Evaluating the pilot of the first course delivered using the EWMA University Conference Model at the EWMA Conference Glasgow, May 2007



Madeleine Flanagan MSC, BSC (HONS), DIP, RGN

Principal lecturer in tissue viability School of Continuing Professional Development Faculty of Health & Human Sciences University of Hertfordshire, Hatfield, UK

m.flanagan@herts.ac.uk

The EWMA Education Committee: Zena Moore (Chair) Finn Gottrup (Co-Chair) Madeleine Flanagan Katia Furtado Luc Gryson Christina Lindholm Patricia Price Carolyn Wyndham-White

Abstract

A new postgraduate course which has had one of its modules delivered at the recent EWMA conference could set a precedent for widening international participation in wound education. The course 'Specialist Wound Management' which forms the first of two modules of a Post Graduate Certificate awarded by the University of Hertfordshire in the UK was delivered to students from all over Europe, at the European Wound Management Association (EWMA) Conference in Glasgow, Scotland in May. 15 students participated in this innovative programme from Denmark, Portugal, Greece, Slovenia, Czech Republic, UK, Iceland and Taiwan. The majority of students were supported by educational grants from Coloplast, others were supported by Smith & Nephew, ConvaTec and KCI.

INTRODUCTION

The University Conference Model (UCM) has been developed to provide universities who have wound healing courses approved by EWMA to use the conference programme to deliver the main taught component of the curriculum. Following this intense period of conference activity, the model recommends that participants engage in a period of E-tivities which is the term coined by Salmon1 to describe active and interactive online learning by individuals or groups before completing an assessed piece of course work.

This approach was piloted earlier this year during the last EWMA conference and proved to be very popular with participants. The group consisted of 3 doctors (2 Dermatologists and 1 Plastic Surgeon) and specialist nurses caring for a variety of patients with acute and chronic wounds. Participants had a wealth of professional experience between them which greatly enhanced the learning opportunities available during the course. All were experienced health professionals who specialise in wound management in their respective countries and some were motivated by a sense of

professional isolation and were looking forward to the networking opportunities that the UCM could provide.

FACILITATING ADULT LEARNING

The teaching and learning styles implicit in the UCM are centred on the principles of adult learning pioneered by Knowles which today are recognised as the values underlying modern adult educational theory2. As adult learners, health professionals want their learning to be clinically relevent, personalised, problem-based, and self directed. By engaging in the real world environment of an international conference, the UCM actively involves participants in the dynamic process of teaching and learning where the outcomes of activities such as participation in a plenary debate or workshop cannot be controlled by the course facilitator and all experiences have the potential to become a learning experience.

Students attended a pre-conference briefing session which gave them the opportunity to meet each other and the group facilitators and discuss the planned conference activities. A unique study programme had been devised in advance from the EWMA scientific programme so that students participated in a varied mix of learning activities. Participants were actively engaged throughout the conference by attending selected sessions on the scientific programme such as workshops, debates, plenary, satellite symposia and free paper sessions in addition to participating in activities related to other learning opportunities available at the conference. Some activities were specifically designed to improve networking skills and facilitate group cohesion. Participants were asked to discuss the organisation of wound management services with a delegate from a different country and most did this within the student group before repeating the exercise again several times during social events. Other activities such as reviewing the posters and identifying the evidence base used to support exhibitor's claims in the exhibition were planned to develop participant's analytical skills. These activi-



Group tutorial at the end of a busy day

ties helped the group facilitators to acknowledge the wealth of experiences that participants bring to the course and allowed them to express their opinions. Time was also built into the programme for informal networking with peers, colleagues, and wound healing experts at social events and in between the scheduled conference programme.

Academic staff from the University of Hertfordshire were available during the conference to provide group and individual student support. Participants valued being supported in small tutorial groups as this made it possible for some activities to be done with tutors which facilitated lively and critical discussion of both content and delivery of the programme. A classroom was available for major briefing sessions before and after the main conference programme and a quiet study area provided a convenient place for group facilitators and students to meet at the end of each day to reflect on the days activities.

Following the conference, participants on the course continued to be supported by remote access to on-line resources at the University which provide course information, lecture notes, access to electronic databases and journals, links to websites, electronic learning resources, online tutorials, discussion groups and bulletin boards. Participants enjoyed creating a personal profile in the form of a short Powerpoint presentation which shared details of their families, homes, work and interests. These were posted onto the Universities on-line managed learning resource system after the conference and provided a point of contact during the rest of the course.

A significant amount of the total student effort is achieved by personal private study as participants are expected to develop their understanding of the topic areas covered beyond the taught lectures and conference activities. The conference provided many relevant sources of information that helped participants complete their coursework including learning resources, academic papers, clinical guidelines, and direct access to expert practitioners, researchers and scientists.

ADVANTAGES OF UCM

Student feedback is a key component of the UCM and participants are expected to submit a written critical evaluation of their learning experience as well as keep a photo diary during the conference. This generated a wealth of information that has enabled us to appraise the value of this educational approach.

The students greatly valued:

- Meeting and sharing best practice with international colleagues from diverse health care environments
- Participating in a dynamic mix of learning activities whilst attending a major international conference
- Having structure and guidance through the complex conference programme
- The unique and stimulating 'real world' learning environment which made effective use of available expert resources
- The learning opportunities which encouraged development of critical analysis within a safe environment

- The high level of tutorial support and opportunity to work in small tutor groups
- The opportunity to be able to interact with each other and tutors following the conference

This is the first time that an academic course has been delivered in this way at a EWMA Conference and it provided not just an opportunity to widen participation, but allowed participants to share best practice from diverse health care backgrounds. Most participants were pleased to have the conference sessions and activities pre-planned and appreciated the element of negotiated free choice. Some commented that the UCM had shown them how to get the best out of a complex conference programme and would influence their approach to future conferences.

SUGGESTIONS FOR IMPROVEMENT

As with any new development, lessons were learned and suggestions made to enhance future courses. These were mainly logistical and included:

- Inclusion of longer pre and post conference briefing sessions despite requiring a longer time away from home
- More time to look around product exhibition
- Longer, non timetabled breaks as the pace of planned activities was tiring
- Difficulty maintaining motivation to complete coursework following conference

However, on balance most participants felt that the intense social interaction at the conference was counterbalanced by the reduced face to face contact from peers and tutors following the conference. The use of on-line discussion forums, teleconferences, telephone, SkypeTM and email were available to lessen student's isolation after the conference and were used to emphasis that the learning experience didn't end at the conference closing ceremony. Some participants commented that they enjoyed the on-line learning aspect of the course as they could control the pace of learning and choose when to study and access resources.

For the academic staff involved, the pilot was a rewarding but tiring experience as the planning and co-ordination of activities at the conference was demanding. Following the pilot, it was felt that a teacher: student ratio of 1:5 was necessary to provide a quality learning experience for participants. This was achieved by bringing a small team of University lecturers to the conference and an advantage of the UCM is that these facilitators do not need to be subject specialists which is important as not all Universities have sufficient staff with specialist expertise. Another strength of this model is that participants do not need to be physically in the same place or from the same country. Participants from the pilot group came from all over Eu-

rope and beyond which promoted inter-professional team working within a multi-cultural context and has created a network of professional wound healing specialists that will hopefully continue to interact after the course has finished. Finally, adoption of the UCM gave permission for the academic staff to give up some of the control over the teaching processes and learning activities and share them with the experts participating in the conference and the learners themselves fulfilling an important principle of adult learning3

CONCLUSION

This pilot of the UCM model effectively demonstrated that the EWMA conference provides an ideal learning environment to present student's with a challenging, analytical conference experience, from which they can develop both personally and professionally. A period of personal study and participative online learning following the conference component of the course gives students a much broader perspective on international practice and enables them to benefit from a range of learning styles and experiences which are not available in a single institution. Indications are that most students are keen to complete the final module at the EWMA conference in Lisbon next year in order to complete their Postgraduate Certificate in Specialist Wound Management.

From the outset, the UCM appears to be fulfilling its ambitions of being an effective, collaborative, educational project that demonstrates what can be achieved when subject specialists, academics, clinicians and industry work together to provide a unique and clinically relevent learning experience. Plans are already well advanced for the UCM model to be used to deliver this course at the next EWMA Conference in Lisbon, Portugal in May 2008 and discussions are underway with local Portuguese Universities leading the way for different educational institutions to offer courses alongside each other at the same conference. The EWMA Education Committee are hopeful that over the next five years, more European universities will utilise this model to offer the opportunity for health professionals to study specialist qualifications at major conferences using the UCM approach which is transferable to many other subject areas.

Further information about the University Conference Model is available from Madeleine Flanagan, m.flanagan@herts.ac.uk or EWMA, EWMA Business Office, C/O Congress Consultants, Martensens Allé 8, DK-1828 Frederiksberg, Denmark, ewma@ewma.org

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