Conducting Small Group Learning Sessions in a Cost-Effective Manner: Our Experiences

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In recent years there has been a lot of emphasis on ‘active’ learning strategies carried out in small groups. While many medical school faculties are interested in adopting small group learning strategies, doubts and concerns remain especially in developing countries. Among these are fitting these activities into a crowded curriculum with emphasis on didactic lectures as the teaching strategy and short answer questions as the major assessment method. Another major concern among teachers is that small group teaching-learning is a resource intensive and high-tech learning strategy not suitable for developing countries. Many faculty members may not be comfortable with small group teaching-learning which employs a different set of teaching strategies and the teachers may have to relinquish a certain amount of control over the learning process.

The authors have been conducting small group, activity-based learning sessions in medical schools in Nepal for over seven years. Recently they have also introduced small group sessions in a medical school in the Caribbean. They have been using small group learning strategies with minimal investment, utilizing resources already available in medical schools. Small group sessions are as the name suggests sessions where students work together in small groups to achieve specified learning objectives using available resources.

Pharmacology small group sessions at MCOMS, Pokhara: Dr. Shankar and Dr. Subish first took up the challenge of conducting pharmacology small group sessions at the Manipal College of Medical Sciences (MCOMS), Pokhara where the pharmacology laboratory had a traditional setting of benches and desks. Various practical exercises like P-drug selection, dealing with pharmaceutical promotion, pharmacovigilance, designing an adverse drug reaction (ADR) reporting form and communicating drug and non-drug information to a simulated patient were carried out.2,3

Pharmacology small group sessions: The first author had taken up the challenge of conducting small group, problem-based sessions in pharmacology at KIST Medical College (KISTMC) in Nepal. The room where the sessions were to be conducted was around 18 meters by 8 meters. The college admits about 100 students to the undergraduate medical (MBBS) course each year and the batches for the pharmacology sessions consisted of 50 students each. These students were divided into five small groups of 10 students. The academic leadership was supportive of our endeavors but being a newly established medical school resources were limited and we were instructed to develop the sessions using existing resources wherever possible and only purchase new materials when absolutely required. We purchased five tables with a dimension of three by two meters around which students could work. We also purchased sixty plastic armless chairs on which students could be comfortably seated while doing their group work. Flip charts, marker pens and two flip boards were also procured. We had a computer for the room to which an LCD projector could be attached. Different learning resources were loaded on this computer. Three small tables for doing role plays and other activities completed the room set up. Charts, medicines and other resources were also procured. Using these resources we have been conducting small group sessions in pharmacology for over six years in the institution. The sessions have been highly appreciated by the students and their performance in university exams has been good.4 Interesting details of how the faculty members of the department of pharmacology at KISTMC worked towards creating a creative and safe learning environment have been shared in a recent article.5

Medical humanities sessions: We were keen that students at KISTMC should have a degree of exposure to the medical humanities. After discussion with the academic leadership we decided to conduct sessions for first year students. In 2008, the year the first batch of students were admitted our challenge was where to conduct the sessions and how. The college had an empty room on the top floor of the hospital measuring about 25 meters by 15 meters but was otherwise empty. The college had purchased student chairs with an attached writing surface for the classrooms but did not finally use them preferring the traditional arrangement of benches and desks. We decided to use these for the module. These chairs
arranged in a circle formed a feasible and effective arrangement for small groups. A computer and an LCD projector were procured and two flip boards used for small group presentations. We invested in five microphones and a public address system for the hall. Medical Humanities has been conducted in the institution for nearly six years and while students did mention logistics and resources can be improved, their feedback about the module was positive. The same room has been used for conducting various workshops and training programs. An integrated OSCE as a method of assessing students at the end of early clinical exposure has also been conducted in the large room since the last four years.

Module on medication safety for students: Dr. P. Subish wanted to conduct a module on medication safety for interested students at the College of Medical Sciences (CMS), Bharatpur as a curriculum innovation project for a FAIMER fellowship in health professions education. The challenge was finding a suitable room and resources for the session as the institution was mainly geared towards traditional, lecture-based teaching. There was a room available above the reading room in the basic science campus. LCD projector and a traditional black board were the resources present. Microphones and public address system were not available. The set up of chairs or stools around a table was used and while flip charts were available they were pasted on the wall using cello tapes in the absence of a flip board. Despite various logistic problems and other challenges including frequent ‘bandhs’ (shutdowns) the authors managed to successfully complete the module. The authors have also conducted workshops and other faculty development programs at CMS using available resources.

Small group sessions at the Xavier University School of Medicine: The institution situated in Aruba in the Dutch Caribbean admits students mainly from the United States and Canada for the undergraduate medical (MD) program. Recently driven by a variety of factors there has been a lot of emphasis on small group activity-based learning in the institution. Among the sessions conducted at present is a medical humanities module for first semester (MD1) students, a small group module in pharmacology for fourth semester (MD4) students and a faculty development program for the faculty. The lecture hall of the MD4 students is being used as the venue for the small group sessions. The class room chairs with their writing surfaces arranged together provide comfortable seating for group members. Computers and internet access are available along with a LCD projector. A flip board was purchased and microphones and public address system are available. The small group size of 20 to 30 participants makes it easier in terms of logistics and requirements. Space for role plays, counseling sessions with table and chairs which can be rearranged as per requirements are provided. These sessions are ongoing and initial feedback obtained has been positive.

Learning small group facilitation skills: Perhaps the most important skill to be developed to conduct small group sessions are facilitation skills. We feel the fellowship in health sciences education being offered by the Foundation for the Advancement of International Medical Education and Research (FAIMER) is a wonderful opportunity to learn and develop these skills. There are three regional FAIMER institutes in India and also institutes in China, Brazil and South Africa in addition to the one at Philadelphia, United States of America which offer a two year fellowship in health professions education. The program is offered at minimal cost to health professions educators from developing nations. Learning from other institutions where small group learning strategies are being used and beginning to conduct sessions in your institution are good methods to further develop and refine your skills.

Conclusion

Small group active learning strategies can be employed in medical schools in developing nations and sources of support of facilitators are widely available. We believe it is time these strategies are more widely employed!

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