Transcripts of a Medical Education in Humanities Module: Selection of Role Plays

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ABSTRACT

A medical humanities (MH) module has been conducted for first year students 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 of students 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 some of the role plays done during 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.

Keywords: Medical Humanities, Medical Students, Nepal, Role Plays, Transcripts

INTRODUCTION

Medical humanities (MH) is as ‘an inter-disciplinary 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).

Sparshanam: Nepal is a small developing country in South Asia situated between China and India. A MH module for first year medical students has been conducted since the last four years at KIST Medical College (KISTMC), a private medical school in Nepal (Shankar & Piryani, 2011). The various activities used during the module have been described in a recent book chapter (Shankar, 2011). The modules are activity based and conducted in small groups.

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Our MH module is titled ‘Sparshanam’ which means touch in Sanskrit, an ancient South Asian language. The module for 2011 students was conducted from December 2011 to March 2012. The eighty undergraduate medical (MBBS) students were divided into six groups. Sessions were held every Thursday for 90 minutes from 8 to 9.30 a.m. There were five facilitators for this year’s session who are all authors of this manuscript. Eight sessions were conducted and the topics 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.

Selected examples of use of role-plays: Role-plays have been widely used in medical education. In Nepal they were used in a module on pharmaceutical promotion for medical students to explore the issue of optimizing time spent with medical representatives (MRs) and doctor-patient communication (Shankar et al., 2012). Communication skills training workshop using trained actors was conducted as a part of professional development program for practicing genetic counselors (Dunlop et al., 2011). In Norway a 20 hour outpatient clinic training module developed in the US (the four habits model) was effective in improving communication skills among hospital doctors (Jensen et al., 2011). The training program used alternating plenary with theory/debriefs and practical group sessions with role-plays tailored to each doctor. In Pakistan, role-plays have been used as a teaching-learning strategy in Community medicine and were well accepted by students as an effective teaching-learning strategy (Manzoor et al., 2012).

In Nepal role-plays have been used during pharmacology practical sessions to train students in communicating with a simulated patient about drug and non-drug measures for management of a disease (Shankar et al., 2011). Interactive role-plays of teaching situations have been used in Russia to improve teaching skills of faculty members (Wong & Agisheva, 2007).

In Germany, a new interdisciplinary course ‘Delivering bad news’ has been incorporated in the medical curriculum (Simmenroth-Nayada et al., 2011). Role-plays were among the various teaching-learning methods used in the course and the authors concluded that it was well suited to the topic. In India role-plays were among the different methods used during a one and half day orientation program for interns (Goel et al., 2010). A review mentions engaging students in role-plays promotes active learning (Joyner & Young, 2006). Role plays are most effective if learning objectives are defined, and the cases are challenging. All students should be involved and ground rules should be set. Adequate time for planning and carrying out the role-play should be provided, and feedback and reflection should be elicited. Students should enjoy the exercise. We try to ensure that these objectives are fulfilled during the MH module.

Student feedback: Participant feedback about the role-plays used during a previous module (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
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