

## Problem-Based Learning Discussion (PBLD)

PBLD is an opportunity to create a learning situation where the participants will have the chance to learn the facts, and demonstrate that they understand them by applying the knowledge in the correct manner to answer clinical dilemmas that are created in the case. It also serves to open up new topics of discussion, suggest alternative management strategies, and encourage communication among participants in a friendly setting.

PBLD sessions will be held on Wednesday 10<sup>th</sup> Feb, and Thursday 11<sup>th</sup> Feb 2010 at the annual ECTAS meeting, during the lunch breaks (Lunch and Learn). Discussions are anticipated to take approximately one hour, during which lunch and refreshments will be served. Each discussion table will provide seats for one moderator, co-moderator(s), as well as a number of participants that will be announced according to availability. Moderators will present a case scenario for which participants will be encouraged to provide their opinion. At the end of each session, the main points and conclusions of discussion will be summarized and given as take-home messages.

### PBLD topics during ECTAS 2010

Wednesday 10<sup>th</sup> Feb:

- 1- Pulmonary hypertensive pregnant woman for C.S.
- 2- Known HIT for CABG surgery.
- 3- HOCM patient for TURP.
- 4- Stuck valve in AF rheumatic heart disease.

Thursday 11<sup>th</sup> Feb:

- 1- Pace-maker anesthesia guidelines.
- 2- Cardiac teamwork.
- 3- Blood use in cardiac anesthesia.
- 4- TEE in cardiac anesthesia.

### Guidelines for moderators

- Make sure the case is clearly written, with all relevant details provided.
- Identify goals. What will the discussants be expected to know, do or value after completing the case?
- Introduce yourself. Go quickly around the table and have everyone tell who they are and where they practice. Jot down their first names on a preformatted seating chart so you can identify participants by name where possible.
- Make sure everyone is sitting at the correct table, and know which topic you are about to discuss.
- Distribute hand-outs when appropriate.

- Make the narrative exciting and build tension.
- Plan your opening question to cover something everyone should be familiar with so that the discussion begins in a non-threatening way.
- Avoid becoming a content expert. Don't lecture on the topic; focus instead on facilitating the discussion. But – be sure you are as well prepared as an expert would be since you may have to provide information not owned by the group.
- Plan the timing for each section of the case so you can adjust the rate of flow to have the discussion of the case finish in the allotted time. Mark your notes with specific times in the margins to help yourself with pacing. Not getting through the case is frustrating for participants, so you may have to simply move the discussion on to the next topic.
- Control the overqualified attendee who came to show off rather than to participate as a learner. You might say something like: "You are very well prepared for this discussion – lets give some of the others a chance to respond and we can come back to you for some final summation comments."
- Allow the group the chance to think after asking a complex question. Silence should not be threatening but evidence of work by the group. If you suspect that participants are confused by your question, rephrase it or break it down into smaller units.
- Keep the group focused on the case at hand and prevent losing site of the objectives. When someone changes direction, perhaps accidentally, gently refocus.
- Plan some questions to engage everyone. Encourage answers from participants working in different fields, with patients of different cultural or socioeconomic backgrounds. You might get some interesting answers.
- Let the group vote or respond with a show of hands on some issues so attendees can see how their strategy stacks up. Be supportive and accepting of alternative ideas that make sense in a different practice milieu.
- Leave a few minutes for summary remarks and plan to stay around for some post-PBLD discussion.