The MCG Medical Teacher’s Handbook

Editor

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Small Group Discussions with Medical Students
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INTRODUCTION
Small group discussions provide opportunities for students to ask questions, express opinions, consider alternatives, and express themselves to peers. Research has demonstrated that group discussion promotes greater synthesis and retention of materials and more creative problem solving. Small groups are intended to challenge and expand students’ understanding of the material presented earlier in lectures and reading assignments.

BACKGROUND
Small group facilitators are pivotal in how well small groups function and, ultimately, how much group members gain from discussions. In addition to the expected tasks of ensuring that meetings occur, assigning grades, and giving feedback, facilitators are responsible for prompting students to examine the learning material at deeper levels (i.e., from simply reporting basic definitions of concepts to synthesizing them into an integrated whole). By eliciting more thorough explanations and encouraging applications of concepts in increasingly complex situations, facilitators stimulate students to think in manners similar to how the students will think later as physicians. At the same time, with the help of facilitator feedback, students are developing their professional skills on how to work with peers, examine patient factors, and consider personal biases.

The following sections summarize common tasks of facilitators and highlight suggestions for implementing.

DISCUSSION
1. Preparing for Leading a Group
Considering your role as a facilitator in advance of the first group session will improve your level of competence and confidence. Small group discussions are not simply lectures with a smaller number of students. Facilitators may want to remind themselves of key differences between lecturing and facilitating. Facilitators direct the flow of the discussion by asking questions and interjecting points; they should talk far less in discussions than the students. Facilitators are encouraged to practice being brief and getting out of the way of a discussion. Keep in mind that students are gifted at getting a facilitator to talk about a topic and then becoming passive as the facilitator goes on and on.

If you are co-facilitating a group, meet with your co-facilitator before the first session to discuss your expectations. Potential issues to address include how you will grade students, how you will facilitate the session (e.g., whether one will take the lead on specific days or topics, or both will direct), how you will communicate concerns with one another during the session (e.g., time
limitations, lecturing, unprofessional student behavior). Facilitators will have differences of opinion on topics, and these differences can prove very useful to students when the facilitators articulate these differences professionally. Remember to ultimately shift the discussion back to the students.

If you expect students to have read the assigned materials and to have completed the assigned tasks, you must model these behaviors for them. Students quickly recognize when a facilitator has not read the material. Similarly, students will want facilitators to be informed about overall course expectations and be able to relay them clearly. If you do not understand an upcoming assignment, check it out before meeting the group or as soon as possible after a question is raised in a session.

2. Establishing the “Group”

The first session of a small group is critical and sets the norm for the remainder of the group sessions. A facilitator has two main tasks in the first session: 1) promote rapport or cohesion among group members and 2) establish expectations for the group.

When a group first meets, the students typically do not know each other well and likely know you minimally. Introduce yourself to the students. Tell them what you do professionally and what you like about teaching. Students enjoy hearing how others have traveled the road from college to medical school, residency, and on to a career. This helps students relate to you and perhaps they will trust you more when you are challenging them later. Facilitators also may choose to offer some aspects of their personal lives (e.g., family, hobbies, hometown) that may help students feel more comfortable with you. The professional and personal information that you share will likely become the model for the type of information that the students will share when it is their turn.

Next, ask students to introduce themselves. Encourage each student to introduce himself or herself and to tell the group how he or she made the trek to medical school. If students are overly brief, ask them to tell the group more about where they are from or what they enjoyed in college. Students will vary widely in their experiences, including clinical experiences, as well in their personal backgrounds. These differences will prove beneficial to the group later in discussions as well as be potential sources of conflicts. Finally, as students are describing themselves, practice recalling and using their names.

The second task of the initial session is to begin establishing the expectations for the group. Students will want to know how to behave in the sessions. You can address this question by describing your expectations for them, modeling these behaviors, and soliciting their expectations for the group. Facilitators will vary in their expectations for the group. Perhaps the most salient expectation of interest to students is “How will I be graded?” Facilitators need to take time to
explain the course’s evaluative process and how the individual facilitators interpret that process. Be clear about what meets or exceeds expectations. Examples are helpful. Tell students how they will know how they are doing. Other expectations may include when class will start, how students can contact you, and what to do if a session will be missed.

I tell my students that I intend to start each session on time, so they should be punctual. I expect them to be prepared (i.e., to have read the assigned readings or completed the assigned task for that session). I inform them that being unprepared reflects poorly on their professionalism and will impact that aspect of their grade. Finally, I emphasize participation in discussions as paramount. I describe different levels of participation (e.g., asking a question, expressing an opinion, drawing conclusions from readings, applying information from external resources to the current topic, facilitating peers’ involvement).

Finally, ask the students what their expectations are for the group. Students often will not make suggestions, but asking them to offer ideas demonstrates the expectation of them being active participants in the process. This also is a good time to highlight basic social and professional expectations, such as listening to peers without interrupting, disagreeing without verbally attacking a person, and taking turns.

3. Facilitating During the Group Session

Facilitating a small group discussion is similar to conducting an orchestra. The conductor does not play an instrument, but guides the musicians as they play the music. The facilitator has opinions, knowledge, and experience, but his or her primary role is to guide students to practice clinical and professional skills in the group. A variety of strategies are listed below, and a brief description is offered for some of them.

- **Foster interaction** between students.2
  - Avoid lecturing by keeping your comments to a few sentences. If you are talking more than a minute or two, the students are becoming increasingly passive.
  - Limit eye contact when a student is speaking. Look at other students. This reinforces that a student should talk to fellow group members rather than to the facilitator. Similarly, if you ask a question, motion for the student or group to discuss amongst themselves rather than back and forth with you.

- **Reinforce students’** efforts and development, e.g., “That’s a good summary of a complex issue.” “Your questions are becoming more focused.” “Highlighting that outside article added to the discussion.”
• **Tolerate a certain amount of ambiguity** and confusion on the part of students as they explore a topic. Avoid rushing to give the “correct answer” or to move things along. The process of discovering solutions is where the learning occurs.

• **Brainstorming** can be a fun and energy-producing exercise for students. The goal is to generate several possible items (solutions, explanations, alternatives) without critically evaluating merit of any proposed item. Ideas are evaluated afterward.

• **Ask questions** rather than make statements. Whitman and Schwenk\(^3\) offer these recommendations for asking questions.
  o **Factual questions** are used to get information and open discussions. For example, all the “W” questions: what, where, why, when, and who.
  o **Broadening questions** are used to introduce additional facts and encourage analysis. For example, “What is the relationship between x and y?” “What other facts are important?”
  o **Justifying questions** are used to challenge old ideas and develop new ones. For example, “Why do you think so?” “In what ways is this important?” “How should this be done?”
  o **Hypothetical questions** are used to explore unknowns and, when necessary, change the course of the discussion. For example, “Suppose we did it this way... what would happen?” “Another hospital does this... is this feasible here?”

• **Alter group arrangements** to vary discussions.\(^4\)
  o **Buzz groups** – Break a larger group into smaller groups for 3 to 5 minutes to discuss a topic or generate a possible solution.
  o **Group round** – Each student has 20 to 30 seconds to make a comment.
  o **Fishbowls** – Half the group addresses a topic while the other half observes, looking for themes and any overlooked items.

• **Encourage students to adopt alternate points of view** on a topic.
  o Assign roles for a topic.
  o Suggest students adopt more than one position on a topic (“devil’s advocate”).

• **Provide feedback** to non-participating (silent) or over-participating (dominant) students.
  o Ask for their perspective on their participation.
  o Decide whether to give feedback inside or outside of group.
    - Students may be more responsive to personal feedback and engage in problem solving when feedback is received away from their peers.
    - Feedback can be given in the group context, but this is usually appropriate when there is more than one student who needs feedback or when an event has occurred that needs to be addressed in front of the group.
  o Provide examples.
  o Suggest opportunities to alter behavior and set goals for change.
• Acknowledge in advance that a topic may be **emotionally charged** and that differences of opinion will likely occur. Remind students to practice their professional skills when commenting on a topic and disagreeing with others.
  o Prompt patients to highlight available evidence or qualify their statements with “in my opinion.”
  o Prompt students to repeat back what they hear others say before responding. This clarifies misunderstandings and highlights the importance of active listening.

4. **The Final Session**
Facilitators will differ in how they wish to end a final group session, but here are some points to consider.
• Ask students to discuss what went well in the group and what they wished the facilitators had done differently. Encourage students to use the facilitator evaluation form to offer more suggestions.
• After students have spent a year with you, they may see you as a resource for them as they progress in their education. Welcome students to contact you if they have professional development questions (e.g., I like pediatrics and family medicine; so how do I choose a specialty?).
• Be prepared for students to approach you for your advice on personal (e.g., depression, substance abuse, family) or professional (e.g., ethical dilemma, discrimination) matters. In many instances, they are looking for basic guidance. When warranted, refer them to resources such as the student health center or the academic affairs office.

5. **Conclusion**
Facilitating a small group is an exciting opportunity for faculty to interact with and teach medical students who are developing critical clinical and professional skills. Facilitators have the challenge of shaping discussions without making them mini-lectures.

**PEARLS TO REMEMBER**
• Small group discussions enable students to develop and practice clinical and professional skills.
• In small groups, facilitators talk less and students talk more than in lectures.
• Talk less. (This is important enough to highlight again.)
• Coordinate with your co-facilitator.
• Promoting rapport among group members and establishing expectations for the group are critical in the first session.
• Knowing and using your students’ names demonstrates your commitment as a facilitator.
• Make your expectations for the group explicit.
• Students will want to know exactly how they will be graded. Make your expectations clear, using examples.
• When a student is talking or asking a question, direct your attention (eyes) to other students to reinforce that the discussion is between them and not between you and the student.
• Both under- and over-participation by students need to be addressed.
• Ask the group what went well and what changes to consider for next year.
• Welcome them to contact you in the future.

REFERENCES