

Jennifer Barr
EAD 866
Individual Teaching and Short Analysis
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For this assignment, I chose to use my Pathology Study Club as the setting for the teaching activity. Pathology Study Club is an optional supplement to my Pathology course. It is held twice a week, and there are anywhere from 4-6 participants per session. The purpose of the Study Club is to expand upon topics from class. I have limited time in class to cover a large amount of material, so these additional sessions allow students who want to dive deeper in the material the opportunity to do so.

Situational Factors (adapted from “Integrated Course Design” by L. Dee Fink)

Teaching/Learning Situation

General and Oral Pathology is taken during the second semester of the dental hygiene program. The class itself meets for approximately one and half hours once per week. Study club sessions are held once per week for approximately one hour. The session is held in a college classroom. The environment is more laidback and less restrictive than the actual course session.

Nature of the Subject

Pathology is both theoretical and practical. Students learn about many conditions that affect both the oral cavity and the rest of the body and must apply what they learn in class in the clinical setting. This course lays the foundation for distinguishing between normal and abnormal conditions.

Characteristics of the Learners

The learners in this session attend voluntarily. For this activity, four students were present. Two of the students struggle with the material, one is middle of the road, and the last excels in class. The ages range from early twenties to mid forties. Each student wants to pass the class and seem genuinely interested in learning the material beyond what was covered in class.

Learning Goals

The subject matter for this particular study club session was Oral Cancer. The overall goal of this session was to help the students understand the factors involved with oral cancer: defining malignant neoplasms, types of oral cancer, risk factors, statistics, treatment modalities, and screening tools. Another goal was to help show the interrelations between the neoplastic characteristics, risk factors, importance of screenings, and treatments. Further, beyond the scientific information about oral cancer, it was hoped that students would gain an understanding of their role in early detection. I hoped to impart the seriousness of this disease and help the students feel empathy towards patients afflicted with it in an effort to motivate them to perform frequent, thorough screenings on clinical patients.

Learning Activities

Due to the nature of Study Club, I have the opportunity to engage in different types of active learning with my students. For this unit, I chose to use concept mapping to help show the connections in the material. This was the first time I have used this strategy. Weimer (2002)

discusses using concept maps as a way to create organizational structures to make content meaningful. Ambrose (2010) states that concept maps can be used to organize and represent knowledge and connections. During the session, I provided a loose framework for the concept map. The students filled in the blanks in different areas: statistics, warning signs, risk factors, screenings, treatments. We then made connections between the different areas to show relationships. For example, the characteristics of malignant neoplasms were linked to the manifestations and warning signs of oral cancer. This was then linked to the devastating effects of the cancer and its treatments. These, in conjunction with current statistics, were linked to the importance of early and frequent screenings by dental hygienists. As we moved through each content area, I supplemented the material with illustrative videos, visual images, and a presentation and website I had created for the unit. All four students were actively engaged in filling out their maps and offering suggestions and discussion for the content areas and connections.

Strengths and Weakness of the Session

Overall, I was pleased with the session. The students seemed engaged and excited. They enjoyed creating the maps and were attentive during the supplemental material. They began to make and see connections, as recognized by their contributions to the discussion. They offered suggestions for the concept maps and other aids that could be used. It took a few minutes for the students to understand what we were doing. They were a bit confused at first and I attribute this to my unfamiliarity with this type of activity. There were some technical difficulties, as well, for example, knowing how big to write or how much information to include.

I think as I continue to use this type of activity, I will become more familiar with it and it will be a smoother transition.

Feedback and Assessment

I included Fink's idea of forward-looking assessment into this unit through emphasizing the real-life content present. Students will be using this knowledge in clinical situations on a regular basis. At a later point in the semester, students will have the opportunity for self-assessment as they reflect upon their clinical experiences. Traditional assessment will be used at the next class meeting when the students take an exam on this material. My goal in class and in study club, though, is to help students see the value of this material beyond their quiz grade, however. To help with this, I will use Fink's concept of FIDeLity feedback, which is feedback that is frequent, immediate, discriminating, and empathetic. I have the opportunity to do this as I work with students in clinic and they begin to use this content in a real life application. To further solidify this, I have included on the unit's webpage, the important reminder that this unit could help them save a life.

References

Ambrose et al. (2010). *How learning works*. San Francisco, CA: Jossey-Bass.

Fink, L.D. (2005). *Integrated Course Design*. Idea Paper #4, Instructional Development Program, University of Oklahoma.

Weimer, M. (2002). *Learner-centered teaching*. San Francisco, CA: Jossey-Bass.