FACILITATING SMALL GROUP LEARNING

• Small group learning is an effective classroom method by which learning takes place among a limited number of participants, preferably with no more than 5-8 students per group.

• Small group learning can be found in medical education for two different reasons:
  o Social – provides social contact with peers and teachers as a way of learning with and from each other.
  o Educational - provides an avenue for learning reasoning and problem-solving skills while encouraging leadership skills among group participants.

• Effective small group teaching/learning involves:
  o Active participation among group members;
  o A faculty leader who facilitates rather than dominates discussion;
  o A focus on application of knowledge or problem-solving

• LEARNING IS ENHANCED WHEN A SMALL GROUP:
  o Has a non-threatening group climate.
  o Approaches learning as a team rather than as individual competitors.
  o Covers content adequately and efficiently.
  o Is attended by all students and a single, long-term faculty facilitator.
  o Has students and a faculty facilitator who are prepared.
  o Has active participation by all.

MORE ABOUT FACILITATING A SMALL GROUP

- **The environment**: comfortable chairs and room conditions with conference seating (i.e., members able to speak directly to each other)
- **Small groups** function best when membership does not change (including the facilitator).
- **A group facilitator** should not dominate or give mini-lectures. His/her role is to promote group interaction/problem-solving.
- **A group facilitator** may yield the leadership role to a student and be an observer, but should not separate him/herself from the group (physically or intellectually).
- **Using a scribe** to record the group’s progress is a valuable organizing technique.
- **Decisions on group activities** should be made by the group, not the facilitator.
- **Use** open-ended questions.

An Effective Small Group Facilitator:
- Guides, models, encourages, and supports.
- Is flexible, patient, friendly, and enthusiastic.
- Can be silent without distress.
- Makes short interventions.
- Uses the Socratic style of teaching.
- Resists the urge to dispense information.
- Gives and receives feedback.
- Reminds learners of the goal.
- Discusses problems that arise.

FREQUENTLY ASKED QUESTIONS ABOUT SMALL GROUPS

1. **What is the size of a small group discussion and who comprises the small group?**
   With regard to size, the guiding principle is: each member of the group should have the opportunity to participate. In practice, this usually means a total of five to eight. The group might have one or two faculty, but more can jeopardize the tone and comfort level of the session.

2. **What are the two best tools of small group discussion facilitators?** Remember you want participants to be actively involved – talking, reflecting, thinking. Small group discussion works best when the facilitator uses **brainstorming** and **questions**.
   **Brainstorming** is asking for ideas related to a topic. The characteristics of a brainstorming session are: (1) it is **non-critical** (a participant’s idea is not initially judged right or wrong); and (2) it is **open** (a wide range of ideas is sought).

3. **How can I use open-ended questions in a small group?**
   Asking **questions** is a critical skill for the small group facilitator. Your questions should more often be open-ended rather than close-ended (What cardiovascular outcomes does the study address?).
Open-ended questions can be:
   a. **expanding** (What other research designs might have been used for this question?)
   b. **defending** (Can you defend using Drug X with Patient B?)
   c. **hypothesizing** (Would surgery be appropriate if this patient were 70 years old?)

**How to respond to learner questions:** Seldom answer direct questions with direct answers. If a learner asks, “Dr. _____, how would you treat this patient?” turn the inquiry back to the group by saying, “Let’s get the views of the group on that question.”

4. **What are the characteristics of effective small group facilitators? They:**

1. **prepare** a plan for the small group session. Small group discussions can have different goals.
2. **listen** well and are **patient**.
3. are **supportive** of the group, individuals in the group, and the small group process itself.
4. make learning a **shared responsibility**. The facilitator tries to involve all participants and monitors his own level of participation.
5. are **comfortable** with silence. Learners think, and thought requires time.
6. are prepared to **refocus** the discussion.
7. **take risks** by expressing personal thoughts about a topic or patient. By being honest and authentic, the facilitator creates a setting where all members of the group are comfortable expressing themselves. The facilitator is not fearful of saying, “I don’t know.”
8. **challenge** but do not threaten. Effective facilitators ask thoughtful questions and involve all participants but are careful not to belittle or judge individuals.
9. are judicious with the use of **feedback**. A group discussion is principally about sharing information, ideas, and opinions, not making evaluative comments. However, at times feedback will promote continued positive group interaction.
10. **summarize** progress or decisions when appropriate – during the session, end of the session.

5. **How does the small group facilitator deal with group problems?**

   • **Unfocused person or group.** Re-emphasize the goals of the small group discussion. Refocus those who stray from the topic or problem.

   • **Sluggish person or group.** At first, be patient. Give the group a chance to pick up the pace. If the pace does not quicken, ask focused questions. Finally, if the discussion is still nonproductive, ask what the group needs to do next (Where do we go from here?).
• **Hostile person or group.** Try to get a sense of where the hostility lies – with the activity, between group members, with you, etc. The problem causing the hostility must be openly discussed and resolved before the group can proceed productively. Don’t proceed with business as usual. Don’t be judgmental and also caution others about being judgmental. Don’t be defensive. Don’t take sides.

• **Timid person or group.** Don’t quickly press the issue, but look for an opportunity to direct a question to this person (What do you think of that approach to this patient? or Do you have anything to add?).

• **Dominant person or group.** This is less of a problem if such a person is assuming the role of discussion moderator, but if he/she acts as the authority, this circumstance is problematic. Talk to the dominant person during a break telling him you appreciate his intense interest, but you want to make sure everyone has a chance to participate. Work hard at involving others in the discussion.

6. **How do you get a small group session started?**
   1. Do group introductions.
   2. Have the group agree on the task of the session.
   3. Agree on ground rules – e.g., all are invited but not forced to talk; it is fine to disagree about an issue but not to be critical or judgmental of a person.
   4. Perhaps open with a problem or case.

7. **How do you end a small group session?**
   1. Allow time for a summary of what was accomplished.
   2. Ask for feedback on what worked, what did not work, and what can be done to make future sessions more effective.
   3. Review the goals for the next session.

8. **How do you work effectively with a co-facilitator?**
   1. Before the session, plan the agenda.
   2. If you and your co-facilitator have different expertise (e.g., one is a researcher; another is a clinician) or strengths (one is good at involving participants; another is good at time management), agree before hand on an informal division of labor.
   3. Try trading roles if you are matched with the same co-facilitator for more than one session.