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Small Group Discussion in Indian Medical Education– Challenges and Remedies

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ABSTRACT
Recently, Indian medical education has seen almost a complete overhaul with revision at both under-graduation as well as post-graduation levels. The new curriculum not only defines medical education in terms of competencies but also appraises the teaching methods employed traditionally. This change has gathered a mixed response from the medical community where some are finding it difficult to adapt to the teaching learning demands as per the new curriculum. One of the phenomenal developments of this change pertains to adoption of 'small group discussion' either replacing or complementing other methods of teaching. This article reviews the relevant literature pertaining to definition of a small group, challenges faced by the teacher instituting a small group discussion and certain remedies which can be helpful. A lesson plan for a 2-hour session utilising small group discussion is being proposed in addition to some tips which the authors themselves have found useful while performing their role as a medical teacher.

Keywords: Medical education, Teaching Learning methods, Small group, Challenges

INTRODUCTION

With the introduction of new curriculum as per competency based medical education, National medical commission (MCI-earlier) is expecting to transform the medical education. In the new curriculum, NMC has emphasized greatly on small group discussion (SGD) as a teaching learning method.[1] Small group discussion is perceived as a great learning method by both teachers as well as students; and SGD proves to be advantageous over large group teaching in areas pertaining to thought promotion, inculcating values and development of attitude.[2–4] But it can act as a double edged sword in terms of its successful execution; as a small group teaching has also been recognized as the most difficult teaching technique requiring highly skilled teachers.[5,6]

In this article we will be discussing what and why small group discussion; underlying challenges and ingredients needed for its success.

What is a small group?

Any number of individuals who interact with each other can be called as a group. Though the number of individuals may not seem to be a problem at first but it is seen that increase in the group size beyond a limit hampers interaction. So the number of participants in a small group is dependent on the cultural attributes, which in United Kingdom and

Canada is a group of 6-8 individuals.[4,7] National Medical Commission recommendation of about 15 students in a small group strength for Indian students seems reasonable, considering recommendations by researchers that the optimal strength of a small group should be 8-12 extending up to 20 participants.[6] The required teacher student ratio should be strictly adhered to, lacking which the purpose of a small group discussion will be lost.

Challenge in Small group teaching: The difficulties in a small group teaching are not limited to one factor. First, we will discuss the prevailing factors pertaining to teacher-student characteristics though they are not limited to the following.

Decadal transition

We (the current teachers) belonging to generation X and millennials did turnout good, as our consultants did give the best of what was needed then. Didactic lectures were the need of the hour, as knowledge could be gained only by borrowing seniors' books or burning the night oil in library or buying expensive books or taking notes of every single word that came out of a professors' mouth. Ward beds were snoring as we learnt giving injection from the youngest sister who gave the morning dues. Casualty was screaming as we struggled with needles behind the curtains. Today, things have changed.

Three dimensional high-definition videos and animated models available online provide a lot of information to a medical student and this can replace the large group lectures. No need to show a student iliac crest anymore. Give students an innominate bone and ask them to sort it off with the anatomy app in their phone or an atlas in their tablet. This transition didn't happen in steps. YouTube, one of the online video sharing platforms, rocketed from starting its business in 2005 to having about 500 hours of video content being uploaded every minute by 2019.[8] Just within a decade and half, the ears of a medical student are no longer want to just hear the definition and punishment of rape, but also want to discuss about marital rape, male rape, how to write an authentic report and one stop centres.

The enormous rise of information availability has also led to misrepresentation misinterpretation, and misconception of facts. Taking the role of the teacher to a higher road expeditiously. Time allotted for lectures needs to be spent on discussing and debating knowledge gained via e-contents. Now for this the teacher has to be equipped.

❖ *Ill-equipped millennials*

Small Group Teaching is an effective tool for kindling a student's higher order thinking. This is one of the preferred methods by school teachers.[9] As they have fun putting in debates, discussions and guide the kid as they reach a conclusion. The same is not perceived by medical teachers. Especially for teacher trained by generation of baby boomers who practiced medicine in the era where element of Godliness was associated with being a physician. Thus, millennials are not equipped for small group discussion due to the following reasons:

- As we were taught to be clinicians focusing on patient condition, but not a leader or teacher.
- We sorted problems, linked subjects, learnt basic skills, discussed and debated in hostel rooms, mess, canteens, nursing stations and at times in front of patients. Our teachers who didn't send shiver up our spine were involved in a few of these discussions. And even in these discussions, a silent protagonist in the class remained under the shades.
- We were told to come to the point and never been asked to remain patient to let patient talk.
- Class schedule came in and our schedule fell in par with it.
- We were the receivers of immense, strong and mature knowledge.

If the reader would have noticed, these reasons are just opposite to the role of a teacher in a small group discussion. So, this is the topsy-turvy situation, where millennial teachers need to question and unlearn their ways of learning, to meet the demands of the next generation doctors.

❖ *Visiting faculty and Tutors*

NMC has incorporated the provision for employment of visiting faculty in the medical colleges for teaching purposes. And a large reliance is being placed on the tutors for

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instituting the medical education.[10] However there is no discussion on to administering training to these teachers which indeed should be a pre-requisite before employing them as medical teachers. The essential requirement/eligibility of a medical teacher should mandate necessary certification from a National body.

❖ *Infrastructure:*

Sieve cannot be used to carry and deliver water. Similarly, with all the content being available the teacher cannot deliver it efficiently if the facilities provided by the institution is not up the mark. Smart classroom should be available for small group discussion. Teachers and students should have access to institutions learning management platform. These have to be used efficiently to read, prepare, teach and for formative assessment. The teaching institute should be able to provide necessary infrastructure including internet facilities, learning management system and other online learning databases which a student can access as and when required. The technical support involving dedicated personnel for smooth implementation of educational activities as well as training of faculties to newer methods of teaching has to be ensured.

Ingredients for a successful small group discussion[4]

- Teachers listens more & students talk more.
- Teacher picks the right tool for the class.
- Teacher identifies & encourages silent students to involve
- Teacher knows when & how to intervene, redirect & stop the discussion.
- Teacher takes the student to higher order thinking
- Teacher can modestly say 'That's an interesting question. I am sorry, I don't have the answer for it right now. Will read into it and discuss it in the next class.'
- Student comes prepared.

How to get the ingredients right?

➢ *Plan… Plan… Plan…*

- All teaching hours for a particular subject need to be identified prior. Each and every hour has to be meticulously sculptured. In general, two hours are allotted for one set of students on a given day.
- Recommendation by the authors:
  - First 10 to 15 minutes should be given to formatively assess the student on the topic that was covered in the previous class or on the pre-reading material. Now let us make it clear here, that formatively assess, doesn't mean to start the class by asking direct pointed question and making the student feel embarrassed. But to use fun e-tools such as kahoot or google forms to rekindle their memory and brush the dust off. It will take 5 minutes for the students to fill in the answers and another 5 minutes to discuss the same. This start should give the student a feeling that they are entering the class with a background knowledge.
  - Following 45 minutes is spent in discussing the topic for the day with a buzz of five minutes in between. This has to be planned in concordance with the faculty members in the department taking available resources into consideration. There are many ways to engage the students, it's all up to the imagination of the teacher.
  - A break to stretch for 5-10 minutes can be given now.
  - Next another 45 minutes of group learning exercise with 5 minutes break in between.
  - The closure 5-10 minutes can be spent in clearing open ended questions or a fun formative assessment to sum up or giving feedback.

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(Table 1 shows an example of small group teaching of Examination for drunkenness.)

Competency No- 1.9, 14.16
General Objective: At the end of the class, the student should be able to prepare a medico-legal report of a drunk person.

S. No.	Plan	Content	Method	Time (mins)
1.	Welcome and refresh	Let's refresh memory	• Kahoot 15 questions on alcohol intoxication (forms with concentration, mechanism of action, clinical feature, diagnosis and treatment). • Clarify the answers for which more than 20% of the class has gone wrong	10
2.	Drunkenness consent and history taking	Set Induction	• Show a map of legal permissible limit in different countries. • Invite suggestions with justification about the legal limit to be set in India • Give your reflection as an observer on to the prevalent limit in India	10
3.		Define drunkenness	• Open ended question as to when all a doctor can get a case of drunkenness • Define Drunkenness	05
4.		Consent in drunkenness	• Discuss the medico-legal aspects of consent in examination of an intoxicated person	05
5.		History taking	• Ask the students what are the questions relevant to drunkenness in history taking (write it on a board) • Rate of metabolism of alcohol	05
6.	Buzz		• Ask the students to get up walk in different ways (drunk, tired, dancing, strutting, etc).	05
7.	Examination proper	Examination of Drunkenness	• Video / Demonstrate Examination of a case of Drunkenness on a standard patient • Explain the rationale behind preservation of samples and the preservative used • Ask the students to match the scenario to the opinion to be given	15
8.	BREAK			10
9.	Group Exercise	Exercise of History taking and Examination of drunkenness	• Mini CEX o Students are divided into four teams o Standard Mini CEX assessment form is shared in the form of Google form. o One team is called in random for examining the standard patient. (6 minutes) o Rest of the team observe and assess using the form (2 minutes)	10
10.		Preparation of Report	• Report is prepared by each team separately	10
11.	BUZZ		• Competition activity like who can walk in most strutting manner.	05
12.	Discussion on group exercise	Feedback for the Mini CEX	• Open feedback can be given by the observing teams. • Compiled feedback can be given by the teacher.	05
13.		Discussion of the report	• One team presents the report • Correction and feedback is done	10
14.	Conclusion		• Rapid fire round: Give scenario and ask opinion • Clarify if any question • Sum it up	10
15.	Attendance			05

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Together… Together… Together… **(If you want to go fast, go alone. If you want to go far, go together-** African Proverb)

- It all starts with the blueprint. Weightage of a topic in blueprint is directly proportionate to the importance of the topic (perceived impact) and frequency of occurrence of the disease/phenomena in the community.[11] Teachers from each region in India needs to sit together to make a blueprint giving a slight edge to the local needs of the society.
- Once the blueprint is ready, time to be allotted for competencies are identified and Specific learning objectives are made. The SLO again can be made in unison, as more the inputs we get from different areas, the better the end product is.
- Active participation of all the teachers has to be there in lesson planning. Lesson planning is the teacher's plan for the class. And teachers even sitting together cannot plan to use effective tools if they are not aware of it. Thus, teacher training should be strengthened and the inputs from those who are trained, should be taken. It is suggested to have books on TL methods in the department.
- Students should be a part of the together approach. Ideally, they should be involved in planning the classes after one third of a phase, as by then they will be able to tell how they like it. Once the students are involved in planning, their participation will automatically sky rocket.
- Last but on the top is the feedback: students are not the best in judging the content of the class or TL methods used or the teacher's knowledge. They are best at commenting on whether the class helped them learn or how well did the teaching go. So, for rest of the feedback, use videos of the recorded class to reflect and improve. Also, getting an experienced trusted persons opinion will help.

Few tips for class:

- If someone is dozing off, ask a question to his/her neighbour. The point is to wake him/her up not to humiliate.
- If a student is repeatedly behaving badly or is not answering. Take a walk to their row and calmly affirm that you have an expectation from them. If the behaviour continues have a word in confidence. Remember, bitterness will not make a great dessert.
- Don't make it a habit to give sandwich feedback, we are dealing with adults. Based on the purpose, feedback can be of three types: Appreciation, Evaluation and Coaching. Appreciation may be given alone or mixed with coaching one. Do not mix appreciation with evaluation, the student will just be confused. It is suggested to keep evaluation separate.[12]
- It is advised for the teacher to leave the class after the students have cleared the room. This is because when discussions happen, students might have their reserved thought that need to be clarified or expressed not in front of everyone but with the teacher personally. Now one might say that the students can come to the chamber in the department. Let's try the student's shoes: next class might take away the heat in their thought or department is not their territory but classroom is, as his friend is beside him. So, a few minutes after the class is a bridge.

Thus, it's clear the major ingredient for a successful small group discussion is a well-trained, equipped teacher. Trained not just in the subject but also on skills as to handle a class as a facilitator. Also, it is important for a teacher to have good understanding of group dynamics, not just limiting to identification of group evolutionary stage (forming, norming, storming, reforming and disbanding) but also use appropriate intervention to facilitate discussion by the group members.[6]

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Conclusion:

Small group discussion is not a difficult task but a challenging one. Teamwork is a must at all stages including planning, execution and reviewing. NMC has drawn the start line and blown the whistle, it is the teachers job train the themselves to become the coach of the Indian Medical Graduate. We urge all teachers to join hands for training next generation of doctors to deal with what may lie in the future for them where issues like violence, inequality in health access and patient safety are just the tip of iceberg.

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