

ABSTRACT

Small Group Teaching (SGT) provides a unique, excellent, but simultaneously intricate, environment in which to achieve high standards in medical and health education. Transition from a traditional lecture-based educational system into a SGT-based educational system does need curriculum development, changing the opinion of educators and learners towards educational activities, plus providing necessary equipment and the appropriate physical environment. In this article I try to highlight a perspective of SGT in medical and health education especially within the developing world.

Keywords: Small Group Teaching, Medical Education, Health Education, Facilitator, Developing world.

Small group teaching in medical and health education: A perspective of the developing world

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Introduction

Small Group Teaching (SGT) in educational activities, consists of usually eight to ten people who try to achieve their educational aims based on a face-to-face interaction and under the supervision of a group leader (Figure 1). Therefore, a small number of students who come together to listen to a lecture could not be considered as a SGT. The reason for this is clear, since there is no such face-to-face interaction between students in the lecture rooms (Figure 2).

This vital diversity distinguishes between SGT-based educational systems and traditional lecture-based educational systems. SGT provides a unique, excellent but simultaneously intricate situation to achieve in medical and health education. SGT provokes active, independent and long-life learning. It helps the learner to know how to work in a group of peers and how to learn from them. However, for successfully implemented SGT we need curriculum development, changing the opinion of educators and learners towards educational activities, plus providing necessary equipment and the appropriate physical environment.

These are daunting tasks, especially within the developing world where shortages of educational budget and resources are evident. In this article I try to highlight a perspective of SGT in medical and health education taking into account the educational situations within the developing world.

Curriculum development

The foremost priority in changing a traditional lecture-based educational system into a SGT-based educational system is to develop the appropriate curriculum. This does mean that content, syllabus, educational activities, educational facilities and equipment, the roles of teachers and learners etc, must be revised and re-defined substantially.

Apart from real commitment of the educational institutions and other involved parties at the macro level (e.g. ministries of higher education and ministries of health) and the micro level (e.g. faculties and students themselves), there should be enough budget and resources available for such huge movement.

Let us have a look at the data on spending on tertiary education in US\$ all over the world, which is taken from the United Nations 2004 Human Development Report and depicted in Figure 3. It should be noted that spending on tertiary education is expense that a country spends for graduating their inhabitants as doctors, engineers, scientists, etc.

The data reveals that whilst 61% of such expenditure occurs within North America and Western Europe, only 1.5% happens in Central Africa and Southeastern Africa. Therefore, most developing countries are not able to afford the necessary expenditure for SGT. We will discuss this issue further.

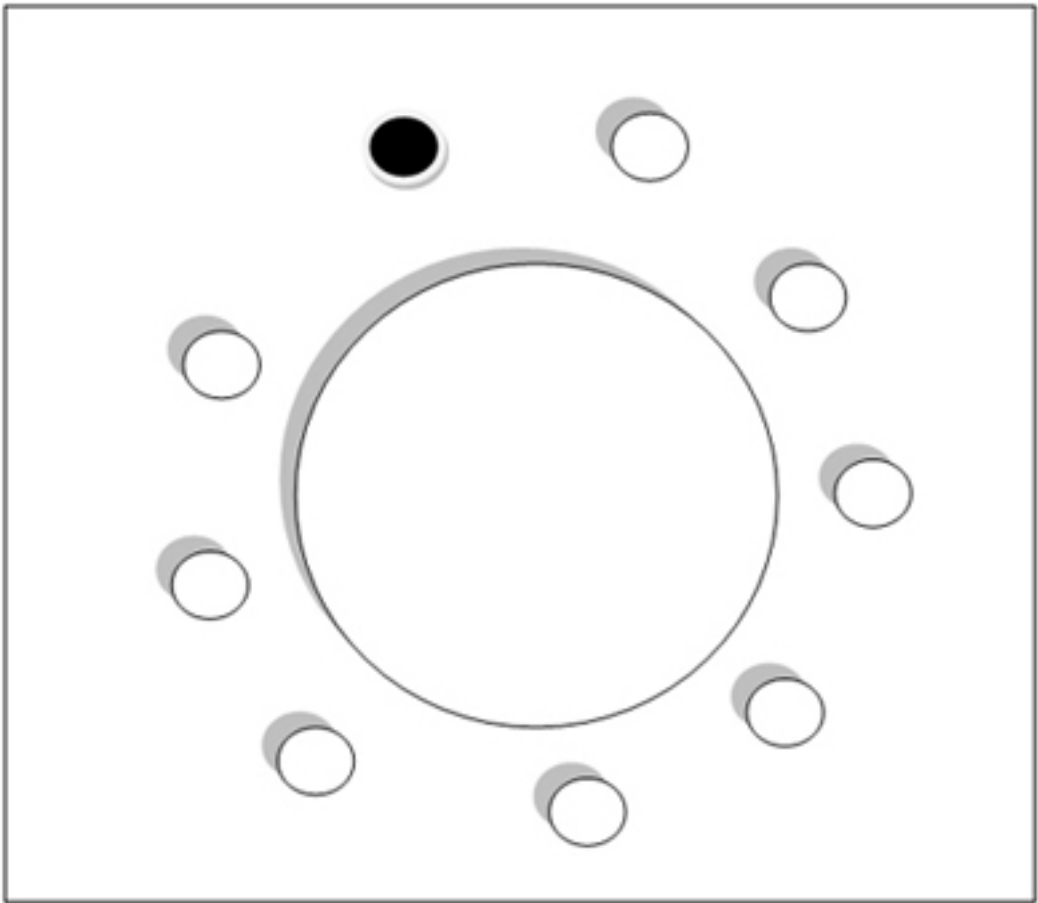


Figure 1: The structure of a small group teaching session

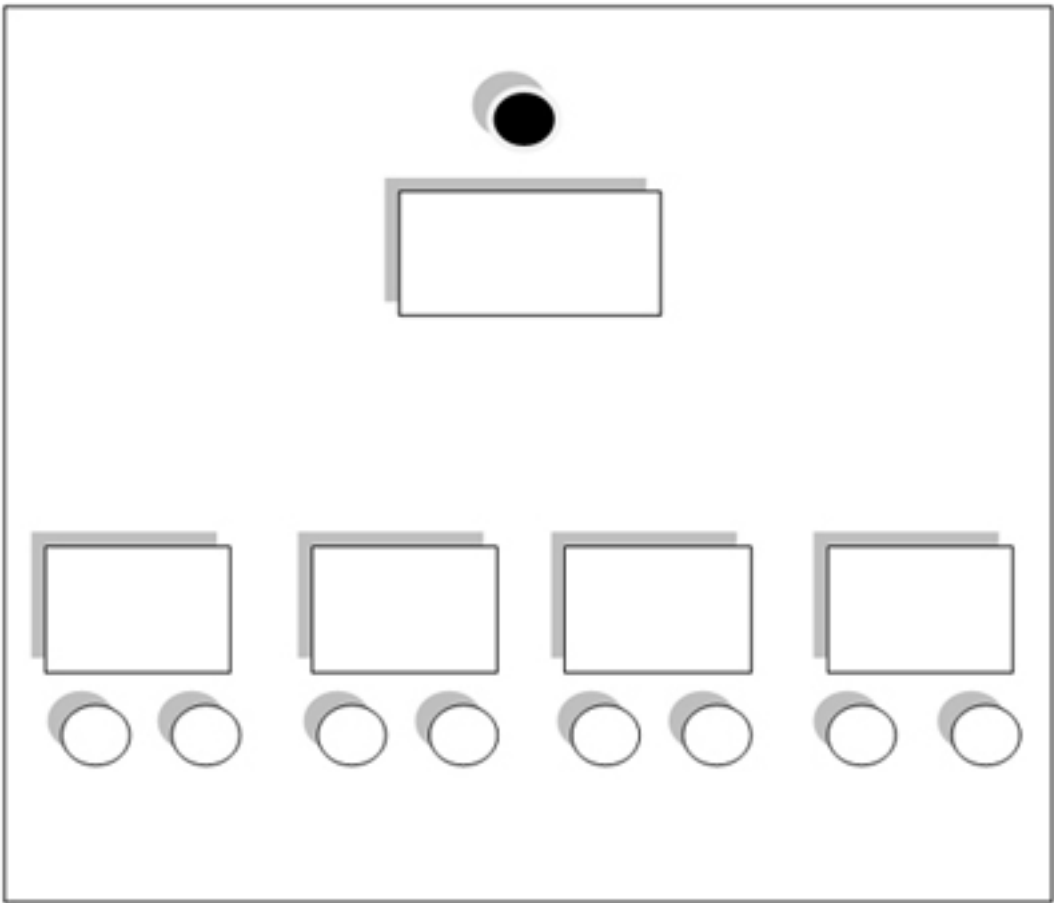
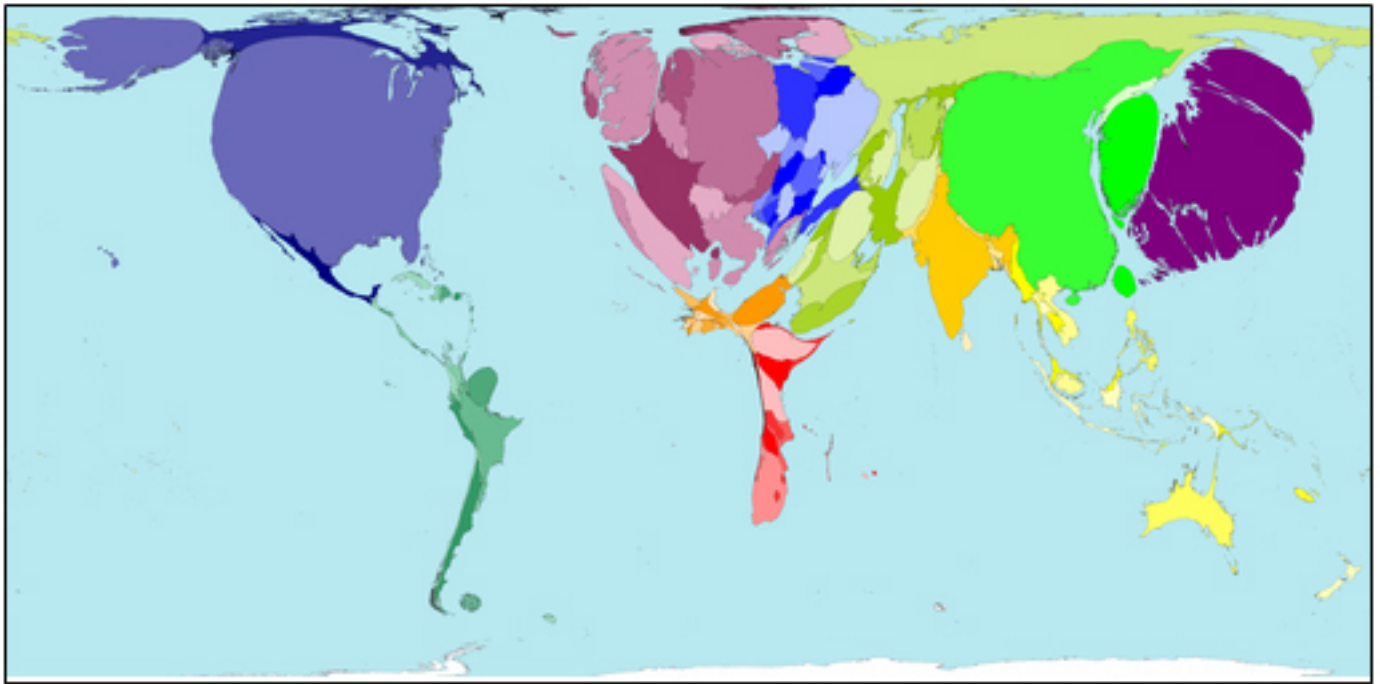


Figure 2: The structure of a small lecture-based session



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Figure 3. Tertiary education spending in the year 2004 around the world (It should be noted that country size changes based on its proportion of worldwide tertiary education spending and therefore, most developing countries tend to be depicted thinner than their real size whilst most developed countries tend to be depicted thicker than their real size.) (Taken from: <http://www.worldmapper.org/display.php?selected=211>)

Changing the opinion of educators towards educational activities

The group leader might take different names e.g. tutor, facilitator, instructor, etc. and without doubt their role is crucial to the success of SGT. Almost all research that is carried out on SGT puts emphasis on the vital and imperative role and characteristics of a facilitator.

Evidence suggests that a facilitator:

1. Should know their role as a group member and distinguish it from the role of a teacher in a lecture room.
2. Should know its group members very well.
3. Should know how to work with a group and be familiar with group dynamics.
4. Should be familiar with the educational subject.
5. Should be able to manage group educational activities.
6. Should be a good listener and a true and honest friend to other group members.

7. Should less interfere with group discussion but lead the group towards its educational goals.
8. Should be familiar with icebreaking activities.
9. Should be familiar with strategies to cope with difficult situations e.g. dealing with conflicts, non-participants or dominant group members.
10. Should be familiar with the use of new technologies in education and encourage group members to use such technologies appropriately.

All these new roles make a facilitator thoroughly different from a teacher in a lecture room. Turning these substantial changes into reality is one of the most difficult parts of SGT to fulfil in educational settings all over the world, especially within developing countries.

In educational settings within developing countries, especially in more traditional countries, the position of a teacher is so pivotal and so authoritative that it would be rather impossible to introduce such changes without careful and prolonged planning.

Changing the opinion of learners towards educational research activities

Although the number of group members might increase up to 30 or even decrease to 2, however, the evidence suggests that the best number for small group activities should be set at 8 or 10. This might act as a barrier especially within the developing world, where, there are huge numbers of learners and the shortcomings of educators and educational facilities and equipment are obvious.

There is also one more important issue. All group members in SGT should be mature and ready to act as a small group member. For example, they should know how to express their opinion, how to independently learn; how to work as an equal member of the group; how to respect other peoples' opinions; how to discuss a matter in the group; how to use modern technology to achieve their educational aims, how to use modern technology to demonstrate their group activities and findings; etc.

All these prerequisites are more difficult to fulfil in the developing world compared with the developed world.

The reasons might involve both educational culture and educational facilities.

The educational culture of some countries in the developing world, particularly those more traditional countries, usually teaches students to be rather shy and does not allow them to express their opinion quickly and freely. Moreover, the same culture can also dictate a rather unquestionable role for teachers so all the students should respect their teachers as the true leaders and not as equal members of the group.

Besides, the students usually do not learn how to appropriately and correctly use modern technology to achieve their educational aims or to demonstrate their achievements. In terms of educational facilities there are also shortages of computers, laptops, printers, PowerPoint projectors and access to the internet and international medical and health databases are also limited.

Providing necessary equipment and an appropriate physical environment

As it has been mentioned earlier, successful SGT does need necessary equipment and an appropriate physical environment. This is a responsibility for the institutions and facilitators to fulfill all such requirements for SGT.

For example, there should be adequate and suitable rooms in terms of relaxation, lighting and an ambient temperature. There should also be sufficient chairs and a big round table (Figure 1), plus educational aids such as a whiteboard, whiteboard pens, overhead projector, computers, internet connections, PowerPoint projectors, etc.

It is also suggested that there should be one chair per group member, since under such circumstances the absence of a group member and its impact on the group's achievement would be apparent.

I have already demonstrated how it would be very difficult to provide all such facilities and equipment within the developing world, where, there is scarcity of tertiary education spending (Figure 3 - page 13).

Conclusion

Transition from a traditional lecture-based educational system into a SGT-based educational system is vitally important especially in medical and health educational systems all over the world.

Such transition needs curriculum development, changing the opinion of educators and learners towards educational activities, plus providing necessary equipment and an appropriate physical environment.

Confronting these daunting tasks does need careful and prolonged planning especially within the developing world, where, the scarcity of educational budget, facilities and resources have put the existing traditional lecture-based educational system in jeopardy.

Useful further reading

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