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Exploring the role of dramatics in medical education through online listserv mediated mentoring and learning web sessions

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Abstract:

BACKGROUND: Online learning environments are becoming more frequent in teaching and learning than ever before. Asynchronous learning provides “high degree of interactivity” between participants and helps them to reflect upon their ideas/thoughts, before sharing them with others leading to more insightful responses and in-depth learning. Moderating an online discussion is an art and challenging task, which needs meticulous planning and effective execution approaches. One of the major challenges in online discussion is to ensure active participation and interest among participants, and therefore, it reiterates the need for inclusion of interactive strategies to enable it meaningful and effective. The present article is to share our experiences in moderating session on “Dramatics in Medical Education” (DIME) as a part of ML web discussion of Foundation for Advancement in International Medical Education and Research (FAIMER) at one of the regional FAIMER institutes in India.

MATERIALS AND METHODS: Thirty-two FAIMER fellows participated in online discussion on DIME, supplemented with various engagement triggers including, sharing of real-life situation case scenarios, motivational quotes, competitions and rewards, script writing, script editing exercises by using Forum Theatre method, discussion on uploaded academic videos on “YouTube,” use of mnemonics, etc.

RESULTS: Online discussion yielded improved knowledge and positive attitudes of participants toward DIME. Task-based exercises within authentic or realistic situations, teamwork, and interactions facilitated active learning of participants.

CONCLUSIONS: Appropriate planning, well coordination, and interactive strategies can foster learning and reflective abilities as well as develop favorable perceptions of learners toward virtual mode of teaching-learning.

Keywords:

Active learning, drama, online system, task performance, virtual system

Introduction

Virtual learning environments are becoming more frequent in teaching and learning than ever before.^[1] Asynchronous online discussion, like “Online Threaded Discussion” and other more sophisticated methods are widespread for supporting a large number of educational activities in online and blended courses.^[2] Asynchronous

learning delivers “high degree of interactivity” between participants and also assists them to reflect upon their ideas or thoughts, before sharing them with others, leading to more insightful responses and in-depth learning.^[3]

To foster an optimal online learning community, three components are essential: cognitive presence, social presence, and teacher presence.^[4] Cognitive presence emphasizes

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on critical thinking and collaborative problem-solving skills, while social presence is the ability to project oneself socially and affectively and getting to know each other as three-dimensional people despite not meeting face to face.^[4-6] Teacher presence includes the work of teaching that is done before and during the course. It includes all the preparatory works in designing and developing the course and the hands-on teaching of directing and supporting the learners during the course delivery.^[4-6]

The intent of the present study was to share our views and experiences in moderating session on “Dramatics in Medical Education” (DIME) as a part of ML web discussion series of the Foundation for Advancement in International Medical Education and Research (FAIMER) Fellowship program at one of the designated regional FAIMER institutes in India.

Materials and Methods

Study design and setting

An observational study design was implemented at one of the regional FAIMER Institutes of India.

Study participants and sampling

Thirty-two faculty members from clinical, paraclinical, and allied health sciences who were enrolled as “FAIMER Fellows” participated in asynchronous threaded mentoring-learning web discussion on DIME through LISTSERV. Of 32, 16 (50%) junior fellows moderated session and 16 (50%) senior fellows accompanied them as a guide and mentor.

Data collection tool and technique

The entire session of 1 month was supervised by experienced FAIMER faculty and other fellows. The whole moderation session was implemented through three phases:

1. Planning/preparation phase
2. Moderation phase
3. Feedback/reflection phase.

Planning/preparation phase Specific learning objectives

Considering time constraint of session, learning goals were predetermined and four major topics in “Dramatics in Medical Education” were identified, namely “Basic concepts in DIME,” “Preparing scripts in academic topics,” “Challenges in using DIME,” and “Discussion on academic videos. Each topic was divided into subtopics [Table 1].

Effective communication among moderators

Due to geographical location barriers, instead of face to face, participants preferred social media platforms (WhatsApp, Facebook), Skype, E-mail, and

Mobile phone for discussion activities. After having consensus, the complete week-wise plan of action was formulated and shared. The preliminary discussion during this phase helped a lot to channelize thoughts/ideas about session execution.

Prior preparation

The necessary groundwork was commenced beforehand to ensure the availability of all required resources. Simultaneously, alternative plan of action for each activity was kept ready, in case of any inevitable circumstances, where we were unable to conduct any specific activity.

Creation of conducive environment

The success of managing online discussion lies in the preparation of the environment.^[7] Pretest online survey was administered through “Google form” to assess the learning needs of participants, and specific learning objectives were formulated based on these needs as well as on initial discussion of moderators.

Moderation phase

Preamble to the session

An effective introduction at the beginning of the session is important. The moderation session was initiated with an outline of weekly activities rather than entire month activities to create an interest and curiosity among participants about forthcoming discussion topics in DIME [Figure 1]. The session was introduced by giving “*case scenario of real-life situation*” and “*motivational quote on dramatics.*” Since the topic was DIME, interesting names were given to our groups such as producers, directors, assistant directors, and actors. Some ground rules were made to achieve relevant and meaningful discussion on given topic. Clear instructions about tasks and responsibilities were provided.

Making discussion interesting throughout the session

We experienced that maintaining an interest of participants for entire month session was challenging task. Therefore, we incorporated various innovative

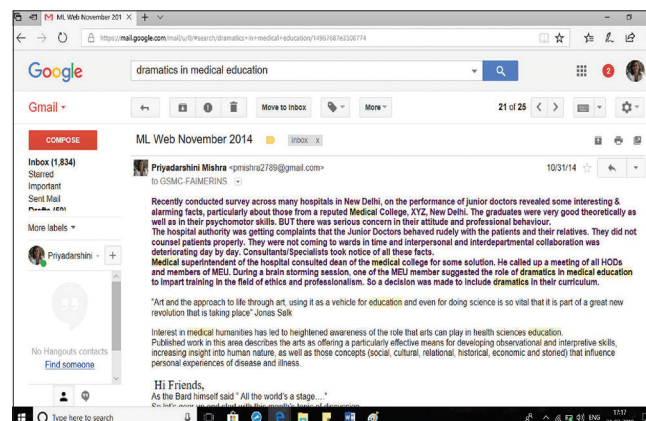


Figure 1: Effective introduction with real-life situation case scenario

Table 1: Monthly plan of action for mentoring and learning web discussion

Duration	Main task	Subtasks
Week 1 (1 st -9 th November)	Introduction of DIME	Brief introduction about DIME Discussion will be proceeded in preference to following points Concept of “dramatics” Scope of dramatics in medical education Rationale/background for use of DIME Applications/uses/role of DIME Summary of discussion
Week 2 (10 th -16 th November)	Scripts	What is script? What are the general things that need to be considered while writing the script? Allocation of participants into 4 groups Each group will be asked to prepare half/one-page script on specific academic topic in respective discipline. Preference may be given to those academic topics which students find it difficult to understand Comments of all groups on each other’s scripts Summary of discussion
Week 3 (16 th -23 rd November)	DIME – sources and challenges	Advantages and disadvantages of using DIME Challenges in using DIME and how to overcome it? Innovative suggestions for the effective use of DIME Obtain the list of institutes/organizations/medical schools in India which are providing Theatre Based Medical Education as a “resource”
Week 4 (23 rd -30 th November)	Discussion on academic videos	Upload one academic video from any source (individual activity) which is based on academic topic in respective discipline/subject (23 rd November–25 th November) Comments on these uploaded videos as well as academic videos (26 th November–30 th November) Summary of discussion and winding up the activity

ML=Mentoring and learning, DIME=Dramatics in Medical Education

ideas for each week’s activities to ensure maximum and active participation.

Division of sessions

Sessions were divided on weekly basis so that participants should get adequate time to explore and reflect on their learning.

Sharing of resources

Various resources were provided to participants on DIME. They were encouraged to share useful information on DIME in the form of research articles, e-books, websites, etc. All participants were asked to highlight essential aspects of articles which could be utilized by the participants at a later date.

Script exercises

To maintain participants’ interest, they were asked to prepare script on four important medical topics, namely promoting empathy among medical residents, stressing the importance of good communication to UG students, teaching medical ethics to UG students, and sensitizing people about organ donation. [Figure 2]. The participants were divided into subgroups and asked to prepare and share structured script on given topic. We received overwhelming response from all participants for this activity, and all scripts made by participants were collected and shared in the form of small booklet.

Use of motivational quotes

Various quotes were selected based on learning theme and it was posted at the beginning of each day.

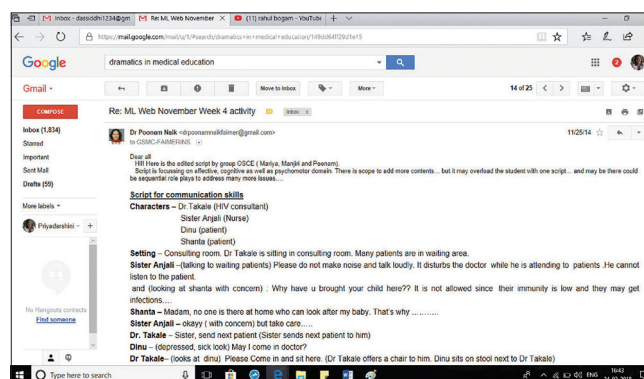


Figure 2: Script writing exercises by participants on communication skills

Sharing of personal experiences

Experiences always foster learning process. The participants were asked to share their experiences about the use of any dramatics such as role play, drama, and mock drill in their own teaching-learning activities.

Use of innovative form of dramatics

All participants were divided into four groups and they were given common script of drama, asking them to live the drama and participate as an actor and modify the script as and where they felt ethics and professionalism were jeopardized. This activity was based on “*Forum Theatre (Theatre of Oppressed [TO])*.” Our experience showed that this type of challenging task enabled the participants to think, explore their ideas, and stimulate their reflective capacity.

Mnemonics

Whenever needed, mnemonics were provided to participants so that they could remember information for long time [Figure 3].

Uploading academic videos on “YouTube”

Video clips based on the use of dramatics were uploaded on “YouTube” by moderators. Participants had to watch the clips and answer the questions posted [Figure 4].

Best participant awards

We announced prizes for prompt responses and best answers, etc. This initiative helped us to achieve maximum participation and to create healthy competitive spirit among participants.

Prompt reply to each mail

During online discussion, it is of utmost importance to give prompt reply to participants’ mail. It makes discussion live and gives stimulus to participants to proceed discussion. As moderators, we made it a point to go through every mail and included a brief summary or a question in our replies to participants. This helped to build confidence among participants that their inputs were being read thoroughly before responding.

Summary

At the end of every week, summary of discussion was posted by moderators to make all participants understand how much they have learned in particular week. Presentation of the previous week’s discussion as a summary helped to form the groundwork for the next week’s discussion. It also proved to be a ready reference for further discussions.

We tried to present an experience of our online moderation in one of the contact sessions in the form of a role-play, the script and practice of which was done through E-mails and Skype sessions.

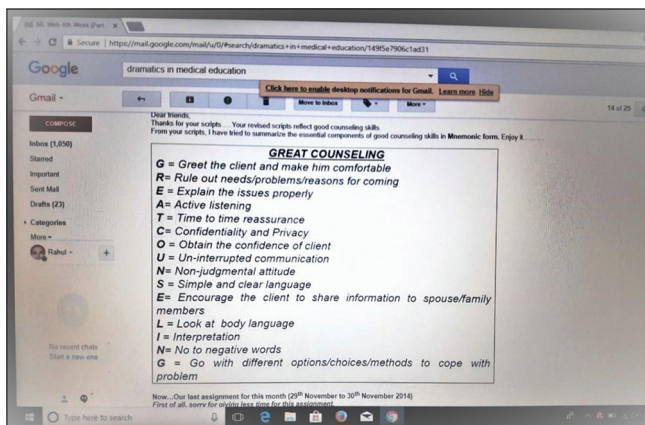


Figure 3: Use of mnemonics

Feedback/reflection phase

Reflective learners assimilate new learning, relate it to what they already know, adapt it for their own purposes, and translate thought into action. Over time, they develop their creativity, their ability to think critically about information and ideas, and their metacognitive ability.^[8] We concluded that the session with posttest and participants were asked to provide feedback/reflection on the entire month’s activity.

Ethical consideration

The present paper was a fragment of experiential findings of online ML Web discussion which was a part of FAIMER Fellowship Course Program. The written permission was obtained from the Director of the respective FAIMER institute for the publication of findings of conducted activity. All procedures were followed in accordance with the ethical standards of the responsible committee on human experimentation and with the revised Helsinki Declaration.

Results

In the present study, out of 32 participants, 13 (40.62%) were from clinical disciplines. Fourteen (43.75%) participants had pre and paraclinical qualifications while 5 (15.62%) participants had completed their allied health sciences courses. The effect of an intervention (ML Web session) on participants’ learning was assessed through weekly written feedback provided by the participants. Table 2 indicates that online ML Web interactive discussion enhanced knowledge and positive attitudes of participants toward the use of DIME. Task-based exercises within authentic or realistic situations, team work, and interactions yielded active learning of participants in this study. The participants also suggested certain improvement points such as inclusion of more script writing assignments, emphasis on empathy and other nonverbal communication skills in scripts, conducting exercises on role of dramatics in imparting humanities in medical education.

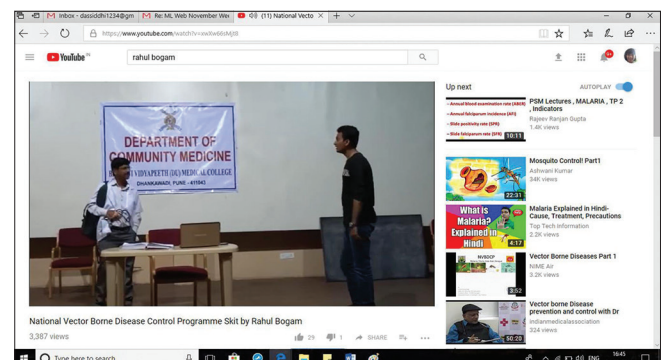


Figure 4: Uploaded academic videos (self-prepared by moderators)

Table 2: Positive perspectives of participants about online listserv mentoring and learning web session on Dramatics in Medical Education (n=32)

Parameter	Number of participants, n (%)
Organization and planning	
The session was well coordinated and organized	30 (93.75)
The session was well planned and had specific learning objectives	28 (87.50)
Interactive strategies were helpful and effective	27 (84.37)
Coordinators were cooperative and clarified the queries whenever needed	24 (75)
Skills development	
The activity improved my learning abilities and interactive skills	30 (93.75)
My knowledge about DIME is enhanced	23 (71.87)
Mnemonic preparation on communication skills was the best part of this activity	17 (53.12)
My knowledge about forum theater is improved	19 (59.37)
This activity helped me to promote my script writing skills	25 (78.12)
Overall attitude toward intervention	
This activity empowered me with the various dimensions of use of dramatics in ME	31 (96.87)
I got several chances to look with in for my deficits in the vast area of dramatics	12 (37.50)
I will implement drama and theatre forms to teach my students	28 (87.50)
Task-based exercises in real-life situations were helpful for self-directed learning	21 (65.62)
I would like to attend such online sessions on DIME in future	

DIME=Dramatics in Medical Education, ME=Medical education

Discussion

Art is progressively utilized in educational settings across the globe particularly to promote communications skills and critical thinking abilities. In medical education, the use of drama and theatre-based methods has been growing consistently.^[9] The popularity of various dramatic forms is engrained, and medical educators are starting to identify the importance of these forms as a potential tool for educating medical students in an effective manner.

In the present study, medical faculty was sensitized about various aspects of DIME like its applications in medical teaching, script writing, opportunities, and barriers in implementing dramatics in routine teaching process [Table 1]. The present study incorporated various interactive activities to enhance the understanding of the participants about DIME. The active engagement of participants through interactive activities was one of the major reasons for successful conduction of online discussion in this study.

One of the daunting tasks in the study was the execution of "forum theater" (TO) method through online platform. This innovative methodology usually initiates with a short-rehearsed performance/play to highlight specific idea, and the same play is modified by the audience with constructive suggestions/ideas.^[10] In our study, the majority of participants were not well acquainted with complete process of TO. However, the initial sensitization sessions with participants through Skype and WhatsApp helped them to understand the process of TO. Scriptwriting and performing role play on online mode were other challenges perceived by study participants.

In the present study, it was revealed that if virtual discussion is supplemented with effective moderation and interactivity, it creates a significant impact on the learning of participants. However, it reiterates the need for prior preparation and effective coordination. In recent times, e-learning platforms are gaining momentum across the globe and ensuring quality education in medical institutions.^[2-4] The same approach can be incorporated into Faculty Development Programs (FDPs) for medical teachers to provide valued professional development opportunities to them. A Massive Open Online Course is one such initiative intended at unlimited online participation and provides interactive courses to support interactions among students and teachers.

Limitations and recommendation

The present study had few limitations. Due to restricted sample size, the results cannot be generalized, as multicentric studies with adequate sampling population are required to authenticate study findings. Due to limited time frame, long-term assessment of participants toward their learning abilities in DIME field could not be done. The knowledge of participants about specific elements of DIME could not be assessed through structured questionnaire. Multicentric studies with adequate sample size are required for generalization of results. Similar online, structured discussion sessions can be implemented through FDPs to provide a forum to exchange views, opinions, concepts, and recent innovations in medical education field.

Conclusions

Asynchronous threaded discussion with interaction enhances not only learning process of participants but

also ability to give reflective responses. Engagement activities such as scriptwriting, competitions, sharing of personal experiences make learning experience interesting for participants. Prior preparation for conducting moderation session and creating conducive environment while conducting session is very crucial. Moderation of the session on “Dramatics in medical education” was an excellent learning experience for us in terms of planning, co-ordination, and conduct of online discussions.

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Conflicts of interest

There are no conflicts of interest.

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