

## Role Play - Introduction to History Taking For First Year Medical Students.

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### **Abstract**

**Introduction:** History taking is an important aspect of medical education. It a skill that all students of medicine should possess. In the first professional year of medicine, students are hardly exposed to the patients. Teaching history taking is usually in the form of didactic lecture with little involvement of students. To make history taking session interesting and interactive, role play was used as a teaching method. Role play has been used for small group teaching to make learning effective.

**Material and method:** 200 medical students were divided into batches of 20. In each group a role play was conducted. Structured role play was used, where the students were asked to play a patient or a doctor. Other students were given observation guidelines. The case used in role play was then discussed by the facilitator. Students were told to write reflections in their log books regarding the role play as a tool for history taking. Responses were collected from the students.

**Results:** Students reflections were collected under the headings what happened, so what and what next. It was an interactive session were students understood the significance of history taking. They realised that communication skill is desirable to acquire correct information from the patient.

**Conclusion:** Role play can be used as a tool for teaching history taking. It is effective way of communication where students learn the art of history taking by actually doing it.

**Key words:** role play, history taking.

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### **I. Introduction**

History taking is a basic skill required for all clinicians. Accuracy of diagnoses and the establishment of a good doctor-patient relationship depend on effective communication with the patient. A good history can help in giving a diagnosis and avoid unnecessary investigations. The curriculum of medical education is now emphasizing on the importance of communication skills as a stepping stone towards quality care of patients. It is hence important that medical students acquire this skill in their developing years. In our college at HBTMCMumbai, history taking for first year medical students is taken as small group teaching in a traditional manner. It is teacher centric with no participation from the students. The new curriculum which is to be implemented from 2019-20 suggested DOAP session (Demonstration, Observation, Assistance, Performance) for history taking. Preclinical students can concentrate on interviewing skills without being preoccupied with medical knowledge .Role-play activity has been widely used to teach and learn history taking in medical schools (1,2).We decided to incorporate role play to make students understand the importance of taking a good history.

### **II. Method**

Participants: 200 first year medical students participated in the session on history taking. Students were divided into small groups of approximately 20, each led by a faculty. A structured role play was used for history taking (3). Student volunteers took on the roles of doctor and patient. Other students in the group were observers. (Table-1)

Study design: DOAP session

Study location: HBTMC and DR R.N.Cooper Hospital, Mumbai, Maharashtra.

Study duration: July 2019

Sample size: 200 students

Analysis: Students responses were collected from their reflections.

**TABLE -1**

<p><b>Task for the interviewer</b> You are a physician and will be talking to the patient, asking his complains. You will take his past history, personal and family history. You need to address his concerns and empathize with him. You will assure him that he will be examined well and treated accordingly.</p> <p><b>Task for the patient.</b> You are a 55 year old complaining of chest pain. You give a brief history of pain and lack of sleep due to it. You answer about aggravating and relieving factors when asked by the interviewer. You express your concern over family history of hypertension. You give a negative history for other complains when asked.</p> <p><b>Task for the observer</b> A <b>check</b> list is given to observers. They observe the communication skill of the interviewer. They observe and tick yes for different aspects of history taking like asking for aggravating and relieving factors, negative history, family history and comforting the patient.</p>
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**TABLE-2  
OBSERVERS GUIDE**

<b>Facilitation of Patient Encounter</b>	<b>Tick yes</b>
1. Introduced self	
2. Speech and language easily understood	
3. Avoided complex or leading questions	
4. Concern for patient comfort	
<b>Data Collection-Interview</b>	
5. Asked what the pain is like (character)	
6. Asked how often the pain occurs	
7. Asked how long the pain lasts	
8. Asked what brings the pain on/makes worse	
9. Asked what makes the pain better/makes it go away	
10. Asked if the pain moves/radiates	
11. Asked if there were any other symptoms with the pain	
<b>Asked about the following cardiac risk factors</b>	
13. Smoking	
14. Diabetes Mellitus	
15. Hypertension	
16. Family history	
17. Menopause	

### III. Results

With introduction of the new curriculum in our college, students are supposed to maintain a log book where they write down their reflections. They were guided to write the reflections about the role play in their log books under these headings.

1. What happened? –Description .here they were told to describe the role play.
2. So what? - What were they thinking, how was the experience.
3. What next? - How are they going apply what they learned today for future learning.

Responses were collected from the log books.

Common responses

**What happened** –A role play was conducted on history taking. A case study of a patient of chest pain was discussed. The patient’s present complain regarding onset, duration of pain was asked. The doctor allowed the patient to express in his own words without interrupting. Then the doctor asked about aggravating and relieving factors. He then asked leading questions to rule out causes of chest pain. Patient’s family history and personal history was asked. The doctor assured the patient that his complains were noted and he will be managed well. That helped relieve patient’s anxiety.

**So what** – Role play helped in understanding the significance of good history taking in diagnosis. It showed the need for good communication skills. It showed how to extract information from the patient. Choice of words and tone of voice helps gain respect and trust of the patient and helps development of professionalism.

**What next-** There is a need for developing good communication skills. Role play can be used as a tool for future learning. Importance of taking good history understood well.

#### IV. Discussion

The role play started with greeting the patient, asking his personal details. The interviewer then went on to ask the history in the prescribed format starting with history of present illness. The patient gave history of chest pain. He described onset of symptoms and specified the duration of pain. He also went on to describe the character of pain as a squeezing sensation that was felt in the neck, back and shoulders and it lasted for a few minutes. The patient related the appearance of pain when he was angry. The doctor then inquired about the aggravating and relieving factors. The patient reported that such episodes of pain had occurred while playing tennis and subsided with rest. He had a similar pain while dancing at a function. He gave a history of taking medicine for the pain which did not help relieve the symptoms. The doctor then asked about history of smoking. He also inquired about change in bowel habits, or pain after a meal to rule out causes of chest pain. History of hypertension and diabetes was asked. Family history revealed that his father died of heart attack and so the patient was concerned for his own health. At this point doctor empathizes with the patient and tells him that he will be examined well and proper treatment will be done accordingly.

The observers were given a checklist to see if all the details of history are asked by the interviewer. The checklist included 1. How the interviewer facilitates talk with the patient 2. Collects data regarding patients present complaints. 3. Ask relevant risk factors and family history (Table-2)

#### LEARNING OBJECTIVES

The role play was followed by discussion among students and with the facilitator. Significance of each of the points under the checklist was discussed. They discussed on importance of comforting the patient and relieving his anxiety. They discussed the significance of asking aggravating and relieving factors. Significance of asking negative history was told. At the same time, when to ask leading questions was emphasized. Significance of family history and socioeconomic status was explained. Students were made aware of the importance of proper communication with patient. Students learned that giving correct information to the patient and empathizing with the patient is an important aspect of communicating skill.

TABLE -3

Common Responses
Communication skill is important for development of doctor- patient relationship.
Role play helped understand better with actual observation.
Basic skill that all doctors should possess.
History taking important to identify the cause and helps in diagnosis.
Helps in developing Language and communication skill.
Role play helps in development of professionalism. Choice of words and tone of voice helps gain respect and trust of the patient.
Helps break barrier between doctor and patient.
Helps to extract relevant information from patient.
Role play useful for future learning.

#### V. Conclusion

This was a first attempt at using role play for history taking. Role play can be used as an interactive tool to teach students communication skills. Students learn better by observing. Role play should be implemented for further learning.

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#### References

- [1]. Keifenheimetal. Teaching history taking to medical students: a systematic review. BMC Medical Education (2015) 15:159.
- [2]. Huang S, Peng Xu et al .An Effective Teaching Method to Enhance History-Taking Skills for Chinese Medical Students. International Journal of Higher Education Vol. 7, No. 2; 2018
- [3]. Ainsworth A M, Holden D M. et al,An Example of a History, Physical Examination, Presentation and Problem Solving Practical Examination Station(Department of Internal Medicine, The University of Texas Medical Branch)

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