The benefits of group-learning and information-sharing

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Many, if not all of us within the dental team, will have some prior experience of group-learning and information-sharing. Be that from vocational training, to in-house mandatory training, to staff meetings and beyond. Joining two or more members of a team, cohort, or profession together to disseminate knowledge is a multi-faceted method which harnesses time-efficiency, analysis and reflection, and the chance to learn from one another. Working with others to pool ideas enables participants to become cognisant of problems from different perspectives. Additionally, by combining a variety of skills and expertise, tasks may be attempted that could not be accomplished by an individual and more complex and larger scale problems tackled.

The General Dental Council (GDC) previously acknowledged these types of interactions in their various forms by allowing for submission of these into individuals' CPD cycles as 'non-verifiable CPD'. Reading a dental journal, or participation in a discussion in a professional online forum, for example, were exactly the types of informal interactions taking place then, just as they do now, informing practice and, not least, providing a network of support, be that theoretical or practical. The advent of the Enhanced CPD Scheme 2018 removed formal recording of non-verifiable CPD; however, the GDC encourages continuation of these types of activity if they contribute to individuals' personal development plans (PDPs) (Table 1).

Types of group-learning and information-sharing

Information sharing takes place frequently, often daily in practice through written and verbal notices, emails, guidelines, instructions, and informally over lunchtime discussions and online forums, etc. Engaging

Table 1 GDC CPD requirements pre- and post-Enhanced CPD Scheme 2018

Pre-2018	CPD	Dentists	Clinical dental technicians, dental nurses, dental therapists, dental hygienists, dental technicians, orthodontic therapists	
	Non-verifiable	75 hours per cycle	50 hours per cycle	
	Verifiable	250 hours per cycle	150 hours per cycle	
Post-2018	CPD	Dentists	Clinical dental technicians, dental therapists, dental hygienists, orthodontic therapists	Dental technicians, dental nurses
	Non-verifiable	–	–	–
	Verifiable	100 hours per cycle, with at least 10 hours during any two-year period	75 hours per cycle, with at least 10 hours during any two-year period	50 hours per cycle

with a number of information sources is essential for – amongst others - maintaining a high standard of evidence-based practice, keeping up to date with latest guidelines and standard operating procedures, and fulfilling health and safety obligations.

Group learning involves engagement in solving problems and making meaning where each person learns autonomously, and through the ways of learning of others, as opposed to ‘whole group learning’, which is the standard mode of instruction where a teacher leads a class and the group learns as a collective.

Group learning can take a great number of forms. Many people will be familiar with and have participated in small revision or seminar groups at college or university. Learning in this manner, when all aspects of the group dynamics are optimal, is known to increase depth of learning. This may be due to accountability and the opportunity to go over concepts a number of times to gain understanding and alternative perspectives.

Webinars and, increasingly, Zoom-type meetings with participatory elements offer similar shared learning opportunities, though with the ability to switch off both camera and microphone, the impetus to contribute may be lessened.

Getting out of it what you put in: a case study

Sandra is a 43-year-old dental therapist. She works across three different practices over five days. On Monday, practice number one asks her if she can work an extra day next week. She is unable to because she already works full time, however she engages with a forum for therapists on social media and manages to find a practitioner who can provide locum services. On Wednesday, Sandra attends CPR training at her second practice. Afterwards there is a staff

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meeting to discuss surgery provision for the coming month, and any untoward incidents or complaints. On Friday, Sandra sees a patient at her third practice with an unusual dental complaint. At lunchtime she looks through some back copies of the *BDJ* as she is sure she has seen an article on this condition. She finds it, and has a discussion with a dentist colleague about it. Together they make a referral to the local hospital for the patient. Sandra tables the case study (omitting all patient identifiers) at her BSDHT Regional Group Meeting the following month.

Sandra participated in both formal and informal group-learning, plus information-sharing in a number of different circumstances in the week in question. By engaging with others, and conducting personal research, Sandra learned, shared, escalated and problem-solved. She felt supported, worthwhile and diligent, which increased her job satisfaction.

It is clear to see in this case study that the benefits of group-learning and information-sharing are felt not just by the individual, but by colleagues and patients alike.

Toxic collaborators

But what about group situations where one or more individuals are not participating equally, or worse, are deliberately sabotaging efforts to move forward with the task in hand?

Known as ‘toxic collaborators’, these individuals have the ability to undermine

all of the work of those determined to achieve success. Modern platforms such as Zoom present new challenges by allowing participants licence to sit as silent partners simply by the click of a button. If you have ever presented a live online session of any kind, you will know how dispiriting it is to be greeted by silence at the point that you require input in order to progress. Evaluation and assessment forms are one way of validating participation by checking understanding, however this may be a rather rudimentary measure unreflective of the whole potential of learning that might have taken place if collaboration had occurred.

The dynamics of an effective working group need to include a willingness to participate equally, an ability to overcome conflict, team-working skills and dedication to the task. Often a leader needs to be elected if the group is not formally led in order to avoid domination of the task by individual needs. Equally, the needs of the *group* must not dominate or overshadow an individual's needs as, if by addressing these, group learning and perspective is also enhanced.

Wider challenges to group working can include cultural differences, motivational differences, varying learning styles and logistics – how will a consensus be reached? Has enough time been allocated? What is the broadband connection like? However, these challenges can also be beneficial when those

Table 2 General Dental Council Learning Outcomes – Enhanced CPD Scheme 2018

Development outcomes	Example of CPD content
A Effective communication with patients, the dental team and others across dentistry, including when obtaining consent, dealing with complaints, and raising concerns when patients are at risk.	Communication skills. Consent. Complaints handling. Raising concerns. Safeguarding.
B Effective management of self and effective management of others or effective work with others in the dental team, in the interests of patients, providing constructive leadership where appropriate.	Effective practice management. Business management. Team working. Leadership skills.
C Maintenance and development of knowledge and skill within your field(s) of practice.	Clinical and technical areas of study. Radiography. Cross infection control. Medical emergencies and CPR. Emerging technologies and treatments. CPD specific for your daily role(s). Upskilling opportunities.
D Maintenance of skills, behaviours and attitudes which maintain patient confidence in you and the dental profession and put patients' interests first.	Ethical and legal issues and developments. Professional behaviours. Equality and diversity training.

involved have the skills to turn them into positive aspects of the group-work experience. Development of accountability, leadership, communication and negotiation skills adds to personal satisfaction and team spirit. When things go well, naturally we want to return to that setting for further collaboration.

Formalising informal group-learning and information-sharing sessions

When removing 'unverifiable CPD', the GDC installed the ability to make verifiable those activities undertaken that enhance knowledge and evidence-based practice according to your field/s of practice. The CPD activity must align with one or more GDC development or learning outcome(s) (Table 2).

As an example, Sandra, who we met previously, would have been able to collect the following verifiable CPD - providing she had planned in advance - for the sessions detailed in Table 3. Prior planning needn't be arduous but should involve outlining the development outcomes you wish to and expect to cover and compiling [or accessing a pre-written] evaluation form in order to reflect on the efficacy of the learning that has taken place.

Networking & support mechanisms

With all this focus on qualifying the time we spend collaborating with CPD points, it would be completely remiss not

Table 3 Case study illustration

Activity	Number of Hours	GDC Development Outcomes
CPR Mandatory Training	1	C
Staff Meeting	1	A, B
Discussion with a colleague about a specific case, with reference to literature	0.5	A, B, C
Presenting Case Study at BSDHT Regional Meeting	0.25	A, C

to acknowledge the plentiful networking opportunities that such meetings provide. Connecting with team members from outside of your own work environment, be that locally or nationally, can provide the basis for future employment, locum cover, equipment recommendations – the list goes on. Working in often quite isolated environments (how often do you get to leave your surgery and communicate with other colleagues during a session?), or transient settings can be deleterious to one's sense of inclusion, and for this reason engaging with others of the same profession, or likewise those of the wider dental team, is paramount.

Not least, sharing and communicating with others can prove to be an immense source of information and confidence-boosting support as and when it is required.

Useful resources

1. Inner Drive. 10 advantages and disadvantages of group work in the classroom. Available at: <https://blog.innerdrive.co.uk/advantages-disadvantages-group-work> (accessed June 2021).
2. Lore Central. Advantages and disadvantages of group work. Available at: <https://www.lorecentral.org/2019/10/advantages-and-disadvantages-of-group-work.html> (accessed June 2021).
3. General Dental Council. Enhanced CPD scheme 2018. Available at: <https://www.gdc-uk.org/education-cpd/cpd/enhanced-cpd-scheme-2018> (accessed June 2021).
4. Jackson D, Hickman L D, Power T *et al*. Small group learning: graduate health students' views of challenges and benefits. *Contemp Nurse* 2014; **48**: 117-128. <https://doi.org/10.1038/s41407-021-0653-5>