STRATEGIES FOR OPTIMIZING PARTICIPATION IN CBL

Why does BALANCED participation matter so much in CBL? Has your tutor told you to adjust your participation in tutorials/group discussion?

There are many reasons why **balanced** participation is emphasized by both the medical program and your CBL tutors, and this document is meant to summarize those reasons and provide learners with strategies to balance the participation and maximize the learning to succeed in CBL tutorials. It is natural for individual learners to differ in the timing and duration of contributions to a group conversation, with some preferring to carry the conversation and some to listen more before speaking. These different personality types are sometimes called extroverts and introverts. Individuals may identify with one or the other, or be somewhere in the middle. Neither is better nor worse, but in CBL (and in the rest of your career), it is important to be aware of your natural tendencies, and to be willing to adjust if needed in the group context.

1. CBL assessment is primarily about participation. This means that learners do not lose marks for being incorrect in CBL tutorials. Remember that you often learn from your mistakes—one goal of CBL is to identify what you need to learn more about. The learner's participation in CBL tutorials is crucial for tutors to observe in order to assess the development of necessary skills that are required in future physicians [e.g., communicating/facilitating/problem-solving/critical analyzing skills].
2. CBL tutorials are intended to be a safe space to learn and practice the skills of treating patients and interacting with diverse colleagues, without the pressure of physical and emotional consequences on a "LIVE" patient. This acquired experience will alleviate the challenges you will face when treating REAL patients in later years of your medical training.
3. CBL represents ACTIVE learning, which may be a new process of learning to some. In addition to knowledge acquisition, learners also have the opportunity to apply the theoretical principles to simulated patient care. This is the process that you will be examined on at the end of each term [i.e., application of knowledge in clinical scenarios].
4. To maximize the learning, learners must actively participate & engage in the group discussion during tutorials. "**ACTIVE PARTICIPATION**" means absorbing, researching, analyzing and integrating information, then applying that information to a simulated clinical scenario within a safe learning environment. Your active engagement in the group discussion supports the

acquisition of the intended benefits [e.g., application of the taught materials to patient care, communicating and critical analytical skills, knowledge retention, etc...].

Why does it matter if I talk more or less than everyone else?

The following table highlights some common reasons why both can happen. Do you see yourself in any of these descriptions? There is no right or wrong answer and these reasons may all be valid:

Reasons "why" members may be over-active or under-active

Over-contributing	**Under-contributing**
I've always spoken up in groups, and they always seemed to appreciate that someone was willing to tackle the hard stuff.	This is just how I learn. I listen to what everyone else has to say and I find that helps me learn better.
I worked in a _____ lab last summer so I have the most experience/expertise.	I don't want to give the wrong information; I know there are others in the group who know more about the topic than I do.
There are a lot of silences after a question is asked, I just try to fill in those awkward moments.	I don't have a lot of _____ knowledge so I don't have much to add.
I'm an outgoing, friendly communicator, and just want to get the conversation going.	There are others in the group who talk a lot and really know their stuff, so I just let them explain to the group.
My last tutor told me I don't contribute enough.	My last tutor told me I was dominating the discussion.
My degree was in _____ so this week is particularly in my wheelhouse, so I can give the best information.	My degree was in _____ so I am really out of my comfort zone in this particular case/week.

This table explains why these behaviours can be adjusted and/or improved:

Consequences of being either an over-contributing or an under-contributing group member:

If you participate too much	If you don't participate as much as others
It may not allow enough "safe" space where others feel like they can jump into the discussion and contribute their own findings. It may in fact discourage participation of quieter members.	Someone is shouldering extra burden and while they may not say anything, it can build unintentional resentment or negativity towards others.
Added responsibility—if one person answers the bulk of the questions, the group starts to rely on that individual, and incorrect information may be overlooked due to the group trusting one member.	There are numerous skills outlined in the WBA. Tutors are required to see each behaviour CONSISTENTLY, not just once [as part of learner's growth & development]. Scan the WBA and look at the expected/required skills.
There are only 110 minutes in every tutorial. This means there are just over 13 minutes for each student. If one student takes up a lot of air time, it has to come at the expense of one or many of your peers.	Knowledge in CBL is meant to be gathered with a "group" mentality, with information coming from 8 different sources and experiences. This requires all 8 members to participate. Relying on 1 or 2 members limits this principle.
Teamwork: CBL is meant to develop many skills that are essential for your future professional career (i.e., MD). Such teams do not work well if one member dominates at the expense of other members' input.	**Teamwork:** CBL is meant to develop many skills. Imagine what happens when 1 or more members of the team do not participate in the process. Everyone must contribute to the process, especially if their information differs from what is being discussed by other team members.
A balanced group dynamic is essential for the learning success of the whole team. A member who is an over-active talker will miss the opportunity to develop important "**ACTIVE LISTENING**" skills that will be important to a future doctor.	By not participating, you lose the opportunity to develop your effective "**COMMUNICATION SKILLS**", which will be important when interacting with your future patients. Every member of the team has equal responsibility to maintain balanced group dynamics.

Strategies to address being either an over-contributing or an under-contributing student

OVER-CONTRIBUTING:

- Monitor your air time. You don't need a stopwatch, just be cognisant of how often you speak and how much you share when contributing (remember just over 13 minutes per student!).
- When you KNOW the answer, try asking pointed/relevant questions to draw that info from your peers, especially if it came up in a lecture/clinical experiences/lab that EVERYONE has attended.
- Start a topic with some key information, but then hand off the discussion, maybe suggest that someone elaborate or summarize how the basic sciences apply clinically to YOUR patient/case.
- Be honest! Share that you feel like you have spoken a lot today and think someone else should take the lead on the next question.
- If the group turns to you, say "I would like to hear other team members' thoughts on this topic first".

UNDER-CONTRIBUTING:

- Monitor your air time: remember the ideal is over 13 minutes per tutorial for each student (110 minutes/8 students)—even if you don't achieve this, keep this in mind.
- Set attainable goals. You can start small and increase over time. Example: In the next tutorial, I will initiate at least ONE learning issue discussion, at least ONE case-prompt question, and write on the board at least ONCE.
- **ASK QUESTIONS**!! This counts as participation! If you are in a week where you really feel out of your element, ask for some gaps to be filled in, ask for elaboration or even a diagram to be drawn……ideally you can volunteer to draw the diagram and ask for help with what to draw!
- **START a topic**, but hand off to the group the details you don't know. For example, you may not know how a particular drug affects specific receptors on blood vessels, but perhaps you know the structure of blood vessels. Start with what YOU DO KNOW, then ask the group to fill in how the drug works/how this applies to your patient's condition.

- **SUMMARIZE**. Before moving on to the next question in the case, offer to summarize the conclusions reached by the group in a brief summary/table/flow chart/diagram/bullet point (lots of options).
- Read NEW case text boxes and update patient profiles with the new information. You don't need to know/add new information to do this, it is easy participation, but also important to update the progress of the case/patient. However, **this should not represent the only activity that you contribute in the group discussion/tutorial**.
- Ask the group to give more time. If you like to process a question before answering, ask the group to make a "ground rule" about leaving 5-10 seconds after asking a question and to not treat it as an "awkward silence", just an opportunity for everyone to think about each question before jumping into a discussion.
- Step out of your comfort zone: Deliberately choose a topic you AREN'T familiar with and tell the group in advance you really need help and ask them to correct any mistakes (your tutor will be really impressed!).

Why do we need to have Workplace Based Assessments (WBA) in CBL?

Goals of WBA in Adult Learning:

1. Support learner's development and growth in a low-stakes simulated clinical environment.
2. Assist learners in developing crucial skills that are required in future physicians such as problem-solving, communication skills, critical analytical skills, facilitation and application of theoretical knowledge in patient's care, and self-reflection on group participation.
3. Provide relevant and timely feedback for improvement based on learner's participation and contributions to the group's discussion.

4. **The ultimate goal is to ensure that learners are supported in a manner that will promote their growth and development as they progress through the undergraduate medical curriculum. The goal is NOT to focus on personal traits but rather to identify specific areas for improvement. When a student experiences/encounters challenges in CBL, they can contact the Office of Student Affairs for additional support. Support is also available from other committees within the Curriculum. However, the cumulative effects of WBA evaluations will be considered in decisions related to advancement in the curriculum.**

To maximize the learning opportunities provided in CBL and the acquisition of the above-mentioned skills as outlined in the CBL WBA, learners must "**ACTIVELY**" engage and participate in the group discussion during tutorials. This includes thorough preparation so as to be able to discuss the identified learning issues, and modifying participation in response to feedback from tutor and peers. The efforts that learners invest in their learning throughout the two years of the CBL curriculum will prepare them well for the transition to clinical learning that occurs in Year 3 (Clerkship).

This document has been endorsed for circulation by the Year 1 & 2 Subcommittee on August 4 2021. It was created by Dr Marcus Eccleston and Dr Hanh Huynh with inputs from many experienced CBL tutors and Faculty of the Program: True Teamwork! Thanks.