Promoting Civility in the Small Classroom or Small Group Setting

Brian L. Crabtree

INTRODUCTION

Incidents of incivility in higher education have always occurred. Although not quantified by well-designed research, a widely held perception in pharmacy education as well as higher education in general–indeed, among society–is that incivility is increasing. Organ lamented an emerging incivility at surgical society meetings (1). He describes civility as "synonymous with courtesy, politeness . . . the avoidance of rudeness." An interesting study by Lashley and Meneses evaluated incivility among nursing education programs (2). Yelling or verbal abuse toward instructors or peers was reported by 66% and 53% of study respondents, respectively. Twenty-five percent of respondents reported objectionable physical contact by a student to an instructor.

Relatively little has been published on this topic that relates specifically to pharmacy education. Bruce Berger's presentation at the AACP Annual Meeting Teacher's Seminar in 2000 and subsequent paper, as well as this collection, are among the few major commentaries on this topic in pharmacy education (3). Precise quantitative studies are lack-

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ing. Formal conferences and informal networking among faculty appear to indicate a consensus that incidents of incivility are increasing. Dr. Berger's introduction in this issue summarizes various types of incivilities that may occur, most often in large classroom settings, but also in a variety of other settings.

Most literature focuses on incivilities in a traditional classroom or in one-to-one interpersonal interactions outside the classroom. Little or no literature has addressed the small group learning environment. The small group environment has become more important in recent years as the academy and accreditation standards have emphasized active, self-directed learning strategies, with students working in teams and using faculty members more as tutors and resources rather than simply as conduits of factual information.

TYPES OF INCIVILITIES

Certain incivilities are common to both the large classroom and the small group classroom. Missing class, arriving late, not preparing for class, making rude comments, and exhibiting other behaviors may occur in either setting. Some incidents, however, are more likely to occur in one setting or the other. In the large classroom, it is possible for students to be more "anonymous" than in the small classroom. In small group settings, particularly in groups of less than ten students, it is not possible for students to "hide" and remain anonymous. Additionally, small group classes typically involve greater collaboration and group work than large classes. Each student has a greater responsibility to the others to stay current, to be prepared, and to carry a "share of the load." Lack of preparedness harms not only the poorly prepared student, but all others in the group who depend on their peers in the learning process. With a vertical integration of academic classroom disciplines and a decrease in lecture-based instruction, such incivilities may be more likely to occur.

As Dr. Berger has discussed, incivility is more likely to occur during periods of stress. Students often feel greater scrutiny in small groups, both by the teacher or facilitator and their peers. For many students, this is not a problem and brings out their natural interpersonal skills. For others, particularly students who are naturally shy or reserved, functioning in a small group can cause performance-related stress similar to that experienced by many people when they are about to deliver a speech or musical recital. Combined with greater expectations of pre-

paredness, always having to be "on" in a small group can lead to incivilities. Particular examples include exasperated and inappropriate public protests about the nature of the course. It is not uncommon to hear comments such as, "Why are we doing this? We're paying you to teach us, not just sit here and ask us questions!" Students who are not fully prepared and affect the learning of others may find themselves the target of incivilities from peers. "Look, if you don't pull your weight, you're going to get us all in trouble. Get with the program!" The author knows of at least one instance in which such an exchange escalated into a physical altercation in the restroom after class.

Another major stress-related issue that can lead to incivilities is the type of performance assessment in a small group class. Since desired performance encompasses considerably more than knowledge acquisition, students are assessed by different methods and instruments than those to which they are accustomed. For example, the shy student who is assessed on the basis of quality and quantity of group participation may feel discriminated against on the basis of personality traits. Such a student may become angry toward the facilitator when this aspect of the grade is low. Other measurements may reflect performance on standards such as use of appropriate learning resources, quality of writing assignments, and depth and breadth of knowledge acquisition. Some schools have adopted what has been termed "high stakes" systems of assessment that require satisfactory performance on each measure without averaging of all measures. Such a system of increased scrutiny, novel methods of assessment, higher stakes associated with assessment, and nontraditional or unfamiliar faculty roles places the student under a greater degree of stress. This is particularly true if course failure delays progression toward the expected graduation date. As a result, students who receive less than desired or less than accustomed grades in small group classes are more likely to accuse a faculty member or the institution of improperly evaluating them or discriminating against them. At one school, students have written anonymous messages about the course director and posted them to internet sites or sent letters to university administrators accusing the instructor of improper behavior, circumventing the usual administrative channels.

The converse of the shy and/or stressed student in a small group class is the outgoing and glib student who can dominate the group. Such a student can inhibit other students from participating fully, sometimes even cutting off discussion before another student is finished. Other students, especially more reserved or shy students, simply retreat and become even more passive. When a group has multiple strong and outgoing

personalities, the potential exists to antagonize each other. They may fear that their grade may suffer because they do not have free rein.

The faculty member who facilitates or directs a small group experience is perhaps the greatest influence on causing and preventing incidents of incivility. The familiarity of members of the group, including the facilitator, can lead to a breakdown in important barriers such as the faculty-student role or the mentor-mentee role. If the facilitator becomes merely another member of the group, known to the students on a first-name basis, socializing frequently with the students, then objective evaluation by the facilitator becomes more difficult. Students may have unrealistic expectations of how they will be evaluated because of the relationship. Conversely, the informality and closeness of a small group setting can enhance the learning relationship. If the facilitator is too distant or aloof, the opportunity to optimize learning is lost.

Another relationship issue between faculty members and students in small groups is unrealistic expectations of the facilitator. Facilitators who expect students to behave deferentially or in a subservient manner are more likely to inspire incivility. For example, if the facilitator makes statements such as, "I have more important things to do than sit in this group. I have patients to see in my clinic," then students feel devalued and are more likely to act out. Facilitators who set a class schedule then do not arrive on time, particularly when class is scheduled to meet very early or very late, thus committing an incivility themselves, are likely to cause anger and stress among students. Facilitators who ridicule students during a small group class have also been uncivil. An example could be laughing derisively at a student's comment or question or making a remark such as, "That was a dumb question!"

PREVENTION AND MANAGEMENT OF INCIVILITIES IN SMALL GROUPS

The old saying "an ounce of prevention is worth a pound of cure" could not be more true than when considering incivilities in small groups. Many of the points in Dr. Berger's introduction and prior article apply well to small group settings.

The course syllabus and orientation to the course are crucial. Students must understand the learning model and how it differs from traditional classroom learning. Differing roles, responsibilities, and obligations of both students and facilitators must be made clear. Behavioral standards must be made clear in advance and in writing. Performance standards

and methods of assessment must be public documents. The role of the facilitator as a coach or tutor, not a transmitter of facts, should be clearly described. Once a detailed orientation is accomplished, facilitators must follow course policy and procedure uniformly for all groups and all students. Example topic areas of such an orientation are listed in Appendix A.

Appropriate professional boundaries between students and faculty must be preserved. In the small group setting more than in the large group setting, the facilitator functions as a mentor, a role model. A comfortable, safe learning environment depends on such a relationship. Facilitators must affirm students' learning and create an environment in which all contributions are welcome and valid. Ridicule or personal criticism is never warranted. Prosocial behaviors that affirm students and their learning will prevent most incivilities. Warmth, friendliness, evidence of concern, and availability all enhance a feeling of affirmation, empowerment in the learning process, and safety for the student.

Performance feedback needs to be repeated and sufficiently frequent that students know early in the experience how they are doing and have ample opportunities to improve and optimize their performance. This is particularly important when novel or innovative assessment methods or high stakes assessment is used. The student must feel that the facilitator and the institution are doing everything they can to enable success. If feedback–even valid feedback–is provided too late in the course for the student to modify behavior, then feedback is not driving performance and the student is more likely to feel frustration and helplessness. Evaluation comments should be evidence based and not personal. An example of a rating scale developed for use in a small group class is found in Appendix B.

Patients want health care providers who are compassionate and empathic. Fishbein discusses this issue in relation to behavior of physicians (4). He states, "If having compassion implies 'I want to help you,' then empathy suggests that 'I could easily be you.'" The same orientation could apply to faculty and students. Compassion means that faculty are genuinely motivated to assist students. Empathy is identification with how the student feels, and faculty have all had the experience of being students. Boyer described several principles that provided a framework for a community of learning (5). Included in these is "an open community, where freedom of expression is uncompromisingly protected and where civility is powerfully affirmed." Freedom of expression does not mean perpetuating a culture of incivility. Students–and faculty–may require explicit discussion of how to express ideas and dissent without being uncivil. Some have termed this "disagreeing

without being disagreeable." Heinemann described the "language of disagreement" as being mostly "respectful listening" (6).

Having stated the above, incivilities may occur and must be addressed directly. As Dr. Berger has discussed, incivilities should not simply be ignored. In small group classes, self-and peer evaluation can be helpful. See Appendix C for characteristics of constructive feedback that students can use in organizing self-assessment and peer assessment comments. This can be delicate, too, especially if done in the public forum of the group. Evidence-based feedback to peers, provided to the facilitator electronically and then anonymously in writing to each student, is one approach. Faculty members should not respond in kind to uncivil acts toward them by students by becoming angry and engaging in arguments. Calm and reasoned discussions with students are the most helpful means of diffusing the incivility. When incivility is followed by incivility, neither party reflects effectively on the behavior that led to the incident. Moreover, when a faculty member responds to the uncivil behavior of a student with additional uncivil behavior, the student is likely to tell his peers about the faculty member's actions. For serious and flagrant offenses such as physical threats or altercations, policies are needed such as honor councils or structured processes to remove the offender, if necessary.

SUMMARY

Incidents of incivility can occur in any setting, including in small group classes. Certain incivilities are less likely to occur in small groups, but the stress of increased scrutiny, demands of preparedness and participation, and alternative methods of assessment may increase the risk of other types of incivilities. Incivilities in whatever form harm the milieu of the class, cause students and faculty to feel uncomfortable or even vulnerable and unsafe, and harm learning. Prosocial behaviors by faculty members, explicit criteria in course syllabi, and frequent evidence-based feedback are keys to preventing and managing incivilities in small group classes.

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APPENDIX A. Topics for Small Group Class Orientation.

Detailed review of the course syllabus

Philosophical and theoretical basis for small group, student-centered learning

Review of roles and responsibilities of the facilitator and the student

Review of the group routine

Efficient and appropriate use of technology

Review of literature search strategies

Student-initiated resource sessions with faculty experts to supplement the small group

Thorough library orientation

Professional attire policy

Statement on standards of behavior, civility, and respect for differing points of view

APPENDIX B

University of Mississippi **School of Pharmacy** **Department of Pharmacy Practice** **Pharmaceutical Care I - IV: Group** **(PRCT 557, 560, 563, 569)** **Facilitator Evaluation of Student Performance**	**Facilitator:** **Student:** **Date:** **Class Graduating In:** **Pharmaceutical Care : Group**

KNOWLEDGE: (22%) SCORE: / 35=	**%**	**WEIGHTED TOTAL SCORE %**
CLINICAL REASONING: (22%) SCORE: / 55=	**%**	
SELF-DIRECTED LEARNING: (22%) SCORE : / 25 =	**%**	**FINAL ADJUSTED SCORE %**
INTERPERSONAL AND GROUP SKILLS: (34%) SCORE: / 45=	**%**	

KNOWLEDGE *Elements of Knowledge Acquisition*	*Score:* **%**

Given this level of education and training, the student can, when encountering an unfamiliar problem, build, organize, and articulate basic and clinical science knowledge and concepts that can explain the problem and that can be employed to resolve the problem.

1. The student possesses breadth of knowledge that is integrated from multiple academic disciplines reflected in the course (physiology, pathology, pharmacotherapy, pharmacokinetics, drug literature evaluation).

   5 Discusses knowledge from all disciplines with excellent balance.
   4 Discusses knowledge from all disciplines with good balance but could improve with increased emphasis on certain areas
   3 Discusses knowledge from all disciplines with fair balance, but needs to improve by increased emphasis on certain areas
   2 Discusses knowledge from most disciplines and infrequently discusses knowledge from one or two disciplines.
   1 Most or all discussion is in one or two disciplines; infrequently discusses most areas.

2. The student possesses knowledge in depth on a variety of topics.

   Discusses information at the level of the basic science mechanism; e.g., at the tissue, cellular or receptor level.

   5 During every group session (3 of 3 weekly sessions).
   4 During most group sessions (2 of 3 weekly sessions).
   3 During some group sessions; at least in every patient case.
   2 During some group sessions; but not in every case.
   1 Does not discuss basic mechanisms.

Elements of Knowledge Acquisition (continued)

3. Able to contrast properties within drug classes following self-directed learning on the drug class.

   5 During every applicable group session.
   4 During most applicable group sessions.
   3 During some applicable group sessions; at least in every patient case.
   2 During some applicable group sessions; but not in every case.
   1 Rarely.

4. Able to discuss knowledge in depth without reading from prepared notes.

   5 During every group session.
   4 During most group sessions.
   3 During some group sessions; at least in every patient case.
   2 During some group sessions; but not in every case.
   1 Rarely.

5. When asked by facilitator, student is able to discuss *all* learning issues identified by the group, not just those that they volunteered to research.

   5 During every group session.
   4 During most group sessions.
   3 During some group sessions; at least in every patient case.
   2 During some group sessions; but not in every case.
   1 Rarely.

6. Knowledge is structured for application to patient problems; i.e., the student does not merely recall information, but can discuss potential significance.

   Knowledge is discussed within the context of the patient problem.

   5 During every group session.
   4 During most group sessions.
   3 During some group sessions; at least in every patient case.
   2 During some group sessions; but not in every case.
   1 Rarely.

7. Knowledge is applied to alternate scenarios that may be presented by the group, such as patients of differing age, ethnic groups, comorbid disease states, pregnancy, etc.

   5 During every applicable group session.
   4 During most applicable group sessions.
   3 During some applicable group sessions; at least in every patient case.
   2 During some applicable group sessions; but not in every case.
   1 Rarely.

APPENDIX B (continued)

CLINICAL REASONING ***Steps in the Clinical Reasoning Process***	***Score: %***

When presented with a patient problem, the student will demonstrate (orally and/or in writing) clinical reasoning skills in the investigation and resolution of the problem.

1. The student **generates hypotheses** to explain the problem and solutions.

   5 Always generates multiple hypotheses.
   4 Usually generates multiple hypotheses.
   3 Offers at least one hypothesis in nearly all group sessions.
   2 Occasionally offers at least one hypothesis.
   1 Rarely offers hypotheses.

2. Hypotheses are stated in terms of basic mechanisms to explain the problem.

   5 Always 4 Very frequently 3 Usually 2 Occasionally 1 Rarely

3. Identifies evidence or reasoning used in hypothesis formation.

   5 Always 4 Very frequently 3 Usually 2 Occasionally 1 Rarely

4. When applicable, additional data are identified that are needed to discriminate among hypotheses.

   5 Always 4 Very frequently 3 Usually 2 Occasionally 1 Rarely

5. The student will **design an initial recommended treatment plan** to correct the mechanism chosen as responsible for the problem or to alleviate the impact of the problem.

   The plan is logical and the basis for choice of specific agents is included.

   5 Always 4 Not Included Once* 3 Consistently 2 Occasionally 1 Rarely

6. The plan includes a complete dosage regimen design.

   5 Always 4 Not Included Once* 3 Consistently 2 Occasionally 1 Rarely

7. The plan includes patient specific monitoring parameters for therapeutic outcome.

   5 Always 4 Not Included Once* 3 Consistently 2 Occasionally 1 Rarely

8. The plan includes patient specific monitoring parameters for adverse effects.

   5 Always 4 Not Included Once* 3 Consistently 2 Occasionally 1 Rarely

9. The plan includes patient-specific education.

   5 Always 4 Not Included Once* 3 Consistently 2 Occasionally 1 Rarely

10. The plan includes alternate therapy in case of nonresponse to the primary choice. Rationale, dosage, adverse effects and patient education are included.

    5 Always 4 Not Included Once* 3 Consistently 2 Occasionally 1 Rarely

11. The plan is concise and well organized.

    5 Always 4 Except Once* 3 Consistently 2 Occasionally 1 Rarely

* Student always meets criteria after being counseled once

Clinical Reasoning (continued)

SELF-DIRECTED LEARNING ***Elements of Self-Directed Learning***	***Score: %***

1. The student **accesses contemporary information**, utilizing an appropriate balance of tertiary and primary literature.

   5 Always; excellent balance between different sources.
   4 Often uses primary literature to complement tertiary sources.
   3 Occasionally uses primary literature to complement tertiary sources.
   2 Infrequently uses primary literature to complement tertiary sources.
   1 Rarely uses primary literature.

2. The student knowledgeably critiques the merits and limitations of primary literature articles brought in during group

   5 Always 4 Usually 3 Occasionally 2 Infrequently 1 Rarely

3. The student knowledgeably critiques the merits and limitations of articles discussed during journal club

   5 Always 4 Usually 3 Occasionally 2 Infrequently 1 Rarely

4. The student properly references all information they present in their work (learning issues, treatment plans, etc.)

   5 Always 4 Usually 3 Occasionally 2 Infrequently 1 Rarely

5. In their learning issues and treatment plans, the student restates information in their own words rather than merely copying information from another source

   5 Always 4 Usually 3 Occasionally 2 Infrequently 1 Rarely

APPENDIX B (continued)

INTERPERSONAL AND GROUP SKILLS
Elements of Interpersonal and Group Skills ***Score: %***

1. The student **attends every group meeting**. Planned absences should be handled professionally by notifying the facilitator in advance of class. Absences should be for appropriate reasons, not generally for nonprofessional or leisure purposes.

   5 Attends every group meeting.
   4 One excused absence; no unexcused absences.
   3 Two excused absences; no unexcused absences.
   2 More than two excused absences; no unexcused absences.
   1 One unexcused absence.

2. The student is **prepared to begin the group meeting at the scheduled time**.

   5 Attends every group meeting.
   4 Late one time, but called notified facilitator in advance
   3 Arrived late once without notifying facilitator in advance
   2 Late twice, but notified facilitator in advance
   1 Arrived late more than twice, whether or not facilitator was notified

3. The student **actively participates and contributes** to group discussions (provides ideas, uses examples, shares insights).

   5 Consistently initiates and leads discussions.
   4 Participates in all group discussions; occasionally initiates and leads discussions.
   3 Participates in all group discussions.
   2 Tends to be too active (too dominant) or not active enough (too passive).
   1 Frequently is too active (too dominant) or not active enough (too passive).

4. Demonstrates **appropriate interpersonal behavior**; e.g., is not stubborn or defensive about personal opinion, listens actively (avoids sidebar conversations), challenges others in a positive manner when holding a differing opinion.

   5 Always 4 Very frequently 3 Usually 2 Occasionally 1 Rarely

5. The student **augments personal and group learning through the use of visual aids**, diagramming or charting at the board (independent of board scribe responsibility), demonstration of medical devices, etc.

   5 Consistently 4 Frequently 3 Occasionally 2 Rarely 1 Never

6. The student **provides useful self and peer evaluation comments** to reinforce and improve group and individual performance (gives and receives constructive feedback). Specific examples are cited to support comments.

   5 Provides both complimentary and constructive feedback for each student; cites specific evidence for all comments.
   4 Provides both complimentary and constructive feedback for each student; usually cites specific evidence for all comments.
   3 Provides comments about all peers; usually includes constructive suggestions as well complimentary feedback; usually cites specific evidence for all comments.
   2 Makes only nonspecific or complimentary remarks about peers.
   1 Fails to submit peer evaluation comments on one occasion.

7. The student **demonstrates a caring attitude** toward patients being discussed. Willingness to provide assistance and care to patients should be evident, even when specific disease topics, lifestyle behaviors or cultural factors may be regarded as unusual or unpleasant.

   5 Always.
   3 Consistently; does not indicate unwillingness to care for patients after counseling on a single incident.
   1 Repeated refuses to care for patients despite counseling.

Interpersonal and Group Skills (continued)

8. The student **demonstrates a respectful and professional demeanor** in interactions with peers and faculty members.

   5 Always.
   3 Consistently; does not repeat disrespectful or unprofessional behavior after counseling on a single incident.
   2 Repeats disrespectful or unprofessional behavior.
   1 Often disrespectful or unprofessional.

9. The student should be **neatly and professionally attired and groomed**.

   5 Always.
   4 Maintains attire and grooming after counseling on one incident.
   3 Maintains attire and grooming after counseling on two incidents.
   1 More than one incident on failure to maintain professional attire or grooming.

APPENDIX C. Characteristics of Constructive Feedback (considerations in participating in assessment of performance in group).

1. Think about why you are giving feedback. The most important goal of assessment is to improve and optimize performance, not merely to measure it. To accomplish this goal, feedback must be early and frequent.

2. Assessment must be self-reflective as well as provided to others. Effective practice of pharmacy requires that we assess ourselves to improve provision of care.

3. Comments to others should be based on specific observed behavior that is fully described rather than generalizations. As such, assessment is evidence based and depersonalized.

4. Comments aimed to improve performance should be framed in terms that allow for improvement. Specific suggestions for change are helpful. Pointing out problems over which the recipient has no control only causes frustration.

5. Prioritize feedback and consider the recipient's ability to absorb and act. The most important comments should have the greatest emphasis. Do not avoid addressing important concerns by mentioning only minor issues.

6. Feedback should be individually referenced, not comparative. Refrain from comparing others to the group or class.

7. Use the "sandwich" technique. Place negative feedback between two pieces of positive feedback. Start with at least one piece of positive feedback, follow up with the negative feedback, then conclude with additional positive feedback.