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Editorial

Small Group Discussion: An Important Teaching-learning Method in CBME

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It is mandatory to implement the new Competency-Based Medical Education (CBME) curriculum from the academic year of 2019 in India in all medical institution.¹ The well planned strategic faculty development programmes with appropriate faculty training may help to overcome the challenges and facilitate improved health outcome through CBME implementation.² The Medical Council of India (MCI) and now National Medical Council (NMC) is started Curriculum Implementation Support Programme (CISP) for imparting training to faculty on new CBME curriculum. Besides this, the implementation of the CBME curriculum is facing multiple challenges at institutional level. It includes changes in organisational structure of training programmes, change in culture of education, change in process of teaching, evaluation and method of assessment.³

The curricula mandated minimum use of didactic lecture as teaching-learning method with maximum use of other modes of teaching such as small group discussions (SGD), clinical teaching and practical's.¹ It emphasised on active learner centred teaching methods with maximum participation from students. Teacher role is mainly to facilitate learning. The teaching-learning sessions mainly in the form of small group discussions facilitated by a trained teacher-cum-facilitator or a peer group discussion on a selected small topic in a subject under guidance of facilitator.⁴ Hence, there is need of competent facilitator to shoulder this responsibility with the challenging role of teacher with leadership qualities abiding new CBME curriculum. CBME is used for

postgraduate teaching in few medical institutions in India with good results.^{5,6}

CBME is gaining momentum all over the globe including India aims towards creating competent graduates to fulfil changing societal needs of healthcare. It is learner-centric process offers flexibility in time, focussing three domains of learning altogether. It emphasised on time-based teaching learning with greater accountability and flexibility of educator. It focuses real-time formative assessment of learner in clinical setting at the end of every teaching-learning session in the form of small group teaching techniques.⁷

Since, the CBME curriculum more focused on outcome towards preparing students competent pertaining to societal healthcare needs, the teaching-learning activities needs to be more skill-based providing hands-on-training experience to students in real clinical settings. The learning outcomes are mostly dependent on the impactful teaching methodology used for imparting knowledge towards desired training. Various traditional & newer small group teaching techniques includes lectures, symposiums, case-based learning, seminar, problem-based learning, small group discussions (SGD), role plays, videos, etc. are used as teaching-learning methods to impart knowledge to students. In this, the small group discussion plays an important role in the teaching-learning techniques in CBME curriculum implementation towards making the graduate competent abiding the societal need of healthcare. It stimulates students thinking with problem-solving approach.^{8,9}

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With advancing technology, students have easy access to data and information. But, they need to be competent enough towards applying their knowledge in real clinical settings to solve day to day problems at clinical situations with independent thinking and problem-solving skills.^{9,10}

Small Group Discussion:

It a discussion amongst group members with small numbers generally 5 to 10 or up to 30 individuals. Presenter usually announces the topic/idea before discussion. It allows everyone to contribute on the topic, share ideas in democratic way. Every member gets an opportunity to discuss and reflect upon it which facilitates the interchange of ideas under guidance of group leader.

Main procedural steps in SGD:

Small group discussion mainly contributes to circulate information on pre-decided topic and in-depth discussion. It helps to analyse and evaluate the information with supported evidence by reaching on common agreement on accepted common conclusions. The Important steps are Introduction, directing the discussion by group leader and summarising the discussion at the end. In introduction, the group leader need to prepare for instructional objectives, purpose, relationship of the discussion session. Variations of small group discussion such as cooperative learning group, problem solving group or investigation groups may be used by facilitator.¹⁰

Advantages of SGD: It is democratic way of discussion, all participants can participate in group actively, multiple ideas may have gathered and discussed with different views, timely correction possible by moderator, in-depth discussion possible, participants who may need more assistance can be identified & help may be provided.

Disadvantages of SGD: It is time consuming process, need of intelligent, skilled moderator/ facilitator, discussion may be easily get off the track, some participants talk too much and some may be just passive listeners.

Limitations of SGD: It involves more talk and less action, careful appropriate prior planning needed for successful results.

Small group competence is one of the essential teaching skill needed for all medical educators. Medical teacher needs to promote active students' learning using optimal small group methods to facilitate learner-centric problem-based learning with

free communication between group leader and members. The medical educator need to evolve their skills to facilitate active learning making positive use of differences in attitude and knowledge amongst the participants promoting coordinating healthy group interactions.²

The medical educator is not only tutor, instructor or passive chairperson but also need to perform a crucial role as a group leader, moderator and active facilitator who encourage the positive group discussion with minimal intervention. The facilitator should identify errors, misperceptions and correct the errors with providing timely feedback.⁸⁻¹⁰

Small-group discussion develops the learners cognitive and affective abilities stimulates thinking with problem solving approach. It gives insights among the peers with welcoming environment under the able guidance of competent mentor-cum-facilitator with creating a strong team of learners towards focused task-oriented cooperative group.

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