



Short Communication

Small group discussion as an instructional method in pathology: A snippet from our experience

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1. Introduction

Small Group Discussion (SGD) is defined as a process of learning that takes place when students work together in groups of 8-10. Post implementation of Curriculum Based Medical Education (CBME) by the National Medical Commission in 2019, SGDs have been incorporated as one of the key instructional methods in undergraduate medical teaching. Small group discussions help develop reasoning and problem-solving skills among students with concurrent exposure to group dynamics enabling them to be confident practitioners.¹ From faculty point of view SGD sessions have changed the role of teacher from a lecturer delivering didactic lecture to a facilitator responsible for active learning by the students. SGDs have their own set of advantages and disadvantages. Many teaching methods and creativity techniques, which are widely available in literature have now been explored and practically implemented by faculty in medical colleges all over, one among which is SGD. In many of the medical institutions the current student teacher ratio is not practically feasible to conduct an ideal SGDs (1 teacher for every small group, i.e student teacher ratio of 1: 10) However, SGDs can still be organized effectively with limited human resource and smart use of technology. We wish to share our experience of conducting SGD sessions in Pathology to the first batch of

our undergraduates as a reference model to our peers.

2. Preparation of SGD

Preparation and planning are the key to an effective SGD.² As per the phase II master time table SGD was allotted a time slot of 2 hours on 2 days every week for pathology. The undergraduate batch of around 150 was divided into 2, each comprising of 75 students having SGDs on alternate days akin to the traditional practical sessions that we have been conducting all these years. Students were intimated the previous day to get hard copy of text books while coming to attend the SGDs. Interested students could also come prepared in advance as the topic would be put up on the online student portal ahead of schedule as part of the monthly time table.

3. Faculty Preparation

Topic/ competency assigned was as mentioned in the CBME UG curriculum Volume I under pathology section. Topic allotment dates were in alignment with the theory and DOAP / practical sessions of the same chapter to a great extent for better wholesome understanding and learning. Relevant medical literature was referred to get an idea about various aspects of conducting SGDs effectively from other academicians' experiences. Three faculty were assigned for each SGD would meet a couple of days prior

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for planning, which also avoided subjectivity in the way sessions would be taken. Points discussed were: framing of objectives, deciding venue of SGD, resources (laptop, print outs, chits, handouts, assignments) to be arranged, time division and feedback.

4. Conducting SGD Sessions

The batch comprising of 75 students assembled in the demonstration room. One faculty stated the objectives to be achieved at the end of class, with a brief introduction of the topic. Following this batch was split into 3 smaller batches, each comprising of about 25 students with one faculty taking charge of each batch. Each of these batches were taken to a different venue like demonstration room, library, lecture hall etc. The 25 students were further divided into smaller groups of 5 to 6 each by random allocation to ensure even mix of temperament and attitudes. The students were instructed and encouraged for equal participation, sharing of knowledge and exchange of ideas, no dominance and mutual respect.

Objectives were again stated clearly by the teacher and each group was asked to open books, read and understand the same for a duration of 20 minutes. Students were free to form subgroups/ pairs within the group or read individually and discuss in the group. Depending on the topic either all the groups were allotted the same topic or at times the subtopics (like etiology, pathogenesis, clinical features and lab diagnosis) were allotted to each group. The facilitator kept moving from group to clarify doubts if any and ensured active participation of all students. At the end of 20 minutes discussion was held to assess the participation and learning. Different modes used were: MCQs, picture slides, crosswords and case-based studies. When sub topics were allotted to each group the summary of the same was asked to be presented by students orally or using white board to all. Simultaneously the faculty explained the topic in brief as the same would not be repeated in theory. Towards end the teacher summarized the key points and concluded the class by appreciating students for participating actively. Feedback was obtained in the form of one-minute paper, google forms, verbal opinions. Attendance was taken and assignments given.

When conducted methodically, SGDs promote active learning and better retention of material coupled with satisfaction. With emphasis on soft skills in the new curriculum, SGDs are one of the means to promote collaborative learning inculcating in students the culture of team dynamics like interpersonal communication skills, sharing and leadership qualities. SGDs can be student lead or teacher led.^{3,4} Though student lead discussions would

be ideal, considering the large number of students per batch in settings like ours a teacher- led SGDs as in the above mentioned format would be preferred for practical implementation. Studies have shown group discussions to have positive effects on short and long-term knowledge acquisition. However, small group discussions are not without some disadvantages. A few weak participants hesitate or fear to express themselves. Small group discussions require proper planning and organization, more space and infrastructure, and a greater number of trained facilitators compared to didactic lectures.⁵

To put in a nutshell, with the current curriculum emphasizing on active learning, group dynamics, retention of knowledge and learner satisfaction small group discussions as an instructional method is gaining popularity. Redistribution of faculty time, smart use of resources and a receptive mind can contribute to effective implementation of SGDs.

5. Conflicts of Interest

No conflicts of interest declared.

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