

Introducing History Taking Classes in the Lecture Theatre – An Innovation

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ABSTRACT :

History taking is an art. The conventional method of teaching history taking since times immemorial has been bed side teaching where a teacher demonstrates it to a small group of students in the ward. However, this requires a large number of patients as well as faculty to cater to all 250 undergraduate students of a MBBS batch at one time. This innovative pilot study was conducted at SMS Medical College, where history taking was taught not in the ward by many teachers, but in the lecture theatre by one faculty, to all the 250 students of 2nd MBBS together, and the perception of students as well as faculty was gathered.

Keywords :

History taking, lecture, large group

Background :

The medical council of India has always emphasized the importance of teaching history taking to undergraduates appropriately. It is a well-known fact that history taking is an art. Skilled history taking is still regarded to be of fundamental importance for clinical decision making. ¹Traditionally teaching history taking has been a domain of small groups where the students were taught at the patient's bedside.

Bed side teaching in wards in small groups is prone to patient as well as teacher bias. The luck factor of students plays an important role here. Students may benefit more by good teaching skills of one teacher, who is their ward in charge as compared to another. Some clinicians may want to hurry up the class due to their busy schedule and may feel excess workload in teaching about the same case to many small groups again and again. So, a large number of teachers is required for a big batch of undergraduates.

Sometimes, not a single patient of a particular disease may be available in the ward, when a particular group of students is posted, any hence may miss out that case. Thus, there are chances that uniformity related to patient or teacher may not be maintained.

Lectures continue to be an efficient and standardised way to deliver information to large groups of students.² It has been well documented that students prefer interactive lectures, based on active learning principles, to didactic teaching in the large group setting.² Interactive lecturing on history taking using a simulated patient can be used to cater to a large number of students at one time by one teacher. Also, a simulated patient can be used if the case of a particular disease is not available at that time in the ward. Simulation refers to the artificial (and almost always simplified) representation of a complex real-world

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process with sufficient fidelity to achieve a particular goal, such as in training or performance testing.³

Students in the early preclinical state might profit from this type of approach helping them to focus on interview skills and not being distracted by thinking about differential diagnoses or clinical management.⁴

MATERIAL AND METHOD :

This study was conducted at SMS Medical College on students of II MBBS (3rd semester) over a period of one month. During this time two-hour duration classes on taking history of clinical cases, were conducted in the lecture theatre. This involved all the 250 undergraduate students of a batch together at one time instead of going for different clinical history taking classes in groups to their respective assigned units and departments. The classes were conducted in the disciplines of medicine, surgery, ENT and Obstetrics & Gynaecology. Simulated cases were used to demonstrate the history taking skills, by one faculty member from each branch. The classes

were organised after taking prior permission from Principal & Controller, SMS medical College and ensuring coordination between all the involved departments. The Perception of faculty and students was gathered regarding this innovation of teaching history taking in lecture theatre using a simulated patient instead of during ward posting. The final outcome was evaluated on a five-point Likert scale, and data was analysed in form of percentage and proportion.

RESULTS AND DISCUSSION :

To the best of our knowledge, this type of study has not been published in the past from any other medical college. In this study we have tried to introduce the concepts of history taking in a lecture hall setting, using a simulated patient and just one faculty for all the 250 students of II MBBS (3rd semester).

A total of 250 students and two faculty members each from Medicine, Surgery, ENT and Gynaecology & Obstetrics participated in this initial pilot study.

Table 1 : Shows the perception of students for this method of teaching history taking versus the conventional bed side teaching (N=250)

S. No.	Question	Score 1 (strongly disagree)	Score 2 (disagree) %	Score 3 (neutral) %	Score 4 (agree) %	Score 5 (strongly agree) %
1	The session was well organised	4 (1.6%)	7 (2.8%)	21 (8.4%)	65 (26%)	153 (61.2%)
2	It saved time	3 (1.2%)	8 (3.2%)	20 (8%)	65 (26%)	154 (61.6%)
3	It removed teacher bias	4 (1.6%)	8 (3.2%)	18 (7.2%)	63 (25.2%)	157 (62.8%)
4	It removed patient bias	5 (2%)	7 (2.8%)	19 (7.6%)	64 (25.6%)	155 (62%)
5	I understood better than bedside class	4 (1.6%)	9 (3.6%)	24 (9.6%)	65 (26%)	148 (59.2%)
6	I enjoyed the class	2 (0.8%)	6 (2.4%)	17 (6.8%)	57 (22.8%)	168 (67.2%)
7	I was more focussed as compared to bedside teaching	4 (1.6%)	7 (2.8%)	21 (8.4%)	64 (25.6%)	154 (61.6%)
8	I recommend more such sessions in future	3 (1.2%)	6 (2.4%)	20 (8%)	57 (22.8%)	164 (65.6%)

On evaluating the perception of students as well as teachers for this new innovation we found that most of the students enjoyed this teaching and could concentrate better. Almost all the students felt that here was no teacher to teacher bias as the same faculty taught all the students of the batch. Also, most students were satisfied by the fact that there was no

patient bias. All the students were exposed to the patient of a particular disease, irrespective of their posting ward. Most of the students felt more focussed as compared to bedside teaching where they said sometimes that could not perceive what was going on, while standing bedside. Almost all the students have recommended more such sessions to be organised.

Table 2 : shows the perception of faculty for this method of teaching history taking versus conventional bed side teaching (N=8)

S. No.	Question	Score 1 (totally disagree)	Score 2 (disagree)	Score 3 (neutral)	Score 4 (agree)	Score 5 (totally agree)
1	The session was well organised	0 (0%)	0 (0%)	1 (12.5%)	3 (37.5%)	4 (50%)
2	It saved my time	0 (0%)	1 (12.5%)	1 (12.5%)	3 (37.5%)	3 (37.5%)
3	It removed patient bias	0 (0%)	0 (0%)	0 (0%)	2 (25%)	6 (75%)
4	It removed monotony of teaching	0 (0%)	1 (12.5%)	1 (12.5%)	3 (37.5%)	3 (37.5%)
5	I enjoyed taking the class	0 (0%)	0 (0%)	1 (12.5%)	3 (37.5%)	4 (50%)
6	The students were more focussed and interested in the class	0 (0%)	1 (12.5%)	1 (12.5%)	3 (37.5%)	3 (37.5%)
7	Attendance of preclinical students improved in my class compared to bedside teaching	0 (0%)	1 (12.5%)	1 (12.5%)	1 (12.5%)	5 (62.5%)
8	I recommend more such sessions in future	0 (0%)	0 (0%)	1 (12.5%)	2 (25%)	5 (62.5%)

The faculty feedback trends also appear to be in favour of our innovation. Most of the faculty felt that it saved their time, they were relatively less loaded with work as compared to teaching many small groups on subsequent days, about the same patient. The faculty also enjoyed this different conduction of a class on history taking. They felt that the students were more attentive, and the attendance of students also improved tremendously as compared to bedside classes. Almost all faculty also recommended these classes to be continued.

CONCLUSION :

This preliminary study shows that conducting history taking classes in lecture theatre in the form of interactive lecture, using a simulated patient was beneficial to students as well as faculty. It saved time, avoided patient as well as teacher bias and generated interest in the students. This type of innovation can be continued for students who are in preclinical years, as this is a simple, time saving and easy to follow method for early clinical exposure in such students.

REFERENCES :

1. Ohm Friedemann, Voge Daniela, Sehner Susanne, Wijnen-Meijer Marjo, Harendza Sigrid. Details acquired from medical history and patients' experience of empathy – two sides of the same coin. *BMC Medical Education* 2013(13):67.
2. Luscombe C, Montgomery J. Exploring medical student learning in the large group teaching environment: examining current practice to inform curricular development. *BMC Medical Education* 2016(16):184
3. Datta R, Upadhyay KK, Jaideep CN. Simulation and its role in medical education. *MJAFI* 2012;68 (2): 167-172
4. Keifenheim K E, Teufel M, Ip J, Speiser N, Leehr E J, Zipfel S, Herrmann-Werner A. Teaching history taking to medical students: a systematic review. *BMC Medical Education* 2015(15):159-170