Facilitating group learning when you are dealing with multiple learners

Learning Objectives:

- Describe advantages of using a group to teach communication skills
- Describe a stepped approach to teaching communication skills in a group

Taking advantage of opportunities to involve a group

Teaching communication in clinical settings is often done on one-on-one but opportunities to teach a group are common. For example, on work rounds, a group may go in to see a patient together and, later, outside the room, give the learner feedback. Alternatively, during attending rounds, a brief role play with the entire team to illustrate an important communication point.

Using the group to teach communication skills has advantages over one-on-one teaching. First, it is efficient: the entire group learns—and teaches—at the same time. Second, teaching in groups can simultaneously serve individuals with widely differing learner styles – some people learn by doing, while others by watching, for example. Third, feedback from a peer may be even more influential than feedback from a teacher. Thus, it is important to know how to coordinate teaching within a group when teaching communication skills.

When do I use this skill?

- Work rounds
- Attending rounds that are conducted in part in a conference room
- Teaching conferences that involve:
  - reviewing videotapes of visits
  - interviews of real patients in front of a group
  - simulated patients who have been prepared with character scripts.

Existing teaching references often talk about ‘group dynamics’ but little of the source literature (mostly written by psychiatrists) has been translated in a way that can be used in clinical teaching in medical settings. In this section we will summarize some principles of teaching groups. Our previous web publication, Tough Talk, and our qualitative study in Academic Medicine both give more detail about how to teach using simulated patients in small groups (the format we used in the original oncotalk conferences). In addition, the book XX provides a great deal of basic information about how to teach in groups with standardized patients, particularly for a medical student audience.
Principles of teaching groups

Set goals for the group
When teaching a group, you will need the learner doing the talking to have a goal (see Module 3), and you will also need each group member to have a goal (most commonly, observing for the talking learner’s goal and contributing feedback later). Thus the setup will take a bit longer than when you are working one on one. You will also want to set a goal for how the group will work together (for example, everyone should expect to contribute feedback), and you may need to set guidelines for that work (for example, agree on how to give good feedback). So the teacher will want to ask herself, have I laid out the goals and expectations clearly?

Consider the group as a whole
Try to get a sense of the group’s mood: are they engaged? Distracted? Tired? We often think of “taking the group’s temperature” as a way of helping ourselves decide how big of a challenge to take on in the teaching encounter. A critical aspect of the group as a whole is how they interact with each other: do they talk and respond directly to each other, or only to you? The question the teacher can ask herself is: Are they working effectively together? If they only talk to you, ask the next person to respond directly to the person who prompted the comment (“Could you ask Carl that question?”) or redirect (“Carl what do you think about Susan’s question?”) An easy way to encourage interactions is to make sure they give feedback to the person on the “hot seat” rather than through you.

Watch individual contributions
Besides the group as a whole, of course, watch for the contribution of each individual member? Has Bonnie not said anything? Does Paul seem engaged? Is that sadness or worry on Linda’s face? Many times, individual group member issues are framed as “problem people”. We think that it is more useful for teachers to ask themselves: are the individual group members contributing to their capacity? A related question is whether the group has pigeon holed group members into specific roles. For example, one group member may be viewed as talking too much. The other group members, however, encourage this behavior by not talking as much and looking to him/her every time a new question is raised. Thinking about how the group encourages specific behavior may help you come up with interventions (calling on people before the dominant speaker talks; asking him/her to let others go first, etc).

Actively structure your relationship as group leader with the group members
Working with a small group triggers many preconceptions and assumptions about expertise, power, and authority. Does Paul try to counter everything I say? Does Linda shrink in fear from any feedback? Does Bob want to be the expert? These issues run deep, and every group member behaves based on past experience in groups. So while you can’t control their past experience, you can be intentional about how you use your power and expertise. The teacher can ask herself: am I giving guidance and feedback to the group about how they are doing and how they are meeting my expectations and hopes for them as learners?

Celebrate success for the learner doing the interview
The learner doing the interview often feels exposed, and so the teacher needs to make sure that good work is identified and recognized explicitly. In this way the teacher will be modeling feedback about positive behavior, which many medical trainees are unfamiliar with giving or receiving. The teacher should be asking herself: how can I provide support to the learner so that he experiences some success? If the learner doesn’t experience any success, the rest of the group will know it—and nobody will volunteer next time around.
What do I say?

Let’s walk through an example—say, setting up and running a role play during attending rounds.

1. Remember prior to going into the room (or starting the role play) to develop a learning agenda with person doing the interview. If the student says she wants feedback about “whether she is empathic” you can assign this task to members of the group. This keeps them involved in the process and focuses them on specific skills.

2. After the patient interaction, start by checking in with the student who did the interview. Try to find out if there is one area on which the student wants to focus feedback from you and the group. (This may be the learning goal identified before the interview). Questions that you can ask are: what happened in the interview? What was working? What and where did you get stuck? What did you notice in the patient’s reaction? What did you notice in your own reaction? What were your goals? What did you do to help to achieve these goals? What do you wish you would have done differently? What skills might help you achieve your goals?

3. Prior to trying to work through with the student’s specific agenda, it is best to ask the student what they did well – either in this domain or the one they mentioned at the beginning. Often, particularly in a group, the learner will have trouble coming up with anything specific that they did well. Then ask permission if you can get feedback from the group. One way to phrase this is to say “Before we address the student’s concern, can you tell the student what he/she did that was successful. Ask for specific skills that worked well (i.e. start with positives). If the student had concerns in Step 1, you should make sure you refer back to these areas.

4. Now, after hearing the positives, turn back to the student. First, ask for their view on the feedback (did you see that you did those positive things?). The goal is to have them see what they did well so they use them again in the future.

5. Now ask them if you can problem solve with them regarding the area in which they wanted feedback. Before turning to the class, see if you can let the learner make suggestions or problem solve. Than involve the whole group in the problem solving (When asking the students to do this, try to focus on what they would have done rather than asking them to tell the student what he/she should do. What might you do if you are in a similar situation?)

6. Go back to the student and ask if how they will be able to use the feedback in their next encounter.

7. It is often helpful in the end to ask the student what the “take home message” was from the session. One can also ask the other members in the group.

Commonly encountered problems

*What if one person talks all the time*? Consider the possibility that the learner is very engaged and wants to share her experience. If this interpretation is correct, one merely needs to thank the learner for all her contributions and ask to hear from others. (“I appreciate your comments. You have contributed a lot to the discussion. Let’s see what others think.) In future sessions, you may want to start with an expectation that everyone should have ‘equal air time.’

*What if one person is very critical of others*? First ask yourself if you have made the rules clear. Because so much of medical education is critical, this learner may think s/he is just doing what is expected of her. Second, even if you have gone of the rules for feedback, the culture of medicine is so strong that the person may have just forgotten. Gently interrupting the comment and reminding the learner may help, eg “Joe, we are focusing on what Jim did well. Can you name something?”
Learning group facilitation
A lot happens simultaneously in a group, and the reality is that nobody can track everything. In the beginning, focus on one skill at a time, and find a co-facilitator to watch for the other domains—then debrief in order to improve your tracking. A key group skill to begin with is to decide when and how to intervene to improve the ways that group members talk to each other—in general the more they respond to each other, the better your group is doing. (Notice if they all talk only to you, the faculty). This is obviously a huge issue, which runs beyond the scope of this brief manual. To learn more about what to track and how to intervene, see Tough Talk (http://depts.washington.edu/toolbox)

Pitfalls
Going to the group before going to the student
Unstructured debriefing – asking the group "how it went"?
Allowing the group to "beat up" the learner.
Losing sight of the learners goals when the group goes in a different direction.

References