

TEACHING O AND G WITHOUT A TEACHER THROUGH GROUP DISCUSSIONS

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SUMMARY

An unconventional method of teaching obst. and gynec. to undergraduates is being presented. Group discussions (G.D.) were conducted on a set scientific format by these students. The subject discussed were varied and had multiple aspects to it. It was an exercise of self learning. 300 opinions of the students who underwent this exercise revealed that G.D. were informative, useful, as good as expected, simple enough to follow and understand, of adequate duration and of adequate academic content matter. The exercise of report presentation and discussion at the end was also consistently rated to be good to very good.

INTRODUCTION

Self teaching exercises have for long been popular in many fields. Limitations and handicaps of a session taught by a teacher are also accepted (Lee 1978). Group discussion is one of the ways where in without being dependent on a teacher, a student group, through scientific discussion of a topic can help in self learning. A group discussion is said to do for thinking what testing on real objects does for seeing (Abercombie - 1978).

In essence, the goal of group discussion,

besides development of problem solving skill, is also to inculcate in a student of the skill to approach a scientific topic through various angles. Presence of a teacher is not mandatory. In fact in the present study, the teacher had hardly any role to play and still the students learnt their subject.

MATERIAL AND METHODS

This unconventional method of teaching O and G is carried out in the Dept of Obst. and Gynecology, Medical College and S. S. G. Hospital, Baroda since Jan. 1987 for undergraduate students. The format and intricacies of a group discussion are detailed below.

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Selection of topic

The topic selected for a group discussion from a large list shown in Table II is done in joint discussion between the guide (the author in the present case) and the students. The topic has to be one which has not been taught previously and has many facets which can be suitably divided amongst member assigned to the groups. The subject allocation is carried out about 10 days before the actual group discussion (G.D.).

Formation of group tasks

The guide splits the topic into four collections of smaller groups. These are called as group tasks e.g. if fibroid uterus is the topic for G.D. two examples of the tasks may be :

Task for Group I : Discuss the Etiology, symptoms and signs of fibroid uterus.

Task for Group II : Discuss the effects of fibroid on pregnancy and those of pregnancy on fibroid and so on for other groups.

Care is taken that all aspects of the subject to be discussed for an undergraduate are grouped into the four tasks for four groups.

The list of tasks is prominently displayed on the undergraduate notice board atleast a week before the actual G.D. However the grouping of students is NOT done till the day of G.D. Thus a student doesn't know which specific task he may get to complete and thus prepares the entire topic. But the display of tasks gives the students a guide line for the lines on which the topic is to be prepared.

Table I

Essential Steps of G. D.

1. Selection of topic.
2. Formation of group tasks.
3. Formation of groups and assignment of tasks.
4. Group discussion.
5. Presentation of reports.

Table II

Topics covered by G. D.

Obstetrics	Gynecology
1. P. P. H.	1. Fibroid uterus
2. Normal puerperium	2. Prolapse
3. Asphyxia Neonatorum	3. Ca Cervix
4. Vesicular Mole	4. Dysmenorrhea
5. Ectopic pregnancy	5. P. I. D.

Group Formation and Task Assignment

This is essentially done on the day of G.D. There are around 16 students allotted to each unit in the dept. during their undergraduate clinical postings. Usually 4 groups, each containing four students are made, while sitting in a formal line, each student sequentially calls out a number from one to four. Those with common numbers are grouped together like 1s together, 2s together and so on. Thus four groups of four students each are made. Now each group is assigned one task. In the group, one of the students assumes the responsibility of a moderator and another one becomes a rapporteur. The moderator has the task to keep the discussion on the track, prevent dominance of the vocal members and encourage the silent ones. He does not have any extra knowledge on the subject than his other colleagues in the group. The rapporteur or the reporter has an assigned task of formulating a report at the end of the discussion. He thus has to jot down the relevant points on which the group concurred and at the end this will form the report. Needless to say the report is a discussion summary of the tasks group.

Group Discussion

The duration of the group discussion that

follows is 20 mts. After this time a bell is rung. Thereafter, the groups start completing their reports. The teacher does not sit, guide nor participate in the group discussion. The students arrive at the conclusions of the topics assigned to the task group.

Presentation of Reports

This exercise follows the group discussion. Immediately after the discussion the groups are dissolved and all students return to the centre table and reposition themselves as they were during formation of groups. Now, the guide also sits at the table not to teach but to bear the reports. Each rappoteur presents his group's report. At the end of each report, a discussion ensues wherein students who were not in this group add to this report if they have any additional information on the matter or ask questions to the presenting group getting their doubts solved. At the end of presentation of all the four reports, discussion and question answers arising therefrom, that the guide may now add some information, if that has not been given, solve an occasional query that may not have been solved and gives his impressions on the reports.

At the completion of the G.D. the students give their feed backs on a set proforma. 300 such opinions of U.G. students who underwent a G.D. have been analysed and presented, in this paper.

RESULTS

300 opinions of students who have participated in the G.D. exercise in 5 yrs. from Jan. 1987 to Dec. 1991 are being analysed herein.

As shown in this table, 89.6% students found this exercise informative, 67.0% found it to be very useful, 29.3% found it to be useful and around 45% felt it was better than expected. It should be noted here that the popularity of the unconventional teaching methods have spread extensively amongst the undergraduates. As a result, the students coming to the

unit where this work was carried out already have an idea through their colleagues or seniors of what to expect.

Report presentation, contents and discussion thereon is an equally educative part of the G.D. exercise. More than 80% students felt

Table III

Students opinions : Overall (n = 300)

	No.	%
Overall Opinion		
Informative	269	89.67
Uninformative	20	6.67
Can't say	11	3.67
Rating of this exercise		
A : Very useful	201	67.00
B : Useful	88	29.33
C : Not useful	06	2.00
D : Can't say	05	1.67
Overall the session was		
Better than I expected	131	43.67
As good as I expected	166	55.33
Not as good as I expected	03	1.00

Table IV

Opinion on reports (n = 300)

	No.	%
Very good	193	64.33
Good	55	18.33
Ordinary	21	7.00
Boring	18	6.00
Can't say	13	4.33

it to be either good or very good.

As shown in this table the quality of this teaching method, in the opinion of the students, remained high. Around 90% of students felt that the method was simple enough, its duration adequate and the content matter of the subject discussed and subsequently presented through reports, was adequate.

Besides many of its other aims, this methodology is also aimed to have some long term effects on its participants. Queries related to this aspect were responded to as shown in Table VI. 89.0% students felt that their presentation ability of any subject matter shall improve with these exercises and 94.67% felt that these will also help in the development of their personality.

DISCUSSION

An unconventional method of teaching

Table V

Opinions on the quality of G. D.

	No.	%
Simplicity of this method		
Simple enough	281	93.67
Complicated	10	3.33
Can't say	09	3.00
Duration		
Adequate	276	92.00
Too long	07	2.33
Too short	06	2.00
Can't say	11	3.67
Content Matter		
Adequate	268	89.33
Too less	09	3.00
Too much	11	3.67
Can't say	12	4.00

Table VI

Opinion on long term effects of G. D.

Do you think the experience in G. D. will have a bearing on :

Presentation ability	No.	%
Yes	267	89.0
No	18	6.0
Can't say	15	5.0
Personality development		
Yes	284	94.67
No	06	2.00
Can't	10	3.33

obstetrics and gynecology like Group discussion when used for undergraduate teaching is wrought with its own dangers. However, when carefully planned and executed, this method of self learning by the students proves to be more than successful, as results of this study bear out.

Topics like P. P. H. in obstetrics and fibroid uterus in gynecology are by and large taught by diadectical lectures with its own drawbacks. G.D. is an exercise of self learning in small groups. With a small element of supervision which may be necessary, the guide remained present during the report presentation session, though most of the time his role remains confined to a silent member of the audience.

Cox and Evan (1985) have described 10 skills to be developed through G.D. viz. Exposition, Questioning, Listening, Reinforcing, Reacting, Summarizing, Preparing Material, Preparing students, understanding group processes and Leadership quality development were all satisfactorily attended to as most of the results bear out.

Stenhouse L (1971) has shown that G.D.

exercises not only help students to learn actively but also kills the boredom and monotony of a diadectical lecture. For any scientific knowledge to be of a high quality it should have been thoroughly understood for which discussion of the topic is very vital. G.D. helps in the same.

Thus, these exercises which have proved to be very popular, have aptly played all the roles they were designed for. Not at all unexpectedly then, at the end of a G.D. when all the groups are asked "Do you want this topic to be taught again through a lecture in case you have not understood it well?" The answer has always been a consistent and an emphatic "NO".

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SUMMARY

In a survey conducted at J. J. M. G. Hospital, Bombay, it was found that about 80% of resident trainees were pregnant during their residency. The desire to have a better support from family members, low of doctoring fertility, and availability of child care centre to have influenced the decision to become pregnant. Current concern, financial stress and support from family members did not seem to be a crucial factor in decision making. About 12% of the pregnancies were unplanned. The pregnancy outcome and effects of pregnancy on career expectation were also studied. Family members and co-residents were interviewed about the pros and cons of working with pregnancy residents.

INTRODUCTION

The number of female residents have increased two fold over last few years. The decision not only to become pregnant but also when to become pregnant has a major impact on a woman's professional, career and personal life. Most women are experiencing pregnancy during their residency program as they consider that pregnancy during residency is a possibility and perhaps because of age or future career goals even a necessity. There has been increasing concern because

of accidental obstetrical and low quality care, but the demands of residency are demanding and possibly dangerous to the health of the trainee and her fetus (1,2,3). These threats include increased awareness of abortion, postpartum labour, delivery and IUGR. It was also noted that many faculty members and co-residents feel that pregnancy is one of the residents is a significant problem. Their major concerns included increased stress for other residents, disruption of the woman's education (including out responsibility or commitment) and increased risk during pregnancy. (Schwartz 1982)

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