

## Up Front Conclusion

- The use of a modified SGID during a five-week psychiatric pharmacy rotation experience for more than six years has been described here.
- It has been very helpful in providing the rotation preceptor with as needed feedback with the potential to provide formative adaptations to enhance student learning as compared to a post experience evaluation and delayed report to the preceptor which has historically been used.

## Background

- The Small Group Instructional Diagnosis (SGID) was developed by Joseph Clark and Mark Redmond as a government funded project in 1982.
- The SGID is traditionally used as a mid-course evaluation with a trained facilitator conducting a structured conversation with students to highlight the students' consensus on what is working well and what is not working well in the course, what the instructor could do to further facilitate students' learning, and what students could do to contribute to their own learning.
- The use of the SGID can generate students' input during the early part of the traditional semester long course to further students' learning in the course as it continues.
- It empowers students to own their learning in the course, and allows them to express what works best for them.
- It can be used to enhance teaching effectiveness.
- Since it is a tool to gather feedback in the course on the fly, it is considered a low stress inducing assessment for teaching and learning.

## Methods

This is a descriptive report of the use of a modified SGID during a five-week psychiatric pharmacy rotation experience which has been used during the rotation for more than six years. The SGID is performed at the 2.5 week point.

The three questions include:

1. What is working well? (What is helping your learning?)
2. What is not working well? (What is hindering your learning?)
3. What are your suggestions for improvement?

Process:

1. Pharmacy students are asked to answer the three questions independently.
2. Discuss the answers to the questions among the group.
3. Come to a consensus of the answers to the questions.
4. One student volunteers to be the scribe and sends the results to the preceptor via email.

## Methods

5. The next day the preceptor discusses the results with the students.
6. The preceptor implements any agreed upon modifications to the rotation experience.

## Results

Outcomes of the application of this modified tool:

- Change in the number of written and presented patient cases required during the rotation.
- Discussions of required readings (approach).
- Willingness of the students to bring forth suggestions for on the fly changes to the rotation.
- Development of a shared calendar for the day-to-day operations of the rotation.
- Future change: Develop a learning management system site for the rotation.
- A better understanding for why some components of the rotation cannot be modified.
- A student's individual concerns may not be expressed comfortably using this tool.

## Abstract

The Small Group Instructional Diagnosis (SGID) was developed by Joseph Clark and Mark Redmond as a government funded project in 1982. The SGID is traditionally used as a mid-course evaluation with a trained facilitator conducting a structured conversation with students to highlight the students' consensus on what is working well and what is not working well in the course, what the instructor could do to further facilitate students' learning, and what students could do to contribute to their own learning. The use of the SGID can generate students' input during the early part of the traditional semester long course to further students' learning in the course as it continues. It empowers students to own their learning in the course, and allows them to express what works best for them. It can be used to enhance teaching effectiveness. Since it is a tool to gather feedback in the course on the fly, it is considered a low stress inducing assessment for teaching and learning.

This is a descriptive report of the use of a modified SGID during a five-week psychiatric pharmacy rotation experience which has been used during the rotation for more than six years. It has been very helpful in providing the rotation preceptor with as needed feedback with the potential to provide formative adaptations to enhance student learning as compared to a post experience evaluation and delayed report to the preceptor which has historically been used. The application of the tool does have some disadvantages when used in this environment which will be discussed as well.

