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Teaching medical history to medical students

The Monash experience

'The whole art of teaching is only the art of awakening the natural curiosity of young minds'. Anatole France (1844–1924)

■ It is important to provide medical students with the inspiration to explore, to acquire knowledge about matters outside the narrow range of clinical medicine, to develop ideas and opinions, to discuss them openly, and to write about these ideas in a way that nondoctors would find intelligible. With this aim in view, the authors devised a course in medical history for first year medical students at Monash University in Melbourne, Victoria. This article describes our experiences.

Medical history provides tomorrow's doctors with inspiration, expands their horizons and fosters critical thinking. Moreover, the study of medical history demonstrates the traditional continuity of our profession from the times of Susruta, Hammurabi and Hippocrates to the present, and provides an awareness of the many different forces that bring about changes in medicine.

Medical education in Australia seems to have settled into a kind of intellectual complacency, providing students with excellent training but a poor education. Encouraging students to explore fields outside clinical medicine – perhaps ending up with ideas and views that are quite different from those of their teachers – is unusual.

Unfortunately the majority of medical schools do not view medical history as an essential component of physician education.¹ With the introduction of a new undergraduate medical curriculum at Monash University (Victoria) in 2003, it was decided to give students the opportunity of undertaking one of several 'selective' courses during the second semester of their first year. The courses included: media and medical communication, indigenous culture and ceremony, becoming a student actor/medical role player, interfaith dialogue, and Australian

sign language. These courses were offered so that students could study a subject which, although connected to medicine, was outside the traditional curriculum.

Given our mutual interest in the subject, we decided to accept the challenge of preparing and teaching a course in medical history. To our knowledge, this was the first time such a course was offered in a medical school in Australia – although medical history has, for several years, been included as a compulsory part of the curriculum in medical schools overseas.^{1,2}

We initially prepared by seeking assistance from medical academics overseas who had taught courses in medical history at their respective medical schools. The course began with no fixed syllabus and no fixed content, because we believed that course content was less important than the method utilised to deliver the course. Our objective was to provide the students with an effective history learning experience. Rather than giving them a linear exposition of medical history, we attempted to facilitate their learning of history in a manner that would interest them. We would provide opportunistic learning rather than didactic teaching – an opportunity to delve into the rich realm of medical history.

The course

At the first class we gave each student a pair of topics – one 'person' and one 'thing'. We asked them to find out about these topics and present their findings to the class the following week. They could use the libraries and the internet, talk to people who might have relevant information, or discuss among themselves. The objective was to discover how easy it is to learn about these new subjects. Students were told at the beginning of the course: 'We are not going to spoon feed you – what we will do during this course is to show you how to find food, how to prepare this food, how to eat properly and elegantly – and hopefully you will find the repast enjoyable!'

Topics students were asked to research ranged from books such as *De Motu Cordis* and *Kitab al-Mansur fi al-tibb*, to places such as the

medical schools at Salerno and Alahana Pirivena, to people such as Avicenna, Maimonides, Susruta, Pare, Pavlov and Jenner.

Being a field where one attempts to learn from as well as interpret what happened in the past, medical history is a research discipline based on a wide range of raw materials and a vast database, as rich and compelling as any of the basic and clinical sciences. The discussions that arose from the students' presentations were interesting and stimulating. We learnt as much from them as they did from us.

The students were then given a similar task – to find a primary source ('books by') and a secondary source ('books about') a pair of doctors – for example Marshall and Warren, Medawar and Burnet, Chain and Florey. One of the objectives of this exercise was to help the students learn about Australian Nobel Laureates – at the same time becoming aware that modern medical discoveries were not all made in England or the USA.

During the semester long course students visited the Rare Books Room at the Monash University Library and the Brownless Museum at the University of Melbourne. Tutorials were also arranged (with food provided!) at the authors' respective homes, where students had the opportunity to browse through our home libraries.

Assessment

Assessment was based on a 1500 word essay on a topic of the students' choice with a prize of \$100 being offered for the best essay. We received well researched essays on a range of fascinating subjects such as: The history of cataract surgery, Islamic medicine, Persian medicine, Ayurvedic medicine, Origin of the 'serpent and staff' symbol, Medical advances resulting from war, The cause of death of the Prophet Mohammed, and Australia's plague outbreak. It gave us as teachers, a great sense of pride and pleasure when one of these students achieved his first peer reviewed journal publication with such an essay.

As in the case of the Liverpool group² we found that the students responded well to being allowed to choose their own research topic. Thus engaged, they acquired improved presentation and communication skills, together with a broader understanding of medicine and an improved ability to interpret and cope with change.

Conflict of interest: none declared.

References

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