

SHARING EXPERIENCES IN CONDUCTING SMALL GROUP DISCUSSIONS IN MEDICAL EDUCATION



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PREFACE

This e-book was published to embrace the concept of open access of knowledge and sustainability.


Small group discussion is a process of conducting a purposeful organised interactive session to critically discuss a specific topic, resolve a particular issue or complete a designated group task. This book aims to share the authors' experiences with small group discussions as medical lecturers.

A good discussion increases the
dimensions of everyone who takes
part.

-Randolph Bourne

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INTRODUCTION

In medical school, small group discussions are used as a teaching and learning method. Small group discussion is a process of conducting a purposeful organised interactive session to critically discuss a specific topic, resolve a particular issue or complete a designated group task. According to Elwyn et al. (2018) in their book *Groups: A guide to small group work in healthcare, management, education and research*, there are 5 variations of small group discussions:

- Problem oriented learning groups
- Project groups
- Seminar groups
- Syndicate groups
- Tutorial groups

In the International Islamic University Malaysia Bachelor of Medicine and Surgery (M.B.B.S.) medical programme, problem oriented learning small group discussions are used in pre-clinical years during Problem Based Learning and Case Discussions. Seminar group discussions and project groups are utilised during seminar preparations. Tutorial groups are used during tutorials. In clinical years, case presentations, clinical based discussions and clinical morbidity discussions all use these variations of small group discussions too.



UNDERSTANDING DIVERSITY

DR NADZIRAH AHMAD BASRI

Ph.D of Health and Behavioural Sciences
(Kyushu University)

"Coming from a social science background, I would always try to provide opportunities for my medical students to communicate their ideas and opinions about a variety of topics. This is because through my readings and experience, true learning will be achieved when we are able to reflect on what we have gone through, say it out and build our ideas based on other people's ideas and opinions.

Thus I would always ask my students for their opinions after they observe my psychotherapy sessions. However, I noticed that out of a group of four to five students, only one or two were able to express their opinions or pose questions freely. The other students would be more guarded, or they probably feel anxious or fearful of other people's opinions towards them that could have prevented them from asking.

The same situation would occur when I conduct on-line psychotherapy discussions remotely during this pandemic. I would ask them to research a topic and tell them we would discuss their findings, thoughts and opinions regarding the topic when we meet during the class. Again, only a few would respond, while the others would mute themselves or confine their response to only a few sentences without elaboration.

The silence becomes even more intense when I ask open-ended questions about their opinions. The students seem to be more comfortable if I ask about what they read rather than what they think or learn from the materials that they have read.

I noticed that the first year medical students would be more confident in asking me questions regarding psychological topics than the fifth year students. Although the questions were only asked from chat boxes, their questions were rich, out of the box and reflected their interest and curiosity on the topic. These, I rarely received from fifth year students. I am guessing they are afraid of negative evaluations from their friends or from me, as their lecturer.

I had the same challenge with my postgraduate students. Some of the students pursuing their masters in psychiatry had difficulty in reflecting what they learnt from the topics that were presented by their friend, or by me. Many of them were able to reflect, but their reflections were shallow and they were unable to associate what they have learnt with their daily lives; although the topics that were taught were (I thought) very much related to every-day lives.

Similarly with my postgraduate students pursuing Masters in Clinical Psychology. Though many were able to open up, some were still hesitant in sharing their reflections on what they have learnt throughout their sessions with their clients in the psychology clinic. Later on, with good rapport that I have had with my students, and frequent reflections on my part, they started to open up, and I believe the reflections led to so many learnings happening within me and my students, both the sharer and the listener.

When I think about it again, I think this has probably got to do through a combination of nature and nurture. Nature includes personality and anxiety traits, while nurture could include the exam-oriented Malaysian education system, the way their course has been taught, teacher-student relationship, expectations, norms and culture.

So the challenge that I have now is to get my students to be confident in raising their ideas, justifying and defending their ideas, at the same time also respecting differences in opinions. It may be challenging, but possible, insyaAllah."

- Dr Nadzirah (2021) on understanding diversity



DEVELOPING SELF CONFIDENCE

DR ALI SABRI RADEEF AL- ANI

M.B.Ch.B - (Baghdad University)

Fellowship of Psychiatry - Masters Degree (Clinical Specialist), Iraqi Board for Medical Specialization

"Small group discussion is an important method of clinical teaching particularly in psychiatry. As a psychiatrist teaching in a medical school, we use SGD widely in clinical teaching sessions for both undergraduates and postgraduates such as clinical based discussion, role play, case presentations or case morbidity discussion. However, there are few challenges encountered while conducting SGD with students, among them we may highlight about hesitancy among students in sharing opinions about certain points or in answering a question raised by the instructor/supervisor. Others may rely on other group members to respond while they prefer to take the role of silent listener.

This can be improved by encouraging them to participate actively in the discussion by several means such as efforts to control possible instructor biases by dividing the task equally between the members, giving enough time for each, using verbal and nonverbal reinforcement to enhance the flow of discussion.

The aim is to improve the communication skills among the students and the self confidence for active participation. I am used to enforcing the idea among my students that every time a student asks a question, they are giving great benefit to the whole class because other students will be enlightened by the answers. I also encourage my students by reminding them that it is acceptable to make mistakes during the discussions and that it is better to make a mistake now and learn than to stay silent and do the same mistake in the exam or during clinical practice. Gradually I feel that the students become more at ease to ask questions and less shy.

In conclusion, we always need to keep in mind that our role as educators is not limited to delivering knowledge but rather to sculpt our students' ability to communicate and be able to share their opinions and queries."

-Dr Ali Sabri (2021) on developing self confidence



OVERCOMING COMMUNICATION OBSTACLES

MBBS (Mansoura University)
Master of Medicine (Family Medicine) - Masters Degree
(Clinical Specialist), IIUM

"Communication is an essential element in daily living activities. Correct messages can be relayed between people with good communication skills.

As a practicing medical provider, especially in the Family Medicine field, possessing appropriate communication skills is required to obtain complete diagnosis (which consists of biological, psychological, and social diagnosis) and competent management of a patient. A good physician should be able to relate the patient's clinical problem with his or her cultural background, and educational level. This can be achieved with proper rapport with the patient. Nevertheless, the steps aren't that easy, thus, proper training is needed to meet the purpose of consultation.

During day-to-day consultations, physicians have been facing a lot of obstacles to achieve good communication in the doctor-patient relationship. These include patient's anxiety and fear about certain health problems, doctor's heavy workload, fear of handling medicolegal cases, worries of physical or verbal abuse, as well as unrealistic patient's expectation.

Patient-centered approach needs to be adapted to facilitate the communication process, and the process includes preparation, opening statement, gathering the information, eliciting, and understanding the patient's perspective, communication during physical examination, patient education, negotiating and agreement on specific plans and ending a consultation.

Prior to the consultation session, physicians should anticipate a proper physical environment. Good communication always starts with a cozy area or room, ensures patient's confidentiality, and keeps distractions at a minimum level. Both physician and patient should be physically positioned to feel empowered.

Apart from preparing the environment, treating doctors need to evaluate themselves regularly. They should perform self-reflection on their strengths and weaknesses, that may influence a consultation. By doing this, better patient's care could be achieved.

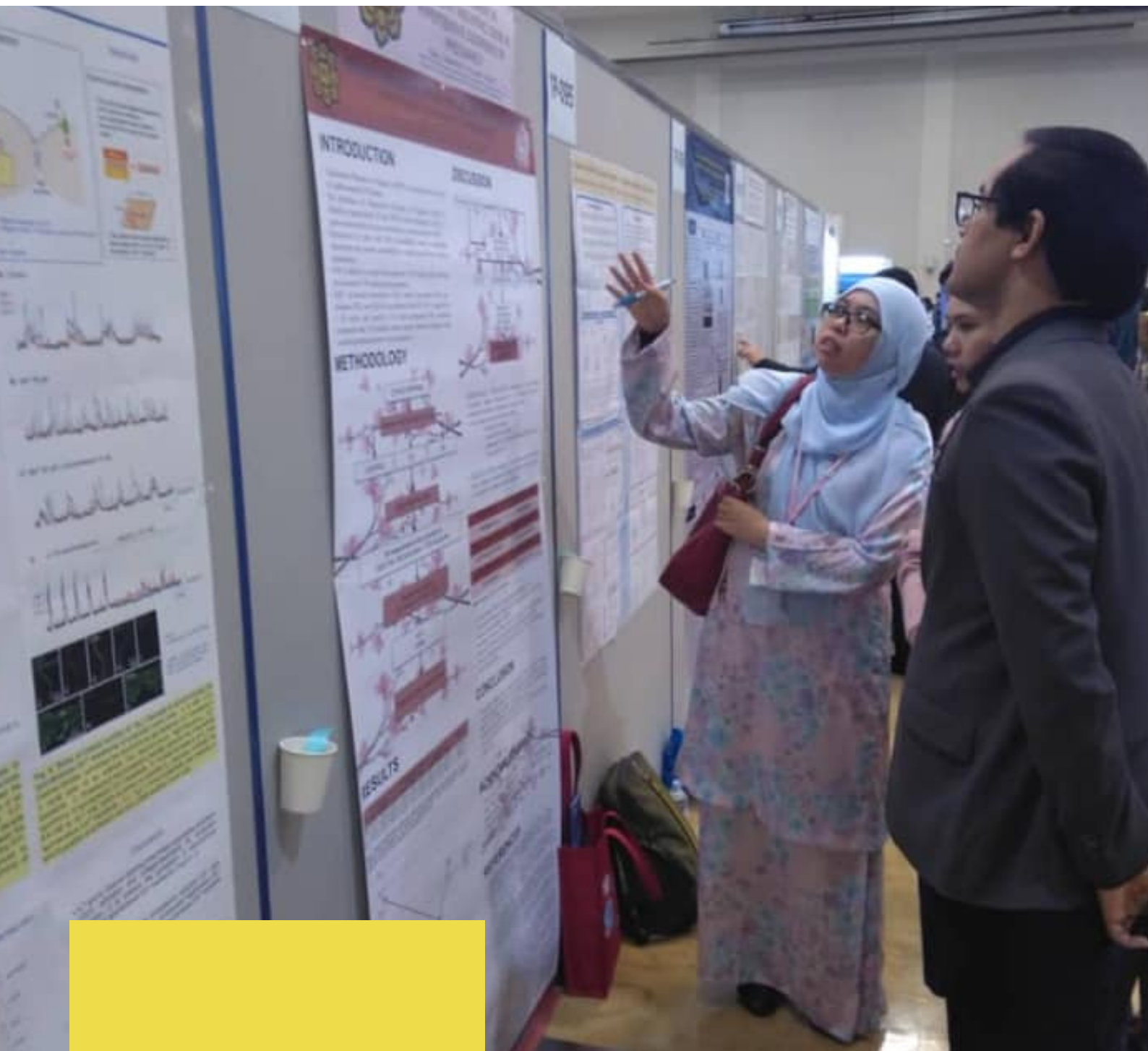
Exploring a patient's ideas, concerns, and expectations are crucial to attain patient trust. Combining the active listening and observing for non-verbal language will be helpful to the physician. Collaborative decision-making aids the negotiation process during consultation and ensures messages are conveyed successfully.

Other than being a physician, my role as a lecturer and educator requires me to teach medical students on communication skills. Specific learning objectives are highlighted to the students, for instance: attitude toward communication skills, basic communications skills, the importance of communication in medicine, benefits of effective communication, basic counselling skills, patient interview skills, special communications, informed consent, breaking bad news etc. All these objectives can be attained via certain teaching methods like lectures, role plays, small group discussion and problem-based learning.

Some challenges need to be anticipated during teaching sessions on communication skills with undergraduate students, for example incorporation of advanced technology into the delivery of teaching. This thing becomes more prominent as we are in the middle of pandemic COVID-19, where normal teaching concepts need to be readjusted to suit the current situation.

As part of my career and self-development, I'm glad to be given a precious opportunity to join this course. I'm looking forward to learn more about communication skills in medical practices from the experts, in order to gain as much knowledge as I can to be a better health care personnel; not only as a medical practitioner, but also as a medical lecturer."

- Dr Mohd. Aizuddin (2021) on overcoming communication challenges



CREATING SAFE SPACES

MBBS (IIUM)

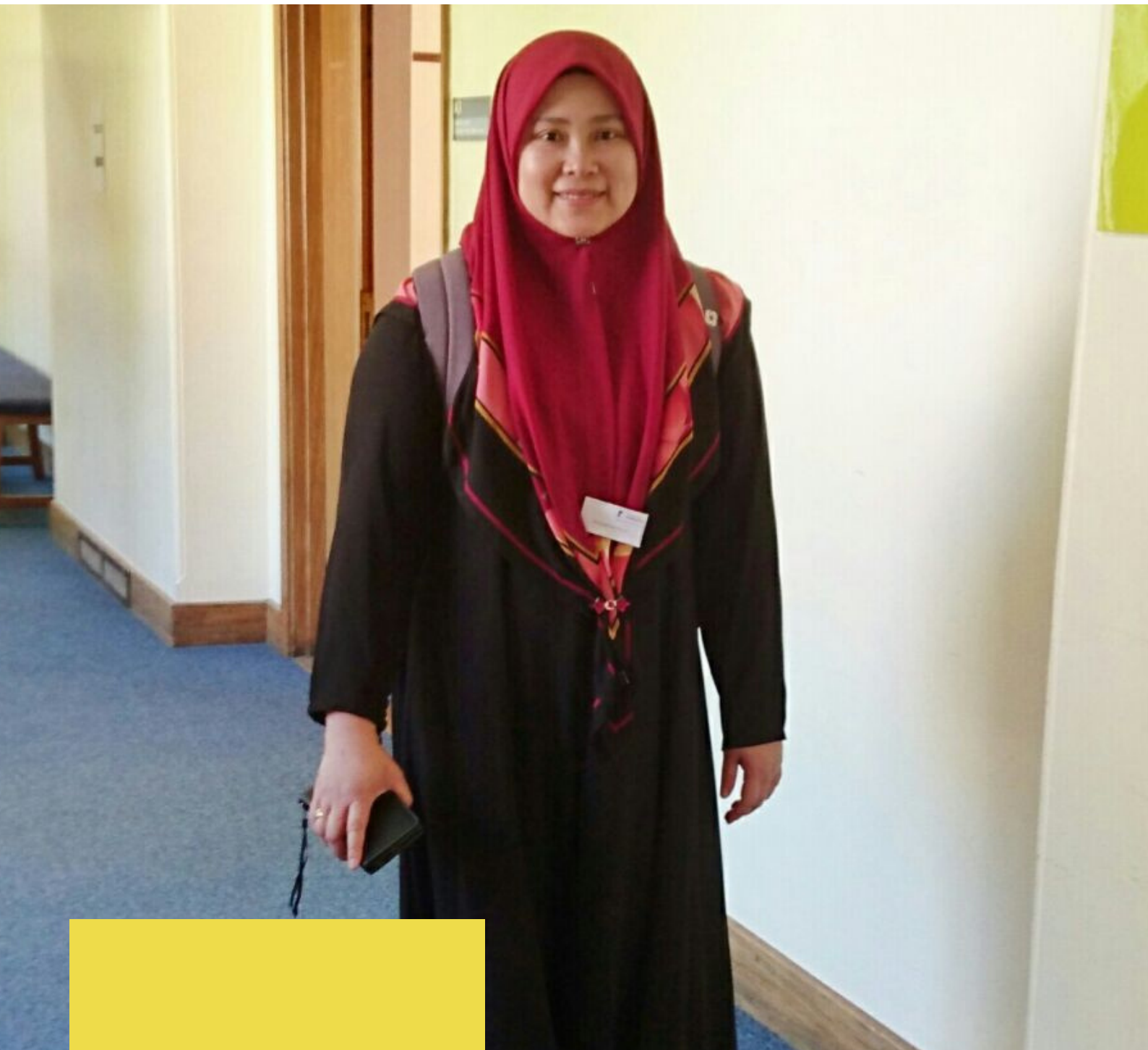
PhDMdSc (IIUM) - Pharmacology

"Good communication is an essential skill for a medical student, whether among peers, with their lecturers or with patients. However, more often than not it is viewed as a skill that comes naturally to each individual instead of something that can be developed. We tend to automatically label students as poor communicators or good communicators. Students and educators alike should realise that communication, just as other skills can be improved and learned from proper techniques and sources.

From my experience as a lecturer to preclinical students, I have found that small group dynamics are often very similar from group to group. There will always be those who are confident and extroverted, and will actively participate in the discussion. On the other hand there will also be the quiet introverts who will only participate when called upon. As a facilitator it is imperative that we always try to promote inclusivity, encouraging the quiet ones by providing opportunities for them to join in and at the same time not stifle the more enthusiastic ones. There has to be a balance that will allow all members to shine. The discussion should be a safe space for everyone.

Students also often struggle when faced with new topics or when given topics prior to the session, they tend to use their prepared notes as a crutch. Instead of a natural and organic discussion, the conversation may devolve into reading text and awkward pauses. Students should be able to initiate a discussion and also use good communication skills to maintain the discussion. They should be able to benefit from the discussion by using it as an opportunity to consolidate their knowledge and identify more learning needs, which they can pursue outside of the session."

- Dr Hidayatul Radziah (2021) on creating safe spaces



FACILITATING ACTIVE LEARNING

DR NORAIHAN MAT HARUN

MBBS (IIUM)

Ph.D in Biochemistry (University of Nottingham)

"Being a lecturer for the preclinical students, I do not have so much experience conducting SGD with my students, except for the Problem Based Learning and Case Discussions. In the Phase 1 MBBS, SGD can be used as one of the teaching methods for the Basic Medical Sciences such as Anatomy, Physiology, Biochemistry, Immunology, Microbiology, Parasitology, Pathology and Pharmacology. Conventional teaching as mass lectures in the lecture halls does not allow the students to communicate freely with the lecturers. Usually, there is not much time left for the students to clarify their doubts and strengthen the concepts they have learned.

Many medical schools start to implement SGD as one of the teaching and learning modules, not only in clinical years but for the preclinical students too. The journey to use this teaching method for core medical subjects, is still far from reality. This is because most students are used to a passive method of learning by listening to the lectures given. However, as we already know, knowledge gained via active learning is more useful in terms of being able to retain the information longer than knowledge gained merely through memorization.

I believe the implementation of SGD as one of the T&L modules helps students to learn more efficiently, have better understanding of the subjects, facilitate active learning and be able to improve their communication skills.

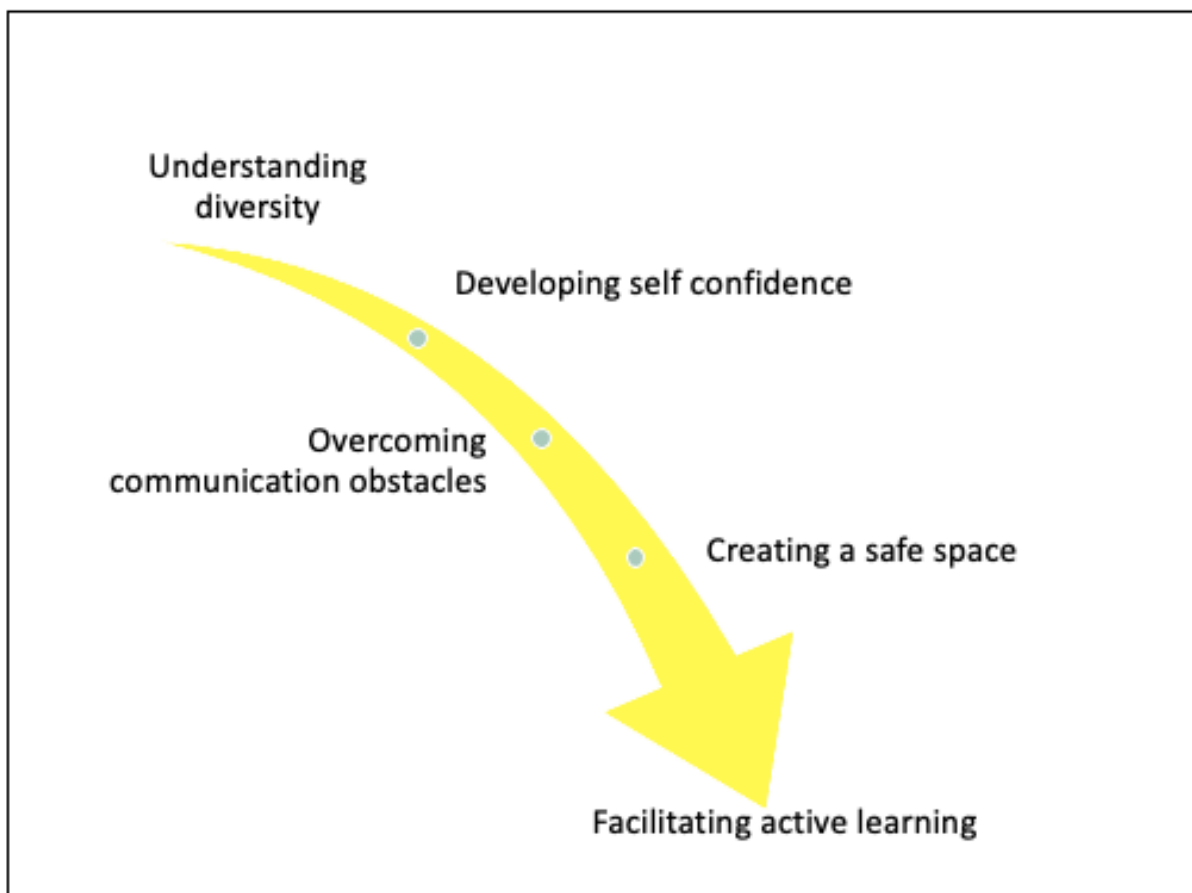
In addition, this method actually can help to shift the teacher-centered learning toward the student-centered learning. Subsequently, this can help to overcome the problem of lecturers talking alone in online classes especially during this current Covid-19 pandemic."

- Dr Noraihan Mat Harun (2021) on facilitating active learning



FINAL THOUGHTS

Small group discussions serve as an important teaching and learning tool in medical education as the lessons learned will be essential for all peer to peer, student lecturer and doctor patient interactions required in a well rounded doctor.



Small Group Discussion: learning through a shared process of communication

UNDERSTANDING DIVERSITY

Throughout the small group discussions, students will not only be able to learn about differences in opinions, responses and personalities that they observe in others, but they will also eventually learn about themselves. They would learn through the ways they interact with others, the way they express themselves and the way people treat them.

Through interactions in small group discussions, students will be able to take turns in giving opinions, to think through before voicing their disagreements, to be patient and accept when others don't agree with them and many other communication skills that can only be learnt when one participates in group discussions. After all, ideas are built upon others' ideas and in the end, a beautiful and more diversified idea will be garnered from the discussions that took place. We will provide so many opportunities for the students to learn just by conducting small group discussions.

DEVELOPING SELF CONFIDENCE

Self confidence is an essential pillar of SGD, students with low self-confidence level may struggle with the SGD sessions which may cause anxiety and frustration. Therefore, strategies need to be taken to boost their self-confidence through not only focusing on the mistakes that are being made but to praise and acknowledge the students when they perform correctly and not to compare one student with another student and to have realistic expectations about what the students can accomplish.

OVERCOMING COMMUNICATION OBSTACLES

There will be challenges to achieve effective communication. Nevertheless, few steps can be done to overcome the barriers. These include : using simple language, eliminating dissimilarity in terms of perception, using proper tone and body languages, providing active listening, avoiding giving information in bulk and giving constructive feedback. By using these measures, it will enhance facilitators- students and physician-patient relationship, increase the students' self-confidence and will be able to reduce stress.

CREATING A SAFE SPACE

In order to establish a conducive environment for small group discussions the group should collectively author a “safe space contract”. This will outline communication guidelines agreed by every member of the group to foster open sharing and exchange. Standard themes such as assuming the best of others, effective listening and mutual respect should be included. By doing this the students will actively help to cultivate a sense of ownership and group identity. Students should also be encouraged to tailor the “contract” to uniquely suit the medical school experience.

FACILITATING ACTIVE LEARNING

Active learning is a process whereby students are directly involved in the activities or discussion instead of merely listening to the teachers in the classes. There are a few factors that can promote active learning but the factors might differ from a student to another. The discussion leader is the most important person that can facilitate active learning in a group discussion. The facilitator should encourage and give an equal opportunity to the team members to express their thoughts and opinions. All team members should treat everyone with respect and consideration. Once students engage with the discussion the active learning process is taking place.

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