

Medical students and medical teachers learn together: preliminary experiences from Western Nepal

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Abstract

Medical students and medical teachers learning together have not been widely reported in the literature. However, there have been reports of this collaborative learning from other areas of education.

The Manipal College of Medical Sciences, Pokhara, Nepal admits students from Nepal, India, Sri Lanka and other countries to the undergraduate medical course. The department of Medical Education decided to offer a voluntary Medical Humanities module to the students. Faculty members also joined the module along with the fifth and sixth semester students. The facilitator conducted two focus group discussions (FGDs) with the faculty and the student participants separately. Various issues regarding the module were discussed but here I am only describing the issue of the faculty and the students learning together.

The sessions were based on small group, activity-based learning and were held after regular college hours. The faculty participants acted as co facilitators and guided the dynamics of their groups. They added experience to the literature and art interpretation and to the role plays. In certain sessions, their professional experience added value.

The faculty and the students bonded together well. The new topic, the informal and interactive nature of the sessions may be partly responsible. Future sessions can draw on this experience.

Introduction:

The partly apprentice-based nature of medical education and the higher levels of skills and knowledge of teachers and practicing doctors may be possible inhibitory factors for medical students and teachers learning together. Teachers and students learning together have been reported in other areas of education. At the Indian Hills Elementary School in Topeka, Kansas, United States (US) teachers and students learn to use computers for educational purposes together. (Adams, 2007) The teachers sometimes acted as co facilitators but often spend lab time acquiring new computer skills and new insights into the effective use of

educational technology. Teachers and students in the District of Columbia participated in an intensive summer institute and worked together to create an integrated, web-based unit of study for use in Middle School science, mathematics and language classrooms (Vasquez, 2007).

The Manipal College of Medical Sciences (MCOMS), Pokhara, Nepal admits students from Nepal, India, Sri Lanka and other countries for the undergraduate medical (MBBS) course. The college is affiliated to the Kathmandu University. The faculty members are mainly from Nepal and India. In the first four semesters, the basic sciences are taught together in an integrated, organ-system based manner with regular hospital visits. Formal learning of the clinical science subjects starts from the fifth semester of the course.

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The department of Medical Education at MCOMS decided to offer a voluntary Medical Humanities module for the third, fifth and sixth semester students. I was involved in designing the module and with my keen interest in literature, art, photography and the humanities acted as the module facilitator. Medicine and the Arts, Ethics and Medicine and Contemporary Issues in Medicine were the three units of the module. A total of thirteen sessions were held over duration of two months. There were five home assignments. A dry, didactic lecture-based teaching strategies in vogue in South Asian medical schools but for the module a more interactive and activity-based learning experience was planned.

Facilitators were required for this and future modules but MH is not a subject taught in South Asian medical schools. A few 'interested' teachers approached me with a request to join the module. Initially I thought of conducting separate sessions for the students and the faculty members but later decided to try having combined sessions. The faculty participants and the fifth and the sixth semester students learned together.

The present study describes the Medical Humanities module and concentrates on the aspect of the students and faculty learning together and their opinion regarding this joint learning experience.

Methods

The sessions were held twice a week on Tuesdays and Thursdays. The sessions were of around two hour's duration and were held in the evening outside the normal class hours in the evenings. Literature excerpts, poems, paintings, photographs, case scenarios and role plays were used to explore different topics in the Medical Humanities (MH). The participants were divided into small groups of 5 or 6 members each. The groups consisted of both students and faculty members. The faculty members who attended the sessions were relatively junior (Associate Professor level and below), student friendly and did not have an intimidating presence or demeanour. The faculty has already been exposed to problem-stimulated learning before and was comfortable with relinquishing

authority and exerting indirect control. Pharmacologists, Pharmacists, Physiologists and Internal Medicine specialists regularly attended the sessions. We had faculty members from various disciplines and backgrounds who were learning a 'new' subject. They acted as co-facilitators and guided the dynamics of their groups. To maintain informality and create a non threatening and friendly atmosphere, everyone was on a 'first name' basis throughout the course.

The facilitator conducted two focus group discussions (FGDs) with the faculty and the student participants separately. Various issues regarding the module were discussed but here I am only describing the issue of the faculty and the students learning together. Written informed consent was obtained from the participants in the FGDs. Ethical permission was not obtained. The results are based on the FGDs and on the facilitator's observations. The FGDs were transcribed by the author and the transcripts were shown to the participants in the FGD for their comments and approval.

Results

Table 1 shows the demographic characteristics of the respondents. The majority of students were Nepalese, male and from the sixth semester of study. The student participants felt that the faculty members added their rich experience to the interpretation of the literature and art examples. They guided the student participants towards considering issues which usually may escape notice. The faculty also adds 'content' to the discussions and deliberations. The interpretation of the case scenarios was similarly strengthened. The role plays were constructed and worked out to reveal the complexity of real life issues. The faculty actively participated and played various roles in the role plays. In a role play where a pharmaceutical company representative was persuading a doctor to enrol his patients in a clinical trial of their drug, a faculty member played the role of the drug company representative. The member had worked as a detail man before and was able to bring the 'selling' and 'persuasive' skills he had been taught to the role play.

Table 1: Demographic characteristics of the participants

Characteristic	Number (percentage of total)
Nationality	
Nepalese	10 (55.0)
Indians	8 (45.0)
Gender	
Male	11 (61.0)
Female	7 (38.0)
Faculty	5 (27.0)
Students	13 (73.0)
Semester of study (student participants)	
Fifth	2 (11.0)
Sixth	11 (61.0)

The facilitator observed that the faculty was able to bring their personal professional experiences to the sessions. In a session on 'Breaking bad news' the literature excerpt dealt with a doctor telling a patient that he has lung cancer. One of the faculty participants was a Pulmonologist and he was able to enlighten the participants about how he personally goes about the process of breaking bad news to his patients.

A faculty participant said that a major reason he joined the module was to encourage the students. He also wanted to share his experiences with the student participants.

The module had used debates during the unit on Contemporary Issues in Medicine and a student participant felt that the calming influence of the faculty was useful. Otherwise he felt the debate may have taken a more violent turn. However, the facilitator having observed the debates closely was of the opinion that the student participants had the required degree of self-discipline and control to keep the debate at an intellectual level.

The student felt that the faculty members who joined the module were friendlier and less dogmatic than certain others. Some also felt that the faculty was less rigid and more relaxed during the module. The creation of a friendly and non-threatening atmosphere may have partly contributed.

The various small groups formed during the sessions had at least one faculty participant. The facilitator had observed that the faculty members often acted as co-facilitators, guided the group dynamics and facilitated the achievement of group objectives.

Discussion

Medicine is a specialized field. In most areas, there is a vast gap in knowledge between the teachers and the taught. Collaborative learning may be used for subjects where neither group may lay claim to expertise. Topics like social issues in medicine and medical humanities may be learned this way.

I and my fellow faculty members in the department of Pharmacology have been using activity-based, problem-stimulated, small group learning during the practical sessions. (Shankar et al, 2004) The sessions concentrate on teaching students to use Essential Medicine rationally. Keeping in mind the experience with Pharmacology teaching I decided to use small group, activity-based learning for the Medical Humanities sessions.

The greater experience of the faculty and their detailed knowledge of certain aspects of medicine added to the usefulness of the sessions. The faculty also acted as co-facilitators making my job as facilitator easier.

Experience of small group learning was important in facilitating the group dynamics during the module. There were no major problems however. The participants were knowledgeable, enthusiastic and resourceful. As the module was voluntary the participants had literally selected themselves.

The study of literature and art does not burden the student with direct clinical responsibility and is generally pleasurable. (Honos & Sunwolf, 2001) A welcome zone of safety and relaxation is created where students can be imaginative, creative, self-aware and playful. (Shapiro & Rucker, 2003) I believe that this happened during the Medical Humanities module in our institution also and may have partly accounted for more friendlier and relaxed participants.

The distinction and barriers between faculty and students were broken. The participants were chatting, working, laughing and enjoying as if they were old friends. This may have happened because both were learning a 'new' subject and there were no 'experts' as is usual in the medical course. The setting was informal and the sessions were held outside the usual class hours. The sessions were interactive and activity-based.

Conclusion

Learning together was an enjoyable experience for both the students and the faculty participants. There were a number of advantages to learning together. This methodology can be continued for future MH modules and can be considered in other suitable areas in the medical course.

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