



Facilitator's Guide

for
Pediatrics
in Practice

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FACILITATOR'S GUIDE

for Pediatrics in Practice

OVERVIEW

In the context of children's developmental and behavioral health challenges, the ability to teach health promotion is a critical component of health professional education. Understanding how health promotion content is communicated to health professionals and then translated within various practice settings is essential. *Pediatrics in Practice* is a Bright Futures-based curriculum that provides the specific skills and strategies needed to teach health promotion and to foster a greater understanding of its core concepts among child health professionals.

Curriculum Components

Pediatrics in Practice: A Health Promotion Curriculum for Child Health Professionals consists of seven modules, presented in the following order:

1. Health: Introducing *Pediatrics in Practice* and Bright Futures (includes videotape)
2. Partnership: Building Effective Partnerships
3. Communication: Fostering Family-Centered Communication
4. Health Promotion: Promoting Health and Preventing Illness
5. Time Management: Managing Time for Health Promotion
6. Education: Educating Families Through Teachable Moments
7. Advocacy: Advocating for Children, Families, and Communities

Presenting the Modules

Format and Foundation Sessions

Each module contains either two or three sessions. Session 1 of each module represents the "foundation curriculum." Learners may complete the foundation curriculum to gain an understanding of the core concepts presented. Completion of the subsequent sessions within each module will provide topic enrichment of the concepts presented in the first session of each module.

Each module includes the following sections:

- ▶ Overview—synopsis of the module includes background, overall goal and objectives, instructional design with capsule description of sessions, teaching strategies, evaluation, guiding questions
- ▶ Introduction to Teaching Sessions—objectives for facilitator, materials needed (handouts, including evaluation forms; teaching aids), time allotted
- ▶ Teaching Sessions—step-by-step guidance in facilitating the session and enhancing learner participation (including a script for facilitators)
 - Session Introduction (Bright Futures context, session objectives, guiding questions)
 - Discussion and Exercises (primary material to be covered in the session)
 - Take-Home Message
 - Answers to the Guiding Questions
 - Planning for the Next Session (optional)
 - Evaluation

- Handouts (including Session Evaluation Forms and Facilitator Self-Assessment Forms) are located at the end of each session
- ▶ References and Resources

Session Lengths and Settings

The teaching and application of the curriculum are appropriate in a variety of settings, from classroom to clinic. Within each module, the sessions can be presented individually as stand-alone sessions, or combined in an extended session. Although each session is designed to last approximately 30 minutes, the time suggested is a guideline to assist facilitators in planning. You may wish to consider unique variables that could influence the desired length of the session, and modify your teaching accordingly. (For example, with a large group of learners, you might consider modifying the introductions, which could potentially affect the length of the session.)

Components within the curriculum can be modified and adapted based on the learners' needs and experiences. For example, case vignettes are presented throughout the curriculum to highlight particular health concerns encountered by children and families. Educators utilizing the curriculum may wish to adapt the case vignettes to reflect the situations experienced by their learners and the children and families they work with. Similarly, reflective exercise questions may be expanded or adapted to respond to the particular learning styles or needs of the learners.

Evaluation and Assessment

To enhance both learning and teaching, the curriculum includes a **Session Evaluation Form** following each teaching session. Session Evaluation Forms provide opportunities for learners to evaluate the content and facilitation of the session and to offer additional comments and suggestions. (If teaching sessions are combined, use your discretion as facilitators in pro-

viding one evaluation form for multiple sessions within the module.)

A **Facilitator Self-Assessment Form** is also provided at the end of each session. As facilitators, you are encouraged to complete this form before and after each teaching experience (e.g., a single session or an entire module). This will allow you to assess your performance as a facilitator over time. (To view the evaluation and facilitation forms that follow each teaching session, please see the examples at the end of this guide.)

Using the Facilitator's Guide

The purpose of the Facilitator's Guide is to support health professional educators in gaining the knowledge, skills, and attitudes to teach health promotion content effectively. The guide is designed to enhance the implementation of the *Pediatrics in Practice* curriculum through a variety of learner-centered teaching strategies. These strategies include case discussion, role-play, reflective exercise, brainstorming, buzz group, and mini-presentation. While each teaching strategy presents certain benefits and challenges, this guide offers useful tips and step-by-step instructions to optimize the teaching experience.

Each module includes a script that the facilitator (designated by the icon ) can use to introduce issues, ask reflective questions, prompt discussion, elicit feedback, and summarize important take-home messages. The script can be read or preferably paraphrased by the educator(s) facilitating the teaching sessions.

Intended for all skill levels, the Facilitator's Guide begins with a general overview of the facilitator's role and of ways to initiate the group learning process, such as making introductions and clarifying expectations. The guide then presents general teaching tips, information on fostering communication and providing feedback, overviews of the specific teaching strategies mentioned above, and a reference list.

PROMOTING A LEARNER-CENTERED APPROACH

Understanding Your Role As Facilitator

The facilitator guides the discovery of new ideas, knowledge, skills, and appropriate attitudes, and serves as a resource for learning. Skilled facilitation begins with understanding the needs of the learners and observing their interactions and behaviors. This enables the facilitator to play a major role in providing a safe and comfortable environment that fosters inclusiveness, openness, and sharing so that meaningful learning can occur. As facilitator, you can promote a rich learning environment by:

- ▶ Creating a climate that respects the learners' contributions and deters critical or judgmental attitudes
- ▶ Remaining neutral, without advancing your personal perspectives or ideas
- ▶ Asking clarifying questions that might suggest alternatives
- ▶ Keeping the group focused
- ▶ Encouraging participation

These key facilitative behaviors (Welch 1999) form the basis for the Facilitator Self-Assessment Form that follows each session.

Introducing Your Group: Building a Relationship Between Facilitator and Learners

The process of group learning begins with introductions and with clarifying the roles and expectations of both the facilitator and the learners. These first interactions help build productive teaching/learning relationships. The following steps will help you introduce the

learners to each other and establish a relaxed and receptive environment for the teaching session.

Welcoming the Learners to the Session

- ▶ Introduce yourself and invite the learners to do so also. Think of creative ways to handle introductions. For example, you could:
 - Let the learners know the name you prefer to be called, and ask them to indicate their own preference as they introduce themselves
 - Ask a question that invites them to respond about their past and current experiences
 - Elicit the learners' expectations for the session
- ▶ Communicate your goals and expectations relative to the topic and the class dynamic. Welcome the learners' contributions.
- ▶ Emphasize the need for active listening and respect.
- ▶ Reinforce your message through nonverbal behaviors in the following ways:
 - Maintain eye contact in your interactions
 - Move around the room during the session to engage all of the learners
 - Listen attentively to each person's contributions
 - Promote a supportive and relaxed environment

Setting the Context: The Bright Futures Concept

The World Health Organization has defined health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” Bright Futures embraces this broad definition of health—one that includes not only prevention of morbidity

and mortality, but also the achievement of a child's full potential. In the Bright Futures concept of health, providing the capacity for healthy child development is as important as ameliorating illness or injury. Recognizing and acknowledging the strengths and resources of the child, family, and community are essential to promoting healthy growth and development.

To build that capacity, the Pediatrics in Practice curriculum focuses on six core concepts: Partnership, Communication, Health Promotion/Illness Prevention, Time Management, Education, and Advocacy. The curriculum also includes a companion module (Health) and videotape that present an overview of *Pediatrics in Practice* and the Bright Futures approach.

Fostering Effective Communication

Promoting a learner-centered approach can help ensure the success of the teaching sessions. This can be achieved through informative and facilitative interventions. Heron (1989) developed a model of communication that can be used to analyze, guide, and develop skills in informative and facilitative interventions.

Informative Interventions

Informative interventions impart knowledge and interpret information in ways that enable learners to work from a more informed, resourceful position. You can achieve this by:

- ▶ Making instructions specific, behavioral, and measurable
- ▶ Limiting the amount of information given
- ▶ Giving the most important facts first
- ▶ Relating information clearly to the issue or problem being discussed
- ▶ Summarizing the information presented (carefully consider who should provide the end-of-session summary—you or one of the learners)

Facilitative Interventions

Facilitative interventions are designed to help learners become increasingly self-directed and reflective in their own learning. You can actively engage learners in their own learning by:

- ▶ Allowing them to reflect on their own experiences
- ▶ Encouraging them to raise, discuss, and answer their own questions
- ▶ Encouraging them to share ideas, and listening thoughtfully to the ideas expressed
- ▶ Allowing sufficient wait time (at least 3 seconds) when asking questions or probing ideas more deeply
- ▶ Promoting peer interaction

TOP SIX "NONFACILITATING" BEHAVIORS

1. Insufficient wait time after questions.
Allow more than 3 seconds.
2. Rapid reward to first answer.
"Right!" "Good answer!" versus "Is that right?"
3. The programmed answer.
"Do you think that Suzy is depressed?" versus "What is the diagnosis?"
4. Nonspecific feedback questions.
"Does anyone have questions?" versus "Where else would this apply?"
5. "Running comments" by facilitator that interrupt, control, or intimidate learners
"You must remember that..."
6. Low-level questioning and fixation of knowledge on factual levels versus moving the discussion toward comprehension, analysis, application, evaluation, or generalization.

Source: Adapted from Napell (1976), with permission from *Contemporary Education*.

Providing Feedback

Feedback is fundamental to learning and/or improving skills. Feedback can reveal learners' strengths, identify areas needing improvement, and focus on ways to enhance learners' performance. Strategies for providing effective feedback include:

- ▶ Posing questions instead of giving direct answers.
- ▶ Providing feedback to the entire group, rather than to individuals. For example, in a case discussion, instead of offering positive feedback (e.g., Good question!) to one learner, generalize and redirect your response to all members of the group.
- ▶ Giving feedback according to the learners' needs by providing descriptive, specific, and positive feedback. This approach will foster a reservoir of goodwill, which helps learners become more receptive to constructive feedback.
- ▶ Asking learners to review their own performance and helping them evaluate their performance in order to promote self-awareness and self-assessment. For example, you might ask, What do you believe are your strengths? What areas might need improvement? How would you develop a plan to address those areas?

USING SPECIFIC TEACHING STRATEGIES AND LEARNING FORMATS

The *Pediatrics in Practice* curriculum employs a number of learner-centered teaching strategies. These are listed below, followed by a brief overview of each strategy. One teaching strategy can be used to complement or enhance another. For example, a case discussion may incorporate role-play or reflective exercise. Case discussion is suggested as the core teaching strategy for this curriculum because each

module is built around the learners' interaction with the content.

The teaching strategies used in the curriculum are:

- Case Discussion
- Role-Play
- Reflective Exercise
- Brainstorming
- Buzz Group
- Mini-Presentation

Case Discussion

Overview

Case discussion is used to develop analytic and problem-solving skills, and to explore solutions and various interpretations for complex reality-based issues. This teaching strategy can be especially helpful among learners with differing perspectives. Case discussion allows learners to develop and apply new knowledge and skills. Applying the case discussion strategy requires reflective practice. Once a specific topic is mastered, the keys to effective case discussion are preparation and careful attention to content and group process.

Goals

The goals of case discussion as a teaching strategy are to:

- ▶ Develop critical-thinking skills.
- ▶ Provide opportunity for learners to use their knowledge in the discussion.
- ▶ Promote interactions among the learners.

Implementing the Strategy

Preparing to Present the Case

- ▶ Know the learners.
 - In general, what level of knowledge and experience do they have?
 - Address them by name, if possible.
 - Meet the learners at their level. Encourage

those at more advanced levels to teach others.

- ▶ Know your material.
 - Review the goals for the case.
 - Review the case, Facilitator's Guide, handouts, supplemental materials, and any references desired.
 - If the case involves role-playing, select and prepare participants before beginning the discussion.
 - Gather any additional materials you may need.
 - Know the guiding questions for the case. Ask yourself, Why was this question suggested? Is its purpose to promote knowledge? Comprehension? Application? Analysis? Synthesis? Evaluation?
- ▶ Consider the various types of questions, and when/how you might use them. The role of the facilitator is to ask the right questions. Ask questions to keep the discussion going (answers typically interrupt the discussion).
 - *Open-ended questions* promote learner-centered discussion (e.g., What are the major issues involved in this case?).
 - *Closed questions* promote facilitator-centered discussion (e.g., What is the most important diagnostic finding in this case?).
 - *Abstract questions* allow for a change in the direction of the discussion (e.g., How does this impact the patient's life?).
 - *Challenge questions* make the discussion more specific (e.g., Why would that information help you?).

Introducing the Case

- ▶ Discuss the ground rules. This is a case discussion, not a lecture.
- ▶ Plan questions that shift the focus from you as facilitator to the learners. Remember that good questions sharpen critical thinking and serve as a model for learners to develop their

own questions.

- ▶ Be prepared to let the discussion go in directions you did not intend (learner-centered discussion).
- ▶ Create a safe environment. Avoid calling on people directly but facilitate group interaction by summarizing a learner's remarks and relating them to ideas or questions contributed by other speakers.
- ▶ Be enthusiastic—it's contagious!

Beginning the Discussion

- ▶ Ask a volunteer to read the first part of the case or the entire vignette.
- ▶ Elicit a learning agenda for the case. Ask the learners what issues they see in the case, and write their responses on the display board or flip chart. Prioritize the issues and move into the discussion. This will give both the group and the facilitator a reference point and a list to review or summarize at the end of the case. Items not addressed can be included in handouts and/or reference readings, or can be pursued individually.

Facilitating the Discussion

- ▶ Summarize, analyze, and emphasize key points.
- ▶ Redirect questions asked of you (as facilitator) back to the group (e.g., "What do others think?").
- ▶ Refer to key points other learners have made.
- ▶ State or ask how what was said relates to the case.
- ▶ Remember that discussion is diminished when:
 - Factual questions are asked rapidly ("What am I thinking? game").
 - Learners' questions are immediately answered by the facilitator.
 - The wait time after asking questions is insufficient (waiting more than 3 seconds after a question is asked helps promote

Example:

In Session 2 of the Partnership module (p. xx), the facilitator uses a case vignette to lead the learners through a discussion that focuses on six essential steps for building effective partnerships with families. After the learners have read the case vignette, the facilitator reviews the six steps and poses questions for group discussion. For example, step 2 of the partnership-building model states the importance of identifying the health issues or concerns of families through interview questions and active listening.

The facilitator generates discussion by asking the learners what issues the family has communicated in the vignette, and how they as health professionals might seek feedback and clarification on those issues. To achieve this goal, the facilitator asks, "What would you like to ask the mother?" The learners then respond with questions, which the facilitator lists on a display board. After a review of these questions, the facilitator summarizes the specific interview questions the child health professional might ask to determine the central issues facing the family.

discussion).

- Responses are judged (e.g., Good answer!).
- ▶ Remember that discussion is enhanced when the facilitator uses questions that focus on:
 - Diagnosis: What's going on?
 - Action: What would you do in this situation?
 - Information: How many? What happened?
 - Challenge: How do we know that?
 - Extension: How is that related to the case?
 - Priority: What is most important?
 - Prediction: What will happen next?

- Generalization: Can you think of other situations that may apply?
- ▶ Allow silences or sufficient wait time. This gives learners time to reflect on the question and respond.
- ▶ Be an active listener. Listen for:
 - Content of answers: facts, logic, intellectual information.
 - Continuity of answers: Who spoke? What was said? In what context? Were unspoken assumptions used when making statements?
 - Mechanics: body language, contributions mumbled versus spoken loudly.
 - Emotion: Are absolutes or conditionals used? Are emphatic statements made?
 - Listening ability: If this is absent, ask the learner to restate the question or statement before responding.
- ▶ Make brief statements to:
 - Declare a factual item.
 - Emphasize a principle by repeating it as stated.
 - Synthesize a concept by paraphrasing it in a different form.
 - Summarize key items.
- ▶ Redirect the discussion by reflecting the question or issue back to the group when...
 - Discussion is dominated by an individual.
 - Incorrect information is presented. Ask the person to explain the reasoning, or poll the other members of the group. You might ask, "Does everyone agree with that?"

Role-Play

Overview

In role-play, designated learners (or professional actors) assume a role, playing themselves or another person in a given situation or scenario, based on the objectives of the teaching session.

Those involved in role-play are expected to “act out” the demands of the particular situation or role on their own or with a trained expert. Role-play situations may be reality-based or imaginative, and the scope of complexity may vary.

The role-play method provides the opportunity for learners to gain new knowledge and appreciate different points of view and perspectives, based on the role(s) being played. Role-play also helps learners develop and practice new skills and behaviors, such as improving communication, exploring solutions, and resolving conflict. Through the role-play method, educators are well-positioned to analyze the learners’ reactions and responses, and peers can give direct and immediate feedback (Steinert 1993).

Goal

The goal of role-play as a teaching strategy is to:

- ▶ Foster, and allow opportunities for practicing, new skills and behaviors.

Implementing the Strategy

Establishing Learner Goals

Ask one of the learners to read the case aloud at the beginning of the session, so that all are familiar with it (excluding features meant to be withheld from those assigned specific roles). The learners then generally discuss the case and identify learning goals for the exercise. Alternatively, some cases already include detailed learning goals. If so, the goals can still be discussed and adapted for the session’s purposes. In establishing goals, learners might think in terms of what they would like to accomplish, how they would go about doing so, and how they would know whether the goal was accomplished.

Choosing Roles for Learners

Ask the learners to divide into small groups (typically groups of three, with each person playing a role). Practicing a role-play in a small group offers the opportunity for learners to feel safer than if practicing in front of the entire group.

Some experienced facilitators advise selecting the individuals for each role at the beginning of the teaching session rather than immediately before starting the exercise. This removes the suspense of learners’ worrying about whether they will be selected, instead of concentrating on the topic. Use this strategy only when the group members feel safe and comfortable with each other (which often requires about three meetings with the same group members).

Assigning Roles to Observers

To enhance the sense of participation by those who are not acting out a role, you might assign roles in observation and feedback. Ask learners to give feedback on a specific goal identified by one of the role-players in the case simulation. Alternatively, after listening to the discussion, ask whether learners would volunteer to give feedback related to their interests. For example, you might ask, “Would you give feedback on the nonverbal behavior?” It is usually best to assign roles early in the session to as many learners as possible.

Setting Up the Exercise

It is important that the group agree on how the exercise will be run. This includes deciding how long the case simulation will last, who can interrupt, and whether others will take turns playing various roles. Being asked to role-play in front of a group is always more stressful than anticipated. If others will be asked to take turns playing roles, it is important to establish this ahead of time so the initial role-players don’t feel they have been replaced because of lackluster performance.

Giving Feedback

The classic sequence for giving feedback involves first asking the role-player(s) involved in the simulated case, “How did that go for you? What did you see happen, from your perspective? What would you like to have done differently?” Then open the process to the rest of the group.

Example:

In Session 2 of the Education module (p. 212), the facilitator introduces a role-play exercise to focus on the concept of wait time. The facilitator asks the learners to form groups of three, with each learner taking a turn playing the role of health professional (“teacher”), child, and father. Specific instructions are provided so learners can experience the importance of wait time. For example, the “teacher” is required to ask the father a series of questions, but must wait at least 3–5 seconds after each response before asking the next question. Following the exercise, the facilitator asks, “How did having to wait make you feel?” After the discussion, the facilitator concludes with feedback about the importance of incorporating wait time into conversations with families.

Providing Learner-Centered Feedback

Learner-centered feedback is recommended because it allows the learners more control and focuses on their issues. In this feedback strategy, the facilitator continues to probe the experience by asking the learner, “Why did this work well? How might this have gone better for you? What would you like to have done differently?” and other similar questions. The learner’s replies control the feedback, which becomes focused on the concrete issues of the interview. This method of providing feedback by interacting with the learners has proven more effective than giving a list of suggestions in the guise of feedback. Those who played specific roles have the opportunity at this time to discuss their role-play experience and what they learned from it.

Discussion and Analysis

The final segment should be devoted to a discussion of the learning goals for the exercise. The facilitator asks for feedback on the learning:

“What did the learners learn? What, in particular, made this an effective learning exercise?” The emphasis on providing concrete, useful feedback that is learner centered will be recognized and appreciated by the learners. Those who played specific roles have the opportunity at this time to discuss their role-play experience and what they learned from it.

Reflective Exercise**Overview**

A reflective exercise creates opportunities for individuals or groups to reflect on and examine their beliefs and practices related to an action or experience, gain a deeper understanding of the issue(s), and construct their own meaning and significance (Dewey 1993, Moon 1999). As part of the reflective exercise, the facilitator should provide clear directions to the learners and guide them through each step of the exercise.

Goals

The goals of reflective exercise as a teaching strategy are to:

- ▶ Engage learners in a continuous practice of self-observation and self-evaluation in order to understand their behavior and improve their practice.
- ▶ Motivate learners to advance from surface learning (e.g., rote memory) to deeper learning (e.g., interaction at a high level with content).

Implementing the Strategy

Reflective exercises are used to introduce learners to the benefits of reflecting on the learning process. Integrating reflective exercises into either a case discussion or didactic teaching (and other forms of teaching) empowers learners not only to recall what they have learned (rote memory) but also to “make sense” of it, form judgments about it, and modify it appropriately to enhance their expertise and practice (Moon 1999). Common methods for fostering

Example:

In Session 1, Nonvideo Option, of the Communication module (p. 83), learners are encouraged to become aware of the child's and family's agendas in a clinical visit by first reflecting on the myriad health encounters they have observed or experienced personally over a period of time (over the last year, or perhaps over a lifetime). Assuming "lifetime" is suggested, the learners are asked to sit quietly for 2–3 minutes to reflect on their experiences.

The learners are then asked to slowly narrow their focus and to concentrate on re-creating one specific occasion that stands out as particularly powerful (e.g., an encounter in which the concerns of a child or family were not identified or met).

After about 3 minutes of uninterrupted reflection, the learners are asked to gather in groups of two or three. Clearly stating the amount of time allotted, the facilitator asks for volunteers to share their own story with their group. In describing their experiences, the learners are asked to turn to the person beside them and share their experience as fully as possible in 2 minutes.

The facilitator then writes a series of reflective questions on a display board for the learners to consider, including (but not limited to) the following:

- In what context did this experience occur?
- What aspects of the encounter contributed to the family's concerns being missed and going unmet?
- What made the example so powerful and illustrative?
- How have you changed, if at all, personally and professionally as a result of the experience?

- What will you do differently or improve upon in your future practice as a result of the experience?

After the discussion period, the facilitator asks, "Would someone please begin by describing their experience?"

Through reflecting on a particular incident, learners in this session experience direct self-observation, analysis, and action for continuous improvement.

reflective practice are the use of journals and group discussion (in person or electronically).

Brainstorming

Overview

Brainstorming is a learning activity or technique to encourage the generation of creative ideas. Typically, brainstorming is a group process in which members contribute suggestions in a spontaneous, noncritical manner. The process often concludes with a summary of the ideas generated, with additional analysis or discussion. The facilitator may wish to identify certain patterns that have emerged from the list of ideas. Brainstorming is useful at all levels of problem-solving, from the initial attempt to formulate broad concepts to the final, detailed definition. (This group problem-solving method was given its name by Alexander Osborn, founding partner of the advertising firm Batten, Barten, Durstine, and Osborn [Osborn 1957].)

Goal

The goals of brainstorming as a teaching strategy are to:

- ▶ Encourage each person to generate an idea.
- ▶ Begin developing a collaborative process of group work.
- ▶ Generate ideas that can set the stage for prioritizing ideas.

Implementing the Strategy

The facilitator convenes a group, typically 5–10 persons, to work on a specific question or issue, and asks the learners to spontaneously express whatever ideas come to mind. The facilitator writes the ideas on the board legibly so everyone can read them, and encourages all learners to freely express their ideas to promote a respectful environment. Learners are asked not to criticize any of the ideas offered or to dominate the session. The facilitator then lists all suggestions, using the learners' words. Prioritizing the suggestions to identify patterns that emerge can be done at the end of the exercise.

Playing by the Rules

Although brainstorming sessions can be guided by many rules, Osborn (1957) emphasizes the following:

- ▶ Never evaluate or judge a response. Judgmental attitudes may cause learners to be more concerned with defending ideas than generating them. This is probably the most important factor in brainstorming, which should allow great diversity in pooling opinions and ideas.

Example:

In the Advocacy module (p. 231), the facilitator begins by asking the learners, "How would you define advocacy? When you hear the phrase 'to advocate' or the word 'advocacy,' what are some words that come to mind?" The facilitator lists the learners' responses, and, if necessary, prompts the group by providing some suggestions. After a number of ideas have been generated, the facilitator reviews the list, cites the *American Heritage Dictionary* definition of advocacy, and concludes with the observation that advocacy can be defined in many ways. The facilitator then begins to focus the discussion on advocacy in the context of the child's and family's health concerns.

- ▶ Encourage learners to think of all possible ideas. Encouraging all ideas is more effective than limiting ideas to a particular focus. Osborn suggests that "combinations or modifications of previously suggested ideas often lead to new ideas that are superior to those that sparked them" (Adams 1986, p. 136).
- ▶ Promote a *quantity* of ideas because quantity helps control the tendency toward "internal evaluation" and also leads to *quality*.

Buzz Group

Overview

Buzz groups offer an effective strategy for promoting small-group interactions among learners. In buzz groups, small numbers of learners work together around a particular focus or task. This teaching strategy can be integrated into lectures, case discussions, and presentations.

Goals

The goals of the buzz group as a teaching strategy are to:

- ▶ Foster collaboration.
- ▶ Increase participation among all members of the group.
- ▶ Activate learners' prior knowledge.
- ▶ Serve as a method for problem-solving.

Implementing the Strategy

Establishing the Buzz Group

Buzz groups can be assigned or can evolve naturally. A large group may be divided into smaller groups by the facilitator for a brief discussion on a given topic. Members of the buzz groups should introduce themselves unless all learners in the session know one another.

Buzz Group Format

Although buzz groups can have different formats, a typical format would involve a group of two or more persons discussing a question, problem, issue, or idea posed by the facilitator.

(The facilitator may choose to write the question or idea under discussion on the board as a visual reminder.)

Members of the buzz group may be asked to develop hypotheses, solutions, or ideas they believe are relevant to the topic. The group should be given a specified time to work, typically ranging from 1 to 5 minutes, depending on the task. A buzz group leader may report back to the larger group, or volunteers from a few of the groups can share their ideas.

Example:

In the Communication module (p. 69), the buzz group format is used in conjunction with a reflective exercise and a videotaped segment from the film *The Doctor*. This segment illustrates the physician-centered communication style. Following a brief, uninterrupted reflective exercise, the facilitator convenes buzz groups by asking the learners to turn to the person next to them and to describe as fully as possible in the next 2 minutes their thoughts about the physician's communication skills as presented in the videotape. To guide discussion, the facilitator lists a series of questions on the board:

- What is your reaction to the video?
- What methods did the physician use to elicit the agenda of the patient?
- What aspects of the interview contributed to good/bad communication?

After discussion among the buzz groups, the facilitator then asks, "Who would like to describe their reflections?" This sets the stage for the learners to engage in discussion and to report back to the larger group.

Mini-Presentation

Overview

Mini-presentations are an effective strategy for conveying information to learners in a brief period of time (typically 5 minutes or less). The information is presented in lecture format.

Goal

The goal of mini-presentation as a teaching strategy is to:

- ▶ Convey information that is not easily accessible in written formats.

Implementing the Strategy

The following tips help ensure effective presentations:

- ▶ Define your goals and make sure the content of the lecture is organized.
- ▶ Assess the learners' knowledge base and try to gauge their interest in the topic. Ask yourself, "How can I promote their interest in the presentation?"
- ▶ Think about your delivery skills (voice, eye contact, body movement, facial expressions). Could any of these skills benefit from additional attention or practice?
- ▶ Be prepared to use audiovisual materials such as slides, overhead transparencies, a chalkboard or display board, and videotapes. Arrive early to place, test, or prepare any materials or devices you plan to use.
- ▶ Integrate effective teaching strategies in your presentation. Ask yourself, "What applications for problem-solving or decision-making are included in the presentation? What opportunities for interaction with the learners could be built into the presentation?" Some strategies for increasing participation include convening an initial brainstorming session to identify possible questions; forming buzz groups to discuss the issue; or asking learners to "vote" on an issue at different points in the presentation or discussion.

Example:

In Session 1 of the Education module (p. 197), the facilitator introduces a process for the learners to practice a mini-presentation. Learners are divided into groups to practice different teaching strategies. One of the groups is asked to use the “telling” strategy by developing a 1-minute presentation for family members on how to use a thermometer. The facilitator provides specific instructions, asking the group members to put themselves in the family’s position and construct their presentation based on what they would need to know as family members. Each teaching group is given 10 minutes to complete the exercise based on a specific teaching strategy, and then present it to the entire group.

keeping a journal) to deepen their understanding of the topic.

- ▶ Express your interest, as facilitator, in continuing to share the learners’ progress or questions in addressing the core concepts.

Evaluation and Facilitation Forms

- ▶ Distribute the session evaluation form(s) and collect the completed forms.
- ▶ Complete the Facilitator Self-Assessment Form.

CONCLUDING THE TEACHING SESSION

The following key steps may be considered when concluding each teaching session:

- ▶ Summarize—or ask a learner to summarize—the main topics addressed in the session.
- ▶ Restate the articulated goals of the group.
- ▶ Review, highlight, and emphasize the take-home messages.

To enhance your own learning as a facilitator, think about the process of your teaching and facilitation:

- ▶ Reflect on the following (if applicable to the teaching strategy):
 - Which questions worked for you?
 - How well did they work?
 - Did they accomplish the intended purpose in the discussion?
- ▶ Encourage learners’ continued reflection by proposing self-learning approaches (e.g.,

[Module Name]: Session 1

SESSION EVALUATION FORM

Session 1: [Name of Session]

Date: _____

Facilitator(s): _____

Site: _____

1. Overall, I found the [session title] session to be:

Not Useful				Very Useful
1	2	3	4	5

2. The objectives of the session were:

Not Clear				Clear
1	2	3	4	5

3. The organization of the session was:

Poor				Excellent
1	2	3	4	5

4. The communication skills of the facilitator(s) were:

Poor				Excellent
1	2	3	4	5

5. The facilitator(s) stimulated interest in the subject matter:

Not at All				Very Much
1	2	3	4	5

6. The facilitator(s) encouraged group participation:

Not at All				Very Much
1	2	3	4	5

7. Handouts or visual aids (if used) were:

Not Helpful				Very Helpful
1	2	3	4	5

8. Any additional comments?

9. The most useful features of the session were:

10. Suggestions for improvement

11. Suggestions for topics related to this session

[Module Name]: Session 1

FACILITATOR SELF-ASSESSMENT FORM

Directions: Please rate yourself from 1 to 5 on the following facilitator skills. The closer you are to a 5 within each domain, the more skilled you are at facilitation. We encourage you to complete this form prior to and after each teaching experience (e.g., a single session or an entire module). This will allow you to assess your performance as a facilitator over time.

Facilitator Behavior	1	2	3	4	5
Remains neutral					
Does not judge ideas					
Keeps the group focused on common task					
Asks clarifying questions					
Creates a climate free of criticism					
Encourages participation					
Structures participation					

Source: Adapted with permission from Welch M. 1999. *Teaching Diversity and Cultural Competence in Health Care: A Trainer's Guide*. San Francisco, CA: Perspectives of Differences Diversity Training and Consultation for Health Professionals (PODSDT).

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