

TWO BEST PRACTICES FOR THE ACADEMIC YEAR 2015-16

1. Title of the practice: Implementation of Active learning strategies in lecture classes and clinical practicum

2. The context that required the initiation of the practice:

Effective conduct of the curriculum is a life-long challenge for a teacher in a professional college. Implementing Active learning strategies will ensure an effective methodology in teaching which will foster better learning. The focus here is on those aspects of classroom teaching competence and clinical training that are visible to one self and to others and thus become useful for formative evaluation of students.

Active Learning Strategies is an effective ways to foster active, constructive participation of students in lecture class as well as clinical postings. Learning is a Constructing process. The practice involves in selecting the type of activity to match the purpose the teacher has in mind.

Health care educators often deliver complex material in a format that does not allow positive learning strategies. Intentional engagement and active learning pedagogies change the nature of learning, while simultaneously improving knowledge gain and recall abilities.

3. Objectives of the practice:

- To seek participation of students in learning process
- To result in deeper understanding of concepts both in theory as well as practical.
- To make learning more interesting and thereby put more effort into it

4. The Practice.

The transaction of the best practice is adapted in four methods of learning both in theory classes as well as clinical practicum. The steps are reported below:

1. **Construction Spiral:** Pose problem questions in a three-step learning cycle-(a) each student write down his/her thought (b) These thoughts are shared in a group of 3. (c) compile the answer on the board in front of the whole class avoiding any evaluation or changes to what the class offers. Let the group correct itself. If weaknesses appear or more sophisticated understanding is needed, pose a second problem in the same manner. First questions usually begin at a reflex level to engage the students. Used to construct understandings and concepts.
2. **Brainstorm:** Solicit, and compile for all to see, alternative possibilities without judgments. Used to generate ideas, encourage creativity, involve the whole group, and demonstrate that people working together can create more than the individual alone.
3. **Concept Models:** Given handouts that ask a series of leading questions, students work in small groups to figure out how something works or build a conceptual model. They make their own diagrams and record their own observations. Example: Describing the circuit design of a receiver in the canal hearing aid.

4. **Peer Teaching:** By explaining conceptual relationships to other students, they define their own understanding.

5. **Evidence of success:**

As this practice was initiated during the commencement of the semester, the feedback from the students are yet to be received. However drastic changes in the number of students missing the classes have been reduced. Their performance evaluated by means of internal assessment, practical viva and independent ability to perform the various tests in clinics are found to be improved in each students.

Since self-directed learning are common in active learning strategy a logical connection exists between this desired learning outcome something often not true when trying to promote life-long learning through traditional teaching methods. It is difficult to analyze because there is not one or two core elements that can be clearly identified with student learning outcomes .Teaching cannot be reduced to formulaic methods and active learning is not the cure for all educational problems. However, there is broad support for the elements of active learning most commonly discussed in the educational literature and analyzed here.

6. **Problems Encountered and Resources Required:**

Increased preparation time

It takes time to design active learning exercises during theory lecture classes. During clinical practicum implementing group activity for a particular case will enhance the therapy activity and sometimes may create confusion.

Risk and unpredictability

The risk lies here as it is unpredicted with the understanding of the particular topic by the student. Hence there are chances for failure of certain activities. Students may not participate, they may misunderstand the exercise, or it may simply be too easy or difficult. Specific actions that were helpful in lowering barriers to change included participation by all faculty members in a careful strategic planning process that led to a mandate for change, as well as an environment within the Institute where excellence in teaching is increasingly valued and rewarded. Strong support from the administration led us to successively implement the practice. They were actively courted opinion leaders within the department of the medical college staff to serve as early adopters for many of the changes.

7. **Resources required**

- Human resources.
- Materials for teaching.
- Equipments and patients required in the department to carry out the procedures.
- Finance