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MED

TBCM II autumn 2023

Feedback from students:

Statements from the questionnaires you identified with the most:

- ✓ **Q6**: The session allowed me to work as part of a team.
- ✓ **Q7**: The session gave me the opportunity to apply my existing knowledge.
- ✓ **Q10**: The tRAT gave me a chance to discuss and justify my answers.
- ✓ **Q15**: While working on the scenario, I was actively thinking about which findings supported or refuted my ideas and conclusions.

Statements from the questionnaires you did not agree:

- **Q4**: The lesson encouraged me to learn independently.
- **Q9**: The iRAT allowed me to better understand in which areas I am the strongest.
- **Q12**: While working on this case, I felt like a doctor doing the real case.

We appriciate both positive and negative (constructive) feedback. In the case of reactions in questionnaires, it is sometimes not easy to recognize where are you coming from. Therefore, to move forward, it would help us if you specify your opinion here as much as possible. A few examples of your responses:

Positive – I see a benefit.

- Interactive and informative.
- It was overall good experience.
- It was a lot of discussions which allowed me to gain more.
- Everything was good, thank you!
- Good interactive class.
- Was helpful.
- Good environment and it helps with idea making.
- Very engaging and comfortable.
- It gave me an opportunity to work with my team to make a decision.
- It was great to work with my team, I had the feeling that we got the most out of the lesson as a team, it was helpful to get insight from there rest of the team and gave me different perspectives to the topics.
- I really liked how realistic the patient example was this time, so that it wasn't really straight what her problem was. So that was a great challenge. I'd love to see more realistic patients

Negative – I don´t see a benefit.

- Too many people, class is too late.
- Is ok but my time and the simu could be used better.
- Could be more efficient and compact.
- Not that engaging, didn't feel productive at all. The material we learn could be learnt in a much more quicker and efficient way rather than stretching it out for 3 hours.
- The lesson is tiring it seems like the teacher is just trying to fill the class until the end the concept is without any consideration of our schedule as students as we have a lot of exams as it is just making this year more difficult won´t help us be better doctors.
- Feels mostly useless.

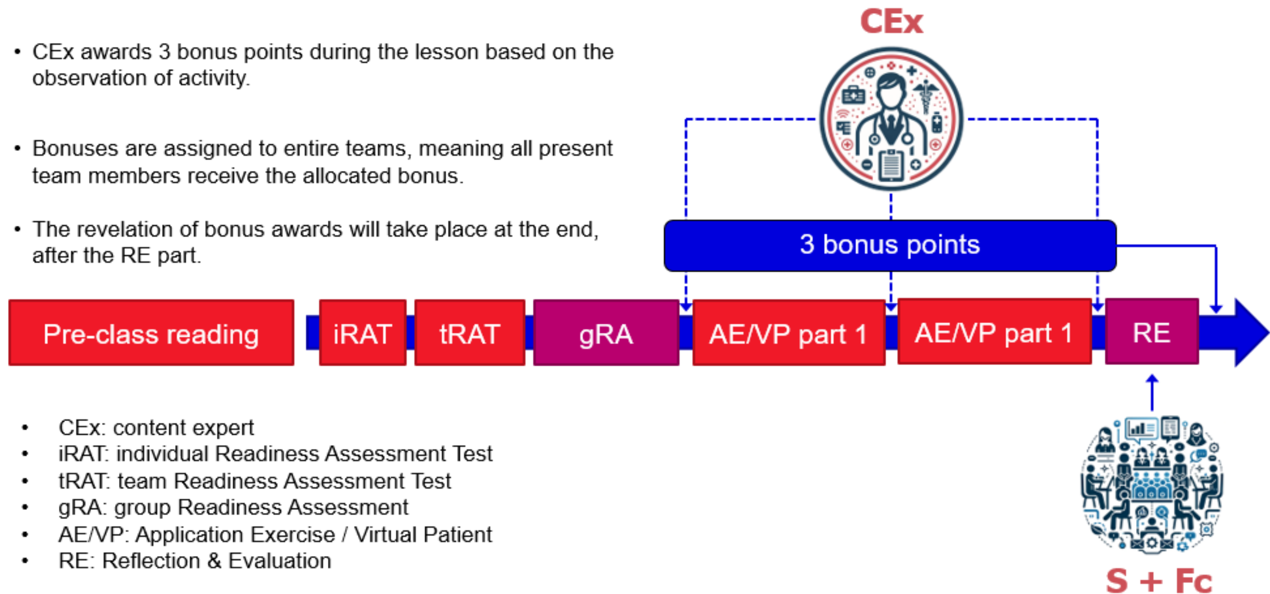
TBCM III spring 2024

Readiness Assessment Process:

- **TPQ (Thoughts Provoking Questions):** Questions primarily intended to open up a discussion and are not part of the evaluation.
  You will see them marked already during the iRAT phase. Expect a varying number of TPQ questions in each test. All other questions will be counted towards the overall evaluation (we will continue to include re-evaluation activities with content experts if necessary).
  During gRA (group Readiness Assessment), we will focus mainly on TPQ questions in the discussion.

- **New features in the SIMUportfolio software**: analysis/visualization of ongoing results. We are working on it. It is not currently possible to accurately determine the date when the new functionality of the platform will be ready.

TBCM III - bonus



In the summative assessment of TBCM III, in addition to points from iRAT, bonus points for discussion activity will be included. The discussion will be evaluated as a team. If one or more team members participate in the discussion, the entire team can earn a bonus point. This means that even one student can earn a point for the entire team (all team members record the bonus point). There will be 3 bonus points available per lesson. It will not be necessary to distribute all points, and it will be possible to allocate points to multiple active teams.
All students will have the opportunity to express their opinions on the distribution of points at the end of the lesson (in the RE section). Based on the course of the lesson and student reflections, CEx will finally allocate the points.
Students will only receive points if they are present throughout the entire lesson.
Bonus points are not solely tied to the "correct answer" or "winning the discussion." We aim to reward proactive engagement in the discussion.

You can get a bonus point for:

- building on the ideas of colleagues that ideally leads to further discussion
- conveying an idea/thought/opinion that demonstrates one's perspective on the discussed issue
- supporting the argument with the addition of one's own thought process
- challenging presented arguments and expanding the discussion with one's own reasoning
- posing a question that prompts further consideration of the discussed problem
- developing the discussion within one's own team or even between teams

- persuading colleagues of one's own opinion
- giving a demonstration or an example with commentary
- explaining to colleagues

You won´t get a bonus point for:

- reading the text/conversation
- individual work
- a basic answer without explaining one's reasoning

Assessment TBCM III

The results of the individual entrance tests (iRAT – Individual Readiness Assessment Test) are recorded by the SIMUportfolio application. At the end of the semester, an analysis of all test responses will be conducted, and each student's **TOP10score** will be calculated. This score is the sum of their best 10 results from individual tests in TBCM II and TBCM III. The **TOP10score** will then be converted into a percentile **Q**, considering the complete set of scores achieved by all enrolled students in the subject.

To the **Q** parameter (an integer within the range of 0-100), the value of the earned bonus **B** will be added. This additive bonus will be awarded at the end of each lesson to entire teams (meaning all present team members will receive the allocated bonus), by an expert on the subject matter based on the monitored discussion activity of the teams. From each lesson, a maximum of 3 points can be gained as a bonus.

"The percentile categories for classification grades A, B, ..., F will be preset in the first run of the course (spring 2024) based on the actual results of 4th-year students at the Faculty of Medicine, Masaryk University, over the last 4 closed semesters. All subjects concluded with an examination will be included in the frequency analysis.

Results from tests that a student could not attend for serious reasons (national holiday or excuse due to illness) will not be counted. In cases of unexcused absence, the test will be recorded with a score of zero points. Students who attend fewer than 10 lessons (5 lessons in TBCM II plus 5 lessons in TBCM III) will be graded as X in TBCM III.

iRAT:

It must be taken individually and without aids in the TBL room where the lesson is conducted. The first warning from the facilitator regarding non-independent test-taking results in a yellow card. The second warning equals a red card = a penalty of - 5 points.

Absences in compulsory lessons

- **Excused absence** – only for serious reasons (illness, medical reasons, urgent family matter), it is necessary to submit a certificate in the IS MU. Test is excused. However, you still have an absence recorded.
- **Unexcused absence** – 0 points will be recorded for the test (the same procedure if a student informs us, but the reason is not on the list of serious reasons, and the class is not substituted).
- **Absence with substitution or re-booking** – the student applies in time, explains the reason and arranges a replacement on another available date. No absence is recorded.
- **Absence for a significant part of the lesson** – the student takes the test but is absent for more than 30 minutes. The test scores will be counted, but the student will have recorded absence. If the student does not provide a reason for their departure in advance, a test with zero points and recorded unexcused absence will be registered.
- Overall, a maximum of 2 absences is allowed per semester.

CEx feedback

We have gathered for you the opinions of 21 experts in their clinical fields who actively participated in TBCM II lessons during Fall 2023.

1. Message that you would like to convey to students about their approach to lessons:

“The majority of students need to be praised; in my classes, more than half of the students actively participated and showed interest in the given topic, which is always pleasing for academics. These lessons are well-taught. On the other hand, some students should realize that it is still just a TBCM lesson meant to broaden their horizons, and there is no need to be aggressive.“

"Don't listen to parents (uncles, aunts...) who may say, 'What nonsense is this? When we studied, there was nothing like this, and we're doing just fine.' Times are changing, information is increasing, and today's doctors are expected to have something more than memorized textbook knowledge."

"The better prepared you are for the lessons, the more you will take with you into your future life as a doctor."

"All three seminars I conducted involved collaborative groups, where the majority of students were very well-prepared, and active discussions often took place without the need for facilitator intervention."

"It is necessary to be able to defend your own opinion and not just blindly repeat others."

"In medicine, nothing is black and white; there are many gray areas and complex decision-making. The testing part of the course took too long; we will try to make the questions more challenging, encouraging more discussion. We will incorporate images or videos with abnormal findings into the questions."

"I am aware, as I still vividly remember, that students are bombarded with a lot from various sides, and preparing for another subject, which may not have been necessary before, may seem unnecessary and annoying to them. I understand that it must be challenging to go through everything as the first batch under the new accreditation, but the changes happening are primarily meant to better prepare them for practice than we were. A lot of effort from many lecturers and facilitators has been put into lesson preparation, and nothing is entirely perfect the first time. Therefore, understanding from both sides and mutual dialogue in a civilized manner will be very helpful. (I was mildly surprised by the passivity of some individuals and occasional inappropriate behavior, especially towards facilitators. Perhaps a "code of conduct" or setting ground rules (as we do in simulation medicine) at the beginning of the subject with students might help... Some students occasionally ostentatiously expressed how bothered they were answering clinic or facilitator questions, but it might be good to realize that clinicians were there after a day spent in the hospital, just like students, even in the late afternoon when they would normally be off...)"

"Try not to have prejudices against this form of teaching, where the goal is not to acquire specific theoretical medical knowledge but rather to develop so-called soft skills - the ability to reflect, discuss, argue, communicate, work in a team."

"I had a very good feeling about the course and the active involvement of the students."

"Do not be afraid to participate, even if you are unsure of your opinion/answer; that's what the discussion is for."

"I evaluate the students' approach mostly positively. At the beginning of the lesson, the activity was higher, probably with a more pronounced effect of nervousness from the test, and understandably, attention decreased as the end approached. I would like to commend them for their preparation for the lesson and encourage them to be more open and tolerant to the idea and style of this teaching."

"I had the impression that students read the pre-class reading and used the knowledge from it during the class. They actively answered the questions posed, occasionally shared their own experiences from the patient's perspective, and learned to justify their opinion on a response while deepening their knowledge on the topic."

"Do not be afraid and do not resist this form of teaching. You have a unique opportunity to try out real clinical situations in a safe environment."

"The concept of TBL teaching should support students in teamwork, the ability to defend their opinion, and apply their theoretical knowledge to the scenario of a virtual patient. It is a great opportunity to ask an expert about practical matters that are not usually discussed during clinical internships. It is definitely not the goal to catch you in a test or on some details irrelevant to practice."

"Thank you for your conscientious preparation."

2. How would you like to encourage them to appreciate more the opportunities they have, to be open to teamwork, and to understand that clinical practice doesn't always align precisely with textbooks?

"I believe that the opportunity to discuss the given topic with classmates and instructors is good preparation for further study and practical application. I strongly recommend taking advantage of the opportunity to think out loud, ask questions, defend your opinion, and challenge someone else's opinion. In practice, not all decisions are clear-cut and black-and-white. Of course, the majority of information should be stored in your head as a foundation for further decision-making, but textbooks and guidelines cannot cover all possible situations and factors (including non-medical ones) that come into play. Often, our decisions in practice are some kind of compromise between possible alternatives. The doctor considers all options, but collective discussion is often helpful. That's why various joint seminars, committees, and working groups exist. And precisely this type of thinking, argumentation, and mutual collaboration can be safely experienced during TBL lessons."

"I hope I understand the question well. Teamwork in the hospital, especially for a novice doctor, is indispensable and very beneficial and educational. Collective brainstorming on the diagnostic process for simpler or more complex cases should be commonplace. The fact that practice is not according to textbooks is something students unfortunately realize best in real practice. Nevertheless, it is certainly not bad when education, even through TBCM, prepares them."

"The lessons of Theoretical Foundations of Clinical Medicine are a unique opportunity to orient oneself in the care of a real patient, to connect knowledge from various subjects, and also to share one's opinions, attitudes, and ideas in discussion with (future) colleagues."

"Team collaboration is the foundation for clinical practice, and even though some tasks may seem too simple, every communication within a group is an important experience for the future and is crucial post clinical practice. Medicine is not black and white, and not everything can be learned solely from books. Trying out critical thinking in a safe environment is a good experience that will always be useful at the patient's bedside."

"As a teaching methodologist, I know that this format can bring much more than frontal teaching. I would be very pleased if students took advantage of the fact that they have an academician for 3 hours, that he won't run away to some acute patient, that nurses won't interrupt him three times to solve something, etc., as it can sometimes happen in the clinic. They can ask about anything. No one will kick them out for a wrong answer, and they have the opportunity to understand things from clinical practice that they won't read in textbooks and, most importantly, to try out clinical decision-making, discussion, and argumentation because they will do it daily in practice (convincing colleagues from other fields why they need a particular examination, explaining findings to patients, communicating with families...).

"What is written in textbooks or guidelines cannot always be applied 100% in every case. Each patient is unique in their own way, and recommendations are truly just that—guidelines that help us make the right decision, which ultimately depends on the individual doctor or team of doctors."

"We discussed this in seminars - this type of learning is much more similar to everyday clinical practice, where studied information is immediately applied to real patients (without the risk of error, for now)."

"Even if they have studied EBM data and memorized all the guidelines, they must be prepared to justify every single step in the patient's treatment. And not just to their supervisor but also to all team members (especially in emergency medicine)."

"In medicine, collaboration is important, and being able to propose multiple solutions to a problem is a valuable skill. That's why large rounds and interdisciplinary committees exist, as more heads mean more knowledge. Graduates often struggle to express their opinions or suggest their own solutions, so it's advisable to start practicing these communication skills during their studies."

"I believe that this method of teaching has the potential to prepare students very well for what awaits them after entering clinical practice. The necessity of being able to study a particular issue, make the right decision based on acquired knowledge, and choose the best possible course of action in a specific case..."

"Often, there is not one correct or most correct approach to a patient, and in real practice, it often involves a discussion with the entire team, especially with complicated patients. Not being afraid to express one's opinion is a prerequisite for engaging in such discussions. The opinion of a beginning doctor is important; it is often a learning opportunity."

"I would like them to realize that this is where the beauty of medicine lies—not everything can be solved just according to recommendations and textbooks. The motivation for openness and empathy should be found mostly in their surroundings, always approaching the patient as if they were a friend or family member, stepping down from the pedestal of the doctor and treating colleagues and patients as equals."

"The teaching format is very good; it provides them with insight into the realities of clinical medicine and the lives of patients, their subjective troubles. I did not have the opportunity for simulation or theoretical foundations of clinical medicine at the faculty myself. I think it is a good way to prepare them for the role of doctors. Although in many cases, a doctor is responsible for their behavior and decision-making, it is essential to realize that 'more heads, more knowledge,' and therefore, it is always advantageous to consult with colleagues or other specialties. Moreover, each patient is individual, with different preferences and possibilities, so even with the same diagnosis, a different approach to them is possible."

"This teaching method will vividly simulate the real way of thinking in clinical practice, where you have to respond to emerging situations and tailor their solutions to fit the individual patient, not just blindly follow a textbook."

"Everyone thinks their specialty is the most important:) In TBCM, interdisciplinary boundaries are blurred, and you will meet virtual patients whose stories often correspond to real patients. Try to maximize the experience of the content expert and take care of your 'practice' patients together with your team."

"I would have liked to go through such teaching myself. I believe that the TZKM subject will contribute to connecting your existing knowledge from various fields and assembling them into one functional whole. In my opinion, this is the best preparation for the moment when a live patient appears in front of you, and you have no pre-CR in your pocket."