

Clinic Conversations Project

COURSE MANUAL: ***Multilingual Medical Interviewing*** ***For Preclinical Students***

June 2019 version



© SHEILA MENEZES

Clinic Conversations Project

Clinic Conversations is a research and design project working to equip trainees and practicing clinicians in India provide care to the multilingual patient populations.

This pilot 20 session Multilingual Medical Interviewing Course is intended to help second year medical students learn how to interview patients in out-patient and in-patient settings in English and Kannada.

Find out more about the project at www.clinicconversations.com or by emailing clinicconversations@gmail.com



This work is licensed under a [Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International License](https://creativecommons.org/licenses/by-nc-sa/4.0/).

TABLE OF CONTENTS

Teaching philosophy

[Course structure](#)

[Design specifications](#)

[Suggested roles](#)

[Overview of sessions](#)

[How to use this manual](#)

[Overview of recruitment and real time student feedback strategy](#)

[Using technology to create learning resources and engage with students](#)

[Sign Up Survey Questionnaire](#)

[Sample Recruitment Flyer](#)

[First quarter \(Post Session 5\) student feedback survey](#)

[Overview of teaching strategy](#)

[Mini conversation session](#)

[Practice session](#)

[Test session](#)

[Session 1: Introduction](#)

[Session 1: Instructor Sheet](#)

[Session 2: Hospital language survey](#)

[Session 2: Instructor Sheet](#)

[Session 3: Asking about common symptoms: Headache](#)

[Session 3: Instructor Sheet](#)

[Session 4: Asking about common symptoms: Vomiting](#)

[Session 4: Instructor Sheet](#)

[Session 5: Asking about medicines - Version 1](#)

[Session 5: Asking about medicines - Version 2](#)

[Session 5: Instructor Sheet](#)

[Session 6: Directing a patient during physical exam.](#)

[Session 6: Instructor Sheet](#)

[Session 7: Key concepts in second language acquisition + Closing a student-patient encounter](#)

[Session 7: Instructor Sheet](#)

[Session 8: Practise Session 1: Investigating a simple medical problem](#)

[Session 8: Instructor Sheet](#)

[Session 9: Practise Session 2: Investigating a simple medical problem](#)

[Session 9: Instructor Sheet](#)

[Session 10: Mid-Course Evaluation](#)

[Session 10: Instructor Sheet](#)

[Session 11: Past medical and surgical history](#)

[Session 11: Instructor Sheet](#)

[Session 12: Family history](#)

[Session 12: Instructor Sheet](#)

[Session 13: Medical professionalism](#)

[Session 13: Instructor Sheet](#)

[Session 14: Social history: Menstrual and sexual history](#)

[Session 14: Instructor Sheet](#)

[Session 15: Social history](#)

[Session 15: Instructor Sheet](#)

[Session 16: Practice Session 3 - Putting It All Together](#)

[Session 16: Instructor Sheet](#)

[Session 17: Caring and empathy](#)

[Session 17: Instructor Sheet](#)

[Session 18: Confirming a diagnosis](#)

[Session 18: Instructor Sheet](#)

[Session 19: Practice Session 4 - Medicine Practical Examination Long Cases](#)

[Session 19: Instructor Sheet](#)

[Session 20: Final Evaluation](#)

[Session 20: Instructor Sheet](#)

Teaching philosophy

“There is a lot of teaching and training happening in India but very little learning or understanding.” - Yash Pal Committee Report on Renovation and Rejuvenation of Higher Education in India, 2009

The grand ideas behind this curriculum are

1. **We need a post colonial medical education in India.** Allopathic medicine still carries a lot of the historical baggage that comes with its origin under British colonial rule. We believe in its potential to participate in the ongoing development of our people but we need to be radically innovative and continuously co-create a medical tradition that authentically responds to the multiple needs of India. Our focus on India is not nationalistic. We believe in solidarity amongst post-colonial educational and health systems across the globe.
2. **Language is at the heart of medical practice.** Conversations between health providers, patients and caregivers is crucial when addressing individual and population health. The overarching goal of the Clinic Conversations project is to make these conversations better.
3. **Indian clinicians in the 21st century need to be equipped to work with multilingual populations and previously unfamiliar languages.** Increased urbanization and internal migration trends has led to increasing language diversity in medical settings. Trainees and practitioners are also likely to move through multiple new language regions during their careers. Our curriculum intends to prepare clinicians to be self directed lifelong learners capable of responding to the unique needs of each population they serve.
4. **Design thinking has the potential to produce radically innovative Indian medical curricula.** A focus on user empathy, feedback systems, iterative prototyping and transdisciplinary, collaborative and imaginative problem solving all have the potential to allow us to move beyond Western models of medical education to produce something that is simultaneously locally and globally relevant. We see design thinking as a tool, not an identity. We anticipate that as the project grows our framework of practice will likely change.

Course structure

Design specifications

This course is designed to fit the following specifications

1. Intended learners are medical students in preclinical years who have:
 - a. Reasonable grasp of the official language of medical education (English), minimal knowledge of the majority language at their training site (Kannada) and varying level of skills in other languages.
 - b. Access to internet enabled smartphones with Whatsapp or similar messaging capability.
 - c. Access to a classroom with capacity for digital multimedia (LCD projection, reasonably good audio) and space for the class to break out for small group activities.
2. While this current pilot version focuses on Kannada, the chosen language can be easily changed without affecting the overall course structure.
3. For every 30 students, there should ideally be one clinical instructor fluent in the majority language of the teaching site and one teaching assistant who can be selected from the enrolled students.

Suggested roles

Course Administrator

- Coordinates recruitment and enrollment
- Coordinate logistics for each session
- Coordinate real time data analysis

Faculty Instructors

Faculty instructors should ideally be clinician educators who are fluent in the majority language of the teaching hospital and familiar with the other languages spoken by patients.

- Teach sessions

Teaching Assistants

Teaching assistants can be recruited from among the course participants. Ideally 2 assistants are required for a class size of 30-60.

- Coordinate course Whatsapp group
- Coordinate distribution of Student Material
- Coordinate session attendance
- Assists instructors during session

Overview of sessions

The sessions mirror the trajectory of a typical medical encounter. The overall structure of this course conforms to the Calgary-Cambridge model¹ for medical interviews which divides medical communication into Medical Interviewing and Explanation and Planning. The course focuses on Medical Interviewing with 2 sessions at the end dedicated to Explanation and Planning.

¹ Kurtz SM, Silverman J, Draper J (1998) Teaching and learning communication skills. Oxford: Radcliffe Medical Press.46.

Block 1

In Block 1 students will work through conversations that introduce them to the patient, interrogate a simple medical symptoms, record a list of medicines that the patient has used, direct the patient during physical exam and closeout a typical student-patient encounter. A survey of language diversity among the in-patient population is inbuilt into this block.

Session 1: Introduction

Session 2: Hospital language survey

Session 3: Asking about common symptoms: Headache

Session 4: Asking about common symptoms: Vomiting

Session 5: Asking about medicines

Session 6: Directing a patient during physical exam.

Session 7: Closing a clinical encounter and counselling patients about next steps

Session 8: Practise Session 1: Investigating a simple medical problem

Session 9: Practise Session 2: Investigating a simple medical problem

Session 10: Mid-Course Evaluation

Block 2

In Block 2 students will work through conversation that capture more complex medical history. This includes past medical and surgical history, family and social history. They will then progress to some very basic Explanation and Planning conversations including conversations that are used when caring or empathizing with the patients and confirming diagnosis. They will end with a session that focuses on exam-oriented patient scenarios.

Session 11: Past medical and surgical history

Session 12: Family history

Session 13: Medical professionalism

Session 14: Social history: Menstrual and sexual history

Session 15: Social history: Social history

Session 16: Practice Session 3: Putting it all together

Session 17: Caring and empathy

Session 18: Confirming diagnosis

Session 19: Practice Session 4: Medicine Practical Examination Long Cases

Session 20: Final Evaluation

How to use this manual

Each session is divided into an initial Student Section which can be circulated prior to sessions or compiled into a separate Student Course Manual. Students will need access to printed versions of this material for use in class. The subsequent Instructor Sheet provides instructions, checklists and additional information for instructors to go through before each session as well as post session checklist.

Overview of recruitment and real time student feedback strategy

Using technology to create learning resources and engage with students

Using Google Forms for Daily Feedback and Responses

<https://www.youtube.com/watch?v=aw0C-ejSD8E>

Kahoot! demo for teachers

<https://www.youtube.com/watch?v=5mRzrjbM6aw>

Anki

Create Anki Cards Quickly using CSV

<https://www.youtube.com/watch?v=BwGNP3GXmxg>

Quickly Create Audio for your Anki Cards

<https://www.youtube.com/watch?v=02vwciRkRYg>

Tutorial: Creating an (Audio) Anki Deck from a Google Sheet

<https://www.youtube.com/watch?v=OqazNm3Re3U>

Sign Up Survey Questionnaire

Data from interested students to be collected during enrollment

Demographics

First Name

Last Name

Age

Gender

Medical college cohort

WhatsApp number (for class announcements)

Email

Spoken English Ability (Pick one)

1. I speak fluently. I can help other students with vocabulary, grammar and pronunciation
2. I can speak independently to a patient. I would have difficulty helping other students with vocabulary, grammar and pronunciation.
3. I have difficulty speaking independently to a patient in English.

Spoken Kannada Ability (Pick one)

1. I can speak independently to a patient. I would have difficulty helping other students with vocabulary, grammar and pronunciation.
2. I can speak and understand a few basic phrases but would have difficulty speaking independently to a patient in Kannada.
3. I can speak and understand a few basic phrases but would have difficulty speaking independently to a patient in Kannada.
4. I have difficulty speaking and understanding basic phrases in Kannada.

Mother tongues/primary spoken languages (free text)

List all primary languages that you could speak well before the age of 11.

How do you think you will use Kannada in the future? (Pick one)

1. I will use it until completing internship. I do not plan to be in a Kannada speaking area after that.
2. I will possibly use it during my rural bond and PG training. I do not plan to be in a Kannada speaking area after that.
3. I will possibly live and work in a Kannada speaking area after completing all my training.

Electronic device (Pick one)

1. I own an internet enabled device such as a laptop, tablet or smartphone that I can bring to class.
2. I need to share someone else's internet enabled device during class.

Sample Recruitment Flyer



DO YOU WANT TO IMPROVE YOUR ABILITY TO SPEAK TO PATIENTS IN KANNADA?

We will be conducting a free 20 session course titled “Multilingual Medical Interviewing” that will focus on improving conversational ability in Kannada so that medical students can record history for common medical problems.

Sessions will happen on XXXXXX afternoons, XX pm at XXXXXXXXXXXX starting on XXXXXXXXXXXX. They will be facilitated by Dr. XXXXXXXX and Dr. XXXXXXXX.

The course is part of a project to improve the way language is taught in Indian medical education. Preference will be given to 2nd year MBBS students but all are encouraged to apply. There are only 30 slots, so don't wait too long!

Visit [clinicconversations.com](#) or contact XXXXXXXXXXXX to find out more and sign up for the course.

First quarter (Post Session 5) student feedback survey

This survey is intended to quickly identify any early problems with learning so that this can be addressed as the course progresses. The questions on this survey were put together by the Course Team through a process of brainstorming after Session 5. Each iteration of the course will have different questions that are relevant to the specific context.

Remember this survey is part of our effort to improve how this course is taught. There are no right or wrong answers. You will not be penalized for honest answers.

Demographics

First Name

Last Name

Sex

Email address

Medical college cohort

How do you prepare for our sessions? (Pick one)

1. I do not prepare.
2. I briefly look through the Student Material that is sent.
3. I go through the Student Material in detail for most sessions.

Which version did you prefer for Session 5 Student Material? (Pick one)

1. I preferred Version 1 which just has English questions and direct Kannada translation.
2. I preferred Version 2 which also contains explanations of the Kannada syntax for each question.
3. I have no preference.
4. I have no idea what you are referring to.

What is the most important motivator for you to attend this voluntary after-hours course? (Pick one)

1. The teachers
2. The opportunity to be with my friends
3. Worry about performance in practical exams
4. Worry about ability to be successful doctor in Kannada speaking area
5. Other...

What is the second most important motivator for you to attend this voluntary after-hours course? (Pick one)

1. The teachers
2. The opportunity to be with my friends
3. Worry about performance in practical exams
4. Worry about ability to be successful doctor in Kannada speaking area
5. Other

The best thing about the course is.... (Free text)

The things that can be changed or improved are.... (Free text).

Overview of teaching strategy

Mini conversation session

Part 1: Instructor led teaching of key concepts in clinical medicine and language learning (10 mins)

Instructor provides context as to why conversations covered by session topic are clinically important and the common pitfalls during conversations with patients.

Part 2: English/mother tongue conversation (10 mins)

Instructor demonstrates conversation in English with student volunteer in front of the large group. Large group discusses key components of conversation with emphasis on professionalism, good communication and sound clinical reasoning. Students break into groups of three and proceed with structured role playing activity to practice conversations in English. Students may also opt to form small groups around a shared mother tongue and practice conversations in this language. Peer feedback is given using checklist. Session leader circulates around room answering questions and highlighting best practices.

Part 3: Kannada conversation (30 mins)

Session leader reconvenes large group to watch demonstration of conversations in Kannada. Session leader points out key vocabulary, grammar, pronunciation, high value phrases and common pitfalls. Session materials circulated before the class and accompanying phrasebook will be used as reference. Students break into small groups to practice. Depending on skill level they will either do structured role playing activity or watch video (if available) to practice saying and understanding phrases.

Part 4: Formative assessment (10 mins)

Conversation partners will use a checklist to assess each other on English and Kannada interviewing skills. Session leaders will summarize key learning points and provide an overview of next week's session.

Practice session

Practice sessions will not introduce new materials. Instead they will allow students to integrate mini-conversations learned in previous sessions. Key active learning strategy will be 3 member structured role plays based on short clinical vignettes.

Test session

Test sessions will involve standardized patients who will engage in one-on-one encounters with students to test their individual abilities in language, communication, clinical reasoning and professionalism. The current version of the curriculum does not contain fully developed test materials but we intend to work on these in future versions.

Session 1: Introduction

Learning Objectives

- Demonstrate ability to access course materials
- Perform conversations in English, mother tongues and Kannada that introduce a medical student to a patient and bystanders

Overview of session

This session will orient students to the objectives and structure of the course. The course requires students to access online learning resources and perform periodic checklist based evaluations of themselves and their fellow students. Students will be guided through the process to sign up for the course online and practice downloading learning resources. They will then observe an introductory conversation by the instructor and practice in small groups. They will end by using a checklist to practice self and peer evaluation.

Lesson plan

<i>Time</i>	<i>Content</i>	<i>Facilitator</i>
10 mins	Introduce course objectives and basic structure	Faculty instructor
10 mins	Get people to sign up for the course, visit the course website, enroll in Whatsapp group, download Anki app	Teaching assistants
10 mins	Demonstration of introductory conversation	Faculty instructor
15 mins	Practice introductory conversation	Faculty instructor
10 mins	Wrap up, practice quiz and self assessment	Faculty instructor

Student pre-work

If you own an internet enabled device (smartphone, tablet or laptop), please bring it to class.

Session 1: Introduction**Key Words**

English	Kannada	Kannada Pronunciation	Student notes
I	ನಾನು	nānu	
My	ನನ್ನ	nanna	
You (respectfully)	ನೀವು	nīvu	
Your	ನಿಮ್ಮ	nim'ma	
Name	ಹೆಸರು	hesaru	
Student	ವಿದ್ಯಾರ್ಥಿ	vidyārthi	
Age	ವಯಸ್ಸು	vayas'su	
Question	ಪ್ರಶ್ನೆ	praśne	
Ask	ಕೇಳಿ	kēḷi	

Key Phrases

English	Kannada	Kannada Pronunciation	Student notes	Student notes
Hello	ಹಲೋ	Halō.		
My name is ____	ನನ್ನ ಹೆಸರು ____	Nanna hesaru ____		
I am a medical student.	ನಾನು ವೈದ್ಯಕೀಯ ವಿದ್ಯಾರ್ಥಿ.	Nānu vaidyakīya vidhyārthi		
Can I ask you a few questions?	ನಾನು ನಿಮಗೆ ಕೆಲವು ಪ್ರಶ್ನೆಗಳನ್ನು ಕೇಳಬಹುದೇ?	Nānu nimage kelavu praśnegaḷannu kēḷabahudē?		
What is your name?	ನಿನ್ನ ಹೆಸರೇನು	Ninna hesarēnu?		
What is your age?	ನಿನ್ನ ವಯಸ್ಸು ಎಷ್ಟು?	Ninna vayas'su eṣṭu?		
Thank you.	ಧನ್ಯವಾದ!	Dhan'yavāda!		

Session 1: Instructor Sheet

Preparation Checklist

- Recruit students.
- Create course MailChimp list and Whatsapp group and send out message confirming enrollment.
- Add all Clinic Conversation team members to group.
- Confirm that classroom has capacity for wireless internet and digital projection.
- Send out session material and confirm classroom location 2 days before first class via email and Whatsapp
- Review student demographics collected during enrollment.
- Ensure that teaching team has access to login details of Kahoot account before session.
- Print and photocopy Key Word and Phrase List to be used in class.

Session Plan

1. Introduce course objectives and basic structure (30 mins)

Note: Instructor does not have to go through all of the subpoints during Session 1. Main points should be covered. Sub-points provided here to help answer questions from students..

- Introduce course team - Instructors, teaching assistants, Clinic Conversation project team
- Talk about need and goals for curriculum
 - Need to interact with patients in Kannada to pass practical exams in 3rd and 4th year.
 - Need to interact with patients in multiple languages to provide care a future Indian doctor.
 - Goal is to provide students with learning opportunities so that they can acquire foundational knowledge and skills in language and medical interviewing. The aim is to improve from now (baseline) over 20 sessions so that students are better prepared for hospital/clinic based learning in year 3 and 4. The goal is not to speak perfect Kannada in 5 months.
- Talk about teaching and assessment strategy
 - Focus on conversations that are specifically conducted by medical students.
 - Emphasis on attempting conversation right from the start and using tools from preexisting languages to build new language skills (scaffolding).
 - Specific teaching techniques
 - Self directed learning: Students can choose whether they want to start by learning more vocabulary/grammar or jumping straight into conversations.
 - Vocabulary and grammar taught through
 - Providing keyword and phrase list via email 2-3 days before session.
 - Providing Anki Flash Card set to help with revision.
 - In class large group discussion and online quizzes.
 - Conversation taught through
 - Large group viewing and discussion of videos of patient encounters.

- Structured role play with peer feedback to improve ability to communicate effectively, ethically and professionally.
- Specific assessment techniques
 - In class online quizzes
 - Modified miniCEX checklist for role playing encounters
 - Verbal feedback and modified miniCEX checklist for standardized patients OSCEs.
 - Self reflection assignments
- Review student demographics collected during enrollment

2. Get people to sign up for the course, enroll in course Whatsapp group, download Anki app, practice accessing course content

- If students have not already signed up online make sure that they do so before they leave class.
- Link to all student resources is at CLASS WEBSITE URL

3. Demonstration and practice of introductory conversation

- Start with demonstration of introductory conversation and review of key words and phrases that are commonly used.
- Have patients practice introducing themselves to as many other students in the room.

4. Practice quiz and self assessment and wrap up

- Practice Kahoot! Quiz
 - Log into [Kahoot.com](https://kahoot.com) with Google Account: Username:xxxxxxxx Password: xxxxxxxx
 - Initiate Session 1 quiz by clicking on My Kahoot!>> Play Session 1 quiz
 - Ask students to access Kahoot! App or go to [Kahoot.it](https://kahoot.it)
 - Make sure to save results and upload to FOLDER ON SHARED DRIVE.
- Practice self assessment
 - Students need to complete short self assessment using link at CLASS WEBSITE URL
- Get feedback on what went well and what needs to be changed
- Introduce plan for next session: Visit to hospital to practice introducing oneself to patients and conduct survey on patient languages.

Post session checklist

- Make sure that everyone is signed up and receiving official course emails/Whatsapp messages.
- Save results of Kahoot quiz and upload to LINK TO FOLDER ON SHARED DRIVE
- Review student responses before debriefing call.
- Debriefing conference call DATE AND TIME
 - Call In Number XXXXXXXX
 - Access code XXXXXX
 - Host code XXXX

Session 2: Hospital language survey

Learning Objectives

- Conduct 3-4 brief professional interviews with hospital patients and record the languages they prefer to speak
- Create a profile of the language diversity in the teaching hospital

Overview of session

This session aims to provide students with an understanding of the language diversity that they will encounter at their teaching hospital as well as provide them an opportunity to practice brief conversations with actual patients.

After a short practice session, students will be assigned to groups that will visit the hospital and conduct short interviews with patients to determine the languages they prefer to speak. By systematically assigning students to beds in Medicine, Surgery, Pediatrics, Obstetrics and Gynaecology wards we will be able to estimate the language diversity in patient care areas where students will spend the majority of their time during their internship year. Information collected from individual beds has to be submitted online. Once all submissions are complete, the session team will analyse results and share it with the students via Whatsapp and email.

Lesson plan

<i>Time</i>	<i>Content</i>
30 mins	Introduction to survey and practice conversations
30 mins	Students visit SJMCH in groups to conduct interviews with patients

Student pre-work

Practice introductory conversation in Kannada from Session 1

If you own an internet enabled device (smartphone, tablet or laptop), please bring it to class.

Student post-session assignment

Submit information collected during patient interviews by through CLASS WEBSITE URL

Survey Instructions and Data Sheet

Make sure you are given the following information before you leave for the hospital.

The ward I am assigned to is _____

The ward room I am assigned to is _____

My Group Number _____ The number of students in my group is _____

I am responsible for three / four beds.

In order to ensure that we can draw meaningful conclusions from our collective interviews it is important that you only interview patients in the beds assigned to you. You need to work with the other students assigned to your group to divide the beds in your ward room among the group members. You are individually responsible for recording information for the beds assigned to you.

During this exercise you will be interacting the actual patients and their bystanders at SJMCH. It is important to remember you behave professionally at all times. Please keep the following guidelines in mind.

- Always ask permission to speak with a patient or bystander. Never force someone to talk to you. If they decline to talk to you, thank them and move on.
- If the patient is a child or an adult who is unable to talk, then speak to the bystander who is currently responsible for the patient. Do not talk to bystanders who may just be visiting for a short time.
- You do not need perfect vocabulary and grammar in order to be professional when you are communicating with patients and bystanders. It is more important to show that you care by trying your best to respectfully communicate with them. Remember the secret to providing good care is to actually care about the patient!

Bed 1 Unoccupied / Interview declined / Spoke to bystander / Spoke to patient

Age ____ years Male / Female Language 1 _____ Language 2 _____

Bed 2 Unoccupied / Interview declined / Spoke to bystander / Spoke to patient

Age ____ years Male / Female Language 1 _____ Language 2 _____

Bed 3 Unoccupied / Interview declined / Spoke to bystander / Spoke to patient

Age ____ years Male / Female Language 1 _____ Language 2 _____

Bed 4 Unoccupied / Interview declined / Spoke to bystander / Spoke to patient

Age ____ years Male / Female Language 1 _____ Language 2 _____

Upload your results through the link on the class website www.clinicconversations.com/langaugeclass

Survey Script

Discuss with your classmates the best way to ask the following questions in four languages.

English	Kannada
My name is ____	
I am a medical student.	
Can I ask you a few questions?	
My professor asked me to talk to you.	
I am doing a survey.	
What language do you prefer speaking?	
Do you have a second language?	

English	Tamil
My name is ____	
I am a medical student.	
Can I ask you a few questions?	
My professor asked me to talk to you.	
I am doing a survey.	
What language do you prefer speaking?	
Do you have a second language?	

English	Telugu
My name is ____	
I am a medical student.	
Can I ask you a few questions?	
My professor asked me to talk to you.	
I am doing a survey.	
What language do you prefer speaking?	
Do you have a second language?	

English	Hindi
My name is ____	
I am a medical student.	
Can I ask you a few questions?	
My professor asked me to talk to you.	
I am doing a survey.	
What language do you prefer speaking?	
Do you have a second language?	

Session 2: Instructor Sheet

Steps to create Hospital Survey Student Assignment List (skip ahead as this has already been done)

Background:

In addition to needing conversational skills to interview patients in Kannada in order to pass MBBS practical exams, students also need conversational skills to provide care to in-patients in Medicine, Surgery, Pediatrics, Obstetric and Gynecology wards where they will spend 6 months during their internship year. The hospital survey is designed to be a both individual practical exercise in medical interviewing as well provide the course cohort with an estimation of the diversity of language at their teaching hospital.

Objective:

1. Calculate the language preferences of patients/key bystanders occupying the general beds in Medicine, Surgery, Pediatrics, Obstetric and Gynecology wards on the day of Session 2.
2. Account for variations in the number of students (surveyors) attending the session on that day.

Method:

Our method will provide the session leader with quick way of assigning beds to students. Students will be automatically placed in groups that will each be assigned to a single ward room. Pre-assigned group size will differ to account for different numbers of beds per room.

1. Estimate the number of students expected to attend Session 2
2. Conduct a census of the number of individual rooms in each hospital ward and the number of beds in each room and use it to calculate the total number of beds. Include only those rooms where it is appropriate for medical students to interview patients (avoid high acuity rooms like ICUs and ITUs).
3. Based on total number of beds and students, decide whether it is possible to sample the total number of beds during the session period. During the pilot course, this was possible so further steps are based on decision to attempt to sample total beds.
4. Create a list of Room Names from the census data. Each entry on the Room Names list should contain information on the ward name, room name (based on signage) and number of beds.
5. Randomize the list order of Room Names using a random list generator. We used random.org.
6. Create a final student assignment list that follows the randomized order of Room Names as a spreadsheet (Microsoft Excel or Google Docs). Assign different number of students to each room so that each student in a group is assigned no less than 3 and no more than 4 beds. If calculated average number of beds per group member is between 3 and 4 then the assignments were appropriately done.
7. Final student assignment list should have the following fields with pre filled information so that students can be quickly assigned slots as they enter class.

Student interview assignment sheet: Page 1

	<i>Student Name</i>	<i>Room that I need to go to</i>	<i>My Group Number</i>	<i>Number of students in my room/group</i>	<i>Number of beds I am responsible for</i>
1.		<i>Surgery Male Ward 2MB - 02 (16 beds)</i>	1	5	3

Teaching Assistant Preparation Checklist

- Send out Session 2: Student Material 1 day before class via Whatsapp.
- Make 100 copies of Session 2: Student Material (4 sheets) and bring to class.
- Make 2 copies of Hospital Survey Student Assignment List (6 sheets) and bring to class.
- Make 2 copies of Session 2: Instructor Material (3 sheets) and bring to class.

Instructor Preparation Checklist

- Obtain permission for students to visit Medicine, Surgery, Pediatrics, Obstetrics and Gynaecology general wards during session.

Session Plan

1. Introduction to survey and practice conversations

Note: Session leaders do not have to go through all of the subpoints during Session 2. Main points should be covered. Sub-points provided here to help answer questions from students.

- Introduce session goals
 - Provide students an opportunity to practice brief conversations with actual patients.
 - Create system where information gathered from all interviews can be used to calculate the language preferences of patients/key bystanders occupying the general beds in Medicine, Surgery, Pediatrics, Obstetric and Gynecology wards on the session day.
- Emphasise professional conduct with patients and need to follow assignment protocol.
 - Students should always ask permission to speak with a patient or bystander. Never force someone to talk to you. If they decline to talk to you, thank them and move on.
 - If the patient is a child or an adult who is unable to talk, then speak to the bystander who is currently responsible for the patient.
 - Students do not need perfect vocabulary and grammar in order to be professional when communicating with patients and bystanders. It is more important to show that you care by trying your best to respectfully communicate with them.
 - This exercise is not technically research because at this point we do not intend to publish results or create universal facts. However students should follow common professional practices used in research settings such as adherence to study protocol and accurate and timely recording of information.
- Practice conversations for survey interviews
 - Go over questions that students will likely ask during interviews. Focus first on Kannada and ask students to recall that they learned in Session 1.
 - Emphasize that students need to accomplish two key communication tasks during interview.
 1. Explain to patient or bystander who they are and why they are asking questions.
 2. Find out what is the preferred spoken language and second preferred spoken language of the patient.
 - Once students have spent some time practicing conversation in Kannada, invite Tamil, Telugu and Hindi speaking students to help their classmates figure out how to communicate with patients and bystanders speaking these languages. Encourage students to write key

words and phrases on their Student Material Sheets.

2. Students visit SJMCH in groups to conduct interviews with patients

- Have assign students to slots on the Hospital Survey Student Assignment List. This can be done by enrolling people as they enter class or passing the sign up sheet around during the first part of class. Make sure that students note down the exact Ward Room Name, Group Number and number of people in their group on their Student Material Sheet.
- It is OK if there are fewer students than slots on the sign up sheet. If there are extra students, they should not visit Medicine, Surgery, Pediatrics and Obstetrics/Gynecology wards during the survey period. They should visit patients in other wards in order to practice their conversational skills. They do not need to submit the results of their interviews online.
- Each group of students is responsible for dividing the beds in the assigned ward room among the group members. Students are individually responsible for recording information for the beds assigned to them. They will either be preassigned to cover 3 or 4 beds. It is important to record information even if the bed is empty or the interview was declined.
- Once students have completed all interviews for the beds they should upload their information on the Hospital Survey Questionnaire available through a link under Session 2 at the course website CLASS WEBSITE URL. Link can also be sent to the group as a WhatsApp message.

Teaching Assistant Post Session Checklist

- Make sure that everyone is signed up and receiving official course emails/Whatsapp messages.
- Send Whatsapp message after session reminding students to submit responses online.

Teaching Assistant and Instructor Post Session Checklist

- Debriefing conference call DATE AND TIME
 - Call In Number XXXXXX
 - Access code XXXXX
 - Host code XXXX

Session 3: Asking about common symptoms: Headache

Learning Objectives

- List the seven classic dimensions of a medical symptom
- Perform a conversation to record details about headache

Overview of session

This session is intended to introduce students to the method of structured questioning of a symptom that is at the heart of good history taking. Students will learn how to ask questions that elicit information on the seven classic dimensions of a symptom: location, quality, severity, timing/chronicity, aggravating factors, relieving factors and associated symptoms. They will then practice using this technique by role-playing conversations between a student and a patient with a headache.

Lesson plan

<i>Time</i>	<i>Content</i>
10 mins	Overview of seven dimensions of a symptom
20 mins	Discussion of how to ask questions in Kannada
10 mins	Small group: Role play conversations in English/mother tongue
20 mins	Small group: Role play conversations in Kannada

Student pre-work

- Review 7 dimensions of a symptom and classic presentations of the 2 most common primary headache disorders (see below).
- If you own an internet enabled device (smartphone, tablet or laptop), please bring it to class.

Key words and basic phrases

English	Kannada	Notes
Head	Tale	Pronounced "ThA-le"
Pain	Novu	
Headache	Tale novu	
Nausea	Vakareke/ hotetolasu	
Vomiting	Vanthi	
Numbness	Jommu/bendu	

Weakness	Dowrbalya	
Why?	Yakke?	
Where?	Yelli?	
When?	Yavaga?	
Do you have ____ (pain/nausea)?	Nimmage ____ (novu/ vakareke) edda ? (eddiya)	
How often?	Yeshtu sala?	
What makes is better / worse?	Yenu madedare jasti / kademe aguthade?	
Continuous	Sada/yavagalu	
Intermittent	Bittu bittu	

*Language pearl: Adding a “aaa?” (questioning tone) in informal Kannada can turn a phrase into a question.
Eg: You can ask “Is this your first time?” by saying “First time aaa?”*

Key questions for headache

Symptom dimension	English	Kannada	Notes
Chief complaint	Why have you come today to hospital?	Neevu ee dina hospitalge bandidu yake?	
1. Location	Where does it hurt?	Novu yeli edde?	
	Does only one side of your head hurt?	Tale novu ondu kade edda?	
2. Quality	Tell me more about this pain.	Swalpa nimma novena bagge heli	
	Is the headache pounding?	Nimma talenovu kutidahage eddiya ?	
	Is the headache continuous and dull?	Tale novu yavagalu sannadage noyuthada?	
3. Severity	How bad is it?	Talenovi ninda yeshtu kashta agedde?	
	Can you work / study after you have a headache?	Nimmage tale noveninda kelasamadolu/oodalu aguthda?	

4. Timing/ chronicity	When did it start?	Yavaga shuru ayithu?	
	Has it become better or worse from when it first started?	Shuru adagininda swalpa paravagilla athawa jasthi annisuthada?	
	Is this is the first time you have had such a headache?	Ee tarahada tale novu modal sala na?	
	How often does the headache normally last?	Tale novu yeshtu dina eruthade?	
	How often does it occur?	Yeshtu salake omme baruthade?	
	How many times does it happen in one week / month?	Varadali/ tingalali yeshtu sala tale novu edde?	
5. Aggravating factors	What makes is start?	Talenovu yake baruthade?	
	What makes it worse?	Tale novu yavudarinda jasti aguthade?	
6. Relieving factors	Is there anything that makes it better?	Talenovu yenu madedare kademe aguthade?	
	Do you take any medicine that makes it better?	Neevu yavudadaru tablets/mathre tegedukondare kademe aguvuda?	
7. Associated symptoms	What other problems do you have?	Bere yenadaru tondare eddiya?	
	Do you have nausea?	Nimmage vakareke eddiya?	
	Is there something that warns you that you will soon get a headache? (aura)	Nimmage yenadaru talenovu baruva munnecharike eddiya?	
	Do bright lights bother you? (photophobia)	Jasti belakininda tale novu baruthaa / baruvuda?	
	Do loud noises bother you? (phonophobia)	Jasti shabdadinda tale novu baruthaa / baruvuda?	
	Do you notice any numbness or weakness in any part of your body (leg/hand)?	Nimmage yenadaru nimma yavudadaru dehada bhagadali (kalu/kai) jomu athawa susthu annisidiya?	

Small Group Role Playing Exercise: OPD patient with a headache

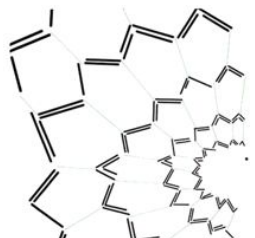
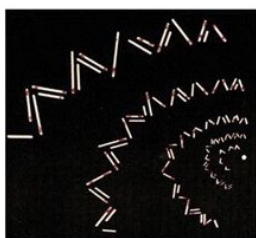
Headache is a very common symptom. Most patient with common primary headache disorders will not have any significant physical findings or abnormalities on lab tests or imaging. So history taking is key to accurate diagnosis. Within a small group take turns playing these two roles. At first, practice asking and answering these questions in English or a mother tongue that your small group is fluent in. Then have the person doing medical student role try conducting the whole encounter in Kannada. The patient can answer the questions in Kannada but if this is too difficult, then reply in another language that the medical student understands.

Medical student role: You have been asked by your professor to speak to an OPD patient. Start by introducing yourself and explaining why you have approached the patient. Then use the questions you have learned about the seven dimensions of a symptom to attempt to diagnose what kind of headache disorder the patient has.

Patient role: You should choose a patient with one of the two headache disorders from the table below. Do not reveal your choice until the encounter ends. Only answer the direct questions posed by the medical student and do not volunteer information on your own accord.

Other students: Observe the use of language and the structure of the conversation. Provide feedback to the person playing the medical student role at the end.

	Tension headache	Migraine with aura
What is it?	The most common type of primary headache disorder. Likely mechanism is triggering of myofascial points in head, neck and shoulders.	Another common type of primary headache disorder. Likely mechanism is changes in blood flow in the brain.
Location	Bilateral pain (often described by patients as a 'band around my head')	Unilateral pain (pain only on one side of the head)
Quality	Dull continuous ache	Pounding or pulsatile pain
Severity	Mild to moderate pain that rarely prevents people completing activities of daily life such as working or studying.	Moderate to severe pain that is frequently prevents people from completing activities of daily life (disabling pain).
Timing	Recurrent headache. Usually 1-2 hours but can go up to 7 days	Recurrent headache. Usually last 4 to 72 hours.
Aggravating factors		Bright lights (photophobia) and loud sounds (phonophobia).
Relieving factors	Over the counter medicines like paracetamol and NSAIDS.	Often responds to migraine abortives like triptans.
Associated symptoms	Few people have mild nausea	Aura - A distinct warning symptom that precedes the headache. Most common is a visual 'zigzag' disturbance (see image below). Severe nausea/vomiting is also common.



Example of a 'fortification spectrum' migraine visual aura as illustrated by an artist who has experienced them.

Source: G. D. Schott; Exploring the visual hallucinations of migraine aura: the tacit contribution of illustration, *Brain*, Volume 130, Issue 6, 1 June 2007, Pages 1690–1703, <https://doi.org/10.1093/brain/awl348>

Session 3: Instructor Sheet

Session Preparation Checklist

Course Administrator	Teaching Assistants	Instructors
<input type="checkbox"/> Compile new sign ups and add to MailChimp <input type="checkbox"/> Send session announcement + Student Material PDF on Whatsapp 48 hours before session	<input type="checkbox"/> Add new sign ups to Whatsapp <input type="checkbox"/> Make 100 copies of Student Material and bring to class. <input type="checkbox"/> Make 2 copies Instructor Material and bring to class.	<input type="checkbox"/> Review Student and Instructor Material

Session Plan/Notes For Instructors

1. Overview of seven dimensions of a symptom and discussion of how to ask questions in Kannada

- Students have likely already had some training in history taking during their clinic postings. Use the first few minutes revising this with them because the 7 dimensions will be the foundation of the session.
- Explain that the objective is to use headache as an example to learn common questions that can be used for other symptoms. The course will not go into every single known symptom in similar detail. Headache is a good example because history is the only thing that helps differentiate between the two main headache disorders. Expect that most students will be unfamiliar with primary headache disorders so they may need a few minutes to learn about them using the table in the Student Material.

2. Small group role playing exercise

- Explain that this is the first of two sessions which will focus on structured questioning of a symptom. The objective is not to have a perfect Kannada conversation by the end of the session. Instead it is time for them to practice speaking in a safe space where they can make as many mistakes and ask for as many clarifications as necessary. However it is important that they start talking!
- Divide students into small groups of 3-5. If members of the group share a common non-English mother tongue, they can briefly practice asking the questions in this language too.
- Emphasise that the students not actively participating in a particular conversation need to be playing close attention to the conversation in order to both learn and provide feedback to their fellow students.

Post Session Checklist

Course Administrator	Teaching Assistants
<input type="checkbox"/> Compile Session Debriefing Worksheet.	<input type="checkbox"/> Make sure that everyone present is signed up online and receiving official course emails/Whatsapp messages. <input type="checkbox"/> Send images of attendance sheets and photocopying bills to Course Administrator. <input type="checkbox"/> Check audio/video quality in classrooms to see if we can show Youtube videos of Kannada conversations at future sessions.
<input type="checkbox"/> <u>Session debriefing conference call 9pm IST on Saturday</u> Call In Number XXXXXX Access code XXXXXX Host code XXXX	

Session 4: Asking about common symptoms: Vomiting

Learning Objectives

Perform a conversation to record details about vomiting

Overview of session

This session will allow students to practice application of the Seven Dimensions of a symptom framework that they learned in the previous class. The focus will be on questions related to gastrointestinal symptoms.

Lesson plan

<i>Time</i>	<i>Content</i>
10 mins	Recap of Seven Dimensions of a symptom and review results of Student Signup and Hospital Survey.
20 mins	Discussion of how to ask questions in Kannada
10 mins	Small group: Role play conversations in English/mother tongue
20 mins	Small group: Role play conversations in Kannada

Student pre-work

- Review results of Student Signup and Hospital Survey sent on Whatsapp.
- Review 7 dimensions of a symptom and classic presentations of the two most common reasons for vomiting.
- If you own an internet enabled device (smartphone, tablet or laptop), please bring it to class.

Key words

English	Kannada	Mother tongue
Nausea	Vakareke/ hotetolasu	
Vomiting	Vanthi	
Stomach	Hotte	
Abdomen	Hotte	
Stool (feces)	Mala/ Kakkasu/ Eraddake	
Loose stools (diarrhoea)	Baedee	
Blood in stools	Raktha baedee/ Amashanke	
Mucus in stools	Lolle baedee	
Large quantity of watery stools	Jasti neerena baedee	
Lightheadedness	Talebara	

Food	Aahara	
Meal	Oota	
Cooked food	Baiesida Aahara	
Spoiled food	Halasida oota /ketuhogiru oota	
Eat	Tinni	
Drink	Kudee (yere)	

Key questions

Symptom dimension	English	Kannada	Mother tongue
Chief complaint	Why have you come today to hospital?	Neevu ee dina hospitalge bandidu yake?	
1. Location	NA	NA	
2. Quality	What is coming up when you vomit?	Vanthi madedare yenu barutha edde?	
	How much are you vomiting?	Yeshtu vanthi madutha eddera?	
	Are you vomiting blood?	Vanthi yalee raktha barutha edda?	
	Are you vomiting a green or yellow substance?	Vanthi banna - hasera /haladee na?	
3. Severity	How bad is it?	Vanthi yeshtu ketadage edde?	
	Are you able to sip water?	Nimmage neeru kudeyoke agutha?	
	Are you able to eat some food?	Nimmage otta madokke agutha?	
4. Timing/ chronicity	When did it start?	Yavaga shuru ayithu?	
	When was the last time you ate before you got sick?	Vanthi ge munna , Kone sala oota madeddu yavaga?	
	What did you eat?	Yenu otta madidree?	
	When was the last time you vomited?	Yavaga last/ kone sala vanthi madedduu?	
	How often does it occur?	Yeshtu salake vanthi baruthade?	

	How many times does it happen in one day?	Dinnake yeshtu sala vanthi agutha edde?	
	Is it getting better or worse?	Vanthi jasti/kademe agutha eddiya	
5. Aggravating factors	What makes it worse?	Vanthi yavudarinda jasti aguthade?	
6. Relieving factors	Is there anything that makes it better?	Vanthi yenu madedare kademe aguthade?	
	Do you take any medicine that makes it better?	Neevu yavudadaru tablets/mathre tegedukondare kademe aguvuda?	
7. Associated symptoms	What other problems do you have?	Bere yenadaru tondare eddiya?	
	Do you have loose stools?	Nimmage baedee yenadaru agutha eddiya?	
	Do you have pain in your abdomen?	Nimmage hotte novu eddiya?	
	Are you feeling like you are going to faint?	Nimage talesuthu barutha edde annisutha ediya?	

Small Group Role Playing Exercise: OPD patient with vomiting

Vomiting is a very common symptom. Clinical diagnosis of the cause of vomiting involves an understanding of the past medical and surgical history of the patients as well as physical exam and radiological investigations. For this exercise, we shall assume that the patient is healthy with no significant past medical and surgical history. In such cases, history taking is an important first step to help distinguish those patients who likely have uncomplicated acute gastroenteritis that does not require expensive and unnecessary testing and treatment.

Within a small group take turns playing these two roles. At first, practice asking and answering these questions in English or a mother tongue that your small group is fluent in. Then have the person doing medical student role try conducting the whole encounter in Kannada. The patient can answer the questions in Kannada but if this is too difficult, then reply in another language that the medical student understands.

Medical student role: You have been asked by your professor to speak to an OPD patient. Start by introducing yourself and explaining why you have approached the patient. Then use the questions you have learned about the seven dimensions of a symptom to attempt to record information about the problem .

Patient role: Only answer the direct questions posed by the medical student and do not volunteer information on your own accord. You can make up some supporting details for your story.

Other students: Observe the use of language and the structure of the conversation. Provide feedback to the person playing the medical student role at the end.

Session 4: Instructor Sheet

Session Preparation Checklist

Course Administrator	Teaching Assistants	Instructors
<input type="checkbox"/> Compile new sign ups and add to MailChimp <input type="checkbox"/> Send session announcement + Student Material PDF on Whatsapp 48 hours before session	<input type="checkbox"/> Add new sign ups to Whatapp <input type="checkbox"/> Make 100 copies of Student Material and bring to class. <input type="checkbox"/> Make 2 copies Instructor Material and bring to class.	<input type="checkbox"/> Review Student and Instructor Material

Session Plan/Notes For Instructors

1. Recap of Seven Dimensions of a symptom and review of the results of Student Signup and Hospital Survey.

- This is the second session on the interrogation of the presenting symptom. Use the first few minutes of class to help students revise the Seven Dimensions framework and impress on them that we are spending another whole session on this because it is the most important part of history taking.
- We are distributing the results/analysis of Student Signup and the Hospital Survey so that students gain a more nuanced understanding of just how multilingual their medical education is. Spend a few minutes answering questions and encouraging them to discuss what implications this has on them. Specifically ask them to reflect on how they plan to prepare themselves for the languages that their future patients will speak over their medical career, starting with internship.

2. Small group role playing exercise

- Explain that the objective is not to have a perfect Kannada conversation by the end of the session. Instead it is time for them to practice speaking in a safe space where they can make as many mistakes and ask for as many clarifications as necessary. However it is important that they start talking!
- Divide students into small groups of 3-5. If members of the group share a common non-English mother tongue, they can briefly practice asking the questions in this language too.
- Emphasise that the students not actively participating in a particular conversation need to be playing close attention to the conversation in order to both learn and provide feedback to their fellow students.

Post Session Checklist

Course Administrator	Teaching Assistants
<input type="checkbox"/> Compile Session Debriefing Worksheet.	<input type="checkbox"/> Make sure that everyone present is signed up online and receiving official course emails/Whatsapp messages. <input type="checkbox"/> Send images of attendance sheets and photocopying bills to Course Administrator.
<input type="checkbox"/> <u>Session debriefing conference call</u> Call In Number XXXXXXXX Access code XXXXXX Host code XXXX	

Session 5: Asking about medicines - Version 1

Learning Objectives

Perform a conversation to record details about medicines the patient is using.

Overview of session

Information on recent and prior use of medicine is critical when evaluating a patient. This session will focus on the commonly used phrases used during conversations that record such information.

Lesson plan

<i>Time</i>	<i>Content</i>
10 mins	Introduction to medicine reconciliation and concept of syntax
20 mins	Discussion of how to ask questions in Kannada
10 mins	Small group: Role play conversations in English/mother tongue
15 mins	Small group: Role play conversations in Kannada
5 mins	Student feedback online survey

Student pre-work

- Review the two versions of the Student Material sent on Whatsapp group. Decide which version of the Student Material you would like in the future.
- If you own an internet enabled device (smartphone, tablet or laptop), please bring it to class.

What is medicine reconciliation (aka med rec)?

- Medicines in India are readily available without a doctor's prescription. In most cases, patients will attempt to self treat an illness before making the decision to seek professional medical advice. It is important to know what medicines a patient has taken and what effects they have prior to creating a treatment plan. This is so that we do not accidentally double-dose a patient or recommend a medicine that is already proven ineffective.
- Patients may also use daily medicines for chronic diseases such as hypertension, diabetes or seizure disorders. It is important for a doctor to recognise situations in which these medicines may need to be temporarily stopped or the dose changed. Some common situations include:
 - Stopping hypertension medicines if the patient has a condition causing hypotension eg: viral gastroenteritis with lots of fluid loss from vomiting and diarrhoea.
 - Changing dose of diabetes medicines during an acute illness since both the stress response and change in food intake can make blood sugar levels more erratic.
 - Changing dose of medicines excreted by the kidney during acute kidney injury or worsening of chronic kidney disease.
 - Making sure medicines for acute illness do not lower the seizure threshold in someone with a seizure disorder.
 - Making sure that new medicines do not adversely interact with current medicines.
 - Making sure that a patient does not have a history of an allergic reaction to a medicine you prescribe.
- Keeping all of this in mind, it is important that every medical interview includes recording a list of a) medicines taken for the current illness b) medicines taken for known chronic disease including traditional medicines and supplements c) known medicine allergies. This process is known as medicine reconciliation.

Key words

English	Kannada	Mother tongue(s)
Medicine	howshada	
Prescribe	vaidyara salahae	
Tablet	mathrae	
Syrup	kashaya / dravaowshada	
Injection	“injection”/ chuchumaddu	
Ointment	lepana	
Antibiotic	“antibiotic”	
Morning	bellege	
Afternoon	madyana	
Evening	sanje/sayankala	
With food	oota da jote	
On empty stomach	kaali hotte/ baree hotte /hasida hotte	
Before	modalu	
After	amele	
Hour	gante	
Day	dina	
Week	vara	
Month	tingalu	

Key questions

English	Kannada	Mother tongue(s)
Medicines taken for current illness episode		
Have you taken any medicines?	Howshada yenadaru tegedu kondraa?	
What is the name of the medicine?	Howshada da hesarenu?	
Can you show me the medicine?	Nanage neevu howshada torese/ toresabahuda?	
What is the medicine for?	Ee howshada yakee?	

How did you choose this medicine?	Eedae howshada yendu nimmage hege tileethu?	
Did someone prescribe it to you?	Yaru nimage ee howshada tegaedukolalu heledaru?	
What was the dose?	Howshadada alathe yeshtu?	
When did you start using the medicine?	Yavaga howshada shuru madidree?	
How many times did you use it in a day?	Denake yeshtu sala howshada tagondree?	
Did the medicine help?	Howshadadinda upayoga ayitha?	
Medicines taken for chronic conditions		
Are you taking daily/regular medicines for other illnesses?	Baere kayale ge dinalu howshada yenadaru tapade (regular agee) tegedukoluthera ?	
Do you have a list of your medicines?	Nimage nimma howshadagala patti gothieddiya?	
During a typical week, how many times do you miss taking your daily medicine?	Varadalli yeshtu sala dena tegedu kolluva howshada neevu tagondillaa?	
Have you taken your daily medicines since you have been ill?	Nimma kayelege tappade howshada tagotheeraa?	
When was the last time you took your medicines?	Nivu hinde yavaga howshada tegedukondree?	

Small Group Role Playing Exercise: Asking about medicines

Within a small group take turns playing these two roles. At first, practice asking and answering these questions in English or a mother tongue that your small group is fluent in. Then have the person doing medical student role try conducting the whole encounter in Kannada. The patient can answer the questions in Kannada but if this is too difficult, then reply in another language that the medical student understands.

Medical student role: You have been asked by your professor to speak to an OPD patient. Start by introducing yourself and explaining why you have approached the patient. Then use the questions you have learned about the seven dimensions of a symptom to attempt to record information about the problem .

Patient role: Create a list of 1-2 medicine taken for an acute illness and 2-3 medicines taken for a chronic condition. Only answer the direct questions posed by the medical student and do not volunteer information on your own accord. You can make up some supporting details for your story.

Other students: Observe the use of language and the structure of the conversation. Provide feedback to the person playing the medical student role at the end about language and communication skills. Provide feedback to the person playing the patient role regarding whether the choice of medicines was logically and reasonable.

Session 5: Asking about medicines - Version 2

Learning Objectives

Perform a conversation to record details about medicines the patient is using.

Overview of session

Information on recent and prior use of medicine is critical when evaluating a patient. This session will focus on the commonly used phrases used during conversations that record such information. In terms of language learning, the focus will be on the concepts of vocabulary and syntax and learning to ask questions about timing.

Lesson plan

<i>Time</i>	<i>Content</i>
10 mins	Introduction to medicine reconciliation and concept of syntax
20 mins	Discussion of how to ask questions in Kannada
10 mins	Small group: Role play conversations in English/mother tongue
15 mins	Small group: Role play conversations in Kannada
5 mins	Student feedback online survey

Student pre-work

- Review the two versions of the Student Material sent on Whatsapp group. Decide which version of the Student Material you would like in the future.
- If you own an internet enabled device (smartphone, tablet or laptop), please bring it to class.

What is medicine reconciliation (aka med rec)?

- Medicines in India are readily available without a doctor's prescription. In most cases, patients will attempt to self treat an illness before making the decision to seek professional medical advice. It is important to know what medicines a patient has taken and what effects they have prior to creating a treatment plan. This is so that we do not accidentally double-dose a patient or recommend a medicine that is already proven ineffective.
- Patients may also use daily medicines for chronic diseases such as hypertension, diabetes or seizure disorders. It is important for a doctor to recognise situations in which these medicines may need to be temporarily stopped or the dose changed. Some common situations include:
 - Stopping hypertension medicines if the patient has a condition causing hypotension eg: viral gastroenteritis with lots of fluid loss from vomiting and diarrhoea.
 - Changing dose of diabetes medicines during an acute illness since both the stress response and change in food intake can make blood sugar levels more erratic.
 - Changing dose of medicines excreted by the kidney during acute kidney injury or worsening of chronic kidney disease.
 - Making sure medicines for acute illness do not lower the seizure threshold in someone with a seizure disorder.
 - Making sure that new medicines do not adversely interact with current medicines.
 - Making sure that a patient does not have a history of an allergic reaction to a medicine you prescribe.
- Keeping all of this in mind, it is important that every medical interview includes recording a list of a) medicines taken for the current illness b) medicines taken for known chronic disease including traditional medicines and supplements c) known medicine allergies. This process is known as medicine reconciliation.

Key words

English	Kannada	Mother tongue(s)
Medicine	howshada	
Prescribe	vaidyara salahae	
Tablet	mathrae	
Syrup	kashaya / dravaowshada	
Injection	“injection”/ chuchumaddu	
Ointment	lepana	
Antibiotic	“antibiotic”	
Morning	bellege	
Afternoon	madyana	
Evening	sanje/sayankala	
With food	oota da jote	
On empty stomach	kaali hotte/ baree hotte /hasida hotte	
Before	modalu	
After	amele	
Hour	gante	
Day	dina	
Week	vara	
Month	tingalu	

Vocabulary and syntax

Learning to speak a new language means learning a new set of rules that govern how vocal sounds can contain meaning. These rules can be

- **Vocabulary** - Most words in your current languages likely have equivalent words in the new language which you can access by consulting a dictionary which is created by a language authority. However the production of new words happens at different speeds and is governed by different sets of rules in each language. This is especially relevant in medicine, where new technical words in English may not have an equivalent word in an Indian language and local culturally-specific words in an Indian language might not translate well into English.
- **Syntax** - This is the set of rules that govern how the order of words and pauses creates more complex meaning. For example: “A panda eats shoots and leaves.” and “A panda eats, shoots and leaves” have very different meanings just by adding a small pause (a comma). Languages from the same language family often have similar syntax rules. This is why it may be easier for a Malayalam speaker to learn Tamil compared to a Hindi speaker since Malayalam and Tamil are from the Dravidian family whereas Hindi is from the Indo-Aryan family. Similarly, it is easier for English speakers to learn German than Portuguese. Syntax rules are not rigid and there is often more than one way to order words to create the same meaning. For example: “Karan ate a

dosa” and “A dosa was eaten by Karan” convey similar meaning but “A dosa ate Karan” means something very different despite using the same vocabulary as the original sentence.

To help you understand the rules behind conversational Kannada we will break down each sentence as follows.

English sentence	Kannada sentence
<i>Student will write sentences in mother tongue to compare with English and Kannada syntax</i>	Kannada sentence syntax

Remember that there is more than one way of creating meaning through syntax and patients will often understand meaning despite the syntax not being perfect. It is more important to pick up on syntax structures that completely change the meaning of the sentences. Similar to learning how to drive, memorising the basic rules is good but it is more important to acquire a ‘muscle memory’ through constant practice.

Key questions

Medicines taken for current illness episode	
Have you taken any medicines?	Howshada yenadaru tegedu kondraa?
	medicine any taken?
What is the name of the medicine?	Howshada da hesarenu?
	medicine name-what?
Can you show me the medicine?	Nanage neevu howshada torese/ toresabahuda?
	me-to you medicine can-show?
What is the medicine for?	Ee howshada yakee?
	this medicine why?
How did you choose this medicine?	Eedae howshada yendu nimmage hege tileethu?
	this medicine you how chose?
Did someone prescribe it to you?	Yaru nimage ee howshada tegaedukolalu heledaru?
	who to-you this medicine take said?
What was the dose?	Howshadada alathe yeshtu?
	medicine dose how-much?
When did you start using the medicine?	Yavaga howshada shuru madidree?
	when medicine start did?
How many times did you use it in a day?	Denake yeshtu sala howshada tagondree?
	in-a-day how-much times medicine taking?

Did the medicine help?	Howshadadinda upayoga ayitha?
	from-medicine help came?
Medicines taken for chronic conditions	
Are you taking daily/regular medicines for other illnesses?	Baere kayale ge dinalu howshada yenadaru tapade (regular agee) tegedukolutha ?
	other disease for daily medicine any taking?
Do you have a list of your medicines?	Nimage nimma howshadagala patti gothieddiya?
	you your medicine list know?
During a typical week, how many times do you miss taking your daily medicine?	Varadalli yeshtu sala dena tegedu kolluva howshada neevu tagondillaa?
	in-a-week how-many times daily taking medicine you take?
Have you taken your daily medicines since you have been ill?	Nimma kayelege tappade howshada tagotheeraa?
	your illness-to stop medicine taking?
When was the last time you took your medicines?	Nivu hinde yavaga howshada tegedukondree?
	you last when medicine took?

Small Group Role Playing Exercise: Asking about medicines

Within a small group take turns playing these two roles. At first, practice asking and answering these questions in English or a mother tongue that your small group is fluent in. Then have the person doing medical student role try conducting the whole encounter in Kannada. The patient can answer the questions in Kannada but if this is too difficult, then reply in another language that the medical student understands.

Medical student role: You have been asked by your professor to speak to an OPD patient. Start by introducing yourself and explaining why you have approached the patient. Then use the questions you have learned about the seven dimensions of a symptom to attempt to record information about the problem .

Patient role: Create a list of 1-2 medicine taken for an acute illness and 2-3 medicines taken for a chronic condition. Only answer the direct questions posed by the medical student and do not volunteer information on your own accord. You can make up some supporting details for your story.

Other students: Observe the use of language and the structure of the conversation. Provide feedback to the person playing the medical student role at the end about language and communication skills. Provide feedback to the person playing the patient role regarding whether the choice of medicines was logically and reasonable.

Session 5: Instructor Sheet

Session Preparation Checklist

Course Administrator	Teaching Assistants	Instructors
<input type="checkbox"/> Compile new sign ups and add to MailChimp <input type="checkbox"/> Send session announcement + Student Material PDF on Whatsapp 48 hours before session	<input type="checkbox"/> Add new sign ups to Whatapp <input type="checkbox"/> Make 60 copies of Student Material and bring to class. <input type="checkbox"/> Make 2 copies Instructor Material and bring to class.	<input type="checkbox"/> Review Student and Instructor Material

Session Plan/Notes For Instructors

1. Introduction to medicine reconciliation and concept of syntax

- Both these concepts are explained in the Student Material.
- The Student Material sheets have been redesigned to include an explanation of the syntax structure of each Kannada sentence.

2. Small group role playing exercise

- Instead of giving students scripted roles, we will encourage them to make up lists of medicines for various illnesses. This requires some medical knowledge on their part.
- Emphasise that the students not actively participating in a particular conversation need to be giving feedback to both the person practising new language skills by asking questions as well as the person using knowledge of medical conditions to come up with logical and reasonable lists of medicines.

3. Student feedback online survey

- Students can access survey by going to CLASS WEBSITE URL
- Make sure they complete it before leaving the class.

Post Session Checklist

Course Administrator	Teaching Assistants
<input type="checkbox"/> Compile Session Debriefing Worksheet.	<input type="checkbox"/> Make sure that everyone present is signed up online and receiving official course emails/Whatsapp messages. <input type="checkbox"/> Send images of attendance sheets and photocopying bills to Course Administrator.
<input type="checkbox"/> <u>Session debriefing conference call</u> Call In Number XXXXXXXX Access code XXXXXXX Host code XXXX	

Session 6: Directing a patient during physical exam.

Learning Objectives

Give instructions to the patient to direct them during simple physical exam maneuvers.

Overview of session

Physical examination is a particularly vulnerable moment for a patient. It is not often that they are directed to undress, move and be touched by young men or women. This is a time when professionalism is paramount. This session will focus on simple instructions that accompany standard physical examination maneuvers.

Lesson Plan

<i>Time</i>	<i>Content</i>
10 mins	Introduction to professionalism during physical examination
20 mins	Discussion of how to ask questions in Kannada
10 mins	Small group: Role play conversations in English/mother tongue
20 mins	Small group: Role play conversations in Kannada

Student pre-work

- Review Student Material sent on Whatsapp group.
- If you own an internet enabled device (smartphone, tablet or laptop), please bring it to class.

Phrase list

I need to examine your abdomen.	Naanu nimma hotteyanu pareekshe madabeku
Remove your shirt.	Nimma shirt tegeyere
Unfasten your buttons.	Nimma shirteena gundigalanu bitchi
Sit down.	Kulitukoli
Lie down.	Malagikoli
Get up.	Yedeli
Do like this.	Heegey maadi
Do not move.	Alugaadabedi
Look here.	Ili nodi
Look up / down.	Mele / kelagey noodi
Look at the light.	Belakanu noodi
Open your eyes.	Nimma kannu tereyiri (open) madde
Close your mouth.	Nimma baayi muchi

Say 'ah'	"Ah' anni
Stick out your tongue.	Nimma naaligeyannu horachachi (thorisi)
Show me your teeth.	Nimma halugalanu thorisi
Can you feel this?	Nimage idara anubhava aagutideye? Eddu gothagutha iddiyaa?
Can you hear this?	Nimage idu kelisutha iddeyaa?
Swallow.	Nungi
Cough.	Kemmi
Breathe deeply.	Aalavaagi usiraadi / (dodda dagee Useeradee)
Breathe normally.	Saamanyavagi usiradi (aramavagee useeradee)
Relax your belly.	Nimma hotteyanu araama vaagurisi/ (Hoteeyanu sadeela madee)
Bend your knees.	Nimma monakaalugalanu bagisi (madee madachii)
Does this hurt?	Novagutideye? idu novuthaa?
Turn to your side.	Nimma kadege tirugi
Push my hand away.	Nanna kai yanu tallibidi / (Nanna kai yannu nookee)
Pull my hand towards you.	Nanna kaiyanu nimmadege (kadege) yeledukoli

Small Group Role Playing Exercise: Physical examination

Within a small group take turns playing these two roles. At first, practice asking and answering these questions in English or a mother tongue that your small group is fluent in. Then have the person doing medical student role try conducting the whole encounter in Kannada. The patient can answer the questions in Kannada but if this is too difficult, then reply in another language that the medical student understands.

Medical student role: You have been asked by your professor to examine an OPD patient. Start by introducing yourself and explaining why you have approached the patient. Then use the phrases you have learned to direct the patient during simple physical exam maneuvers.

Patient role: Pay attention to the body language and the tone used by the medical student. Does it make it easier to follow along? Do you feel comfortable?

Other students: Provide feedback about both verbal and non verbal communication.

Session 6: Instructor Sheet

Session Preparation Checklist

Course Administrator	Teaching Assistants	Instructors
<input type="checkbox"/> Compile new sign ups and add to MailChimp <input type="checkbox"/> Send session announcement + Student Material PDF on Whatsapp 48 hours before session	<input type="checkbox"/> Add new sign ups to Whatapp <input type="checkbox"/> Make 60 copies of Student Material and bring to class. <input type="checkbox"/> Make 2 copies Instructor Material and bring to class.	<input type="checkbox"/> Review Student and Instructor Material

Session Plan/Notes For Instructors

1. Introduction

The phrases used during physical examination are simple commands that are not too complex in terms of vocabulary and syntax. Students should hopefully find them easier to learn compared to some of the more complex question-response conversations in previous sessions.

2. Small group role playing exercise

Encourage students to focus on both the verbal and non-verbal aspects of the conversation when providing each other feedback. Non verbal parts of the conversation include tone of voice, posture, use of hand gestures and eye contact.

Post Session Checklist

Course Administrator	Teaching Assistants
<input type="checkbox"/> Compile Session Debriefing Worksheet.	<input type="checkbox"/> Make sure that everyone present is signed up online and receiving official course emails/Whatsapp messages. <input type="checkbox"/> Send images of attendance sheets and photocopying bills to Course Administrator.
<input type="checkbox"/> <u>Session debriefing conference call</u> Call In Number XXXXXXXX Access code XXXXXX Host code XXXX	

Session 7: Key concepts in second language acquisition + Closing a student-patient encounter

Learning Objectives

- Describe some key concepts in second language acquisition.
- Identify preferences when it comes to using educational material containing comprehensible input.
- Perform a conversation that explains to the patient and attenders what happens after the encounter with a medical student is complete.

Overview of session

This session is the first to introduce the student to some of the key concepts in second language acquisition around which this course is designed. Students were sent a short slide set with key concepts and example videos. These will be further discussed in the first part of the session. The second part will focus on conversations that close a student-patient encounter. This session marks the first milestone for the students in the course. By the end of the session they will have completed all parts of a simple outpatient clinic conversation.

Lesson Plan

<i>Time</i>	<i>Content</i>
20 mins	Discussion on language learning
10 mins	Discussion of how to ask questions in Kannada
10 mins	Small group: Role play conversations in English/mother tongue
20 mins	Small group: Role play conversations in Kannada

Student pre-work

- Review Language Learning Slide Set 1 sent on Whatsapp group.
- Answer the short survey by using the LINK ON CLASS WEBSITE
- Review Student Material sent on Whatsapp group.
- If you own an internet enabled device (smartphone, tablet or laptop), please bring it to class.

Phrase list

To help you understand the rules behind conversational Kannada we will break down each sentence as follows.

<i>English sentence</i>	<i>Kannada sentence</i>
	<i>Kannada sentence syntax</i>

Thank you for speaking with me.	Nanna jyothe mathannu adedakke dhanyavadagalu.
	<i>Me with speaking for-that thank-you.</i>
I am now going to discuss with my teacher.	Nanu namma teacher jyothe ega discuss madthene.
	<i>Me my teacher with now discuss will-do.</i>
I will return with the other medical students and my teacher.	Nanu, namma teacheru mathu bere medical vidyarthi jothe vapus barthene.
	<i>I, our teacher and other medical students with return will-come</i>
We will discuss your problem so that we may learn.	Navu nimma tondare baggae discuss madee kalithukoluthave?
	<i>We your problems about discuss do and will-learn.</i>
Do you have any questions for now?	Yenadaru prashne keluvudu ediya?
	<i>Any questions ask do-you-have?</i>
Do you have any questions for the other doctors?	Doctor jyothe bere yenadaru prashne kelabekaa?
	<i>Doctor with other any questions have-to-ask?</i>
What do you understand about the diagnosis?	Nimmage diagnosis baggae yenu artha agedae?
	<i>Your diagnosis about what meaning do-you-have?</i>

Small Group Role Playing Exercise: Putting it all together

Within a small group take turns playing these two roles. At first, practice asking and answering these questions in English or a mother tongue that your small group is fluent in. Then have the person doing medical student role try conducting the whole encounter in Kannada. The patient can answer the questions in Kannada but if this is too difficult, then reply in another language that the medical student understands.

Medical student role: You have completed the history and physical examination of your patient. You think he/she has a migraine headache. Use the provided phrases to help create a conversation that informs the patient and attenders about what will happen next.

Patient role: Pay attention to both the use of verbal and body language used by the medical student. Are you clear about what will happen next? Do you feel comfortable?

Other students: Provide feedback about both verbal and non verbal communication.

Session 7: Instructor Sheet

Session Preparation Checklist

Course Administrator	Teaching Assistants	Instructors
<input type="checkbox"/> Send Language Learning Slide Set 1 and link to short survey on Whatsapp 48 hours before session <input type="checkbox"/> Send session announcement + Student Material PDF on Whatsapp 48 hours before session	<input type="checkbox"/> Prepare to lead discussion on the Language Learning Slide Set 1 in class. <input type="checkbox"/> If possible, arrange to video record the entire session. <input type="checkbox"/> Make 60 copies of Student Material and bring to class. <input type="checkbox"/> Make 2 copies Instructor Material and bring to class.	<input type="checkbox"/> Review the Language Learning Slide Set 1, Student Material and Instructor Material

Session Plan/Notes For Instructors

1. Discussion on language learning

The idea of introducing a Language Learning Slide Set 1 is to gauge the interest and potential of the class to use newer forms of language learning material, especially dubbed or bilingual videos of student-patient interactions. The slide set should hopefully be self-explanatory to Instructors. In class, the Instructor or the Teaching Assistants may run through the slide set and then ask students to discuss for a few minutes. At the end of the discussion please make sure the student answer the survey by clicking on the link in the Whatsapp message. The survey link can also be found at CLASS WEBSITE URL

2. Closing a student-patient encounter

Please stress that closing a student-patient encounter is an exercise in professionalism. While such a conversation may at times be inconsequential to the student, it is essential in order to put a patient and attenders at ease.

3. Small group role playing exercise

Once students have mastered the closing statements, they can be encouraged to attempt to put together the entire conversation from introduction to closing. We will spend the whole of the next session doing this.

Post Session Checklist

Course Administrator	Teaching Assistants
<input type="checkbox"/> Compile Session Debriefing Worksheet.	<input type="checkbox"/> Make sure that everyone present is signed up online and receiving official course emails/Whatsapp messages. <input type="checkbox"/> Send images of attendance sheets and photocopying bills to Course Administrator.
<input type="checkbox"/> <u>Session debriefing conference call</u> Call In Number XXXXXX Access code XXXXXX Host code XXXX	

Session 8: Practise Session 1: Investigating a simple medical problem

Learning Objectives

- Practice conducting a complete out-patient clinic encounter for a patient with a simple medical problem.
- Practice using a standardized checklist to give feedback to participants in a 3-way role play.

Overview of session

The first seven sessions of this course covered all the basic components required to evaluate a patient with a simple outpatient medical problem. In this session we will focus on putting this all together into one continuous conversation. We will also practice providing peer feedback using a checklist.

Lesson plan

<i>Time</i>	<i>Content</i>
15 mins	Review of previous conversations and peer feedback technique.
40 mins	Practice 3 way role-plays and structured feedback.
5 mins	Upload structured feedback forms to course website.

Student pre-work

- Review Student Material worksheets from first seven sessions.
- If you own an internet enabled device (smartphone, tablet or laptop) with an attached camera, please bring it to class.

Small Group Role Playing: Putting it all together + Providing feedback

Divide into groups of 3 students. Within a small group take turns playing each of the 8 patient scenarios provided to you. At first, try asking and answering these questions in English or a mother tongue that your small group is fluent in. Then have the person doing medical student role try conducting the whole encounter in Kannada. The patient can answer the questions in Kannada but if this is too difficult, then reply in another language that the medical student understands.

Medical student role: You have been asked by your professor to talk to two patients in an out-patient clinic. One of them speaks English and one of them speaks Kannada.

Patient role: Chose two patients from the 8 patient scenarios. The first patient can speak English or a shared mother tongue with the medical student. The second patient should respond only to questions asked in Kannada. You can make up a few additional details about them but do not change the Key Message and Major Points.

Observer: Use the Role Play Peer Feedback Checklist to assign points for the 2 patient encounters and give the medical student feedback on how they may improve in each of the four domains listed on the checklist. Summarise your feedback on the checklist and hand it over to the medical student.

At the end of the session, please take pictures of the feedback provided to you on the checklists and upload them to the course website CLASS WEBSITE URL

Role Play Peer Feedback Checklist

Student name _____ Date: _____

English/Mother Tongue Encounter

Case name: _____

Organization*Introduction → Asking about the 7 dimensions of a symptom → Asking about medicines → Physical exam → Closing*

5 - Very organized	4 - Minimal disorganization	3 - Moderate disorganized	2 - Very disorganized	1 - Unable to ask questions
Comments				

/5

Score

Kannada Encounter

Case name: _____

Speaking

5 - Fluent	4 - Advanced Comprehensible	3 - Basic Comprehensible	2- Tried but was incomprehensible	1- Did not try to speak
Comments				

/5

Score

Comprehension

5 - Fluent	4 - Minor points not understood	3 - Key message & all major points	2 - Key message understood	1- No understanding
Comments				

/5

Score

Professionalism / Empathy

5- I would send my family member to talk to this medical student				1- Students was very offensive and / or uncaring
Comments				

/5

Score

Total Score:

--

Role Play Peer Feedback Checklist

Student name _____ Date: _____

English/Mother Tongue Encounter

Case name: _____

Organization*Introduction → Asking about the 7 dimensions of a symptom → Asking about medicines → Physical exam → Closing*

5 - Very organized	4 - Minimal disorganization	3 - Moderate disorganized	2 - Very disorganized	1 - Unable to ask questions
Comments				

/5

Score

Kannada Encounter

Case name: _____

Speaking

5 - Fluent	4 - Advanced Comprehensible	3 - Basic Comprehensible	2- Tried but was incomprehensible	1- Did not try to speak
Comments				

/5

Score

Comprehension

5 - Fluent	4 - Minor points not understood	3 - Key message & all major points	2 - Key message understood	1- No understanding
Comments				

/5

Score

Professionalism / Empathy

5- I would send my family member to talk to this medical student				1- Students was very offensive and / or uncaring
Comments				

/5

Score

Total Score:

--

Sample simple medical problems

1. **Raju/Rajamma, 15 years**

Key message: "My eyes have been red and itchy for 2 days."

Major points: "My vision is fine. It does not hurt to move my eyes. Other people in my class also have the same symptoms."

Diagnosis: Acute viral conjunctivitis

2. **Murga/Meena, 25 years**

Key message: "I have had frequent loose stools for 1 day."

Major points: "I ate some bad food the day before. No fever, no vomiting, no blood in stools."

Diagnosis: Acute gastroenteritis

3. **Laskhman/Laskhmi, 25 years**

Key message: "I have had fever and body ache for 2 days."

Major points: "I do not live in an area with malaria or dengue. Other people around me are also sick."

Diagnosis: Acute viral syndrome

4. **Venu/Veena, 25 years**

Key message: "I have been coughing for 4 days."

Major points: "Mild fever, no breathing difficulty, no chest pain. Other people have also been sick."

Diagnosis: Acute bronchitis

5. **Mayamma, 25 years**

Key message: "For the last 7 days, it burns when I pee."

Major points: "No fever, no abdominal or flank pain, no vomiting, no vaginal discharge."

Diagnosis: Uncomplicated UTI

6. **Srikanth/Sridevi, 25 years**

Key message: "A dog bit me in the right leg."

Major points: "It was a street dog that looked sick. I am bleeding."

Diagnosis: Dog bite with suspected exposure to rabies virus

7. **Kiran, 35 years**

Key message: "I just got attacked by a swarm of bees."

Major points: "I had a bad allergic reaction the last time a bee stung me. My throat closed up"

Diagnosis: Bee sting with possible impending anaphylactic reaction

8. **Velan/Valli, 65 years**

Key message: "My knees have been hurting for 1 year."

Major points: "I did not fall or hurt my knees. No swelling or redness in knees."

Diagnosis: Osteoarthritis of the knees

Session 8: Instructor Sheet

Session Preparation Checklist

Course Administrator	Teaching Assistants	Instructors
<input type="checkbox"/> Send session announcement + Student Material PDF on Whatsapp 48 hours before session.	<input type="checkbox"/> Make 40 copies of Student Material and bring to class. <input type="checkbox"/> Make 2 copies Instructor Material and bring to class. <input type="checkbox"/> Arrange for parts of the session to be video-recorded.	<input type="checkbox"/> Review Student and Instructor Material

Session Plan/Notes For Instructors

1. Review of previous conversations and peer feedback technique.

- ❖ Use the first few minutes in class to review the key components of a simple medical interview that have been covered in previous sessions.
- ❖ Key components: Introduction → Asking about the 7 dimensions of a symptom → Asking about medicines → Physical exam → Closing the encounter.
- ❖ Spend a few minutes explaining the importance of feedback as a learning mechanism. Reassure the students that the scores are only meant to help them understand their current level of skill and figure out ways to improve. They are not meant to check if someone is failing.
- ❖ Consider having all the students jointly watch a pair of patient encounters and discuss the reasoning behind why they would assign a specific score in each domain.

2. Group Role Playing: Putting it all together + Providing feedback

- ❖ The reason that students have been asked to role play a pair of patients, one speaking English and another speaking Kannada is so that they are able to demonstrate their skill at organizing an interview without having their language skills get in the way.
- ❖ Encourage students to use Session Materials from prior sessions to help them during the role play.
- ❖ Make sure they take pictures of the completed checklists that contain their personal evaluations and upload them to the link on the class website CLASS WEBSITE URL

Post Session Checklist

Course Administrator	Teaching Assistants
<input type="checkbox"/> Compile Session Debriefing Worksheet.	<input type="checkbox"/> Make sure that all students have uploaded their checklist to the course site. <input type="checkbox"/> Send images of attendance sheets and photocopying bills to Course Administrator.
<input type="checkbox"/> <u>Session debriefing conference call</u> Call In Number XXXXXXXXXX Access code XXXXXX Host code XXXX	

Session 9: Practise Session 2: Investigating a simple medical problem

Learning Objectives

- Practice conducting a complete out-patient clinic encounter for a patient with a simple medical problem.
- Practice using a standardized checklist to give feedback to participants in a 3-way role play.

Overview of session

This is the second of two sessions where students will focus on role plays that focus on putting together components of medical interviewing into one continuous conversation. We will also practice providing peer feedback using a checklist.

Lesson plan

<i>Time</i>	<i>Content</i>
15 mins	Review of peer feedback technique.
40 mins	Practice 3 way role-plays and structured feedback.
5 mins	Upload structured feedback forms to course website.

Student pre-work

- Review Student Material worksheets from first seven sessions.
- If you own an internet enabled device (smartphone, tablet or laptop) with an attached camera, please bring it to class.

Small Group Role Playing: Putting it all together + Providing feedback

Divide into groups of 3 students. Within a small group take turns playing each of the 8 patient scenarios provided to you. At first, try asking and answering these questions in English or a mother tongue that your small group is fluent in. Then have the person doing medical student role try conducting the whole encounter in Kannada. The patient can answer the questions in Kannada but if this is too difficult, then reply in another language that the medical student understands.

Medical student role: You have been asked by your professor to talk to two patients in an out-patient clinic. One of them speaks English and one of them speaks Kannada.

Patient role: Chose two patients from the 8 patient scenarios. The first patient can speak English or a shared mother tongue with the medical student. The second patient should respond only to questions asked in Kannada. You can make up a few additional details about them but do not change the Key Message and Major Points.

Observer: Use the Role Play Peer Feedback Checklist to assign points for the 2 patient encounters and give the medical student feedback on how they may improve in each of the four domains listed on the checklist. Summarise your feedback on the checklist and hand it over to the medical student.

At the end of the session, please take pictures of the feedback provided to you on the checklists and upload them to the course website **CLASS WEBSITE URL**

Role Play Peer Feedback Checklist

Student name _____ Date: _____

English/Mother Tongue Encounter

Case name: _____

Organization

Introduction → Asking about the 7 dimensions of a symptom → Asking about medicines → Physical exam → Closing

5 - Very organized	4 - Minimal disorganization	3 - Moderate disorganized	2 - Very disorganized	1 - Unable to ask questions	/5 Score
Comments					

Kannada Encounter

Case name: _____

Speaking

5 - Fluent	4 - Advanced Comprehensible	3 - Basic Comprehensible	2- Tried but was incomprehensible	1- Did not try to speak	/5 Score
Comments					

Comprehension

5 - Fluent	4 - Minor points not understood	3 - Key message & all major points	2 - Key message understood	1- No understanding	/5 Score
Comments					

Professionalism / Empathy

5- I would send my family member to talk to this medical student				1- Students was very offensive and / or uncaring	/5 Score
Comments					

Total Score:

Role Play Peer Feedback Checklist

Student name _____ Date: _____

English/Mother Tongue Encounter

Case name: _____

Organization*Introduction → Asking about the 7 dimensions of a symptom → Asking about medicines → Physical exam → Closing*

5 - Very organized	4 - Minimal disorganization	3 - Moderate disorganized	2 - Very disorganized	1 - Unable to ask questions
Comments				

/5

Score

Kannada Encounter

Case name: _____

Speaking

5 - Fluent	4 - Advanced Comprehensible	3 - Basic Comprehensible	2- Tried but was incomprehensible	1- Did not try to speak
Comments				

/5

Score

Comprehension

5 - Fluent	4 - Minor points not understood	3 - Key message & all major points	2 - Key message understood	1- No understanding
Comments				

/5

Score

Professionalism / Empathy

5- I would send my family member to talk to this medical student				1- Students was very offensive and / or uncaring
Comments				

/5

Score

Total Score:

--

Sample simple medical problems

1. **Raju/Rajamma, 15 years**

Key message: "My eyes have been red and itchy for 2 days."

Major points: "My vision is fine. It does not hurt to move my eyes. Other people in my class also have the same symptoms."

Diagnosis: Acute viral conjunctivitis

2. **Murga/Meena, 25 years**

Key message: "I have had frequent loose stools for 1 day."

Major points: "I ate some bad food the day before. No fever, no vomiting, no blood in stools."

Diagnosis: Acute gastroenteritis

3. **Laskhman/Laskhmi, 25 years**

Key message: "I have had fever and body ache for 2 days."

Major points: "I do not live in an area with malaria or dengue. Other people around me are also sick."

Diagnosis: Acute viral syndrome

4. **Venu/Veena, 25 years**

Key message: "I have been coughing for 4 days."

Major points: "Mild fever, no breathing difficulty, no chest pain. Other people have also been sick."

Diagnosis: Acute bronchitis

5. **Mayamma, 25 years**

Key message: "For the last 7 days, it burns when I pee."

Major points: "No fever, no abdominal or flank pain, no vomiting, no vaginal discharge."

Diagnosis: Uncomplicated UTI

6. **Srikanth/Sridevi, 25 years**

Key message: "A dog bit me in the right leg."

Major points: "It was a street dog that looked sick. I am bleeding."

Diagnosis: Dog bite with suspected exposure to rabies virus

7. **Kiran, 35 years**

Key message: "I just got attacked by a swarm of bees."

Major points: "I had a bad allergic reaction the last time a bee stung me. My throat closed up"

Diagnosis: Bee sting with possible impending anaphylactic reaction

8. **Velan/Valli, 65 years**

Key message: "My knees have been hurting for 1 year."

Major points: "I did not fall or hurt my knees. No swelling or redness in knees."

Diagnosis: Osteoarthritis of the knees

Session 9: Instructor Sheet

Session Preparation Checklist

Course Administrator	Teaching Assistants	Instructors
<input type="checkbox"/> Send session announcement + Student Material PDF on Whatsapp 48 hours before session.	<input type="checkbox"/> Make 40 copies of Student Material and bring to class. <input type="checkbox"/> Make 2 copies Instructor Material and bring to class. <input type="checkbox"/> Arrange for parts of the session to be video-recorded.	<input type="checkbox"/> Review Student and Instructor Material

Session Plan/Notes For Instructors

1. Review of previous conversations and peer feedback technique.

- ❖ Spend a few minutes explaining the importance of feedback as a learning mechanism. Reassure the students that the scores are only meant to help them understand their current level of skill and figure out ways to improve. They are not meant to check if someone is failing.
- ❖ Consider having all the students jointly watch a pair of patient encounters and discuss the reasoning behind why they would assign a specific score in each domain.

2. Group Role Playing: Putting it all together + Providing feedback

- ❖ The reason that students have been asked to role play a pair of patients, one speaking English and another speaking Kannada is so that they are able to demonstrate their skill at organizing an interview without having their language skills get in the way.
- ❖ Encourage students to use Session Materials from prior sessions to help them during the role play.
- ❖ Make sure they take pictures of the completed checklists that contain their personal evaluations and upload them to the link on the class website CLASS WEBSITE URL

Post Session Checklist

Course Administrator	Teaching Assistants
<input type="checkbox"/> Compile Session Debriefing Worksheet.	<input type="checkbox"/> Send video recordings, images of attendance sheets and photocopying bills to Course Administrator.
<input type="checkbox"/> <u>Session debriefing conference call</u> Call In Number XXXXXXXX Access code XXXXXX Host code XXXX	

Session 10: Mid-Course Evaluation

Learning Objectives

Demonstrate the professional conduct of a simple clinic encounter with a patient speaking Kannada

Overview of session

Session not conducted during pilot 2018 SJMC MMIC. Further material development required.

Lesson plan

<i>Time</i>	<i>Content</i>

Student pre-work

Session 10: Instructor Sheet

Session Preparation Checklist

Course Administrator	Teaching Assistants	Instructors
<input type="checkbox"/> Send session announcement + Student Material PDF on Whatsapp 48 hours before session	<input type="checkbox"/> Make 40 copies of Student Material and bring to class. <input type="checkbox"/> Make 2 copies Instructor Material and bring to class.	<input type="checkbox"/> Review Student and Instructor Material

Session Plan/Notes For Instructors

1. Introduction

Post Session Checklist

Course Administrator	Teaching Assistants
<input type="checkbox"/> Compile Session Debriefing Worksheet.	<input type="checkbox"/> Send video recordings, images of attendance sheets and photocopying bills to Course Administrator.
<input type="checkbox"/> <u>Session debriefing conference call</u> Call In Number XXXXXXXXXX Access code XXXXXX Host code XXXX	

Session 11: Past medical and surgical history

Learning Objectives

Perform a conversation to record past medical and surgical history.

Overview of session

Over the next five sessions, we will focus on additional parts of the medical interview that allow a clinician to build a more comprehensive picture of a patient's life and use it to solve the problems the patient is presenting with. These elements include past medical and surgical history, family history, social and environmental history.

In this session we will focus on medical and surgical history. Knowledge of both past and ongoing conditions is critical during every medical evaluation. Remember that patients will often remember and report on past events using non-technical words and a good clinician will need to become familiar with the commonly used local terminology.

Lesson plan

<i>Time</i>	<i>Content</i>
10 mins	Discussion on using role play checklist to provide feedback
20 mins	Discussion of how to ask questions in Kannada
10 mins	Small group: Role play conversations in English/mother tongue
15 mins	Small group: Role play conversations in Kannada
5 mins	Upload structured feedback forms to course website.

Student pre-work

- Briefly review Key Words and Phrases.
- If you own an internet enabled device (smartphone, tablet or laptop) with an attached camera, please bring it to class.

Key words

<i>English</i>	<i>Kannada</i>	<i>Student selected language</i>
Chronic disease	Deerga kalika kaayilae OR Bahala varshagalinda eroo kaayilae	
Allergy	Soonku	
Diabetes	Sakarae kaayilae	
Hypertension	BP	
High cholesterol	Jasti cholesterol	
Anemia	Raktha kadime	
Hormone problem	Hormone tondre	
Ulcer	Hunnu	
Cancer	Cancer	

Key Phrases - Past medical history

Do you have any chronic diseases?	Nimmage yavudaadaru bahala varshagalinda eroo (deerga kaalina) kaayilae ediyaa?
How long have you had it for?	Nimage ee kaayilae yavagininda eddae?
How was it diagnosed?	Kaayilae haege kandu hidedaru?
Who diagnosed it?	Yaaru kandu hidedaru?
What treatments have you had?	Yenu chikitsaeyae (treatment) togondree?
Who is currently treating you?	Ega neevu yava doctoruge torestha eddira?
How well controlled is your chronic disease?	Nimma kayelae controllali hege ittu kondedira?
Do you check your blood pressure at home?	Neevu nimma BP maneyalle check madthira?
Do you check your blood sugar at home?	Neevu nimma sugar test (sakkare kayalae) parekshae maneyalle check maadthera?

Key Phrases - Past surgical history

Have you ever had surgery?	Yavagaladaru operationu (shastra chikisaeye) agidiyaa?
Have you had any other surgeries?	Neevu bere yaavudaadaru operationu (shastra chikitsaeye) madesikondediraa?
What kind of surgery did you have?	Yava operationu (shastra chikitsae) madisekondedira?
Did they remove your _____?	Nimmage operation madde yenadru..... tegedidaraa?
When was the surgery done?	Yaavaga operation (shastra chikitsaeye) agiduu?
Why did you have the surgery?	Yakke operationnu (shastra chikitsae) madisekoneddu?

Who did the surgery?	Yaaru operation (shastra chikitsaeyannu) maadidaru?
Did the surgery go well?	Operation saree ayitha?
Did you have any complications from the surgery?	Operation inda tondare yenadaru ayitha?
What kind of anesthesia did they give you?	Yava anesthesia koteddaru?
Did you have a bad reaction to the anesthesia?	Anesthesiainda yeandru hechu kademae ayitha?
Do you wear dentures?	Neevu halu kattiseekondedeera?
Have you been told you can't get certain types of scans because of metal in your body?	Nimma dehadali/ body lee metallu (rodu/platetu) erodarinda kelavu scan madisa baradhu antha heladaraa?

Sample simple medical problems

1. Raju/Rajamma, 15 years

Key message: "My eyes have been red and itchy for 2 days."

Major points: "My vision is fine. It does not hurt to move my eyes. Other people in my class also have the same symptoms."

Diagnosis: Acute viral conjunctivitis

Past medical history: Febrile seizures as a child

Past surgical history: Appendectomy 2 weeks ago.

2. Murga/Meena, 45 years

Key message: "I have had frequent loose stools for 1 day."

Major points: "I ate some bad food the day before. No fever, no vomiting, no blood in stools."

Diagnosis: Acute gastroenteritis

Past medical history: Pulmonary TB 1 year ago

Past surgical history: Internal fixation of fractured radius 3 years ago

3. Laskhman/Laskhmi, 25 years

Key message: "I have had fever and body ache for 2 days."

Major points: "I do not live in an area with malaria or dengue. Other people around me are also sick."

Diagnosis: Acute viral syndrome

Past medical history: Malaria 1 year ago while travelling to Kolar

Past surgical history: Appendectomy 7 years ago

4. Venu/Veena, 55 years

Key message: "I have been coughing for 4 days."

Major points: "Mild fever, no breathing difficulty, no chest pain. Other people have also been sick."

Diagnosis: Acute bronchitis

Past medical history: Type 2 Diabetes for 4 years

Past surgical history: Repair of left direct inguinal hernia as a child

5. **Mayamma, 25 years**

Key message: "For the last 7 days, it burns when I pee."

Major points: "No fever, no abdominal or flank pain, no vomiting, no vaginal discharge."

Diagnosis: Uncomplicated UTI

Past medical history: Eclampsia during first pregnancy.

Past surgical history: C-section

6. **Srikanth/Sridevi, 25 years**

Key message: "A dog bit me in the right leg."

Major points: "It was a street dog that looked sick. I am bleeding."

Diagnosis: Dog bite with suspected exposure to rabies virus

Past medical history: Asthma since childhood

Past surgical history: Cholecystectomy 1 year ago

7. **Kiran, 35 years**

Key message: "I just got attacked by a swarm of bees."

Major points: "I had a bad allergic reaction the last time a bee stung me. My throat closed up"

Diagnosis: Bee sting with possible impending anaphylactic reaction

Past medical history: Hypertension for 2 years

Past surgical history: Toe amputation after road traffic accident

8. **Velan/Valli, 65 years**

Key message: "My knees have been hurting for 1 year."

Major points: "I did not fall or hurt my knees. No swelling or redness in knees."

Diagnosis: Osteoarthritis of the knees

Past medical history: Cervical cancer (in remission)

Past surgical history: Total abdominal hysterectomy and bilateral salpingo-oophorectomy.

Role Play Peer Feedback Checklist

Student name _____ Date: _____

English/Mother Tongue Encounter

Case name: _____

Organization*Introduction → Asking about the 7 dimensions of a symptom → Asking about medicines → Physical exam → Closing*

5 - Very organized	4 - Minimal disorganization	3 - Moderate disorganized	2 - Very disorganized	1 - Unable to ask questions
--------------------	-----------------------------	---------------------------	-----------------------	-----------------------------

/5

What are 1-2 specific things the student can do to improve?

Score

Kannada Encounter

Case name: _____

Speaking

5 - Fluent	4 - Advanced Comprehensible	3 - Basic Comprehensible	2- Tried but was incomprehensible	1- Did not try to speak
------------	-----------------------------	--------------------------	-----------------------------------	-------------------------

/5

What are 1-2 specific things the student can do to improve?

Score

Comprehension

5 - Fluent	4 - Minor points not understood	3 - Key message & all major points	2 - Key message understood	1- No understanding
------------	---------------------------------	------------------------------------	----------------------------	---------------------

/5

What are 1-2 specific things the student can do to improve?

Score

Professionalism / Empathy

5- I would send my family member to talk to this medical student				1- Students was very offensive and / or uncaring
------------------------------------------------------------------	--	--	--	--------------------------------------------------

/5

What are 1-2 specific things the student can do to improve?

Score

Total Score:

Role Play Peer Feedback Checklist

Student name _____ Date: _____

English/Mother Tongue Encounter

Case name: _____

Organization

Introduction → Asking about the 7 dimensions of a symptom → Asking about medicines → Physical exam → Closing

5 - Very organized	4 - Minimal disorganization	3 - Moderate disorganized	2 - Very disorganized	1 - Unable to ask questions
--------------------	-----------------------------	---------------------------	-----------------------	-----------------------------

15

What are 1-2 specific things the student can do to improve?

Score

Kannada Encounter

Case name: _____

Speaking

5 - Fluent	4 - Advanced Comprehensible	3 - Basic Comprehensible	2- Tried but was incomprehensible	1- Did not try to speak
------------	-----------------------------	--------------------------	-----------------------------------	-------------------------

15

What are 1-2 specific things the student can do to improve?

Score

Comprehension

5 - Fluent	4 - Minor points not understood	3 - Key message & all major points	2 - Key message understood	1- No understanding
------------	---------------------------------	------------------------------------	----------------------------	---------------------

15

What are 1-2 specific things the student can do to improve?

Score

Professionalism / Empathy

5- I would send my family member to talk to this medical student				1- Students was very offensive and / or uncaring
------------------------------------------------------------------	--	--	--	--------------------------------------------------

15

What are 1-2 specific things the student can do to improve?

Score

Total Score:

Role Play Peer Feedback Checklist

Student name _____ Date: _____

English/Mother Tongue Encounter

Case name: _____

Organization*Introduction → Asking about the 7 dimensions of a symptom → Asking about medicines → Physical exam → Closing*

5 - Very organized	4 - Minimal disorganization	3 - Moderate disorganized	2 - Very disorganized	1 - Unable to ask questions
--------------------	-----------------------------	---------------------------	-----------------------	-----------------------------

/5

What are 1-2 specific things the student can do to improve?

Score

Kannada Encounter

Case name: _____

Speaking

5 - Fluent	4 - Advanced Comprehensible	3 - Basic Comprehensible	2- Tried but was incomprehensible	1- Did not try to speak
------------	-----------------------------	--------------------------	-----------------------------------	-------------------------

/5

What are 1-2 specific things the student can do to improve?

Score

Comprehension

5 - Fluent	4 - Minor points not understood	3 - Key message & all major points	2 - Key message understood	1- No understanding
------------	---------------------------------	------------------------------------	----------------------------	---------------------

/5

What are 1-2 specific things the student can do to improve?

Score

Professionalism / Empathy

5- I would send my family member to talk to this medical student				1- Students was very offensive and / or uncaring
------------------------------------------------------------------	--	--	--	--------------------------------------------------

/5

What are 1-2 specific things the student can do to improve?

Score

Total Score:

Session 11: Instructor Sheet

Session Preparation Checklist

Course Administrator	Teaching Assistants	Instructors
<input type="checkbox"/> Send session announcement + Student Material PDF on Whatsapp 48 hours before session	<input type="checkbox"/> Make 30 copies of Student Material and bring to class. <input type="checkbox"/> Make 2 copies Instructor Material and bring to class.	<input type="checkbox"/> Review Student and Instructor Material

Session Plan/Notes For Instructors

1. Discussion on using role play checklist to provide feedback

Students were introduced to the role play checklist at the previous session. It is important for them to grasp that using the checklist to assess another student is primarily intended to improve the assessors ability to identify key components of the medical interview, appropriate use of language and the practice of medical professionalism. The scores are less meaningful than the comments regarding what a student may specifically do to improve.

Consider asking for a student volunteer to conduct an interview in front of the larger group and then asking all students to discuss the rationale behind assigning points to each section of the checklist and specific comments they would like to offer.

2. Discussion of how to ask questions in Kannada

The fields for Kannada syntax in English were intentionally left blank this time. Discuss with the students whether they would benefit from writing in these fields based on classroom discussion or whether they would like to have them pre-written by the course design team.

3. Small group role playing exercise

This exercise should be familiar to most students at this point of the course. Emphasize the key role of the assessor in facilitating learning of all 3 small group members during this exercise.

4. Upload role play checklists to course website

We provided 3 copies of the checklist so that students have the opportunity to do 1 large group evaluation exercise and 2 small group exercises. Make sure they take a picture of at least 1 completed checklist and upload it at the link on the class website CLASS WEBSITE URL

Post Session Checklist

Course Administrator	Teaching Assistants
<input type="checkbox"/> Compile Session Debriefing Worksheet.	<input type="checkbox"/> Send images of attendance sheets and photocopying bills to Course Administrator.
<input type="checkbox"/> <u>Session debriefing conference call</u> Call In Number XXXXXXXXXXXX Access code XXXXXX Host code XXXX	

Session 12: Family history

Learning Objectives

Perform a conversation to record significant family history.

Overview of session

In this session we will focus on family history. We will start by focussing on the various terms for family members and some of the common questions that are asked. We will then proceed with 3-way role playing exercises and practice giving feedback using a mini-checklist.

Lesson plan

<i>Time</i>	<i>Content</i>
20 mins	Discussion of how to ask questions in Kannada
10 mins	Small group: Role play conversations in English/mother tongue
25 mins	Small group: Role play conversations in Kannada
5 mins	Upload structured feedback forms to course website.

Student pre-work

- Briefly review Key Words and Phrases.
- If you own an internet enabled device (smartphone, tablet or laptop) with an attached camera, please bring it to class.

Why record family history?

Family history is important for two reasons

1. It provides you information on the health risks of your patient by identifying the diseases that affected those who have similar genetic and local environmental influences.
2. It provides you information on key life experiences of the patient. Remember that disease in a close family member is often a significant event in a patient's life and has the potential to affect the way they understand their own health.

Key words

<i>English</i>	<i>Kannada</i>	<i>Student selected language</i>
Husband	gaṇḍa	
Wife	heṇḍati	
Mother	tāyi	
Father	tande	
Son	maga	
Daughter	magaḷu	
Child	magu	

Elder brother	anna	
Younger brother	tam'ma	
Elder sister	akka	
Younger sister	tangi	
Grandmother	ajji	
Grandfather	ajja/tatha	
Uncle (maternal)	sodaramaava	
Uncle (paternal)	chikkappa	
Aunt (maternal)	chikkamma	
Aunt (paternal)	attae	
Cousin	sodara sambandi	
Relative	sambandhi/nentaru	
Friend	gelati/geleya/snehitha	

Key Phrases

Tell me about your life at home.	Maneyalee nimma jivana hegae antha swalpa hele?
Who are the people currently in your family?	Maneli yaru yaru eddarae?
Are you single / married / widowed?	Neevu obarae na / maduvae agidiyaa / yajamanaru eddara /terehogedaraa?
Who do you live with?	Neevu yara jothele eddiraa?
Who is your closest relative?	Nimma hatirada sambandhi yaaru?
Do you have children?	Nimmage makkalu edaraa?
How many children do you have?	Yeshtu makalidarae nimmage?/ makaleshtu?
Are your parents alive?	Nimma tande, tayee edaraa?
How did they pass away?	Hege teeree kondru?
Are there any illnesses that run in your family?	Yavudadaru kayelae nimma family lee ediyaa?
Does anyone in your family have _____?	Nimma familyee lee yarigadaru ee kayelae.....?
Was anyone in your family born with a birth defect?	Nimma familyee lee yaregadaru hutidagininda yavudadaru dosha ediyaa?
Do your parents/ siblings have any chronic disease?	Nimma tande, tayee/ odahutidavaru (akka, anna, tamma, tangi) yarigadaru yavudadru kayelae ediyaa?
At what age did they get the disease?	Yava vayasinalli kayelae banthu avaregae?

Sample simple medical problems

9. Raju/Rajamma, 15 years

Key message: "My eyes have been red and itchy for 2 days."

Major points: "My vision is fine. It does not hurt to move my eyes. Other people in my class also have the same symptoms."

Diagnosis: Acute viral conjunctivitis

Past medical history: Febrile seizures as a child.

Past surgical history: Appendectomy 2 weeks ago.

Family history: Father became blind from glaucoma at age 60.

10. Murga/Meena, 45 years

Key message: "I have had frequent loose stools for 1 day."

Major points: "I ate some bad food the day before. No fever, no vomiting, no blood in stools."

Diagnosis: Acute gastroenteritis

Past medical history: Pulmonary TB 1 year ago.

Past surgical history: Internal fixation of fractured radius 3 years ago.

Family history: Father died from pulmonary TB 2 years ago.

11. Laskhman/Laskhmi, 25 years

Key message: "I have had fever and body ache for 2 days."

Major points: "I do not live in an area with malaria or dengue. Other people around me are also sick."

Diagnosis: Acute viral syndrome

Past medical history: Malaria 1 year ago while travelling to Kolar.

Past surgical history: Appendectomy 7 years ago.

Family history: Brother has multiple sclerosis.

12. Venu/Veena, 55 years

Key message: "I have been coughing for 4 days."

Major points: "Mild fever, no breathing difficulty, no chest pain. Other people have also been sick."

Diagnosis: Acute bronchitis

Past medical history: Type 2 Diabetes for 4 years.

Past surgical history: Repair of left direct inguinal hernia as a child.

Family history: Both parents have diabetes and hypertension.

13. Mayamma, 25 years

Key message: "For the last 7 days, it burns when I pee."

Major points: "No fever, no abdominal or flank pain, no vomiting, no vaginal discharge."

Diagnosis: Uncomplicated UTI

Past medical history: Eclampsia during first pregnancy.

Past surgical history: C-section

Family history: Mother developed cervical cancer at age 55.

14. Srikanth/Sridevi, 25 years

Key message: "A dog bit me in the right leg."

Major points: "It was a street dog that looked sick. I am bleeding."

Diagnosis: Dog bite with suspected exposure to rabies virus

Past medical history: Asthma since childhood.

Past surgical history: Cholecystectomy 1 year ago.

Family history: Mother and brother also have asthma.

15. Kiran, 35 years

Key message: "I just got attacked by a swarm of bees."

Major points: "I had a bad allergic reaction the last time a bee stung me. My throat closed up"

Diagnosis: Bee sting with possible impending anaphylactic reaction.

Past medical history: Hypertension for 2 years.

Past surgical history: Toe amputation after a road traffic accident.

Family history: Brother has hypertension and had a heart attack at age 40.

16. Velan/Valli, 65 years

Key message: "My knees have been hurting for 1 year."

Major points: "I did not fall or hurt my knees. No swelling or redness in knees."

Diagnosis: Osteoarthritis of the knees.

Past medical history: Cervical cancer (in remission).

Past surgical history: Total abdominal hysterectomy and bilateral salpingo-oophorectomy.

Family history: Only son passed away from complications of sickle cell disease.

Role Play Peer Feedback Checklist

Student name _____ Date: _____

English/Mother Tongue Encounter

Case name: _____

Organization*Introduction → Asking about the 7 dimensions of a symptom → Asking about medicines → Physical exam → Closing*

5 - Very organized	4 - Minimal disorganization	3 - Moderate disorganized	2 - Very disorganized	1 - Unable to ask questions
--------------------	-----------------------------	---------------------------	-----------------------	-----------------------------

/5

What are 1-2 specific things the student can do to improve?

Score

Kannada Encounter

Case name: _____

Speaking

5 - Fluent	4 - Advanced Comprehensible	3 - Basic Comprehensible	2- Tried but was incomprehensible	1- Did not try to speak
------------	-----------------------------	--------------------------	-----------------------------------	-------------------------

/5

What are 1-2 specific things the student can do to improve?

Score

Comprehension

5 - Fluent	4 - Minor points not understood	3 - Key message & all major points	2 - Key message understood	1- No understanding
------------	---------------------------------	------------------------------------	----------------------------	---------------------

/5

What are 1-2 specific things the student can do to improve?

Score

Professionalism / Empathy

5- I would send my family member to talk to this medical student				1- Students was very offensive and / or uncaring
------------------------------------------------------------------	--	--	--	--------------------------------------------------

/5

What are 1-2 specific things the student can do to improve?

Score

Total Score:

Role Play Peer Feedback Checklist

Student name _____ Date: _____

English/Mother Tongue Encounter

Case name: _____

Organization*Introduction → Asking about the 7 dimensions of a symptom → Asking about medicines → Physical exam → Closing*

5 - Very organized	4 - Minimal disorganization	3 - Moderate disorganized	2 - Very disorganized	1 - Unable to ask questions
--------------------	-----------------------------	---------------------------	-----------------------	-----------------------------

/5

What are 1-2 specific things the student can do to improve?

Score

Kannada Encounter

Case name: _____

Speaking

5 - Fluent	4 - Advanced Comprehensible	3 - Basic Comprehensible	2 - Tried but was incomprehensible	1 - Did not try to speak
------------	-----------------------------	--------------------------	------------------------------------	--------------------------

/5

What are 1-2 specific things the student can do to improve?

Score

Comprehension

5 - Fluent	4 - Minor points not understood	3 - Key message & all major points	2 - Key message understood	1 - No understanding
------------	---------------------------------	------------------------------------	----------------------------	----------------------

/5

What are 1-2 specific things the student can do to improve?

Score

Professionalism / Empathy

5- I would send my family member to talk to this medical student				1- Students was very offensive and / or uncaring
------------------------------------------------------------------	--	--	--	--------------------------------------------------

/5

What are 1-2 specific things the student can do to improve?

Score

Total Score:

Session 12: Instructor Sheet

Session Preparation Checklist

Course Administrator	Teaching Assistants	Instructors
<input type="checkbox"/> Send session announcement + Student Material PDF on Whatsapp 48 hours before session.	<input type="checkbox"/> Make 20 copies of Student Material and bring to class. <input type="checkbox"/> Make 2 copies Instructor Material and bring to class.	<input type="checkbox"/> Review Student and Instructor Material.

Session Plan/Notes For Instructors

1. Discussion of how to ask questions in Kannada

- Emphasize that recording family history is not just about evaluating genetic risks.
- Have students discuss how this specific set of questions may be integrated into the larger medical interviewing conversation.

2. Small group role playing exercise

- This exercise should be familiar to most students at this point of the course. Emphasize the key role of the assessor in facilitating learning of all 3 small group members during this exercise.

3. Upload role play checklists to course website

- Make sure they take a picture of at least 1 completed checklist and upload it at the link on the class website
CLASS WEBSITE URL

Post Session Checklist

Course Administrator	Teaching Assistants
<input type="checkbox"/> Compile Session Debriefing Worksheet.	<input type="checkbox"/> Send images of attendance sheets and photocopying bills to Course Administrator.
<input type="checkbox"/> <u>Session debriefing conference call</u> Call In Number XXXXXX Access code XXXXXX Host code XXXX	

Session 13: Medical professionalism

Session not conducted during 2018 SJMC MMIC. Further material development required.

Learning Objectives

Overview of session

Lesson plan

<i>Time</i>	<i>Content</i>

Student pre-work

- If you own an internet enabled device (smartphone, tablet or laptop) with an attached camera, please bring it to class.
-

Session 13: Instructor Sheet

Session Preparation Checklist

Course Administrator	Teaching Assistants	Instructors
<input type="checkbox"/> Send session announcement + Student Material PDF on Whatsapp 48 hours before session.	<input type="checkbox"/> Make 20 copies of Student Material and bring to class. <input type="checkbox"/> Make 2 copies Instructor Material and bring to class.	<input type="checkbox"/> Review Student and Instructor Material.

Session Plan/Notes For Instructors

Post Session Checklist

Course Administrator	Teaching Assistants
<input type="checkbox"/> Compile Session Debriefing Worksheet.	<input type="checkbox"/> Send images of attendance sheets and photocopying bills to Course Administrator.
<input type="checkbox"/> <u>Session debriefing conference call</u> Call In Number XXXXXXXXXX Access code XXXXXX Host code XXXX	

Session 14: Social history: Menstrual and sexual history

Learning Objectives

Perform a conversation to record menstrual and sexual history.

Overview of session

In this session we will focus on menstrual and sexual history. We will start by focussing on the various terms related to functions and illnesses of the reproductive tract. We will then proceed with 3-way role playing exercises and practice giving feedback using a mini-checklist.

Lesson plan

<i>Time</i>	<i>Content</i>
20 mins	Discussion of how to ask questions in Kannada
10 mins	Small group: Role play conversations in English/mother tongue
25 mins	Small group: Role play conversations in Kannada
5 mins	Upload structured feedback forms to course website

Student pre-work

- Briefly review Key Words and Phrases.
- If you own an internet enabled device (smartphone, tablet or laptop) with an attached camera, please bring it to class.

Key words

<i>English</i>	<i>Kannada</i>	<i>Student selected language</i>
Penis	Shishna	
Vagina	Yoni	
Menses	Muthu	
Vaginal discharge	Kelagade batte hogutha?	
Vaginal irritation	Vanda mado jagadali keretha/ooree ediya	
Discharge from the penis	Muthra mado jagaddinda yenadru soruthaa	
Ulcer/ sore in private parts	Onda mado jagadalli hunnu athawa gaya	
Wart in private parts	Onda mado jagadalli/ yoni chikka chikka gantu	
Pain with sex (dyspareunia)	Sareedaaga / samboga madedaga enadru novagutha	
Problem with getting an erection	Yejamanrege / nimmage serovaga erection ella sariyage agutha	

Problem with maintaining an erection	Erection agakke problem yendru ediaya	
Ejaculating too early during sex (premature ejaculation)	Samboga madedaga bega ejection aggehoguhta	
Unable to ejaculate	Ejection madoke kashtana/tondrae na	

Key Phrases

Do you get periods?	Neevu horagadae/muttu agthira/ 'periods' agutha)	
Are your periods regular?	Nimmage sari yagee tingala tingala or regularage horagadae/muttu aguthaa?	
How often do you get periods?	Neevu yeshtu saree horagade/muttu/periods agthira?	
How many days do you bleed?	Horagade yeshtu divasa aguthae?	
When did your last period start?	Kone sala horagade/periods ageidu yavaga?	
Are you on your periods right now?	Eega horagadeagidiraa?/ Eega periods agidaa?	
Are you sexually active?	Nimma dampathya jeevana active ageediya?	
Have you ever had sex?	Neevu sambhoga/ serodu/ madidiraa?	
Who do you have sex with?	Yara jothe samboga madidiraa?	
Do you have sex with your husband / wife / partner?	Neevu yajamanro jothe serthera athawa /hendathi/bare avara jothenaa?	
When was the last time you had sex?	Neevu kone sala smaboga/sereddu yavaga?	
How many different people have you had sex with in the past year?	Ondu varsha dinda bere bere yavara jothe sambboga/seredeeraa?	
Do you have sex for money? (commercial sex work)	Duddigoskara samboga/ serodu ediyaa?	
Do you use condoms?	Neevu serovaga condom use madtheera?	
Do you sometimes have sex without condoms?	Kelavu sala condom ellade serodu ediyaa?	
Have you ever been accidentally pregnant?	Akasmikavagi garbini/baseerage erodu ediyaa?	
Have you ever had a sexually transmitted disease?	Yavudadaru lyngeka kayelae ethaa?	
Have you ever been sexually assaulted?	Yavagaladaru lyngekavage halle agidiya	

Role Play Peer Feedback Checklist

Student name _____ Date: _____

English/Mother Tongue Encounter

Case name: _____

Organization*Introduction → Asking about the 7 dimensions of a symptom → Asking about medicines → Physical exam → Closing*

5 - Very organized	4 - Minimal disorganization	3 - Moderate disorganized	2 - Very disorganized	1 - Unable to ask questions
--------------------	-----------------------------	---------------------------	-----------------------	-----------------------------

/5

What are 1-2 specific things the student can do to improve?

Score

Kannada Encounter

Case name: _____

Speaking

5 - Fluent	4 - Advanced Comprehensible	3 - Basic Comprehensible	2- Tried but was incomprehensible	1- Did not try to speak
------------	-----------------------------	--------------------------	-----------------------------------	-------------------------

/5

What are 1-2 specific things the student can do to improve?

Score

Comprehension

5 - Fluent	4 - Minor points not understood	3 - Key message & all major points	2 - Key message understood	1- No understanding
------------	---------------------------------	------------------------------------	----------------------------	---------------------

/5

What are 1-2 specific things the student can do to improve?

Score

Professionalism / Empathy

5- I would send my family member to talk to this medical student				1- Students was very offensive and / or uncaring
------------------------------------------------------------------	--	--	--	--------------------------------------------------

/5

What are 1-2 specific things the student can do to improve?

Score

Total Score:

Role Play Peer Feedback Checklist

Student name _____ Date: _____

English/Mother Tongue Encounter

Case name: _____

Organization*Introduction → Asking about the 7 dimensions of a symptom → Asking about medicines → Physical exam → Closing*

5 - Very organized	4 - Minimal disorganization	3 - Moderate disorganized	2 - Very disorganized	1 - Unable to ask questions
--------------------	-----------------------------	---------------------------	-----------------------	-----------------------------

/5

What are 1-2 specific things the student can do to improve?

Score

Kannada Encounter

Case name: _____

Speaking

5 - Fluent	4 - Advanced Comprehensible	3 - Basic Comprehensible	2- Tried but was incomprehensible	1- Did not try to speak
------------	-----------------------------	--------------------------	-----------------------------------	-------------------------

/5

What are 1-2 specific things the student can do to improve?

Score

Comprehension

5 - Fluent	4 - Minor points not understood	3 - Key message & all major points	2 - Key message understood	1- No understanding
------------	---------------------------------	------------------------------------	----------------------------	---------------------

/5

What are 1-2 specific things the student can do to improve?

Score

Professionalism / Empathy

5- I would send my family member to talk to this medical student				1- Students was very offensive and / or uncaring
------------------------------------------------------------------	--	--	--	--------------------------------------------------

/5

What are 1-2 specific things the student can do to improve?

Score

Total Score:

Session 14: Instructor Sheet

Session Preparation Checklist

Course Administrator	Teaching Assistants	Instructors
<input type="checkbox"/> Send session announcement + Student Material PDF on Whatsapp 48 hours before session.	<input type="checkbox"/> Make 20 copies of Student Material and bring to class. <input type="checkbox"/> Make 2 copies Instructor Material and bring to class.	<input type="checkbox"/> Review Student and Instructor Material.

Session Plan/Notes For Instructors

1. Discussion of how to ask questions in Kannada

- Conversations about menstrual and sexual function can be difficult for both students and patients. Expect students to be awkward as they begin to explore the words and phrases that constitute these conversations. Emphasize how both use of appropriate phrases as well as a professional stance can put all parties at ease.
- Remind students that there is a great degree of variation in the terms used for menstrual and sexual function. They will eventually pick up words and phrases that will be most appropriate for patients from different backgrounds.

2. Small group role playing exercise

- This exercise should be familiar to most students at this point of the course. We have not provided specific patient scenarios for this session to allow students to have more unstructured conversations around the session topic. However, they should be encouraged to provide feedback using the mini-checklist.

3. Upload role play checklists to course website

- Make sure they take a picture of at least 1 completed checklist and upload it at the link on the class website
CLASS WEBSITE URL

Post Session Checklist

Course Administrator	Teaching Assistants
<input type="checkbox"/> Compile Session Debriefing Worksheet.	<input type="checkbox"/> Send images of attendance sheets and photocopying bills to Course Administrator.
<input type="checkbox"/> <u>Session debriefing conference call</u> Call In Number XXXXXXXX Access code XXXXXX Host code XXXX	

Session 15: Social history

Learning Objectives

Perform a conversation to record significant social history.

Overview of session

In this session we will focus on social history. We will start by focussing on the various terms for components of social history and some of the common questions that are asked. We will then proceed with 3-way role playing exercises and practice giving feedback using a mini-checklist.

Lesson plan

<i>Time</i>	<i>Content</i>
30 mins	Discussion of how to ask questions in Kannada
10 mins	Small group: Role play conversations in English/mother tongue
15 mins	Small group: Role play conversations in Kannada
5 mins	Wrap up/ Submit mini-checklists.

Student pre-work

- Briefly review Key Words and Phrases.
- If you own an internet enabled device (smartphone, tablet or laptop) with an attached camera, please bring it to class.

Why record social history?

"For if medicine is really to accomplish its great task, it must intervene in political and social life. It must point out the hindrances that impede the normal social functioning of vital processes, and effect their removal." - Rudolf Virchow
In Die einheitsrebungen in der wissenschaftlichen medicin (1849), 48.

Understanding the social conditions under which a patient became ill is key to creating an effective plan of action. Key information that needs to be collected during an interview include:

- Access to healthcare: Financial resources, access to caregivers, distance to health facilities, health literacy
- Work conditions: Income, work environment
- Living conditions: Housing, water and sanitation
- Substance use

Key Words and Phrases

Access to health care	
Who is paying for your hospital bill?	nimma hospital bill yaru kattutharae?
Who takes care of you when you are sick?	nimmage husharu elidaga yaru nimmanu nodkoltharae?
Do you have insurance?	neevu insurance madsideraa?
How far is the nearest doctor / nurse / village health worker from your house?	nimma maneinda doctru / nursu / health workeru yeshtu daradali eddarae?

How far is the nearest hospital / clinic / Primary Health Center / pharmacy?	hatiradali ero hospital / clinic / health center / mathrae angadi yeshtu doora??
Where do you go when you have a minor illness?	neevu swalpa husharu tapedarae yelligae hogteera?
Where do you normally go when you are very sick?	jasti hoosharu tapedarae yelli toresokoltera?
Do you normally need help visiting the doctor?	doctru nodoke nimmage sahaya beka?
Do you normally need help understanding doctors?	doctru helidu arthaagakke sahaya bekaa?
Do you have difficulty affording consultations / medicines / hospital bills?	doctru billu/ owshada/ hospital bill kattakae kashta yenadaru ediya?
Are you enrolled in any government health schemes?	sarkarada arogya vima yojane tegedukonedira
Working conditions	
Work	kelasa
What work do you do?	neevu yenu kelasa madtheeraa?
How many jobs do you have?	yeshtu kelasa eddae nimmage?
Do you get work regularly?	yavagalu nimmage kelas ediyaa?
What is the main source of household income?	maneya mukya adaya yenu?
How much do you contribute to the household income?	mane karchegae yeshtu kodutheraa?
Do you have control over the money you earn?	neevu sampadane mado hanna nimma kayeelae eruthaa
Are you exposed to dangerous situations at work?	nimma hanakasina bagge nimma control ediyaa?
Have you been injured at work?	neevu kelasa maduvaga gaya agediya
Does someone at work beat / attack you?	kelasa madojagadalli yaradaru nimmanna hodethara
Are you happy at work?	nimma kelasada jagadalii kushi/snathoshadinda edira?
Do you need to travel for work?	nimma kelasada mele neevu horagade oodadabekaa?
Housing	
Do you live in a rural / urban area?	nimma vasasthala hallina/ nagarana/pattanna na
Do you live in a house?	nevu maneyali vasavagedira?
Do you live in a slum?	neevu kolagerelee vasavagedira?
What kind of house do you live in?	nimma mane yava tara eddae?
Apartment building	apartment
Single house / bungalow	independent manena/ onti manena/ bangalena
Farm house	totada mane
Hut	gudeesala
How many rooms in your house?	nimma manele yeshtu roomu idee?

How many windows does your house have?	nimma manele yeshtu ketake idee?
How many people sleep in your house?	nimmaneli ottu yeshtu jana malgteera
Are there animals in your house?	nimma manele pranigalu eddava - hasu kara, adu, kuree koli
Do you have an indoor kitchen?	nimma adugemane mane olagade ediyaa?
What kind of fuel is used for cooking?	aduge madakke yava gas upayoga madteeraa?
Gas (propane)	gas
Kerosene	seemeyennae
Coal	eddalalu
Firewood	kattegae
Do you have a open window in the kitchen?	adugemaneli kitake tegedu eruthaa
Do you have a chimney?	nimma maneli chimney ediyaa?
Is there a lot of air pollution/ dust/ smoke around your house?	nimma mane sutha dulu/hogae/anilamalinya ediyaa?
Do you often get smog around your house?	nimma mane sutha hoge tumberuthaa?
Water and sanitation	
Where do you get water for drinking?	nimmage kudeyuva neeru yellinda baruthae?
Do you boil your drinking water?	neevu neeru kudeesee kuditheera?
Do you filter your drinking water?	neevu kudeyuva neerannu filter/ shodisutheera?
How is drinking water stored?	kudeeyuva neerannu hege sangrahistheera?
Where do you get water for cleaning?	clean madakke neerna yellinda tarteera?
Do you have a tap to wash hands?	kayi toleyalu nali/ kolayee ediya?
Do you / your children wash hands after using the toilet?	toilet upayogiseeda mele kai wash madtheera/ makkalu kai wash madthara?
Do you / your children wash hands before eating / preparing food?	neevu makkalu kai wash made oota madtheera?
Do you have an attached toilet?	nimma maneli attached bathroom ediya?
Where does the toilet waste go?	toilet wasteuu yelligae hoguthaae?
Sewer drain	drain ediya?
Open gutter	open drain na?
Sanitary tank	sanitary tankaa?
Do you have a problem with mosquitoes/ cockroaches / fleas / rats?	nimma sutha mutha sollae/jeerallae/nonna/elligala kata ediyaa?
Are there open garbage heaps near your house?	nimma maneya pakkadali kasa guddae hakthara

Are there open ponds / lakes near your house?	nimma maneya pakkadali kerae yenadaru idiya?
Do you have a problem with stray dogs / other animals?	bedee nayee athawa bere pranegala hawali/kata ediya?
Has your house been sprayed to prevent mosquitoes?	nimma maneya sutha mutha solle howshada hodeseediraa?
Substance use	
Do you smoke?	neevu cigarette sedteera?/dumapana madtheeraa?
How many cigarettes do you smoke in a day?	dinakke yeshtu cigarette sedtheera?
When did you start smoking?	cigarette sedodakke shurumadidu yavaga?
Do you drink alcohol?	neevu kudethera?/drinks madtheera?
How many drinks do you have in a typical day/ week?	dinadali/varadalli yeshtu (pegu) kudeeteera?
What do you drink?	yen brand kudeteera?/nimma brand yavdu?
How big is each drink?	ondu glass drinksu yeshtu doddadu?
Do you use drugs?	neevu drugs tagotera...
Marijuana	ganja/charasu....
Opium	opiumuu
Cocaine	cocainuu
Heroin	heroinuu

Sample simple medical problems

1. Raju/Rajamma, 15 years

Key message: "My eyes have been red and itchy for 2 days."

Major points: "My vision is fine. It does not hurt to move my eyes. Other people in my class also have the same symptoms."

Diagnosis: Acute viral conjunctivitis

Past medical history: Febrile seizures as a child.

Past surgical history: Appendectomy 2 weeks ago.

Family history: Father became blind from glaucoma at age 60.

Social history: High school student. Lives with parents. Parents are day laborers with limited resources to pay for health care.

2. Murga, 45 years

Key message: "I have had frequent loose stools for 1 day."

Major points: "I ate some bad food the day before. No fever, no vomiting, no blood in stools."

Diagnosis: Acute gastroenteritis

Past medical history: Pulmonary TB 1 year ago.

Past surgical history: Internal fixation of fractured radius 3 years ago.

Family history: Father died from pulmonary TB 2 years ago.

Social history: Truck driver. Lives mostly on the road. No family. Company pays for health care.

3. Venu/Veena, 55 years

Key message: "I have been coughing for 4 days."

Major points: "Mild fever, no breathing difficulty, no chest pain. Other people have also been sick."

Diagnosis: Acute bronchitis

Past medical history: Type 2 Diabetes for 4 years.

Past surgical history: Repair of left direct inguinal hernia as a child.

Family history: Both parents have diabetes and hypertension.

Social history: University lecturer. Lives with wife and teenage daughter. University provides health insurance.

4. Valli, 65 years

Key message: "My knees have been hurting for 1 year."

Major points: "I did not fall or hurt my knees. No swelling or redness in knees."

Diagnosis: Osteoarthritis of the knees.

Past medical history: Cervical cancer (in remission).

Past surgical history: Total abdominal hysterectomy and bilateral salpingo-oophorectomy.

Family history: Only son passed away from complications of sickle cell disease.

Social history: Homeless. Lives on street. No living family. No money for health care.

Role Play Peer Feedback Checklist

Student name _____ Date: _____

English/Mother Tongue Encounter

Case name: _____

Organization

Introduction → Asking about the 7 dimensions of a symptom → Asking about medicines → Physical exam → Closing

5 - Very organized	4 - Minimal disorganization	3 - Moderate disorganized	2 - Very disorganized	1 - Unable to ask questions
--------------------	-----------------------------	---------------------------	-----------------------	-----------------------------

15

What are 1-2 specific things the student can do to improve?

Score

Kannada Encounter

Case name: _____

Speaking

5 - Fluent	4 - Advanced Comprehensible	3 - Basic Comprehensible	2- Tried but was incomprehensible	1- Did not try to speak
------------	-----------------------------	--------------------------	-----------------------------------	-------------------------

15

What are 1-2 specific things the student can do to improve?

Score

Comprehension

5 - Fluent	4 - Minor points not understood	3 - Key message & all major points	2 - Key message understood	1- No understanding
------------	---------------------------------	------------------------------------	----------------------------	---------------------

15

What are 1-2 specific things the student can do to improve?

Score

Professionalism / Empathy

5- I would send my family member to talk to this medical student				1- Students was very offensive and / or uncaring
------------------------------------------------------------------	--	--	--	--------------------------------------------------

15

What are 1-2 specific things the student can do to improve?

Score

Total Score:

Session 15: Instructor Sheet

Session Preparation Checklist

Course Administrator	Teaching Assistants	Instructors
<input type="checkbox"/> Send session announcement + Student Material PDF on Whatsapp 48 hours before session.	<input type="checkbox"/> Make 20 copies of Student Material and bring to class. <input type="checkbox"/> Make 2 copies Instructor Material and bring to class.	<input type="checkbox"/> Review Student and Instructor Material.

Session Plan/Notes For Instructors

1. Discussion of how to ask questions in Kannada

- Emphasize that recording all aspects of social history is not required for every encounter. The most important items are those that help identify the reversible causes of the medical problem and the resources and barriers to getting the care needed.
- There are a lot of questions to get through this session. If necessary, some sections can be left to be addressed at the next session.

2. Small group role playing exercise

- This exercise should be familiar to most students at this point of the course. Emphasize the key role of the assessor in facilitating learning of all 3 small group members during this exercise.

3. Submit mini-checklist to teaching assistant

- This week, we will change the way checklists are submitted. Students will be asked to hand them over to the Teaching Assistant. If they want to take home the feedback provided, they may take a picture with their smartphones.

Post Session Checklist

Course Administrator	Teaching Assistants
<input type="checkbox"/> Compile Session Debriefing Worksheet.	<input type="checkbox"/> Collect mini-checklists from students at the end of class. <input type="checkbox"/> Send images of attendance sheets and photocopying bills to Course Administrator.
<input type="checkbox"/> <u>Session debriefing conference call</u> India Call In Number XXXXXXXXXX Access code XXXXXX Host code XXXX	

Session 16: Practice Session 3 - Putting It All Together

Learning Objectives

Integrate all components of the medical interview into a single conversation.

Overview of session

In this session we will focus on integrating components of the medical interview that have been covered in prior session. We will then proceed with 3-way role playing exercises and practice giving feedback using a mini-checklist. From this session onwards, role playing exercises will no longer involve outpatient cases but instead will focus on typical exam cases.

Lesson plan

<i>Time</i>	<i>Content</i>
30 mins	Revision of components of the medical interview
10 mins	Small group: Role play conversations in English/mother tongue
15 mins	Small group: Role play conversations in Kannada
5 mins	Wrap up/ Submit mini-checklists.

Components of the medical interview

- Introduction - DATE OF SESSION
- Chief complaint
- History of presenting illness - DATE OF SESSION
- Medicine reconciliation - DATE OF SESSION
- Past medical and surgical history - DATE OF SESSION
- Menstrual and sexual history - DATE OF SESSION
- Social history - DATE OF SESSION
- Family history - DATE OF SESSION
- Physical exam - DATE OF SESSION
- Closing an interview - DATE OF SESSION

Patients scenarios

Name: Velan/Valli

Age: 65y

Chief complaint: Weakness on left side of body

HPI: Patient was doing well until two days ago. Awoke in the morning and found that the right side of the body was numb and hard to move. No problems with speech, vision. No fevers, seizures. No history of head injury.

Medicine: Amlodipine 10mg (ran out 2 months ago)

Allergies: None

Past medical history: Hypertension x 15 years

Family history: Brother had a heart attack at age 60

Social history: Farmer from rural part of Chamrajnagar. Owns 2 hectares of non-irrigated land. Lives with spouse. No children. Minimal saving to pay health care bills. No insurance.

Physical exam: Dense left sided hemiplegia.

Diagnosis: Acute stroke involving right middle cerebral artery.

Name: Murga

Age: 45y

Chief complaint: Swelling of abdomen

HPI: Patient has noted gradual swelling of abdomen over last 6 months. Associated with yellow discoloration in eyes, fatigue, poor appetite. No abdominal pain, fever, confusion. Normal bowel and bladder movements.

Medicine: None

Allergies: Penicillins

Past medical history: Told he has hepatitis C 5 years ago. Never got treatment.

Family history: Wife died from snakebite 6 months ago.

Social history: Bank clerk. Son in college. Drinks 1-2 whiskeys every evening, more since his wife died. No smoking.

Sexual history: Currently not sexually active.

Physical exam: Looks sick. Scleral icterus. Spider telangiectasia. Protruding belly, distended with fluid but not tense. Hypogonadism.

Diagnosis: Liver cirrhosis with ascites from chronic hepatitis C and alcohol related liver injury.

Role Play Peer Feedback Checklist

Student name _____ Date: _____

English/Mother Tongue Encounter

Case name: _____

Organization

5 - Very organized	4 - Minimal disorganization	3 - Moderate disorganized	2 - Very disorganized	1 - Unable to ask questions
What are 1-2 specific things the student can do to improve?				

/5

Score

Kannada Encounter

Case name: _____

Speaking

5 - Fluent	4 - Advanced Comprehensible	3 - Basic Comprehensible	2- Tried but was incomprehensible	1- Did not try to speak
What are 1-2 specific things the student can do to improve?				

/5

Score

Comprehension

5 - Fluent	4 - Minor points not understood	3 - Key message & all major points	2 - Key message understood	1- No understanding
What are 1-2 specific things the student can do to improve?				

/5

Score

Professionalism / Empathy

5- I would send my family member to talk to this medical student				1- Students was very offensive and / or uncaring
What are 1-2 specific things the student can do to improve?				

/5

Score

Total Score:

--

Session 16: Instructor Sheet

Session Preparation Checklist

Course Administrator	Teaching Assistants	Instructors
<input type="checkbox"/> Send session announcement + Student Material PDF on Whatsapp 48 hours before session.	<input type="checkbox"/> Make 20 copies of Student Material and bring to class. <input type="checkbox"/> Make 2 copies Instructor Material and bring to class.	<input type="checkbox"/> Review Student and Instructor Material.

Session Plan/Notes For Instructors

1. Revision of components of the medical interview

- Use this time to complete portions of the social history that were not previously covered as well as go through any other parts of the history that the students wants.

2. Small group role playing exercise

- This exercise should be familiar to most students at this point of the course. Emphasize the need to start putting together all parts of the medical interview from prior individual sessions.

3. Submit mini-checklist to teaching assistant

- Students should hand over completed checklists to the Teaching Assistant. If they want to take home the feedback provided, they may take pictures with their smartphones.

Post Session Checklist

Course Administrator	Teaching Assistants
<input type="checkbox"/> Compile Session Debriefing Worksheet.	<input type="checkbox"/> Collect mini-checklists from students at the end of class. <input type="checkbox"/> Send images of attendance sheets and photocopying bills to Course Administrator.
<input type="checkbox"/> <u>Session debriefing conference call</u> Call In Number XXXXXXXXXX Access code XXXXXX Host code XXXX	

Session 17: Caring and empathy

Session not conducted during 2018 SJMC MMIC. Further material development required.

Learning Objectives

Overview of session

Lesson plan

<i>Time</i>	<i>Content</i>

Student pre-work

- If you own an internet enabled device (smartphone, tablet or laptop) with an attached camera, please bring it to class.
-

Session 17: Instructor Sheet

Session Preparation Checklist

Course Administrator	Teaching Assistants	Instructors
<input type="checkbox"/> Send session announcement + Student Material PDF on Whatsapp 48 hours before session.	<input type="checkbox"/> Make 20 copies of Student Material and bring to class. <input type="checkbox"/> Make 2 copies Instructor Material and bring to class.	<input type="checkbox"/> Review Student and Instructor Material.

Session Plan/Notes For Instructors

Post Session Checklist

Course Administrator	Teaching Assistants
<input type="checkbox"/> Compile Session Debriefing Worksheet.	<input type="checkbox"/> Send images of attendance sheets and photocopying bills to Course Administrator.
<input type="checkbox"/> <u>Session debriefing conference call</u> Call In Number XXXXXXXXXX Access code XXXXXX Host code XXXX	

Session 18: Confirming a diagnosis

Session not conducted during 2018 SJMC MMIC. Further material development required.

Learning Objectives

Overview of session

Lesson plan

<i>Time</i>	<i>Content</i>

Student pre-work

- If you own an internet enabled device (smartphone, tablet or laptop) with an attached camera, please bring it to class.
-

Session 18: Instructor Sheet

Session Preparation Checklist

Course Administrator	Teaching Assistants	Instructors
<input type="checkbox"/> Send session announcement + Student Material PDF on Whatsapp 48 hours before session.	<input type="checkbox"/> Make 20 copies of Student Material and bring to class. <input type="checkbox"/> Make 2 copies Instructor Material and bring to class.	<input type="checkbox"/> Review Student and Instructor Material.

Session Plan/Notes For Instructors

Post Session Checklist

Course Administrator	Teaching Assistants
<input type="checkbox"/> Compile Session Debriefing Worksheet.	<input type="checkbox"/> Send images of attendance sheets and photocopying bills to Course Administrator.
<input type="checkbox"/> <u>Session debriefing conference call</u> Call In Number XXXXXXXXXX Access code XXXXXX Host code XXXX	

Session 19: Practice Session 4 - Medicine Practical Examination Long Cases

Learning Objectives

Practice Medicine Practical Examination Long Case oriented medical interviewing

Overview of session

In this session we will focus on integrating components of the medical interview that have been covered in prior sessions. We will allow time for a review then proceed with 3-way role playing exercises and practice giving feedback using a mini-checklist. From this session onwards, role playing exercises will no longer involve outpatient cases but instead will focus on typical Medicine Practical Examination Long Cases.

Lesson plan

<i>Time</i>	<i>Content</i>
30 mins	Revision of components of the medical interview + Intro to Anki
30-80 mins	Small group: Role play conversations
5 mins	Wrap up/ Submit mini-checklists.

Practice Case 1

Name: Selvi

Sex: Female

Age: 35y

Chief complaint: Coughing up blood

HPI: Patient was well until 2 month ago when she coughed up over 2 tumblers of bright red blood when she was sick with a chest cold. Since then cough and chest congestion are better. Pt has had two more similar episodes of coughing up blood which have alarmed her family. Both happened at the end of mild exercise. Has noticed some decrease in her exercise tolerance compared to 3 months ago. No fever, no night sweats, no weight loss, chest pain, sputum production.

Medicine: Prescribed levofloxacin for 1 week by local doctor 2 months ago. No other medicines

Allergies: None

Past medical history: 5 years ago, she was sick for one whole year before she was diagnosed with pulmonary TB. She completed 6 months of DOTS and was declared cured.

Family history: Husband had TB around same time and died.

Sexual history: Currently not sexually active

Menstrual history: Regular periods, 2-3 days of light flow. LMP 1 week ago

Social history: Daily wage laborer. From Kolar, now in Bangalore mostly doing construction work. No insurance. Lives in slum with 10 year old son and 8 year old daughter.

Physical exam: Looks well. No conjunctival pallor. Normal cardiac exam. Bronchial breath sounds over left lung apex. Normal abdominal exam.

Practice Case 2

Name: Vimala

Sex: Female

Age: 65 years

Chief complaint: Left sided abdominal pain

HPI: Patient was well until 3 months ago when she began experiencing a dull, achy pain in her left upper abdomen. Cannot think of anything that might have caused it to start. Pain has gradually worsened since then. Currently present all the time, about 5/10 intensity. Cannot think of any specific aggravating or relieving factors. NSAID and antacid medicines did not help. Pt also noticed that she overall feels much more fatigued. Appetite is slightly decreased. Patient has lost about 5 kg over 3 months. No fevers, night sweats, chest pain, nausea, vomiting. Bowel and bladder movements are normal.

Medicine: Metformin 1000mg twice a day for diabetes, occasional ibuprofen for knee pains

Allergies: Sulfa drugs (rash)

Medical history: Well controlled Type 2 Diabetes x 10 years, Knee osteoarthritis

Surgical history: Appendectomy as a child

Family history: Patient grew up in an orphanage. Does not know the details of birth family.

Sexual history: Never married. Occasionally sexually active with a male friend who lives in the building. Does not use condoms

Menstrual history: Postmenopausal x 15 years

Social history: Retired radiology technician. Worked at this job for 40 years. Now lives alone in a small apartment in the city. Has health insurance.

Physical exam: HR 88 bpm, BP 150/80mm Hg, Some mild conjunctival pallor, no icterus, cardiac and respiratory exams are normal, abdomen appears slightly distended, mild tenderness in LUQ, no guarding or rigidity, massive hepatosplenomegaly, no free fluid. No significant lymphadenopathy.

Practice Case 3

Name: Velan/Valli

Sex: Male or female.

Age: 65y

Chief complaint: Weakness on left side of body

HPI: Patient was doing well until two days ago. Awoke in the morning and found that the right side of the body was numb and hard to move. No problems with speech, vision. No fevers, seizures. No history of head injury.

Medicine: Amlodipine 10mg (ran out 2 months ago)

Allergies: None

Past medical history: Hypertension x 15 years

Family history: Brother had a heart attack at age 60

Social history: Farmer from rural part of Chamrajnagar. Owns 2 hectares of non-irrigated land. Lives with spouse. No children. Minimal saving to pay health care bills. No insurance.

Physical exam: Dense left sided hemiplegia.

Practice Case 4

Name: Murga

Sex: Male

Age: 45y

Chief complaint: Swelling of abdomen

HPI: Patient has noted gradual swelling of abdomen over last 6 months. His pants no longer fit him. Associated with yellow discoloration in eyes, fatigue, poor appetite. No abdominal pain, nausea, vomiting, fever, confusion. Normal bowel and bladder movements.

Medicine: None

Allergies: Penicillins

Past medical history: Told he has hepatitis C 5 years ago. Never got treatment.

Family history: Wife died from snakebite 6 months ago.

Social history: Bank clerk. Son in college. Drinks 1-2 whiskeys every evening, more since his wife died. No smoking.

Sexual history: Currently not sexually active.

Physical exam: Looks sick. Scleral icterus. Spider telangiectasia. Protruding belly, distended with fluid but not tense. Hypogonadism.

Role Play Peer Feedback Checklist

Student name _____ Date: _____

English/Mother Tongue Encounter

Case name: _____

Organization

5 - Very organized	4 - Minimal disorganization	3 - Moderate disorganized	2 - Very disorganized	1 - Unable to ask questions
What are 1-2 specific things the student can do to improve?				

/5

Score

Kannada Encounter

Case name: _____

Speaking

5 - Fluent	4 - Advanced Comprehensible	3 - Basic Comprehensible	2- Tried but was incomprehensible	1- Did not try to speak
What are 1-2 specific things the student can do to improve?				

/5

Score

Comprehension

5 - Fluent	4 - Minor points not understood	3 - Key message & all major points	2 - Key message understood	1- No understanding
What are 1-2 specific things the student can do to improve?				

/5

Score

Professionalism / Empathy

5- I would send my family member to talk to this medical student				1- Students was very offensive and / or uncaring
What are 1-2 specific things the student can do to improve?				

/5

Score

Total Score:

--

Session 19: Instructor Sheet

Session Preparation Checklist

Course Administrator	Teaching Assistants	Instructors
<input type="checkbox"/> Send session announcement + Student Material PDF on Whatsapp 48 hours before session.	<input type="checkbox"/> Make 20 copies of Student Material and bring to class. <input type="checkbox"/> Make 2 copies Instructor Material and bring to class.	<input type="checkbox"/> Review Student and Instructor Material.

Session Plan/Notes For Instructors

1. Revision of components of the medical interview + Intro to Anki

- Prior to this practice session, students were provided with a PDF copy of the complete list of words and phrases covered during the individual session
- Use this time to go through any other parts of the history that the students wants.
- Pradip can spend 10 to 15 mins introducing his prototype Anki deck.

2. Small group role playing exercise

- This exercise should be familiar to most students at this point of the course. Emphasize the need to start putting together all parts of the medical interview from prior individual sessions.
- The final diagnosis of each Practice Case was intentionally not included on the Student Material. If students want to know, the four cases are
 - Practice Case 1: Hemoptysis most likely due to post TB bronchiectasis with cavity in L lung apex
 - Practice Case 2: Hepatosplenomegaly and anemia most likely due to CML
 - Practice Case 3: Hemiplegia likely due to CVA involving right middle cerebral artery
 - Practice Case 4: Liver cirrhosis with portal hypertension and ascites likely due to chronic alcoholism and chronic hepatitis C infection

3. Submit mini-checklist to teaching assistant

- Students should hand over completed checklists to the Teaching Assistant. If they want to take home the feedback provided, they may take pictures with their smartphones.

Post Session Checklist

Course Administrator	Teaching Assistants
<input type="checkbox"/> Compile Session Debriefing Worksheet.	<input type="checkbox"/> Collect mini-checklists from students at the end of class. <input type="checkbox"/> Send images of attendance sheets and photocopying bills to Course Administrator.
<input type="checkbox"/> <u>Session debriefing conference call</u> India Call In Number XXXXXXXXXX Access code XXXXXX Host code XXXX	

Session 20: Final Evaluation

Learning Objectives

Demonstrate the professional conduct of a simple clinic encounter with a patient speaking Kannada

Overview of session

Session not conducted during pilot 2018 SJMC MMIC. Further material development required.

Lesson plan

<i>Time</i>	<i>Content</i>

Student pre-work

Session 20: Instructor Sheet

Session Preparation Checklist

Course Administrator	Teaching Assistants	Instructors
<input type="checkbox"/> Send session announcement + Student Material PDF on Whatsapp 48 hours before session	<input type="checkbox"/> Make 40 copies of Student Material and bring to class. <input type="checkbox"/> Make 2 copies Instructor Material and bring to class.	<input type="checkbox"/> Review Student and Instructor Material

Session Plan/Notes For Instructors

1. Introduction

Post Session Checklist

Course Administrator	Teaching Assistants
<input type="checkbox"/> Compile Session Debriefing Worksheet.	<input type="checkbox"/> Send video recordings, images of attendance sheets and photocopying bills to Course Administrator.
<input type="checkbox"/> <u>Session debriefing conference call</u> Call In Number XXXXXXXXXX Access code XXXXXX Host code XXXX	