Letter to the Editor

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Knowledge, attitude and perceived skill levels at the beginning and conclusion of a medical humanities module

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Dear Editor,

Medical humanities (MH) has been described as the application of techniques of reporting, interpreting and theorising developed by traditional humanities fields to phenomena within the traditional medical field.[1] There is a strong evidence base for using arts-based interventions to foster diagnostic observation skills among students.[2] Studies undertaken to date, describing the effects of MH modules on attitudes, inadequately describe the methodology and results and no studies considered the effects on behaviour.[2]

A medical humanities (MH) module, Sparshanam has been conducted for all first year undergraduate medical students at KIST Medical College, Nepal, since 2008.[3] Knowledge, attitude and perceived skills (KAS) in the areas of empathy, what it means to be sick in Nepal, the doctor, the patient, the family, doctor-patient relationship and professional values in medicine were studied at the beginning and conclusion of the module during 2011-2012.

Self-reported knowledge in specific topics was noted using the following scale: No idea (1), vague idea (2) and clear idea (3). The attitude of respondents was measured by noting their degree of agreement with a set of statements using a modified Likert-type scale scored as: strongly disagree with the statement (1), disagree (2), neutral (3), agree (4) and strongly agree (5). The perceived skills were measured by asking participants to indicate their levels using the following scores: Not confident (1), somewhat confident (2), very confident (3) and will be able to do independently in future (4). The statements were arrived at through consensus among the authors. The questionnaire was reviewed by medical education experts. Free text comments were noted and the common ones (provided by five or more respondents) reported.

Sixty-five of the 80 students (81%) participated; the majority were male, urban and had studied in private schools. Table 1 shows the respondents' knowledge of individual subject areas before and after the module. Before the module the majority of the respondents had either no idea or a vague idea about different areas but after the module this changed to having a clear idea for most of the areas or having a vague idea for the others. Table 2 shows the respondents' degree of agreement with individual statements before and after the module. Table 3 compares the perceived skill levels before and after the module. An increased percentage of respondents felt very confident about their skills and felt they would be able to perform the same independently in future.

Among the paraphrased free text comments were:
Learning was fun and interesting (nine respondents).

Sessions were very useful and developed our understanding about empathy, sympathy and importance of patient (seven respondents).

The sessions were very helpful (six respondents)

Sparshanam was very useful but the duration could be increased (six respondents).

The free text comments reflect the interest created by the module's 'different' approach to teaching-learning. MH programs create an environment of relaxation, comfort and safety. Respondents explore issues they would face in their future practice in a protected environment where mistakes can be tolerated. Based on feedback obtained the authors are working on using more scenarios and paintings from a Nepalese context in the module.

In our study respondents' knowledge of empathy and its importance in medicine, and their perceived level of skills in dealing empathetically with a patient significantly increased after the module. The module starts with a session on empathy where different aspects of empathy are discussed. Students perform role-plays showing an empathetic and non-empathetic doctor-patient consultation. Our MH program is mainly based on western literature and paintings and western concepts. The case scenarios and role-plays however reflect Nepalese scenarios and problems and the literature excerpts though written by Western authors in

English describe various aspects of health, disease and society in Nepal.

The strength of the study was the good response rate. The respondents' demographic characteristics reflected the class demographics. The study had limitations. KAS were measured using a questionnaire developed by the authors. Although the questionnaire was pre-tested among four second year students for comprehension and readability, it had not been validated. Other modalities or assessments were not used. The scores were studied immediately after the module and retention effects were not examined. KAS levels were those perceived by the students.

KAS levels increased after the MH module. The long term impact of the module on attitudes and behaviour of students during the clinical years of study and practice should be studied. We plan to explore this issue in future.

Sincerely,

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References

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Table 1: Respondents' knowledge before and after the module

S.No	Statement	Number (Percentage) of respondents before the module			Number (Percentage) of respondents after the module		
		No idea	Vague idea	Clear idea	No idea	Vague idea	Clear idea
1	Empathy and its importance in medicine	12 (18.5)	48 (73.8)	5 (7.7)	0	4 (6.2)	61 (93.8)
2	Problems faced by sick people in Nepal	0	53 (81.5)	12 (18.5)	0	9 (13.8)	56 (86.2)
3	The patient perspective of illness	24 (36.9)	36 (55.4)	3 (4.6)	0	25 (38.5)	40 (61.5)
4	Social obligations of doctors	18 (27.7)	40 (61.5)	7 (10.9)	0	26 (40)	39 (60)
5	Recent changes in doctor-patient relationship in Nepal	19 (29.2)	38 (58.5)	8 (12.3)	0	18 (27.7)	47 (72.3)
6	The role of the family in providing support to the sick	3(4.6)	35 (53.8)	26 (40)	0	5 (7.7)	60 (92.3)
7	Professional values in medical education	26 (40)	32 (49.2)	6 (9.2)	0	24 (36.9)	41 (63.1)

Table 2: Respondents' attitude before and after the module

Statement	Number (Percentage) of respondents before the module					Number (Percentage) of respondents after the module				
	Strongly disagree	Disag-ree	Neutral	Agree	Strongly agree	Strongly disagree	Disag-ree	Neutral	Agree	Strongly agree
1. I do not understand why it is important for medical students to learn about empathy.	1 (1.5)	13 (20)	11 (16.9)	30 (46.2)	9 (13.8)	2 (3.1)	1 (1.5)	1 (1.5)	18 (27.7)	43 (66.2)
2. In Nepal sick people face major problems in reaching health facilities.	1 (1.5)	3 (4.6)	1 (1.5)	42 (64.6)	18 (27.7)	3 (4.6)	0	0	30 (46.2)	32 (49.2)
3. Patient illness should be viewed holistically taking into consideration family, community and society.	0	4 (6.2)	20 (30.8)	25 (38.5)	16 (24.6)	3 (4.6)	3 (4.6)	8 (12.3)	18 (27.7)	33 (50.8)
4. As I am a self-financing student in a private medical school I have no social obligations.	2 (3.1)	4 (6.2)	15 (23.1)	34 (52.3)	10 (15.4)	5 (7.7)	3 (4.6)	5 (7.7)	25 (38.5)	26 (40)
5. Informed and aware patients will help improve the practice of medicine.	4 (6.2)	2 (3.1)	7 (10.8)	30 (46.2)	22 (33.8)	2 (3.1)	5 (7.7)	7 (10.8)	32 (49.2)	19 (29.2)
6. Family can have a negative impact on a sick patient.	1 (1.5)	14 (21.5)	10 (15.4)	32 (49.2)	7 (10.8)	9 (13.8)	10 (15.4)	8 (12.3)	33 (50.8)	5 (7.7)
7. All medical students should be conservatively and formally dressed.	3 (4.6)	10 (15.4)	11 (16.9)	27 (41.5)	14 (21.5)	9 (13.8)	9 (13.8)	11 (16.9)	23 (35.4)	13 (20)

Table 3: Respondents' perceived skills before and after the module

SNo	Statement	Number (Percentage) of respondents before the module				Number (Percentage) of respondents after the module			
		Not confident	Somewhat confident	Very confident	Will be able to do independently in future	Not confident	Somewhat confident	Very confident	Will be able to do independently in future
1	Dealing empathetically with a patient	18 (27.7)	39 (60)	5 (7.7)	3 (4.6)	1 (1.5)	33 (50.8)	21 (32.3)	10 (15.4)
2	Considering a holistic patient perspective while providing medical care	21 (32.3)	37 (56.9)	6 (9.2)	1 (1.5)	1 (1.5)	26 (40)	28 (43.1)	9 (13.8)
3	Forming a patient-centred relationship in my future practice	10 (15.4)	31 (47.7)	20 (30.8)	4 (6.2)	2 (3.1)	15 (23.1)	22 (33.8)	26 (40)
4	Involving family members in treatment of my patients	22 (33.8)	29 (44.6)	8 (12.3)	6 (9.2)	5 (7.7)	22 (33.8)	26 (40)	12 (18.5)
5	Putting the considerations of my patient above all others	8 (12.3)	30 (46.2)	20 (30.8)	6 (9.2)	2 (3.1)	15 (23.1)	20 (30.8)	25 (38.5)