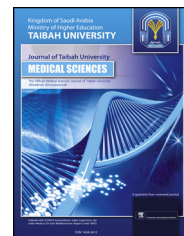




Taibah University  
Journal of Taibah University Medical Sciences

www.sciencedirect.com



Original Article

## Deficits in history taking skills among final year medical students in a family medicine course: A study from KSA

Ahmad A. Alrasheedi, Saudi Board of Family Medicine (SBFM)<sup>a</sup>

Department of Family and Community Medicine, Collage of Medicine, Qassim University, Qassim Region, KSA

Received 21 April 2018; revised 26 June 2018; accepted 2 July 2018; Available online ■ ■ ■

### المخلص

**أهداف البحث:** يُعتبر أخذ التاريخ المرضي أداة تشخيصية مهمة في الطب. حيث يجب أن يكون طلاب الطب مؤهلين في مهارات أخذ التاريخ المرضي المركز للوصول إلى التشخيص المبني. تهدف الدراسة إلى تحديد أوجه القصور في مهارات أخذ التاريخ المرضي لدى طلاب الطب في السنة النهائية خلال مقررات طب الأسرة في جامعة القصيم، بالمملكة العربية السعودية.

**طرق البحث:** تم جمع وتحليل جميع أوراق الاختبارات السريرية المبينة موضوعياً، لتقييم المقدرة على أخذ التاريخ المرضي في الامتحانات النهائية من ٢٠١٦ إلى يناير ٢٠١٨.

**النتائج:** تم تقييم ما مجموعه ٩٤ ورقة اختبار سريري مبني موضوعياً. وكانت بعض الإنجازات في مهارات أخذ التاريخ المرضي لدى الطلاب منخفضة (التشخيص التفريقي ٣١.٩٪، والأعراض المنذرة للأمراض ٣٩.٤٪، واستيضاح الأعراض الرئيسية المرتبطة بالشكوى ٤٧.٩٪، والكشف عن التوتر والقلق والاكنتاب ٥٩.٦٪). إلا أن أداء الطلاب كان أفضل فيما يتعلق بمهارات الاتصال بشكل عام، واستكشاف أفكار المرضى، ومخاوفهم وتوقعاتهم. حقق عدد أكبر من الذكور أداء أفضل من الإناث بشكل ملحوظ في بعض المهارات مثل مهارة تشجيع المريض على الحديث، والاستكشاف المناسب عن الأعراض المرتبطة بالشكوى الرئيسية، والبحث عن التشخيص التفريقي، واستبعاد الأعراض المنذرة.

**الاستنتاجات:** في هذه الدراسة، كان أداء الطلاب أفضل بشكل عام فيما يتعلق بمهارات الاتصال والتاريخ النفسي الاجتماعي. إلا أن الطلاب أظهروا ضعف المعرفة في أقسام أخرى من مهارات أخذ التاريخ المرضي، حيث إنهم فشلوا في صياغة أكثر من فرضية واحدة، وفي السؤال عن الأعراض الإنذارية. إن تعليم

مهارات الاتصال ومهارات التسبب السريري والربط بين الجوانب الجسدية والنفسية الاجتماعية لرعاية المرضى يعزز فهم المريض ككل، وينبغي أن يدرس في جميع مقررات المرحلة السريرية مع التركيز على التدريب عند المريض.

**الكلمات المفتاحية:** التواصل؛ طب الأسرة؛ مهارات أخذ التاريخ المرضي؛ جامعة القصيم

### Abstract

**Objectives:** History taking is considered an important diagnostic tool in medicine. Medical students should be competent in focused history-taking skills to reach initial diagnosis. The aim of this study was to identify deficits in history-taking skills among final year medical students in family medicine courses in Qassim University, KSA.

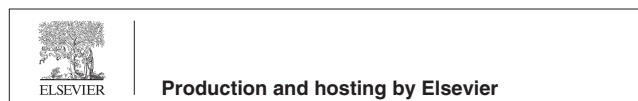
**Methods:** All objective structured clinical examination (OSCE) sheets were collected and analysed to evaluate the history-taking component of the final examination from 2016 until January 2018.

**Results:** A total of 94 OSCE sheets were evaluated. Achievement in some history taking skills of the students was low (differential diagnosis 31.9%, alarming symptoms of disease 39.4%, clarification of major complaint-associated symptoms 47.9%, and stress, anxiety, and depression screening 59.6%). However, the students' performances were better with respect to communication skills in general and exploration of the patients' ideas, concerns, and expectations. Significantly more male than female students had a better performance in some skills such as facilitating technique, appropriately exploring major complaint-associated symptoms, enquiring about differential diagnoses, and to rule out alarm symptoms.

Corresponding address: Department of Family and Community Medicine, College of Medicine, Qassim University, P.O. Box 6655, Buraidah 51452, KSA.

E-mail: [ahmadrasheedi@qumed.edu.sa](mailto:ahmadrasheedi@qumed.edu.sa)

Peer review under responsibility of Taibah University.



<sup>a</sup> Permanent address: Aljazerah, King Abdalaziz Street, Buraidah, Qassim University, KSA.

1658-3612 © 2018 The Author.

Production and hosting by Elsevier Ltd on behalf of Taibah University. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>). <https://doi.org/10.1016/j.jtumed.2018.07.001>

Please cite this article in press as: Alrasheedi AA, Deficits in history taking skills among final year medical students in a family medicine course: A study from KSA, Journal of Taibah University Medical Sciences (2018), <https://doi.org/10.1016/j.jtumed.2018.07.001>

**Conclusions:** In this study, the students' performance was generally better with respect to communication skills and psychosocial history. However, the students showed poor knowledge in other aspects of history-taking skills as they failed to formulate more than one hypothesis and to ask about alarm symptoms. Teaching communication and clinical reasoning skills and connecting physical and psychosocial aspects of patient care promotes understanding of the patient as a whole and should be taught in all courses of the clinical phase, with emphasis on bedside training.

**Keywords:** Communication; Family medicine; History-taking skills; Qassim University

© 2018 The Author.

Production and hosting by Elsevier Ltd on behalf of Taibah University. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

## Introduction

The diagnosis of a disease is based on three main components: (1) history obtained from the patient; (2) physical signs discovered on examination; and (3) necessary laboratory investigations.<sup>1</sup> History taking is an important skill that is still considered to be essential for clinical decision making.<sup>1</sup> History taking in clinical practice provides sufficient information in about 75% of patients, and is useful for making the diagnosis before performing a physical examination and additional tests.<sup>2</sup> Physicians make diagnoses from the patient's history in approximately 70%–90% of cases, according to some research studies.<sup>3,4</sup> For both physicians and medical students, this indicates that history taking is the most important amongst diagnostic tools. Communication skills training has become an essential component of medical education worldwide and is an important part of becoming a good doctor.<sup>5</sup>

Patient-centred care has been associated with improved health status (more comfort and better mental health) and increased care efficiency (fewer investigations and referrals).<sup>6</sup> In addition, the patient-centred approach is so important because it leads to better patient satisfaction when compared to disease-based practice.<sup>6</sup> There are a few definitions of patient-centred care. However, three core themes were identified: patient participation and involvement in the care, the relationship between the patient and the healthcare professional, and the context where care is delivered.<sup>7</sup> Another important issue is that patients with depression, anxiety, or stress usually present to primary health care (PHC) with somatic symptoms. Based on study at a health centre in Northern Portugal, 40.52%, 43.48%, and 45.06% of patients complained of some degree of depression, anxiety, and stress, respectively.<sup>8</sup> Thus, teaching medical students to evaluate the patient with respect to biological, psychological, and social factors to understand and effectively manage clinical problems is important.<sup>9</sup> At Qassim University (QU), the duration of the Family Medicine (FM) course is six weeks. The training in history-taking skills (including patient-centred care) is carried out

during the lectures and workshops in the first week. Subsequently, the training process is centred on experiential learning at the PHC centres.

The OSCE was used to reduce bias in the assessment of clinical competence in which various aspects of clinical skills are evaluated in a comprehensive and structured way, with close attention to the objectivity of the assessment.<sup>10</sup> It consists of a variety of situations in which examiners, using predetermined criteria, assess a number of clinical skills in an objective manner.<sup>10</sup> Tasks may include history taking, physical examination, breaking bad news, lab interpretation, or other competencies. The OSCE may include a clinical case simulation which involves an examination test in which a doctor plays the role of a patient and at the same time makes an evaluation of the candidate, allowing the doctor to directly assess the student's history-taking skills as can be done with the standard patient method. In fact, clinical simulation is used in many situations as in the College of Family Physicians of Canada Certification Exam.<sup>11</sup>

With regard to history-taking skills, it was found in some studies that medical students were deficient in the basic skills required for interviewing patients.<sup>12–14</sup> In Sudan, <40% of the students acquired the appropriate skills in identifying major problems, analysing symptoms, elucidating previous events, and coverage of social aspects. The students usually failed to formulate more than one hypothesis based on the history or simply were unable to ask relevant questions.<sup>12</sup> In another study, only 23% of the patients were provided the opportunity to complete his/her opening statement of concern.<sup>13</sup> The same study also showed that the physicians interrupted patients' statements and directed questions toward a specific concern in 69% of the visits. At Michigan State University, one-third of the third-year medical students did not introduce themselves to their patients.<sup>14</sup> The same study also reported performance problems with respect to other skills (inadequate history to rule out other possible diagnosis 60%, inadequate social history 38%, inadequate family history 35%, inadequate characterisation of problem dimensions 23%, inadequate past history 17%, and inadequate analysis of chief complaint 6%).

The community has the right to know that physicians who graduate from medical colleges are competent and can implement their profession in a compassionate and skilful manner. Medical colleges have the responsibility to demonstrate that such competence has been achieved.<sup>15</sup> Therefore, evaluation of the students is of fundamental importance as it is a key element to ensure such competences, especially in history taking. However, there are few studies to focus on evaluation of the students' performance in history taking in medical schools in the KSA. The present study was carried out to identify the deficits in history taking skills among the final year students at the College of Medicine, QU, KSA during the FM course.

## Materials and Methods

A cross sectional study was conducted among final year students of the College of Medicine at QU during FM courses from the middle of 2016 until January 2018. Five batches were included in this study. All OSCE sheets used to

Download English Version:

<https://daneshyari.com/en/article/10218920>

Download Persian Version:

<https://daneshyari.com/article/10218920>

[Daneshyari.com](https://daneshyari.com)