Creating Secondary Learning Resources from BMJ Case Reports through Medical Student Conversational Learning in a Web Based Forum: A Young Man with Fever and Lymph Node Enlargement

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ABSTRACT

This paper discusses an exploratory approach in creating stimulating medical education resources in the form of interactive conversational learning between medical students and facilitators who dissected a case previously published in BMJ to which the students do not have access, thus bringing out the learning points in an exploratory manner. Through these conversations, students discover the subject and learn actively along with a facilitator who gradually guides them through the case based problem. BMJ Case reports present a unique platform for this case based PBL (problem based learning) activity. In this illustrative example, students and facilitators perform problem based learning in a nearly asynchronous manner on a web based forum.

Keywords: Case Reports, Conversations, Problem Based Learning, Tabula Rasa, Web Forums

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INTRODUCTION

RB decides to facilitate a learning conversation around a case based clinical problem published in the BMJ Case Reports journal he co-edits and begins by posting a very brief opening line for the case scenario to a Facebook student forum, “Tabula Rasa” that is frequented by a very enthusiastic group of bright young medical students in India.

Latin for clear tablet, Tabula Rasa had its roots and was conceived as a Journal Club for the inquisitive students of Medical College, Kolkata – Asia’s oldest and still one of the finest Medical Institutions.

It aims to bring together scholars with similar beliefs, goals and ideologies. Those who think that education must not be confined to a Gray’s, Robbins or Harrison, but like to think for themselves, like to carve their own niche in the ever expanding world of the Medical Sciences, keep up with the ever receding horizons of medical knowledge, and can challenge themselves to test the limits of their intellectual endurance.

Tabula Rasa means the clean slate, which is what a students’ mind should be like, open and receptive, eager to learn and yet unbiased, uncluttered and uncongested with the precipitated debris of the congealed remnants of misplaced, misdirected or misinterpreted conventional wisdom, not afraid to ask questions, and not afraid to go seeking answers to those that remain unanswered. The Tabula Rasa is a venture to hone our skills and sensitize ourselves, equip ourselves and empower ourselves in ways that remain un-encompassed by the scope of the general curriculum.

From its humble beginning Tabula Rasa is no longer confined to the corridors of Medical College Kolkata only. Harnessing the power of the Internet the Group has moved to conglomerate an assortment of people who are not necessarily directly involved in medicine but people who share a knack for solving mysteries and going beyond unidirectional learning, a group where people love sharing their ideas and where everyone is united by the fact that they love a stimulating conversation.

Tabula Rasa (http://www.trmedi.co) welcomes all to be a part of the discussions in their Facebook group: http://www.facebook.com/home.php?sk=group_164543310239890

What follows is a ‘conversation’ centered on the posted ‘case scenario’ (Hashimi & Bhowmick, 2010). The clinical problem is gradually opened layer by layer through the conversations generated by the participants and the facilitator who preserves the suspense around the case and slowly releases the contents of the BMJ Case Report led by the responses from his participants who in this particular instance mostly rely on their background knowledge to contribute to the discussion. The participants have often used another common language (Bengali) to communicate among themselves and these have been left as it is initially followed by translations in English. The sections quoted from the published case report are in italics.

A 23-year-old man presented to his physician with swellings behind his ear. He gave a 3 week history of night sweats, 4 kg weight loss over 3 months, multiple swollen lymph glands, and mild persistent headache. He was referred urgently to hospital.

1st respondent TB: This is just too vague! Some pertinent questions I would like to ask regarding history: History of occupation, exposure, travel, contact, pets; any prior h/o TB or fever with rash, any family h/o similar illness, treatment history, transfusion history.

March 26 at 3:49pm:

RB: Thanks Tamoghna. The patient had no significant previous medical history, nor was there any family history of note. He was not on any medication although he had taken creatine supplements as part of a body building programme in the recent past. He had never smoked and drank alcohol rarely. He had not used any other recreational drugs.