The large lecture hall

Having been unsuccessful in finding a UBC teaching award winner who teaches wholly online, I leveraged this requirement of the FCP to learn about one sort of teaching I have no experience with: large lecture halls. I have heard from various colleagues over the years that there are ways to move beyond a *transmission* perspective (Pratt; various) in such a space. I wanted to know more.

Dr. Carol-Ann Courneya, a member of UBC's 3M National Teaching Awards Council, agreed to let me sit in on one of her lectures in the Undergraduate Medical Program (UMP; sometimes called the MD Program). Having been a lecturer in medical education I was confident that the context in which she works would be familiar (I was). Since Dr. Courneya was extending a collegial courtesy to me, I did not process this as a formative peer review; instead it was a chance to glean some useful information. I agreed to give her some suggestions on how she leveraged learning technologies in the course.

The Session

This was a first year lecture on cardio-physiology. LC1 is the largest lecture hall in the University's Life Sciences Centre, with a capacity of nearly 300 students. This is also a space where learning technologies are leveraged extensively: Dr. Courneya's lecture was narrowcasted to three other sites in the UMP (UNBC, UVic, UBC-O). These systems, including an integrated audio and video system that detected who was asking a question, switched cameras so everyone in all four locations could see and hear them, then back to the instructor for the answer was impressive. As Dr. Courneya moved through her PowerPoint the slides were simulcast as well.

Dr. Courneya began by linking the session's topic to previous activities. Immediately she conveyed a sense of warmth and a sense of humour. She acknowledge each of the four sites. After identifying two learning objectives she began by asking students to discuss briefly (for 2 minutes) with one another what they knew about how a normal sinus rhythm appears on an EKG. Right away the energy in the room lifted.

As the session progressed, she answered questions answered warmly and efficiently. She used visual cues in addition to text. When asked a question that she wasn't sure she understood she rephrased it to ensure she got it right. When a question had an untidy, imprecise answer (common in clinical questions in medicine), she was upfront about that. Each question was validated as "this is a really good question. That she knew some of the students names (out of 400 in four locations) is impressive.

At various times she also:

- Reintegrated concepts from previous lectures
- Asked follow-up questions after answering student questions to link concepts
- Referred to well designed, sequential hand outs that all students received in advance
- Reviewed the learning objectives at the end of the session
- Left ample time before the next lecture to answer individual questions (there was a queue!)

Until the last 10 minutes the students were focused, engaged and attentive. Given that they were in their third class since 08h00, this attests to Dr. Courneya's ability to engage learners.

Technology

Since Dr. Courneya asked for my feedback, here's what I shared with her during our follow-up chat. Given the limitation of being tethered to the podium because of cameras and controls and monitors of other rooms, there's no scope to move around the room as she speaks. The microphone "levels" were too low: she was wearing her lavaliere microphone correctly—it's something in the audio configuration in the room. Were she to use a computer or tablet that allowed annotation to her slides she could explain/unpack concepts as students asked questions (there are iOS apps that allow this). Finally she doesn't need to temporarily end her PowerPoint slide show to switch to a web resource: she can use alt-Tab to switch to her browser, then alt-Tab again to go back to her live presentation.