Desirable Components/Characteristics of Cases for Small Group Learning

This handout is designed as a resource for medical school faculty who are developing cases for students who meet with facilitators/tutors in small groups (e.g. 5 to 10 students) as a learning activity in a course. Please feel welcome to use it and feel welcome to e-mail me (luke.mortensen@dmu.edu) your ideas on what you feel can be added to make this handout optimally effective as it is a "work in progress."

❒ **Learning objectives clear and measurable**

The case should be based on clearly stated learning objectives and the number of learning objectives should be realistic for the time permitted to complete the case.

❒ **Case content matched to the learning objectives**

The case is clearly connected to the learning objectives.

❒ **Effective questions inserted throughout the case that stimulate discussion**

A variety of levels of questions can be used in a case but questions eliciting higher levels of thinking will create more discussion among learners. For example, the question, "What pain medicine would you prescribe for Mrs. Baker?" is not necessarily a bad question but more discussion would be elicited by the following question, "What medicines would you prescribe for Mrs. Baker and what evidence could you use to justify your choices?"

❒ **Appropriate content and context**

The content of the case is at the appropriate level for the learner. Additionally, the content should reflect the stated values and philosophy of the medical school. For example, if it is stated that the institution values viewing patients in a holistic manner then the patient's family and social context should be included as part of the case. If the institution says that good care is facilitated by a positive physician-patient relationship then one could argue that all patients in cases should have names. If the institution says it values students understanding cultural diversity, then it is important to have cases that reflect this philosophy.

❒ **Authenticity of the problem scenario**

The content of the case reflects clinical situations that health care providers would encounter in practice.

❒ **Organization of case clear and logical**

The case is structured around a problem situation in a narrative style and occurs in a realistic sequence that proceeds in a chronological order of events.

❒ **Length of case appropriate to time allotted**

Students can progress all the way through the case in the time allotted for it so no part of case (e.g. psychosocial issues) gets deemphasized because of time.

❒ **Images/Exhibits of high quality**

Images and other type of exhibits provided in the case can be clearly seen and/or easily read. This is true whether or not the exhibits are displayed in hard copy or electronically.

❒ **Up-to-date and realistic medical information /patient data**

Lab values should be realistic.
Treatment, medicines, etc. should be current.

❒ **Medical informatics integrated**

Take advantage of opportunities to build in situations in which students utilize their PDAs and laptops to access information to apply to the case.

❒ **Connection to content of other courses**

Whenever possible the content of the case should connect to the content of other courses that are going on at the same time or alternatively should connect to content learned in past courses. For example, if a psychosocial issue is designed into a physiology case, try to make it a psychosocial issue that was learned about in the Doctoring Course (Introduction to Clinical Medicine course in many schools) being taught. If clinical reasoning (e.g. developing a problem list) is part of the case, the clinical reasoning process should be consistent with the way it is taught in the Doctoring course.

❒ **Facilitator's guide**

These are suggested components of a guide for facilitator's with the understanding they there are certainly more possible components and that the content of the facilitator's guide is case dependent.

- Overview of the case (give the facilitator the big picture)
- List of topics addressed in the case.
- List of measurable learning objectives that students should accomplish as a result of going through the case.
- Bulleted list of listening points associated with the question in the case or alternatively, answers to the questions with explanations. The point here is to give the facilitator who is not a content expert some guidance for what to listen for as students discuss the case. This way the facilitator can listen with some "intelligence" without having to know the content and can subsequently say things like, "I did not hear anything about ……, could someone comment on that?"
- Explanations of exhibits
- A reminder to facilitators to leave some time at the end of a session to do some sort of wrap up relative to content and to process. Relative to content, the guide might state: *Leave the last 3-5 minutes of the session to ask each student to state the most important thing he/she learned in today's session relative to the learning objectives.* Relative to process, the guide might state: *Leave time at the end of the session to have each student describe some aspect of group process that was especially effective in helping him/her learn in today's session.*

This document is credited to Dennis Baker, Ph.D., Assistant Dean for Faculty Development at Florida State University College of Medicine. This is not intended to represent original work but instead is based on a compilation of print and web resources. Such resources are available at http://www.med.fsu.edu/education/FacultyDevelopment/case_writing_resources.asp