

Case-based learning within multi-disciplinary teams to improve access to programs and services.

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We acknowledge that our offices are located and operate in the unceded and unsundered territories of the indigenous peoples. We acknowledge that it is critical to recognize and take action against the historical and continued violence of settler colonialism and see the need to work continuously on decolonization and Indigenous solidarity work.

Background

Moyo HCS (Formerly Peel HIV/AIDS Network) has been supporting communities living with and most affected by HIV/AIDS in Peel Region (Mississauga, Caledon and Brampton) for over 25 years. Over the last 3 years, significant time and effort was put into the development of service provider learning tools in order to champion sexual health with a strong focus on harm reduction and anti-oppressive practice. Reflections from training over 1500 folks in 2018, drove the team to explore case-based learning tools that centers around a protagonist (relevant main character/client/community member) with a variety of lived experiences. This supports the learner by allowing them to consider not just their concerns with STBBIs (sexually transmitted blood borne infections) but also relevant social determinants of health such as gender identity, sexual orientation, racism, housing, income etc. We found these tools to be supportive of training teams with competencies in multiple disciplines and encourages folks to be reflective of the way their internal client navigation pathways and external referrals operate.

What is case-based learning?

Case-based learning (CBL) is an established approach where learners apply their knowledge to real-world scenarios. With a strong focus on storytelling, folks explore a well-developed scenario where they are guided through the eyes of a protagonist. The protagonist is based off client experiences and feedback. Learners are then able to differentiate between negative and positive models of service delivery. (Yale Poorvu Center for Teaching and Learning, 1970)

Case-based learning tools can be designed in a variety of different formats, including:

- **Discussion based case scenarios**—using a scenario and structured debrief activities to incite learners to generate and discuss strategies to improve their connection and collaboration with clients. These reflective activities allow service providers to explore ways in sharing power with clients in clinical settings. See “Example of Case-Based Learning” below)
- **Role play based case scenarios**—using a scenario as a prompt and starting point for learners to practice skills to navigate client-provider interactions in a positive way. See role play scenarios used within CPHA workshop, [Reducing stigma through trauma- and violence-informed care \(TVIC\)](#)
- **Self-directed online case scenarios**—where learners play the role of a service provider interacting with a client/community member and choose how to respond from set options at several points. See free online course [Exploring STBBIs and Stigma: An introductory course for health and social service providers](#)

Why case-based learning?

Case-based learning is a preferred approach, by Moyo and CPHA, for professional development that is aimed to build the capacity of service providers to address inequities in their respective communities and meet the needs of communities marginalized by our systems and structures.

- Scenarios can be developed from the lived experiences of people accessing services and create an opportunity for service providers to experience transformational learning, or a shift in perspectives. This shift results from a critical examination of one’s own assumptions, values, and beliefs, and the foundations and expectations of the system in which one operates.
- Case-based learning allows learners to consider real-world problems and discuss or practice solutions that are relevant to their day-to-day professional responsibilities (beyond acquiring and comprehending foundational knowledge to applying/analyzing its use in real-world scenarios).

Sample Case-Based Learning Tool

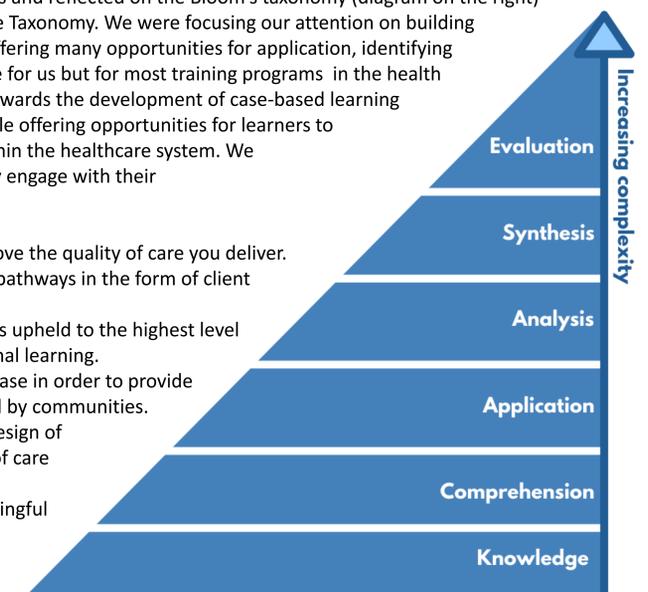
- **This case was co-developed by Moyo HCS and equity seeking groups. It is currently being re-developed for virtual learning. Many community members, team members and partners contributed to the development of the case. The extract below is only part of the case.** [Jacob identifies as a Jamaican gay man in his early twenties. He’s new to the Peel region and he has been looking for a family doctor for a while. Walk-in Clinics have served majority of his healthcare needs for now. It is his first time coming to a healthcare center and is planning to get several health concerns dealt with. Jacob has been in a relationship for three years. He describes his current mental wellbeing as “feeling low” these days since he has been lonely. His partner now lives in another city. They have recently begun an open relationship. On the visit to the center, Dr. Bonham begins his appointment with Jacob and asks him what has brought him in today. Jacob says that he would like to get tested for STIs. Dr. Bonham follows up by asking if there is any particular concern in terms of STI’s. Jacob says that he has been more sexually active these days and thought it would be a good idea to be tested. Dr. Bonham asks when was the last time he got tested and what his sexual preferences are. Jacob states that he has not gotten tested in a while because he used to be in a monogamous relationship although now he is open. Dr. Bonham asked “what do you mean by that?” Jacob, now feeling a bit embarrassed says “My partner and I decided to have other sexual partners cause we’re in a long-distance relationship”. Dr. Bonham smiles and responds “To each his own, eh?”.]

Sample cases come with discussion questions and a learning plan that will be shared with facilitators. For more information, please connect with Moyo HCS at info@moyohcs.ca. These supports will also be available as a turnkey training resource that will eventually be available for others to use for training purposes on the CPHA platform.

Community-based Learning Tool Development

Moyo HCS developed several learning tools that focused primarily on the building of foundational knowledge of service providers. We looked at the learning objectives and reflected on the Bloom’s taxonomy (diagram on the right) and found that they aligned with the lower tiers of the Taxonomy. We were focusing our attention on building participant knowledge and comprehension without offering many opportunities for application, identifying and reflecting on the analysis etc. This wasn’t just true for us but for most training programs in the health sector (Adams N. E., 2015). So Moyo began to work towards the development of case-based learning tools that elevated the voices of our communities while offering opportunities for learners to critically reflect on their positionality and practice within the healthcare system. We encourage educators to consider the following as they engage with their communities and develop such tools;

- Connect and collaborate with your clients to improve the quality of care you deliver.
- Use these strategies to reimagine client feedback pathways in the form of client centered learning and care at your organization.
- Ensure client consent, privacy and confidentiality is upheld to the highest level when their narratives are adopted for organizational learning.
- Utilize several narratives in the design of a single case in order to provide an intersectional perspective on the barriers faced by communities.
- Engage clients very step of the way, from the co-design of narratives to the critical analysis and exploration of care alternatives in the learning tool.
- Meaningful community participation means meaningful compensation for contributors, for their time in developing cases with your organization.



Facilitating Effective Case-based Learning Online

In the current context of COVID-19, agencies such as Moyo and CPHA that provide training for service providers and organizations have increasingly found the need to pivot to reaching learners in online spaces instead of traditional face-to-face settings.

Through its project *Addressing Sexually Transmitted and Blood-borne Infections (STBBIs) and Related Stigma through Partnerships, Capacity Building and Community Engagement*, CPHA in partnership with the Centre for Sexuality in Calgary have coordinated with groups across the country that provide service provider training in the areas of sexual health, harm reduction and STBBIs to exchange experiences and best practices. Here are some recommended strategies for effective professional development in online spaces (e.g., Zoom, Google Meet, Adobe Connect, GoToMeeting, Discord), based on general principles for effective adult learning:

Safety

- **In order to achieve a shift in perspective, it's imperative that facilitators create a safe environment for sharing and questioning previously held beliefs and values. Strategies include:**
- Establish learner's rights and responsibilities (e.g., explicitly giving people the right to pass)
- Display empathy and acknowledge the current environment (e.g., stress)
- Be attuned to privacy/anonymity issues online (e.g., make sure participants know in advance if the session will be recorded, whether they will be expected to be on camera etc.)

Utilization

- **Adult learners come to training with a wealth of existing knowledge and skills; it's important that training activities build off of these existing assets. Strategies include:**
- Acknowledge the wealth of experience of training participants. Position yourself as facilitator, not lecturer
- Encourage participants to reflect on their experiences, to build on what they already know/have experienced in their professional and personal life

Choice

- **Adult learners want to be involved in directing the learning process; whenever possible, facilitate their active (rather than passive) engagement. Strategies include:**
- Provide choice in how people engage with the platform or one another (e.g., role play the scenario, or discuss instead)

Relevance

- **It's crucial that training is geared towards the learners' professional realities; where possible, solicit information on their learning needs prior to facilitating and be flexible. Strategies include:**
- Provide opportunities to practice content and skill in their professional role
- Leave participants with tools and resources that can be used to move forward with action-oriented solutions

Social learning

- **Provide ample opportunities for learners to discuss/share new ideas with their peers. Strategies include:**
- Allow introductions/icebreaker if you can with the size of your group
- Encourage participants to share, ask questions
- Use features to promote engagement with other participants (e.g., video/microphones, breakout rooms)

Adapted from University of British Columbia Family Practice Residency Program (n.d.), *Adult Learning Principles and Recommended Practices*. Retrieved from: <https://postgrad.familymed.ubc.ca/faculty-preceptor-resources/faculty-development/teaching-resources-2/>

References

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