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# LARGE GROUP TEACHING, AN EFFECTIVE AND EFFICIENT TEACHING METHODOLOGY

**Afshan Sumera**

*Pathology Department, International Medical University, Jalan Jalil Perkasa, Kuala Lumpur, Malaysia*

## ABSTRACT

*In general sense, education is form of learning in which there is transfer of knowledge, skills and attitude from generation to generation by the means of teaching, training, research, or by self-directed learning [1].*

*The word teaching is defined in Oxford dictionary as '' to impart knowledge to or instruct (someone) as to how to do something''. Dolmens defines learning as a collaborative, constructive, contextual and self directed process [2].*

*Large group teaching is a commonly utilized methods deployed for imparting quality teaching. With the use of lectures, efficient transfer of knowledge and concepts can be ensured. The main objective behind using Large group teaching has been to achieve better student understanding of concepts and help them acquire the core subject knowledge; give them a direction for self-directed learning. Better motivation of student is known to have positive impact upon their desire to learn. 4 Medical education has been known to utilize LECTURES and LARGE GROUP TEACHING methods for undergraduate/postgraduate teaching. Imparting core knowledge of new concepts in life sciences can be tough for new learners as well as the conventional teacher. Lectures constitute an efficient means for achieving the curriculum aims and objectives.*

*A good learning experience may depend upon involvement of students by problem solving practices, learning activities during sessions to motivate deep subject learning rather than just have superficial or strategic knowledge base or an achieving type only.*

**Keywords:** Large group teaching, Teaching learning methodologies, Medical education, Lecture.

## 1. THE CORE ISSUE: PASSIVE LEARNING?

Despite major popularity among teacher and learner, large group teaching may not be as effective in achieving the core learning outcome of curriculum. Medical education has the core objective of affecting the cognition of learner for higher order thinking and transforming his/her attitudes towards life sciences practice. Reason is the lack of interaction and student collaboration; yields passive learning. Student receives continued information and learning. The

other arm of assimilating this information and knowledge by learner seems fairly left out and student seems to fall back on learning due to various reasons.
Dolmans identified important elements of an active learning process [2].

Activation of prior knowledge
Elaboration and Structuring of knowledge
Contextual information
Interest and fun
Application /use of knowledge

1. How can lectures be used/ improved to maximise learning?
2. What impact will opportunities for student interaction have on learning?

An important question to be considered while planning a lecture that
"How can I overcome this shortcoming of large group teaching method yet make my student acquire better learning?"

### 1.1. The Implementation of a Change

*I always wondered how to make it better!*
I kept thinking on how to make plenary more interactive and useful for students; what change shall I adopt in my lectures. During basic teaching licence course at International Medical University, I learned new ways to incorporated in large group teaching and change learning from passive into active.

I implemented this new experience into my lectures. Following are few methodologies, which I incorporated into my lecture.

### 1.2. Get Students to Ask Questions

Fear of impending embarrassment is natural in student; I adopted strategy to overcome this by asking them questions at the end of my lecture and to prepare questions in two groups and announced that the group questioning/answering more, will be declared day's winner. Random group questions were invited from students. Questions were narrated aloud to ensure everyone's involvement. I sought answers and cross group discussion, before adding up my final explanation; it positively improved their level of interaction. Students turned enthusiastic to raise questions and replying in competition with other group.

### 1.3. Incomplete Lecture Notes/Handouts

Proper utilization of Hand-outs can encourage better understanding at the level of motivated learner. For my next scheduled lecture, I uploaded lecture/hand-outs of slides with empty-space for students to take in-session notes. I included incomplete pictures/figures/tables for the students to

complete during the lecture. Short breaks in name of individual teacher/student interaction during lecture, allowed students time to take relevant notes.

## 2. BRAINSTORMING

It is an effective way to activation of prior knowledge of students or boost up current understanding of a problem or issue. The lecturer asks words or answers related to a question or issue from the students and writes them, without adding own comments, on a board. After getting all answers, lecturer reviews list with the students. The answers can be used to provide foundation material for the lecture or also can give idea to students that how much they knowledge on that particular topic or issue before they move on. And also give opportunity to students to learn from each other [3].

I started my session by using this brainstorming technique. I asked students to give one word which they can relate to the topic of lecture. I wrote all words on white board without adding my views. Interestingly, they all came up with one word related to topic. I told them that we will discuss topic and try to use most of the words in lecture.

## 3. EVALUATION OF LECTURE

There is old saying that ‘’Practice does make perfect’’, but this process of perfection needs continuous performance evaluation. Self-evaluation consists of answering questions such as “what did the students learn?” or “how did I performed?” and “how well the learner was able to digest the information”. A large group teaching session can be can be evaluated in different ways and most important thing is student’s feedback about lecture and lecturer [4].

I used following feedback forms to evaluate my teaching sessions, pre and post intervention biomedical student haematology classes. This feedback form was adopted from book ABC of teaching & learning in medical education. All twenty two (N=20) students participated in two time survey.

**Table-1.** Lecture feedback

Please rate the lecture on the following Items.

| S/no | | Strongly agree | Slightly agree | Slightly disagree | Strongly disagree |
|---|---|---|---|---|---|
| 1 | Clear | | | | |
| 2 | Interesting | | | | |
| 3 | Easy to understand | | | | |
| 4 | Well organized | | | | |
| 5 | Related to the course | | | | |

**Table-2.** Lecturer feedback

Please rate the lecturer on the following Items.

| S/no | | Strongly agree | Slightly agree | Slightly disagree | Strongly disagree |
|---|---|---|---|---|---|
| 1 | Was enthusiastic | | | | |
| 2 | Was clearly audible | | | | |
| 3 | Seemed confident | | | | |
| 4 | Gave clear explanations | | | | |
| 5 | Encouraged participation | | | | |

### 3.1. The Feedback or Outcome

Student response rate was 100% both times; all students participated in feedback/evaluation. Both pre and post intervention results are summarized in Table 3.

**Table-3.** Comparison of pre & post results

| s/no | Items | Pre-Intervention (%) | | | | Post-Intervention (%) | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | Strongly agree | Slightly agree | Slightly disagree | Strongly disagree | Strongly agree | Slightly agree | Slightly disagree | Strongly disagree |
| 1 | Lecture was clear | 63.6 | 31.8 | 4.5 | 0 | 68.2 | 27.3 | 4.5 | 0 |
| 2 | Lecture was interesting | 31.8 | 63.6 | 4.5 | 0 | 81.8 | 13.6 | 4.5 | 0 |
| 3 | Lecture was easy to understand | 31.8 | 54.5 | 13.6 | 0 | 59.1 | 36.4 | 4.5 | 0 |
| 4 | lecture was well organised | 59.1 | 40.9 | 0 | 0 | 77.3 | 22.7 | 0 | 0 |
| 5 | Lecture was related to course | 86.4 | 13.6 | 0 | 0 | 100 | 0 | 0 | 0 |
| 6 | Lecturer was enthusiastic | 68.2 | 31.8 | 0 | 0 | 100 | 0 | 0 | 0 |
| 7 | Lecturer was clearly audible | 54.5 | 40.9 | 4.5 | 0 | 81.8 | 18.2 | 0 | 0 |
| 8 | Lecturer seemed confident | 63.6 | 36.4 | 0 | 0 | 100 | 0 | 0 | 0 |
| 9 | Lecturer gave clear explanations | 63.6 | 27.3 | 9.1 | 0 | 90.9 | 9.1 | 0 | 0 |
| 10 | Lecturer encouraged participation | 50 | 45.5 | 4.5 | 0 | 90.9 | 9.1 | 0 | 0 |

The best part of feedback forms was that although these forms had no remarks column, but few students included remarks.

1. Great feedback session, make me understand more during Q & A session.

2. Lecturer is really enthusiastic in doing, teaching & explaining the slide.
3. Passionate in teaching & ready to help, answer students Q patiently. Thank you!
4. Well done lecturer! We will strive for the best!

## 4. REFLECTION FOR FURTHER IMPROVEMENT

I believe an effective teacher is an effective learner to begin with. The core objective of teaching is to impart effective learning and an objectively measurable curriculum delivery. Having an unbiased feedback from my immediate learner, peers, senior colleagues and subject specialists entails a world of information for improvement.

The very important source of feedback on teaching is own input as teacher. I feel to improve myself in future I need to include various important feedback or critical reflection.

Hoene L.V 6 describes 5 steps to improve teaching;

I. Dialogue with yourself through a Teaching Log
II. Solicit Feedback from Students
III. Dialogue with Faculty
IV. Dialogue with peers and
V. Seek outside consultation.

In order to improve myself, in future I will include some of these steps to perform as efficient and effective teacher.

Being a lecturer, my job is to do the best I can do under the circumstances. I can and will do what is needful for appraisal of teaching with hope of better student understanding.

Incorporating these Improvements in my teaching plans, I feel more excited and energetic and believe that teaching is no small undertaking. It appears two ways traffic, whereby student and teacher both need constant improvement in dynamics of le6arning to stay motivated, enthusiastic and focused on aims of curriculum delivery.

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