



## Crossing the river!

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### Introduction

We, sixteen mid level faculty members from various institutes in South Asia, were attending the first day of the fellowship program in health professions education at the PSGFAIMER Regional Institute in Coimbatore, India. After the introductions the first activity was 'crossing the snake pit' where the fellows have to cross an imaginary snake pit filled with dangerous snakes and crocodiles using 'magic boards' (1). Falling into the snake pit means instant death. The boards have always to be in contact with some part of the fellow's body and the team has to cross the pit linking hands. The activity was fun and was used by the facilitators to introduce us to small group activity and team work. The various stages of the small group process like forming, storming, norming, performing and adjourning were clearly illustrated using the game. The game also serves as a good 'icebreaker' among a

diverse population and facilitates subsequent team work and cooperation.

The game (which is also termed as 'Crossing the river') involves in addition to mental activity and intellectual problem solving, physical activity and the precarious process of balancing on small magic boards. Sometimes players have to hop around on one leg as their other leg has been bitten off by a crocodile or water snake. Even as adults many of us continue to have a child within us and I have found games involving physical activity are more enjoyable. I have used 'Crossing the river' during the introductory small group session in pharmacology at KIST Medical College, Lalitpur, Nepal for over five years. In the institution the large size of the student body makes playing the game difficult. The game is best played by teams consisting of seven to ten members.

I have been using the game during the orientation program at the Xavier University School of medicine in Aruba. The class sizes here are small and we follow up the activity with a discussion about the lessons learned and use it as a base to introduce students to the process of small group work and group dynamics.

Students use a variety of approaches to succeed in this game. My experience has been that most groups do not succeed in the first attempt and have to analyze what went wrong and how it could be rectified before they succeed. A major challenge is for the leading player on how to advance keeping the magic board in contact with the body and for the last player on picking up the boards and passing it along to the front. Most teams quickly learn to allot their most physically agile and coordinated players to these two key positions.

A workshop on Theatre of the oppressed conducted at KIST Medical College, Nepal introduced me to many other interesting activities and games (2). The 'blind' exercises were fun and provided participants a firsthand introduction to the problems faced by the blind in a visual world. 'Forum theatre' where members from the audience become spect-actors and are actively involved in solving the

oppressive situation shown on stage is another powerful and enjoyable exercise. Forum theatre has the potential to enable students' experiential learning about different problematic life situations and explore various solutions to the same.

Games and activities could be used at the beginning of workshops to enable participants to get to know each other better and improve their team working skills. I and my colleagues had used these during some of the workshops we had conducted in Nepal. In health profession schools with their increasing emphasis on self-directed learning, problem-based learning and team working skills these games and activities will help students strengthen their skills. They are also fun and enjoyable and provide relaxation and enjoyment in an increasingly demanding and stressful curriculum!

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