

OVERVIEW WORKSHOPS

CLINICAL CASE DISCUSSION (Christian Rausch)	<p>The Clinical Case Discussions are interactive, student-led case discussions supervised by medical educators. Cases from the New England Journal of Medicine are presented to students according to a fixed structure, summarized by them, and then solved through minimally invasive and efficient diagnostics. This approach – which leads students from symptom to diagnosis in an open-ended endeavor to find the solution to a clinical case – has several advantages. Putting a patients symptoms into context activates existing knowledge from a broad range of medical disciplines. Identifying salient features of a case presentation teaches the pattern recognition needed in clinical practice. Being forced to design an efficient and effective diagnostic path teaches clinical reasoning and makes better future doctors. Having the discussion led by students also creates an environment of flat hierarchies and facilitates discussion. And lastly, the function of the clinician-educator as a safeguard for the discussion instead of a lecturer increases student participation. The system, which was originally introduced at American medical schools, has already been academically evaluated at LMU, and has been shared with several partner universities by LMU. Here, it will be introduced through a short practical demonstration to illustrate its advantages first-hand.</p> <p><u>At the end of the workshop:</u></p> <ul style="list-style-type: none">• participants should know the basic process of the Clinical Case Discussion format• participants should be able to understand through participation in a mini-CCD how the format activates existing knowledge, imparts new clinical knowledge and teaches principles of clinical reasoning in an applied way
SIMULATION TUMORBOARD (Daniel Fleischmann & Kevin Fink)	<p>In our simulated tumor board, we want to show how an interactive learning unit can be used to enhance interdisciplinary communication, clinical reasoning, doctor-patient communication skills, and the consideration of ethical aspects by training shared decision-making. This seminar format will be a future part of a longitudinal, interdisciplinary oncological curriculum, which aims to teach students the factual knowledge of oncological disciplines and the competencies necessary to work in a modern interdisciplinary clinical setting. In this in-person simulation, students take part in a simulated tumor board on clinical cases by taking the role of the different specialists (surgeon, oncologist, radiation oncologist, patient) and discussing patient cases, at the end of which the consensus of the therapy recommendation(s) is presented to the patient, who has to decide in a shared decision-making process whether to accept the recommendation or not. We wish to enhance medical students' vital, interdisciplinary clinical reasoning and communication skills using this strategy. As this seminar is planned to be a part of a longitudinal curriculum, it has not been implemented yet. In this symposium, we want to show a novel approach to teaching oncology and clinical reasoning and hope to receive valuable feedback for future implementations.</p> <p><u>At the end of the workshop:</u></p> <ul style="list-style-type: none">• participants will learn to set the stage for a simulated, interdisciplinary student discussion forum• participants will learn to implement patient-centered as well as learner-centered elements into a simulation• participants will learn to teach clinical skills that go beyond factual knowledge

<p>VPs AND CONCEPT MAPPING IN PRACTICE</p> <p><i>(Martin Adler & Malgorzata Sudacka)</i></p>	<p>The definition of Clinical Reasoning we regularly used in the DID-ACT project (www.did-act.eu) was: Clinical Reasoning encompasses health professionals' thinking and acting in assessment, diagnostic and management processes in clinical situations. Despite the importance of clinical reasoning, there is still a lack of explicit teaching and learning activities of clinical reasoning. In our workshop we will try to show you how to use concept mapping in CR teaching. How does concept mapping exercise help us to improve reasoning skills? Are connections between the concept fields important? How can we strengthen the learning process by writing summary statements? How to start concept mapping ideas and show the importance of this exercise to students and tutors? Our workshop will help you in finding the answers to these questions. Come and have a try!</p>
<p>MAPPING OF CLINICAL REASONING RELATED RESOURCES IN LOOOP</p> <p><i>(Olaf Ahlers)</i></p>	<p>Information will follow</p>
<p>A VIRTUAL EMERGENCY DEPARTMENT FOR UNDERGRADUATE AND POSTGRADUATE MEDICAL EDUCATION</p> <p><i>(Tobias Raupach)</i></p>	<p>Teaching skills relevant in emergency medicine (i.e., diagnostic reasoning and time management) is challenging: Acutely ill patients should not be put at risk by having students attend to them, and teaching cannot be standardized as medical emergencies cannot be predicted. Instructional formats not involving real patients range from case-based learning with written patient histories to high-fidelity simulations involving simulated patients (i.e. human actors). The latter requires a complete team of educators and simulated patients situated in a mock clinical setting to help one single student immerse in the simulation. This is not feasible in most medical schools with cohorts of 150 students and limited teacher resources. Digital teaching formats may be an option here. DIVINA is a simulation game allowing medical students to manage an unlimited caseload of realistic, virtual patients and receive personalised feedback. DIVINA's virtual patient generator uses epidemiological data from the scientific literature to generate unlimited, realistic virtual patients, instead of traditional hard-coded case studies. History can be taken via a chatbot that has been extensively trained with user data. In this workshop, we will showcase DIVINA and discuss its potential merits and limitations in the context of medical education.</p> <p><u>At the end of the workshop:</u></p> <ul style="list-style-type: none"> • participants will be able to elaborate on the need for digital resources in emergency medicine training • participants will be able to list functions within a simulated accident and emergency room that will support learning • participants will be able to discuss benefits and limitations of one particular emergency room simulation

<p>LEARNING ANALYTICS: CLINICAL REASONING AND LEARNING PROCESSES</p> <p><i>(Matthias Stadler)</i></p>	<p>Simulated learning environments have proven to be highly effective tools in teaching clinical reasoning skills. However, realistic simulations tend to be very challenging to learners. In this workshop we will discuss how analyzing behavior in medical learning simulations can help provide individualized support to the learners. The workshop will be very interactive and will aim to provide impulses to be adapted to a wide range of medical learning situations.</p>
<p>IDEAS FOR INTERPROFESSIONAL EDUCATION</p> <p><i>(Birgit Wershofen)</i></p>	<p>Using the World Café method, you will develop ideas for IPE in a group, which will be completed by other groups. After starting with an explanation of definitions, you will discuss the purpose of interprofessional education for health professionals. The core of the workshop is, to collect ideas for IPE, which can be probably implemented at your faculty. The collection of IPE learning opportunities include innovative, new ideas for learning and already implemented best practice examples. To initiate a successful shift from the siloed education to common learning offers, it is also important to consider existing barriers. In addition, you will have an exchange of experiences and recommendations on IPE.</p> <p><u>At the end of the workshop:</u></p> <ul style="list-style-type: none"> • participants will know basic definitions about IPE • participants can describe, why IPE is important in education for future health professionals • participants know innovative learning opportunities for IPE and note challenges in IPE implementation