#### **'BRAINSTORMING'**

## **Description:**

This is essentially a method for stimulating creative thinking and the generation of ideas in response to problems. There are two main principles. First, evaluation and criticism are seen as inhibiting creative thinking. Second, that quantity breeds quality, based on the idea that that we have to work through conventional ideas before we can get to original ones.

## Four rules operate:

- 1. Evaluation and criticism is ruled out.
- 2. Free-wheeling is welcomed.
- 3. Quantity is wanted.
- 4. Combination and improvement are sought.

The participants in a brainstorming session should ideallay have knowledge of the problem area though not be too close to the problem. The ideal size for a brainstorming group is about 12.

#### Process:

- 1. Leader/facilitator ensures the problem has been properly defined.
- 2. If time allows a warm-up session is desirable.
- 3. Leader/facilitator reminds everyone of the rules and prepares to record the responses.
- 4. Leader/facilitator constantly pushes the group for more ideas and contributes own.

## **Possible Topics:**

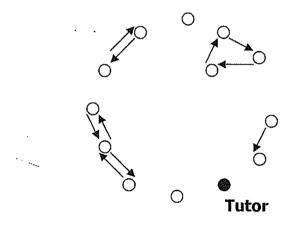
How to improve communication on the ward Information helpful to appraisal Common drug interactions

### **'BUZZ GROUPS'**

## **Description:**

Here, participants are asked to turn to their neighbours to consider, for just a few minutes, any difficulties in understanding, to answer a prepared question or consider the next stage in a procedure. Buzz groups break up sessions by changing the focus of attention from the tutor or individual participants. Buzz groups enable participants to express difficulties they would have been unwilling to reveal to the whole class without the initial push of being obliged to say something to their neighbours. It is most effective when a session is flagging, injecting some activity when energy levels and feedback activity are low. Can be used in large as well as small groups.

#### **Process:**



#### **Possible Topics:**

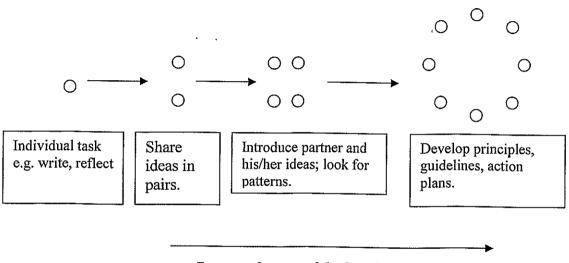
The advantages and disadvantages of one-to-one teaching (or mentoring) Causes of breathlessness (or headache....or any other clinical problem) Ways of structuring teaching for trainees in the outpatient clinic

#### 'SNOWBALLING'

## **Description:**

A method by which participants work in progressively larger groups so that pairs join up to form fours, then fours to eights, which finally report to a plenary session. This developing pattern is amazingly effective at ensuring that there is full participation, especially when it starts with individuals writing their ideas in the first stage before sharing them. Participants can get bored with repeated discussion of the same points so a series of graded tasks (see diagram) is often helpful.

#### **Process:**



# Increasing sophistication of task

## **Possible Topics:**

Key points in assessing a scientific paper Important steps in resuscitating a shocked patient Identifying key attributes of an effective educational supervisor

#### **'LINE-UPS'**

## **Description:**

In line-ups the participants are asked to adopt a position on a line, which represents their view on an issue. Line-ups serve two valuable purposes: to get members of a group to tease out opinions, values or attitudes that might otherwise remain obscure; and as a means of organising sub-groups. The line on which the students are asked to stand denotes a range from one predefined polarity to another and they position themselves accordingly. Used in this way the line-up is a kind of instant opinion poll. You can also mix subsequent sub-groups knowing more about the mix of views in the group. You can then mix the sub-groups accordingly.

#### **Process:**

Method A is the best approach to the problem

Method B is the best approach to the problem

## **Possible Topics:**

Patients who smoke heavily should / should not be considered for vascular intervention

Patients with chronic disease should / should not have routine hospital follow appointments scheduled

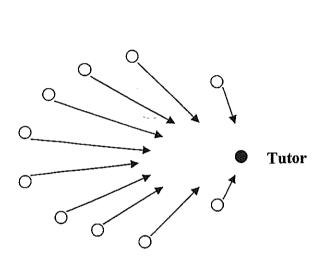
Continuing alcohol abusers with liver failure should / should not be given liver transplants

## CIRCULAR INTERVIEWING/QUESTIONING

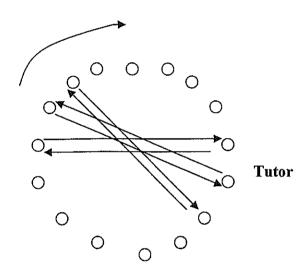
### **Description:**

This is similar to a 'round' but here each person poses a question. In its simplest version, each person formulates a question relevant to the theme or problem and puts it to the person opposite, who has specified time in which to answer it. Follow-up questions can be asked if time permits. The questioning and answering continue around the group until everyone has contributed. A review of the questions and answers can then take place including answers that participants would rather have given. Deeper levels of thinking and learning can be achieved with prepared questions.

#### **Process:**



Traditional interaction



Students ask questions of each other (prepared on cards?)

#### **Possible Topics:**

Teaching trainees 'Working with your team Chest pain

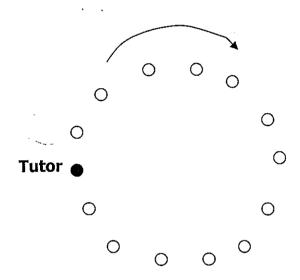
#### 'ROUNDS'

## Description:

Each person has a brief time, usually less than a minute, to say something in turn around the group. This can go clockwise or anti-clockwise around the group or participants can speak in a random order. Additional interest and energy occurs if the person starting the round chooses who should go second, the second person, who should go third and so on. This is also useful for reinforcing names.

'Rounds' are particularly useful at the beginning of small group work in order to bring everyone in from the start and, depending on what the group has been asked to address in the round, as a way of checking on learning issues.

#### Process:



Each student talks about a particular topic for a defined period of time e.g. 30 seconds, or contributes a particular number of items e.g. one positive and one negative.

## Possible Topics: ,

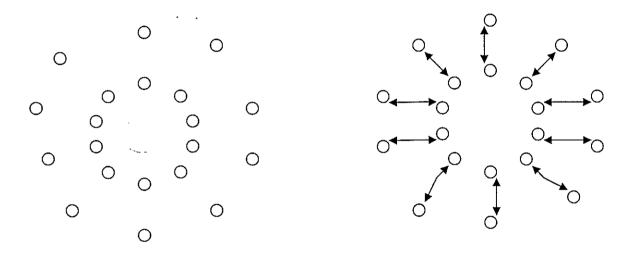
Things that help a ward round go smoothly Progress with my clinical research project Ensuring patient satisfaction in the clinic / on the ward

### **'FISHBOWL'**

## **Description:**

The normal fishbowl configuration has an inner group and an outer group. The inner group discusses an issue or topic while the outer group observes, looking for themes, patterns, soundness of argument etc. The outer group can also give feedback on the functioning of the inner group. The roles of the groups can be reversed or individuals can move from the outer to the inner group using say, an 'empty chair' approach. Less commonly, pairs are matched between the inner and outer group, members of the former briefing the latter who acts as consultant to their partner giving feedback, in confidence, which can be incorporated into new rounds of discussion.

#### **Process:**



## **Possible Topics:**

Strategies to include teaching on ward rounds Assessment of the acutely unwell patient