# APPENDIX 3.4B

DESCRIPTION OF PBL SESSION September 20 2007

BDS 5 START CASE BASED DLP – SPECIAL NEEDS PATIENT

FIRST MEETING

**Fictitious names have been used throughout the lesson description**

Session started at 1414 Hrs; and ends at 1457, with some students staying till 1504 Hrs less than the allocated 2 hours

**Recording started in the CHSE rooms and I didn't record the class meet at the DGA beforehand – groups allocated as per normal SOHS PBL process.**

Facilitator called for selection of chair and used a pencil to spin for: facilitator, scribe and time keeper. The mood was very jovial with lots of laughter from the group. Once the tasks had been allocated to the various students the Fac said 'Chair, take over'

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|---|---|---|---|---|---|---|
| | Zola | Dave* | Khotso | Themba | CODE | |
| Neo | | | | Lukshana | Dave* | Facilitator |
| Verushka | | | | | | |
| | | | | | | |
| Priscilla | | | | Sandra | | |
| Sue | Fatima | Nicky | Ibrahim | | | |
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**1416**

Fatima volunteers to read off the trigger, and goes ahead and reads the DLP scenario verbatim (see attachment DLP IV.2 The Patient with Special Needs) and after she has finished, Dave remarks that the whiteboard is full of writing and suggests that it needs to be cleaned off as the group needs to do some midmaps. Khotso then asks if anyone has tissues in order to erase what's on the board. As no one answered in the affirmative, he excuses himself

and leaves to look for a board eraser. The group does not wait for him to come back instead they continue with the learning session.

Dave asks the group what the central issue of the DLP is, in order to start on the mindmap. Nicky volunteers – 'Special Needs'. Priscilla is busy writing her own notes.

Fatima tells the group that they need to come up with ground rules for their group, however Verushka says that there is no need for the rules. No one in the group counters this viewpoint, they let it stand without any comment.

To start them off, Dave asks them 'does everyone not have special needs?' Sue tells the group that they should stop asking Dave questions and should instead try and hold the discussion amongst themselves and come up with their own solutions; to which Dave makes light of the comment and jokes that the students are putting pressure on him.

As there is a separate discussion going on between Lukshana and Sandra, Verushka tells the former to stop talking too much.

Khotso walks back in at 1419 and starts erasing the writing on the whiteboard. At this point there is a lot of talking going on amongst the students, and it sounds as if it is nothing to do with the case at hand, rather talk about other issues amongst friends.

**1419**

Dave asks Verushka permission to speak and reiterates to the group that they need to come up with a mind-map for the case at hand. Verushka then asks the group to build a mind-map to which Fatima suggests that they need to look at the questions routinely asked patients and see how these will differ and lead on from there. She comes up with several suggestions regarding the different areas to start with such as 'socioeconomic issues', and Dave gives a positive affirmation of the suggestion.

When Khotso (as the randomly pencil chosen scribe) expresses difficulty with developing a mind-map, Sue volunteers to take over the role. This is prompted by Khotso having asked 'what goes in the middle (of the map as the central feature)?' and following Themba's suggestion that they will need to find another scribe.

Dave asks Priscilla to repeat something that she has just said, and she tells them that AGE should also be a point of consideration. Lukshana mentions something that I do not pick up and this is followed up by Priscilla bringing in the issue of CULTURE. Themba adds the aspect of RELIGION.

Dave seems impressed and encourages the scribe to

> 'put it in' (add it to the mind-map)

Themba says something to the effect that 'but you can pick up, EDUCATION plays a lot'. Following the 'education' issue Sandra states that the location of the educational institution is important. There follows some heated discussion on this point between Themba and Sandra, and other students continue their own discussions and are not adding to the education discussion.

**1423**

During a lull in the discussion on culture and religion, Nicky raises the issue of LANGUAGE and how it relates and ties it into the discussion at hand. Priscilla points out that one's socioeconomic status also points to their level of education and understanding of issues.

Like previously, several discussions are going on at the same time and Dave interjects and implores them:

> 'when the chair is speaking, listen'

Sue jokingly tells Dave that he should not give Sandra that power! And there is some laughter from the rest of the group at that suggestion. Verushka clarifies certain points raised and reinforces the concepts. She also asks the group to further assist in the clarification and explanation of the points raised to date and Nicky takes on the challenge.

**1425**

Sue raises the aspect of EDUCATION and the rest of the group start a discussion around this and how it impacts on a patient's dental IQ. Following on, Sue brings up the aspect of

EMPLOYMENT and Ibrahim points out that it comes under FINANCIAL. Dave reassures the students that some of the points raised will overlap a bit.

He informs them that he has 5 big headings (in the Facilitator Guide – see Appendix ??) and that they've only come up with a few (looking at the whiteboard and what has been scribed there) –

> 'let me see if I can give you a clue; and I'm going to give it to you on a plate'

At this point he reads off some of the points for discussion as depicted in the Facilitator Guide.

One of the students' remarks that it matters that what they discuss is aligned to something, following Dave's input.

Sue remarks that there is some degree of overlap when it comes to the issue of AGE, to which Nicky jokingly says that:

> 'Yeah, as you get older'.

Sue lets the remark pass without asking for any clarification, and tells the group that they should go over everyone for each student's input. As Priscilla starts to make her point, Verushka interrupts her. Dave then suggests that they can think of the various changes that happen at each age / stage by using himself as an example to drive the point home. He leads them through all of the developmental stages and the whole succession of issues related to age.

Sue takes up Dave's suggestions and points out to Khotso that the first stage to consider will therefore be paeds and notes the sequence for consideration as: newborn; infant; toddler, adolescence. At this point several of the students volunteer other age stages, and Sue then asks them where she can position 'adolescence' on the mindmap. Ashe also suggests that they can place PREGNANCY under adolescence.

There is some encouraging remarks from Dave about the groups' progress. He actually tells them that:

> 'good, cool, this is so close to the map'.

**1429**

Having exhausted the discussion on AGE, the group takes up Fatima's suggestion of FINANCIALS and suggests that they break this up into several aspects. This suggestion is dismissed outright by Verushka without offering any reasons for doing so, and no one in the group asks her for an explanation for her outright refusal towards Fatima's suggestion.

Nicky reminds them that UNMPLOYMENT will affect a persons' FINANCIAL status, and Priscilla adds that what one's OCCUPATION is will also impact on all these aspects.

Verushka asks them:

> 'are you happy with SOCIOECONOMIC?'

and even though Nicky answers to the negative, Verushka does not take her concern up and offer (or at least ask any other member of the group) clarity to help Nicky understand it better.

**1431**

Themba offers 'NUMBER OF CHILDREN' as an issue for consideration under the socioeconomic point, to lots of laughter from some members of the group. He explains how this point relates to what is being discussed.

Verushka asks the group if there is anything in socioeconomic / age that anyone needs to be included and Themba offers that they should also consider DEPENDANTS, and Nicky adds that PARENTS can also be included under this heading.

The Chair (Verushka) then asks if all are happy. She does not wait for an answer, instead she comments: 'cool. Now let us go to MEDICAL STATUS'.

Dave is busy reading his DLP pack and several students are talking amongst themselves without contributing to the discussion. Following something that one of the students has mentioned, Dave suggests that they should break down the main topic of medical status into several headings and gives examples of: congenital vs acquired vs systemic, and explains that this way they may be able to cover more ground with regard the discussion – i.e., by unpacking the main heading into smaller topics.

The group then discusses SYSTEMIC DISEASE and during this discussion, Dave asks them: 'what happens just before someone passes?' and Themba answers that the person goes through a TERMINAL stage of the disease process, to which Dave asks him to elaborate, which he dutifully does.

Dave goes on to ask the students: 'what would be a major or minor congenital abnormality?' Themba answers to that to some laughter from the rest of the group, but is inaudible to me. Verushka asks if there are any other 'big congenital' conditions they can think of; however no one volunteers anything. Dave then asks them for the medical term for heart disease and someone gives him the answer – CARDIAC DISEASE.

At this point, Dave tells them that he is almost ready to show them the midmap (but he does not do it though).

Sue urges the group to think of more congenital conditions that they need to consider:

> 'what other congenital conditions are there, there can't only be 2?'

Themba mentions something that I cannot hear and Dave asks him to speak louder and that he should not be shy (to reinforce and possibly appear more encouraging, Dave touches Themba's arm), but the latter does not have an opportunity to have his say as the ladies in the group continue talking and do not give him the chance nor space to voice his suggestions.

Themba asks the group why they cannot classify this section as 'DEVELOPMENTAL CONDITIONS'. Getting no response from the rest of the group, Sue asks them where AIDS would be classified and Priscilla reiterates that it will be classed under ACQUIRED conditions, to which Sue jokingly states that:

> 'so you get it from your mom'

**1437**

Verushka decides to move the discussion on towards SYSTEMIC CONDITIONS:

> 'shall we move to systemic?'

and Dave advises them to limit the discussion to about 4 to 5 of the more common conditions.

Nicky, Fatima, Themba, Zola and Ibrahim start listing / naming several systemic conditions and the scribe (Sue) writes them down.

Verushka then directs them towards TERMINAL CONDITIONS and Khotso, Themba, Nicky, Fatima and Ibrahim contribute several conditions in this class. Themba goes further to explain and elaborate on some of these conditions offered. At the end of Themba's elaboration, Priscilla asks where HIV can be placed, to which several members of the group reply: ACQUIRED. Seems to not remember that this was asked and answered previously; maybe indicates need for reinforcement of this issue?

Dave murmurs:

'Good'

looking at Priscilla.

Themba continues his clarification and explanation of the acquired conditions and also explains how to manage the process through the process of elimination. Verushka then implores the group that

'under acquired, we will look at all the infections'

Sue then asks them:

'when are we going to look into the terminal conditions?'

and Priscilla asks if they are going to discuss ALLERGIES under the infections heading. However, before any elaboration / response from anyone in the group, Sue tells them that they should now move to the terminal conditions.

Verushka wants the group to list all that has been discussed to that point before they move to discussing the terminal conditions. Dave asks them what the more common terminal conditions are and without waiting for an answer from the students he offers 'CANCER' as an example. Sue offers 'CYSTIC FIBROSIS' to laughter from the rest of the group. Themba then states that they also need to consider the 'PSYCHOLOGICAL' conditions. At this point there starts a directionless discussion amongst the group to which after a sometime Themba suggests that they need to move the discussion on.

Dave points out to the group that there is a lot of overlap between the learning issues. He asks Verushka to tell the group the importance of knowing the mind map for the future. The answer is given by Sue who does not disappoint in the answer. Verushka then alerts them to what has not been covered yet: MENTAL CONDITIONS and wants a reassurance that it will be discussed next. Verushka offers an elaboration of this learning issue with contributions from Khotso and Zola adding the aspect of DEPRESSION and Ibrahim, who offers: PHOBIAS and Fatima volunteers: ADDICTIONS.

**1443**

As there are several learning issues thrown on the table all at once, Sue appears a bit confused and asks for clarity on exactly which condition is being discussed –

> 'are we doing mental disability?'

Dave asks if he could offer some assistance regarding the difficulty in doing or discussing mental conditions. He delineates

1) Congenital - and gives Trisomy 21 (Downs syndrome) as an example and asks the group for some other examples. With no one offering any suggestions, he tells that Autism as another example.
2) To elaborate on the aspect of autism, he asks the group: if someone is not born autistic, how else can they get autism?

It seems that most know this as several offer: TRAUMA. And Dave asserts his satisfaction with this answer.

Sue suggests that they should therefore use TRAUMA as the second heading and suggests that they also need a third heading for those conditions that occur due to age related changes as people get older. Nicky suggests that AMNESIA could be a feature and Khotso suggests ALZEIHEMER. These seem to impress Dave and he tells Sue to

> 'stick that in Ms Scribe'

Nicky and Ibrahim are engaged in a discussion that does not include / contribute to the group discussion, or at least they do not offer the group the benefit of their discussion. Fatima is

also busy talking to Verushka. She (Fatima) then explains that under addictions, they should consider ALCOHOL as it hampers normal functioning.

**1445**

Nicky mentions EPILEPSY and asks where that would fit into the mind map. Fatima however urges the scribe (Sue) to

'just put epilepsy there'

and this is reinforced by Dave who urges Sue to

'just stick it in'

and he goes on further:

'yeah, OK, you can add SENILE DEMENTIA. Now we've got 1 left, this is amazing' this he says reading off the mind map.

**1446**

Zola asks where CULTURE and RELIGION would fall under and Priscilla and Themba simultaneously contribute ETHNICITY which is affirmed by Sue. At this point Verushka says:

'just put religion in'

Dave tells them that it is hard to differentiate culture and religion, and before much input can be had from the rest of the group to Dave's comment, Verushka comments that:

'so PHYSICALLY CHALLENGED' is the last one

And Dave agrees with this.

Zola implores the group to look at unpacking the physical disabilities. To that Dave asks them

'what else can go wrong?'

There isn't any clear answer from anyone in the group, but a few mutter inaudible comments.

Dave reiterates the importance of knowing the mindmap and all that is on it to direct the learning issues pertinent to the case under discussion. He asks them if all of them have taken / noted the points down. Verushka then adds a comment about whether they are all happy with all that has been discussed.

**1449**

**At this point Dave shows the group the mind map** in the Facilitator Guide and reassures them that the one they have derived is better than the provided one.

Verushka then suggests that they need to come up with special principles and both Sue and Ibrahim suggest that they can come up with a basic list for each patient and note the differences. Themba reiterates that they come up with guidelines for each patient and go through each special need case and take one topic to look at how to manage a patient with that particular condition.

Dave then suggests that they should divide into 5 groups and choose learning issues that they need to investigate further in order to report on them at the report back session.

Priscilla and Sue elect to research the MEDICAL ISSUES topic and everyone is talking amongst themselves deciding which learning issue to tackle. As there seems to be no headway regarding the allocation of learning issues / topics Priscilla suggests that maybe they should consider having four groups instead to even out the number of students per group. She explains that she is suggesting this based on the fact that the two of them have elected to investigate the MEDICAL STATUS aspect.

Themba then elects that he will form another group and goes ahead with allocating persons to the group – the students he chooses are: himself, Zola, Ibrahim and Priscilla (even though the latter had already elected a topic for herself and Sue).

Zola points out to the group another way of going about the process, following which Verushka asks who will be doing SOCIOECONOMIC ISSUES. She then allocates two students to investigate CULTURE & RELIGION.

Following allocation of topics to the various two person groups, Sue asks Verushka when they should reconvene as groups to start the student directed research aspect of the process. The group then goes into a discussion of when they can conveniently meet outside of the facilitator assisted time to carry on with the process of investigating the allocated learning issues. Sue asks the group to start the next meeting at five minutes past the hour and they all agree to that. Verushka then suggests that even though they will meet as a group, they will then (at that time) discuss the issues in the allocated pairs.

**1454**

When it seems that they have exhausted how they will run this aspect of the PBL process, Dave then asks them:

> 'are you doing that now?'

to which Themba explains and reiterates how they are going to go about the process and Zola fills in other points to complete the explanation.

Verushka then reminds the group that they will have a test based on the case at hand and that when they are researching the various topics they should bear this in mind. She further reminds them that each group should make comprehensive notes on their topics so that they can give copies to the rest of the group to assist each other with regard to the test. Themba also emphasises this point and appeals to each one to make twelve copies of their various topics in order to avail the copies to the other students. An additional point from Sue is that they should make sure that there is sufficient detail in the topics that they will present at the next small group meeting / report back session.

Dave reminds them to start with the most common conditions and give more detail on those aspects and then follow with the less common conditions where they do not need to be as detailed. He gives examples and explains to them that a common condition such as diabetes should be reported on in detail and he contrasts that with a condition such as albinism where the level of detail will be less. There is laughter from the students as Dave suggests this.

Dave then lays some ground rules with respect to how the report back session should be run. He tells them that each student must present and that they should not read – off their notes, but instead talk to the group. He advises them that they should only refer to their notes as a

way to build up their confidence. His suggestions are given in a light hearted manner without sounding directive. Advice on presentation skills given

At the end of Dave's suggestions, Verushka asks:

'are we done?'

and she states that:

'we shall get on with the research.'

Dave asks them whether they think that the questions raised by the DLP topic are relevant – i.e. if they think that there is a need to consider special needs patients during their learning process. They all agree that it is. He goes further to state that he believes that every patient is a special patient and he explains why he thinks that – every patient has to be a special patient as each is an individual and that point / fact makes each one of the patients a special patient. He reminds them that the next meeting will be on October 4th and that they should all be there by 2 o'clock. In a way reinforcing and recapping the concepts in the DLP and all the issues raised – 'rounding up', ending the process with a review of what has been learnt in the lesson

He ends the session at 1457, less than an hour since the group met as a small group and certainly less than the allocated two hours that the PBL session is scheduled to take.

Some students remain in the PBL classroom and they discuss how they are going to tackle some of the learning issues. This goes on for about ten minutes. The class empties at 1504hrs.

Some students remained and discussed suggestions and research functions for about 10 minutes; left at 1504

The majority of the session was very rowdy with several students talking all at once without any control from the chair, and the Facilitator leading the students and eventually just giving them the mind map without waiting for students to derive own hypotheses through own hypo-deductive process.

Not a particularly enjoyable session to observe – issues were not thoroughly debated; instead just came out with issue and moved to next heading.

**The group dynamic was very 'chaotic' and the facilitator appeared to have no control with respect to drawing the students towards a more cohesive dynamic and eventually gave the group a copy of the lesson objectives – mindmap- that formed part of the facilitator guide which the students are not meant to be given; the facilitator was also directive and did not allow students to discover for themselves the learning objectives / hypotheses for the particular case.**