

Facilitating a CBI session

How do I start the conversation?

Facilitating a CBI session is a form of instructional conversation. When you have no idea what your students are thinking before you start a CBI session, you might begin by asking the students what they think and why. But you already know what they think and, hopefully, why.

Thus, the starting point is to summarize the ideas in the room. This is something you can ask the students to do – organize their thinking on the case as it stands before they discuss the facts of the case and then discuss how they should or whether they can prioritize the diagnoses based on what they know. Below are some ideas for launching the discussion.

Determine schools of thought

When students have participated in Groupshare or ThinkSpace prior to the session, you should review their submissions and determine whether and which students are on the right track, which ones are far off track and which ones have plausible hypotheses of the case although none of them include the right answer. With 9 students, are their 9 different ideas about the case? Or are there 3 hypotheses that all 9 mention? Is everyone considering *what kills and what's common*? Ask them to consider that question.

Prepare questions to promote students to rethink the case

After you identify which students are in which “camps”, prepare a few questions that would encourage the students who are off track to rethink the case. The [Socratic Question guide](#) – although intended originally for residents in their teaching duties, provides examples of questions you can ask or encourage your students to ask themselves. Ask them, for example, *what are the facts? What can we infer from them? Which facts make you think we are taking the right or wrong approach? What else should we be asking?*

Ask questions that require students to **explain** how they prioritized or want to prioritize their diagnoses. Are students prioritizing them differently? If so, ask them why and how they were able to prioritize them differently *when they all have the same information*. This will get to the nature of how students are interpreting case facts, or whether they understand the medical knowledge involved, what resources they are using to help them make sense of the facts and whether they are doing so in a way that is an effective use of those resources.

Reverse Engineering!

When the students work the case before a session, you all get to work backwards in the session from the point at which they left off. It makes no sense to retrace steps from beginning to end simply because it seems we should always start with Step 1. If students have made an initial entry to Step 4 – narrowing diagnoses, in ThinkSpace, for example, then start there. Please do

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not show them their responses to ThinkSpace for Step 1 and work your way forward. They have already done that.

Ask the students to explain why they narrowed their diagnoses the way they did, what facts helped them to include or exclude diagnoses, and why they differ – even though they all have the same information. You can ask questions such as:

- What is the most likely diagnoses at this point?
- Why don't we all agree on this?
- What questions would you ask?

Encourage students to articulate reasoning & question assumptions

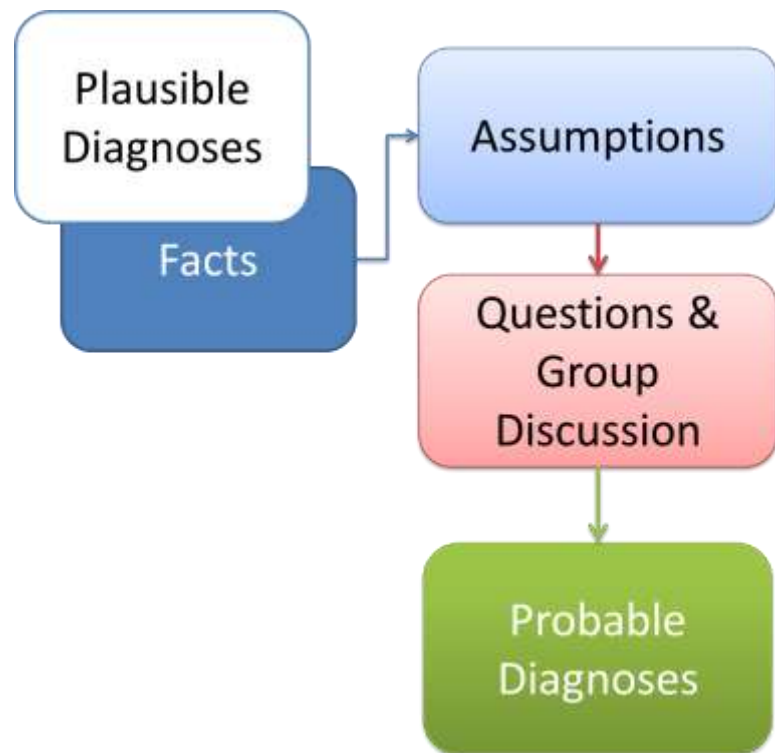
You should always ask students to articulate their reasoning, ask them to identify the sources for their reasoning and information, and to share these with the group. Encourage the group to openly interrogate the assumptions they or others might be making in deciding what to include or exclude. (The [Socratic Question guide](#) contains examples of questions you can ask or encourage your students to ask themselves.)

For example, you can ask, *To say that we should include such-and-such diagnosis, what do we have to assume? Is it fair to assume that? Are we missing something? What else would we want to know? What resources might we explore to find out what we need to know?*

Thus, if nobody has yet named the right diagnosis, ask them to diagram the connection between the known facts and their diagnoses to determine whether their included diagnoses are at least plausible.

Then, ask students to identify their assumptions and draft questions to test those assumptions and narrow the plausible to the probable or

highly probable. Sometimes making a visual concept map helps students to see their ideas and the direction they need to go.



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What to do when there is silence

Ask the students to reconsider what they have outlined on the board. Suggest they write down their questions on the white board. Ask if they are stuck and why. Are they stuck because they don't know what to ask? Are they stuck because they are unsure of how to apply the medical knowledge or don't think they have the medical knowledge? If it is a lack of knowledge, then ask the students to:

- Identify the field of practice implicated by the facts of the case (e.g., is this endocrine? Musculoskeletal? Neurology? Immunobiology?);
- Consult their notes from the lecture or other block resources or the issues they might have looked up to prepare for the session;
- Take a couple of minutes to look up relevant information to help get them back on track, or to articulate questions they can ask to do so. You can use the computer connected to the screen to ensure that everyone is attending to the search. This also allows you to see how they look for information and whether they need guidance in improving how they do so.

Enlist those on the right track to model thinking or as unofficial “co-facilitators”

Ask questions of those who you know are on the track to finding the right answer and encourage them to lead the inquiry, without offering the answer. Encourage these students to explain why they have included particular hypotheses so they can model how they think about the case for students who might be struggling with it. For example, you may ask them:

- Which facts made you think we should include or exclude these particular diagnoses?
- Why did you rank these in this way?
- What questions did you ask or do you think we should ask to move us forward?