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Effectiveness of simulated patients based learning over regular classroom learning in students of MBBS Iv in the department of medicine

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Abstract

Bed side clinics are the gold standard but as the number of colleges is increasing the number of patients is slowly decreasing. It is practically impossible to show all the cases to the learning students. But there is a way and it is in this way that the professional actors or the doctors themselves who has knowledge of the disease can enact and thus teach the students. This study puts in a sincere effort to find the answer of which method is better. The study was done on 100 students who attended classes in the Department of Medicine from Jan 2020 to July 2020. This is an educational intervention will be done by Integrated learning for 5hrs of teaching in one month duration and performance of the students are compared for two methods along with the perception. They will be equally divided into two groups by lottery method. One batch will go for traditional lecture classes and the other will be taught using Simulated Patient based teaching. After every class the MCQ test of the students will be taken. The means of the scores will be noted. The mean of all the scores after all the three sessions will be calculated and reported.

Keywords: Integrated learning, class room teaching, MCQ

Introduction

The problem with today's Medical teaching is that there is a lot of lectures which becomes very monotonous. The reason for this is the lack of available faculties who is available for teaching in Medical colleges. One other reasons is the compartmentalised manner in which they are taught by each clinical department at different time, without any knowledge of what is taught by the other departments ^[1, 2]. Classroom time is spent in discussion, clarification, exercises, or other learning activities to enhance application of knowledge ^[3]. This method is implemented in the Medicine, Dental and other Allied courses ^[4-5]. Some cases they recorded that the convention class room was better, in other cases the opposite was quoted as better and there are some studies where they have reported a mixed perception and satisfaction levels. In some studies they even reported that the supplementary learning teaching was better perceived which did not reflect in the actual performance of the students ^[6, 7].

Dr. Howard Barrows trained the first standardized patient in 1963 in University of Southern California. This SP simulated the history and examination findings of a paraplegic multiple sclerosis patient. Dr. Barrows also developed a checklist that the SP could use to evaluate the performance of the trainee. Dr. Paula Stillman trained another set of standardized patients in 1970 at the University of Arizona. Her pilot program had local actors portray the "mothers" of imaginary children [8, 9, 10]. The actors would describe the illness the unseen child was suffering from, requiring the medical students taking the history to develop differential diagnoses based on the mother's testimony. In 1984, a number of residency programs in the northeastern U.S., gave their residents the same examination using SPs. The Medical Council of Canada was the first to use SPs in a licensure examination in 1993. The Educational Commission for Foreign Medical Graduates introduced the Clinical Skills Assessment exam in 1998 to test the clinical skills of foreign medical graduates. This exam is now the USMLE Step 2 Clinical Skills exam and is mandatory for obtaining medical licensure in the United States, for both foreign medical graduates and American medical students. This study puts in a sincere effort to find the answer of which method is better.

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Aims and Objectives

To compare the effectiveness of the Simulated Patient Based Learning and regular classroom learning.

Materials and Methods

Settings-Department of Medicine, Department of General Medicine. SSPM Medical College, Padve Sindudurgh, Maharashtra.

The study was done on 100 students who attended classes in the Department of Medicine from Jan 2020 to July 2020.

Design – Educational intervention will be done by Integrated learning for 5hrs of teaching in one month duration and performance of the students are compared for two methods along with the perception.

Subject - Students of MBBS Phase IV will be enrolled into the study after obtaining informed consent excluding the students who don't give consent for the study.

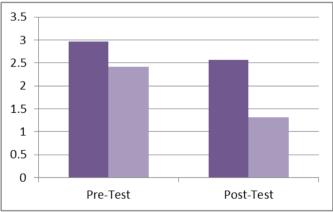
Sample size – 150 students of MBBS phase III who are willing to participate.

Methodology: They will be equally divided into two groups by lottery method. One batch will go for traditional lecture classes and the other will be taught using Simulated Patient based teaching. After every class the MCQ test of the students will be taken. The means of the scores will be noted. The mean of all the scores after all the three sessions will be calculated and reported.

Sampling technique – All the students of MBBS phase IV who are willing to participate are considered for both the methods of teaching to avoid the bias of the students for the topics.

Data collection - Pre-test and post -test scores are used to assess the students after answering MCOs.

Data analysis - Unpaired and Paired T Test.

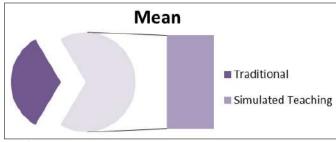


P Value NOT Significant

Graph 1: Pre and Post Test scores with standard deviation between the two groups

Table 1: Perception scores

Total	Simulated patients method group	Traditional method group
150 in 2 groups	41.82 ± 4.83	28.38 ± 2.39



P Value <0.001 HIghly Significant

Graph 2: Independent t test to compare post-test scores between the two groups immediately after the intervention

Discussion

Since 2004 SPs have been used to assess the clinical competencies of osteopathic medical school candidates in the COMLEX USA Level 2-Performance Evaluation. The Department of Medicine handles the children who in majority of cases cannot explain of what is happening. So a by-standee or the parent has to do the narration. This case based learning which in this case is the burden of the actor or the doctor himself can bring in wonders in teaching. So the simulated learning is the ultimate thing to happen in the Department of Medicine. The only sloping point in this is the fact that the signs cannot be taught to the students. But excellent scenarios can be thought off in teaching Medicine. This is rather a boon to the teaching. The Simulation patient based learning is becoming more popular to support learning process of students in professional colleges by asking students to understand the basis of clinics and also the attitude and behavioural learning. Bed side clinics are the gold standard but as the number of colleges is increasing the number of patients is slowly decreasing. It is practically impossible to show all the cases to the learning students. But there is a way and it is in this way that the professional actors or the doctors themselves who has knowledge of the disease can enact and thus teach the students.

Conclusion

The Simulated Patient Based Learning teaching room teaching is perhaps the clear winner.

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