

DELITe

LARGE & SMALL GROUP TEACHING AND INTERACTION

EVA ZYSK & GRAHAM THOMAS

NOTTINGHAM^{NTU}
TRENT UNIVERSITY

DEMONSTRATING THE CURVE OF THE BASE BALL IN THE LECTURE ROOM

R W Wood - *Science* 08 Dec 1899: Vol. 10,
Issue 258, pp. 851

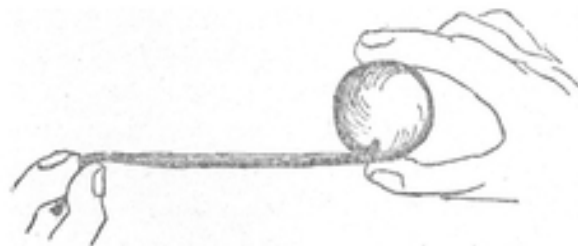
DEMONSTRATING THE CURVE OF THE BASE BALL IN THE LECTURE ROOM.

THE limited space in the lecture room, and the presence of one's audience makes a demonstration of curve pitching difficult even if one has the necessary skill. If the curve is to be made at all apparent in a limited space the ball must be exceedingly light, and the axial rotation very rapid.

I have found the ordinary oak-ball or oak-apple very suitable for this purpose. The rough surface gives the necessary friction, and the ball itself is as light as an egg shell and much stronger.

A strip of rubber band about 15 cms. long and 0.5 cm. wide is wound under tension around the ball (two or three turns are enough), and the ball 'catapulted' forward

by means of the remainder of the band as shown in the figure. The ball will rise,

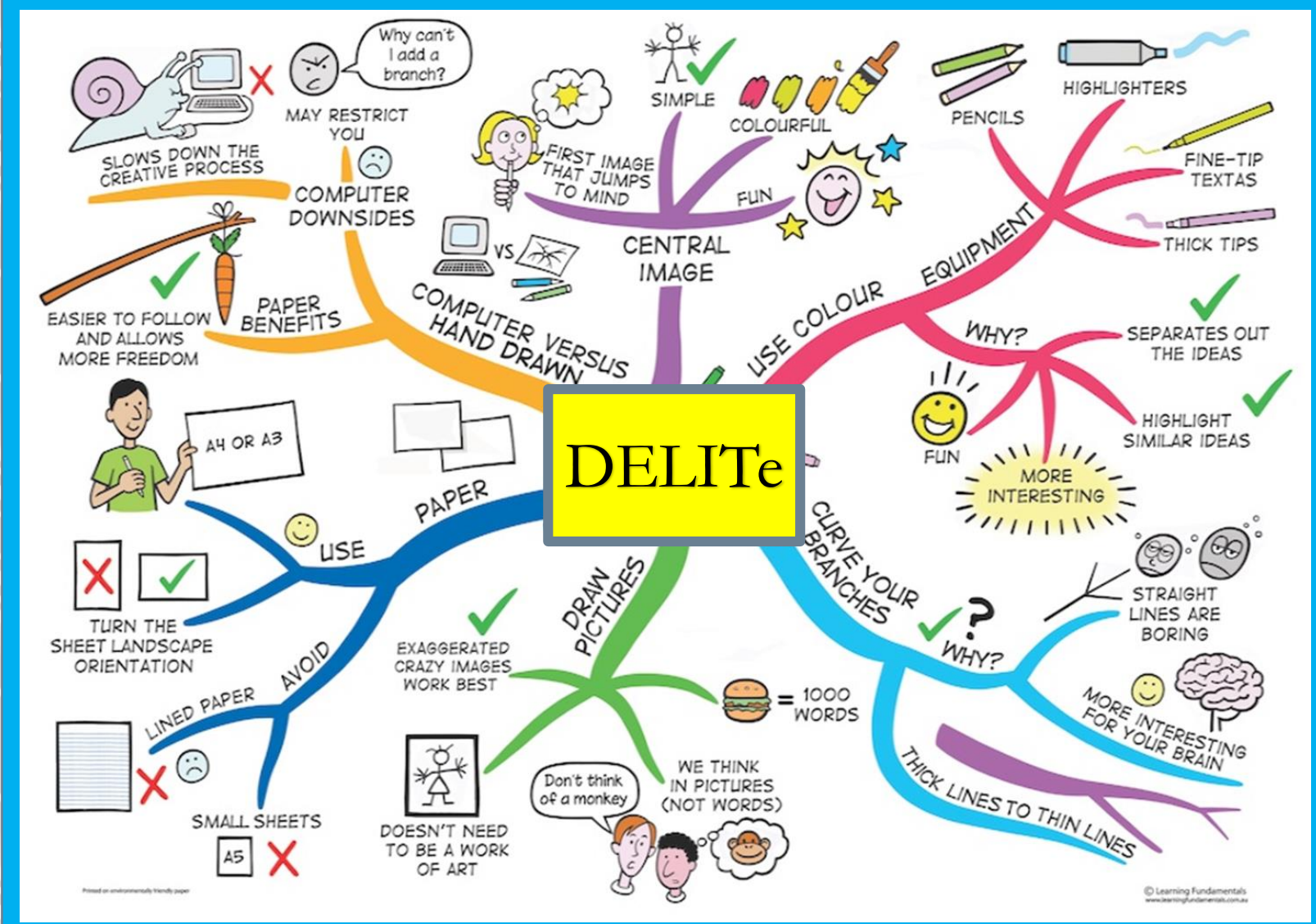


drop, or curve to one side, according to the position in which it is held. A total deflection of 45° is easily obtained, and when pitching the rise (which is the case shown in the figure) the ball, starting in a horizontal direction, will sometimes ascend half way to the ceiling. This curve is the most striking of course, as the attraction of gravitation is overcome. It shows to the best advantage when thrown directly away from the observer, but this of course is difficult in the lecture hall.

These oak balls are also very suitable for showing the suspension of a ball in an air jet.

R. W. Wood.

INTEGRATION OF YOUR KNOWLEDGE



Timer:



End

PSYCHOPATHOLOGY

Genetics + Environment
 ↓
 Stability of Personality
 → **BIOSOCIAL**

SCHIZOPHRENIA
 ↑ Dopamine
 ↓ Disorganized
 ↓ Social Cognition
 ↓ Disrupted Mind
 ↓ Type 1
 ↓ Type 2
 ↓ Psychomotor

PD (Personality Disorder)
 - **PARANOID** (Schizotypal)
 - **DRAMATIC** (Borderline)
 - **ANXIOUS** (Avoidant)
 - **DEPENDENT**
 - **OBSSIVE COMPULSIVE**
 - **C+A** (Conduct)
 - **ANTISOCIAL**
 - **NARCISSISTIC**
 - **AUTISM** (Dys)
 - **ODD** (Oppositional Defiant Disorder)
 - **SCHIZOID**
 - **SPECTRUM?**
 - **CRITICAL** (Others)
 - **EMOTIONAL** (Instability)
 - **IMPULSIVE**
 - **UNSTABLE** (Relationships)
 - **FEEL** (Loneliness)
 - **COMMUNICATIVE** (Explosive)

TRAUMA
PTSD/ACUTE
 - Memory (Vividly Disturbed)
 - Amnesia
 - DID
 - DEPERSONALISATION
 - DEREGALISATION
 - Previously called AD
 - Post Traumatic Growth

SOMATIC
FRACTIONS
 - **DYSPHORIA**
 - **PARAPHILIA**

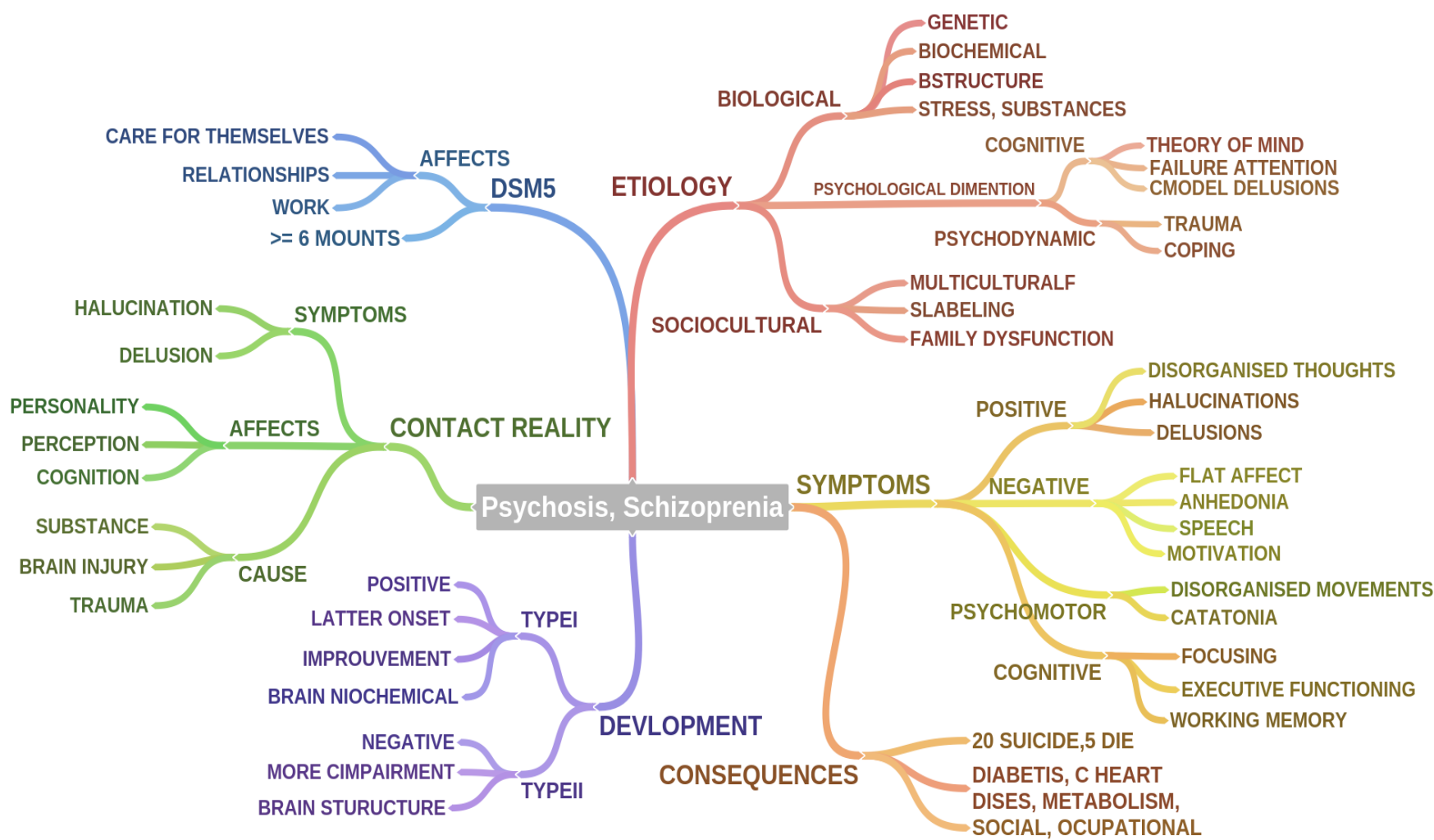
MOOD
BIPOLAR
 - 1. Mania
 - 2. Hypomania
 - Obsessive Compulsive
DEPRESSION
 - MAJOR
 - PERSISTENT
 - PREMENSTRUAL DYSPHORIC

ANXIE
 - SAD
 - GAD
 - PHOBIAS
 - OCD

MINDFULNESS
 - Happiness
 - Willingness
 - Strength
 - Value
NERVOSA
 - **ANOREXIA**
 - **BULIMIA**
 - **BINGE**



Obsessive-compulsive disorder
 Compulsive + Obsessive
 Behavioural + not often in group + individual
 Dependent + no anxiety
 - 30%

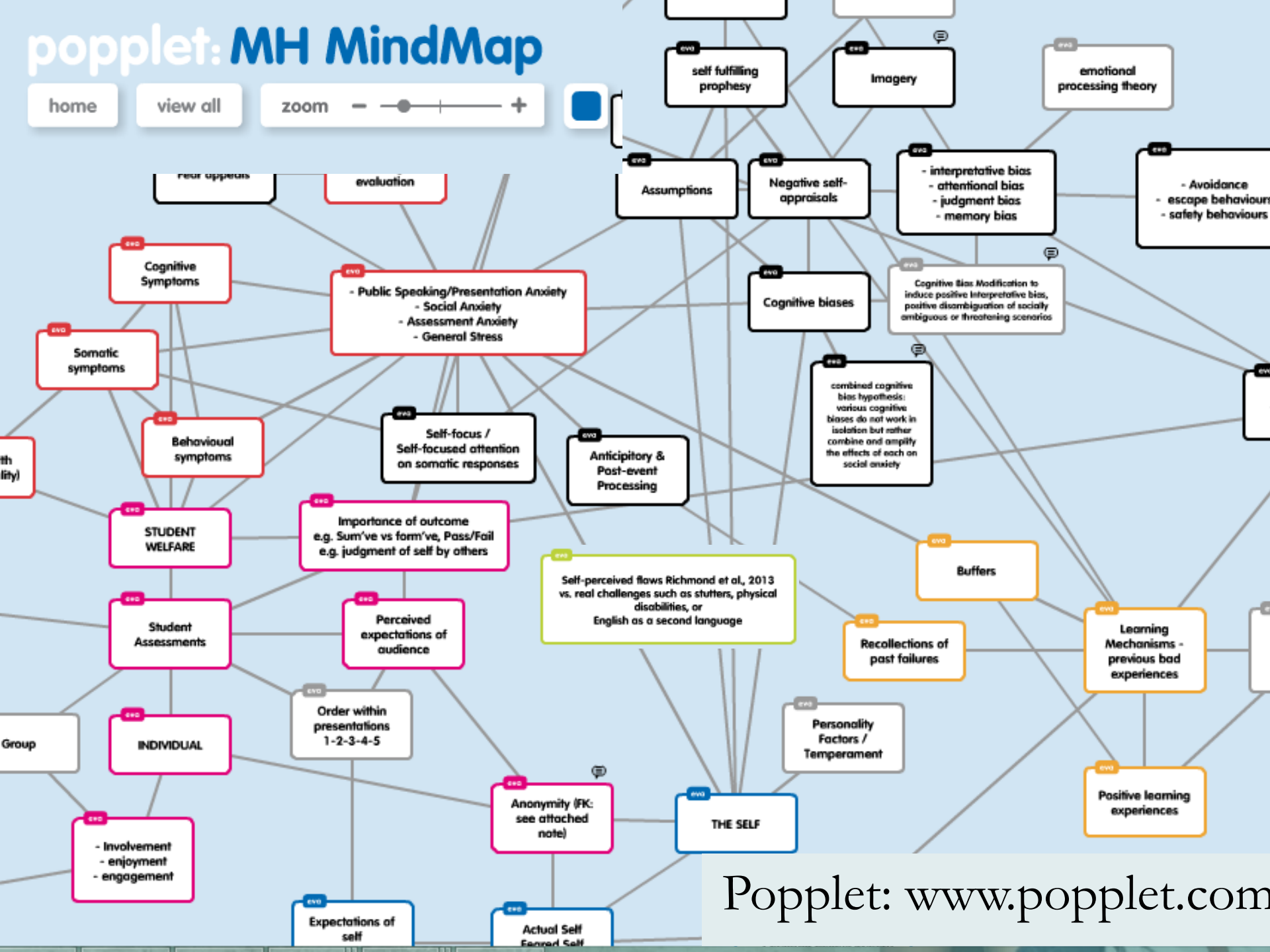


popplet: MH MindMap

home

view all

zoom



WHO DOES WHAT AND WHY?

- A short survey!

LEARNING THROUGH OBSERVING

Social- Cognitive Theory

‘learning that occurs by observing
the behaviour of a model’

Idea Generation

Link to lecture / set objectives

Generating and Capturing Ideas

Idea generation done right

Practice

GUEST LECTURER TO GUEST INTERVIEWEE

Instead of lecturing



Try Interviewing



And have the students generate the questions!

Hi, **Graham Thomas!** This is your Poll Ev page. Your audience will see the content below.
If this is confusing, [learn more](#) about Poll Ev pages or [go back](#).

My suggested question for Richard Weaver, Managing Director, XenoGesis Ltd, relevant to the themes of Enterprise and Business Development. (Please add a new question and/or promote or demote someone else's question via the voting buttons).

∞ Answers to this poll are anonymous.

Enter a response

Submit

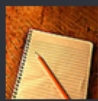
Top New

All caught up!

0 ▲ ▼ What growth strategies are you working on currently

0 ▲ ▼ How do you promote innovation in your company

STUDENTS TO GUEST SPEAKER



You + 21

Questions for John

John has suffered with PTSD and has undergone treatment. He now teaches others about PTSD. Please leave any questions you would like John to answer relating to PTSD here.

Question

How long have you suffered from PTSD?

What event caused your PTSD?

What treatment have you had? Did it help?

Did you have

any symptoms of depression, anxiety etc before you got PTSD? Do you think you were susceptible to PTSD?

What would you say is the hardest part of recovery/treatment?

What advice would you give to someone else suffering from PTSD?

Question

When did you realise you had PTSD? How did you know it was time to get help?

Have you experienced any stigma due to PTSD? If so, what could be done to reduce stigma?

What symptoms do you suffer from?

Question

Can talking about the trauma ever re-traumatise someone?

Q PTSD is commonly associated with war veterans. What other events have you come across that have led to the development of PTSD?

Q How long did you have treatment for and how effective would you say it has been?

Q Is it difficult teaching others about PTSD having had it yourself? Does it bring up bad memories and potentially things you would rather forget or is it helpful and maybe helped you in

How soon after the traumatic event did you experience the symptoms?

Did you suffer from any other mental illness before having PTSD?

Question

Does your PTSD still affect you today?

Q

How did you feel about being labelled with having a mental disorder?

Q

I am writing my dissertation on sleep paralysis in trauma victims, have you ever experienced any sleeping disorders as a result of PTSD?

Do you think your PTSD has affected your family/friends as well as yourself? If yes then how so? and how did they deal with it?

What has affected you the most (what every day things did you struggle to complete)?

What is the worst thing anybody can say to you with regards to your experiences of having PTSD

Q

How does the portrayal of PTSD in the media differ from the reality?

question

how has life changed for you since being diagnosed with the disorder?

Q

Do you think the resilience of your family /support network affected how you coped with PTSD?

How would your family describe their experience of your PTSD, how did they cope with it and how did that influence your coping?

What coping mechanism do you feel best helped you with your PTSD?

Do you feel that you experienced any post traumatic growth alongside your PTSD?

Q

How accessible would you say getting treatment was? Was there a waiting list to be seen?

Do you think more can be done to educate people on what PTSD is in the general public and what to do if someone thinks they are suffering?

Do you feel there is a stigma associated with PTSD?

Did having PTSD affect your work life or the way people treated you once you had a diagnosis?

Q:

How long was it before you realised something was not quite right?

How long was it before you knew you had to seek help or was it someone else that made you aware?

Men's mental health has only recently been highlighted as a prominence in society. Was there any stereotypical gender influence which may have delayed you getting the help you needed?

How is the treatment going, is it helping? in what way?

Q

Do you ever become scared that your PTSD may come back, or that another traumatic event may trigger it again?

Q

Has PTSD affected your viewpoint of the world? If so, in a positive or negative way? Do you feel a heightened awareness of everyone and everything around you which might not necessarily be a bad thing.

Q

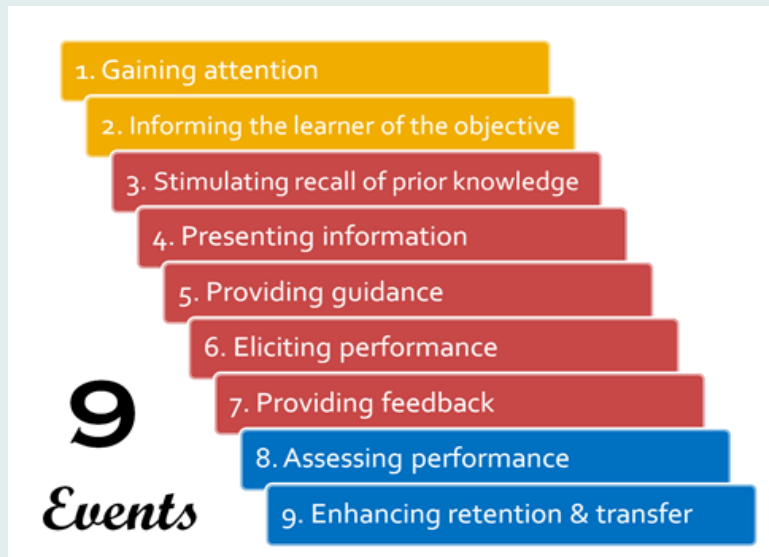
Is there a particular time that your PTSD was at its worst? A specific flashback?

Question:

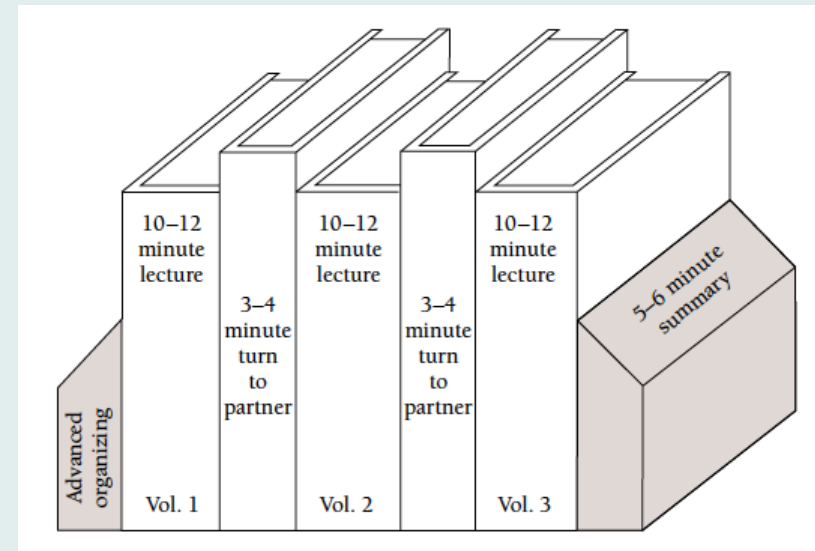
Once you knew something was wrong, did you realise and have insight into the fact that your PTSD was due to a certain experience/life event?

DESIGN STRATEGIES

Gagne, R. (1985). *The Conditions of Learning* (4th.). New York: Holt, Rinehart & Winston.



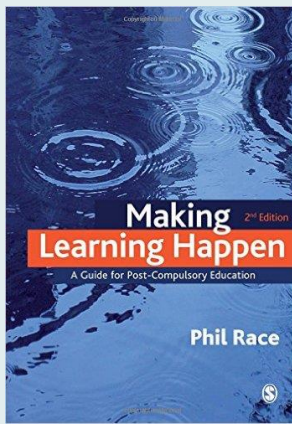
<https://www.unthsc.edu/center-for-innovative-learning/teaching-strategies-fink-gagne-and-smith/>



Going Deeper: Formal Small-Group Learning in Large Classes

Karl A. Smith

New Directions for Teaching and Learning
Volume 2000, Issue 81, pages 25–46, Spring 2000



Race, P. (2010). **Making Learning Happen: A Guide for Post-Compulsory Education.** Sage.

Chapter 6: Making learning happen in large groups
Chapter 7: Making learning happen in small groups

INTERACTIVE TEACHING

- two-way interaction between lecturer & students
- increased discussion among students
- active student involvement with content

- Steinert & Snell (1999)

SG

Small Groups



LG

Large Groups



FOSTERING RELATIONSHIPS

- Using interaction to develop relationships with and among students
 - Encouraged to participate and contribute
 - ↑ identification with and belonging to group
 - ↑ self-efficacy in working collaboratively to achieve goals
 - ↓ anxiety about voicing own opinions, asking questions



FOSTERING THE STUDENT-LECTURER RELATIONSHIP

- Get to know your students
- Interact with students
- State your opinions and ask for theirs
- Share your own academic interests and show interest in theirs – gear the material to this
- Give options
 - http://padlet.com/eva_zysk/kovh1pkyj1g4
- Important for small and large group teaching alike!

PSYC30935: WELCOME

Dr Eva Zysk, eva.zysk@ntu.ac.uk, 0115 848 5599

Office Hours: Thursdays 1-2 and 4-5pm

SG



LG

- Nameplates

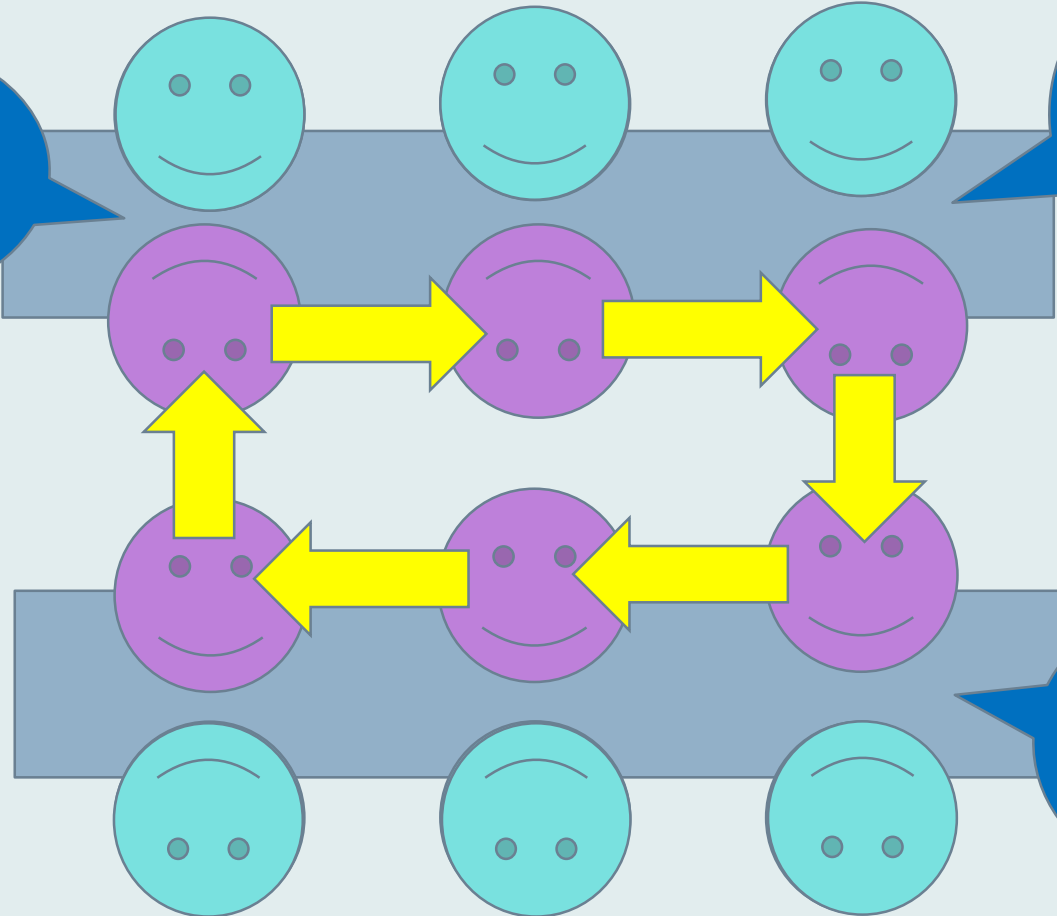
SG

PSYC10025: WELCOME

Icebreaker: Speed (non-)Dating

Favourite
animal:
Penguin

Know
someone
who met
the
Queen



Sleep in
their
birthday
suit

Build Communities



LG

SG

- Awareness week
- Fundraising Effort
- OCD Conference bursaries
- Research projects – Research Apprentices

I'm supporting
**OCD
Awareness Week**

OCD-UK

The leading national charity supporting children and adults affected by Obsessive-Compulsive Disorder



LG

GIVE OPTIONS

SG

Marijuana Legalization and Regulation



Marijuana Legalization and Regulation
The Basics Voters in Alaska, Oregon and Was...
DRUGPOLICY

The economic case for legalising cannabis



The economic case for legalising cannabis
It seems a lot to spend on punishing people f...
TELEGRAPH.CO.UK

Rob

Hi everyone,
I'm sorry for late joining here. I can see that you already decided on topic. So I won't offer a new one. However, I would like to join on Monday debate, if possible? :) cheers

Reasons Marijuana should remain ILLEGAL



John Hawkins - 5 Reasons Marijuana Should...
How did we end up in a world where Big Gulp...
TOWNHALL.COM

BBC News - Washington



Washington DC legalises marijuana possessi...
Washington DC has become the latest place i...
BBC NEWS

Rob

Doesn't matter for me. I'll be and as Shannon said I'll prep

Eva's thoughts (they don't count)

While I don't get a say in this up to you, I have heard debat euthanasia and marijuana by group so the ones suggested Vincent would be super intere Having said that, I was skepti marijuana topic would work, actually made for a good deb

Debate Topic - Becky

From the sounds of it everyone is interested in different ones but the marijuana one is a constant one in everyone's like top 2 normally. Shall we just say we do that one and then start preparing for it and maybe pick sides as to who wants to be proposition and who wants to be opposition?

Charis

Hi guys, I think if I were to pick a topic it would either be the children starting school or marijuana one. I don't personally know much about parapsychology but sounds like it would be very interesting to look into.

Becca

I've only just been able to get on this for some reason. I think both marijuana and the parapsychology ones sound interesting, where do we vote? and how do we know who is debating on monday?

Marium

Ok :) We're getting somewhere and me on proposition so far opposition and Vincent and B decide which side they prefer

Shannon

sorry about the reply, my now has been playing up a bit

debate topic sounds good to me,

but i thought we weren't exactly picking sides, everyone was just going to speak when they need or wanted ?

but if not I dont really mind which side to im on!

ill prepare for both then see whos on whos side

Charis

I would like to be proposition if possible but don't mind either way :)

Debate Idea - Marium:

Hey guys! Two debate topics I thought of suggesting for Monday are:

1. Euthanasia should be legalised
2. Marijuana should be legalised

Eva's Tips...

You can upload links (e.g....)

Marium

Yes I think marijuana has the most votes overall. I would prefer to be proposition. But some of the class is missing, there are 5 of us so far. I think 5 is enough for a debate though?

Debate idea - Vincent:

Hi guys,

Two debate topics i think we could debate on Monday are as follows:

1. Education and Intelligence: when a student has difficulty learning. is it the

Becky

I dont mind being opposition then :). We could do 3 on one side and 2 on the other? Im not too sure either with whether the whole class need to be in the debate or whether 5 people is enough and the others will do another debate.

Idea From Becky:

I was thinking about the big list of topics we made a while ago and I thought an interesting topic could be the one we thought about regarding the age children start school. I cant remember what the statement was

Vincent

Hi guys, i think i would like to be proposition team if legalizatio marijuana is the debatetopic.

Debate

Both sides can use this page to make the argument in conjunction, and can make up their own

Padlet page so you don't know which other side will be arguing

Becky

That sounds good Rob! Do you want to be the opposing side so it is at le

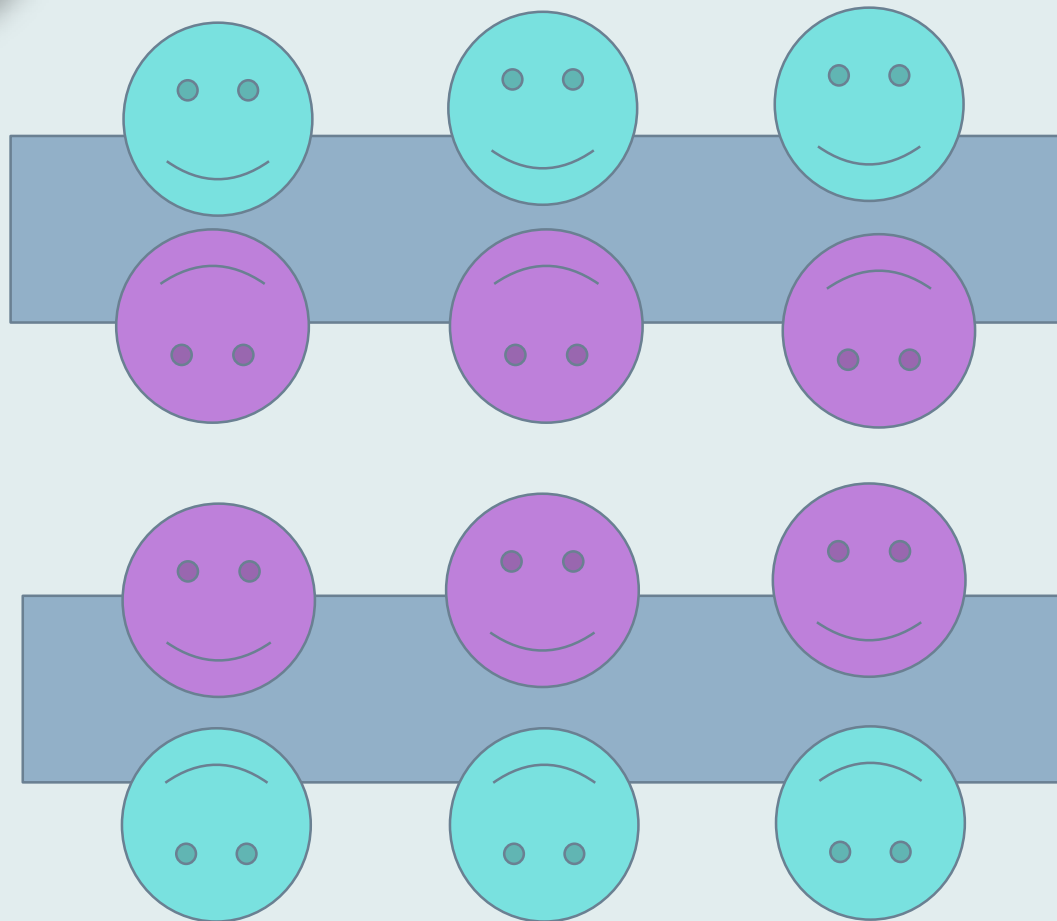
Students choosing & researching topic

Setting the Stage

- Things to consider:
 - Classroom or outside classroom?
 - Choice of room
 - Room layout
 - Room arrangement
 - Static or movement?

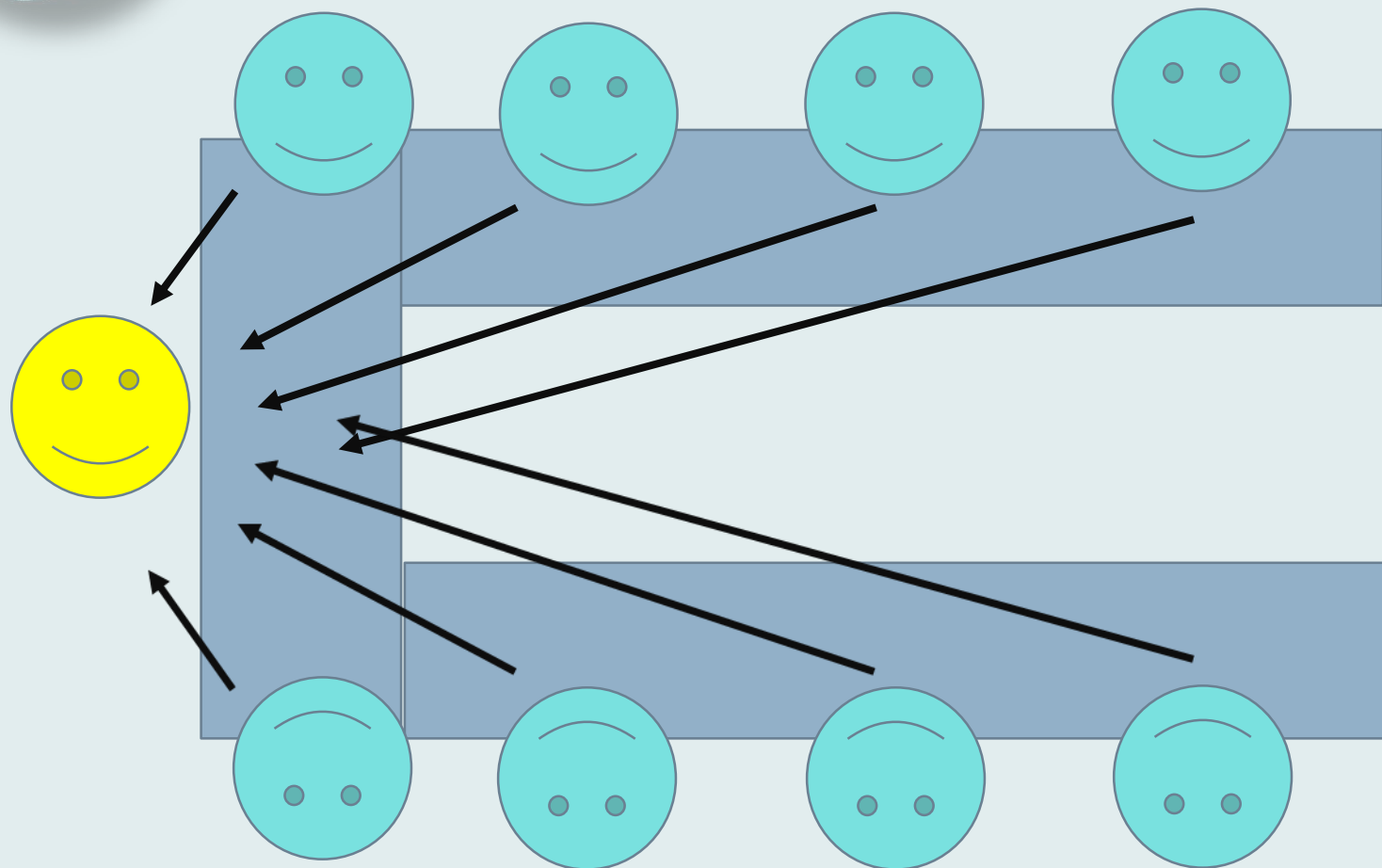
ROOM LAYOUT

SG



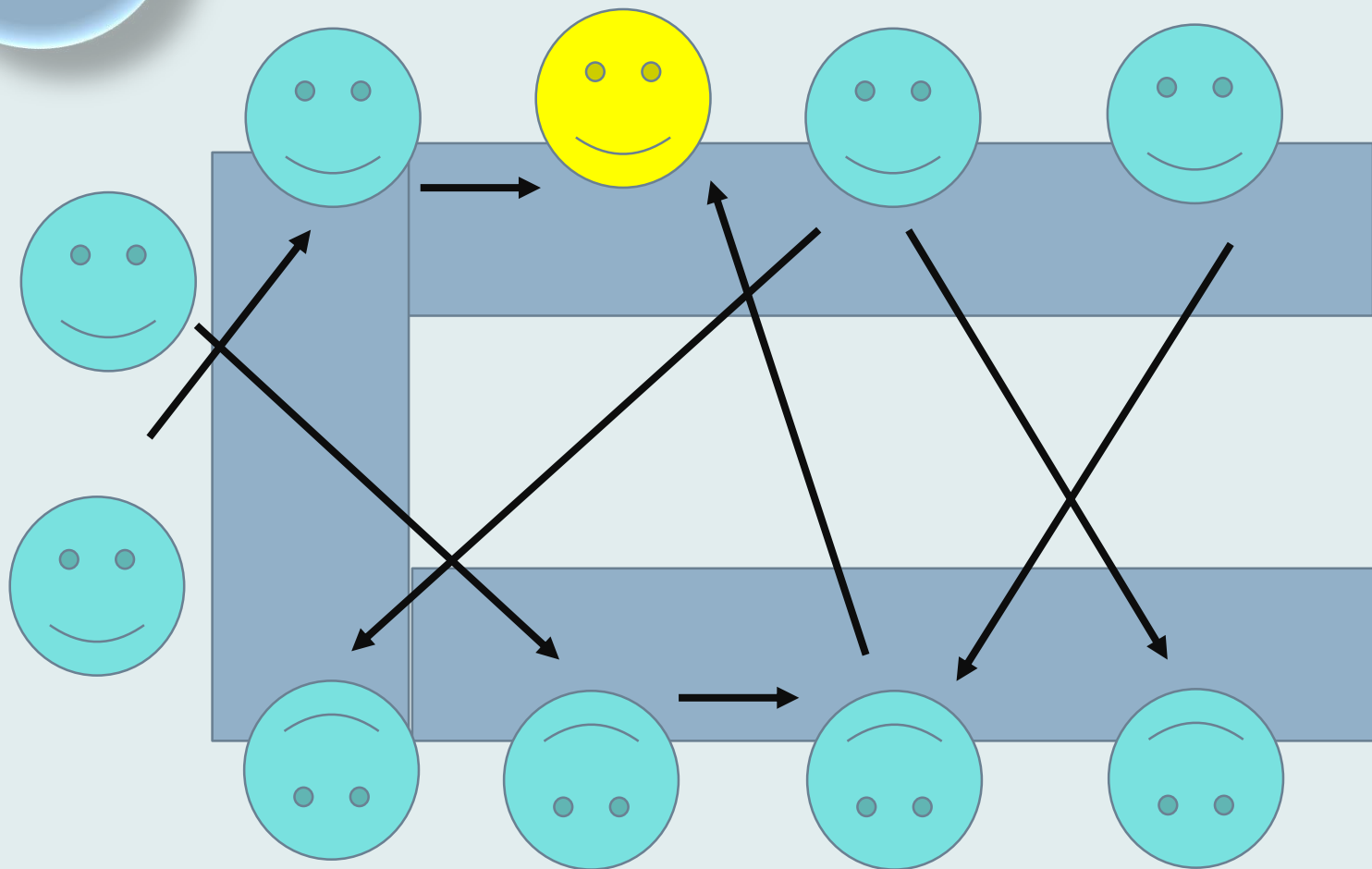
ROOM LAYOUT

SG



ROOM LAYOUT

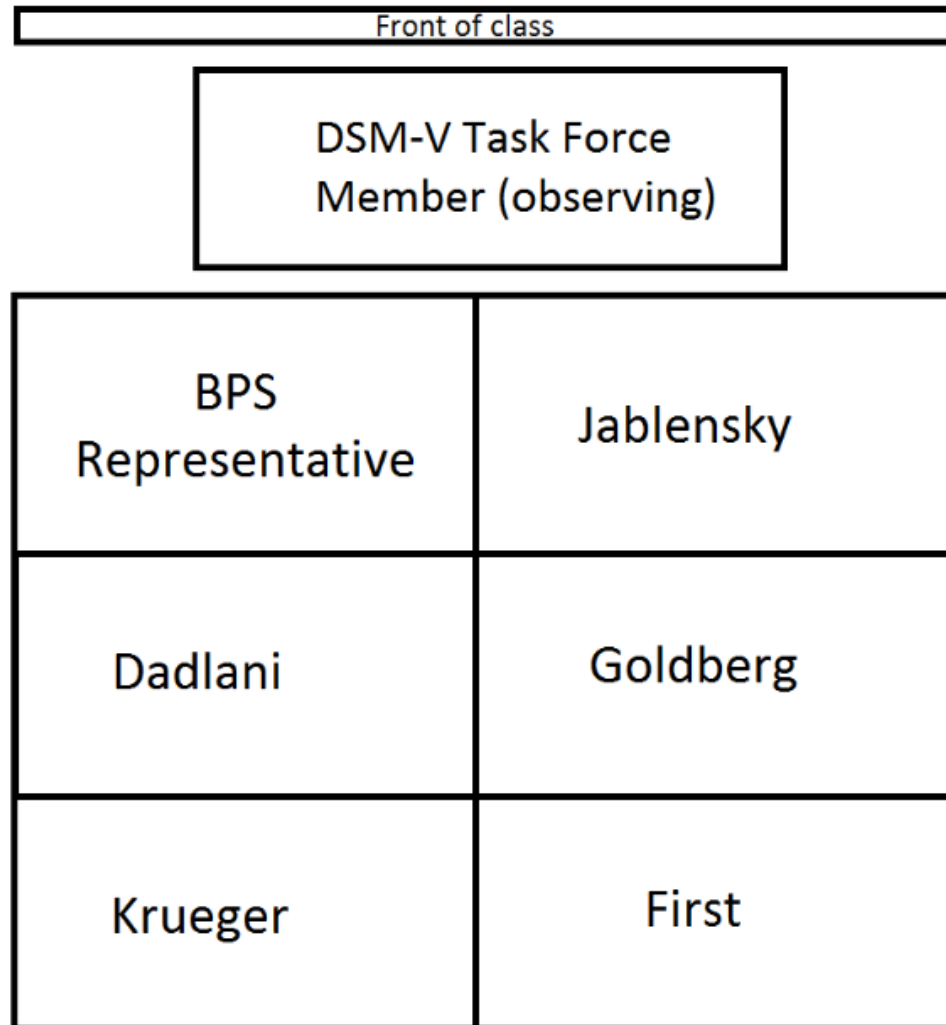
SG



WS 1: ASSESSMENT & DIAGNOSIS

SG

LG



PART I OF WS

FRONT OF CLASS

LG

DSM-V Task Force
Member (observing)

BPS Representative	Jablensky
Dadlani	Goldberg
Krueger	First

DSM-V Task Force
Member (observing)

BPS Representative	Jablensky
Dadlani	Goldberg
Krueger	First

DSM-V Task Force
Member (observing)

BPS Representative	Jablensky
Dadlani	Goldberg
Krueger	First

DSM-V Task Force
Member (observing)

BPS Representative	Jablensky
Dadlani	Goldberg
Krueger	First

DSM-V Task Force
Member (observing)

BPS Representative	Jablensky
Dadlani	Goldberg
Krueger	First

DSM-V Task Force
Member (observing)

BPS Representative	Jablensky
Dadlani	Goldberg
Krueger	First

DSM-V Task Force
Member (observing)

BPS Representative	Jablensky
Dadlani	Goldberg
Krueger	First

DSM-V Task Force
Member (observing)

BPS Representative	Jablensky
Dadlani	Goldberg
Krueger	First

LG

BPS Reps

Dadlanis

Kruegers

DSM-5
Task Force
+ Lecturer

Jablenskys

Goldbergs

Firsts

DIAGNOSTIC AND STATISTICAL
MANUAL OF
MENTAL DISORDERS

FIFTH EDITION

DSM-5

CONVENTION

DSM Task Force
+ Lecturer

BPS
Reps

Dadlanis

Kruegers

Firsts

Goldbergs

Jablenskys

LG

DIGITAL TECHNOLOGIES FOR USE OF SMALL & LARGE GROUPS

What are some digital technologies that you are aware of that can be used for teaching & learning?



padlet.com/eva_zysk/Digital

INTRODUCTION TO PSYCHOPATHOLOGY

- Psychopathology
 - **Definition:** The scientific study of mental disorders

What are some mental health disorders that you have heard of?

PPY Disorders Pre-Module

Table 3

Seasonal affective disorder
 Antisocial personality disorder
 Borederline personality disorder
 Depression
 OCD
 Schizophrenia
 Phobias
 Bipolar
 PTSD
 Anorexia

Schizophrenia - delusions
 Depression - low mood
 OCD - compulsions
 Bipolar - extreme moods
 Multiple personality disorder -
 dissociative
 Anxiety - panic attacks
 ADHD - hyperactivity
 Bulimia- binge eating
 Anorexia - not eating

Alice

Bipolar - high and low moods
 Social anxiety disorder -
 shaking/tremors, phobia of being in
 social situations
 Depression - loss of appetite, loss
 of interest in simple daily activities /
 things that were previously
 enjoyable
 OCD - compulsive order

Table 5?

Depression - low mood
 Bipolar - low/high mood
 Schizophrenia- hallucinations
 Anorexia - starvation
 Bulimia - vomiting
 OCD - repetitive behaviours
 GAD - anxious feelings
 ADHD - lack of concentration
 Post natal depression - feeling no
 connection to child
 Stress - lack of appetite
 Phobias - fear of something that
 affects every day life
 PTSD - trauma, nightmares
 Sociopath- lack of empathy
 MPD - more than one personality

Bipolar

Bipolar
 Depression
 OCD
 schizophrenia
 PTSD
 ADHD
 Personality disorder

OCD

Anorexia
 Bipolar
 ADD
 Antisocial personality disorder
 Bulimia

Allstars

Depression
 Anorexia
 Personality disorder
 Bulimia
 Social anxiety

Table 1

Anorexia - withholding food
 Bulimia - making yourself sick
 Schizophrenia - auditory
 hallucinations
 Multiple personality disorder -
 personality/behaviour changes
 PTSD - flashbacks
 Depression - low mood
 Anxiety - panic attacks
 Dissociative identity disorder -
 dissociation, forgetting identity
 OCD - repetitive behaviours
 Bipolar - mania and then
 depressive episodes

Table 2

Anorexia- starving yourself
 intentionally
 Bulimia- making yourself throw up
 intentionally
 Depression- low mood
 OCD- compulsive order of things
 Schizophrenia- hallucinations and
 hearing voices
 Phobias- very scared of something
 to the point of distress
 Anxiety- panic attacks
 Bipolar- overly happy
 Autism- isolated
 Hypochondriac- health anxiety
 Factitious disorder- imagining
 you're ill
 Conduct disorder- behavioural
 problems
 ADHD- behavioural disorder(when
 someone seeks attention and acts
 out when they don't get it)

Schizophrenia
 Depression
 OCD

Anxiety
 Multiple personality

All stars

PTSD
 Post natal depression
 Maternal OCD
 ADHD
 Aspergers
 Autism
 Dyslexia
 Dementia

Obsessive compulsive disorder-
 intrusive thoughts
 Depression- guilt
 Social anxiety- fear of judgement
 from others
 Psychosis- hearing
 voices/hallucinating
 Schizophrenia- hearing voices
 Multiple Personality Disorder- Black
 out
 Eating disorders
 PTST
 ADHD
 Autism

Group Name

(click to start post)
 - MH Disorder 1
 - MH Disorder 2

Allstars

Body dysmorphic disorder

Anxiety - panic
 attacks

Depression - low
 moods

Bipolar -
 Manic/depressive behaviour

OCD - Repetitive
 abnormal habits

Multiple Personality
 Disorder - Two personalities
 coming from the same person

Amnesia - forgetting short or long
 term memory

Schizophrenia-
 Catatonic/Paranoid

Eating disorder -
 Starving one self (Anorexia) or
 throwing food up (Bulimia)

Ptsd - Nightmares/socially isolated
 after a traumatic experience

LG

MENTAL DISORDERS COVERED IN PSYC30935



You + 24

PPY Disorders Post-Module

CLONE SHARE

ADHD

exhibitionism

Paraphilias

Frotteuristic disorder

Skin picking disorder

Acute trauma

Fetish disorder

Excoriation disorder

Trichotillomania

Body Dysmorphia disorder

Childhood trauma

PTSD

OCD
Eating disorders - Anorexi, bulimia
Mood disorders- depression
Anxiety
Gender identity disorder
PTSD
Schizophrenia
Parental OCD

Gender identity disorder

Post traumatic stress disorder

Eating disorders

Anxiety Disorders - Phobias, Social anxiety disorders, generalised anxiety disorder, agorophobia, panic attacks.

Post Traumatic Disorder
Acute Stress Disorder

Internet addiction

selective Mutism

Histrionic personality disorder

Antisocial personality disorder

Schizoaffective personality type

Post natal depression

Gender identity disorder

PTSD, anxiety disorders (general anxiety disorder, OCD, social anxiety disorder), bipolar, depression, schizophrenia, psychosis disorder, borderline personality disorder, bulimia, anorexia

Schizypal personality disorder

Factitious disorder

perinatal OCD

Gender dysmorphia

skin picking disorder

Borderline personality disorder

Borderline personality disorder

PTSD

Bulimia

OCD

Dissociative identity disorder

Oppositional defiant disorder

Hoarding disorder

Skin picking disorder

Munchausen disorder

Borderline personality disorder

Social and general anxiety psychopathy

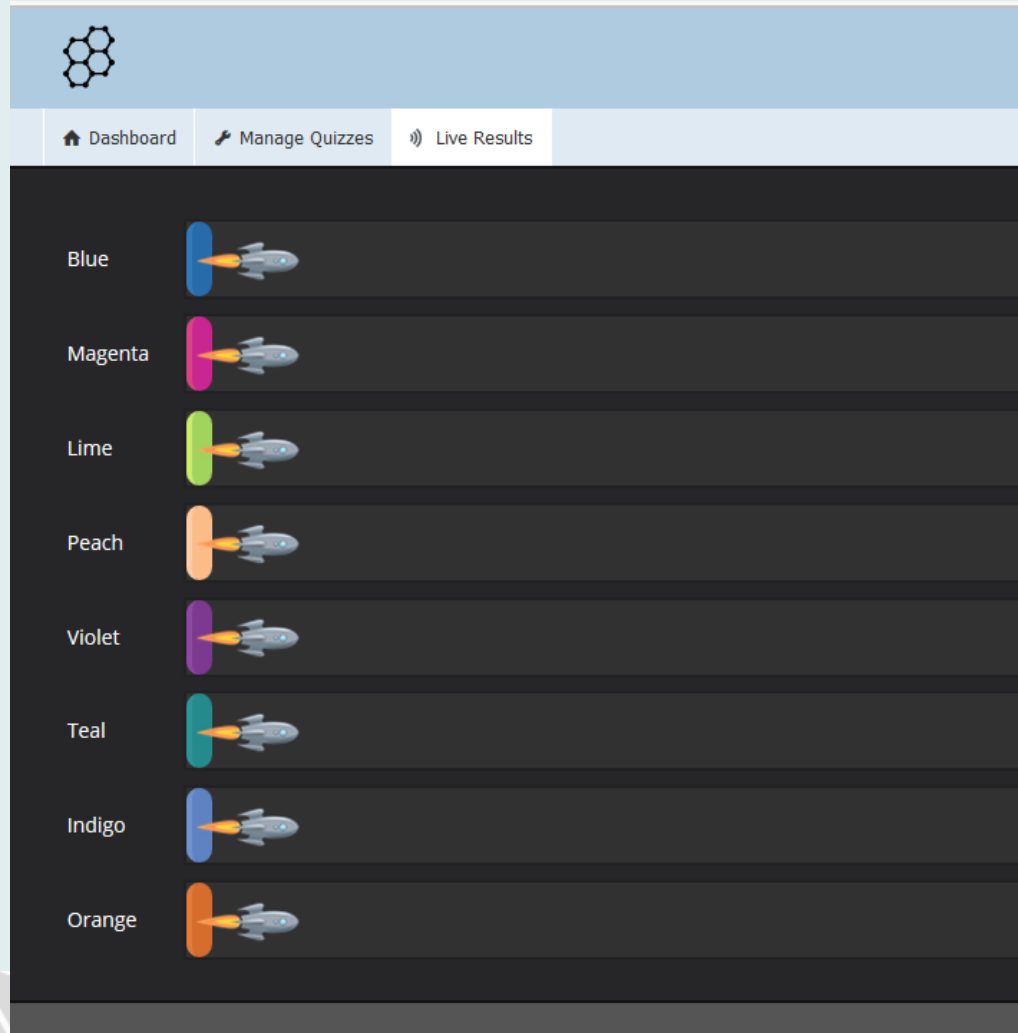
PTSD, personality disorders

Anorexia

Mood Disorders - Depression, Bipolar, Unipolar, Anxiety disorder
Personality disorders - Multiple
Personality Disorder
Psychosis - Schizophrenia,

SPACE RACE

○ <https://b.socrative.com/teacher/#space-race>



The screenshot shows the Socrative Space Race interface. At the top, there is a blue header with a gear icon. Below the header, there are three navigation tabs: "Dashboard", "Manage Quizzes", and "Live Results". The main content area is a dark grey/black background with a list of team names and their progress bars. Each team name is followed by a colored bar and a rocket ship icon. The teams listed are: Blue, Magenta, Lime, Peach, Violet, Teal, Indigo, and Orange. The progress bars are partially filled, indicating the current status of each team.

Team Name	Progress Bar Color	Rocket Ship Icon
Blue	Blue	Rocket Ship
Magenta	Magenta	Rocket Ship
Lime	Lime Green	Rocket Ship
Peach	Peach	Rocket Ship
Violet	Violet	Rocket Ship
Teal	Teal	Rocket Ship
Indigo	Indigo	Rocket Ship
Orange	Orange	Rocket Ship

SG

LG

MENTIMETER

LG

- Have you ever experienced a panic attack?
- Do you have a phobia?
- **www.govote.at**
- Code: **70 27 71**



Method Used	Small Group	Large Group
Padlet	X	X
Socrative	X	X
Enquiry-based learning	X	X
Guest Speakers	X	X
Demonstrations	X	X
Debates	X	X
NOW Content	X	X
Student-student teaching	X	X
Mind maps	X	X



www.createdebate.com

INTRODUCTION TO PSYCHOLOGY

PSYC10025

Student Tutorial Handbook TERM 2 (2014-15)

N	A	L	P	I	N	D	U	C	T	I	V	E	N
D	T	N	E	M	I	R	E	P	X	E	T	I	U
R	A	W	E	Y	D	R	A	V	R	A	H	D	Y
T	O	C	R	R	S	E	L	A	B	T	D	A	K
C	U	O	R	O	E	K	N	E	I	Y	F	O	O
A	W	N	E	E	A	F	D	W	N	T	O	N	P
R	Y	F	V	H	P	S	E	O	E	B	Y	L	P
T	C	O	I	T	H	D	I	R	E	O	A	K	O
S	E	U	E	L	U	S	E	O	E	G	G	S	O
B	M	N	W	E	U	F	L	T	I	N	Y	Y	R
A	O	D	R	L	F	E	J	A	H	O	C	Z	T
K	T	F	C	E	N	E	R	S	I	I	M	I	S
A	I	N	C	N	G	I	S	E	D	F	C	R	N
U	O	T	U	D	S	C	E	P	T	I	C	S	N
C	N	F	O	M	T	N	O	I	S	U	L	L	O

SG

LG

Student _____

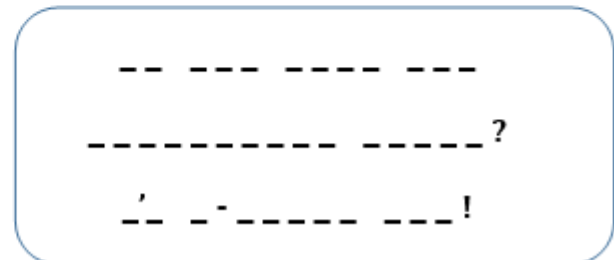
Tutor _____

Clues:

(Note: The number after each clue refers to how many letters the word contains)

1. A summary of the study found at the start of a report (8)
2. 2nd year NTU student who can provide extra support to you (5)
3. A variable that changes alongside the IV and limits interpretation of the results (8)
4. Type of data that should not be included in the Results section (3)
5. A structured argument with speakers taking turns discussing opposing points (6)
6. Using another author's language, thoughts, ideas, or expressions as your own (10)
7. The only way to establish cause and effect (10)
8. What one should use before starting to write an essay (4)
9. Type of taxonomy that helps analyse small group interaction (5)
10. Number of hours the Boots library is open daily (6-+)
11. A framework based upon a hypothesis and backed by evidence (6)
12. Telling the reader where the reported information comes from (11)
13. The "toolbox" you should use when evaluating information (8)
14. Type of experimental design that compares subjects at different times (6)
15. A decrease in neuronal responsiveness over time to the same stimulus can lead to this phenomenon (5-6)
16. Found at the end of an essay or report (10)
17. A very influential late psychologist and founder of psychoanalysis (8)
18. A Methods section should include _____, Materials, Participants, and Procedure (6)
19. Surname of Module Leader for CH Introduction to Psychology Tutorials (4)
20. Style of referencing recommended by NTU (7)
21. Type of task that shows words interfere with colour naming (6)
22. Evaluation of work by others working in the same field in order to maintain or enhance quality (4-6)
23. The "shape" we use when writing an introduction (6)
24. A type of reasoning process of arriving at a conclusion based on a set of observations (9)
25. A form of plagiarism involving unauthorised co-operation between 2+ people (9)
26. Some books can be accessed this way through the library (5)
27. A subjective conscious feeling that stems from one's circumstances, mood, or relationships (7)
28. A system of moral principles and good conduct to which psychologists must adhere (6)

Use the remaining letters to decode the secret message:



THINKING ACTIVITY – IN PAIRS

Partner 1 proposes an activity that s/he runs with a **small group**.

- Partner 2 makes a creative suggestion as to how this could be adapted to work with a large group

~Swap~

Partner 2 proposes an activity that s/he runs with a **large group**.

- Partner 1 makes a creative suggestion as to how this could be adapted to work with a small group

MINDMAP – INTEGRATION OF KNOWLEDGE

