

## Teachers' Toolbox

### Small group activities

**Brainstorming** is designed to stimulate creative thinking. Brainstorms are governed by four rules – no criticism, 'free wheeling' welcomed, quantity is important, development of ideas is merited. The starting point should be to encourage all participants to think aloud – with all ideas being recorded on the flip chart/post it notes. The second stage is to begin to clarify and categorise ideas – the third stage involves an evaluation of the ideas. **Rotating brainstorms** are a variation where the group divides into three or more. Dimensions of the brainstorm are written on the top of relevant number of flip chart pages. Each group brainstorms onto paper until told to stop – they then 'rotate' their sheets – read the other groups contributions and then add some more.

**Buzz groups:** students asked to pair or form small groups to exchange ideas or address a set question or to clarify understandings/identify misunderstandings etc. Buzz groups encourage participation and are particularly helpful when groups are large, if too many people are trying to contribute at once or if shyness is inhibiting several students. A clear task must be set with a time limit and then each group reports back to the whole group. The term 'buzz' comes from the hive of verbal activity.

**Crossovers** is a way of mixing the composition of groups so that ideas in different groups are being shared and disseminated. For example, if you have six small groups of four students each working on Part 1 of a task. You could then ask, for example, the person in the group with the latest birthday to move from one group to the next. You can then ask that person to summarise the thoughts of the group left behind to the new group and then set Part 2 of the task.

**Data interpretation** can take many forms. It may involve looking at clinical, research or scientific material (such as test results, charts, x-rays). An excellent way to encourage students to analyse and interpret data.

**Delphi technique:** a written method used to agree consensus on issues, but can also be used very successfully to identify dimensions of, or factors contributing to an issue. Students write views on paper (or post-its) and these are either gathered by tutor who synthesizes or clusters these for the group to consider. A variation is the **nominal group** where individuals write down their views and then each member of the group reads out one idea in turn that is recorded. If this prompts further ideas students can note them down. Rounds continue until all ideas (or tutor!) exhausted.

**Demonstrations/Practicals:** see *Teaching Clinical skills* module in this series.

**Discussion** can take a number of forms. In **controlled discussion** the tutor leads and directs discussion on a pre-defined topic. Students either ask the tutor questions, or more typically the tutor directs questions to the students. **Free discussion** often has a

focal point such a case study or an article – circulated before or at the start of a session. The tutors role is to facilitate discussion and encourage participation. It is not necessary to aim for a consensus or resolution point. **Guided discussion** is a useful technique for encouraging decision making processes. All students are expected to participate in an open and constructive discussion. All students should have an opportunity to present their ideas to the group. Assumptions (and data) underlying opinions should be explored – not just the opinions themselves.

**Fishbowls:** divide into inner and outer groups.

Inner group discuss issue/topic, outer group look for themes, patterns, soundness of argument etc

Variations include:

'empty chair' in the inner group which can be briefly occupied by outer group member to ask question / make a comment;

'alter ego' where any outer person can tap an inner person on the shoulder to either take their place or put their point in a different way;

'inner theatre' where inner group have time to prepare a role play/scenario that they act out (without prior briefing to outer group) in the round. Outer group watches and then comments.

**Ice-breaking activities:** Ice-breaking activities can provide a fun, non-threatening start to group sessions. Examples include asking students to say their name, one thing they hate and one thing they really like.

**Line-ups:** students asked to adopt a position in a line to represent their view on an issue.

**Micro-teaching** is a useful tool in educational development. It provides individuals with an opportunity to prepare a teaching segment and deliver it to their peers / volunteer students who are invited to give feedback against pre-defined parameters. It can also be used for other practical activities such as learners giving a micro-demonstration or mini-lecture on a topic.

**Peer feedback** is a very useful strategy that can be used with role rehearsal (eg, in communication skills) and micro-teaching. Those giving feedback should be briefed with agreed parameters and reminded of good practice when giving feedback. (Consider strengths and weaknesses, restrict feedback to observed behaviours, use examples, be constructive and offer ideas and guidance on aspects to develop (and how) if possible.)

**Reflection** is felt to encourage deep learning and is prompted by new information or the unexpected. Reflection is a process of thinking about what is happening (or thinking back on what has happened), thinking about what might have contributed to it, and appropriate actions to take in response. The tutor may encourage students to reflect on their own experiences or to share experiences with others around them. **Reflective logs and diaries, critical incident and significant event analysis** all have reflection

as a key part of the process. The **Delphi technique** is a small group technique that can be adapted to guide reflection.

**Role play** requires students to place themselves in a particular situation or take a committed position on a key issue in the course. It is particularly valuable technique for teaching interpersonal and communication skills, particularly in areas with a high emotional content. It is useful to arrange to sit in on a role play session before trying it yourself. You will need to:

- Explain the nature and purpose of the exercise
- Define the setting and situation
- Select students to act out roles
- Provide players with a realistic description of the role or even a script. Allow time for them to prepare and, if necessary, practice.
- Specify observational tasks for non-players.
- Allow sufficient time for the role play.
- Discuss and explore the experience with players and observers.

Not all students need take on a role and it is often helpful to have students take on the role of observer. The tutor should explain the context, ensure that those taking on roles are adequately briefed (written information often helps). The tutor should also ensure that students de-role and are adequately debriefed. **Scripted role play** is a variation where students are encouraged to write (and subsequently read out) a script of an interaction between 2 or more people. Role rehearsal is a variation of role play but encourages students to rehearse roles they will ultimately take on e.g. being a GP, the SHO etc. **Role rehearsal** provides an opportunity to rehearse skills (thinking/communication/clinical) in a simulated and safe environment in preparation for future activity.

**Simulation and games** can be very useful in stimulating discussion or illuminating particular issues. They can also be used to bring together learning from different elements of a course. They do require lots of preparation.

The use of simulated patients is a particularly effective way of teaching interview skills. The use of simulated patients allows interviews to be scheduled at a convenient time and place, all students can be faced with the same situation, the interview can be interrupted and any problems discussed freely in front of the 'patient'. There is also no risk of offending or harming the patient, the student can take as much time as necessary, the same 'patient' can be re-interviewed at a later date and the similar can be trained to provide direct feedback, particularly in the area of doctor-patient relationships. Simulations can be developed for situations which are impossible for students to experience with real patients. This is particularly the case for emotionally charged areas.

Simulation devices can also be used where technology is available, eg for cardiac auscultation, breast examination, prostate palpation, pelvic examination and laryngeal examination. See Clinical Skills section in *Using learning resources to enhance teaching and learning*.

**Snowballs and pyramids:** a variation of the 'buzz group' where students are asked to form small groups to exchange ideas or address a set question or to clarify understandings/identify misunderstandings etc. Students either start with an individual task (e.g. reflection) or in pairs to share initial ideas. This pair then joins another pair to form a four where students start to look for patterns / trends/points of consensus/disagreement. It is possible to develop further by forming groups of eight who then begin to develop principles/guidelines or action plans.

**Tutor input** is fairly self explanatory! Small groups are the perfect way to tap into the key principles that support effective learning – activity and interaction. Beware of too much (didactic) teacher input – the risk is lecturing to small groups!

**Working parties** are a useful strategy to encourage active participation of all students. Working parties can all be given the same task to complete – or can be given different dimensions of the same task to work on. Groups can be self selecting (allowing students to decide who to work with), opportunistic (by seating or random allocation) or purposeful (to encourage a mix of outgoing and quieter students etc). Working parties can also be given delegated activities to undertake between sessions.