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THE DISCUSSION GROUP

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THE use of the discussion group as a teaching method is frequently advocated at the present time, but the term is sometimes rather loosely used. It may be of interest to present a more precise definition of the discussion group and its potentialities, based on some ten years' experience of its use in undergraduate teaching, in continuing education for general practitioners, and in post-graduate teaching at various levels.

Definition

One must first define what a discussion group is, and (more important) what it is not. It is a group of people of equivalent status meeting deliberately to discuss a previously agreed subject and to learn from one another. Whether or not the group includes one or more teachers or persons of higher or lower status is not important: what is important is that all members are equivalent for the time being. If a teacher gives a lecture to a group of people who then discuss it, fruitful discussion may result—but this is not a discussion group. It does not become a discussion group unless the teacher comes down from the platform and joins the group as one of their number, no more and no less important than any of the others.

Conduct of a Discussion Group

A subject is presented to the group, possibly by one of its members, in one of the ways listed

below. Each member in turn states frankly whether he understands the subject, what it means to him, what are his views and impressions of it, and whether he agrees with what he has heard or seen. If any member has not understood, another will explain the subject as he sees it. Others join in until all are agreed on the meaning of the subject.

Opinions and relevant experience are now exchanged, care being taken that every member takes part. If a teacher is present he may now answer questions about anything that is still not clear, or put right any false conclusions. The man with the most experience should speak last.

Subjects for Discussion

The chosen subject may be presented to the group in a variety of ways, provided that the experience is common to all members of the group.

Examples:

A lecture or talk, preferably given just before the meeting. The speaker may, or may not, attend the meeting himself.

A film or demonstration.

A recorded talk.

A clinical case or cases.

A clinico-pathological case report.

A previously agreed piece of study or reading, including journal clubs and abstracts made by members.

The results of a research project and so on. Less suitable subjects are abstract ideas or concepts covering a wide field—the group is likely to spend too much time discussing which aspects of the subject it should discuss.

A provocative or 'open-ended' subject should be chosen rather than one that is neatly finished off, so that argument is encouraged. Doubt and disagreement make people think.

The Role of a Group Leader

A discussion group should have a leader who can take charge of the meeting in an unobtrusive way. He should be responsible for various administrative details—arranging for the room and refreshments, finding a speaker, borrowing a film or recording, providing study material, informing members of the date and place, and so forth. During the meeting it will be up to him to introduce the speaker or subject, call on each member to speak, lead the discussion back to the main subject if it wanders, ask the speaker or teacher (if any) to comment and answer questions, and round off the discussion at a suitable point or previously agreed time.

The leader should be a comparatively junior member of the group—never the most senior or the teacher himself, or there is a danger that he will be answering all the questions instead of guiding the discussion. A commonly adopted plan is for each member to act as leader in turn.

The Role of a Teacher

The teacher must adopt a passive role, at least during the early part of the discussion. This is not at all easy for either teacher or group members: it is impossible if there is a barrier between them, such as a platform or chairman's table. The group may be unwilling to admit that they have not understood something, or to criticize or disagree with what the teacher has said, if he is there. On the other hand, an experienced group may disconcert a teacher with the directness of its attack.

The good teacher will always ask questions rather than answer them, inducing the correct answer from the group. He may therefore appear not to be doing any teaching at all—but this is a false impression, for he is encouraging the group to teach itself. He may almost put the words into a member's mouth, but even this is better teaching than if he stood up before the group and told them the answer himself. He must, of course,

check the group if it makes statements that he knows to be incorrect.

Less experienced groups, especially under graduates, need more authoritarian material to discuss, and it may be more satisfactory if the teacher himself acts as leader, but the principles remain the same.

Perhaps the ideal role for a teacher is to take part in discussion of material not presented by him, such as a film or recording. He then becomes an observer like the others, and all may criticize freely. At clinico-pathological discussions several teachers may be present and may criticize one another.

Optimum Size for Groups

Intimate discussion is impossible with a large group. If the meeting is informal, small pockets of argument form: if formal, many feel inhibited and there is not time for everyone to join in, so that the majority remain passive observers. There must be at least three and ideally not more than 10. It is better to split a larger group into parties of six and let them all come together again finally.

A group must have an entity of its own, each member being of importance to the others so that if he is not there they will miss him. It should not be possible for anyone to remain silent at the back of the room. It follows that if discussion groups are to succeed they must be regular, and casual attenders discouraged. Visitors may be welcomed, but the group should take its meetings seriously.

Suitable Place for Discussion Group Meetings

It should not be a lecture theatre, outpatients, the boardroom or other large chilly room, but a small domestically-furnished room. Postgraduate centres now provide such rooms, or groups may meet in one another's homes or even in the private room of a convenient inn, where coffee, drinks and light refreshments may be served during the discussion. It must not be supposed that meetings of this kind cannot be seriously educational: a man's mind is quite as active in a comfortable chair in convivial surroundings as on a hard one in a cheerless hall. We have supplied recordings for hundreds of general-practitioner discussion groups in the past five years and have been in

close touch with them, relaying their questions back to the speakers. The calibre of discussion would astonish many teachers. The secret lies in the smallness of the group and the intimacy of the occasion: if either is enlarged, self-consciousness creeps in and the atmosphere is lost.

Many groups like to meet in one another's houses in turn, the host acting as leader. This is a particularly happy arrangement, for the meeting can end as a social occasion with wives joining later. General practitioners can keep in touch with one another and with local hospital colleagues.

If postgraduate centres are to be used for discussion groups there must be some organization so that groups meet regularly and become semi-permanent. Casual discussion can never obtain the same atmosphere—a group needs time to find itself.

The Advantages of Recorded Talks for Discussion

The great value of recorded talks is that they provide a ready-made starting-point for discussion. Easily made, they are equally easily erased and improved when out of date, and listeners all over the world may hear the best speakers and the newest ideas. Groups which would have difficulty in finding speakers month after month, may choose a suitable talk for any occasion: moreover, they can criticize freely without embarrassment.

Postgraduate centres should make recordings of their good speakers, for regular use by discussion groups in the outlying district or in the centre itself.

The Advantages of Discussion Groups

(1) *For the individual*—he discovers what he does not know, especially if he has to explain an

idea to someone else—an acid test of knowledge. He learns how to express himself and to teach others; learns how to form opinions and that he should never take anything for granted. He learns that education can be fun: he is stimulated to read more and to provide himself with arguments for the next meeting.

(2) *For the group*—the corporate spirit developed by a group is a living thing, difficult to describe. It encourages a warm friendliness between members, leading to cooperation between local doctors in all kinds of projects in hospital and in general practice.

(3) *For the teacher*—he can learn something himself and can obtain a clear idea how much his juniors really understand. He can thus learn to improve his teaching.

(4) *For the general practitioner*—who is so often isolated from academic discussion—he hears of advances and new ideas that might otherwise pass him by.

(5) *For the 85% of all doctors who do not keep up-to-date*—this is an effective method of re-entry into active academic life. Group membership can bring new confidence to those who have found journals confusing and meetings alarming.

Conclusion

The discussion group is a useful method of imparting information and of finding out how much of that information has been absorbed and understood. Useful discussion does not, however, necessarily result from confronting a group of people with a speaker or subject. A certain amount of organization and discipline is required, or discussion may be desultory and unrewarding.

Some suggestions for the management of discussion groups are given.