# TEAM-BASED LEARNING (TBL) IN MEDICAL EDUCATION

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### Overview

- The TBL Basics
- IRAT/GRAT
- Application Exercise
- TBL Research



#### Traditional Lecture

- Teacher-centered
- Passive transfer of information
- Minimal chance for application until exam

### Team-based Learning

- Student-centered
- Active transfer of information
- 75% of class time spent on application



# Team-based Learning (TBL)

- Instructional strategy utilizing:
  - 1. Pre-class self-learning
  - 2. In-class team-focused active learning

#### Phase 1

Individual Preparation (pre-class)

#### Phase 2

Readiness Assurance (in-class)

#### Phase 3

Application (in-class)

Step 1: Individual study of assigned objectives

Step 2: Individual readiness assurance test (IRAT)

Step 3: Group readiness assurance test (GRAT)

Step 4: Faculty feedback and clarification (mini-lecture)

Step 5: Group case studies w/ faculty facilitation

### Benefits of TBL over Didactic

- Improved learner engagement during class
  - No longer are students passive participants
- Better content retention through active learner engagement
  - Research shows higher cognitive engagement improves retention
- Development of problem-solving and critical thinking skills
  - A goal we all want
- Team-building
  - Long-term use of same group trains learners how to function in teams
- Development of communication skills
  - Verbal defense/explanation of answers forces learners to articulate their thoughts within groups and to entire class

### Four Essential Elements of TBL

- 1. Groups must be properly formed and managed
- Accountability must hold learners accountable for their individual and group work
- Feedback learners must receive feedback often
- Application design must promote learning and team development

## Designing a TBL Module

#### Backwards Design

- 1. Identify learning objectives
  - What are <u>major</u> learning goals?
  - Should be desired <u>actions</u> learners can <u>do</u> after TBL completion.
  - Must guide independent pre-class learning! Not too specific...not too broad.

#### 2. Write application exercise

- Hardest part...
- Questions should force choice between multiple feasible/defensible answers
- Doesn't have to have 1 absolutely correct answer goal is to spark deep levels of thinking

#### 3. Construct RAT

- Vary levels of difficulty (recall, higher order thinking)
- MUST correspond to learning objectives!
- Should have 1 correct answer

#### 4. Choose appropriate pre-class assignment

- Should cover all objectives
- Text reading, journal articles, pre-recorded lectures, etc.

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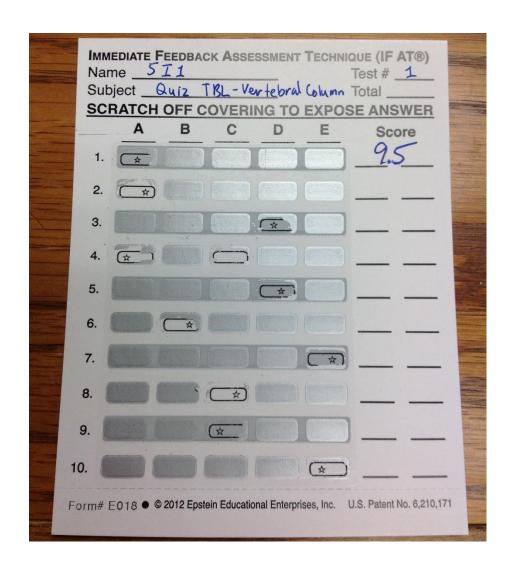
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### **IRAT** and **GRAT**



## Four S's of the Application Exercise

### Significant Problem

Should be something relevant to peek learner interest

#### Same Problem

All teams work on same case study so that they can engage one another

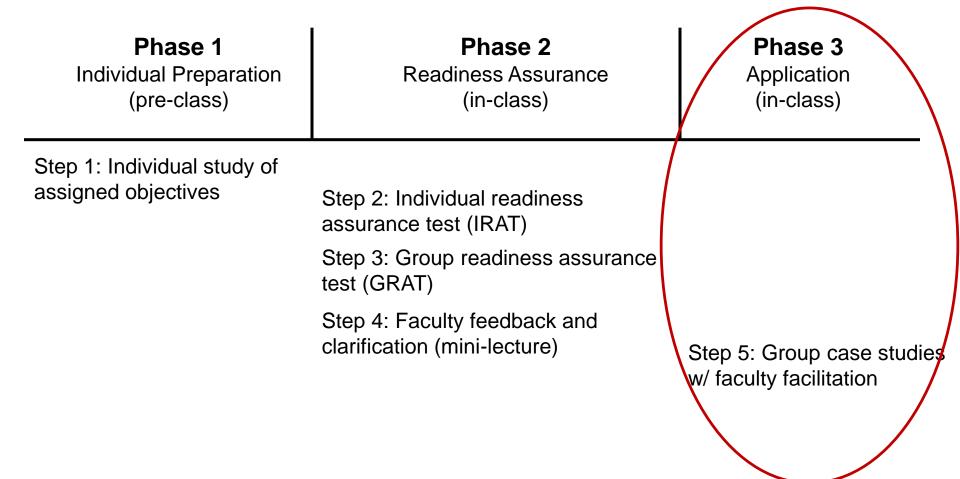
### Specific Choice

Multiple choice questions allow more efficient reporting and discussion

### Simultaneous Reporting

Prevents certain answers from becoming "contagious"

# Team-based Learning (TBL)



# **Application Exercise #1**

See handout

# Application Exercise #2

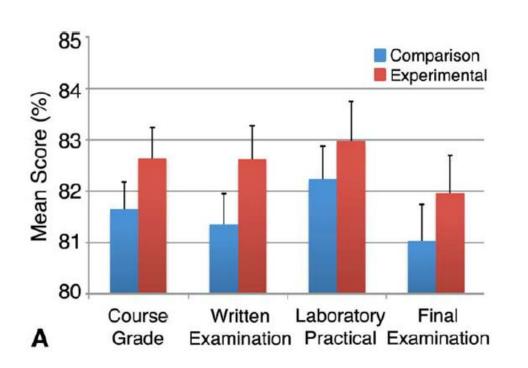
See handout ...

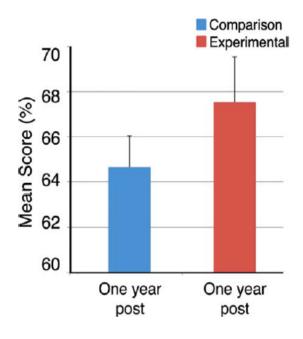
# Application Exercise #3

- Which is the most appropriate advance assignment for this module, given the two learning objectives and the 5question application exercise in the handout?
- A. The abdominal anatomy chapter in Clinically Oriented Anatomy, 7<sup>th</sup> ed, pp. 181-325
- B. The liver section of Clinically Oriented Anatomy, 7th ed, pp 268-277
- A review article focused on diagnosis of liver injuries by CT radiography
- A live lecture on clinical anatomy of the abdomen, delivered by an experienced anatomist/educator
- E. A recorded lecture on clinical anatomy of the abdomen, delivered by an experienced anatomist/educator

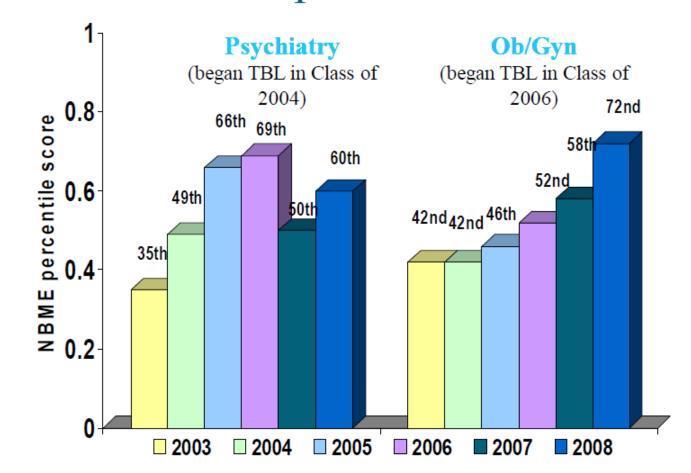
### Research on TBL in Medical Education

### Comparison of DPT Gross Anatomy Performance





# Comparison of Psychiatry and Ob/Gyn Clerkship Performance



Levine et al, Teaching and Learning in Medicine 2004;16:270-275, Levine 2010; personal communication Performance of Second-Year Medical Students in the Highest Academic Quartile (n = 45) Versus Those in the Lowest Academic Quartile (n = 45) on Pathology-Based Examination Questions (PBQs), Boonshoft School of Medicine, 2003–2005\*

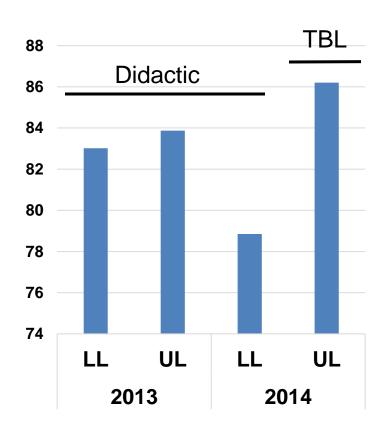
Academic quartile and group of PBQ	Score on all exams		Difference in scores <sup>†</sup>	
	Mean % (SD)	Range %	Mean % (SD)	Range %
Highest quartile				
TR	89.3 (4.0)	80.6 to 96.1	3.8 (5.4) <sup>‡</sup>	-7.7 to 13.3
TU	85.5 (3.2)	78.8 to 91.3		
Lowest quartile				
TR	77.5 (5.8)	64.0 to 86.8	7.9 (6.0)‡	-5.1 to 20.6
TU	69.6 (4.5)	59.7 to 77.5		

<sup>\*</sup> TBL, team-based learning; TR, TBL-related PBQ; TU, TBL-unrelated PBQ.

<sup>&</sup>lt;sup>†</sup> TR versus TU scores.

<sup>\*</sup> P = .001 for two-way ANOVA interaction comparing the difference in mean scores on TR and TU questions for highest- versus lowest-quartile students.

# Comparison of MS2 Exam Performance in MSK & Skin Module



### Resources

Team-based Learning Collaborative

www.teambasedlearning.org

Creating Modules for TBL, John Pelley, PhD

www.ttuhsc.edu/som/success/documents/creating\_effective\_tbl\_modules.pdf

- Teaching Skills for Facilitating TBL, Derek Lane, PhD onlinelibrary.wiley.com/doi/10.1002/tl.333/abstract
- MedEdPortal

www.mededportal.org

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