IMPACT OF STRUCTURED MEETINGS ON THE LEARNING OF FACULTY MEMBERS

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ABSTRACT

Objective: To determine impact of structured meetings on learning and faculty development

Methodology: The observational cross sectional study was conducted at Bahria University Medical & Dental College from October 2010 to March 2011. Feed back of all faculty members of university was acquired on weekly structured meeting (with alternating theme of journal club and problem based scenario presentation) by a self reported questionnaire. The responses obtained on a 5-point Likert scale were divided into two groups; I, senior faculty (professors, associates and assistants) II, junior faculty (lecturers). Chi square test was applied to compare categorical variables and results considered significant with p value< 0.05.

Result: 49 faculty members; 15 in Group I and 34 in Group II responded, 90% respondent considered it to be a healthy activity. Senior faculty agreed to the usefulness of structured meetings in terms of faculty development, social interaction, provision of learning opportunities, upgrading of presentation, communication, listening and critical appraisal skills, understanding of biostatistics, self awareness, personal productivity and tolerance to listen to criticism more than the junior faculty (p-value 0.000).

Conclusion: The perception regarding weekly structured meeting indicated that it enhanced faculty's knowledge, improved presentation skills, enhanced confidence level, developed positive attitudes and promoted educational leadership qualities in the faculty all through interaction and dialogue.

Key Words: Structured meeting, Problem based learning, Faculty development.

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INTRODUCTION

Organizations often require structured meetings to start and carry out an agenda all along

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Date Received: November 11, 2011 Date Revised: May 16, 2012 Date Accepted: May 21, 2012 efficiently. Several methodologies have formalized structure for meetings like JAD, Joint Application and Design (James Martin and others for software analysis and design) and TQM (Total Quality Management). The meetings at JAD have been a way of obtaining quality requirements and specifications which provided a good alternative to traditional serial interviews by system analysts¹. Several varieties of TQM had problem solving methods that required highly facilitated meetings to use specific methods to either identify a problem or find solutions to individual issues. These meetings also included duties of facilitator, recorder, and participant which are rotated frequently². The educational meetings serve as continuing education for health professionals where new and extensive patterns of thinking are nurtured and capacity is enhanced to create positive and desired results at a learning organization.

The weekly structured meeting (SM) organized by Department of Medical Education started at Bahria University Medical and Dental College (BUMDC) since its day of inception. The main intention to hold these meetings was to enhance knowledge, presentation and communication skills of the faculty which is a part of continuing medical education. In these meetings of an hour, an alternative theme in which a précis of four articles from journals of repute or an original review article of oneself followed by a scenario for problem based learning (PBL) are presented. All the participants were informed about the topics of discussion prior to the sessions and the presenter presents under a set written protocol. This is distributed to all departmental heads. The scenario is an original piece of work in which the problems are picked from live clinical cases or are tailor made by referring to books and research articles.

Malcolm Knowles principles of adult learning are summarized as; an effective learning environment, active contribution, internal motivation with identification of learning resources. These principles are practiced in these meetings in the form of article presentations 3,4 . Here the learners critically evaluate the research paper being presented fostering critical appraisal skills, encouraging debate and enhancing question answer skills^{5,6}. The participants are able to link the information in the presentation with the underlying mechanism of basic science subjects which upgrades knowledge of the faculty and fosters active learning with equal participation. Alguire relates to similar meetings as educational sessions that are an interactive way of assessing the recent literature and refreshing analytical skills³. It is mentioned that review article presentation contributes in enhancing the knowledge of biostatistics and epidemiology⁷ and promotes evidence based practice. Similarly Field and Augistin points out that such meeting have proven to be a fruitful platform for discussing new knowledge relevant to culture⁶ and hence encourage reflection through discussions. This study which was conducted on radiation therapists documents that presentations and such meetings are more useful when it is interactive and held around a table with direct eve contact⁶.

Presentation of PBL cases in SM creates an educational environment where collaborative learning is encouraged. Preparation of PBL is a team effort by which faculty members develop a chance to interact and discuss learning objectives⁷. Each faculty member gets a chance to present his knowledge in resolving the PBL. During this session the members are actively involved in healthy discussion and in solving the problem. Usmani A et al emphasizes that presentation of PBL cases incorporates adult learning principles by challenging faculty members across multiple problems and clinical reasoning skills⁸. This meeting also caters to the affective domain of the faculty; these skills are nurtured by promoting tolerance and respect for others point of view and perception. Learning also includes improved communication, presentation style and listening skills. However arguments are discouraged and all are encouraged to adhere to reasoning leading to evidence based learning.

Medical teachers have a challenging responsibility to convey the science of current medical practice. The rationale of this study is the intended outcome of effective learning of faculty members during this meeting and how it reflects on their teaching strategies as well as personal growth. The objective of this study is to determine feedback of the faculty regarding the structured meeting's impact on learning and faculty development.

METHODOLOGY

This was a qualitative study conducted to acquire faculty member's feedback on weekly SM at our institute. The sampling technique was purposeful.

The instrument was a self reported questionnaire of 50 statements to acquire perception of faculty members on utility of SM. The responses were acquired in terms of mandate, programming of activities, provision of learning opportunities, upgrading of skills, motivation for research, enhancement in personal productivity and change in attitudes. They were asked if it is a healthy activity which provided a forum for integration, discussion and active participation. Its role in relation to subject, coordination and programming of academic/non academic activities was enquired. The collected data was predestined to make out if it has played a part in promotion of active learners by upgrading of skills and performance required to nurture students. Self awareness of participants directed to boost personal productivity, social interactions and change in attitudes is also outlined by the above. A 5-point Likert scale with a score of 1=strongly disagree (SDA), 2-disagree (DA), 3=neutral (N), 4= agree (A), 5=strongly agree (SA) was used to assess the response.

The questionnaire was distributed to the entire faculty members in all disciplines of Medical & Dental College. The convener explained the objective and facilitated to simplify rationale of few queries. For this study a 50-item questionnaire was distributed; out of 51faculty members 49 responded by filling and submitting the questionnaire (Annexure 1 & 2).

All the responses were fed in SPSS software version 15.The respondents were divided into two groups. Group I comprised of senior faculty which included Professors, Associate and Assistant Professors while Group II comprised of junior faculty of lecturers.Responses of both groups were analyzed by application of chi-square test. Results were labeled significant with p value<0.05. The frequencies of all questions were calculated and compared to determine the perception of faculty towards structured meetings. For calculating the responses the SA and A were added and considered as one, DA and SDA were also added and considered as one whereas N was calculated alone.

RESULTS

Ninety two percent of faculty members responded to questionnaire; 19 were males (38.77%) and 30 females (61.23%).Group I comprised of 15 members; in group II there were 34. The respondents were 69.4% lecturers, 20.40% Assistant Professors 4.1% Associate Professors and 6.1% Professors. SM was considered to be a healthy activity by 90% of total respondents. The questionnaire was designed in a manner that the questions favored the rational of the study.

Table 1: Comparison of Senior & Junior Faculty MembersResponses on Usefulness of Structured Meetings

Faculty Members	DA n (%)	N n (%)	A n (%)	Total n (%)	P-value	
Seniors	94 (12.53)	118 (15.73)	538 (71.73)	750		
Juniors	185 (10.85)	400 (23.52)	1115 (65.58)	1700	0.000	
Total	279	518	1653	2450		

n= number of respondents DA= disagree N= neutral A= agree Significant p-valve= < 0.05

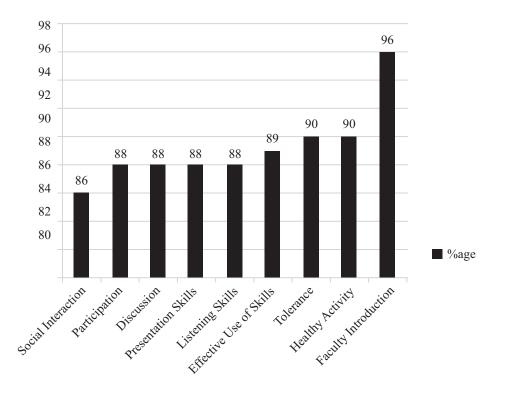


Figure 1: Perception of Total Faculty Members on Structured Meeting

Therefore those who agreed with the statements felt that these meetings were a positive source of learning and vice versa. When the responses were calculated and compared between seniors and junior faculty members (Table 1), it showed that in the senior a total of 71.73% agreed, 15.73% were neutral and 12.53% disagreed as compared to 65.58% juniors who agreed, 23.52% were neutral and 10.85% disagreed to the statements in the questionnaire (p=0.000). The overall positive response of senior faculty on SM was more than the junior faculty.

Skills were upgraded in 88% respondents who were able to apply enhanced presentation & listening skills for effectiveness of their own presentations. Self awareness was developed in 40% seniors and 55 % juniors. Personal development observed in Group I (senior) and II (junior) were 74% and 75% respectively. Both the groups reported an increase in social interactions within departments by enhanced tolerance to listen to criticism with respect for others opinion as is shown in Figure 1.

The SM however was not able to create dress consciousness in most of the seniors and the juniors (40% & 47%) respectively. Majority of the participants developed acceptability to change due to these meetings (90%).

DISCUSSION

The experience of faculty in teaching at BUMDC varies from a traditional one to the most recent integrated one. Activities associated with learning can be designed and then implemented by linking it to the principles of adult learning. It is amazing and thought provoking to understand individuals and their differences in learning⁷.

In order to cater to the needs of the students in order to produce good, honest and knowledgeable doctors, a hybrid system of curriculum has been adopted by our institute. Apart from the activities of workshops, in order to enhance adult learning and student centered teaching, medical education meetings takes place every week on Friday in which different research articles are presented on one week and in the following week a case scenario of PBL is presented which is an original piece of work written by the faculty member after referring to books and research literature; the importance is that faculty members can improve their presenting style, knowledge, presentation skills and enhance their ability to do literature search^{9,10,11}. Peter M et al highlights tips for conducting medical education meetings which is designed to enhance presentation skills and knowledge¹².

Research shows that learning brings about

a permanent change in one's personal behavior which includes not only observable activities but also brings an internal change. This internal change may result in change in mind set, thinking and then a definite change in attitude¹³.

It is emphasized in the facilitation theory, also known as humanist approach that the teacher must always behave as a facilitator establishing a friendly and conducive environment resulting in change in internal motivation towards learning⁷. In the field of medical education this has great impact and it enhances the learning of skills and attitude in students.

Structured meetings in which all faculty members are encouraged to participate is a good example of work based learning. This is known to have a central role in the faculty development. The hegemony of a definite traditional training has over powered our medical education system since long but now medical teachers have come to realize the importance of faculty development and its impact on students learning. The outcome of faculty development results in structured learning which is competency based. These structured meeting provides the provision of applying the knowledge learnt via review articles and scenario presentations in a fixed format which has been devised by a team of educationists⁷⁻⁹. Article by Elaine¹¹ states that structured meetings also help in identifying the strengths of the staff and acknowledge those who are geared towards upgrading the standards. It is also mentioned that the intention of their structured meetings is to increase communication among staff.

The perception of BUMDC faculty regarding the weekly structured meeting is well received they appreciate this activity and feel that they are encouraged to give their point of view and have healthy discussions regarding the presentation. This is a platform for constructive learning and here faculty also has the chance to voice against grievances. Therefore apart from learning, enhancing presentation skills and polishing attitude these meetings also serves as a forum for interacting with faculties of other departments creating a positive environment. It has been perceived that the faculty feels that the fortnightly research article presentation has enhanced their knowledge and presentation style since the presentations are on multimedia it has also brought about changes in their computer knowledge. It has emphasized that change in attitude and confidence has also been improved due to the structured meetings. Since the meeting consists of faculty from all departments this gives a chance to interact with one another and exchange views resulting in a friendly and conducive

atmosphere. Communication is the art of expressing oneself and it is a very important soft skill that should be mastered by all teaching members¹³, keeping in mind the importance of communication juniors and seniors are given equal opportunity to question and reason with the presenter and among each other, this leads to a healthy discussion during each meeting. The process of facilitating learning requires formalized learning. This is referred to as 'educative learning' and not only the vast and various gathering of experiences. There is a realization of learning and people are conscious about the facts that task oriented learning enhances knowledge, attitude, skills and more so^{14,15} if the task itself is learning. African competency development (Pty) Ltd design workshops to help set the procedures required for conducting structured meetings in organizations, this further highlight the importance of such meetings.¹⁵Ongoing faculty development is a major contribution of an institute to the upbringing of a new comer faculty. It adds value to his/her personality and results in increasing the level of cognition, skills and affect. It has been seen that medical educators have adopted a cognitive stance; they assume that the development of the mind is free of its social context. The importance of reflective and reflexive (learning about one's learning)^{16,17} practice should be enhanced which results in better learning and produces deep learners who are curious and have an urge to continue to learn. According to Kolb's cycle¹⁸ adults learn in four stages which include what we do "concrete experience", what we observe "reflective observation", how we think "abstract conceptualization" and how we plan "active experimentation". Gremillion G et al state that structured meetings not only enhances skills and attitude but also creates a good, conducive atmosphere in the workplace since the staff get a chance to interact with one another¹⁹. As medical teachers we are all lifelong learners who learn in a stimulating atmosphere with an internal motive^{18,19}. Such faculty development programs facilitate the better change in an individual and enhance the leadership qualities that a medical teacher must possess. Structured weekly meetings being a major source of faculty development plays an important role in carving better teachers and facilitators which leads to production of good doctors. This change also makes good role models and facilitators for the medical student²⁰⁻²².

The SM is an alternative educational initiative that enhances faculty learning and leads to developing better interpersonal communication. The perception of BUMDC faculty regarding the SM is well received; they appreciate this activity and feel that they are encouraged to give their point of view. The faculty feels that the fortnightly presentations have enhanced their knowledge and presentation style. Attitude and confidence has also improved due to the meeting of the faculty²³. Since the meeting consists of faculty from all departments this gives a chance to interact with one another and exchange views resulting in a friendly and conducive atmosphere.

CONCLUSION

The SM is an educational opportunity for faculty to develop through interaction and dialogue as well as to promote and foster educational leadership qualities in the faculty. It has a positive effect on faculty learning and behavior. This may be continued and monitored to see its long term effects on faculty career development and its impact on the institution. Studies of this nature are few collectively and none in Pakistan and this study shows that structured meetings have an enormous effect on faculty development.

REFERENCES

- 1. Alan DR, Glenda HS, Robert D M Jr. Business process modeling with group support systems. J Manag Inf Syst 1999; 115-42.
- 2. Dean JW, Bowen DE. Management theory and total quality: improving research and practice through theory development. Acad Manag Rev 1994;19:392-418
- Alguire CP. A review of journal clubs in postgraduate medical education. J Gern Intern Med 1998;13:347-53.
- 4. Geraldine S. How to make journal club interesting. Adv Psychiatr Treat 2004;10:67-72.
- Peter M, Steintert Y, Boudreau D, Snell L, Wiseman J. Twelve tips for conducting a medical education Journal Club. Med Teach 2010;32:368-70.
- 6. Field N, Agustin CB. Could a journal club can be effective educational tool for radiation therapists. Radiographer 2004;51:123-8.
- 7. Hmelo-Silver CE. Problem- based learning: what and how do students learn? Educ Psychol Rev 2004;16:1-32.
- Usmani A, Sultan ST, Ali S, Fatima N, Babar S. Comparison of students and facilitators perception of implementing problem based learning. J Pak Med Assoc 2011;61:332-5.
- 9. Hakim SEl, Elsayed R, Satti A, Yagoub A. Learning methods and its application in medical education. Sudanese J Public Health

2007;2:172-6.

- Neville AJ. Problem based learning and medical education forty years on. A review of its effects on knowledge and clinical performance. Med Princ Pract 2009;18:1-9.
- 11. Elaine R. Structured meetings, but many rewards. [Online]. 2007. [Cited on July 26, 2011]. Available from URL: http://www.ere.net /2007/04/26/structured-meetings-but-many-rewards.
- Rigoli E. Structured meetings, but many reward [Online]. 2007 [Cited on September 15, 2011]. Available from URL: http://www.ere.net /2007/04/26/structured-meetings-but-manyrewards.
- 13. Bova BM, Phillips RR. Mentoring as a learning experience for adults. J Teach Educ 1984;35:16-20.
- 14. Tim S. Informal learning in postgraduate medical education: from cognitivism to culturism. Med Educ 2005;39:859-65.
- Africa Competency Development. Structured meetings. [Online]. 2010 [Cited on October 12, 2011]. Available from URL: http://www. skillsportal.co.za/train/training_providers/cours e/27-africa-competency-development-ptyltd/3705-structured-meetings-242816.
- Eraut M. Non- formal learning and tacit knowledge in professional work. Br J Educ Psychol 2000;70:113-36.

- 17. Swanwick T, Chana N. The study guide for GP training. Abingdon, UK: Radcliffe Medical Press; 2003.
- Kolb DA. Experiential learning: experience as the source of learning and development. Englewood Cliffs, N.J: Prentice-Hall, Inc; 1984.
- 19. Gremillion GA, Schlegel FW, Lowther R. Application of a structured meeting format improves employee involvement. AQP Spring Conference Transactions 1989;11:130-5.
- 20. General Medical Council. Consultation on the General Medical Council (The licence to practise and revalidation) regulations. London: GMC; 2003.
- 21. Department of Health. Appraisal for doctors in training. London: Department of Health; 2003.
- 22. Rogers A. What is the difference? A new critique of adult learning and teaching. Leicester: NIACE; 2003.
- Ratnayake A, Abeysekara N. Reflection on application of adult learning principals in my workplace. Sri Lankan J Anaesthesiol 2009;17:20-4.

CONTRIBUTORS

AU & RR formed research proposal, conducted research, compiled data, wrote and reviewed the manuscript. SB & AA helped in compilation of data & writing the manuscript. All the authors contributed significantly to the research that resulted in the submitted manuscript.

Annexure 1

Name: (optional) _____ Designation: _____ SDA= strongly disagree; DA= disagree; N= neutral; A= agree; SA= strongly agree Please tick the most suitable response

IMPACT OF STRUCTURED MEETINGS ON THE LEARNING OF FACULTY MEMBERS

STATEMENTS	SDA	DA	Ν	А	SA
1. Weekly meeting is a healthy activity					
2. Played a positive role as far as learning is concerned					
3. University schedules, plans and any changes are discussed					
4. New faculty members are introduced					
5. Achievements of faculty members are discussed					
6. The alternate theme presentation of PBL/Journal Club is acceptable					
7. Helped to build a working environment that protects all from					
discrimination and harassment of any sort					
8. Input in improving curriculum design was acknowledged					
9. Provided an opportunity for integration					
10. Able to apply this knowledge in development of the subject					
11. Encouraged to provide constructive feedback on different agendas					
12. Encouraged literature search					
13. Research Papers presentation helped in recall and recognition of					
knowledge					
14. Helped in comprehending material and data of discussed article					
15. Enhanced critical appraisal skills					
16. Improved the understanding of biostatistics					
17. Enhanced knowledge in recent researches and development					
18. Encouraged one to consult journals of repute					
19. Motivated research					
20. Presentation helped to design/construct research plans					
21. Improved use of multimedia					
22. Enhanced presentation skills					
23. Realized that by improving ppt skills effectiveness will improve					
24. Improved listening skills					
25. Improved communication skills					
26. Encouraged and facilitated personal development					
27. Helped in improving discipline e.g. punctuality					
28. Helped in managing time effectively					
29. Created consciousness about dress code during meeting					
30.Created awareness about ones capabilities					
31. Allowed to react and participate actively					
32. Provided the opportunity to voice ones grievances if you have any					
33. Provided a forum for counseling and advice					
34. Developed acceptability to changes					
35. Helped to voice ones concern					
36. Reconcile internal conflicts; develop value system					
37. Developed respect for others opinion	-				1
38. Had a prior experience of constructing a PBL	+		}		
39. Got a chance to try to use the skill of PBL by this forum					1
40. Developed awareness of the existence and relevance of PBL					
40. Developed awareness of the existence and relevance of PBL 41. Have learnt and adopted this effective teaching tool	_				
· · ·					
42. Awareness of extent of your deficiency in PBL43. Developed behavior evaluation in oneself (extent to which the					
43. Developed behavior evaluation in oneself (extent to which the trainees apply the learning and change their behavior)					
44. Helped to understandlearning style and learning methods for					
acquiring new skills, knowledge and attitudinal capabilities					
45. Identify and develop skillsthat suits ones style	-				

Annexure 2

The fact	alty members are to present in the meetings which is held every second week. On week 1 articles will be	
	d and the on the following week a case for PBL will be presented. The following instructions should be	
	d for article presentations:	
1.	The articles should be recent and from journals of repute	
2.	The articles authored by self will be preferred	
3.	The presentation must be on power point (keeping in mind the rules of power point presentation)	
4.	The faculty member presenting should submit the name of the topic and journal prior to the presentation for record and information	
5.	The faculty member should be on time for the presentation	
6.	Synopsis presentation for any research will be welcomed	
7.	The review article to be presented must be approved and shown to their respective HOD before	
	presentation	
The following instructions should be followed for PBL presentations:		
1.	The case must be an original piece of work	
2.	It is important to note that it must not be copied from any source	
3.	The reference of material consulted must be mentioned	
4.	The PBL must be made by input from basic science and clinical faculty in order to integrate the course	
	objectives	
5.	The course objectives must be taken from the guide book	
6.	The PBL should be presented on multimedia	
7.	The author(s) must present the case in a calm and rational manner	
8.	The author(s) may incorporate the changes suggested by the other faculty members otherwise s/he must	
	justify with appropriate reference the reason for not accepting the suggestion	
9.	The final corrected copy must be submitted to the department of medical education for the PBL bank and given to the students at the appropriate module	