Clinical Presentation Continuum

Case Based Learning Groups

Facilitating Skills

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I. The Clinical Presentation Curriculum

Background
A modified problem-based learning (PBL) curriculum was implemented for 21 of 100 entering freshmen in the fall of 1994. The success of the PBL was stimulus for reevaluation of the systems-based curriculum taken by the remaining students. A curriculum retreat held in 1997 involving faculty and staff from the Athens campus and our 12 regional campuses/hospitals (COREs), provided a context for the decision to replace the systems-based curriculum. Via the literature, networking, visits to other colleges, consultants, and resource analysis, a decision was made to develop a curriculum based on a framework of common and/or important clinical presentations encountered by the primary care Osteopathic physician (Clinical Presentation Curriculum [CPC]).

The Curriculum Advisory Committee (CAC), charged with leading the process, established task forces including: Philosophy & Rationale, Curriculum Content, Case Development, Logistics, Resources, Faculty Development, and Assessment. A “Principles Document” guided the development process and groups of related clinical presentation modules were grouped into blocks (see Block Table below) and assigned to interdisciplinary block teams for development of specific content. For each presentation module, block teams prepared schema, generated and reviewed specific objectives submitted by faculty, wrote and edited cases, wrote tests, and within limits set centrally, designed a schedule of learning activities. The CPC was implemented in the fall of 1999 for 80 entering freshmen.

<table>
<thead>
<tr>
<th>CPC Clinical Presentation Module BLOCKS</th>
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<tbody>
<tr>
<td><strong>CPC1</strong></td>
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<tr>
<td>Orientation to the Curriculum</td>
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<td>Clinical Anatomy Immersion</td>
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<td>Musculoskeletal</td>
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<td>Blood</td>
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<td>Infection &amp; Immunity</td>
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<td>Cardiovascular</td>
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<td>Respiratory</td>
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<td>Gastrointestinal</td>
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<td>Urogenital System</td>
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Block Table for 2013-2014
Overview
The curriculum begins with a 4-week “Osteopathic Clinical Anatomy Orientation.” Thereafter, all learning takes place in the context of clinical presentation modules (e.g. shortness of breath module, chest pain module) typifying diseases/conditions commonly seen in primary care settings. These modules are logically grouped into 2-6 week blocks (see previous Block Table). An analytic schema provides a cognitive map of each clinical presentation. Learning topics, tied to schema, define the curricular content. Limited numbers of lectures serve to explain conceptually difficult material or provide an overview of complex new topics. In addition to the lectures, case based learning (CBL) groups comprised of 8-10 students and a facilitator are conducted twice weekly. Cases contain questions that help students focus discussion on the integration of basic science, psychosocial, and clinical issues. Questions are tied to module learning objectives. For each block (2-6 modules), students receive in advance the schema, learning topics, lecture outlines with designated resources, standardized clinical behaviors and cases. Self-assessment quizzes are available on-line each week to help students gauge the depth to which material is to be learned.

II. Structure and Purposes of Case Based Learning Groups

Structure:
- Year 1: 8–10 Students - 1 facilitator - 2 hr blocks - Twice weekly Tuesday and Thursday afternoons.
- Year 2: 8-10 students - 1 facilitator - 2 hour block, once weekly on Thursday morning
- Facilitators are assigned to a group for one-half of a semester
- Student membership of the groups is rotated each half-semester

Goals/Purposes of CBL Groups:

Overall:
The primary purposes of the small group-learning format are for students to:

1. Develop life-long learning skills and enhance medical knowledge by assessing, explaining, discussing, systematic reasoning and applying medical knowledge in the context of clinical case presentations for integrated learning and better long-term recall.
2. Develop and demonstrate social, interpersonal, communication and collaboration skills that prepare our students to establish and maintain professional relationships with patients, families, health care team members and a diverse patient population.
3. Develop the skills of critical thinking, research, evaluation (self & others), teaching, giving and receiving feedback, exploration, and cooperation (team work).

Note: The AOA Core Competencies served as a resource for the wording for these purpose statements.

Specifics:
1. To learn the "language of medicine" by presenting and discussing case studies
   - terminology/vocabulary - formal & vernacular ([http://www.dmu.edu/medterms/welcome/](http://www.dmu.edu/medterms/welcome/))
   - components of medical records (history, physical exam, lab data, etc.)
   - organization of medical information
2. To explore the process of **medical reasoning**
   - observe how certain information leads to conclusions which determine action which
   - produces more information, which leads to further action, etc.
   - SOAP notes format (see SOAP table below)
   - learn what constitutes the basis of decision-making

**SOAP NOTE FORMAT**

**S: SUBJECTIVE DATA:**
 Presents the problem from the patient’s point of view - how he feels. It may include the chief complaint, present illness, past history, current medications, diet and appetite, and allergies.

**O: OBJECTIVE DATA:**
 This is a record of the physical examination and includes the specific objective and reproducible findings gathered by:
  1. Observation of the patient
  2. Physical examination
  3. Laboratory results
  4. X-rays

**A: ASSESSMENT:**
 *This is a short tentative working diagnosis* for each problem.

**P: PLAN:**
 This describes your plans for the care and management of each problem. What are you going to do to treat the patient? It may include one or all of the following:
  1. A plan for collecting further information like blood tests or X-rays.
  2. A plan for initial treatment with specific procedures or medications.
  3. A plan for educating the patient.
  4. Referral and / or consultations.
  5. Plan for follow up.

**SOAP Table**

3. To begin to develop skill in **problem solving**
   - ability to identify resources necessary to learn (e.g. texts, journals, cadavers, Internet, etc.)

4. To learn to **integrate** concepts/principles in basic science, clinical information, ethics, psychosocial, epidemiology, etc
   - examine, assess, understand and modify schema for cognitive structuring
   - understand relationships between mind, body, and spirit
   - understand the anatomical and physiological basis for clinical action
   - reflect on CCE in relation to CBL work

5. To provide a **memorable clinical context** for acquiring, retaining and recalling knowledge

6. To provide a **safe learning environment**
okay to say, “I don’t understand”

7. To practice independent learning, self-direction
   - locate and study information between small group sessions
   - determine information to be sought and learning objectives to be accomplished
   - determine and use time wisely while working on learning issues
   - self-assess level of understanding for areas of strength and weakness

8. To experience and acquire collaborative learning skills (sharing information & assessing and utilizing strengths of group)
   - sharing information and utilizing strengths of group
   - learning how to be an effective team member
   - asking for clarification
   - learning to help others learn
   - thinking and creating the "win-win"

9. To learn the skill of teaching others
   - providing explanations of content
   - clarifying explanations as requested by peers
   - "to teach is to learn twice"
   - diagnosing and prescribing leaning suggestions based upon needs

10. To understand and value differences
    - hearing "other" views
    - seeing through unfamiliar/new lenses
    - understanding the values/points of view of others
    - understanding how personality preference impact on group dynamics
    - to “celebrate” differences

11. To develop as a professional
    - evaluation & policing of self and peers
    - monitoring of one's own progress
    - setting achievable learning goals
    - identification of learning needs
    - assist others to develop
    - begin to understand in inculcate the seven AOA Core Competencies
        - Osteopathic Philosophy and Osteopathic Manipulative Medicine
        - Medical Knowledge
        - Patient Care
        - Interpersonal and Communication Skills
        - Professionalism
        - Practice-Based Learning and Improvement
        - System-Based Practice

12. To learn and foster learning team / group interaction skills
    - skills in conflict resolution
    - recognition of strengths of individual group members
synergizing and metabolizing knowledge
avoiding "group-think"
awareness of stages in group development

13. To learn how to help make a group a “learning team” dedicated to maximizing the learning of each individual in the group.

III. Student Roles & Responsibilities in CBL
1. Students will self-assign and rotate through the following roles:
   - **scribe** (task: to record the learning issues, questions to be explored, significant data to support the discussion, etc.)
   - **case presenter** (task: to present the case to the group)
   - **discussion leader** (tasks: to lead discussion, keep group on task, sometimes also time keeper)
   - **time keeper** (task: keep group aware of time issues)

2. Each session, a student presents the case to group
   - one student each week
   - class briefly critiques the presentation for content, organization, and delivery; facilitator offers comments;
   - goal: students learn to identify, select, abstract important data from case
   - to organize into verbal report that is delivered in **2-3 (?) minutes**

3. Each session, students generate answers to discussion questions and identify learning issues which emerge from discussion
   - case discussion questions are structured to support the integration of biomedical and biopsychosocial concepts contained in the enabling objectives listed for the module;
   - discussion addresses objectives from each of the levels of the hierarchy of medical knowledge (environmental, person, organ/body system, tissue, cellular, molecular);
   - all discussion questions are addressed at each of the two sessions

Year 1:

1. **On Tuesday**: case is opened and presented, problem list, differentials and recommended tests are recorded, students identify learning issues
   - all group members are expected to address all learning issues at some level

2. **Between Tuesday and Thursday**, students investigate (study) learning issues/discussion questions, language, pharmacology, etc

3. **On Thursday**: case is re-presented, students share information found on learning issues and continue case discussion including all applicable areas of personal, medical, social and medical systems, pharmacology, terminology, OMM and Core Competencies
   - students identify unresolved issues and send to block head

4. **On Tuesday and Thursday**
- Overall plan for the session discussed
- Wrap-up conducted (self, facilitator, case/s, and group critique)

**Year 2:**

1. Prior to Thursday, the case(s) and discussion questions are distributed to the students. Group members will have communicated among themselves the learning issues and discussion questions that they wish to pursue on Thursday.

2. **On Thursday:** the case is presented, differential diagnosis and recommended tests are recorded. Students share information found on learning issues including all applicable areas of personal, medical, social and medical systems, pharmacology, terminology, OMM and Core Competencies.

3. all group members are responsible to address all learning issues and discussion questions at some level

4. students identify unresolved issues and send to block head

5. Wrap-up conducted (self, facilitator, case/s, and group critique)

**IV. Facilitator Responsibilities**

**Preparation Prior to CBL Sessions**
- Become familiar with cases prior to sessions
- Become familiar with week’s topics on class schedule
- Become familiar with schema, learning topics & standardized clinical behaviors (SCBs)
- Review group process principles (see page 9)
- If you cannot make a session (planned or emergency) contact your Department Chair as soon as possible
- Plan progressive disclosure of case material (Group Version) as appropriate

**First CBL Session**
- Facilitator introduction
- Students complete profile sheets
- Student introductions/comments
- Record attendance
- **Establishment of ground rules** (see page 13)
  - Facilitators sets some ground rules/expectations
  - Group sets some additional ground rules
- Establish and clarify facilitator’s role
  - Not to teach content
  - To facilitate group process
  - To evaluate
- Assignment (let the students do it) of roles for Thursday and following week and beyond
  - Case Presenter
  - Discussion Leader
  - Scribe
  - Time Keeper
- Initiate session
- Facilitate (listen, watch, ask key questions, document preparation and participation observations, any case improvements, redirect as needed, hand out material, participate as requested, police timing, evaluate case and student & document)
- Initiate **wrap-up** (review of case, group work, individuals, and facilitator...consideration of psychosocial, health policy, risk management and any of the Core Competencies that apply)

**Subsequent Sessions**
- Initiate session
- Record attendance
- Ask group to give case presenter feedback and give feedback (if needed) to case presenter after peers give feedback
- Facilitate as needed
- Maintain record of presence, preparation, and participation
- Monitor and make notes on group process
- Initiate **wrap-up**
### Useful Acronyms for Facilitators and Students

Some acronyms you may want to share with your group – analogies and acronyms are powerful learning tools because of the way our brain works (see Brain Based Pedagogy at our FD website [http://www.oucom.ohiou.edu/fd/](http://www.oucom.ohiou.edu/fd/)).

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>ROPES</td>
<td>For aspects of group dynamics: <strong>R</strong>isk, <strong>O</strong>penness, <strong>P</strong>articipation, <strong>E</strong>xperience, <strong>S</strong>ensitivity.</td>
</tr>
<tr>
<td>SPERO</td>
<td>For facilitating group discussions: <strong>S</strong>ensitivity, <strong>P</strong>articipation, <strong>E</strong>xperience, <strong>R</strong>isk, <strong>O</strong>penness</td>
</tr>
<tr>
<td>HOPI</td>
<td>For taking a patient history of the present illness: <strong>H</strong>istory Of <strong>P</strong>resent <strong>I</strong>llness.</td>
</tr>
<tr>
<td>COD^IERS</td>
<td>For inquiries on present illness: <strong>C</strong>hronology, <strong>O</strong>nset, <strong>D</strong>escription/Duration, <strong>I</strong>ntensity, <strong>E</strong>xacerbation, <strong>R</strong>emission, <strong>S</strong>ocial/psychological.</td>
</tr>
<tr>
<td>PMH</td>
<td>For inquiries on past medical history: <strong>P</strong>ast <strong>M</strong>edical <strong>H</strong>istory</td>
</tr>
<tr>
<td>MMASH</td>
<td>For inquiries on specific PMH: <strong>M</strong>edical <strong>I</strong>llnesses, <strong>M</strong>edications, <strong>A</strong>ллерgies, <strong>S</strong>urgeries, <strong>H</strong>ospitalizations</td>
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<tr>
<td>P^2QRSTU</td>
<td>For information on complaints associated with pain: <strong>P</strong>rove/Prognosis, <strong>Q</strong>uality, <strong>R</strong>egion/radiation, <strong>S</strong>everity, <strong>T</strong>emporal properties, <strong>U</strong>nusual Correlates</td>
</tr>
</tbody>
</table>

"VINDICATE+P" For identifying causal categories across body systems:
- **V**ascular, **I**nflammatory/infectious, **N**eoplastic, **D**egenerative, **I**ntoxication/toxic, **C**ongenital, **A**llergic/autoimmune, **T**raumatic, **E**ndocrine/metabolic, and **P**sychosomatic

Used with permission from: Student Handbook (pp. 13, 17-18, 20, 29-31) by J. Curry, 1991, College of Medicine, The Ohio State University.

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**Mid-Point (e.g. 10th week) Into Semester**

- Conduct a 10 to 15 minute individual session with each group member for purpose of feedback. Emphasize strengths and also identify areas for improvement
- Evaluation form for each student is provided
- Give student percentage grade
- If student given < 70 inform Dr. Wadsworth
- Submit forms to Grosvenor 408
- **If student has a serious problem that could lead to potential low grade at end of term, inform Dr. Wadsworth. Important to document, document, document!**

**End of Term**

- Conduct a 10 to 15 minute individual session with each group member for purpose of feedback. Emphasize strengths and also identify areas for improvement
- Form for each student provided
- Give student percentage final grade
- If student given < 70, inform Dr. Wadsworth
- Submit forms to Grosvenor 408

**Weekly Noon Facilitator Meetings**

Thursdays, 12:00 - 1:00 p.m. in G126
- Share facilitating experiences
- Report on group process
Reflect on ways to improve group process
Review cases discussed the previous week
Identify a cohesive approach to addressing case studies in the current week

Special Note on Facilitating
During the CBL sessions, facilitators are to step in only when they judge it to be necessary for the purpose of keeping the group discussion moving in appropriate ways. They are NOT to serve as content experts, either by lecturing, providing answers to discussion questions, or judging if the answers the students have given are correct. When disagreements occur, they may lead students to consider the reliability of their sources or of the interpretations they are making of what they have read. Facilitators are to help the student discussion leader in eliciting participation (only as really needed) from all members of the group and in moving things along so that all of the discussion questions are addressed. For instance, the following suggestion from a facilitator might be appropriate: “Maybe the scribe should write down the problem we are struggling with so we can come back to it later and we should then go on to the next question.” Facilitator participation is to take the form of questions more than statements. When questions arise regarding the depth or detail to which students are expected to address the issues, facilitators should direct students to the module objectives for guidance.

Visitors: Faculty handbook, section IV.A.9 concerning "classroom privacy" states: "...faculty are entitled to classroom privacy, academic freedom, and professional courtesy. Consequently, observation and evaluation of any classroom (including those on-line) by any observer or evaluator requires the prior notification and mutual agreement of the class instructor and the observer or evaluator."
http://www.ohio.edu/facultysenate/handbook/IV-Academic-Activities.cfm#CP_JUMP_119728

V. Effective Groups and Group Process
A. Stages of Group Development (Bruce Tuckman Linear Model)
   Forming – group members learn about each other and the task at hand.

   Storming – group members start becoming more comfortable with each other, they engage in arguments and jockey for status in the group.

   Norming – group members establish implicit or explicit rules about how they will achieve their goal. They address the types of communication they will or will not help with the task.

   Performing – group reaches a stage of effective collaboration and productivity.

   All new groups must go through these stages – you can speed the journey to “Performing” with group building activities such as ice breakers and social events.

B. Cog's Ladder: Understanding and accelerating group Performance
Imagine this scenario: You've just been put in charge of an important project, and its success hinges on your ability to co-ordinate the efforts of a large and talented group. But, at the start,
people are only interacting tentatively, and don't seem focused on the job in hand. Fast forward a little, and certain personalities are beginning to clash. Will the team ever reach a stage where everyone is working together effectively enough to deliver the project?

Often, managing a new group can seem difficult, chaotic, and doomed to end in disappointment. But it turns out that there's a pattern to the seeming chaos of relationships within group – and knowing it can help you as you head into a team project.

More than 30 years ago, a Procter and Gamble manager named George O. Charrier noticed how new groups functioned in P&G, one of the world's most successful conglomerates. He identified five stages of group progression, setting them down in an influential academic paper. Known as "Cog's Ladder," Charrier's theory has stood the test of time. It's now used by all sorts of team leaders from sports coaches to corporate managers. So don't embark on leading a group without first learning about Cog's Ladder!

**Climbing Cog's Ladder**
Charrier saw successful group work as a linear progression with five identifiable stages – the rungs of Cog's Ladder. These are shown in Figure 1 below. Several of the phases might seem chaotic when you're in the middle of them. But familiarity with Cog's Ladder can help you avoid panicking, and instead focus on guiding the group to the next rung.

![Figure 1: Cog's Ladder](image)

**Stage 1: The Polite Phase**
When a group meets for the first several times, they're in the *polite phase* of group formation. Members introduce themselves, and try to get acquainted (or, in some cases, reacquainted). Interactions tend to have a tentative quality, driven by a desire to appear polite and reasonable. Thus people avoid controversy and don't pursue agendas. Statements tend to be made self-effacingly, qualified by phrases like "I think." or "In my view." Nor do people divulge much information about themselves, preferring to gather information other team members. In the polite phase, people feel each other out and try to figure out how they fit into the group. They're subtly trying to gain the approval of their peers – even as they quietly form judgments about them.
Stage 2: The "Why are we here?" Phase
In the next rung up Cog's ladder, people strive to answer the question, "Why Are We Here?" Group members actively seek out a clear idea of what they've been called together – and the moderator is expected to communicate the purpose clearly. At this point, people become less conscious of trying to gain approval, and more immersed in the group's goals. Individuals find themselves drawn to one or another aspect of the project, and group members with similar interests may begin to form cliques. As people begin to feel as though they "fit in," communication becomes less guarded than in the "polite" phase.

Stage 3: The Power Phase
Next comes the "power" phase, when team members begin to compete for influence and prestige. Here is where things usually start to get heated, and an inexperienced manager may fear the group is collapsing into anarchy. Actually, the group's just passing through an important period of development. Even if the group's goals are clearly communicated, people begin to argue about how they'll achieve those goals. Individuals with differing views enter a power struggle. As time goes on, only the most competitive and self-confident remain in the struggle; others, even those who participated actively in earlier debates, quietly choose sides. Managers should be careful to keep this stage in context. Although discussions in this phase tend to be energetic and passionate, they rarely produce great solutions. It's best to ride this one out patiently, subtly prodding the team to the next phase: Cooperation.

Stage 4: The Co-operation Phase
At this point, the group's pecking order has been established, but the team leader has also decisively established that all viewpoints are worth listening to. Having accepted their place in the group, individuals shift their focus away from furthering their own agendas and begin to think about achieving group goals. A genuine team spirit begins to develop. Adding new group members during this phase should be avoided if possible. Original members will view new entrants as outsiders, and the group as a whole may revert at least temporarily to the power phase. When groups gain momentum in the "cooperation" stage, they're in good position to attain the highest rung of Cog's ladder: Esprit de corps, which is French for "group spirit."

Stage 5: The Esprit de Corps Phase
A group in the "esprit" phase will exhibit a strong sense of comradeship. Discussions are lively, friendly, and efficient because group members now know each other so well that they speak in a kind of shorthand. Moreover, team members focus their energy on achieving group goals. People's competitive energy no longer focuses internal concerns, such as trying to exert power at the expense of colleagues. Rather, competition begins to be seen as an externally directed force: The real opponents are outside, and the team is united in pursuit of victory. Clearly, the group will reach its productive zenith in this final stage. However, it can only be reached if the leader has managed to usher the group through the previous four phases.

Cog's Ladder is very similar to Bruce Tuckman's Forming, Storming, Norming and Performing theory. Both are valid ways of making sense of the ways groups of people behave as they move
along the path from when they are first brought together as a team, to the time when everyone is settled in to the task at hand.

The phases of each model largely correspond with each other, with the exception of the “Why are we here?” phase, which falls across Forming and Storming (instead of being picked out as a separate phase.)

How to Use the Tool
In many ways, the greatest value in Cog's Ladder is that it helps leaders understand that their new, apparently dysfunctional team won't stay like that for long. However, there are specific things that leaders can do at each stage to help the team move to the next one better and quicker. First, identify which of the five stages your team is currently at. Remember to keep checking where the team has got to as you progress – the initial stages are the shortest, so put some team stage checkpoints in your diary to re-evaluate progress. Once you know what stage you're at, focus on the leadership tasks for the current stage shown in the table below. Remember that, until you reach the Esprit de Corps phase, everything will not be perfect. However, by concentrating on what the team needs to do to move on to the next stage, and placing other issues on the side for the time being, you'll get a better result in the end.

<table>
<thead>
<tr>
<th>Stage</th>
<th>Leadership Activities</th>
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<tbody>
<tr>
<td>Polite</td>
<td>Hold a specific event so that team members can meet each other.</td>
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<td></td>
<td>Use icebreaker exercises to help them open up and start getting a feel for working together.</td>
</tr>
<tr>
<td>&quot;Why are we here?&quot;</td>
<td>• Clearly communicate the project purpose. Also make sure that individuals are also clear about &quot;why they are here&quot; by explaining what their role is and how their skills can contribute to the project goal. One good way of doing all of this is to establish good ground rules (&amp; pg 13).</td>
</tr>
<tr>
<td>Power</td>
<td>You may need to adopt a facilitator role during meetings – both formal ones and informal interactions between two or three team members.</td>
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<tr>
<td></td>
<td>Remember that great solutions are rarely produced at this stage, so avoid committing the project to decisions made during this time.</td>
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<tr>
<td></td>
<td>If serious conflicts arise, you may have to use a formal conflict resolution process in order to move on.</td>
</tr>
<tr>
<td>Co-operation</td>
<td>By this stage, the team is starting to be</td>
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productive, and what it really needs is time to bed in the newly-established ways of working and its knowledge of the project's challenges. Consider organizing a team-building social event to enhance this.

| Esprit de Corps | By now, the team will largely run itself effectively so you can ease back and use a lighter touch, while ensuring that you continue to delegate effectively. |

Key points
Group work can often seem like a study in chaos, but Cog's Ladder has proven itself a robust tool for finding patterns in this seeming chaos. Initial awkwardness, and power struggles – these are merely phases in a linear process. The team leader who understands Cog's Ladder will not panic when he encounters such predictable obstacles to group success, but will instead gently nudge his group up the ladder toward its pinnacle, esprit de corps.

C. Effective Group Behaviors
1. All group members work toward the building of a “learning team.” This becomes the “shared vision.” A learning team constantly works to have good group process which they believe leads to maximized learning for each and every group member.
2. Everyone feels and takes responsibility for the group’s success.
3. The group sees a relationship between their work and rewards.
4. The group knows and uses good group process behaviors as follows:
   - Learn and practice specific roles
   - Learn to deal with conflict and practice these skills
   - Communicate clearly and directly with each other
   - Ask for clarification instead of letting discussion go on
   - Do not pre-judge each other
   - Value differences
   - The focus on content and group process; not just on content
   - They stay systematic and focused
   - They work for collaboration believing that collaborative individuals can meet their personal goals while simultaneously improving personal relationships and group process
   - They understand that conflict helps them get to know each others views which are a learning experience. Knowing this, members openly express their disagreements with any other member, regardless of differences in position or status
   - Members are cautious with regard to judging others non-verbal behaviors
   - They sense when things are not going well and make efforts to self-correct
   - Members understand how personality preferences can influence group dynamics
   - They establish and agree to and follow ground rules such as:
     - Everyone arrives on time
Everyone prepares for each and every session.
We test assumptions and inferences regarding what individuals explain/share
Individuals share what they know or think they know – no holding back
information for purpose of being “one-up” on others
We practice courteous communication behaviors
We show respect for each other
No negative comments regarding other thoughts and opinions, especially with
regard to expressed values
We share all relevant information that makes the group a better group;
especially important during wrap-up
Value differences
Argue for a point based on it being for the overall good of the group; not for
self-serving interests
Be specific – use examples
Give references/resources when giving explanations of content
Disagree openly with any group member, but in an agreeable manner
Give reasons for disagreement, questions, statements (e.g. I am questioning
whether or not that explanation is correct because it just doesn’t make logical
sense to me.)
Make statements, then invite questions and answers . (e.g. I believe that in the
situation we find this patient, the most important thing we can do is …., Do
others feel differently?
Be willing to accept the possibility that the information you are giving could
be inaccurate and/or incomplete
Keep the discussion focused
Do not take cheap shots or otherwise distract the group
All members participate
Make decisions by consensus
Avoid group think
Invite feedback
Infuse and maintain energy
Decide rules on use of technology (laptops, cells) and overhead
Do self and group critiques (wrap-up)

VI. Facilitating Skills
A. Philosophical Perspective: The Developmental Facilitator

What is a developmental facilitator?

A facilitator that does things to help the group learn how to improve its group process
skills.

A facilitator that becomes a student of group process.

What is the goal of the developmental facilitator?

To improve group members’ ability to work well together for the specific purpose of
maximizing the knowledge and understanding of all group members.
The developmental facilitator is teaching/facilitating/influencing group members through modeling thinking, learning skills and group process techniques.

B. Developmental Facilitator Behaviors
   ▪ Accurately listening to, observing, and remembering/recording behavior and conversation
   ▪ Asking questions that facilitate improvement of group process skills
   ▪ Diagnosing and intervening when ineffective behaviors occur
   ▪ Provide feedback without creating defensive reactions
   ▪ Accepting feedback without being defensive
   ▪ Providing support and encouragement
   ▪ Showing patience
   ▪ Showing consistency
   ▪ Identifying when group has acted inconsistent with their values/ground rules
   ▪ Helping group analyze when things go well
   ▪ Helping group analyze when things go wrong

C. Developmental Facilitator Strategies for Diagnosis and Intervention
   The effective developmental facilitator bases his/her thoughts and action on principles of effective group dynamics and uses a specific strategy (e.g. Diagnosis-Intervention Cycle).

   **Diagnosis – Intervention Cycle**
   
   ![Diagram of Diagnosis-Intervention Cycle]

   **Intervention Steps**
   1. Observe Behavior
   2. Infer Meaning
   3. Decide whether to intervene
   4. Describe observations
   5. Test inferences
   6. Help group decide whether & how to change behavior

   **Diagnosis Steps**
   1. Observe Behavior
   2. Infer Meaning
   3. Decide whether to intervene
   4. Describe observations
   5. Test inferences
   6. Help group decide whether & how to change behavior

D. Broadly speaking, what group member behaviors should the developmental facilitator look for?

There are functional, dysfunctional, and counteractive behaviors. A good group exhibits mostly functional behaviors and has group members who practice counteractive behaviors when the group gets into dysfunctional behaviors.

**Types of Behaviors to Look For**

*Functional* - Maintains or enhance the group’s effectiveness
**Dysfunctional** - Reduces the group’s effectiveness through
- Acts of commission (e.g. taking cheap shot)
- Acts of omission (e.g. withholding information)

**Counteractive** - Enhances the group’s effectiveness by negating dysfunctional behavior

**Case**

Quality improvement team working on solving the problem of customers waiting too long to receive service. Having agreed on a definition of the problem and criteria for a solution, the group decides to move to the next step which is brainstorming potential causes of the problem. After several members have each identified a potential cause, the following conversation occurs:

Bob: One reason may be that we don’t have adequate coverage throughout the workday.

Ted: I’ll tell you how to get good coverage – start docking people’s pay if they miss part of their shift.

Sue: Yeah, I agree with Ted. Dock their pay or at least reprimand them.

Sam: Well, another reason that service is slow may be our computer system. The line workers don’t have all the information they need on the system.

Ted: Well, I still think we should deal with people coming late and leaving early.

Pat: ------------------------

Questions for group?

What happened in terms of function and dysfunctional behaviors?

What could Pat say that would be a counteractive behavior?

*Pat: Ted and Sue, you’re already talking about solution, but the group was talking about possible causes. How about if we get back to talking about causes and hold the solutions for later?*

As a developmental facilitator what would you do after you observed this conversation if your goal is to teach and influence good group process?

Suppose there was not a Pat in the group to play the counteractive part and suppose the group was totally off track relative to brainstorming solutions. How would you decide whether or not to intervene and if you did decide to intervene, what would you say and when would you say it?

**Questions to ask yourself regarding whether or not to intervene**

1. Have I observed the behavior enough to make a reliable diagnosis?
2. Does the group expect me to make an intervention?
3. If I do an intervention, will the group be able to use the intervention to improve its effectiveness? Do they have the knowledge and experience?
4. Is the behavior important enough to do the intervention?
5. If I don’t intervene now, could we get ourselves in a situation that can’t be corrected?
6. If I don’t intervene now, can I wait with the possibility that a group member will do it? Remember, that your job as a developmental facilitator is to work yourself out of a job by having the group learn to manage its own process.
7. Do I have the skills to intervene in this situation?

Note: If a behavior or issue is important enough to intervene on, it will likely come up again in the group.

VII. Situations in Facilitation: What do you do? (Note: These are based on real situations that have occurred in past years of CBL.)

Situation 1:
It is your third meeting with the group. It is Tuesday. One hour and forty five minutes have passed and it is time for the wrap-up. The first student says, “I think things went fine today.” The second student says, “Yeah, no complaints.” The third student says, “I think we did pretty good.” All other student comments were about the same as the first three. However, you feel the group was flat and not engaged for most of the two hours. You also felt they were not prepared and that they did not go into enough depth on the discussion questions? What do you do?

...several seasoned facilitator responses:
- Unfortunately it happens to me in approximately 40% of our meetings and it is really very frustrating especially when on wrap up they comment on how wonderful each and every one was.
- On Tuesday, two days ago, I decided to do the wrap up at the very beginning of class and I asked them what they thought were the goals of the small group CBL and what they as individuals were hoping to get out of it.
  - This encouraged an interesting discussion with students raising hopes, wishes, and fears. I am sorry I brought it up so late in the term. We as a group will try to correct (make sessions more interesting and beneficial) in the last few meetings that remain. In the future I think it would be a good idea to bring up the above questions at the very beginning and then in wrap up compare the performance to the set goals.
- If it was really that bad, I would ask the first or second person to elaborate on what he/she meant.
- When it's time for me to state my comments: I would tell them exactly how I saw it and remind them of my expectations that they have to be well prepared coming in and that their preparation is based on their participation. And since this is only their third session, I will be a little forgiving and encouraging because they are still in the process of "gelling" or trying to have a "feel" for each other. At this time, they needed to just be reminded of what's expected of them and work from there.
- I wouldn't wait until the wrap-up to try and resolve some patterns of "disinterest" rather ask them or help them come up with something that would help the discussion going by using open-ended questions. This way, they will have a feeling of being pimped, and
recognize that their lack of participation or preparation is unacceptable even for a Tuesday's session.

- Some of the students have eluded that by "correcting or directing" them as they go eliminating negative wrap-up comments (this, from a student who doesn't like wrap-ups).
- To make them talk and assess the process during wrap-up, you can direct them by having them address some items you want to hear their opinions about. For example, you can say, "For wrap-up, I'd like you to address or comment on the case-presentation/leading, group dynamics and participation/preparation." Or they can address to a specific question that you want. They are pretty good at sticking to what you want them to address. Otherwise, some people are hesitant to come up with something on their own, maybe because they forgot how it went but since you're there monitoring the process; you should have an idea on how it went.
- Ask them for specifics as to why the CBL group members thought that things went well. It might be a reality check for the facilitator. Then the facilitator can use that input as a segue into what they thought from their perspective. This approach might be a little less confrontational.
- One of the major tenants of wrap-up is to be truthful, so the facilitator should tell the students what they think. If the group seemed flat, say so.

**Situation 2:**
The group starts to discuss question 2 for the case. It is a question about the basic sciences related to elevated temperature. One student says he worked up this question and would like to explain it. Most of the students had trouble with the question so they are relieved someone else is willing to “risk.” The student gives an explanation and does so in a confident manner. You are looking at the answer written in the facilitator’s guide and even though you do not fully understand the content you sense the student’s answer has flaws/misunderstandings. As soon as the student is finished, another student says, the discussion leader says, let’s go on to question number 3. **What do you do?... several seasoned facilitator responses:**

- I do not feel comfortable letting something like this go by, hoping that the students will figure it out in the future. I also know that my students would not like it if they discovered that I had knowingly let this happen. I would first interrupt and redirect them to question 2. Since I prefer not to give them the correct answer outright, I would try to give them hints to see if I can get them to reason out the answer through group discussion. If they still are not getting it and it seems to be an important point to learn, I would suggest that they try again to look up the answer for the next class.
- Ask for input from other students. Determine the degree of difficulty that students had in finding information for the DQ. There is always the possibility that the students’ answer is correct as the answer in the Facilitator’s guide may be out-dated. Reveal the author(s)’ answer by asking questions in a way that might feed off what the students know at this point then attempt to introduce another information from the Guide utilizing the Socratic method.
- So, you could have them do a search in the group, you could have them answer on a more practical level to draw them in and then give a series of questions of increasing complexity -hoping they will answer the original question without even realizing it--or you could ask at the end of the session a question that brings that topic up related to a patient to demonstrate its importance.
• “Thanks JOE, for those comments, what any other possible mechanisms for the elevated temperature could be considered in the overall differential diagnosis, and how might it change the way you approach the diagnostic work up and treatment?”

• Tell the class you know they are thinking of multiple explanations and you want to hear what they might be. If they have none, suggest that this is such an important concept they may want to make this a learning issue for the class or place on the assigned tasks for next class.

• Ask the group if they all agree and or understand the answer the student gave. Facilitator can say that they are not completely sure of the details.

• I ask for each member of the group for their input, then if still unsatisfied, I ask the original respondent to research this response and I will due the same. Other group members are also invited to amplify the answer. This is our opportunity to establish high standards and we should not squander that chance.

**Situation 3:**
You have one individual in your group that tends to dominate. She is very bright and very talkative. She has a good background in the basic sciences, especially biochemistry, and she is liked by group members. It is your fourth session with the group and the group has really done nothing to discourage her. They seem to think she is entertaining and brings energy to the group. **What do you do?** ... **several seasoned facilitator responses:**

• On the way out in the hallway, have a quick consultation with the person who is dominating.
  o If this is not effective, bring up in wrap-up. Many times other students have noticed this, but are not confident enough to bring it up.

• Ask the person to hold off on their comment for a moment and ask someone else’s opinion.

• Another challenge is the dominant student who has something to say, but is frequently wrong.
  o Ask if everyone agrees when in this situation so the correct answer comes through
  o Ask the student for their source.
  o Is this truth by consensus, or do you have a reference?

• General pattern for any observation that you decide to intervene on:
  o Start positive
  o Share observation
  o Seek first to understand what and why from students perspective
  o Clarify expectations…offer options/opportunities for improvement
  o Continue to observe and provide feedback…

**Situation 4:**
It is the third week of the term. One student participates very little (has only participated 2 times) in the discussions. However, you can see that he has many written notes on each question. **What do you do?** ... **several seasoned facilitator responses:**

• Side consult at the end of a session, start off positively.

• Ask the student what their barriers are to sharing.
• Require them to be the first person to volunteer an answer at least once in the next session. Then assign them to do it twice. Continue to follow-up with the student. Be proactive when necessary during group to allow the person to be involved.
• Reinforce expectations with the students.
• Explain that they are robbing the rest of the group of good information if they are not sharing and they are robbing themselves of the opportunity to verbalize and thus reinforce what they know – if you can teach it, you know it better.
• I would suggest to the group members that since we all recognize this individual so knowledgeable and very expressive, I would ask her to wait for the other students to talk and express their thinking (as well as their opinions) first. She could make comments or talk about what have not been told and discussed. I have used this strategy before, and it does not seem to humiliate this individual, but to recognize her talents (and extra capability).

Situation 5:
It is Tuesday, the first meeting of the week. The group is ready to discuss question number 3. One student says, “Hey, I looked ahead at the lecture schedule and I think this question will be answered in Dr. Lancet’s presentation on Thursday morning. Let’s just skip ahead to question 4. Everyone seems to agree and they start to move on. **What do you do?**

*several seasoned facilitator responses:*
• This is not a big problem as long as they come back around to it on Thursday. “You can slide this time if…”
• You don’t necessarily do questions on Tuesday, so it may not be an issue.
• Offer a reminder that case-based learning is really an extension of the office experience. You can’t always wait for the next lecture.

Situation 6:
It is the end of the fourth week of the term. One student has been 10 minutes late for every small group meeting but one. He was 5 minutes late for that one. **What do you do?**

*several seasoned facilitator responses:*
• Engage the group to come up with ideas. See what the group does then the facilitator takes over
• Decide what the starting time will be when setting ground rules
• Remind and reinforce ground rules – you should establish rule and consequences at the beginning of the term
• Some groups set consequences for being late

Situation 7:
It is the 5th week of the term. One student has indicated during wrap up on several occasions that she does not like group work. You sense she is very smart based on the comments she makes but she does not participate very much. You sense she dampens the spirit of the group but none of the students have said anything during wrap-up or to you personally outside the group. You are thinking you should let her know what you are thinking but at the same time you are having difficulty thinking through just exactly what you will say. **What do you do?**

*several seasoned facilitator responses:*
• Suggest you have a personal meeting with the problematic student. Share with the student the benefits of group work in their future professional lives. Mention to the student that no one can know everything and it is helpful to build relationships with co-workers.

• Try to differentiate between an arrogant student and a passive student and adjust strategy.

• Some students who are arrogant do not believe their fellow group members answers are trustworthy or correct.

• Suggestions for dealing with problematic students.
  o Have a personal conversation with the student/s and complimenting before criticizing then encourage the student.
  o Provide definitions of a functional, dysfunctional, and counteractive group (see page 13). Ensure group knows expectations, give them updates as to category of their group: functional, dysfunctional, or counteractive (see page 15).

• Avoid being confrontational, rather try always to be clarificatory – that is, seek clarification...help me understand why I’m observing ________________

• Address the problematic student at the beginning of the year and not to wait until mid-term.

Situation 8:
It is Thursday of your first week of facilitation. During the discussion of questions, the students keep looking to you for approval of their answers. **What do you do?**... **several seasoned facilitator responses:**

• Don’t make eye contact

• One facilitator said her students tell her she has an “I’m not going to give you the answer look”

• Another facilitator tells her students simply “that’s a great question”

• A facilitator asks “should we make that a learning issue?”

• A facilitator suggests answering “I don’t know”

Situation 9:
It is the 6th week your group has been meeting. In the previous 5 weeks you were aware that the group tended to give only brief, if any, discussion to psychosocial and preventive medicine issues. The group is discussing a case of a patient with possible breast cancer. You know from the case data that the patient is a smoker. You ask the group about why smoking might be related to breast cancer. One member of the groups says, “I not sure, we just hear all the time that smoking is bad for you and can be related to many diseases. The patient in this case is poor. It seems like the poor people are the ones with all the bad habits.” The group seems to agree and condone this response. **What do you do?** ... **several seasoned facilitator responses:**

• Questions to ask students to spur dialogue:
  o “Can you support your opinion?”
  o “Is that true?”
  o “I’m a patient in your office. What would you do?”

• Discussion about whether students ever bring up the cost of treatment and drugs?

• PCC cases had cost effective questions and comments.

• Some information needs to be added to 3rd and 4th year syllabi, because everything can’t be squeezed into the first two years.

• If patient requests a certain test, is cost compared to other tests?
Situation 10:
It is Thursday. On Tuesday, the students discussed the case discussion questions at a superficial level. The same thing is happening again and it appears the students will finish the questions within the first hour of the session. **What do you do?** ...

**several seasoned facilitator responses:**
Approach may be different with 1st and 2nd year students. Turn previous discussions back to them. Ask questions such as:
- have you thought of everything?
- have we exhausted everything we can learn from this case?
- have you ever known anyone with this problem? If so, tell us about their treatment.
- What can you tell us about this disease?
- “What if” questions change the demographics of the case.
- Try role playing.

Situation 11:
The members of my group became far too reliant on their laptops throughout the term and participation suffered because of this. They had made this their crutch and as a result, preparation for Tuesday also decreased. They felt they could get away with using their computers for everything. If a question would be asked, the students would just focus in on their laptops to search for the answer. Once an answer was found, it would be matter of fact and no discussion took place after that.

**Option discussed and selected:** A student brought this frustration up in wrap-up. They established a new ground rule that no laptop computers would be used on Tuesday but use the overhead projector and classroom computer for the entire group was brought up and decided this would be best for the group.

**Result:** Every Tuesday thereafter was excellent. Preparation and participation was vastly improved. When the group members came across a question, they discussed it and tried to work their way through it with the knowledge that they had. Every group member tried to contribute any information they had. If they were still unable to draw some conclusion, then they would turn to the overhead projector. For this group, it really caused the group to come together and this is when real teaching occurred within the group.

**Issues with using technology in the small group classroom:**
Computers (internet), projector, document camera

**STATEMENT OF THE CHALLENGE:** Our school and students are rapidly moving away from paper-based products and using computers and other electronic devices to accomplish their work. This growing electronic technology pervasiveness in the small group setting requires us to think critically about its impact on small group work. Therefore, by explicitly stating the primary purposes of the small group-learning format, and outlining the major assets and liabilities/challenges of this emerging development, we have developed some “rules of engagement” for consideration by your group.

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The primary purposes of the small group-learning format are for students to:

1) Develop life-long learning skills and enhance medical knowledge by assessing, explaining, discussing, systematic reasoning and applying medical knowledge in the context of clinical case presentations for integrated learning and better long-term recall.

2) Develop and demonstrate social, interpersonal, communication and collaboration skills that prepare our students to establish and maintain professional relationships with patients, families, health care team members and a diverse patient population.

3) Develop the skills of critical thinking, research, evaluation, teaching, giving and receiving feedback, exploration, and cooperation.

Note: The AOA Core Competencies served as a resource for the wording for these purpose statements.

<table>
<thead>
<tr>
<th>ASSETS</th>
<th>LIABILITIES/CHALLENGES</th>
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<tbody>
<tr>
<td>Just in time website information</td>
<td>Divided attention so some are missing the work of the group or having private study</td>
</tr>
<tr>
<td>Learn to use technology (individually &amp; in a small group)</td>
<td>Distraction and/or diversion of group work</td>
</tr>
<tr>
<td>Tools to make group more efficient &amp; interdependent</td>
<td>Time sink for searches</td>
</tr>
<tr>
<td>Can be used to create “shared experience”</td>
<td>Source reliability and validity</td>
</tr>
<tr>
<td>Instant tool to look up definitions quickly for group</td>
<td>Computer operation and presenter control</td>
</tr>
<tr>
<td>Projection of scribe work on screen</td>
<td>File organization</td>
</tr>
<tr>
<td>Ability to save scribe work at .doc or .pdf files</td>
<td>File sharing</td>
</tr>
<tr>
<td>Projection of notes, diagrams, pictures on screen</td>
<td>Not using the technology wisely</td>
</tr>
<tr>
<td>Instant question submission to S&amp;I Panel</td>
<td>Leaning on technology rather than learning</td>
</tr>
<tr>
<td>Emails to &amp; from experts in group</td>
<td>Instant EBM work (discourages preparation?)</td>
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<tr>
<td>Paperless educating/learning</td>
<td>Slows the group down</td>
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<tr>
<td>Easier to administer progressive disclosure</td>
<td>Greater preparation required on the part of the facilitators and the block case writers</td>
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<tr>
<td>Will eliminate paper copies</td>
<td>Technology training required</td>
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<td>Physical barrier to group participation</td>
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Suggested rules for dealing with this emerging challenge:
1. Discussion is still supreme (as apposed to reading off a screen).
2. Laptop work must be related to the groups tasks (no personal email, chat or other surfing/playing).
3. System should be used for sharing information (send to Bb and bring up in class favorite resources).
4. Scribe should control the technology for the session.
5. Wrap up should include evaluation of how the technology is being used.
6. Group agrees on what they believe is appropriate use.
7. Give immediate feedback if technology is being used inappropriately.
8. Agree that it is not appropriate to look up work that should have been prepared.
9. Purpose of technology is to enhance group effectiveness.
10. Quick look-ups allowed =>60 seconds.
11. Single, group-only computer--No individual users.
12. Add a spot for this in the facilitator evaluation of students (appropriate use of technology)

General advice from experienced facilitators:

- **Unmotivated Students Suggestions:**
  - Send a subtle message that they are not doing as much as they could/should be.
  - Put them in the hot seat, this is where their professionalism comes into play.
  - Is medicine ever a 9 to 5 job? When facilitators raise this topic, it becomes an interesting discussion.
    - There needs to be balance over time, but when it comes to a particular rotation you are not done until it is finished.
    - CBL is a type of on-the-job training, students need to approach it with that thought in mind.
  - Write what you would do and discuss these questions with a fellow facilitator or the faculty development director.


Use open-ended questions as much as possible to bring students into the problem-solving process, so they can share information. Use close-ended questions when students are required to summarize their findings or bring the team to agreement about an issue.

- What issues or questions will stimulate further learning about the problem?
- What would be helpful to know at this point?
- How do you know that?
- Tell me more about what you are thinking!
- Tell us what you have learned so far, Suzy!
- What does that information have to do with this problem?
- Where can you find the information you are looking for?
- Does everyone agree with that statement?
- We've discussed only one possibility to the problem and seem to agree. Is there another view that we haven't considered?
- How did your team reach a consensus on this solution?
- It looks like your team is stuck! What has stopped the team's progress?
- It looks like your team is stuck! Tell me about the action plan your team has developed.
- It looks like your team is stuck! Consider trying to solve the problem from another angle. (Educator introduces a new method or procedure.)
- Can you agree what the next step in the problem-solving process should be?
- Someone summarize where the team is right now!
- Explain the problem you are having.
- What do you plan to accomplish between today and the next time the team meets?
- There seem to be some confusion and disagreement here. What are you confused about? (Educator gives a new explanation of the issue/problem or provides clarification as needed.)
• What do the rest of you think?
• Let me see if I understood your point…
• That's similar to the point that Suzy made earlier when she said…

Also see Faculty Development Website for “Small Group Facilitation Resources” @ www.oucom.ohiou.edu/fd/programs.htm.

Also see: **Socratic Questioning**