Role Plays Used During A Humanities In Medicine Module: 
Selected Transcripts Part 2

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ABSTRACT

A medical humanities (MH) module has been conducted at KIST Medical College, Lalitpur, Nepal for the last four years. The students are divided into small groups and case scenarios, role-plays, paintings and activities are used to explore MH. The module for the fourth batch was conducted from December 2011 to March 2012. In this article the authors provide a brief overview of the MH module, Sparshanam and the learning objectives of different sessions. They provide transcripts of certain role plays conducted during the fourth, fifth and sixth sessions of the module. The role plays were conducted in Nepali with the help and guidance of the facilitators and the written transcripts in English language were provided by different student groups.

Key Words: Medical Humanities (MH), Medical Students, Nepal, Role Plays, Transcripts

In a previous issue the authors had shared certain transcripts used during the first three sessions of the medical humanities (MH) module. In this article they will share selected transcripts of role-plays conducted during the fourth, fifth and sixth sessions.

WHAT ARE THE MEDICAL HUMANITIES?

Medical humanities (MH) is as ‘an interdiscipli- nary and increasingly international endeavor that draws on the creative and intellectual strengths of diverse disciplines including literature, art, creative writing, drama, film, music, philosophy, ethical decision making, anthropology and history in pursuit of medical educational goals’ (Kirklin, 2003). Evans describes MH as the application of techniques of reporting, theorizing and interpreting developed in traditional humanities fields into the traditional medical field (Evans, 2002). MH has a number of advantages in the education of medical students which has been covered in a recent article (Shankar, 2011).

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Need and Direction for Medical Humanities Education

There is a need for improved educational environments (Kohli V, 2013). Students in developing countries begin their medical training at an early age, which can preclude development and grounding in basic humanities. Medical educators must evolve humanities programmes for medical students, which would be culturally relevant (Singh, 2012). Additionally, programmes should be designed to cope with varied environments, such as real patient-doctor interactions or others, such as the digital world (Kemp SJ, 2014). Much effort is being placed to devise new and interactive methods to inculcate the skills of MH (Haji FA, 2014). We share an experience of ours regarding the same.

Sparshanam, the MH Module at KIST Medical College

A MH module titled Sparshanam (touch in Sanskrit, an ancient South Asian language) has been conducted for first year medical students at KIST Medical College (KISTMC), Lalitpur, Nepal since the last four years (Shankar & Piryani, 2011). The module for the fourth batch of students was conducted from December 2011 to March 2012. The intake of 80 students was subdivided into six groups of 13 or 14 students each. The authors acted as facilitators for the module. There were a total of eight sessions which were conducted from 8.15 to 9.45 am on Thursdays. The topics addressed were empathy, what it means to be sick in Nepal, the patient, the doctor, the doctor-patient relationship, the family, the medical student and a wrap up session.

All students were from Nepal and the role plays were conducted in Nepali. Students were provided the scenarios during the session and were given twenty minutes to discuss in their groups, prepare the role plays and get ready to enact the same. They were instructed that the role play should be of less than five minutes duration. The facilitators asked for written transcripts of the role plays. The transcripts of the dialogues in Nepali were translated into English. Transcripts of the first six sessions were obtained. Students were explained that the authors planned to publish their transcripts and permission was obtained for the same.

The role-plays used during the first three sessions of Sparshanam have been described in a previous article (Shankar et al., 2012a). We had also described the use of role-plays in medical education in a previous article (Shankar et al., 2012b). In this article we describe selected transcripts from the sessions on the doctor, the doctor-patient relationship and the family (fourth, fifth and sixth sessions).

Student Feedback

Participant feedback about the role-plays used during a previous module (conducted for the 2010 intake, third batch of students) was obtained using a semi-structured questionnaire. Student opinion was positive and they felt role plays helped to make module objectives concrete and interesting, made them feel a part of the scenario and improved communication skills. They addressed important health issues in Nepal and prepared students for dealing with these issues in future practice.

Knowledge, attitudes and perceived skills before and after the present MH module were studied. Scores in all three areas increased significantly after the module. Student knowledge about problems faced by doctors, the problem of balancing professional responsibilities and personal life and effect of illness of a family member on the family among others increased. Their perceived skills in the areas of dealing empathetically with a patient, considering a holistic patient perspective, and being more patient centered in their future practice increased. Written feedback was obtained at the end of each session. The median score for use of role-plays during the session was 4 (maximum score 5). Respondents felt however that more time should be provided for the role-plays.

A description of the objectives of different sessions and the transcripts of the role plays
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