



Letter:

How Does Seating Arrangement Matter While Teaching in Small Groups?

Authors

Mahalakshmy T, Assistant Professor, Department of Preventive and Social Medicine, Jawaharlal Institute of Postgraduate Medical Education and Research, Puducherry,

Amol R Dongre, Kalaiselvan G,

Professors, Department of Community Medicine, Sri Manakula Vinayagar Medical College and Hospital, Puducherry.

Address for Correspondence

Dr. Mahalakshmy T,

Assistant Professor,

Department of Preventive and Social Medicine,

Jawaharlal Institute of Postgraduate Medical Education and Research,

Puducherry, India.

E-mail: mahalakshmi.dr@gmail.com

Citation

Mahalakshmy T, Dongre AR, Kalaiselvan G. How Does Seating Arrangement Matter While Teaching in Small Groups? *Online J Health Allied Scs.*2014;13(1):14. Available at URL: <http://www.ojhas.org/issue49/2014-1-14.html>

Open Access Archives

<http://cogprints.org/view/subjects/OJHAS.html>

<http://openmed.nic.in/view/subjects/ojhas.html>

Submitted: Jan 13, 2014; Accepted: Apr 28, 2014; Published: May 15, 2014

Abstract: A circular seating arrangement is best suited for small group discussions.

Key Words: Discussion; Seating; Circular

Introduction:

According to Medical Council of India's regulations on Graduate Medical Education 2012, two third of the schedule should include interactive, practical, clinical or/and group discussions.¹ These activities mostly happen in a small group setting. The success of the small group teaching depends on opening up the students, so that they actively participate in the discussion. Physical positioning of students in the group is known to affect their interaction and contribution to the group discussion.² We attempted to find out how and why student's participation varies in a traditional or a circular seating arrangement during small group teaching.

Results and Discussion

This study was done in the Department Community Medicine of Sri Manakula Vinayagar Medical College and Hospital in Puducherry, South India, which admits 150 students per year. In the clinical posting, students were presenting their family which they followed for two weeks focusing on the factors influencing health at family level. This small group discussion (25 students) was moderated by a faculty. For the first five presentations there was a traditional seating arrangement with several rows of desks facing the facilitator and presenter. The next five presentations happened with a circular seating arrangement. Students gave a written feedback on the seating arrangement. The process was observed by two independent silent observers. They made notes and sociogram of students' interaction. The moderator also made a written note on her experience during the presentation. Manual content analysis of the notes and feedback was done. Since these seating arrangements was aimed at motivating students to participate in the discussion, we used predefined themes based on Maslow's hierarchy of needs for motivating learning.³

Themes	Presenter (10)	Other students (25)
Physiological needs	I was better audible and did not need to raise my voice. (3)	I did not need to turn behind to hear the comments of those sitting behind (3)
Safety	I could see everyone, it made me feel confident. (2) I could clarify queries better (1)	Facilitator was seated amongst us, so I could tell my points freely. (6)
Belonging	Everybody was attentive without distraction. I felt I was listened to (1)	Everyone participated in the discussion and shared their views (4) We could not hide behind and we listened actively (2)
Self esteem		I felt like a group of experts sitting and talking (1) More interactive (7) Gained more knowledge (2)

Students preferred the circular seating arrangement. Students' feedback is summarized in Table 1. The observer's notes and sociogram pointed that in circular seating arrangement student's participation increased; there was interaction amongst them, raising many discussion points. Sociogram showed that in traditional seating arrangement students were distracted by having collateral talks or preparing for their presentation. Presenters were less anxious in the circular seating arrangement. The facilitator felt that the group

discussion was under control as eye contact was better and was able to identify and involve silent students.

Often during the clinical positing of undergraduate training, small group teaching is done. It is important to create a good educational environment.³ Retaining all other factors and only changing the seating arrangement opened up the students, motivating them to participate in the discussion. Circular arrangement made them feel that each one is important, thereby encouraging the adult learners. Distractions were less because of better visibility and good eye contact. To summarize circular seating arrangement was preferred by the presenter, other students and facilitator. It could be used in many small groups teaching scenarios in undergraduate teaching such as in case/family/project presentation in clinical postings, briefing and debriefing in practical classes and tutorials.

References:

1. Medical Council of India. Regulations on Graduate Medical Education. 2012 p. 1-45.
2. Gunia B. Did I Do That? Group Positioning and Asymmetry in Attributional Bias. *Negotiation and Conflict Management Research*. 2010;3(4):358-378.
3. Hutchinson L. Educational environment. *BMJ (Clinical research ed.) [Internet]*. 2003 Apr 12;326(7393):810-812. Available from: <http://www.bmj.com/content/326/7393/810>. Accessed May 6, 2014. Accessed January 13th, 2014