Small Group Facilitator Pearls:

Key Steps to Successful Small Group Facilitation:
- Set group ground rules
- Establish a safe space for all to contribute
- Avoid dominating discussion as the facilitator, use open-ended questions, elicit opinions and facilitate discussion rather than giving the ‘answers’
- Close the group after each session
  - Elicit take-home points

Facilitating Challenges:

Timid student:
- Use individual reflection & pair shares to allow students time to develop thoughts before contributing to the group
- Use general questions rather than specific, fact-based Q's
  - What are your thoughts on this?
  - How are you putting things together at this point?
  - What stands out to you as un-answered?
  - What are some next steps we should consider?
  - Is there anything you’d add to our thinking at this point?

Dominating student:
- Suggest step-up & step-back: offer your idea, then step back to hear the group's reaction, rather than explicating
- What do others think of this idea?
- Let’s see what ideas the group has about this.

Student seeking the facilitator’s ‘answers’ to questions:
- That is a good question. Can other folks in the group talk to us about why might this be important?
- I don’t know that there’s one right answer. Let’s think as group about whether to include that detail in the one-liner, and how including it vs. not including it will impact our thinking about this case. For those who chose not to include that detail, can you tell us a bit about why you made that decision?

Student taking the group on a tangent:
- Let’s take a step back, what do you think is the most important thing about this patient's presentation?
- Let’s re-focus, we’re very interested in Mr. X’s family history, but what other elements of the history do we need to consider to move forward?
- This is a great discussion, but let’s take a time-out to check our time and see what our remaining goals are to be sure we’re able to meet all of our objectives.
Open-Ended Questions to Elicit Students’ Thought Process:

- **Expanding**
  - Pneumonia is a great thought, are there any other diagnoses that are linked in your mind with pneumonia that we should consider here?
  - How would you approach expanding out from pneumonia? (i.e. systems based approach, organ based approach)
  - How else might we approach prioritizing this problem list?
  - How would our thinking about this patient change if we included his international travel in our problem representation?

- **Clarifying**
  - Can you tell us what you mean by orthopnea?
  - How are odynophagia and dysphagia different?

- **Explaining**
  - Why do you think this detail in the history is particularly important?
  - Tell us about your decision to list a peptic ulcer as your most likely diagnosis.

- **Defending**
  - Can you defend why you think it is important to include the detail of fever in your problem representation?

- **Hypothesizing**
  - How do you think heart failure would lead to crackles in the lungs?

- **Compare/Contrast**
  - X team chose to include our patient’s smoking history, while Y team left that detail out – how does that decision impact your diagnostic thinking?

- **Other**
  - Can you process this problem further into more medical terms?
  - How else might we approach brainstorming a differential diagnosis?
  - How are you approaching this person with chest pain?
  - Can someone share a framework for anemia?
  - Can we think of pros and cons of including this detail from our patient’s social history in our problem representation?
  - To play the devil’s advocate, when I hear the detail about sexual history included in the problem representation, it leads me to think immediately about sexually transmitted infections. Are there any downsides to that?
  - Let’s challenge our assumptions, what if this 40 year old patient actually had a family history of early onset heart disease?

You may also find this brief video on small group facilitation helpful:
https://vimeo.com/175402845