

Lived Experiences in 'Active' Small Group Learning

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ABSTRACT

Active learning is becoming increasingly important in medical schools. In this article, the author describes his experiences with active learning in two medical schools in Nepal. The author employed active learning during pharmacology 'practical' sessions and medical humanities modules, as well as during correlation seminars. The author has also used the technique during workshops. Faculties are trained in small group facilitation skills during faculty training workshops.

Keywords: Active Learning, Correlation Seminars, Medical Humanities, Nepal, Pharmacology, Small Groups

INTRODUCTION

In a recent article, the celebrated pathologist Dr. Vinay Kumar highlights the importance of promoting active learning in Indian medical schools (Kumar, 2012). I have been involved in promoting active small group learning in my discipline of clinical pharmacology, in the medical humanities and in other areas in the Himalayan country of Nepal. In this article I briefly share my experiences.

Two Medical Schools in Nepal

In Nepal, the six basic science subjects of anatomy, physiology, biochemistry, pathology, microbiology and pharmacology are taught in an integrated organ system-based manner during the first two years of the undergraduate medical (MBBS) course. I have worked at Manipal Col-

lege of Medical Sciences (MCOMS), Pokhara and am presently working at KIST Medical College (KISTMC), Lalitpur. I am a clinical pharmacologist by training and have a keen interest in teaching students to use essential medicines rationally. The department of Pharmacology at MCOMS was involved in teaching students to communicate drug and non-drug information to a simulated patient. The department aimed to teach students to use essential drugs rationally. The laboratory was arranged in a traditional manner with a blackboard, a chair for the teacher, benches and desks for students. In 2003, my former colleague and good friend, Dr. P. Subish joined the department and the World Health Organization (WHO), Geneva was kind enough to supply the department with copies of the 'Guide to good prescribing' and 'Teacher's guide to good prescribing'. I also obtained a copy of the WHO booklet 'Ethical criteria for medicinal drug promotion.' I along with my colleagues decided to introduce

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analysis of drug advertisements and initiate the P-drug selection process in MCOMS.

Initial Steps in Pharmacology at MCOMS

After discussions among department faculty members and with insights from the 'Teacher's guide to good prescribing' we concluded that to obtain full advantage from the methods described we have to start small group learning sessions. Our initial attempt was to group the benches and desks together to form five delineated groups within the room where sessions were held. Students used to go to the library to search for answers to the problems and questions we gave them as tasks. We quickly realized that in the library students cannot work together in groups, share ideas and discuss solutions. We decided to provide books, formularies and other materials to different groups within the laboratory so that students can work together as a group using resources available in the lab. The resources were scanty initially but gradually improved. Personal (P) drug selection for common diseases, communicating drug and non-drug information to simulated patients and critically analyzing drug promotional material were the priority areas (Shankar, 2006).

The benches and desks arrangement interfered with group work and group dynamics but students being young and flexible adapted quickly. At MCOMS, we have students from Nepal, India, Sri Lanka and a few students from other countries. Students of different nationalities initially were reluctant to work together. Gradually they started working together as a team. A few students continued to have difficulties. Group work and active learning were new concepts in the institution. Another problem was how to divide the small groups. We decided to divide students according to roll numbers, for example roll numbers 51 to 60 would be one group, 61 to 70 would be another and so on. The pharmacology practical sessions are being conducted for 50 students who were further divided into five small groups of 10 students each.

Initially we used to act more like 'the sage on the stage' and as information sources to students. Soon we realized that for 'active' learning to occur we have to act as facilitators helping students discover knowledge, ideas and concepts for themselves. We were slowly gaining more insights on the small group process. The lack of proper infrastructure continued to hamper our efforts. We had no flip boards or flip charts and few other resources.

FAIMER FELLOWSHIP

In early 2007 I was selected for a two year fellowship in health sciences education and educational leadership. I attended the first on-site session at the PSGFAIMER Regional Institute in Coimbatore, India. The session extensively used 'active' learning and small group work. I was introduced to the principles of adult learning. As part of the fellowship, fellows have to develop and implement a curriculum innovation project (CIP) at their home institution. I planned to develop and conduct a voluntary medical humanities (MH) module for medical students and interested faculty members. The module was voluntary and held outside regular working hours. I had to make the module interesting and informative to attract and retain participants. MH is using subjects traditionally known as the humanities for specific purposes in medical education. I used literature excerpts, paintings, case scenarios, debates and role-plays (Shankar, 2008). My friend, Dr. Subish was kind enough to provide the facilities of a room adjacent to the drug information center in the hospital for the module. The room had the benefit of flexible seating and we also had two white boards. The module played an important role in honing my small group facilitation skills.

Module for Faculty at KISTMC

In November 2007, I joined a new medical school, KIST Medical College in Lalitpur district of the Kathmandu valley. In February 2008, I along with a colleague, Dr. Piryani from Internal Medicine conducted a MH module for

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