

Participant Perception of a CME cum Hands-on Training Workshop on Small Group Teaching Methodologies at a North Indian Medical College

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ABSTRACT

Introduction: To overcome the demerits of the traditional lectures and to promote interactive teaching learning, the Medical Council of India has introduced small group teaching and learning as an essential component of the newly introduced competency-based medical education (CBME) curriculum. Workshops are an effective method of faculty training; they can be conducted in resource poor settings, can train multiple participants at once, can target multiple topics in a short span of time, and are cost- and time effective even for the participants.

Aim: The aim of this study was to collect and analyze feedback from the participants of a Hands-On Training Workshop on Small Group Teaching Methodologies.

Materials and methods: A 1-day continuing medical education (CME) cum hands-on-training workshop was conducted at our medical college. The CME was attended by 65 delegates and consisted of 5 hands-on training workshops on fishbowl, case-based learning (CBL), snowball, jigsaw, and role play, respectively. At the end of the CME, the link to the online feedback form was shared with the participants and they were asked to fill and submit the feedback forms at the earliest.

Results: Forty-seven participants responded to the online feedback form. A majority of respondents were of the opinion that the workshop was well organized. Respondents also appreciated the seating arrangements, the color coding in jigsaw, and the case scenarios in CBL and role play.

Conclusion: The authors feel that more such workshops should be organized across India to better prepare the faculty for implementation of small group teaching learning under the CBME curriculum.

Keywords: Education Medical, Faculty, Learning.

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INTRODUCTION

Until now most of the teaching learning in India's medical colleges was conducted through didactic lectures in large group settings (with class sizes ranging from 50 to a whopping 250 in some colleges!). Tutorials were and are still used but due to lack of training, infrastructure, and manpower, most tutorials end up becoming didactic lectures with limited, if any, interaction between the faculty and students and are merely another means of one-way transfer of knowledge from the faculty to the students. To overcome the demerits of the traditional lectures and with a view to promote interactive teaching learning, the Medical Council of India (MCI) has introduced small group teaching and learning as an essential component of the newly introduced competency-based medical education (CBME) curriculum being implemented from August 2019 onward. As per the directives of the MCI, small group teaching must make up majority of the teaching learning sessions under the new curriculum. Previous studies have shown that teachers need to be trained in the use of new teaching methods to help them acquire expertise in these methods and to allow them to teach effectively.¹

Workshops are proven to be an effective method of faculty training; they can be conducted even in a resource poor setting; limited faculty trainers can train multiple participants at once, they can target multiple topics in a short span of time and are cost- and time effective even for the participants.²

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Aim

The aim of this study is to collect and analyze feedback from the participants of a Hands-On Training Workshop on Small Group Teaching Methodologies.

MATERIALS AND METHODS

A 1-day CME cum hands-on-training workshop was conducted at our medical college. The CME was attended by 65 delegates and consisted of 5 hands-on training workshops. With the aim of training the participants in innovative and novel small group teaching and learning methodologies, we conducted workshops on fishbowl, case-based learning (CBL), snowball, jigsaw, and role play.

The first workshop on fishbowl began with a short PowerPoint presentation in which the faculty presenter introduced the methodology of conducting a fishbowl discussion and its various variations. For the hands-on training, 16 participants formed the inner circle and the rest of the delegates formed the outer circle. The inner circle also consisted of a 17th chair which was kept empty. The topic for discussion was the "Merits and Demerits of Competency-Based Medical Education" and the participants sitting in the inner circle were asked to put forth their views keeping in mind the principles of group dynamics. After all 16 inner circle participants had spoken, participants from the outer circle were invited to raise their hands in case they wanted to voice their opinion; such participants were invited to sit on the 17th (empty) chair in the inner circle, put forth their opinion and vacate the seat for the next participant from the outer circle. At the end, there was a debriefing conducted by the faculty facilitators.

The second workshop was on CBL. The workshop began with a PowerPoint presentation in which the faculty presenter introduced the correct methodology of conducting CBL and the difference between CBL and problem-based learning (PBL). The participants were then divided into three teams, and two faculty facilitators were assigned to each team. Each team received a sample case scenario and were asked to discuss the approach to the case. Then each team received a set of questions that were to be answered after brainstorming among team members under active guidance by the faculty facilitators.

The third workshop was on snowball. After a short introduction to the methodology, the participants were divided into four groups and seated at four tables with approximately 16 participants seated at each table. Two different scenarios were discussed, one from biochemistry to depict snowball for first phase subjects and one from pediatrics to depict snowball for clinical subjects. Participants at each table received cards containing a part of the case scenario for individual reading. Then the participants were asked to work in pairs, then groups of 4, groups of 8, and finally groups of 16 with a new card and increasing complexity of tasks at every stage. Participants discussed the approach to the given case and the team of 16 were asked to present their case approach in front of the large group.

The fourth workshop was on jigsaw. After a short PowerPoint presentation, participants were divided into two groups and two facilitators were assigned to each group. Each group was divided into six home groups and participants were color coded with five different colors in each home group. The topic was from pathology (iron deficiency anemia) and the topic was divided into five subtopics, one for each color code. Different variations and scenarios of jigsaw were discussed including missing students and

extra students in home groups. Participants were asked to discuss the topics with similar color-coded participants in expert groups and teach the topic to their respective home groups.

The last workshop was on role play. After a short introduction by the faculty presenter, the participants were divided into three teams and each team was given an Attitude Ethics and Communication (AETCOM) scenario. Each team was assigned two facilitators and the teams were asked to first decide on the specific learning objectives and then prepare their role plays. Teams were then invited to present their role plays in front of the large group.

The CME also consisted of three guest lectures taken by experts from the field of medical education; the keynote address on small group teaching, a guest lecture on tutorials, and a guest lecture on Assessment of Small Group Teaching.

At the end of the CME, the link to the online feedback form was shared with the participants and they were asked to fill and submit the feedback forms at the earliest.

RESULTS

Out of the total 65 participants, 47 participants responded to the online feedback form.

The form consisted of separate sections for all five workshops, and each section consisted of three identical statements/questions. The first statement asked participants to rate the workshop on a 3-point Likert Scale in which 1 means "needs improvement", 2 means "neutral", and 3 means "well organized". The second question asked participants to specify what in their opinion was the best part of the workshop while the third question asked the participants to mention what in their opinion could be done to make the workshop better. The feedback for each of the five workshops is presented separately below.

Workshop 1: Fishbowl

Q1. Thirty respondents (63.8%) felt that the workshop was well organized while 10 (21.3%) and 7 (14.9%) participants marked "neutral" and "needs improvement", respectively (Fig. 1).

Q2. Most of the participants felt that the workshop was well planned and well organized, while three participants also praised the seating arrangements. Some other responses are presented verbatim as follows:

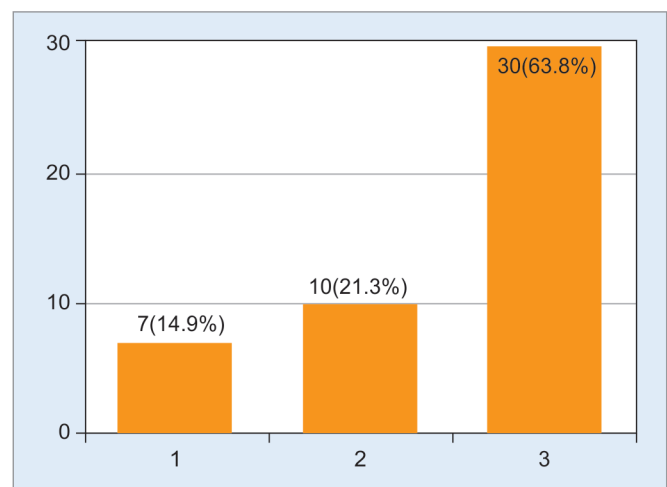


Fig. 1: Feedback for workshop 1 (Fishbowl) (3-point Likert scale: 1 = needs improvement; 2 = neutral; 3 = well organized)

"The open and close fishbowl and its importance with live hands on training was explained very well."

"Well explained in the beginning and executed meticulously. Clearly Understood"

"The hands on demonstration of the various methods. Taking efforts to involve all participants."

Q3. Almost all the respondents suggested that the workshop should have continued for a longer time duration. One participant said the following *"If we could continue it for some more time for better understanding."*

Workshop 2: Case Based Learning

Q1. Thirty-three (70.2%) respondents were of the opinion that the workshop was well organized (Fig. 2).

Q2. Participants appreciated the well-organized workshop, especially the well-designed case scenarios and the seating arrangements. Some participant responses are presented as follows:

"The pre reading material and the case designed was excellent and thought provoking."

"It cleared quite a few doubts about the difference between problem based learning and CBL."

"For the first time I experienced what a case based learning is."

Q3. Respondents suggested additional time for discussion and more case scenarios from different subjects. Some responses are presented as follows:

"Can add with audiovisual or living case or pictures n images or any member can mimick or demonstrate the topic."

"All the cases scenario were from Cranial nerves, if each case scenario from different topics will help us to implement CBL in other topics too."

Workshop 3: Snowball

Q1. Thirty-four (72.3%) respondents were of the opinion that the workshop was well organized (Fig. 3).

Q2. Participants praised the training in a new methodology such as "Snowball" and appreciated the specific seating arrangement and the case scenarios from first phase and third phase subjects. Some participant responses are presented as follows:

"this was the best workshop. We learnt two different ways of doing snowball for first year and final year students."

"Feeling of unity n strength n increase possibility of positive n correct answer, many minds get together."

"The live hands on training on taking ECE sessions with the help of Snow ball technique was excellent. This was rather the best workshop amongst all, which opened our horizons to take ECE sessions via snow ball technique."

"The process of pairing to grouping... The way cards were distributed step wise."

Q3. Most respondents suggested additional time for this workshop, especially because this was a new concept. Some responses are presented as follows:

"More time because this is a new concept and I have never implemented it earlier."

"Everything was perfect, except for time constraints."

"The case histories (4 sheets) were provided in a single copy for the group. While snowballing, this created difficulty. A few more copies of the document will improve the understanding of the process."

Workshop 4: Jigsaw

Q1. Overwhelming 40 (85.1%) respondents were of the opinion that the workshop was well organized (Fig. 4).

Q2. Participants praised the preparedness of the facilitators, the concept of color coding, and the excellent seating arrangements for this workshop. Some of the responses are mentioned verbatim as follows:

"It was totally fun and a very nice way to teach the students. I would definitely try this method in my college. The best of all."

"Jigsaw method of teaching was made very simple to understand."

"Well organized, card number and color coding of home group and experts."

"The topic selected was very appropriate and we learned about home groups and expert groups and organisation of Jigsaw technique very well."

Q3. As with other workshops, most respondents felt that time duration of the workshop could be increased. Some responses are as follows:

"More time can be given on this activity"

"All went well, except for time constraints."

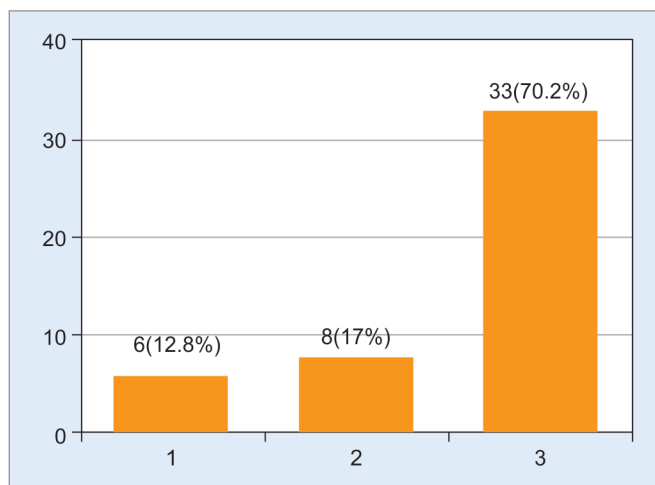


Fig. 2: Feedback for workshop 2 (Case-Based Learning) (3-point Likert scale: 1 = needs improvement; 2 = neutral; 3 = well organized)

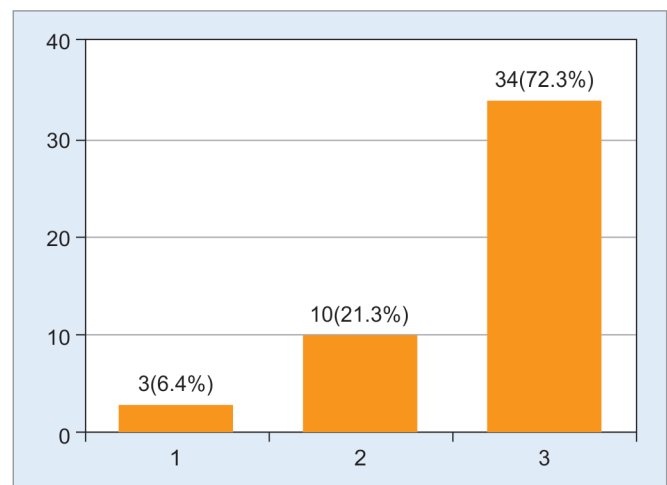


Fig. 3: Feedback for workshop 3 (Snowball) (3-point Likert scale: 1 = needs improvement; 2 = neutral; 3 = well organized)

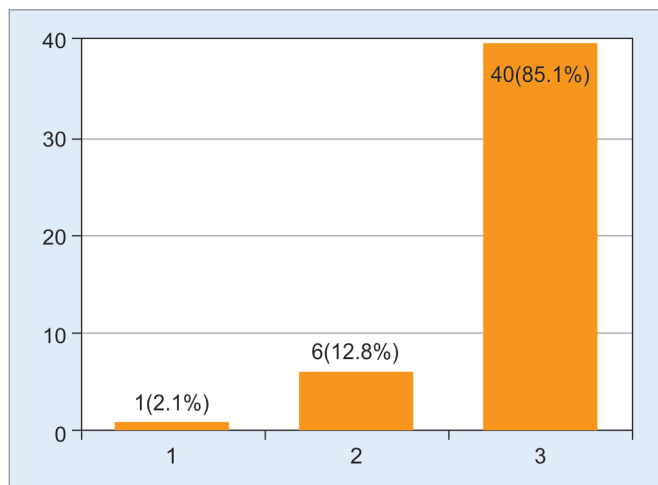


Fig. 4: Feedback for workshop 4 (Jigsaw) (3-point Likert scale: 1 = needs improvement; 2 = neutral; 3 = well organized)

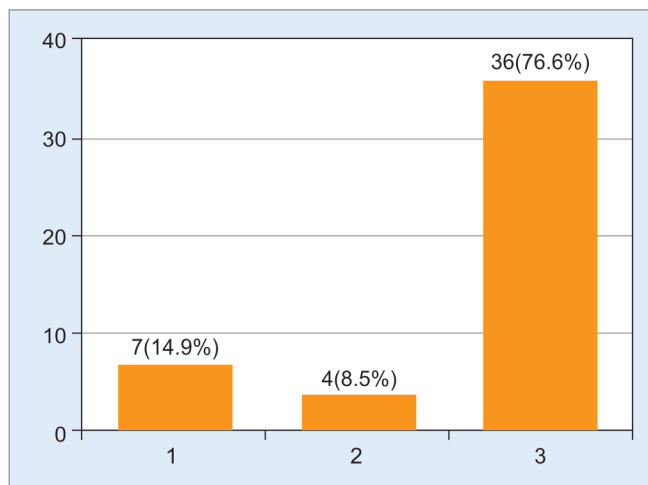


Fig. 5: Feedback for workshop 5 (Role Play) (3-point Likert scale: 1 = needs improvement; 2 = neutral; 3 = well organized)

Workshop 5: Role Play

Q1. Thirty-six (76.6%) respondents were of the opinion that the workshop was well organized (Fig. 5).

Q2. Participants were of the opinion that this was the most entertaining workshop and allowed all participants to participate enthusiastically. They also appreciated the scenarios for role play given to each team. Some of the responses are mentioned verbatim as follows:

"The best part is that there is active involvement of all and as it is enacted it'll be of great help to the students to visualise and remember things."

"Very well done by all the volunteers."

"Good topics on AETCOM were taken."

"The role play sessions for AETCOM along teaching clinical skills was beautifully explained and demonstrated. Teaching clinical skills via Role play was very new and helpful."

Q3. Participants suggested that more teams could have been formed and the scenarios could have been given at the start of the day so that the teams had more time to prepare. Some comments are mentioned as follows:

"Role play topic could have been given at the beginning of the day soon after the groups were formed."

"Ensuring that the groups adhered to the rules laid out at the start of the activity, like framing SLO's."

"The groups should have been allotted role play scenarios at the beginning of the day."

After the five sections for workshop feedbacks, the last section of the feedback form consisted of general statements/questions regarding overall feedback for the workshop.

Thirty-nine out of 47 respondents (83%) ranked the workshop as well organized ["3"] on a 3-point Likert Scale.

In the next question, respondents were asked what in their opinion, was the best part of the CME. Some of the responses are mentioned verbatim as follows:

"All the methods of small group teaching was new for me... I learned a lot so I liked everything."

"More knowledgeable and inspired us to follow it with the students."

"Good academics. Good hospitality. Sincere, hardworking and very cheerful organizing team."

"A great way to introduce the various teaching methods by encouraging active involvement of all the participants. The hands on teaching of the different methods was excellent."

"Congratulations to whole MEU department of ACMS and the guest faculty who has enlightened has a lot on small group teaching methodologies. I could say every sessions and every workshop was very well planned and organized. The best was the snowball workshop which was really very new and I found interesting and feasible to implement."

"Hands on activities will help in applying these methodologies at our Institute."

"Seating arrangements for all workshops were very professional."

"Learning experience for me... learnt new concepts like snowball and jigsaw and the correct way of conducting CBL, fishbowl and also role play."

Next, the respondents were asked what in their opinion could be done to make the CME better. Some of the responses are mentioned verbatim as follows:

"Nothing... it was done in best possible way"

"Could have been done for two days. Well spaced."

"Maybe conduct over 2 days"

"If its for 2 days, with more methods incorporated. We would have learned more with the esteemed faculty in excellent ambience."

"Discussion about the feasibility, practical constraints of time, resources and ways to overcome them."

Finally, the respondents were asked for any additional feedback or suggestions. Some of the suggestions are mentioned verbatim as follows:

"The list of participants along with their institutional affiliations could be circulated beforehand by email to promote better social contact. CMEs should also improve networking."

"Time to time organise this type of CME so that junior faculty always learn and implement in their teaching methodologies."

"It would be great if in future CME on assessment methods can be conducted. Thank you."

"Please conduct this CME again soon. I want to send junior faculty from my college for training."

"Looking forward to more such CME workshops by AMC college"

"All colleges should be geared up to conduct this. Maybe the team can start conducting such regional workshop so that Medical Colleges

in all regions get an opportunity to learning. Learning is by Doing and Its both ways the teacher and the student (participants) both learn."

"Congratulations to all the organizers for making it a success and an impactful event which would attract all the delegates in future to attend more workshops like it."

"It was very well thought and timely needed initiative in the present context of CBME. Keep going!!"

"I am thankful to the whole organizing committee for giving me the opportunity to be a part of this excellent CME. It was indeed a great learning experience. I look forward to attend more such CMEs in future."

"Very well organized. I request AMC MEU to organize more workshops on same topic and other CBME topics so that we can attend and learn."

DISCUSSION

An overwhelming majority of faculty respondents expressed satisfaction with all the five workshops and the CME as a whole. For many participants, this was their first exposure to small group teaching methods and all participants appreciated the hands-on training in small group teaching methodologies.

Most of the respondents wanted more time to be allocated to each workshop with some even suggesting conducting the CME over 2 days. However, it may not be possible for many faculty delegates to attend a multiple-day workshop because of various reasons including difficulty in taking leave for 2 days, difficulty in traveling to Delhi for multiple days for outstation delegates, etc.

As noted in previous studies, medical college faculty are being asked to assume new academic roles but very few faculty are

actually trained for these roles. In order to succeed at these roles, the faculty need to be trained and faculty development programs are needed for the same.³

As mentioned by Bligh, the primary purpose of faculty development is to improve practice and develop strengths and skills. Changing the way faculty think and work leads to better teaching performance and improved learning outcomes for students.⁴ Many faculty delegates have already implemented the different small group teaching methodologies in their respective institutions and the authors feel that this itself is a big success for the workshop. The authors feel that more such workshops should be organized in various medical colleges across India to better prepare the faculty for implementation of small group teaching learning under the CBME curriculum.

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