



INTERSECTIONS

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Encouraging Attendance in Emory's Health Professionals Training Programs

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TAKE HOME POINT – Health professional training programs often grapple with low student attendance of non-required learning events. These programs may benefit from structural and cultural changes that boost attendance.

It may not come as a surprise that many students avoid coming to class unless strictly required to do so. With the vast array of online study resources, the availability of recorded lectures that can be watched at 1.5x speed, and the fixation on board exams, classroom sessions now compete for students' attention. It seems as though students feel they can be more efficient without us. A recent story on Health News from NPR discusses this problem in the context of medical education and offers the perspectives of a Brown University medical student and professor (Phillips and Gruppuso, 2023). Their overarching suggestion is to "flip the classroom" for the preclinical curriculum and to remember that a completely virtual curriculum would poorly prepare students to be healthcare professionals (Phillips and Gruppuso, 2023). After all,

being a healthcare provider is about much more than understanding a set of facts.

Within the Woodruff Health Sciences Center (WHSC), our training programs have different attendance policies and cultures around attendance, and we wondered whether sharing ideas between programs could be beneficial to all. The last author drafted a set of questions about attendance policies, program culture around attendance, general teaching formats, and attempts to increase attendance, and provided them to the other authors for responses that were then compiled and edited as a group. Dr. Garber provided responses for the Doctor of Medicine (MD) program, Ms. Lichten for the Genetic Counseling (GC) Training program, and Dr. Bishop for the

Doctor of Physical Therapy (DPT) program.

In the MD program, many faculty have been discussing the attendance conundrum since the pandemic and have a similar philosophy to the folks at Brown. In addition to the cultural effects of the pandemic on attendance, for the past several years the MD program has been recording all lectures for students, so attendance is no longer needed to view presentations. Also, in a large lecture hall where there is a rotating cast of lecturers, students may feel anonymous or as if no one notices whether they attend or not.

To address the attendance issue, the faculty overseeing the preclinical MD curriculum has tried a multipronged approach. Rather than viewing outside resources as competition, we try to be aware of those that students use and increasingly incorporate them into our curriculum so our classroom sessions build on materials the students already access. As we do this, we focus on resources that are freely available and those to which all students are provided access so that there are no access inequities.

We are also making a big push to reduce lecture time and to increase the time students spend practicing the application of their knowledge in class by adding “active learning sessions.” These are

designed to be efficient and to help students understand the material and how to apply it in their future practice. Right now, attendance is required at these active learning sessions but not at lectures, and we continue to see that lecture attendance drops off rather drastically as the didactic curriculum progresses. Course evaluations tell us that some MD students feel the organized curriculum competes with their time studying other resources that they feel are more effective and efficient, and this is something we will continue to monitor as the curriculum evolves.

The DPT program does not require class attendance either, but it is expected. We stress being on time and present as a component of professionalism, and students are asked to reach out to faculty if they will not be present so that they become aware of the importance of accountability.

The DPT students also have a mixture of active and lecture-based sessions most days of the week, including anatomy dissections and sessions in the physical therapy lab almost immediately after they begin the program. Because these are mingled with other didactic sessions, students tend to come to campus and attend class once they are already there, thereby increasing attendance for the less active class sessions, especially when they are not the first session of the

morning. To further encourage attendance, we don't record most class sessions. That said, the DPT program has not found the perfect solution to the attendance issue, particularly as the students approach their elective classes near the end of the program. One approach that has increased attendance in this part of the curriculum is having an introductory quiz of student preparation at the beginning of class sessions.

At twelve students per year, the GC Training Program is much smaller than the MD and DPT programs, making it easy for faculty to take mental attendance. This, along with a policy of attendance, means that these students come to class throughout their two-year curriculum. That said, these students will quickly take the Zoom option if a session is hybrid. Sometimes the remote or hybrid option allows for students to engage with lecturers outside of Atlanta, enriching their professional and personal networks. In addition, the availability of remote and hybrid options allows students to bounce between clinic and the classroom more efficiently. Even with remote or hybrid sessions, students are expected to have their videos on and interact with each other during class.

How do the students feel about the attendance policy? Of course, there are days that everyone would prefer to stay home in their sweatpants, and the

students do have to juggle didactic, clinic, research, and personal responsibilities throughout the program. However, the collaborative, relationship-oriented atmosphere of the GC Training Program rewards students with a sense of community that could not be achieved by recordings alone. While the program deserves a substantial amount of credit for this, attendance is also likely to be impacted by the consistent and small group of teaching faculty, which makes the learning environment feel collaborative, the small class size, and the relative lack of competing electronic resources dedicated to GC training.

As educators representing three different health professions programs housed in the School of Medicine, we recognized through these discussions that the active learning modalities and flipped classroom approach supported in the NPR story are being used at Emory and anecdotally appear to be successful. We also see that promoting attendance as an aspect of professional development and using smaller teaching groups and a more consistent group of faculty, when possible, fosters a culture of attendance. These ideas support adult learning theories, which suggest that experiential learning is more effective than lecture-based teaching (Lewis and Thompson, 2017) and that stimulating social learning and modeling a culture that places value in attendance promotes shared learning

(Mukhalalati and Taylor, 2019). More broadly, we found this discussion to be valuable as a shared learning exercise, and we encourage others to mingle

across programs to share challenges and successes around attendance and other issues.

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