

Holding a world café with medical educators

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Abstract

The University of Liverpool introduced a new integrated spiral MBChB undergraduate medical curriculum in 2014/15. One aspect of this change was ensuring that key stakeholder partners (such as Trusts, hospitals and community GPs) felt supported and knowledgeable about the new programme delivery. Therefore, a World Cafe event was organised to identify issues relating to the new programme, and what the University could do to support the delivery of the curriculum in placement settings. Results from the event were thematically coded into topics including student skills, attendance, good practice, professionalism and technology. The event provided valuable information for the school and medical educators to help improve the student experience across placements and ensure effective partner working between stakeholders.

Keywords: world cafe, medical educators, consultation

Article

Introduction

The University implemented a new MBChB curriculum in 2014/15 following extensive consultation within the School of Medicine, and with partner stakeholders in community settings. Whilst monthly meetings of the Clinical Programme Committee (CPC) are held with stakeholders, a dedicated World Café (Brown, 2005) was organised to discuss the new curriculum and clinical placement issues. This process enables groups to engage in a constructive dialogue around critical questions and foster collaborative learning (Fouche & Light, 2011). The World Cafe approach has been successfully utilised by health care professionals (Broom et al, 2013) and community development practitioners (Sheridan et al, 2010) providing a valuable insight into organisational change (Jorgenson & Steier, 2013). The event gave the unique opportunity for stakeholder partners to constructively engage in the change process.

Method

The World Café is a social constructivist approach moving on from problem solving to learning from what works well (Aldred, 2011). The design principles (Slocum, 2005) are setting the context; creating a hospitable space; exploring the questions that matter; encouraging contributions; connecting diverse perspectives; listening together for patterns and insights and sharing collective discoveries.

The World Cafe was held at the University in March 2015, with over 70 staff attending. The format of the event was organised so people were allocated to a group with a mix of other professionals from different settings. The groups moved around the room to tables where a topic facilitator was stationed to note discussion for a maximum of 30 minutes. Comments from the groups were written onto tablecloths, which were transcribed by School of Medicine staff. This data was interrogated using the 6 stage thematic analysis outlined by Braun & Clarke (2006); data familiarisation, creating initial data codes, identifying themes within codes, reviewing themes, defining themes and reporting results.

Results

Information A central discussion themes was the implementation of the new curriculum and content awareness. Suggestions for improving implementation included circulating guidance on the University's Code of Practice, and information outlining what core skills should be expected of each year group (including safeguarding, health and safety, patient safety, infection control, diversity and equality, mental capacity and consent) which could be displayed at all placements.

“University – placard in each educational trust office & GP land & Code of Practice”

Student skills Stakeholders were unclear how to access curriculum content, and were unsure what students were covering in each year, and therefore what level of knowledge should be expected of them on placement. Staff also wanted to know what students were taught so they could link the theoretical background with placement and case based learning.

“Trusts need information on how skills should progress in complexity as students advance through academic years.”

Attendance Communication between the University and stakeholder partners was a key issue. In particular attendance - students calling in sick last minute - and there was confusion over who this should be reported to. It was suggested that students sign an attendance contract as part of their course induction, and complete a minimum number of attendance hours before they can progress or pass a year. It was acknowledged that a broader range of sign off mentors could assist in this process and ensure that students were interacting with a range of placement staff.

“Attendance/fake sickness. 9 out of 40 students ring in sick all on same day”

Timing and teaching educators The challenge of timetabling teaching (particularly bedside teaching) was acknowledged by different placement providers, as was recognising the importance of non consultant, small group and interactive teaching. Opportunities for teaching staff to access training and resources were also raised as part of CPD.

“At ASME last year there was a presentation by a trust that had developed a TEACH programme, way to QA teachers”

Good practice Sharing good practice between stakeholder partners was seen to be an effective way to enhance communication. Suggestions included an inter-trust newsletter compiled by the University featuring ideas, innovations and progress, an electronic notice board, sites visiting each other and holding an annual meeting with presentations by each trust, with key note speakers, notable practice examples and prizes for best practice.

“Share info sooner. Link up. Joint = team - we represent the University”

Professionalism Definitions of what constitutes professional and unprofessional behaviour still lack clarity for students. Stakeholder partners requested guidance, and a University Professionalism Charter linking to GMC standards so they can provide students with fitness to practice examples (cases, videos, role plays and consequences were suggested). The data from different table groups provided evidence of poor student professional behaviour including groups of students displaying inappropriate informal attitudes around patients, and lacking insight on their behaviour particularly on social and digital media. It was agreed that students need to see professionalism in teaching, and all placement staff should be mindful of this.

” Issues with student professionalism – they should turn up!”

Dress Relating to professional behaviour was personal presentation and how some students attend placement wearing inappropriate clothing. The majority of attendees were in favour of students on placement wearing a scrub top so they are easily identifiable and dressed suitably.

“Still need re emphasis on appropriate dress: non dangerous, smart casual”

Technology The provision and use of technology enhanced learning presented several challenges, as individual sites had problems with their technical and Wi-Fi provision, so students couldn't upload or access information as appropriate. However, a lot of interest and suggestions related to content on the School of Medicine's website and school blog – adding profiles of each hospital, sharing VITAL resources, creating topic specific forums and uploading podcasts i.e. SIM sessions for student reflection were all noted.

“Integrate clinical skills into E-portfolio”

Assessment Concern was expressed that students place less value on formative and reflective learning, concentrating on learning by rote for exams. However, use of the E portfolio was seen as a positive way for students to get feedback. It was also suggested that simulation assessment by students in years above would be a valuable exercise for both groups.

“Being a doctor is more than passing an exam”

Discussion

The World Café data has produced relevant information from key stakeholders about partnership working with the University. There is some divide between placements and the University, as stakeholder partners are unsure who to contact regarding absences, pastoral concerns and unprofessional behaviour issues. Requests were made for named link people as a centralised point of enquiry. Copies of the University logo's and branding information, guidance, curriculum content and outcomes were also requested. This information needs to be accessible in different formats as technical issues in some settings prevent retrieval of materials. Further work is required to ensure better communication and effective working practice between stakeholders and the University.

The World Cafe process was seen as an opportunity to develop a dialogue between the University and stakeholder partners. This issue rarely features in the medical education literature, as studies concerned with placements usually seek to measure quality, student preparedness or feedback/support rather than effective collaborative working and sharing of best practice. The latest *Promoting Excellence* (GMC, 2015) guidance standards endorse this approach, highlighting the importance of learning environments and educators linking to the curriculum:

“The learning environment and organisational culture value and support education and training so that learners are able to demonstrate what is expected in Good Medical Practice and to achieve the learning

outcomes required by their curriculum” S1.2

Take Home Messages

The World Café methodology has facilitated a wide range of opinions, suggestions and experiences. In terms of practical application, the event has produced evidence for better communication, sharing of good practice and improved student experience. Information from the event provided observations, and actionable points for changes in policy, teaching and process. Following the World Café, results have been fed back to the CPC group and circulated to stakeholders. A working group has been set up to identify and action findings from the event. Beginning a new process of working with stakeholders is an important way to herald the implementation of the new curriculum, and the World Café has been an effective way to do this.

Notes On Contributors

Dr Jayne Garner is Research Associate, Ceri Coulby is Director of Student Experience and Dr Marina Anderson is Director of Medical Studies at the School of Medicine, University of Liverpool.

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Appendices

Declaration of Interest

The author has declared that there are no conflicts of interest.