### **TEACHING IN SMALL GROUPS**

**Faculty Development** 

## Benefits of small groups

- Allow students to negotiate meaning
- Express themselves
- Establish mentoring relationships with tutors and students
- Develop listening skills, presenting ideas
- Working as team
- Gives students chance to monitor and evaluate own learning
- Self direction and independence

- Group size:
- Max 10-12, not<4</li>
- What size of group appropriate for aims?
- What size to maintain eye contact?

- Time limits-start and end on time
- Heterogeneous mix of students
- Physical environment
- Positive, non-threatening group atmosphere
- Active student participation and group interaction
- Adherence to group goals

- Clinical relevance, integration of material
- Methods that promote thinking and problem-solving
- Good tutor facilitation skills
- Cohesiveness:
- more keen to attend
- satisfied with group
- "we" rather than "I"
- cooperative and friendly

### Goals: (Steinert)

- "ask questions and think things through"
- "check out understanding of material"
- "work as a team and learn from each other"
- "apply content to clinical and real life situations
- "learn to problem solve"

#### Setting ground rules:

- attendance
- calling time-out
- on time
- first 5 minutes for check-in
- making decisions
- everyone is valued
- respect for each other
- letting others speak

- Approach to learning cooperative not competitive
- Content and process-equal attention to both
- Physical environment-noisy?
  - big enough?
  - eye contact
  - spacing, furniture

- Expectation that students take responsibility for initiating discussion, providing information, asking questions, asking for clarification, constructive criticism, etc.
- Group which can proceed purposefully without need for constant intervention from tutor
- Independent adult learner
- Establishing "climate" of group responsibility of students too

- Equal distribution of leadership functions
- Enjoyable
- Students attend regularly and come prepared
- Content covered
- Structured approach when necessary, ie allocation of time to topics in session

## **Communication in group**

- Non-verbal often most telling—tutor to watch for cues
- Specialized vocabulary may exclude a student
- Need to know that speaking complimented by listening--? technique of next student summarizing what last one said
- Members expressing ideas clearly?
- Make connections to build on each others ideas?
  Check for understanding or ask clarification?
- Good eye contact and support in group?

## Communication in group (roles for students)

- Initiating, giving and asking information
- Giving and asking for reactions
- Restating and giving examples
- Confronting, clarifying, summarizing, standard setting, time-keeping

## Alternative group discussion techniques

### One-to-one discussion: (in pairs)

- ice-breaker
- helpful with controversial topics to allow everyone to have a voice (prevents one or two dominating discussion)
- have to listen to the other
- could use no interruption rule

## Alternative discussion techniques

### Buzz groups:

- divide into groups of 3-4 students
- discussion for 5-10 minutes, then reports back
- helpful when original group too large
- give clear task

## Alternative discussion techniques

#### **Brainstorming**

- Encourages wide and creative thinking about a problem
- Valuable when highly critical member inhibiting discussion
- State problem to group
- Period of silent thought then write down ideas
- Record all ideas (round robin) on blackboard
- Combine, improve, discuss, evaluate
- No criticism during idea generation stage
- All ideas welcome
- Quantity of ideas aim, then combination and improvement

## Alternative discussion techniques

#### Role playing and simulated patients:

- Good for interpersonal and communication skills
- Helpful changing perceptions, developing empathy
- Evaluation discussion-students write evaluation of group's progress, then reads to group, then each member asks questions, clarifies etc.

## **Getting unstuck**

- Avoid questions with one answer expected
- Don't "guess what's on my mind"
- Avoid verbal checklists
- Ask for integration of ideas
- Caution re: approval or disapproval in answers-makes quiet students reticent
- Wait for an answer, use silence

### Stimulus materials

- Case history
- Film/video
- Patient or S.P.
- Role-play
- Visual materials (x-rays, CPP, charts, etc.)
- Audio recording
- Student's written report or project
- Journal article
- Patient management problem

## **Getting unstuck**

- Common student difficulties:
- Confusion on how to contribute to group discussion
- Understanding conventions of group work and acceptable modes behavior
- Knowing enough to contribute to discussion (fear of "showing their ignorance")
- Therefore clarification and encouragement by tutor essential

## **Trouble responses**

#### Fight:

overt hostility, misplaced humor, quibbling over semantics, point scoring, attempting to establish intellectual superiority (teachers too)

#### Flight:

avoid difficult situations, biggest problem in groups, withdrawal or distracting behavior

#### Pairing:

pair carrying on personal conversation, minority of students doing all the talking

#### <u>Dependency:</u>

avoid tackling task and get tutor or "brightest student" to do for them

### **Tutors**

#### Encourage interaction:

- glancing round the room
- non-verbal cues
- bringing in and shutting out
- reflecting and deflecting questions
- supporting and valuing
- clarifying students responses
- redirecting if bogged down
- encourage elaboration

## **Tutors (McGill, Steinert)**

#### Promote thinking and problem-solving:

- Not threatening
- Encourage interaction
- Did not lecture
- Highlights clinical relevance
- Enjoys the class
- Understands goals of small group teaching
- Uses cases well
- Remembers to summarize discussion

## **Tutors (McGill, Steinert)**

- "The group leader should not be threatening.
  Sometimes the tutors expect you to know everythingand sometimes you feel kind of stupid. They should encourage you to think and to problem solve- not to feel threatened."
- "Relax, be excited to be there, don't drill us (little learning this way), we are only students, come from different backgrounds, tell us when you don't know, PLEASE don't lecture in small group".

### References

- "Student perceptions of effective small group teaching", Yvonne Steinert, Medical Education, March 2004.
- "A Handbook For Medical Teachers", Newble and Cannon.
- "Small group teaching", David Jaques, Oxford Brookes University.