

STUDENT'S PERCEPTION: CONVENTIONAL VS. NON-CONVENTIONAL TEACHING PRACTICES IN MEDICAL ETHICS

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ABSTRACT: Didactic teaching remains a conventional method of undergraduate education till date. Studies had been done to assess the knowledge acquired by the student group. The current study was conducted in a group of thirty students to assess the difference in acquiring knowledge and understanding the subject. This was done by taking two classes on topics related to medical ethics in a didactic mode and in the next two sessions same set of students are guided to participate in a role play with preparation on topics of medical ethics, and also review was asked from the students side based on the usefulness of interactive learning among them. Comparison was made in students about the understanding and learning the subjects and receiving the feedback in the form of questionnaire which was given in annexure of this article. Study concluded interactive teaching and role play forms a better module as an add-on tool for implementing medical education for traditional methods. Here an attempt has been made to show the significance of the same. The statistician was consulted for tabulating the results, and suggestion received is the percentage of the results was better to be tabulated then adopting any method for the same.

KEYWORDS: Didactic teaching, role play, interactive teaching.

INTRODUCTION: Teaching methods are of various ways, that includes lectures, group discussions, problem solving exercises, and small group teaching.⁽¹⁾ Teaching, in this beginning of this non-conventional modality of teaching, is more like a "booster" to learning than a complete determinant, thus offering students a learning environment. Conventional methods of teaching has various objectives to be fulfilled, the effectiveness of the teaching has to be clearly formulated. The course material to be provided is carefully split into different learning tasks and dealt with in sequence. The teacher explains clearly what the pupils must learn. There is question whether this type of highly structured teaching works better for acquiring complicated cognitive processes in education.

Typically, lectures consist of a monologue by the lecturer, which is reproduced in note form by the students. Some have argued that, in the light of modern research and technology, this format is limited (Butler, Phillman and Smart, 2001). The educational and psychological literature does suggest a number of potential techniques that could improve this basic lecture format both in terms of learning outcomes and the efficiency with which these outcomes are achieved

Historically, Socrates was a great promoter of the small group teaching.⁽²⁾ In small group teaching there is a good interaction between the student and the teacher, because of the small numbers; students receive more individual attention, teachers will be able to manage the

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students better, discipline problems are likely to be less and there is more interaction between student and teachers.

Interaction of students with the patients begins from the second year in the current group of students. The knowledge about the principles and practice of medical ethics is very important and relevant for a medical professional. This is due to a variety of reasons including increasing medical litigation, changes in complexities in medical practice and the growing importance of consumer courts so the topic of medical ethics is used in this set of students further Medical ethics has been used for the study as it is the important component of medical education. Medical ethics in the Indian context is closely related to indigenous classical and folk traditions. Classical Ayurvedic texts including Charakasamhita and Susrutasamhita provide foundational assumptions about the body, the self, and gunas, which provide the underpinnings for the ethical system.^(3,4)

Medical ethics is a system of moral principles that apply values and judgments to the practice of medicine. As a scholarly discipline, medical ethics encompasses its practical application in clinical settings as well as work on its history, philosophy, theology, and sociology. In an analogy of human body, learning the scientific foundation of medical science is like acquiring a HEAD, acquisition of psychomotor skills represents HAND and learning professionalism and medical ethics is like acquiring a HEART. Since medical ethics is heart it has to be stressed repeatedly to medical students.⁽³⁾

REVIEW OF LITERATURE: Several studies had been carried out in medical professionals for analyzing the better module of teaching the students to make them understand better and to have a better grip on the subject which they have to know. One such study had been carried out in the nursing students to assess the communication skill with the patients. which is a comparative study, to know the usefulness of cooperative learning to the traditional learning methods in theory classes, the two group of nursing students were randomly selected and results showed that no significant difference between the two groups in students' communication skills scores before the teaching intervention, but did show a significant difference between the two groups in the interaction skills after the teaching intervention. This study provides evidence that cooperative learning is an effective method for improving and increasing communication skills of nursing students especially in interactive skills.⁽⁵⁾

A study done in subject of psychiatry where most common mode of teaching the students by didactic way, the study was done for the comparison of a case based study with didactic teaching among students in two topics namely Depression and ADHD where they concluded case based study as a better modality.⁽⁶⁾

Study done in psychology undergraduates in whom five non-traditional teaching techniques were applied to an introductory statistics course: active and implicit learning, use of breaks, mastery learning, peer tutoring and problem-based learning. Collectively, these techniques improved students' scores in a statistics examination by ten percent compared with a matched control group and this improvement was statistically significant. Students' responses to the new course were positive.⁽⁷⁾

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AIMS AND OBJECTIVES:

1. To compare the effectiveness of conventional verses non-conventional teaching.
2. To determine the usefulness of role play in teaching medical ethics usefulness is measured by means of questionnaire that was formed and collecting information from the students.

MATERIAL AND METHODS: The study was conducted with a group of thirty students in second year MBBS at the Vydehi Institute of Medical Sciences And Research Centre after taking the permission of the ethics committee. Topics relating to medical ethics were taught in two classes in a conventional mode, that is, the regular lecture mode of teaching and subsequently the same topics were made in to different role play modules and were enacted by students in two sessions. They were guided accordingly. The students were divided into batches of six, with a total of five batches. Each session was for a period of 1hour with active participation of students for 45 minutes. The students were given time for the preparation of the role play before starting the sessions. Later feedback forms were prepared, to find students perception, based on questions related to role play and the conventional mode topics, the questions were made as three set, each containing four components in that. The questions asked in first session were regarding the usefulness of role play in terms of attitude, awareness, clarity and value in practice. (The questionnaire for the same is given in annexure. 1) The second component was regarding comparison with conventional teaching in terms of better learning tool, easy understanding of subject, maintaining alertness and better interaction. Future usefulness in practicing medicine while dealing with patient and patient relatives as well as breaking bad news when requirements arise was asked.

In session 2 the questions were based on topics regarding medical ethics like concept of consent, dying declaration and role of doctors in dealing with child patients and the guardians this questions were graded by the students according to knowledge obtained by them in to very good,⁽⁵⁾ good,⁽⁴⁾ average,⁽³⁾ bad,⁽²⁾ and very bad.⁽¹⁾ Suggestion for better improvement in making the teaching more effective were asked from the students in the same feedback forms. The students were made as an anonymous to maintain confidentiality. The data was collected as frequency distribution table.

SESSION 1:

1. Use of role play:

	Attitude	Awareness	Clarity	Value in practice
Very good ⁽⁵⁾	06	12	05	16
Good ⁽⁴⁾	16	18	14	10
Average ⁽³⁾	08	00	11	02
Bad ⁽²⁾	00	00	00	02
Very bad ⁽¹⁾	00	00	00	00

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2. Usefulness in comparison with conventional (class room) teaching.

	Better learning tool	Easy understanding of subject	Maintaining alertness	Better interaction
Very good ⁽⁵⁾	20	21	22	22
Good ⁽⁴⁾	06	07	08	07
Average ⁽³⁾	04	02	00	01
Bad ⁽²⁾	00	00	00	00
Very bad ⁽¹⁾	00	00	00	00

3. Future usefulness in teaching.

	Counseling patient and relatives	Behavior with patient	Avoid conflict with patient and party	To break the bad news if need arises
Very good ⁽⁵⁾	15	12	08	12
Good ⁽⁴⁾	13	15	15	11
Average ⁽³⁾	02	03	05	06
Bad ⁽²⁾	00	00	01	01
Very bad ⁽¹⁾	00	00	00	00

SESSION 2:

1. Concept of consent in medical practice, which was learnt from role play.

	Rights of patient	Doctors responsibility	Ethics and legal issues related	Objectives of consent
Very good ⁽⁵⁾	10	14	15	06
Good ⁽⁴⁾	19	15	14	19
Average ⁽³⁾	01	01	01	04
Bad ⁽²⁾	00	00	00	01
Very bad ⁽¹⁾	00	00	00	00

2. Dying declaration in medical practice. Role of doctor.

	Medical and legal role	Understanding of procedure	Value of dying declaration	Objectives
Very good ⁽⁵⁾	18	20	16	13
Good ⁽⁴⁾	10	07	12	12
Average ⁽³⁾	02	03	01	05
Bad ⁽²⁾	00	00	01	00
Very bad ⁽¹⁾	00	00	00	00

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3. Role of doctor in treating child patient. And dealing with the parents.

	Comprehensive care	Needs and rights of parents	Communication process	Role and responsibility of doctor
Very good ⁽⁵⁾	09	13	15	13
Good ⁽⁴⁾	14	15	14	16
Average ⁽³⁾	07	02	01	01
Bad ⁽²⁾	00	00	00	00
Very bad ⁽¹⁾	00	00	00	00

4. Role of medical students, in dealing with child patient.

	Behavior of student	Recent updates	Consulting seniors when required	Sincerity
Very good ⁽⁵⁾	15	14	11	12
Good ⁽⁴⁾	12	10	12	13
Average ⁽³⁾	03	06	07	05
Bad ⁽²⁾	00	00	00	00
Very bad ⁽¹⁾	00	00	00	00

OBSERVATIONS AND RESULTS: The overall observations that were made after conducting class and two sessions of role play, students find that the concentration was lacking in the conventional teaching, which can be minimized in the way of role play as there will be more interaction from either sides and keep them observant. In order to assess the same in the first session students were familiarize with role play and to make few topics to understand better in terms of obtaining attitude, awareness, clarity and value in practice of medical ethics by making a questionnaire which were appreciated as 32.5% for very good, 48% for good, 23% for average, and 6.6% for bad than the conventional teaching. The study later compared conventional teaching with interactive and role play, where role play was appreciated as a better tool by giving grading as 71.6% as very good, 23.3% as good, 2.5% as average, 0.83% in bad and very bad grading. The future application of this tool is also valued in learning process grading as 39.1% as very good, 45% as good, 13.33% as average and 1.66% in bad respectively.

Session 2 had several objectives, study is aimed basically about small group teaching which makes the student understand better and learn better, in making the student to understand on few topics related to medical ethics that had been done as role play. Some topics like consent in medical practice, dying declaration, role of medical students and doctors in dealing with child patients and parents were dealt. The grading was done at the end of role play based on the knowledge obtained are 43.4% as very good, 42.2% as good, 12.4% as average, 0.6% as bad and 0.4% as a very bad tool.

The overall results showed that role plays which was applied as non-conventional method was a better tool then the usual lecturing the students.

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DISCUSSION: The students participation in the two sessions were with full interest and had made it better as they were exposed to clinical cases and the problems associated while dealing with the relatives of the patients, the doubts that they had were cleared timely, and they were interacting in a better ways. Similar studies has been done in Europe, where they concluded interactive session will be a better modality in improving knowledge and skill In student group⁽⁸⁾

Some of the students in their feedback forms have suggested ethics cannot be taught but practiced. The results also have showed more positive responses towards the interactive teaching over conventional mode.

However there are few requirements which have to be fulfilled like teachers should guide them in conducting the sessions by properly coordinating. Apart from this the active participation from all the students has to be initiated and also concentration has to be equally given for all, as some may receive more attention and some may be lagging behind in understanding or showing interest which was observed in the due course. Reverent aspects have to be stressed upon rather going in more details regarding few unwanted matters such as students may show more interest in acting skills rather understanding the objectives of learning and summarizing at the end of sessions will make them to understand better. Few other drawback like the teaching process being more time consuming, could have been rectified by starting the module of study in the beginning of their academic year and time management had to be properly coordinated.

CONCLUSION: This study tried to compare the results, the percentage of results that were obtained in both methods of teaching were tabulated in the observation and results of the article. when group of students who are initially taught by didactic lectures and later in role play interactive sessions a mode of non-conventional method, with the hypothesis that it is not merely the size of the class but the interactive sessions which are responsible for the improved performance of the students. Teaching the students in form of interactive sessions and role play will creates better understanding and the time will be given to them to understand the subject and to analysis rather than memorizing the subject. However this type of study is a better option as an add on to the conventional teaching as it poses disadvantage like some topics cannot be converse as role play and it is time consuming process, so has to be properly managed, so this module has to be brought as a part of academic teaching which forms a good module in combined way of enlightening the medical students as a future doctors.^(9,10)

This method also have disadvantages like of small classes, such as the need to employ larger number of teachers and the investment on infrastructure, like the construction of new class rooms. Many of the available studies on medical ethics insist on the effectiveness of small group teaching [SGT] as against didactic lectures.⁽¹¹⁾

We would anticipate that this could be a better way of teaching the students from the above results obtained which had showed the significant difference. This may further lead to changes in the philosophy of teaching certain topics at University level and that these changes would have measurable benefits in terms of learning efficiency for our students.

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REFERENCES:

1. Ouchida K, LoFaso VM, Capello CF, Ramsaroop S, Reid MC. Fast forward rounds: an effective method for teaching medical students to transition patients safely across care settings. *J Am Geriatr Soc*. 2009 May; 57 (5): 910-7.
2. Nasir A, Rabail N, Abdus S. Students' perception of small group teaching: a cross sectional study. *Middle East Journal of Family Medicine*. 2008 June; 6 (3): 37-40.
3. Facilitators Guide for teaching medical ethics to undergraduate students in medical colleges in South-East Asia Region (World Health Organization).
4. Prakash N. Desai, M.D. Medical Ethics in India. *Journal of Medicine and Philosophy* 13(3): 231-255.
5. Baghcheghi N, Koohestani H R, Rezae K. A comparison of the cooperative learning and traditional learning methods in theory classes on nursing students' communication skill with patients at clinical settings. *Nurse Education Today* xxx (2011) xxx-xxx Pages 6.
[www.grajfoner.com/Baghcheghi%20Nurse%20Education%20Today%202011%20Cooperative%](http://www.grajfoner.com/Baghcheghi%20Nurse%20Education%20Today%202011%20Cooperative%20)
6. Simmons M, Wilkinson P. A comparison of didactic lecture-based teaching with case based discussion in teaching child and adolescent psychiatry to medical students: A randomised controlled trial. *Medical Education Research Group*.
www.medschl.cam.ac.uk/gppcru/index.php?id.
7. HELMAN S, MARK S. HORSWILL. Does the introduction of non-traditional teaching techniques improve psychology undergraduates' performance in statistics? *Psychology Learning and Teaching*, 2 (1), 12-16.
8. Luca barberis, Etard de Toni: Unconventional medicine teaching at the university of European union. *Journal of alternative and complementary medicine*. Vol 7 No4, 2001 pg 337-343.
9. J. Putnam CA. Comparison of the teaching effectiveness of the didactic lecture and the problem-oriented small group session: A prospective study. *Surgery*. 1987 Aug; 102 (2): 291-6.
10. Curtis JA, Indyk D, Taylor B. Successful use of problem-based learning in a third-year pediatric clerkship. *Ambul Pediatr*. 2001 May-Jun 1 (3): 132-5.
11. Rathnakar U P, Gopalakrishna H N, et al; Didactic Lecture And Interactive Sessions In Small Groups *Journal of Clinical and Diagnostic Research*. 2010 April; (4).

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