opinions
- be willing to share information
- respect each others different backgrounds and different strengths
- communicate effectively . This means listening to each other, not talking over one another and sensitively encouraging quiet people to contribute
- be open-minded about other people's ideas
- have a good leader who is not overly assertive
- have plans for the meetings
- be comfortable enough with each other to offer and accept constructive criticism
- be flexible – but not to the point of avoiding your responsibilities
- stick to agreed times to start, finish and for future meetings
- work out compatible objectives/goals for the group
- avoid arguments and lack of cooperation
- trust each other
- let the group know, in advance, if you can't turn up to a meeting or if you can't do what have said you will do or if you don't have a plan for the next meeting

3.3 Questioning

Effective questioning is a skill that you will use at each stage of the workshop. In fact, the crafting and pacing of questions is one of the most important roles of the facilitator. The information provided below describes the different types of questions that are used to facilitate learning. This will help you formulate questions that will stimulate critical reflection on issues raised in the group discussions.

Types of questions

The facilitator's job is to develop questions that will stimulate interest and involvement as well as help students learn. Brookfield and Preskill suggest the following categories of questions as ways of opening up discussion, requiring students to think more deeply about their position, helping students to build on each others' ideas, and focus on key concepts.

Questions that ask for more evidence

These questions can be used when students state an opinion that seems unsupported or unjustified. The question should be asked as a simple request for information, not as a challenge to the student's intelligence.

- How do you know that?
- What data is that claim based on?
- What is there in the scenario that supports that interpretation?
- Do you have any evidence for that?

Questions that ask for clarification

Clarifying questions give speakers the chance to work on an idea that may not yet be well thought through and ensure that they are understood by the group.

- Can you put that another way?
- Can you give us an example of what you're talking about?
- What do you mean by...?



Open questions

A closed question is one which can be answered in a few words, and the answers are easily judged as correct or incorrect. For example ‘Does the evidence in this case suggest that the patient has a heart murmur?’ or ‘What type of heart murmur does this patient have?’

Open questions, on the other hand, may have many acceptable answers. Questions starting with how and why are likely to stimulate students’ thinking and problem solving.

- How does ... relate to...?
- How do you think that might work?
- Could you come up with a hypothesis as to what might be happening here?
- What could you predict from this data?

Of course asking open questions requires the facilitator to deal with whatever comes up and keep the discussion unrestricted. It is not fair to ask an open question and then refuse to accept anything other than your preferred response.

Linking questions

Students sometimes see discussion as a competition to see whose ideas get the most air time. Facilitators can use linking questions to help create a community in which students build on each other’s responses and thus enlarge their understanding.

- Is there any connection between what you’ve just said and what X was saying a moment ago?
- How does your comment fit with X’s earlier comment?
- Does your idea challenge or support what has been said so far?
- How does your suggestion relate to what the group decided last week?

Hypothetical questions

Hypothetical questions ask students to consider how changing the parameters might alter the outcome.

- How might it affect the patient if we decided to watch and wait?
- What would have to change if we wanted indigenous health to be more patient-centred?
- How would the family dynamics be likely to change if the family were Chinese?

Cause and effect questions:

Questions that ask students to explore cause and effect are central to developing critical thought.

- What would be the effect of increasing the government subsidy for private health insurance?
- What might be the results if bulk billing were abolished?
- What would be the effects of dehydration?

Summary and synthesis questions:

Asking students to summarise important points or key concepts can help later recall. Asking students to identify unanswered questions or contentious issues can stimulate further thought and new learning.

- What do you think are the one or two most important ideas that have emerged from this discussion?
- What do you understand better as a result of today’s discussion?
- What remains unresolved or contentious about this topic?
- In what we discussed today what did you have most difficulty understanding or coming to terms with?

Planning questions

Effective questioning requires advance preparation. Below are some suggestions to help you with this task.

- Ask questions that require an extended response or at least a ‘content’ answer. Avoid questions that can be answered ‘yes’ or ‘no’ unless you are going to follow with more questions to explore the reasoning.
- Phrase your questions so that the task is clear to the participants. Questions such as ‘What about drug interactions?’ do not often lead to productive answers and discussion because they are too general.
- Be sure the questions allow enough flexibility so that participants are not playing a guessing game. Avoid ‘guess what I’m thinking...’ questions.



Example of 'guess what I'm thinking...':

- Facilitator: What is a symptom of Multiple Sclerosis?
 Participant 1: Numbness.
 Facilitator: What else?
 Participant 2: Tingling.
 Facilitator: What else?
 Participant 3: Blurred vision.
 Facilitator: I'm thinking of a different one.
 Participant 4: Slurred speech.
 Facilitator: O.K., that's the one I was looking for. Let's go on from there...

When planning your questions try to anticipate possible participant responses. You might do this by considering:

- What are some typical misconceptions which might lead participants to incorrect answers?
- Am I asking an open or closed question?
- Will I accept the answer in the participant's language or am I expecting my own terms?
- What will my strategy be for handling incorrect answers?
- What will I do if no one answers?

Anticipating responses should help in your planning by forcing you to consider whether your phrasing is accurate, whether questions focus on the goal you have in mind, and whether you have enough flexibility to allow students to express ideas in their own words.

Until you are quite skilled at composing questions you should write your main questions in advance. Arrange your list in some logical sequence (specific to general, lower level to higher level, a sequence related to content). Should you think of additional or better questions during the questioning process, you can be flexible and add those or substitute them for some of your planned questions. However, having a prepared list of questions will help to assure that you ask questions appropriate for your goals and representative of the important material.

How to ask your questions

Ask everyone.

- Pause to make sure everyone has a chance to prepare an answer. Don't take answers immediately. This 'wait time' is very important for improving learning.
- When everyone has an answer ready, ask someone to give their answer.
- If answers are incomplete or inaccurate, ask the group to improve them.
- Don't humiliate students by asking questions you know they can't answer.

Responding to answers

The way you respond to participants' answers will have an immediate impact on the subsequent level of participation in the session.

The following suggestions will help you achieve greater participation.

- Encourage and accept a broad range of responses.
- Demonstrate interest in a variety of responses rather than consensus or homogeneity.
- Refer to participant ground rules when interruptions or other distractions occur.
- Listen attentively to all participant contributions.
- Acknowledge existence of different perspectives.
- Repeat importance of different perspectives as a means of stimulating new ideas and action.
- Affirm contributions that move participants toward workshop objectives by restating or emphasizing their comments.

It's important to remember that responding to a comment in a discussion is never the sole responsibility of the facilitator. Remaining silent and allowing other students to respond first will demonstrate your confidence in the value of students' contributions.



3.4 Brainstorming

What is brainstorming?

Brainstorming is a method of generating ideas in a group. Students are encouraged to express their thoughts about a particular topic or issue without concern as to how well-developed these thoughts may be. The purpose in this activity is to stimulate as many spontaneous associations as possible, thereby expanding ways of thinking about a given topic or issue. Critical thinking and judgement are suspended during this time. Speed, rather than reflection, is important in this activity as it helps students inhibit their usual critical appraisal of their own or others' ideas.

It is useful to record the ideas that are generated during brainstorming. The visual stimulus provided by the written word or phrase helps to trigger additional associations. If comments are coming fast and furious two recorders may be used as a way of capturing all the thoughts and maintaining the pace.

Brainstorming is an effective intervention when:

1. There are obviously many opinions in the group regarding a specific issue, all fighting for prominence.
2. Or, conversely, the group is lethargic, (the post-lunch syndrome), is not capable of deep thought and needs to be energised.

The role of the facilitator during brainstorming resembles that of the policeman.

The facilitator:

- Sets the ground rules.
- Ensures that they are adhered to by interrupting and redirecting students who have strayed away from the ground rules – usually by beginning to critique someone else's suggestion.
- Sets and sustains a rapid pace by being up front and calling for ideas (sort of like an auctioneer calling for bids).
- Designates a recorder, or records him or herself.

3.5 Buzz groups

What are buzz groups?

Buzz groups are a way of providing an opportunity for everyone in the group to speak and be listened to in a short space of time, which also gives you as the facilitator some "breathing space".

Procedure

Ask group members to form pairs, or if the numbers are uneven, ask them to form groups of three – as the facilitator you do not participate. Explain that members have two minutes each to speak about whatever is appropriate at the time (e.g. expectations, concerns, questions they have about the topic, etc.) and the other person listens. Give a signal when two minutes are up, then change roles so each person has equal time. The two-minute time period is arbitrary – more time may be appropriate in a group of longer length.

When are buzz groups used?

This activity is often used in the beginning and middle stages of the session to help get the group moving forward. For example, buzzing is useful at the following times:

- As an 'ice breaker' to open a group when members are strangers to each other –just sharing their name, what their role is, where they work etc. starts to build cohesion and establish a comfortable group atmosphere.
- To elicit members' expectations at the beginning of the group.
- As an energiser when the group seems stuck, or lethargic (for instance if the group is suffering from 'post-lunch inertia').



- When you as the facilitator sense tension or controversy in the group, which seem to be holding up the task or causing frustration. ‘Buzzing’ can provide space for you to think, and also get feedback about what the group wants.

Buzzing helps lower group tension

Sometimes, especially if you are new to facilitating, you may not have noticed tension building up in the group. This can be quite alarming for a new facilitator. It is helpful to remember that this situation provides an opportunity to identify underlying issues that may be prohibiting the group from moving on. Intervene by saying something like, ‘I’d like everyone to have a chance to talk about this, so why don’t you form pairs and discuss how you’re feeling about what is going on’.

‘Buzzing’ is a very good technique to use in this situation because it takes the pressure off you for a few minutes. If feelings are very strong, pairs may need a bit longer to vent emotions and you may need some extra time to listen after the pairs have finished. Discussion in pairs also provides relative privacy for people to share concerns, which they may be reluctant to do in the large group. In this situation ‘buzzing’ is likely to be more effective than having an open discussion in the large group because dominant members usually monopolise such a discussion, and quieter members don’t get a chance to speak. The result can be an escalation rather than a lowering of tension.

Elicit feedback from the group after ‘buzzing’, and take action where possible to address concerns expressed. You may not have the time, or the power to address all concerns; however, just encouraging their expression, and acknowledging the concerns, will go a long way to relieving tension in the group.

3.6 Pyramid groups or think, pair, square

This technique starts by posing a question or a problem to students and asking them to spend a few minutes quietly thinking about it and making some brief notes. When everyone has had a chance to think, ask students to pair up and share their ideas with a colleague. After pairs have had a chance to talk ask them to join with another pair to form fours. This exercise works best if students are given a slightly different task at each stage – for instance:

Individually:	Think about the factors which contribute to this situation (2 minutes).
In Pairs:	Combine your lists and classify into different categories (5 minutes).
In Fours:	Choose which one or two factors which you think are likely to be most important and prepare a justification. Or Develop a solution to this problem and explain why it should work (15 - 20 minutes).

Pyramid groups are particularly effective at engendering wide participation. Allowing students time to think and write about their ideas before speaking ensures that everyone has something to say.

3.7 Briefing and de-briefing role plays; clinical experience

Setting up a role play

Role play can be a particularly useful technique when considering any professional issue where interpersonal behaviour is a significant or causal factor. When setting up the role play, make it clear to the students what the purpose is.

Role play to demonstrate skills or approaches

Is the role play to demonstrate a technique such as interviewing? A demonstration role play can be quite threatening if the participants can potentially be made to look foolish in front of their peers. In this situation



the facilitator should take any role which calls for expertise or else give the student a prepared script to work from. Generally students should only be expected to take on roles which require no particular skill.

Role play to practise skills

If you want students to practise a particular skill that they have just been shown, it is probably best for everyone to practise at the same time rather than to have a couple of students practise in front of an audience. This will reduce any potential embarrassment and the consequent tendency to over act. Have everyone practise in pairs or in threes (with one person as an observer) and then rotate roles. The facilitator is responsible for keeping time and letting people know when to switch roles.

Role play to explore issues

In this form of role play students may play out an incident which has happened in real life in order to experience the situation from a different perspective, such as the patient’s. Alternatively, they might continue to play out a scenario to see what happens and how the situation might change depending on how the health care personnel involved choose to act. Role plays such as this can be illuminating for students and give them insight into the feelings experienced by others. However they can sometimes be confusing and upsetting if the role play brings up strong emotions. These role plays in particular need careful debriefing to help students reflect on the experience and what it has taught them.

Briefing before a clinical experience

Before students go into a clinical visit or placement it is a good idea to ask them to think for a few moments and to make some notes for themselves as to what they hope to learn and how they expect to learn. Then ask students to discuss and compare their expectations. Prompt students to think about how they might make the most of the experience – will they be doing all of their learning on the ward or should they be doing follow up reading? What kinds of contacts can they initiate for themselves? What is the protocol?

You might also explore their emotional readiness for the work ahead – how confident or anxious do they feel? Do they feel adequately prepared? Do they have the level of knowledge necessary for today's learning?

Remind students that, in the debriefing later, what and how they learned will be discussed. If the experience is to extend over some time, it may be useful to ask students to keep a record of any ‘critical incidents’ – incidents that were significant learning experiences for them. These can provide rich material for discussion in the debriefing session.

Some points on debriefing group activities

Plan for debriefing to last half the time of the activity, sometimes more. This reflective discussion is as important as the activity itself. This is where the generalisations from the experience are made and tested.

Some general debriefing questions for a role play or activity:

- How are you feeling right now?
- What was going on in the simulation? Who achieved what? What different perceptions were there of what happened?
- What did players learn about themselves, each other, social groups, social systems, limitations of science and so forth?
- What did the role play tell them about the ‘real world’?
- How did it parallel the ‘real world’?
- How could the role play be improved?
- How is everyone feeling now?
- What might you do differently as a result of your experience in the role play?

Specific instances in the group experience can be explored:

- What was going on there?
- What were you thinking/feeling at the time?
- What effect did that have?
- What did you fear might happen?



- What was your strategy?
- What do you think he/she expected of you?

And so on...

After the debrief the learning may be 'loose, variable' and quite individual. It can be consolidated by setting up groups to:

- Discuss and report on generalised insights and conclusions.
- Make links with learning from more traditional sources: e.g. lectures or readings.

Debriefing clinical experiences

A debriefing session at the end of a clinical attachment or visit is an opportunity to provide support, give feedback and reinforce learning.

Provide support by:	<ul style="list-style-type: none"> • showing interest in students' problems, recognizing concerns, acknowledging commendable performance, recognising difficulties, praising where due.
Provide opportunities for students to review their progress by:	<ul style="list-style-type: none"> • encouraging students' to review their own progress • assisting students to determine further learning activities
Giving feedback on students' performance:	<ul style="list-style-type: none"> • providing feedback requested by students in briefing session • using information from direct observation and providing concrete examples • checking that the feedback is congruent with students' perception of performance – 'Is that how you see it?' • offering further opportunities for learning activities where necessary.
Inviting reflection on the events of the attachment:	<ul style="list-style-type: none"> • prompting students to go over what happened, what was surprising, different, frightening, satisfying, disappointing and so on • encouraging expression of feelings about what happened during the attachment • inviting examples of new discoveries, new knowledge and/or insights as they apply their knowledge to patient's problems – prompting students to draw meanings from their personal experiences.

3.8 Allocating students to project groups

Putting together groups of students who are going to work together over an extended period of time requires thought. Should you allow the students to select the people they would most like to work with – which may result in all the high achievers working together, leaving the less talented to struggle and some students facing the humiliation of being left out altogether? On the other hand you do want to put together groups which have a reasonable chance of being effective because their members can get along with each other.

The general consensus in the research literature is that the facilitator should form the groups. If left to choose for themselves, students will choose to work with their friends, thus avoiding one of the reasons for teamwork is learning to work with a wide variety of different people. Some students are also more likely to take advantage of friends and allow others to carry the load.

If students complain, educational writer, Mary Ellen Weimer, suggests that you say to them something like, 'No you cannot form your own groups. In most professional contexts we don't get to choose the people we work with. We are assigned to teams, groups, and committees and expected to be able to work productively with fellow professionals.'



A group size of 3-5 is recommended. Research has shown that with 6 or more students scheduling meetings becomes a problem. More than 6 also allows a student to 'hide' and avoid doing a fair share. Too small a group means that there will not be a wide variety of experience and skills to call upon in developing ideas for the project and insufficient people to do the work.

3.9 Coaching Students on Team Work

The ease with which students talk in groups in the minutes prior to the start of class does not indicate how well they will work in a small group on an academic task where they must rely on one another. The assumption that students will actively listen, be respectful and thoughtful, communicate effectively, and be reliable is not always correct. Often, time must be set aside to work on these and to point out that teamwork skills are essential for achieving the course goals. One way to enhance student social and teamwork skills is to set aside some time occasionally to discuss these issues. This sends a signal to the student that these skills are important.

Once project groups have been created it may be useful to allow some time for new group members to discuss the following questions. Each group will be different in some respects from previous groups so it is important that students spend some time discussing how they like to work, what constraints they have in terms of time and travel, what expectations they have.

1. What outcomes (individual and group) do we want from this project?
For instance are group members aiming for a high grade (P+) or would a P be satisfactory? Do some members need to focus on a particular capability?
2. What are the significant tasks involved in this project?
3. What responsibilities will team members have?
4. How will we ensure coherence in the final product?
It is important that group projects do not become a collection of individual projects pasted together, but involve real collaboration and negotiation.
5. How will the group make decisions?
By consensus; by voting? If members are absent are they bound by decisions which were made?
6. What will be the schedule of our meetings? Where will we meet?
7. Do we need a time line for our project?
8. Will we keep a project log or minutes of meetings?
A time line and a record of meetings are strongly recommended. A time line, derived by working backwards from the due date is an essential planning tool for any project. A project log or minutes of meetings can record who was present, decisions taken, and note any critical incidents. It can provide a record if there are disputes, and provide material for reflection on learning about team work.
9. How will we work through problems?
*Do we need to make some ground rules?
What should happen if someone is unable to come to a meeting?
What will we do if someone does not meet a deadline for completing a task?*

It is suggested that as a first step if difficulties arise in a team, the most useful thing that a facilitator can do is to refer the team members to their own ground rules and help them formulate clear and specific feedback to the delinquent team member.

3.10 Developing reflective practice

Reflection is the process of drawing learning from unstructured raw experience. In many respects we can't help but learn from experience but much of what we learn is not very helpful. We learn, for example, that if an experience is unpleasant and engenders painful feelings it is better off avoided. This is useful learning when it is a matter of burning your hand on a hot stove but not very helpful when the experience in question is your first experience of a clinical placement. Learning from experience, which is unexamined, may result in stereotyping – we have a car accident involving a Filipino taxi driver and conclude that all Asians are hopeless drivers.

By allowing time and space for deliberate, structured reflection we encourage students to step back from the experience, re-evaluate what happened, seek to triangulate their own perceptions with other evidence,



tentatively draw conclusions, theorise or hypothesise, consider what other evidence might be gathered to support their theories and plan how they might act next time to further their learning.

Reflection questions

Typical steps in a guided reflection process involve:

Returning to the experience

- What happened?
Can the student give a neutral, relatively objective description of what happened and what the results were, without exaggerating, over dramatising, blaming others, focusing exclusively on self?
- How did it feel?
Positive feelings will lead to persistence and should be reinforced, negative feelings such as anxiety, embarrassment, fear or humiliation, should not be denied but other evidence should be sought as a check on whether the incident did go as badly as the student perceived.

Identifying factors that affected performance

- Emphasise the factors that are under the student's control – were they well prepared or badly prepared? Late? Tired? Stressed? Able to establish rapport?

Look for other sources of evidence

- e.g. how did others react? Consultant? Registrar? Patient? Other students? What resulted from your actions?

If the student fears that an experience has gone badly but no one else seems to have noticed anything out of the ordinary, reassure them 'So maybe it wasn't as bad as you thought?'

Re-evaluate

- 'So taking everything into account how do you feel about it now?'

Plan for next time

- What would you do differently next time you were in a situation like that?
- What do you need to learn or practise before you try that again?
- What could you do to manage your own nervousness better?

Reflecting on group work

Group work is another fertile area for learning from experience. Here are some prompt questions for reflecting on group work.

- How well did your small group work?
- Was working in this group a good experience?
- Did everyone contribute?
- Could you have planned your work better?
- Were there disagreements?
- How did you handle them?
- To what extent was the success or otherwise of the group an outcome of the way it was set up? (Ground rules, roles tasks and deadlines clear? etc)
- What have you learned about how successful groups work?
- What have you learned about how you like to work in a group?

Developing reflective practice

Some reflective component is required in virtually all student assignments and projects. Until students become practised at reflection it can be much easier to learn to do this in a group or with another individual. Facilitators can assist this process by putting some prompt questions on the board or an overhead transparency



and asking students to work in pairs, taking it in turns to reflect on a recent experience or activity. The listener asks the questions, listens carefully to the responses and tries to detect if assumptions are being made and probes to find out what the evidence might be for those assumptions. Roles are exchanged at a given point.

Students should be encouraged to keep notes (in their workbooks, or a journal) of any significant insights, critical incidents, questions that arise, and successes, as these provide essential material for reflective components in the portfolio. Facilitators can help by allowing time for this activity and providing prompts in the early stages.

Prompts for reflection

- I was surprised by...
- I (we) have difficulty with...
- This worked well because...
- I enjoyed...
- I get frustrated when...
- I am (we are) getting better at...
- I (we) could do with some help in dealing with...

3.11 Peer assessment of teamwork

Teamwork review

Remind students that developing skills in teamwork is one of the program goals and therefore progress towards it needs to be evaluated. In later phases of the program, being able to fit into a busy clinical team and work effectively with a wide variety of people will inevitably play a significant role in how their work is judged. The teamwork review process is intended to be useful, to create a space where team difficulties can be brought out and discussed, and help people identify areas they need to work on. Giving only positive feedback to everyone may not be helpful in this regard.

Begin the process by having students self evaluate with their team. Each person can say what they think their main contributions to the project have been, what they like or dislike about working in teams and what they think their strengths /weaknesses are (e.g. strengths – have lots of ideas, weakness – get impatient with others). It would be helpful if the facilitators modelled this process.

Collecting feedback on teamwork

A computer based system for collecting feedback on teamwork is available through eMed (<http://emed.med.unsw.edu.au/>). This system automatically feeds the comments that a student gets and the comments that he or she makes about others into the student’s portfolio as evidence for the Teamwork capability.

Following discussions in teams, students should compose and enter their feedback on other team members. If time allows, plan to discuss the feedback once students have had a chance to receive it. Ask students how they feel about the feedback – is it accurate, partly accurate, not accurate? Do they choose to accept it (and maybe work on it) or not? How do they feel about the process?

It would be helpful to take student feedback on the process back to the facilitator group, to help us assess the overall effectiveness of this approach to developing teamwork.

3.12 Managing problems in group work

In dealing with groups of people, problems or conflicts are bound to arise. Group dynamics will vary from group to group and from year to year according to the personalities of individuals within each group. A certain amount of argument and conflict is normal in the life of any group. However many problems will never eventuate if you follow the suggestions that we have been discussing such as:

- creating a positive climate for learning by using people’s names, treating group members courteously and requiring others to do so; or



- having a structure for group activities and clear instructions, so that students know what they have to do and in what timeframe.

With that in mind, let's look at some of the problems which group leaders often fear will occur (and which sometimes do) and make suggestions as to how you might handle them.

Students don't prepare

Ask the students why. Consider beginning the class by giving students short extracts to read or data to review so that all the class is familiar with the material they are to work on.

If you think it is reasonable to get them to prepare ahead of time:

- emphasise the importance of preparation;
- consider calling off a class if you find that most students are not ready, in order to make your point; and
- make sure to use what the students have prepared in the class.
- Students will quickly realise that whatever you say about the importance of preparation there is not much point in doing it if no one will notice.

Students don't participate

- All the students or just some?
If no one wants to participate consider whether past experiences (in this class or others) have made participation a risky business because of the likelihood of being criticised, embarrassed or humiliated for making a mistake.
- Reiterate why you think small group work is important and establish ground rules for discussion. (Try including 'No put downs'.)
- Begin the session by breaking students into pairs or subgroups to work on a task. Have reporters report on the group opinion.
- Start with a question that's easy to answer such as, 'What has been your personal experience with...?'
- Pose a question and give students a few minutes to think about it and make some notes before calling on someone.
- Refer to students' points in the discussion and when summarising (e.g. 'as Joe said...') so that they know that you have been listening and that their contribution was valuable.

One person dominates

- Thank the talkative person for their contribution and then invite others to speak
- Interrupt them and invite other comments ('before you go on, I would like to see if anyone else has an opinion on that').
- Use structured participation, such as going around the group (each person speaks or passes).
- Break into subgroups. Ask the talkative person to be the scribe.
- Rearrange the seating so that you are sitting beside the talkative person.
- Refer to ground rules (if you made a rule about valuing wide participation).
- Speak to them privately. Explain that while you understand that they like to participate actively and that you appreciate their enthusiasm, you are concerned that their confidence and articulateness may inhibit others from participating. Ask them to hold back a bit so that you can encourage others to come in.

Students do not listen to each other

- Point out that they are not listening.
- Remind them of ground rules.
- Stop them at intervals and ask a couple of people to paraphrase what they have heard.
- Model good listening by remembering what students have said and referring to it – 'I'd like to pick up on something that Susan said earlier...'



Arguments break out

Most disagreements will involve one or more of the areas listed below. When differences emerge and students become caught up in championing their own position, arguments can become confused, disorderly and unnecessarily personal.

Disagreements usually arise for one of the following reasons.

1. Information
 - Different members have different pieces of information.
 - No one has all the information.
 - Different members question the validity of the information.
2. Goals
 - Agreement may be reached about the information, but members differ about what should be done.
3. Methods
 - Members may agree on goals but differ on how to go about attaining them.
4. Values
 - Members differ on the importance of an issue.

Students may believe they are arguing over the same point when, in fact, one person is talking about goals while another is questioning the validity of the information and a third thinks the issue is unethical anyhow.

When disagreements occur the facilitator can assist students to:

- Recognise that they are not talking about the same thing.
- Agree to frame their issues within the context of each of the above categories.
- Decide which category they wish to address first.

Students complain about how you run the group

- Check what their goals are for the group. Is the problem that students do not see how the group work is contributing to their goals – which usually involve passing exams or other forms of assessment?
- Explain why you do things and how what you do contributes to their goals (short term and long term professional goals). If it doesn't contribute, consider how it might and negotiate.
- Ask for suggestions about how the group might be better run. Discuss with the group and negotiate alternative strategies.

We'll conclude this section with a few representative quotes from tutors interviewed by Bertola and Murphy (1994) about their experiences of group work:

- *'At first I was terrified of admitting to my students that I didn't know the answer to a question, but then I remembered how many people I respect and admire frequently admit that they don't know – so why shouldn't I. After all, learning is a continual process for all of us.'*
- *'I was amazed how negotiating clear ground rules took much of the pressure off me.'*
- *'I hate conflict, but I found to my surprise that when I calmly confronted student x about his inappropriate behaviour that we got on very well afterwards. I still don't like confronting but I do it because it works.'*



4. Assignments and Projects

The following information has been copied from the Faculty of Medicine website. For the most up-to-date information on assignments and projects please visit:

<http://medprogram.med.unsw.edu.au/Med3802Web.nsf/page/Assignments%20Projects%20-%20P1?open&login>

4.1 Individual assignments and group projects

The individual assignments and group projects in Phase 1 have been designed to allow students to explore aspects of medicine that are of particular interest to them or that they need to address in order to meet the requirements of the Phase 1 portfolio examination. The individual assignments and group projects offered in each course will be related to course themes rather than to the individual scenarios within a course. During the course of Phase 1, students must attempt at least one individual assignment that explicitly addresses their oral communications skills. This assignment will be available in all courses in Phase 1. They must also attempt at least one negotiated individual assignment.

Topics, Length and Choice

Each course will offer a choice of individual assignments and group projects. Students must complete one individual assignment and one group project in each course. Projects and assignments are marked with an overall grade, and grades for each capability addressed in that assignment/project. These are either focus capabilities or generic capabilities.

Focus Capabilities

An assignment or project will have a specific focus on two of the eight graduate capabilities.

Generic Capabilities

In addition, all project and assignment reports are required to address the capabilities of:

- Effective communication – either oral or written.
- Self directed learning and critical evaluation.
- Development as a reflective practitioner. (for assignments only)
- Teamwork (for projects only)

Each of the last three capabilities will be assessed for each project and assignment using 'generic' criteria described in the Assessment section of the Program Guide. If the project or assignment also has one or two of these capabilities as a focus, additional criteria to the generic criteria will be used when the focus capabilities are assessed.

The length for reports is 1500-2000 (max) words for an individual assignment; and 2000-2500 (max) for a group project. The word limit applies to the body of the report, exclusive of words in figures, figure legends and references. Reports over these lengths may be penalized in the grading. Projects or assignments that result in posters or other education materials or resources will require a written report to explain the research undertaken, the judgments made in developing the materials, and to provide evidence that the socio-cultural context of the target group has been taken into account. One additional file may be submitted as supporting evidence. This may be a poster, leaflet, video or audio file for example.

Group projects are designed for 3 to 6 students. Group project reports should present a coherent and focused response to the project task or question. They should not be a simple compilation of the individual reports of group members.

During Phase 1 of the program, students are required to negotiate at least one assignment. One capability focus of a negotiated assignment is Self-direction and critical evaluation, and the criteria for this focus are set. The additional capability focus and other details are negotiated using an outline linked below. Students may negotiate an assignment on a relevant topic of their choosing in any course in the Phase, although they should only do so after you are quite familiar with the process of assessment. See: Negotiating an individual assignment in Phase 1.



Citation Standards

All assignments and projects must be referenced correctly. Correct referencing includes citing the origin of your ideas, information etc. in the body of the assignment or project as well as listing them at the end.

The UNSW Faculty of Medicine recommends following the APA (American Psychological Association) Citation Style. This style was chosen as it offers clear guidelines for citing a variety of information, particularly electronic and multimedia sources.

Examples and help using the APA Citation Style are in Module 7 of the Information Skills Online tutorial at: <http://web.med.unsw.edu.au/infoskills/cite3.htm> and the UNSW Library APA Citation guide at: <http://web.med.unsw.edu.au/infoskills/apa/apa.html>.

Submitting Reports

All assignment and project reports will be submitted through eMed: Portfolio. The Faculty scans all items submitted to the eMed: Portfolio system using a commercial plagiarism engine. Items submitted are also compared to other items already in the system.

Names in Files

The eMed: Portfolio system is designed to support 'blind' grading – where the assessor does not know the identity of the student(s) whose work is being assessed.

Accordingly you should not put your name in the files that you submit to the system. Instead you should put your student number on the cover page, and in a header or footer, so that the student number appears on each page of each file submitted.

In the case of group projects, include the student numbers of all students in the group on the cover page, and the number of the student who submitted the project files on each page of each file submitted.

Suggested Text and File Formats

Reports should be written in MS Word (submitted as a .doc file) or RTF (rich text format) using 12 point font (preferably Times New Roman or Helvetica/Arial) and should be one and a half or double spaced. Students must include a word count on the title page of their report.

All student work will be stored electronically, and will be available to examiners throughout Phase 1 and subsequent phases of the course.

For ease of access by multiple users, written reports should be submitted in .doc or RTF format. Patient education materials such as brochures and booklets may be developed using other programs, but should be submitted as PDFs.

- Written report (Word .doc or RTF)
- Poster (PowerPoint or PDF)
- Video (digital format) (AVI, MPEG or QuickTime)
- Patient education materials (PDF)
- Webpage (HTML)

Students submitting a website should submit a zip file to eMed if possible but if the Website is too large (over 10Mb) then they should submit a dummy file on eMed and hand in a CD that is clearly labelled with your student number and the receipt number of the project to the Medicine Education and Student Office.

Please note that if students submit the website on CD, it will be destroyed after marking and will not be available in the student's Portfolio.



4.2 Negotiating an assignment

The capability of Self-direction and critical evaluation requires students to negotiate at least one assignment in Phase 1. This requirement has been included as a way of encouraging you to develop a crucial aspect of the capability of Self-direction and critical evaluation – the ability to conceive a research question, then plan and implement a learning project. The experience of negotiating assignments in Phase 1 is intended as a preparatory activity for the more independent style of learning that will operate in the later phases in the program, especially in Phase 3 and the independent learning project. Students should ensure they have submitted at least one negotiated assignment before the Portfolio examination at the end of second year. They are welcome to negotiate more than one assignment in Phase 1, however it is not recommended that they do so until at least the last course of your first year, so that they can gain experience in the requirements of assignments. Developing a proposal, considering feedback and implementing the plan are essential parts of the process and of the learning involved in this activity, so should be treated as a serious process.

Guidelines

The following guidelines cover the scope and process involved.

Students should start the process by discussing their proposal for the negotiated assignment with their facilitator. The proposal should contain:

1. A description of what incident or experience suggested the assignment focus to the student. This is to help anchor the question that drives the assignment in an event or experience, and should give an indication of why they have chosen this focus.
2. The proposed topic of the assignment. The topic must be relevant to the course themes but should not be too close to the topics addressed in lectures and other activities in the course, or too close to the topics of set assignments and projects in the course.
3. A statement of the aim of the assignment. They should think carefully about this. A negotiated assignment should be interesting and worthwhile. Specifically it should be:
 - related to the themes and aims of the course; and
 - significantly different to the set assignments and projects in the course and in other courses in the program.

Items 2 and 3 together should indicate what the student expects to learn from doing the assignment.

4. An indication of the focus capability for the assignment. Note that all negotiated assignments have Self-direction and critical evaluation as one capability focus. See below for focus and generic assessment criteria for this capability.
5. A description of what the student proposes to do in order to investigate the nominated question/topic. This might include sources of literature for review, people to interview, processes to observe, skills to develop, etc. The scope of the tasks should be suitable in terms of the time and resources required. They should not plan an assignment that requires ethical approval as there will be not be sufficient time for the ethics approval process.
6. An indication of the length and format of the report that will be produced. Will a supporting file be submitted? (i.e. What will you produce as evidence that they have pursued your aim and to demonstrate what you have learned?) Note that a written assignment report is a maximum of 2000 words long, including the text in the required 'Statement of modifications' made to the original plan in light of feedback received and issues encountered.
7. An indication of the assessment criteria that they propose for the chosen focus capability. The criteria can be broad, and should say what an acceptable response would look like. As for any assignment these criteria must be written in such a way that the marker is clear about what is expected, and can evaluate your performance against them. Students should check the criteria on some set assignments for examples, but make sure their criteria reflect the significant aims and tasks of your proposal.
8. A schedule of activities for weeks 2 to 6. Note that the assignment should be submitted at the same time as other assignments in the course.

Students should submit their plan to the eMed: Registrations system by 5pm on the Friday of the first week of the course (or as listed in the course guide). The course convenor and a panel of assessors will review the proposal, provide feedback and indicate if the proposal is approved or not approved.



- If not approved, students should register for a set assignment from the course guide.
- If approved, students should consult with their facilitator over any modifications to the plan that they need to make in response to the feedback received. If the feedback from the convenor alters the assignment so it is no longer of interest to the student, they may drop it and register for a set assignment from the course guide. Otherwise, they should proceed with the plan.

The final report should be a single document that contains the following five elements

1. The assignment report
2. The original plan
3. The feedback document received from the course convenor
4. A statement of modifications made to the plan in light of the feedback and/or problems encountered while doing the assignment.
5. The assessment criteria for the assignment. These should incorporate any changes made to the criteria that were originally proposed in light of the feedback received. Please note that a failure to incorporate the final assessment criteria in the final submission may result in a Fail grade!

The document should be submitted as a negotiated assignment (a special category of submission on eMed: Portfolio) by the due date and time for submission of assignments in the course. Students may include one separate supporting file as part of the submission.

The maximum of 2000 words applies to the report and the statement of modifications made (and not to the original plan or feedback document).

Assessment criteria

The focus and generic criteria for assessing the capability of Self-direction and critical evaluation for negotiated assignments are:

Focus assessment criteria for capability: Self-Directed Learning	Generic assessment criteria for capability: Self-Directed Learning
<ul style="list-style-type: none"> • Topic question is interesting and worth exploring. • Quality of the learning plan (a range of appropriate learning activities, achievable within time & resource limits.) • Adequate search strategy. • Assessment criteria are related to the learning aim and are able to be evaluated. 	<ul style="list-style-type: none"> • Plan is completed on time and submitted to eMed-Portfolio by due date and time • Sources are accurately referenced, using the specified format. • Evidence of critical thinking, awareness of own & others' values & biases, logical argument and use of evidence.

The student will specify the second focus capability in the plan and when they submit the final document to eMed: Portfolio. The criteria for assessing the performance in this capability will be taken from the plan and any subsequent modifications.

Negotiated assignments, like set assignments, are assessed against criteria for the three generic capabilities (communication, self direction and critical evaluation, and reflection).

Penalties for late submission and over length reports are as for set assignments.

Assignments involving interviewing

All students doing a negotiated assignment that involves interviewing either professional colleagues or patients MUST ensure that relevant ethical considerations are respected.

Communicating with patients and colleagues is part of professional training; however when conducting interviews students should always seek informed consent and respect confidentiality. This means:

- explaining the purpose of the interview/discussion, and detailing who will see the resulting report;
- ensuring that what is said is understood;
- obtaining additional verbal consent if the written assignment report is going to be shown to anyone apart from the assessors; and



- keeping all names confidential by using pseudonyms (that is, a false name) or a number or code. You should note that the medical record number is not appropriate as a 'code' for de-identifying patients. Students must be particularly careful about de-identification when there is the risk of identification of 'de-identified' patients by other means, e.g. uncommon condition or particular family history. They may only use the real names of colleagues if they have been given explicit permission to do so, keeping interview tapes or transcripts, if any, de-identified (that is, do not put the name of the person on it, but put on the code), being careful how the report is written up. In particular, if someone has given a student sensitive information then they should be sure to deal with it carefully. Students must ensure that they do not cause them harm or problems as a result of the work.

All this is common sense behaviour required of a professional working with humans in vulnerable periods of their lives, and also showing care for colleagues and the impact we may have on them.

Seeing Patients on Wards

If students are seeing patients on the wards unsupervised they must:

- Identify themselves to a member of the nursing staff. Ensure their ID card is visible.
- Obtain permission from the nursing staff to see the patient if the team does not know the patient.
- Introduce themselves to the patient as a 'medical student' or 'student doctor' and explain the purpose of the visit. The more precise they are about their aims, the more likely the patient will agree.
- Obtain the patient's permission. The patient has the right to decline for no stated reason. If the time is not suitable, the student should ask the patient if they can return at a later time.
- Not disturb a patient who is sleeping, having a meal or undergoing any nursing care.
- Obtain permission from visitors to interrupt their visit. Ensure they inform visitors when they have finished seeing the patient.
- Not disturb dressings without the permission of the nursing staff.
- Not move patients who require assistance without the permission of the nursing staff.
- Stop immediately if the patient is to be taken off the ward for any reason.
- Help the patient with dressing, repositioning when they are finished and leave their area as they found it.
- Return the patient's medical records and any charts to the appropriate place. Students must not remove any information relating to the patient, including medical records and X-rays, from the ward.
- Report any incident to the Acting Nurse Unit Manager that may have occurred during your visit that may have harmed the patient or which could result in a complaint. Note that all students are covered by an insurance policy.

Patient Confidentiality

At all times, students must be mindful of patient's confidentiality.

- They should not include identifying details when discussing a patient's condition with other students or staff who are not involved in the patient's care. Students must obtain consent from patients for their name to be passed on to other students for teaching purposes.
- They should never discuss a patient in a public place e.g. in elevators or in corridors, even if the patient is not identified. A relative could readily identify whom they are talking about and hear information not disclosed by the patient.
- They cannot photocopy medical records.
- They cannot use the hospital's computer clinical information system to obtain information on a person, which is not relevant to their clinical care.

4.3 Guidelines for Repeating the Phase 1 Communication Assignment

The Faculty receives many requests to repeat the Phase 1 Oral Communication assignment, usually because students want to improve the grades for the focus capabilities of the assignment. However, due to the large cohort in Phase 1 it is impossible to allow all students to repeat this assignment. Accordingly, the relevant guidelines have now been amended.

Students who receive an overall P or P+ will not be permitted to repeat the communication assignment, but should note the feedback they receive and ensure that they address the issues raised in their portfolio.



Students who receive an F in either of the focus capabilities will be allowed to repeat the assignment.

Students who receive a P- in either or both of the focus capabilities will not be guaranteed an opportunity to repeat the assignment. If the quota for registrations has not been met then requests may be made to the element convenor to repeat the assignment.

Some suggestions given to students for addressing shortcomings if they receive a P- in a focus capability are listed below. These are not intended to be exhaustive and there may be many other effective approaches.

1. Keep a journal of your interactions with patients. Note the times when the communication went well, what you did that was different, what it felt like for you, the patient's reaction to you etc. Note the times when you found the communication more challenging, what happened and what did you do in response to this. You could submit your journal, or an edited version of it, to eMed as an Evidence of Achievement record.
Identify some critical incidents that you experience when interacting with patients, and then analyse them in some detail by looking at: the setting and the focus of the interaction; the people involved; what happened; how everyone reacted; and how you think you might handle this type of interaction better in the future. Submit a file containing some of these analyses to eMed as an Evidence of Achievement record.
2. Consider what other opportunities you have to use your communication skills outside of the program. This may be at work or in personal situations when really understanding the other person's perspective is critical to dealing successfully with a problem. If you can get a detailed and focused reference from your employer or social group leader etc. that attests to your effective use of communication skills, you can submit it to eMed as an Evidence of Achievement record.
3. Do practise tapes for the communication sessions – these are useful for feedback from both your peers and the communication tutor.
4. Be observant of others – both your peers and staff. What are you learning from these observations, what are they doing that you think works, how do patients respond to them during the interactions? What is not working as well and what are the reasons for this. Consider how the patients respond to staff or to your peers. Note the important issues in your journal.
5. Seek feedback – both from your peers and others. Remember it is impossible for clinical staff to give individualised feedback to every student, so don't press for this if they indicate that it is unreasonable.
6. Make efforts to ask people about the experience of their illness. There is not always time within the formal hospital visits for such discussions so you need to adopt this focus in your own time. Many people, not just patients, will talk with you. In fact you should try to talk to people at home rather than in hospital because people at home will be in a better position talk about their experiences. In hospital patients are usually very ill and managing their signs and symptoms is much more critical. The minimal level of privacy that Hospitals offer is not very conducive to discussions on personal issues.
7. Consider how your observations link with what you have read on doctor patient communication. What seems to work and what doesn't for you? Why? Develop the ability to discuss your communication experiences by reference to relevant theories and frameworks.
8. Reflect regularly on your development over the range of your communication experiences. What are you learning about yourself? What kind of situations and/or people do you find it difficult or easy to communicate with? Are there particular issues that you avoid asking about? How do you respond to patients' emotions?

The above suggestions will give students both realistic evidence and credible reflections for their portfolio. These will help to demonstrate that they are working on their skill development.

4.4 Exempted Assignment

From TP3 2008, students in their second year of the program may apply for an assignment exemption in any course. Students in first and third year are not eligible for assignment exemptions. Second year students may apply as often as they like, but may only take one assignment exemption in the phase.

Please note that to qualify to sit the portfolio examination at the end of second year students must have passed 12 assignments and projects in total.



Students will also need to have evidence from assignments in all capabilities, except perhaps Teamwork - it is accepted that assignment evidence for the Teamwork capability is sometimes hard to get in Phase 1. Therefore, before applying for an assignment exemption, students should ensure that the evidence in their portfolio is demonstrating consistent or improving achievement in the capabilities, and that they are confident that their portfolio will contain positive evidence addressing all capabilities when submitted. The portfolio examination result may be down-graded if there are identified weaknesses in the work in one or more capabilities and the student has declined the opportunity to focus on relevant capabilities by taking an exemption.

A quota will be applied to the number of assignment exemptions that will be granted in each course. The default quota is 80 per course. Applications will be randomly selected into the quota. All applicants will be notified of the outcome of their application by email.

To apply for an assignment exemption:

- Log on to eMed (<http://emed.med.unsw.edu.au>)
- Go to eMed: Registrations and click on 'Register Preference' in the left hand panel
- Select Phase 1, the Course and the Cycle: if the student is eligible for an assignment exemption, text to this effect will appear in RED
- Select the 'Exempted Assignment' submission type
- Click on the 'Submit' button
- The student will receive an emailed acknowledgement of the application

If the application is unsuccessful, the student will need to register for another assignment in the course.

If the application is successful, a token entry will be placed in the student's portfolio indicating that they were granted an assignment exemption for that course. They will then be prevented from applying for an exemption in later courses in the phase.

4.5 Grading system for assignment and projects

Assessors for assignment and project reports will usually be chosen from among the scenario group facilitators, according to expertise. Assignments and projects will be marked anonymously. Each assessor will give grades and feedback on the focus capabilities, and on the communication, reflection, and self-directed learning/critical evaluation aspects of a project (using the 'generic' criteria supplied below). An overall grade will also be awarded.

Grades

The following grades are used in all phases of the program for the assessment of assignments, projects and portfolios. The requirements for assignments and projects include assessment criteria for each relevant capability, and the grades below are used to recognise the standard of performance achieved in relation to those criteria. For the portfolio examination, the assessment criteria for each capability are detailed in the expectations for the graduate capabilities for the relevant phase. The specific examples in the statements below are illustrative only; they should not be interpreted as expanding or replacing the relevant assessment criteria for an assignment or project.



- P+ Addresses the assessment criteria at a standard that exceeds what is normally considered satisfactory for students in the relevant phase of the program. This grade represents a clear distinction or high distinction. This level of performance involves the characteristics of a P performance, but might also demonstrate an unexpected level of expertise, originality, depth of thought, integration and/or understanding. Depending on the assessment criteria and the task this grade could recognise that the student's work: demonstrates a high level of integration or understanding; prioritises competing issues appropriately, links seemingly unrelated aspects of a case through an understanding of the underlying biomedical or social sciences; extrapolates from a particular understanding to a new context – or from a particular case or plan of management to a new case or plan – making appropriate modifications in the process.
- P Addresses the assessment criteria at a standard that is satisfactory for students in the relevant phase of the program. One or two aspects may not be well done, but the standard is still considered to be satisfactory. This grade represents a good pass or a credit. Depending on the assessment criteria and the task, this grade could recognise that the student's work: answers the question; makes a good argument; draws on relevant evidence; shows some selectivity and judgment in deciding what is important and what is not; reports and interprets clinical details with due regard to the available evidence and an appropriate understanding of the underlying social and biomedical sciences; and/or proposes broadly effective management plans.
- P- Addresses the assessment criteria at a standard that is barely satisfactory for students in the relevant phase of the program. This grade represents a low or conceded pass. The work demonstrates an understanding of one or a few basic aspects, but these are unintegrated and do not make a coherent statement or argument, or fail to address the key issue. Written work may rely too much on retelling other sources such as texts and lecture notes, with little evidence that the student is capable of transforming these into a personal understanding. A patient case report might omit significant features, or be interpreted without due regard to the available evidence or without an appropriate understanding of the underlying social and biomedical sciences. A management plan may contain irrelevant, ineffective or ill-advised elements.
- F This grade is used when the student has misunderstood the assessment requirements, or failed to address the most important aspects. This grade represents a clear and substantial failure, which would need major work before it could be passed, or which suggests a level of performance significantly below that expected of students in the relevant phase of the program.

To pass an assignment or project a student must achieve an overall P- grade or better. The assessor has discretion over the overall grade awarded for an assignment or project. There is no algorithm which links the capability grade to the overall grade.

For group projects, each member of the group receives the group's grades for the project overall and for the individual capabilities it addresses.

Focus capabilities

Projects and assignments will focus on one or two of the eight capabilities, depending on the topic. The phase 1 indicators for the capabilities will be used as criteria for assessment of the focus capabilities, unless specific criteria are specified in the assignment or project requirements.

Criteria for the generic capabilities for all project and assignment reports

The following criteria will be used for the assessment of the generic capabilities in assignment and project reports. The four grades F P- P and P+ will be used to report results for these capabilities.



Capability	Criteria
Effective communication: (applicable to both assignments and projects)	<ul style="list-style-type: none"> • Clarity (clear, simple, grammatical language, terms explained) • Logical structure. • Appropriate language, length, style and format for the intended audience • Appropriate use of media (visuals, graphs, video, etc)
Self directed learning and critical evaluation: (applicable to both assignments and projects)	<ul style="list-style-type: none"> • Sources (range, citation standards, quality, relevance, search strategy, people consulted) • Scope (addresses all requirements of the assignment or project) • Critical thinking (evidence of awareness of bias in sources, others' viewpoints, own views, logical argument) <p><i>Negotiated assignments will be marked on the following additional criteria:</i></p> <ul style="list-style-type: none"> • Quality of the learning plan, including the assessment criteria. • Time management, including reporting, drafts, deadlines • Search strategy <p><i>For wiki assignments:</i></p> <ul style="list-style-type: none"> • The content of the wiki should demonstrate to the reader that you have researched adequately on this topic and covered the key areas necessary to inform your peers in their learning • Develops and edits the wiki entries in accordance with the wikipedia guidelines.
Development as a reflective practitioner: (applicable to assignments only)	<ul style="list-style-type: none"> • Provides a credible self-assessment of the quality of the assignment report in terms of its strengths and weaknesses in meeting the assessment criteria for the focus and generic capabilities. • Identifies strengths and weaknesses of the research process used and articulates credible plans to improve research skills • Reflects on the assignment topic, the research process and draws implications for wider learning and future practice.
Teamwork: (applicable to projects only)	<ul style="list-style-type: none"> • Provides evidence of team meetings by appending to the project report documents such as: agendas, minutes, summaries of discussions, or lists of decisions made. • Provides evidence of the evaluation of the group process using tools provided, focusing on at least one of the following: group roles and responsibilities, communication between group members, resolution of conflicts, behaviour in group meetings (task, support, non-productive). • Identifies teamwork issues, (e.g. discussion of the contributions of team members as required) that facilitated or impeded the group process and outlines plans to address these in future group work.

4.6 Penalties

Late Submissions

All submissions to the eMed: Portfolio system are date and time stamped, and late submissions will be subject to penalty.

If a student submits an assignment or project after the specified time on the due date but no later than seven days afterwards, then the maximum grade that the assignment or project will be awarded for the generic Self-direction and critical evaluation capability will be P-. It may be awarded an F if it otherwise fails to meet the generic criteria for this capability. Please note that a pattern of P- or F grades for any capability may jeopardise a student's ability to pass the Phase 1 portfolio examination, which is a barrier assessment to progress to Phase 2.



If a student submits an assignment or project more than 7 days after the specified time and due date, then the assignment or project will not be assessed and an overall F grade for the assignment or project will be awarded. The final result for the course may be withheld pending a review of the student's academic standing in the program.

If a student experiences extenuating circumstances that will prevent them from submitting an assignment or project by the due date, they should contact the course convenor before the due date to seek an extension. In most cases a medical certificate or similar evidence will be required.

Over length Reports

The word limit excludes bibliographies and references. If a student submits an assignment or project report that more than marginally exceeds the maximum word length specified, then the maximum grade that the assignment or project will be awarded for the generic Effective communication capability will be P-. It may be awarded an F if it is significantly over length or if it otherwise fails to meet the generic criteria for this capability. Please note that a pattern of P- or F grades for any capability may jeopardise the student's ability to pass the Phase 1 portfolio examination, which is a barrier assessment to progress to Phase 2.

4.7 Portfolio Examination

The portfolio is a formal summative examination requirement for each phase of the undergraduate Medicine program. It is not related to the end of course or the end of phase examinations, but sits alongside these. Like the end of phase examination, it is also a barrier assessment: students must pass the portfolio examination in order to be able to proceed to the following phase of the program, or to graduate in the case of the Phase 3 portfolio examination.

The Faculty uses the portfolio examination for several purposes.

- As a tool to enable examiners to look at the whole range of student performance and to check that each capability has been adequately addressed.
- As a means of encouraging, developing, and assessing student capability in the area of reflection.
- As a way of recognising student development in all of the areas of capability which are required of a good doctor, and as a means of excluding students who fail to develop an acceptable level of performance in one or more capabilities.

The requirements for the portfolio examination vary in each phase. In the Phase 1 portfolio examination students are required to reflect on how their project and assignment work and other experiences have contributed to their achievement of the capability indicators for Phase 1, and to write reflectively about their strengths and weaknesses in each capability. All of the graduate capabilities for the program must be addressed.

A number of sample Phase 1 portfolios are available on the Faculty website.

Frequently Asked Questions

What form does the portfolio examination take in Phase 1?

At the end of the second year of the program students must submit their Phase 1 portfolio for a summative examination. The portfolio is submitted in electronic format to eMed: Portfolio. The full Portfolio seen by the examiners includes a listing of all the projects and assignments students have completed in the phase, together with their grades and capability focuses, plus the Evidence of Achievement records they have submitted. All this material will also be listed by capability and the grades and comments received will be included. The comments students give to their peers, and that they receive from their peers and facilitators on teamwork contributions will be included as evidence towards their achievement of the Teamwork capability. Students can also submit self-assessment comments on their teamwork at any time, and these will also be listed. All these lists are automatically generated by the eMed: Portfolio and Teamwork systems for the reviewers, students do not need to submit them.

A reflective essay, which should be no more than 3500 words in length (around 10-12 pages). Essays greater than 3500 words in length will not be accepted. This essay should refer to the student's assignments and projects, and also to significant relevant experiences such as critical incidents which occurred in class, cross-



cultural encounters, clinical experiences and extra-curricular activities. Students must not refer to their end of course and phase examination results in this essay. The essay must show how their work in the program has contributed to their achievement of each capability, and they must demonstrate their ability to reflect on their learning in the phase by highlighting strengths and weaknesses in each capability, and how they are addressing the latter.

Who gives advice on your portfolio?

Each student in the program has a Portfolio Advisor based on your College. The college portfolio advisor can assist in advising students how to prepare your portfolio.

The portfolio advisor or scenario group facilitator can assist in determining what may be suitable informal evidence for a portfolio.

Students may also seek advice about which capabilities you should focus on to balance their portfolio or whether they need to do any further assignments or projects focusing on a particular capability. They should also use the discussions in the scenario group to help them plan their projects and assignments to ensure they cover all the capabilities adequately.

A portfolio advisor cannot give feedback on a draft version of a portfolio essay. Students should exchange drafts with a fellow student for peer feedback. Clearly they cannot collude with another student to write a portfolio. The portfolio, like any other work of assessment, will be checked by plagiarism detection software.

If a student fails the portfolio review their portfolio advisor will help them to identify areas to be addressed before resubmission.

Portfolio advisors for each college are:

- Collegium A – Associate Professor Philip Jones
- Collegium B – Associate Professor Chris Hughes
- Collegium C – Dr Chinthaka Balasooriya
- Collegium D – Associate Professor Tony O'Sullivan

When is the portfolio examined in Phase 1?

At the end of the second year of the program students must submit their Phase 1 portfolio for a summative examination. At this portfolio examination each capability will receive a grade of F, P-, P or P+. In this scheme, which is the same as the scheme used for grading projects and assignments, a P grade indicates a performance that meets all expectations, a P+ grade exceeds expectations, and a P- indicates a performance that would require further work to bring it to the expected standard. An F grade indicates a substantial failure.

To obtain an overall pass (equal to an overall P- or better) at the Phase 1 portfolio assessment students must obtain a grade of P or better in six of the eight capabilities, with no F grades. If a portfolio is not awarded an overall pass based on these rules, the student will have the opportunity to resubmit it at the end for a further examination. Failure at this point will trigger a formal academic review of their status and supplementary examination requirements, and may ultimately result in their exclusion from the Medicine program.

Students will be allowed to proceed to Phase 2 of the program with a P- grade for two capabilities at the Phase 1 portfolio examination (provided they have no F grades). However, at the Phase 2 portfolio examination they are only permitted one P- capability grade, and no F grades, in order to proceed into Phase 3 of the program. Students must receive a P grade or better in all capabilities at the Phase 3 portfolio examination in order to graduate from the program.



How is the overall grade decided at the phase 1 portfolio examination?

The Phase 1 portfolio will be examined at the end of the second year of the program. At this examination it is expected that each student will receive a P grade for each capability. Students who receive P or P+ grades for all the capabilities will receive an overall P or P+ grade for the portfolio, as indicated in the following table.

F	. P-	P	P+	Capability Grades Overall Grade
0		≤ 4	≥ 4	P+
0	0	Variable	<4	P
0	1	Variable	Variable	P
0	2	Variable	Variable	P-
0	≥ 3	Variable	Variable	F
≥ 1	Variable	Variable	Variable	F

Students with an overall P- for the portfolio will be deemed to have passed the portfolio examination requirement for progression to Phase 2.

Students who receive an overall F grade at the portfolio examination will be required to submit a revised portfolio for further examination after completing one additional Phase 1 course. If this revised portfolio receives an F grade by the same rules, the student may be required to undertake an individual study program (ISP) of up to eight week’s duration and to submit a revised portfolio for supplementary examination. If a student’s portfolio receives an overall F grade at this supplementary examination, the student will exit from the medicine program.

What are the criteria for assessment of the portfolio examination in Phase 1?

The broad assessment criteria for the portfolio review are drawn from the Phase 1 indicators for each capability. The examiners will look at your portfolio to make a judgement about your development with respect to each capability. They will be looking for evidence that the student has developed in each capability to the extent that their performance approximates in scope and depth to the sorts of performances described by the indicators for that capability for the Phase. They are also looking for evidence of the student’s ability to reflect honestly and openly on their development in each capability.

Clearly there are too many indicators for students to be able to address all of them adequately or separately. The examiners are not looking to the graduate capabilities as a check list, but rather as a broad indication of the types of performances students should be capable of.

Who examines the portfolio?

Portfolios are reviewed by a panel drawn from each of the Schools in the Faculty. In cases of marginal performance in a capability, double and even treble marking is used to ensure reliability. The Phase 3 portfolio examination is an oral examination based on the submitted written portfolio.

What might be included in the reflective essay?

Below are some suggestions to help students think about what they might include in their reflective essay. Any of these ideas might be linked to assignment or project work as supporting evidence or they might discuss specific experiences they have had which have brought about changes in their understanding. As part of the preparation for the portfolio we strongly recommend keeping a notebook in which students record details of interesting experiences or insights as they occur. Without making notes close to the event it is difficult to provide detail to support observations and reflections. Remember that students may not refer to other end of course or phase examination results in this essay.

Using Basic and Clinical Sciences	<ul style="list-style-type: none"> Your reflections on your learning so far in this capability area. Reflections on concepts or ideas which you found difficult or
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	<p>challenging at first.</p> <ul style="list-style-type: none"> • Difficulties in recognising when scientific material previously studied applied to new scenarios or clinical experiences. • Understanding how different disciplines approach the same topic.
<p>Social and Cultural Aspects of Health and Disease</p>	<ul style="list-style-type: none"> • Your reflections on your learning so far in this capability area. • Significant understandings on how psychological, social or cultural issues affect health or people’s perceptions of health and disease, illustrated by an experience you had as part of the course or outside the course. • First hand experiences (as participant or observer) of how people from different groups (elderly, indigenous, immigrants, refugees) interact with the health care system and reflections on what the experience is like for them. • Health education campaigns you have noticed, their impact on you and how you think they might impact on their target audience when you take into account their beliefs and behaviours. • Reflections on healthy or unhealthy aspects of your own lifestyle, where you get health advice, whether you follow it, what prevents you from following it. • Notes and comments on influential reading you have done outside the course.
<p>Patient Assessment and Management</p>	<ul style="list-style-type: none"> • Your reflections on your learning so far in this capability area. • Reflections on learning procedural skills. • Reflections on examining a real patient, such as one from a social, religious or cultural background that is different to your own. • Reflections on visits to hospitals or health care practitioners. • Reflections on holistic assessment and management of patients – their spiritual as well as physical and emotional health and well being (including help they might seek, for example, from complementary and alternative medicine, outside the health sector). • Notes and comments on reading on patient/doctor experiences.
<p>Effective Communication</p>	<ul style="list-style-type: none"> • Your reflections on your learning so far in this capability area. • Reflections on significant learning in communication with real or simulated patients. • Difficulties and personal challenges in regard to communication (e.g. types of people including people from culturally and linguistically different background and particular situations). • Comments on observed instances of clinical communication or communication in classes. • Reflections on personal, social and cultural barriers to empathy and understanding and how these might be overcome. •
<p>Team Work</p>	<ul style="list-style-type: none"> • Your reflections on your learning so far in this capability area. • Reflections on personal style, variations in style based on background and how you dealt with these in a team, strengths and weaknesses in teamwork, supported by instances from work on group projects. • Discussion of specific difficulties or successes in team work. • Reflections on team work experiences outside the university and comparisons with experiences at university. • Observations on health care teams.
<p>Self Directed Learning and Critical Evaluation</p>	<ul style="list-style-type: none"> • Your reflections on your learning so far in this capability area. • Discussion of what you learned about self directed learning and critical evaluation from a self-initiated assignment.



	<ul style="list-style-type: none"> • Personal systems you use for recording, organising and managing information. • Description of a personal learning project undertaken outside your medical studies, for example engagement with a community or a general education activity. • Significant unanswered questions, things that intrigue you, future learning issues.
<p>Ethics and Legal responsibilities</p>	<ul style="list-style-type: none"> • Your reflections on your learning so far in this capability area. • Discussion of an ethical dilemma observed in class or in clinical setting. • Reflections on your own values and differences with those of fellow students. • Understandings regarding how your own values and beliefs have been derived. • Discussion of a situation where your own values or beliefs were challenged.
<p>Reflective Practitioner</p>	<ul style="list-style-type: none"> • Use this final capability to review your strengths and weaknesses in regard to your development in the program overall: • Self assessment of progress over the first two years. • Reflections on assessment results and feedback received. • Reflections on the kind of medicine you might be interested in practising and why you might be suited to it. • Personal approaches to recognising and dealing with stress and how these might be shaped by your background and beliefs.



5. Entering Facilitator Comments into eMed Feedback

Scenario group facilitators are able to enter comments on the contributions of individual students in their group into the eMed Feedback system. These comments will appear in the student’s Portfolio and will be considered in the Portfolio assessment at the end of second year. Facilitator comments are not anonymous.

To enter a comment on a student’s contributions

1. Log on to eMed using your staff ID (preceded by lower case ‘s’ or ‘z’) and UniPass.
2. The URL for eMed is <http://emed.med.unsw.edu.au/>
3. Select ‘Feedback’ from the menu. You should be presented with the screen below. Click on ‘Create Feedback’ in the left hand margin.

4. Select the Phase, Course, year, then the Teaching Group and the Student’s name in turn. The screen will refresh after the choices.

Cancel Submit Feedback

Teamwork Feedback

	On behalf Of: <input type="text"/>
	<input type="button" value="Set fields for selected student"/>
New Feedback By	Students in group: No students in found for group
Phase	1
Course	MFAC1526 : Ageing & Endings B
Year of Course	2010
Teaching Group	2010_TP4_MFAC1526_AEB_Scenario Group A10
Student	--- Select ---
Type of Feedback	Facilitator
+ Generic Teamwork Contribution Criteria	
Feedback (max 1500 characters / approx 250 words)	
<div style="border: 1px solid #ccc; height: 100px;"></div>	

5. Enter your comment in the Text box. Click on ‘Submit Feedback’ when you have completed your comment. You will receive an onscreen and emailed receipt for your feedback.



If you click on the plus sign next to the text “Generic Teamwork Contribution Criteria” the criteria used by students when they give feedback to a peer will be revealed/removed. You may find these useful as a guide to relevant aspects of teamwork.

- Regular attendance at group meetings: Attended all or almost all meetings, stayed to agreed end, worked within timescale, active and attentive, prepared to be flexible about meeting times.
- Contribution of ideas for the task: Usually thought about the topic in advance of the meeting, provided workable ideas which were taken up by the group, built on others' suggestions, and was prepared to test out ideas on the group rather than keep quiet.
- Researching, analysing and preparing material for the task: Did what they agreed to do, brought materials, did an adequate share of the research and helped to analyse and evaluate the material.
- Contribution to cooperative group process: Left personal differences outside the group, willing to review group progress and tackle conflict in the group, took on different roles as needed, kept group on track, willing and flexible but focused on the task.
- Supporting and encouraging group members: Listened to others, encouraged participation, enabled a collaborative learning environment, sensitive to issues affecting group members, supported group members with special needs.
- Practical contribution to end product: Willing to try new things. Did not hog the tasks, made a high level of contribution, took own initiative, was reliable and produced good standard work/presentation.

You may also include a comment on the student’s presentation skills. The generic feedback criteria for presentations are listed below.

- Explanation of project: Project aim, methods and findings were clearly explained; findings are based on the evidence available; methodology is appropriate and adequate for the task.
- Presentation: Oral presentation was clear, well structured and easily understood; timing was controlled so that most aspects were covered; audio visual aids or handouts were clear, well structured and easy to read.
- Understanding: Project team appeared to have a good understanding of the topic; able to answer audience questions.
- Stimulating learning: Presentation was interesting; significant issues and unanswered questions were highlighted; the audience should be able to learn a lot from this presentation and be stimulated to find out more about the topic.

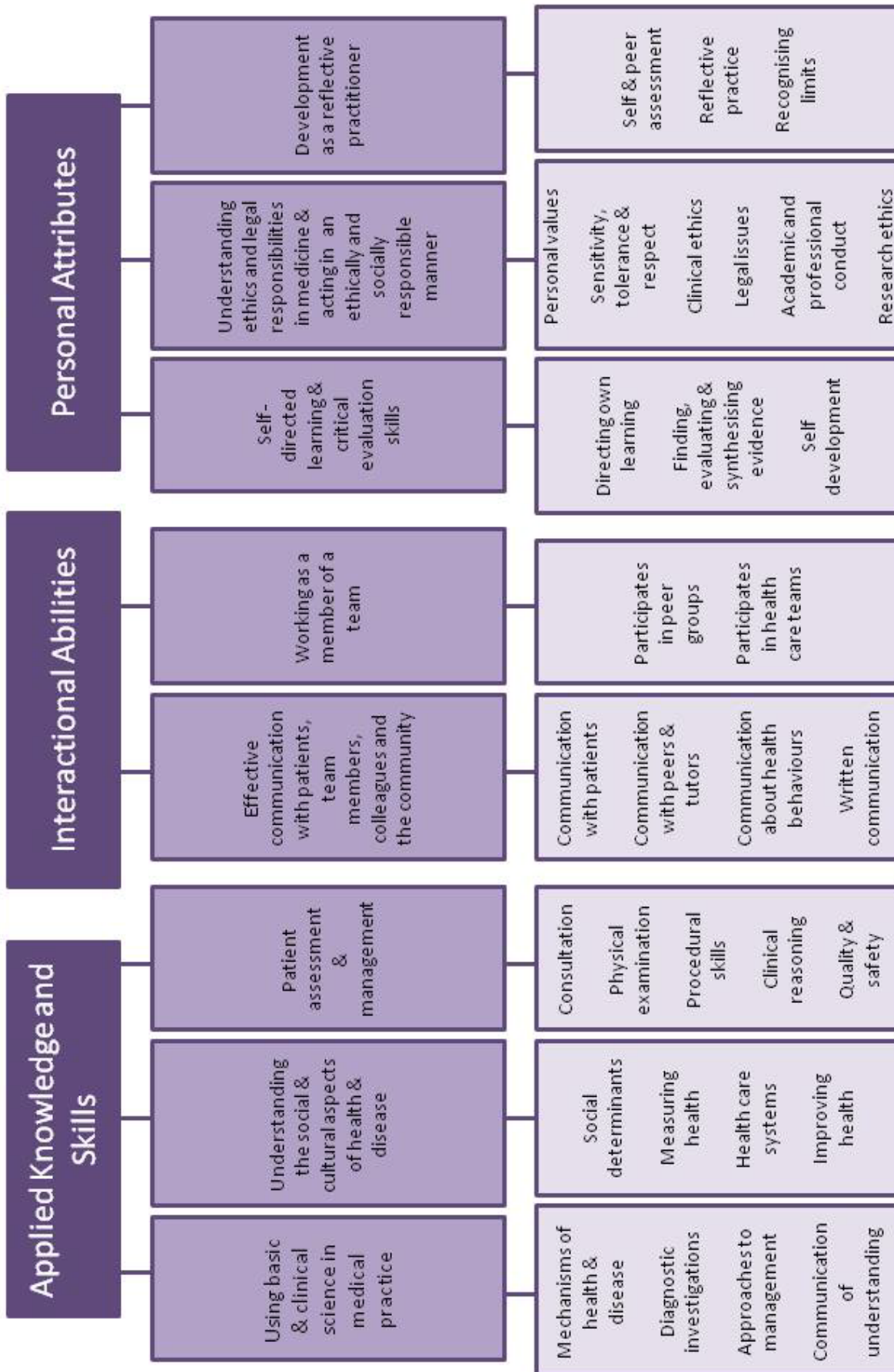
Problems?

If you have problems, contact the Timetable/Feedback Help Line on (02) 9385 8777



6. Graduate Capabilities

6.1 Graduate capabilities





6.2 Expectations for level of achievement of the graduate capabilities

The following section sets out expectations regarding the progress which students will be expected to make towards achieving the graduate capabilities in each phase of the new medical curriculum.

When reading Section [6.3] of this document it is essential to read all of the capabilities for a phase before concluding that any aspect has been missed. There are many elements of knowledge and performance that could easily relate to a number of capabilities. For the sake of convenience in teaching and assessment and to avoid repetition we have generally assigned these to only one capability.

Section [6.4] is a summary of the development of each capability over the three phases of the curriculum. The capabilities have often been abbreviated and/or combined in this section. The numbers in brackets refer back to the full wording of the capability in Section [5.2]. The Black Dots (●) in the phase columns indicate an emphasis on the development of the relevant capability. All capabilities are cumulative, so that once developed in any phase they are expected to be refined and exercised in subsequent phases.

These expectations for the different phases are intended to provide a framework for assessment and should be read with this in mind. We have attempted to find a balance between detail and simplicity which will enable the document to be useful in this regard.

Sue Toohey, John Ham, Chris Hughes, Peter Harris and Patrick McNeil

November 2002

Revised – January 2008

6.3 Graduate capability achievement levels for each phase of the curriculum

Phase expectations for the graduate capabilities

<http://www.med.unsw.edu.au/medweb.nsf/page/Graduate%20Capabilities>

6.4 Development of each capability over the three phases of the curriculum

This section presents a summary of the development of each capability over the three phases of the curriculum. The numbers in brackets refer back to the full wording of the capability elements in Section [6.3]. The Black Dots in the columns indicate an emphasis on the development of the relevant capability. All capabilities are cumulative, so that once developed they are expected to be refined and exercised in subsequent phases.

<http://www.med.unsw.edu.au/medweb.nsf/page/Graduate%20Capabilities>



7. eMed: Information for Staff

7.1 Introduction

eMed is a suite of web-based systems that supports learning and teaching in the Faculty’s undergraduate Medicine program. The suite consists of six main systems. The students have access to all systems except for Tracking.

An online Introduction to eMed tutorial is available at: <http://web.med.unsw.edu.au/Emed/Start.htm> which gives an overview of the systems from a student perspective.

System	Function
Map	Holds information about all teaching and assessment activities.
Timetable	Holds information about the times and locations of teaching activities and your clinical assignment.
Portfolio	Resource for submission and storage of assignments, projects, evidence of achievement and portfolios.
Tracking (for staff only)	Used to manage assessment marking. This system is only accessible to staff.
Results	Publishes submission assessment results and exam results. Official course results can be found at MyUNSW.
Feedback	Used to capture self and peer feedback from students for participation in project groups and feedback from staff on group performance or against individual graduate capabilities.
My Preferences	A preference registration tool. Students use this to register preferences and/or requests for negotiated assignments, assignments and group projects (including those with a quota limit) and the ILP.

eMed Map is supplemented by Blackboard, a learning management system used to distribute course materials and support communication online.

Logging Into eMed with UniPass

The URL of eMed is: <http://emed.med.unsw.edu.au/>.

You must log in to eMed using your UNSW User ID which is your University staff number preceded by a lower case “s” or “z” (for UNSW staff) and your UniPass. You then have a choice of systems to enter. If you are having trouble with access, you may call one of the eMed Support lines (below).

Note: The eMed systems have different levels of user access (e.g., student, teacher, designer). Student access provides considerably less information than staff access. For example students do not have access to Tracking, to certain eMed Map views and sections of forms, or to the Blackboard section for teachers. Therefore if you are accessing the eMed systems or Blackboard in the presence of students please do not log on with your own account, but instead ask a student to log on with theirs. Because of system security reasons, staff are not being provided with dummy student accounts. As well, when using a shared computer (e.g., in a scenario group room) never answer yes to any browser prompt that asks if you want to save the user name and password you entered.

Logging Out

Whenever you log in to a Faculty or UNSW online system (e.g., eMed, Blackboard, MyUNSW, email, library systems) with your staff number and UniPass or zpass (i.e., personal account) you are responsible for logging out when you finish using the system or leave the computer unattended (this applies to shared and personal computers). To log out of eMed or Blackboard, you must click the “Log Out” button on the top right of the screen. Using your ID card to swipe-off or lock a computer does not log you out of a system. The ONLY way to safeguard against someone else using the system in your name is to LOG OUT of the system.



Please note that the unauthorised use of someone else’s personal account is in breach of the UNSW Rules Relating to Student Use of Computing and Electronic Communications Facilities (see http://www.its.unsw.edu.au/policies/policies_home.html or <https://my.unsw.edu.au/student/resources/ComputingCommunicationRule.html>). All students agreed to these rules when activating their UniPass. Staff members are also required to abide by these rules.

University Email Accounts

It is necessary to have an active email account in order for you to receive periodic communications such as Timetable information. Your University email address is used for this purpose. You can arrange to have email messages that are sent to your official University account forwarded to another account on the IT Service Centre home page at: http://www.it.unsw.edu.au/staff/email/redirect_external.html

Browser Recommendations

The eMed systems are best accessed with Firefox 2+ or Internet Explorer 7+ (on PC) or Firefox 3+ (on the Mac) for both reading and editing functions. For optimum use of eMed, however, it is recommended that users follow the guidelines for Browser Settings on the TELT Blackboard Support page at: http://support.telt.unsw.edu.au/blackboard/content/Bb_tech_support.cfm?ss=0

Further Information

For further information about the eMed systems please see the Medicine 3802 Program website at <http://medprogram.med.unsw.edu.au/> (login required) and click on the eMed tab.

Support Lines

For problems with using the eMed systems there are help lines that you can call for assistance or further information. Alternatively you can complete a Support Request form.

System	Support Line
Map	02 9385 8795
Timetable	02 9385 8777
Portfolio	02 9385 8777
Results	02 9385 2459
Blackboard	02 9385 8795
Feedback	02 9385 8777
Support Request form	http://medprogram.med.unsw.edu.au/Med3802Web.nsf/page/Online+Enquiry (login required)

eMed Interface and Navigation Features

Detailed information on the interface and navigation features is located at: <http://medprogram.med.unsw.edu.au/Med3802Web.nsf/page/Interface%20and%20navigation?open&login>

7.2 About eMed Timetable

Timetable contains all the scheduled activities that you will be teaching in during the program.

Receiving Notifications

From time to time you may receive email notifications via your university email account when activity schedules have been modified. The email notifications will contain hotlinks to eMed: Timetable that will take you directly to the activity concerned. It is worth bearing in mind that activities may be rescheduled at short notice and that the Timetable itself (and not printouts from it) is the authority for up-to-date information.



Your Activities

Click on My Activities in the left frame. You will then see a number of views - Today, This Week, This Month and By Course. These specific views allow you to look at and print your scheduled activities in different ways.

Timetable entries include a summary of the activity (times, activity type and title, campus and room location) along with a Details hotlink.

Clicking on the Details link will provide further information, and a hotlink to a description of the activity (its educational aim and its place within the program) in eMed Map.

Further information

- For more background and help information about Timetable, visit the Medicine program website at: <http://medprogram.med.unsw.edu.au> or use the Help function in Timetable.
- For access or technical problems, please contact Timetable Support on 9385-8777 (Medicine Education and Student Office).

7.3 About eMed Map

Introduction

eMed Map captures information about graduate capabilities, courses, learning activities (e.g. lectures, tutorial, practicals) and assessments. The eMed Map enables teachers and course designers to coordinate all of the topics, ensure that topics are not overlooked, and update the program when necessary. The eMed Map can show students and teachers where a particular topic will be taught in the course and how all of the elements of the course fit together. Because the eMed Map is a dynamic database, one is viewing information that is complete at the time (but might be subject to change as it is continually being reviewed and developed), and information that is still undergoing development (e.g. Phase 2 and 3 courses).

An introductory tutorial for students covering the eMed Map is available at:

<http://web.med.unsw.edu.au/Emed/Map.htm>

The eMed Map design

- Course designers, course convenors, principal teachers and other discipline experts work collaboratively in completing the eMed Map forms.
- The eMed Map provides an overview of courses and activities in the program. It also holds copies of student course guides, prac manuals, lecture notes and recordings and additional supporting material.
- As a knowledge management system, the eMed Map uses a controlled vocabulary comprised of terms from the Medicine program and terms from the Department of Health and Ageing Thesaurus. Using a controlled vocabulary to tag forms makes it easier for users to search and find information in the Map.
- The design has been kept simple to allow easy access over the Web.

eMed Map Forms

The eMed Map is comprised of the following forms:

- Course Outline Form (COF) contains a description of the course, and links to relevant course documentation and copies of student course guides and prac manuals.
- Learning Context Form (LCF) contains a description of the learning context, such as a Phase 1 scenario.
- Learning Activity Form (LAF) contains details about an activity such as a lecture, practical, tutorial or scenario group session and contains attached notes and recording, when available.
- Assessment Activity Form (AAF) contains details about an assessment such as an assignment, group project, course exam or phase exam.



Browse and Search

You can access information in the Map by browsing the views or by using the search tool. Each view is set to display information around a particular curriculum component, such as learning contexts, teachers, streams. Take time to explore each view and the information it provides. Staff have a wider selection of views than students.

The search tool offers both simple and advanced search functions, and can be used to find more specific information.

Keep in mind that since courses are under development the information in the Map is not complete.

Course Level Information

Use the left frame to access information about a course, its learning contexts, activities and assessments as follows:

1. Click Course Outlines and then click a course title to open the COF.
2. Click Learning Contexts, then click the Phase required, next click a course and finally click a scenario title to open the LCF. Use the + Expand All or – Collapse All buttons to expand or collapse a view (see Learning Context View illustration).
3. Click the Learning Activities twistie, then click by Context and finally click a course title. Activities in this view are organised, learning context (e.g. scenario) and activity type. Click an activity title to open the LAF.
4. Click the Assessments twistie and then click by Type. Assessments in this view are organised by course. Click an assessment type to open the AAF.

Warning

As noted previously, certain eMed Map views and sections of eMed Map forms are only seen by staff and not by students. Therefore if you are accessing the eMed Map with students, **please do not log on to eMed yourself but instead ask a student to log on.**

Further information

- For information about activities in a course please ask the Course Convenor.
- For more background and help information about the eMed Map, visit the Medicine program website at: <http://medprogram.med.unsw.edu.au> or use the Help function in the eMed Map.
- For access or technical problems, please contact: eMed Map Support on 9385-8795



8. Blackboard

8.1 About Blackboard

Blackboard is a Learning Management System used at UNSW to provide students and teachers with electronic access to resources needed to support their coursework. Each course in the undergraduate Medicine program has a course site available via Blackboard. The Blackboard course sites have been designed to integrate with and supplement the information in eMed: Map containing rich media, quizzes, discussion sites and the like.

8.2 Access to Blackboard

You can login to Blackboard via the UNSW TELT Gateway at <http://telt.unsw.edu.au> using your staff number (preceded by a "z") and your zpass.

Once you successfully log into Blackboard you will see a list of the courses you have been added to as a teacher. Click of the name of the course you want to access.

8.3 Features of Blackboard Course Sites

All Blackboard sites for Phase 1 of the Medicine 3802 program are set up in a similar way so you will become familiar with what to find where.

8.3.1 Using the Discussion tool

See detailed information on the TELT Blackboard support site at:

http://support.telt.unsw.edu.au/blackboard/content/staff/Bb_creating_managing_discussion_forums.cfm?ss=0

8.3.2 Using the Scenario Group Area

(Information for Scenario Group Facilitators only)

Each scenario group in Phase 1 has its own private group area in Blackboard to assist students and facilitators with online communication. These areas are private, so that only group members can see them. The group area is not intended to replace face-to-face activities. Instead, it intends to provide a group with a way to share information when they are not meeting via a discussion area, file exchange.

Please note that participation by students and facilitators in their group's online area is strictly optional. As well students, and not facilitators, are expected to moderate their own group's discussions. Some students and facilitators use their discussion topic on a regular basis and others do not use it at all.

Evidence from previous years shows that many students and their facilitators used their group's area and found it an effective and efficient way of sharing information between sessions and for storing documents developed during activities (e.g., list of learning needs, comparative table of diseases). For example, instead of using butcher's paper or the whiteboard some groups used a Word file to capture information developed during an activity and then loaded the file onto their group space for future reference.

It is recommended that you let your scenario group know if you plan to use the online group discussion site or not. If you plan to use the site, we advise that you set some ground rules with your students about how often you intend to use the site and for what purpose, and about when you will use other systems such as email. You may also want to provide some guidelines on "online etiquette" (see below).

8.4 Online Etiquette

8.4.1 Online participation guidelines: Netiquette (Internet Etiquette)

General politeness

The computer-based discussion is similar to a normal face-to-face discussion session in that it is a personal exchange of information. Therefore, it is important to observe the everyday courtesies you would employ in normal conversation.



It is recommended to:

- be polite and avoid the use of bad language;
- respect others' point of view;
- be aware of cultural differences; and
- be careful with humour and sarcasm.

Characteristics of online discussions

In an online rather than a face-to-face discussion, you will notice some differences in the interactions with your fellow students, and in the way you contribute to the discussion... Ideas and impressions are transmitted by text so you will not have the advantage of body language to help you interpret meaning. Be careful to clearly convey your message and be aware that your classmates' views may change over the period of the discussion. Try not to be judgmental, and give people the benefit of the doubt.

Hints for new users

- Only use capitals for specific purposes, e.g. headings. Capitals on the internet it has become solely identified with "shouting" or attention-seeking behaviour. As a result, netiquette (internet etiquette) generally discourages the use of all capitals.
- Read all the contributions before you reply. It can be annoying if the same ideas are repeated once the discussion has moved on to other topics.
- Re-read your message before you send it. If you inadvertently send the wrong message, it cannot be retrieved and erased.
- As a general rule, try to keep your messages reasonably short.

Further information

- For more background and help information about Blackboard, visit the undergraduate Medicine program website at: <http://medprogram.med.unsw.edu.au>
- For access or technical problems, please contact the eMed Map & Blackboard Support Line on 9385-8795 (Medicine Education and Student Office).
- The TeLT Gateway also provides a Blackboard staff support site at <http://elearning.unsw.edu.au/blackboard/content/staff/index.cfm?ss=0>