



Facilitating Small Group Discussions

BACKGROUND

Facilitating a small group discussion is similar to conducting an orchestra. The conductor does not play an instrument, but guides the musicians as they play the music. The facilitator has opinions, knowledge, and experience, but his or her primary role is to guide students to practice clinical and professional skills in the group.

SUGGESTIONS

A variety of strategies are listed below, and a brief description is offered for some of them.

- **Foster interaction** between students.²
 - Avoid lecturing by keeping your comments to a few sentences. If you are talking more than a minute or two, the students are becoming increasingly passive.
 - Limit eye contact when a student is speaking. Look at other students. This reinforces that a student should talk to fellow group members rather than to the facilitator. Similarly, if you ask a question, motion for the student or group to discuss amongst themselves rather than back and forth with you.
- **Reinforce students'** efforts and development, e.g., "That's a good summary of a complex issue." "Your questions are becoming more focused." "Highlighting that outside article added to the discussion."
- **Tolerate a certain amount of ambiguity** and confusion on the part of students as they explore a topic. Avoid rushing to give the "correct answer" or to move things along. The process of discovering solutions is where the learning occurs.
- **Brainstorming** can be a fun and energy-producing exercise for students. The goal is to generate several possible items (solutions, explanations, alternatives) without critically evaluating merit of any proposed item. Ideas are evaluated afterward.
- **Ask questions** rather than make statements. Whitman and Schwenk³ offer these recommendations for asking questions.
 - Factual questions are used to get information and open discussions. For example, all the "W" questions: what, where, why, when, and who.
 - Broadening questions are used to introduce additional facts and encourage analysis. For example, "What is the relationship between x and y?" "What other facts are important?"
 - Justifying questions are used to challenge old ideas and develop new ones. For example, "Why do you think so?" "In what ways is this important?" "How should this be done?"
 - Hypothetical questions are used to explore unknowns and, when necessary, change the course of the discussion. For example, "Suppose we did it this way... what would happen?" "Another hospital does this... is this feasible here?"
- Alter **group arrangements** to vary discussions.⁴

- **Buzz groups** – Break a larger group into smaller groups for 3 to 5 minutes to discuss a topic or generate a possible solution.
- **Group round** – Each student has 20 to 30 seconds to make a comment.
- **Fishbowls** – Half the group addresses a topic while the other half observes, looking for themes and any overlooked items.
- Encourage students to adopt **alternate points of view** on a topic.
 - Assign roles for a topic.
 - Suggest students adopt more than one position on a topic (“devil’s advocate”).
- **Provide feedback** to non-participating (silent) or over-participating (dominant) students.
 - Ask for their perspective on their participation.
 - Decide whether to give feedback inside or outside of group.
 - Students may be more responsive to personal feedback and engage in problem solving when feedback is received away from their peers.
 - Feedback can be given in the group context, but this is usually appropriate when there is more than one student who needs feedback or when an event has occurred that needs to be addressed in front of the group.
 - Provide examples.
 - Suggest opportunities to alter behavior and set goals for change.
- Acknowledge in advance that a topic may be **emotionally charged** and that differences of opinion will likely occur. Remind students to practice their professional skills when commenting on a topic and disagreeing with others.
 - Prompt patients to highlight available evidence or qualify their statements with “in my opinion.”
 - Prompt students to repeat back what they hear others say before responding. This clarifies misunderstandings and highlights the importance of active listening.

PEARLS TO REMEMBER

- Small group discussions enable students to develop and practice clinical and professional skills.
- In small groups, facilitators talk less and students talk more than in lectures.
- Talk less. (This is important enough to highlight again).
- Coordinate with your co-facilitator.
- Promoting rapport among group members and establishing expectations for the group are critical in the first session.
- Knowing and using your students’ names demonstrates your commitment as a facilitator.
- Make your expectations for the group explicit.
- Students will want to know exactly how they will be graded. Make your expectations clear, using examples.
- When a student is talking or asking a question, direct your attention (eyes) to other students to reinforce that the discussion is between them and not between you two.
- Both under- and over-participation by students need to be addressed.
- Ask the group what went well and what changes to consider for next year.
- Welcome them to contact you in the future.