

TBL: From conventional to contextual

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Team-based learning (TBL), originally conceptualised by Dr Larry Michaelsen in the late 1970s for business schools, is a structured, small-group instructional approach that combines individual accountability, collaborative problem-solving, and immediate feedback to foster deep learning and the application of conceptual knowledge^[1]. Medical schools worldwide have embraced TBL as an effective solution to the challenges of increasing class sizes, while also promoting teamwork, self-directed learning, and the development of higher-order cognitive and clinical reasoning skills. In its conventional form, TBL comprises several steps, including pre-readings, readiness assurance tests (individual and team), application activities, immediate feedback, and a concluding wrap-up and session closure^[1].

Why was the idea necessary?

The curriculum committee at Wits University introduced TBL to third-year medical students in 2023 as part of the new curriculum design focused on student-centred learning through activities that promote the application of knowledge and further enhance the development of clinical reasoning. These TBLs were introduced in their conventional form; however, several challenges emerged. The lack of university venues with the appropriate layout to accommodate classes of more than 350 students limited effective group interaction. Student feedback indicated that the TBL sessions were not effectively supporting the development of clinical reasoning skills. The team subsequently recognised that the intended value of TBL was lost by strict adherence to conventional TBL processes rooted in global North contexts, where class size, venue availability, and venue setup are often less constrained.

What was tried

This insight prompted the team to evolve the conventional model into a contextualised approach over a two-year period. While pre-reading and readiness assurance tests were retained, the individual readiness tests were modified for completion at home, while the team readiness tests were conducted during the TBL session to make more efficient use of available contact time. The application activities were redesigned to be more engaging within large classes by focusing on experiential learning, incorporating clinical vignettes, clinical examination skills (uncommon in traditional TBL sessions), and, at times, clinical videos that enabled students to reinforce

and scaffold their learning. Where venue availability was limited, the TBLs were moved online. This provided greater flexibility in delivery and allowed students to be divided into online breakaway groups, thereby maintaining the small-group strategy within the large cohort and allowing facilitators to oversee assigned tasks and activities while still engaging with students.

What were the lessons learnt?

Student feedback collected through online questionnaires and feedback forms indicated a markedly more positive response to the contextualised TBL approach than to the conventional model. Students reported that the contextualised TBLs were more engaging, enjoyable and inclusive. While the global North plays an influential role in advancing health professions education, many of these advances (such as TBL) may not always be feasible or practical within the South African context, scalable for large cohorts, or compatible with available resources (venues). As health professions educators, we should draw on conventional formats while also embracing our own settings and be confident in adapting these methods to our context, actively making them our own.

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