

The concept of participatory learning group development

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The “Educational Solutions” branch within PCR acts as a research and development cell. Its mission is to promote and implement the concept of participatory group learning. Its first educational deliverables are the Learning The Techniques sessions, PCR Seminars and Case Corner discussions.

Rationale

In the field of cardiovascular interventions a huge amount of information is delivered during congresses and meetings. Usually, this information is quickly reported on a large number of websites and published in several journals (some of which are peer reviewed). Given the volume of this information, it has become increasingly difficult for practitioners to reflect on the available knowledge within the context of their own experience and integrate this into their decision-making processes for each individual patient.

Given this problem, there is a real and increasing need for an adapted postgraduate education process. The aim of this is to help practitioners reflect on the reported knowledge and then use their experience to develop answers to the fundamental question that impacts daily practice today: “What is the best management and technical strategy, for each individual patient presenting with a specific disease, taking into consideration their clinical situation and in the light of local experience and best available evidence?”

Information versus education

Understanding the difference between delivering information and the educational process itself is fundamental to implementing the process of postgraduate education.

Postgraduate education cannot simply be summed up as the delivery of new information or knowledge. Information and educa-

tion are situated at a different level from the appropriation of knowledge within a mature adult.

Information within the context of medical education could be defined as awareness of new data or new techniques that are possible and achievable.

At PCR Courses, during sessions dedicated to “information”, a speaker reports results from already completed research, trials or studies, and so, reports on past actions. Information in this sense does not necessarily modify the specific behaviour of an attendee.

The objective of a “permanent postgraduate education” process is to stimulate the participants into a critical reflection. This is then fully integrated and logically linked to their actual or “lived” experiences. This may be accomplished by stimulating otherwise passive attendees to become active participants. This can be achieved by encouraging participants to report their actual experience, knowledge, or critical interpretation linked to any local constraints. Participants can then place these reflections into a perspective that creates the possibility for a change in their actual practice or behaviour “vis a vis” each individual patient.

If information is situated at the level of knowledge that deals with past data; integrating a process where we can “reflect on” this knowledge and logically link this with actual experience can help create a bridge between the past and a change in behaviour for the future.

Teaching methods and adult learning concepts

The process of PCR medical education addresses those healthcare providers who have completed their academic education and professional training and who have acquired different levels of “lived” professional experiences as well as some ingrained professional

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behaviour. The dynamic concept of adult-learning requires an integration of the logical links that are associated with the “lived past” and the possibility of new and evolving needs for improvements in skill or behaviour.

In order to effectively meet the evolving needs of healthcare providers, it is necessary to clearly identify their unmet needs. This offers them access to education and training processes which are logically linked to their needs and expectations.

The mission of EuroPCR is to “actively participate in education and information in the fields of cardiovascular interventions”. From an attendee’s point-of-view, there are many reasons for attending or actively participating in EuroPCR. These could include:

- Ethical: to improve the quality of care for each patient,
- Intellectual: to satisfy a personal curiosity or acquire specific knowledge,
- Economic: to increase professional activity,
- Legal: To comply to the legal requirements specific to a country or practice in order to maintain qualification,
- Academic: to develop a CV for publications or presentations with the goal of enhancing an academic or professional career,
- Experiential: to share: “lived” experiences with peers,
- Curiosity: to see and share what is new with peers, key opinion leaders and industry partners,
- Social networking: to maintain exchanges within a specialised network, comprising peers, colleagues from other regions, industry partners... and others.

As can be seen, the underlying reasons for participation are many. However, the objectives of educational sessions, including the different levels, content, design and delivery processes, have to be linked with an analysis of the unmet needs and expectations of participants. These needs are clearly expressed and understood by all. With objectives and processes clearly defined, the motivations of healthcare professionals can be influenced by placing them in a situation which allows them to discover new centres of interest.

Two methods of delivering educative contents can be identified.

The first can be qualified as the “top down” approach. This corresponds to those situations where a speaker addresses the attendees with the goal of communicating specific knowledge. This type of delivering is considered as a “strictly cognitive process”.

The second method, which could be described as “bottom up”, consists of allowing educational messages to emerge from the group of participants themselves. In this method the group becomes both the source and the core of education through a structured dialogue around the experience and knowledge of the attendees themselves. In this approach, neither knowledge nor behaviour change are communicated to the group, but rather are developed out of the group itself.

These apprenticeship or learning processes are no longer uniquely theoretical, but are built from the ongoing and constant give-and-take between practice and theory. This type of learning process is considered as “situated cognition” where what is retained

is accomplished contextually and closely linked to the experience of each participant.

Participatory learning group development

It is helpful to create an atmosphere which is favourable for participants to express their personal unmet needs. These may be defined as a need for clarity in relation to a specific situation. To achieve this, participants are encouraged to express what they perceive to be “unclear”. This provides the opportunity for everyone to clarify their unmet needs in the context of their daily practice.

Participants can often be inhibited. This may come from a restrictive environment, or they may be filled with a sense of fear about exposing their “weaknesses” and “doubts” in front of their peers. For some participants, the exposure to questioning can leave them feeling vulnerable to perceptions of incompetence.

The objective of participatory learning group development is to involve participants by using questions linked to their own personal experience (considered in this context as their unmet needs). This is free from any form of judgement, and is utilised as a source of education for the whole group.

This requires the adoption of some clear guiding principles. Together, facilitators and participants need to learn from the views and experiences of all group members. They need to develop interactive processes that proactively stimulate group members to become “active participants.” Helping each other to question and share experiences within a group requires the adoption of a methodology that facilitates this learning process.

The basis for participants’ reflection and thinking needs to be logically linked to their experience. This enables their experiences to be used as a fundamental source of education. The approach is to move from “attendees” to “active participants” using participative learning technology. All sessions need to be flexible enough to take account of the joint and individual need of participants and all participants encouraged to challenge what is being proposed and to press facilitators and each other for clarity and understanding.

Participants also need to be challenged to examine why and how the key messages being delivered can be applied to improve their daily practice or change their behaviour “vis-à-vis” each particular patient. These are the fundamental objectives of PCR LTT, and PCR Seminars sessions.

The concept of a space for exchange free of any constraints: “Case Corners”

To ensure that large numbers of participants are able to speak about their unmet needs requires us to create new communications spaces. These need to be free from the constraints of time, program, and any pressure from key opinion leaders or others. They need to promote “risk-taking” by attendees and help them become Active-Participants and Trainers. This requires that we:

- Develop an empathetic listening approach that creates a reassuring and welcoming environment, favourable to interactivity in which participant can express any ideas or opinions without being

judged. Instead they recognise they are in a safe situation where they are free to express themselves. This requires “facilitators” that are correctly trained and whose task it is to encourage and support empathetic listening by placing the participants in the position of “active participant”.

– Facilitate individual participant expression. Active participation requires us to inspire the participants confidence and support their ability to formulate, express and question their individual experiences.

To achieve these objectives, facilitators have to be adept at encouraging the exchanges that help individuals transform their experiences into didactic messages accessible to the whole group. They need to help these “online groups” to explore the logical links between their own experience and the experience of others and

thereby help them to improve their daily practice and treatment of each individual patient.

These are the principal objectives of the “Case Corner exchanges”

By utilising the opportunity of free exchanges on the PCR Online web site (www.pcronline.com) and actively involving participants in their own education, we can more easily achieve the objectives of a permanent and continuous postgraduate learning process.

The overall mission of the PCR Educative Solutions branch is ambitious, difficult and requires permanent reflection, evaluation, and improvement. One of its fundamental purposes is to attract the best ideas and people in order to bring to the forefront a new generation of learning facilitators who will become themselves the owners of the Visionary Transformative Adult Learning (VITAL) concept.