STUDENTS CORNER

Preclinical Ward Teaching: Student`s Perspective

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ABSTRACT:
History taking and basic clinical examination plays a pivotal role in the training of medical undergraduates. Medical history is the information gained by a physician by asking specific questions, from the patient with the aim of obtaining information useful in formulating a diagnosis and providing medical care to the patient. The relevant complaints reported by the patient are referred to as symptoms, in contrast to clinical signs, which are seen by direct examination of the patient by the doctor. The information thus gathered, enables the doctor to make a diagnosis and plan treatment for the patient. There is a need to encourage active participation of learners by engaging all students rather than engaging a single one while others observe. Thus history taking and examination skill is central to the transformation of a medical undergraduate student into a competent health professional and must be given due emphasis in medical schools.

Keywords: Medical history, clinical examination, student prospectus.

At undergraduate level, medical schools strive to give students an increasing contact with patients earlier in their course. The first step in this training is history taking and basic clinical examination[1]. In clinical medicine, the patient's past and present which may contain relevant information bearing on their past, present and future health, is defined as history[2]. Mastery of history taking and examination skills is central to the transformation of a medical undergraduate student into a competent health professional.These skills serve as the fundamental tools for a doctor and help him fit into future clinical practice.[3] Without good history taking and examination skills, it is nearly impossible to be an ideal doctor. Therefore, it can be said that good history taking is a cornerstone in the training of future doctors.[4] It is very well said 'listen to your patient, he's telling you the diagnosis'. Many times history alone reveals the diagnosis, and it might be the only thing required to proceed further. For example, the complaint of headache.[5] The site, severity, frequency, characteristic and other description about the pain may lead to the diagnosis of a particular type of headache. Similarly, one can also make a significant diagnosis through examination, which in this case would be that of all the related systems/organs. Therefore it can be easily said that the purpose of further investigations is simply to confirm a specific diagnosis, made on the basis of the history. Moreover, it is not just the diagnosis, but history is also a sharing of experience between the patient and doctor, and we as a doctor, allow the patient to unburden himself.[6] By winning his confidence and understanding the social context of patient illness, a doctorcan transform patient's worries into a useful diagnostic and therapeutic tool.[7] He should also enquire aboutother factors that might have an impact on or may be related to the patient's future health. In this way he can educate the patient while carrying out the counseling. A good example is that of smoking. A patient who comes to a doctor for any complaint, and reveals that he is a smoker, can be convinced by his doctor about the life-threatening hazards of smoking. This is referred to as 'opportunistic health promotion'. The doctor-patient relationship also has a therapeutic effect on the psychological state of the patient that is how the patient views his illness[8].

History taking as per specified by PMDC starts in the 3rd year of the MBBS training. The importance of history taking at the level of 3rd year MBBS lies in the fact that it involves and polishes multiple skills of the student at one time. He becomes a good listener of his patient's complaints. His communications skills are refined as he interacts with more and more patients. His body language is improved.[9] A characteristic of humility is inculcated into him. All these factors contribute to the emergence of a better personality of the student and helps in nurturing and grooming professionalism in the young doctors[10]. Not only for a student, history and examination are also very important for a classified specialist. Any tiny aspect of a history if missed, may lead to serious complications. For example, a patient presents with a complaint that requires surgery under general anesthesia. If the doctor misses out his past medical history and on the operation table it turns out that the patient is asthmatic, it can lead to very serious complications owing to the use of the endotracheal tube.[11] It is quite evident that the art of history taking which starts in undergraduate years refines and matures as the medical profession moves on provided the pillars are placed correctly and with due firmness. Speaking about the acquisition of this art translation of history to practical use at Bahria University Medical and Dental College (BUMDC), the students of 3rd year MBBS are divided into groups of 12. Each group is then sent daily to a particular ward/OPD for three weeks. The time allotted for clinical practice both history taking and clinical skill is 2 hours. This is ample time provided if used properly.In our view the methodology of clinical teaching at present for 3rd year MBBSstudents at BUMDC is, morefocused on factual recall rather than on

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development of problem solving skills and attitude.While students are taught these basic techniques in group teaching sessions, its implementation must ensure that these are practiced on patients on individual basis, thereby avoiding mere passive observation by the students and thus encouraging active participation of all adult learners.Students usually take history and examine a patient in large groups. This should be discouraged as a routine because only one student asks the questions/carries out the examination, while the rest of the lot get distracted, hence the fact, that many of them remain weak in this basic skill till the end of the year. The entire process also requires due supervision by a team so that written records of the histories/examinations must be, discussed, submitted and timely marked Students should maintain their clinical teaching portfolios.This will provide opportunity to students to improve their performance on regular basis and gain good grades in the ward test at the end of each clinical posting and hence in the annual professional examination too.

Sessions in OPDs and operation theaters, while providing some exposure to the workings of the clinical side, should be made more effective in teaching and the knowledge being imparted must be delivered in easy palatable form for the 3rd year students' The students should not be shown cases of advance diseases for which they have no basic knowledge as many a times they are not taught about them before hand. The OPDs and operation theaters do provide a clinical environment to the students. It will be very interesting if students could be exposed to live surgeries through camera techniques or video may be made of these procedures and then discussed with the students. In teaching hospitals as the teachers have to deal simultaneously with their normal clinical workload while teaching a group of students in the allocated amount of time,quality of teaching is liable to be compromised even if the teacher wants to impart knowledge with sincerity. Therefore during the allocated teaching time ward working must be handed over to other clinical colleagues. Thus handicaps in student`s clinical teaching can be overcome and improved by reviewing the teaching methodology and involving the students' and teachers' feedback responses. In our perspective, following measures to re-emphasize may ensure a more effective and goal oriented clinical teaching.

There is a need to encourage active participation of learners by engaging all students rather than engaging a single one while others observe. This can be done by two ways. First, by allocating roles to each student, i.e. asking different students to take different components of the history like presenting complain, history of presenting complains etc.[12] Similarly, students can be allocated one system each for physical examination like cardiovascular or respiratory system, etc. Also, other students can be asked to observe and then later summarize the history and major findings of the examination, thus increasing the overall productivity of the session in the same amount of time. The other way is to ask each student to take a separate history and present it individually so that everyone knows where they lack.

To enhance the problem solving aptitude of the students, they must be encouraged to use the collected information simultaneously to generate a diagnostic hypothesis along with a treatment regimen.[13] This will hone their problem solving skills and also prepare them for their role as future clinicians.Proper supervision of students during clinical rotations is necessary. Ward faculty must at all times facilitate the students and regulate the application of the taught skills. There should also be strict monitoring of the attendance system, in order to ensure that the allocated time is being used properly and in accordance with the objectives of the curriculum.

A patient oriented log book must be kept by each student, recording all the histories and examinations they have carried out. A specified number of cases per month must be recorded, and each must be read and signed by the observing facilitator, who should then provide feedback on it. At the end of each clinical posting, in the ward test each 3rd year student must be evaluated on the basis of their skills, and the results should have some weightage in the continuous academic assessments, so that the students may take the assigned task seriously.A teacher assigned to focus solely on the students in the clinical allocated time must be exempted from other simultaneous workings of the wards/OPDs.

As a student of 3rd year MBBS, we think that these simple measures can further raise the outcome of future doctor and increase the esteem of our prestigious institute. Thus medical history or medical case history also called historically anamnesis and abbreviated as Rx of a patient is the information gained by a physician by asking specific questions, from the patient with the aim of obtaining information useful in formulating a diagnosis and providing medical care to the patient.[14] The relevant complaints reported by the patient are referred to as symptoms, in contrast to clinical signs, which are seen by direct examination of the patient by the doctor. The information thus gathered, enables the doctor to makea diagnosis and plantreatment for the patient. If a diagnosis cannot be made, then only further investigations should be done to clarify the diagnosis or to make a definitive diagnosis[15].

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