Focus Group Aristotle University

Number of participants	7
Participants Typologies	Historical lectures, medical education researchers, medical history researchers and graduate medical students
Topics	1. Clinical practice (evidence based medicine) 2. Medical ethics (health expectations and experiences in term of values and ethical principles change through the time) 3. Medical social sciences (lifestyle, environment, global health) 4. Communication skills (doctor – patience relationship)
Duration	45/60 minutes

Introduction of the Participants

Emanuele (E)

Niki (N) → Niki Papavramidou,

Dushka (D) → Dushka Urem-Kotsou,

Christina (C) → Christina Papageorgopoulou

Rania (R) → Rania Kalogeridou

Markos (M) → Markos Sgantzos

Lena (L) → Lena Arambatzidou

E: We start just with a short presentation of each one, in order to have some idea on the demographic (>>>), which means where are you working, your experience, your educational background, so this way to associate some socio-demographic character to each participant. Another staff that is important is that we will assign in order to identify the different voices when we transcribe the audio tape, is assign a code. so it means if each one before to start to talk about a subject, it is important for example to tell the city where you are, or we can assign a number, like 01, 02, 03 to each one, and this way every time each one starts to talk about a subject we can identify who is talking. So this is something that will be helpful in order to transcribe the focus group. So we start from a small presentation of each one and then we can talk in a free way about the subject of the focus group. Who wants to start?

N: Let me start to make it easier. This is Niki from Thessaloniki. I am an Associate professor on the history of medicine in AUTh, at the School of Medicine. I don't know what you want me to say Emanuele.

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E,: For example how long you teach medical history

N: I am member of the Faculty (was in another university) for the past 11 years

E: Always with medical students?

N: Yes with medical students

E: Ok, next one?

R: I am Rania, I belong to the staff of the Faculty next to Niki. I belong to the Special Teaching and Research Staff and I specialize in medical history, especially in ancient medical history and the relationship between ancient medical history and philosophy. I've been in this particular field of research since 2000, cause my PhD is on this particular topic.

N: And she's been teaching medical students for the past two years.

Ch: I am Christina, I work in Komotini in the Democritus University of Thrace. I am an associate professor now. I am a biological anthropologist with studies both in the Humanities and the natural sciences. I teach usually (80%) not to medical students and 20% to medical students. Now in the master's we organize during the latest years with the colleagues here, have medical students. In the past, I used to teach at the university of Basel, at the university of Zurich where I used to teach paleopathology and biological anthropology to medical students for 3 years.

D: My name is Duska. I am an archaeologist focusing on prehistory and specifically on the period where agriculture started to develop, which has to do with biology and health because of the new kinds of foods that were introduced to humanities, like cereal, milk and staff like this. I teach mainly to students of history and philology, but also to archaeologists. Within the frame of this postgraduate program with Niki and Christina at AUTh I also teach to medical students.

M: My name is Markos Sgantzos. I am associate professor in anatomy and history of medicine. Especially in the history of medicine it is almost 7 years now, but in general I teach for the past 28 years. I teach medical students.

General discussion (15mins)

E: Now we should discuss in a free way. We should avoid to overlap the discussion because the transcriber cannot transcribe exactly the text but it is a free discussion. It is about your experience, about your feelings about the topics. The first question is: what kind of difficulties have you experienced during your lecturing. What kinds of problems do you face when you teach medical history to medical students?

N: The major problem that we face it that we have to prove that the course, and that this direction is necessary in a medical school. And why this is important and that it is not something that just has to be done.

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E: Which kind of argument are you using to express these tools?

N: One thing is that we cannot go forward unless we know the past and that many people that ignored the past did enormous mistakes just because they ignored that someone else had tried to do something similar and failed. Or another argument is that you cannot be Greek and not to know about the history of medicine that kind of started here in Greece. Such things.

E: Other feelings, other perception, someone else wants to express his ideas?

M: I could say something. A problem when you teach medical students is when you teach medical students. I mean, in the beginning or in the end? This is the first issue. The second issue is what to teach? Because you teach different things in the first year and different things you teach in a senior student that has decided his specialty. The last question is in which way you have to teach them because it is not a standard way. These are the 3 questions we have to answer all the time but it is not to answer them in a curriculum of medical school. You can't make any experiments in this way.

General Discussion (30mins)

Aim: to explore experts views about how to innovate the teaching of medical history in medical education

What do you think about e-learning as support to teach medical history?

- *Barriers*
- *Facilitators*

E: So, you are introducing the next subject that we are going to discuss.

Ch: May I say something before we go forward? I don't teach medical history but I teach biological anthropology and connected to what Dushka said, because I also teach in a course in Alexandroupolis which is genetics, molecular biology and genetics in our University. Biological anthropology and evolution is not usually in the curricula. The idea is that it is now connected. Evolution has changed also our biology so now with DNA and a lot of findings from the natural sciences, with archaeometry from archaeology we know that many cultural things have changed our human body. So, sometimes you have to make students interested why we get sick, it is human evolution behind medicine. Why we get sick, why we have to change, to have a more global knowledge as a medical student. Of course research goes faster that the curricula, so you don't have the time to bring the students in contact with current research but you have to make the students aware of this. And it is difficult to make them aware of the importance of this impact on medicine.

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E: Our project focuses on medical history but we are developing material for the course of medical humanities. That means that anthropology is absolutely part of medical humanities, so your profile and experience is very important to us because we are all involved in the teaching of medical humanities.

D (1:09): A few words about how archaeology can help to enrich the medical history. What I try to present to medical students is the way people lived, not only what they ate, which means what they introduced in their body, it is also the way they lived with these things, for example obviously you who are doctors know very well that some >> from animals can be transmitted to humans and that the way that people lived in relation to their animals, what they did when they processed the food ands all this staff, is important from a biological aspect. Immunity and bodies. And it is not only in relation to the animals but also for example with storage of agricultural products that would somehow introduce in the house bugs and things like flees and staff like that would also transmit illnesses

E: Another aspect of interest for us is how medical history is taught, so there is a format of teaching medical history individually and there is a common format to embed medical history in a medical humanity course. So, it means to dedicate a module to medical history, a module to medical ethics, a module to anthropology or sociology of medicine, a module for communication skills etc. Do you think that medical history should be taught individually with a separate course or should be integrated to a bigger course where there are other areas, or other sciences, such as ethics, anthropology, sociology etc. What do you think? Are you more oriented to the traditional approach where the lecturer is teaching only medical history or are you approve of the new approach where we teach medical humanities where we dedicate a specific time to medical history, to medical ethics and the other areas?

N: It is a bit difficult to respond because here in Thessaloniki we are more familiar with the system of having one course of history of medicine, another course of medical ethics, another course of biological anthropology. Meaning that if we blend all these together it might make sense as a medical humanities course but I don't know how would it work. This would be ideal in a school that has no course on medical humanities. If someone wanted to introduce a new course, it would be ideal. If a curriculum with separate courses already exists it is much more difficult to change it.

M: It is the same also in our university. How much time is enough to teach all those things? My point of view is that they could exist together but taught in different time.

E: From the same person or involving different lecturers and experts?

M: You need to know too many things to teach the whole aspect. It should be under the same roof but taught by different people

Ch: The disciplines are very wide on their own and evolving and only one cannot be a specialist and aware of all. So I think it is better to include a specialist for each one, let's say to have all of the disciplines under the same umbrella. In our university, Niki knows, history of medicine is taught by a colleague, a medical doctor in Alexandroupolis, before that, Niki was doing it. There,

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for various reasons, they had people from different disciplines. For example, once I went there to give a course, the next lecture was given by a medical doctor and so on. So it also depends on the possibilities of the university. How they want to fulfill this course, how to give the ECTS credits to the students.

E: So, you mean that a standard curriculum for each country is not possible. You think it should be tailored at the reality of each university.

C: I personally believe that it would be good to have a standard. But knowing the bureaucracy and the administration of this faculty I would say that it has to be tailored to each university. Because, if you want to have a specialized person, due to economics or similar reason, it would not be possible.

E: Which kinds of competences should be achieved when teaching medical history? What should students learn in order to have some benefits from teaching medical history?

N: In order to gain the students and keep them active in a medical history course, you can not overfeed them with details, dates, names, etc. So, you have to have reasonable expectations. So, for example, what we do here in Thessaloniki is that we tell what we believe in a very subjective way – not objective – is important to remember. I take an example: how medicine was an art and slowly became a science, why, and how? I don't mind if they don't know when somebody was born, or who found a small operation, I don't mind. If somebody wants to be a surgeon, he will look more into the history of surgery, if somebody wants to be a cardiologist, he will study on his own on the history of the vascular system and heart. We try to give them the basis to understand when they find something on their own during their life. To understand that this was not the same and explain how it connects with the current knowledge. And we also ask them: what do you expect us to tell you? What do you want to know after you finish this course? What do you believe is the most important.

R: We generally want to focus to topics that relate to their everyday experience. There are some points that they will never get in touch with again, we leave them apart. We focus on things that in general they talk about, in the every day life of the doctor today. for example, what does the Hippocratic oath talk about, or abortions. We shouldn't focus on details but on the general way of thinking. When you teach you should talk about something that really counts for the person in front of you.

N: I am sorry to interrupt. There is another person joining us, this is Lena Arabatzidou. She is from the Department of Philology, in AUTH.

L: I am delighted to participate in this assembly.

N: Let's continue on what we were talking about, about the objectives of the course.

L: We should also focus on the poetics of medicine, as Aristotle said, how we can take theory to practice. We should create a model linking words to works. As a doctor moves from talking to doing. We should investigate the channel between words to works.

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M: The question of this debate is the question we all have. Do I have to teach them general medical history? Do they have to know season by season what happened and do they gain from this? Do I have to tell them some personal stories? To inspire them and make them love to study and to become a doctor? And how difficult it is to tell the first year student how to decide to take a specialty? Because they all change in the sixth year and decide something else. So, for me it is very difficult to make a picture. I am trying to teach them that medicine is not only what they see now. Medicine has a continuity. And they have to know some things about some people and some things from the history of the specialties. It is very difficult. You cannot do it in 13 or 14 lectures. The good thing is that most doctors love medical history. So, we have to encourage them to also teach in their lectures, in the beginning or during the lectures (e.g. in orthopedics, in embryology, in urology, everywhere), to teach some more things about history. Because if you see a medical book about a specialty, the first chapter is almost always on the history of the specialty. Maybe we should also teach the feeling connecting medical history, ethics and all these, I am not sure.

E: What do you think about the introduction of e-learning in medical history teaching? Using a digital museum is our proposal but there are other options: internet, e-learning, online platforms. Are these improving the learning process or not?

N: We are using e-learning very much not for simultaneous teaching but as a deposit of lectures, of PowerPoint presentations so that students can have them when they study to have their exams. What we understand so far is that they want to have things on their hands. So for them e-learning is a tool. It is like in the old days when students used to take notes from the professor's lecture. Now they have them and it is easier for them. Also they can find the lecturer and ask anything through an e-mail without being afraid of any judgements. What we understand is that when they are introduced in a procedure, they are more interested. For example, we introduced our students in the historical archive of the school, and they work with the objects of the archive. This makes them more interested in the history of their school and of local history of medicine. This is just an example of a tool. For us, e-learning is another tool for making the course more interesting for the students, more appealing and easier for them to study.

C: E learning is useful as a tool but still, complementary to teaching so that students get in contact with some meanings directly from the professor. Explaining or giving examples in order to fascinate them through face-to-face teaching.

D: I have a question. Would you think medical students would benefit from the knowledge of how old is the use of botany and natural products in healing various health problems? Since you are talking about a museum and in a museum there should be various aspects of health issues and the way people in history approached them.

M: I think it is not necessary but they know that these things existed. It is not necessary to teach them, but they have to understand that this is true. We need evidence to convince them

D: So you think that archaeological record is helpful?

M: Yes, not to teach but not only this. As a complimentary tool

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N: A slightly different view. I think that students are thrilled to have the evidence on hand. So, for example, we are talking about trephination, a procedure that really amazes the students. The archaeological evidence that we have, skulls with holes, really enthuses them because they see for example that one hole was starting to heal, so the person survived this excruciating procedure. This is really something that owes them and they feel amazed at it. So I think that anything that we can offer them as a proof, facts that they can touch, see with their eyes, smell in some cases, things like that, I think that students really appreciate when are offered to them. In my opinion this is where we have a deficit. This is where sciences should meet and one another. If an archaeologist could offer such proof in a course would amaze the students and make them come even more willingfully than before. Because they know that this teacher will not just tell us but maybe she will have images or maybe some bones etc.

E: Is there anything you think is important for us before we close this discussion. Some personal feeling or advice to provide us in order to improve the work?

C: I am not a specialist but I believe that history of medicine could be highlighted with what Niki, Markos and Dushka suggested for evidence. 15 years ago these evidence were sporadic. Today you have a lot of evidence. You have DNA evidence, genes, evolution, chemical evidence on what Dushka is researching on pots, on agricultural products or pharmaceutical products. You have skulls with trephination, bones with fractures, from real people from thousands years ago. So, only by going through the ancient texts, but also by bringing to students some real data, some real facts, they don't have to learn by heart, they learn by getting in touch with the history itself. So the best thing is a comparison between the ancient texts and the real people of the past, even before writing (prehistory). These highlights would complement the teaching curricula

L: What really counts in medicine is practice and if we offer the students this touch with the past actual practices, not only theory would be really helpful. This would help them understand how medicine goes so back in the past. It would help them understand and remember how diachronically medicine is not just a science of the present.

M: It is very important for students to see. Any local museum could assist a lot. In a museum you could see the evolution of a technique. It is like biomedical engineering: If you know the evolution of a device, you know how to make a new, better device. The issue is to love history of medicine, to love medicine or to learn something from practicing medicine? This is the question we all ask ourselves.

D: Just to add that there are a lot of things in archaeology record related to the way people tried to heal diseases, the facts. For example, the first chewing gum to release the tooth pain we have evidence from Britain 10000 BC. Or smoking to ease the pain of birth. A lot of things. Perhaps in a museum these things would be nice. These are not amazing things but they will catch the students' attention and they are close to the history of medicine.

E: archaeology can provide a lot of evidence and is very important. Thank you very much for this focus group.

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