Bringing the patient to life – reintroducing the patient as a central, humanised presence in teaching and learning

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Why was the idea necessary?

Clinical Reasoning (CR) is the ability to accurately diagnose a patient's problem and develop a treatment plan by sorting through the set of features presented by a patient.[1] Modified case-based learning (mCBL) is a teaching method introduced in the third and fourth years of the medical programme (MBBCh) offered by the Unit for Undergraduate Medical Education at the University of the Witwatersrand Medical School. The broader learning objective of the mCBL module is to develop CR skills. mCBL combines elements of traditional case-based learning, problem-based learning, and team-based learning, drawing on the strengths of each.

Paper-based clinical cases have historically been used in mCBL sessions to encourage the development of CR, allowing students to review patients' presenting complaints, past medical histories, and special investigations, and then decipher, recognise, and plan the next appropriate steps. While these cases were effective, the mCBL team recognised that paper-based patients lacked realism and relatability for students. Furthemore, such paper-based cases sometimes risked reinforcing students' own biases, as the mental image of the patient could be shaped by their own personal ideas and experiences.

What was tried?

Over two weeks, the mCBL team undertook an innovative, creative shift, converting several paper-based cases into video vignettes to enhance meaningful learning during mCBL sessions. The scenarios were carefully selected to align with the available resources, including actors, props and venues. They were then adapted into scripts that incorporated actors' emotions, body language, and realistic phrases commonly used by patients in the South African context.

The videos were produced in the faculty's simulation lab with support from the audio-visual team and featured members of the mCBL team and other faculty colleagues acting as doctors, nurses and patients. The videos were between three and five minutes long to give the students an opportunity to experience both the patient and the doctor-patient interaction, while observing subtle body language and general appearance cues that are often lost in paper-based cases.

When students watched the video vignettes, either in a flipped classroom format or at the start of each mCBL session, increased engagement with peers and facilitators were observed, accompanied by deeper discussion and more robust debate. The discussions were enriched as students reacted to the scenarios, challenged each other, and learned through real-life interactions. Different students noticed different elements of the cases and compared their views with those of their peers.

What were the lessons learnt?

Students engaged with each other and the facilitators in much deeper discussions, as they explored not only their emotional responses and the potential implications of these emotions for patient outcomes, but also questioned their own observational skills, empathetic abilities, inherent biases and attention to detail – all of which help to develop CR. Engaging in these discussions, influenced by the realism of the video vignettes, before entering the clinical environment is valuable, as it sensitises students to the healthcare setting and the patients they will encounter. Most importantly, it was learnt that small innovations and creativity, such as the use of video vignettes, can have a meaningful impact on learning and the development of CR.

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1. Eva KW. What every teacher needs to know about clinical reasoning. Med Educ 2005; 39(1):98-106. https://doi.org/10.1111/j.1365-2929.2004.01972.x

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