

# **Learning Partner Discussions –** (alternative to Learning conversation)



### **Post Illness and Trauma Scenario Demonstrations**

#### Aims:

- To increase the amount of engagement candidates' have with scenario demonstrations.
- To acknowledge the active learning of the candidate 'observers'
- To encouraged inter-group participation in learning conversations.
- To promote application of learning to candidate's clinical setting
- To support faculty with learning conversations ie: W.A.I.T.<sup>1</sup>

The course director or coach takes responsibility for managing the learning partner discussion

#### Pre-demonstration as the candidate's gather/faculty set-up

**Preview** – 1. Aims of scenario teaching sessions on APLS Courses

You've come from discussion groups....... consolidated what you do in your practice and learnt some new things from faculty and your peers – for the afternoon ...this inter-group learning continues

The structured approach is Key to safe management – so that is like **a drill** we aim you will leave the course with – & in addition

APLS face to face program uses **scenarios to teach/consolidate the curriculum** – for everyone in the room. There's is an 'active' decision making role for the hands on leader and for the rest of the group another opportunity to consider how they would manage a child who presents with the hx, signs and symptoms given.

2. Expectations of candidates post the demonstration and post scenarios

So as you watch this next demonstration – I would like you to consider -

What have you seen xxxx do that you would hope to do in your safe management of the child?

What questions do you have about the management/ or other considerations for optimising the situation?

#### Post demonstration

Give 2-3 mins for candidates to share their reflections with the person next to them. Instructors do **not** need to be involved (best if they are not) and you do **not** need to get the candidates to relay back their thoughts. The process of them verbalising in safety with a partner is where the learning occurs.. Then stop for comments or questions that the partner couldn't answer.

(prior to asking from the group – ask them to be kind to the demonstrator...who like them is a clinician wanting to do their best with the information they have)...

Questions can be answered by you/other members of the demonstration team.

#### To close

Re-iterate the knowledge within the candiate groups and that there are 12 scenarios for them to

- 1. Embed use of a structured approach
- 2. Consider how they would manage and/or find the answers to gaps in their knowledge.





## **Alternative Questions**

What do you want to go away and practice now? (by verbalising what they want to do, they are more likely to actually do it)

Was there anything in that demo that surprised you? (this allows for a discussion of strengths or weaknesses of the demo without specifically poining the candidate in one direction)

Why was that demonstration good?(starting question to check identifying



1. Davis M and Denning K. Listening through the learning conversation: a thought provoking intervention [version 1]. MedEdPublish 2018,7:199 (https://doi.org/10.15694/mep.2018.0000199.1)