

Introduction to semiology: construction of clinical history. Reflections of a digital extension course

Introdução à semiologia: construção da história clínica. Reflexões de um curso de extensão digital

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ABSTRACT | INTRODUCTION: The clinical interview is an essential procedure in the process of the clinical encounter, of care whenever the doctor behaves with a capacity for respect, interest, authenticity, coherence, and empathic understanding. Anamnesis favors recognizing others, their needs, fears, and anxieties. Based on these reflections, we assessed the need to offer an extension course on the construction of anamnesis, in digital format, at the Universidade do Estado da Bahia (UNEB), which addresses issues, and which equips students so that they have the necessary knowledge to face the consequences caused by the pandemic COVID-19, and the absence of face-to-face higher education classes in the State of Bahia. **OBJECTIVES:** To develop a set of knowledge that leads to the sedimentation of the construction of the clinical history (anamnesis) and exploration of the main signs and symptoms. **METHODOLOGY:** The course was executed entirely on the Google classroom® / Meet® platform in 09 meetings, from 18/08 to 14/10 2020, with 24 students enrolled and divided into two classes of 12 students. The methodology included synchronous activities (theoretical classes and discussions) and asynchronous activities (video lessons available on the platform, support material, and activities for home). The theoretical evaluation was performed using the google forms and the course evaluation research form. **CONCLUSIONS:** The evaluation made by the students brought feelings of thanks, enchantment, and fulfillment for participating in a course focused on Medical Semiology, as it was the first contact with the Medical Course for some of the students. Given the teachers' results and reflection, there was a desire to repeat the extension course, especially for newly enrolled students, as they realized the importance of such activity during this period of uncertainty.

KEYWORDS: Medical Education. Semiology. Digital education.

RESUMO | INTRODUÇÃO: A entrevista clínica é um procedimento essencial no processo do encontro clínico, do cuidado sempre que o médico se comporta com capacidade de respeito, interesse, autenticidade, coerência e compreensão empática. A anamnese favorece o reconhecimento do outro, suas necessidades, medos e angústias. A partir dessas reflexões, avaliamos a necessidade de oferecer um curso de extensão sobre construção de anamnese, em formato digital, na Universidade do Estado da Bahia (UNEB), que aborde questões e que capacite os alunos para que tenham o conhecimento necessário para enfrentar as consequências causadas pela pandemia COVID-19, e a ausência de aulas presenciais de ensino superior no Estado da Bahia. **OBJETIVOS:** Desenvolver um conjunto de conhecimentos que levem à sedimentação da construção da história clínica (anamnese) e exploração dos principais sinais e sintomas. **METODOLOGIA:** O curso foi executado integralmente na plataforma Google sala de aula® /Meet® em 09 encontros, de 18/08 a 14/10 2020, com 24 alunos matriculados e divididos em 2 turmas de 12 alunos. A metodologia incluiu atividades síncronas (aulas teóricas e discussões) e atividades assíncronas (videoaulas disponíveis na plataforma, material de apoio e atividades para casa). A avaliação teórica foi realizada por meio do formulário googleforms, bem como o formulário de pesquisa de avaliação de curso. **CONCLUSÕES:** A avaliação feita pelos alunos trouxe sentimentos de agradecimento, encantamento e realização por participar de um curso voltado para Semiólogia Médica, pois foi o primeiro contato com o Curso de Medicina para alguns dos alunos. Diante dos resultados, e da reflexão dos professores, houve o desejo de repetir o curso de extensão, principalmente para os alunos recém-matriculados, pois perceberam a importância de tal atividade nesse período de incertezas.

PALAVRAS-CHAVE: Educação Médica. Semiólogia. Educação digital.

Introduction

The clinical interview creates opportunities to obtain a good anamnesis. It is an essential procedure in the care process whenever the doctor behaves with a capacity for respect, interest, authenticity, coherence, and empathic understanding. Anamnesis favors recognizing others, their needs, fears, and anxieties. In this way, it represents the basis for professional practice.¹

The interview is one of the essential elements of the clinical encounter, consecrated since Hippocrates, with the name "anamnesis," a word of Greek origin formed by *aná* (to bring back, to remember) and *mnese* (memory), that is, to bring back to the all the facts related to the disease and the patient. Anamnesis has three objectives: identifying the disease, knowing the patient, and establishing a good doctor-patient relationship.²

Through the medical interview, the clinical history is constructed, including biographical elements. Therefore, it is not the simple record of a conversation; it is more than that: the result of a conversation with explicit objectives, conducted by the doctor and whose content is being critically elaborated by him.²

To perform this clinical competence, the professional needs knowledge, and skills to acquire and interpret the meanings of the data collected. Establishing an initial bond when presenting and greeting the patient is necessary, always expressing interest and respect. Subsequently, check the reasons for the consultation, listen to the patient and perform a scan to address all their complaints and concerns.^{2,3}

Based on these reflections, we evaluated the need to offer an extension course in digital format at the Universidade do Estado da Bahia (UNEB), which would address questions about the construction of anamnesis and provide students with the necessary knowledge to face the consequences caused by the pandemic. COVID-19, and the absence of face-to-face higher education classes in the State of Bahia.

Due to anamnesis being present since the first semester of the UNEB Medicine course, the teachers chose this theme for the execution of the proposal. Thus, the theoretical and practical concepts of anamnesis and its relevance to medical practice were the products expected at the end of the course taught.

The course's main objective was to establish a set of knowledge that led to the sedimentation of the construction of the clinical history and the deepening of the anamnesis collection techniques.

Specific objectives:

1. Build a clinical history (anamnesis)
2. Explore the signs and symptoms.
3. Develop ethical attitudes in the doctor-patient relationship.

Methodology

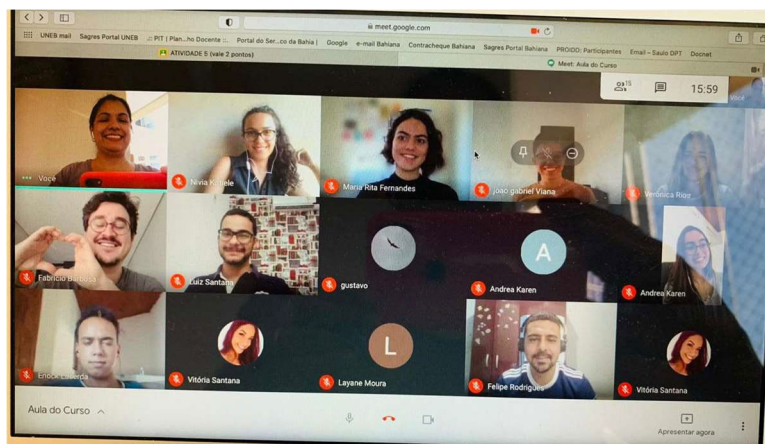
Due to the impossibility of face-to-face classes, in the 2020.1 semester, due to the COVID-19 pandemic in the State of Bahia, the Collegiate of Medicine encouraged remote extension courses.

Two teachers of the Medicine course offered the extension course called "Introduction to semiology: construction of clinical history," aimed at students from the first to the 3rd semester. The course was divided into 04 phases:

1. The construction of the course: done in one month before the beginning of classes, with the preparation of the calendar of activities, production of explanatory video lessons, didactic and bibliographic material. The elaboration of the content took place jointly between the professors involved. The meetings took place remotely, using the digital platform Google Meets® and WhatsApp®.
2. The organization: The students were divided into two groups of 12: one with a class on Tuesday and the other on Wednesday, both at 2 pm-4 pm. Throughout the course, three students reported their withdrawal for personal reasons.
3. The activities: with discussions on topics related to the elements of the anamnesis. The methodology covered synchronous classes on Google Meets® with the themes: identification, main complaint, history of the current disease, systematic interrogation, personal and family history, life habits, and psychosocial history / socioeconomic and cultural conditions. In addition, a theoretical evaluation was carried out at the last meeting.

In addition to synchronous activities, asynchronous activities were also carried out with the availability of 04 video classes and support material (complementary texts and activities for home). At the end of the course, students completed a complete anamnesis with a family member at home.

Figure 1. Photograph of the 1st class of the extension course



Source: Google Meets® platform website.

4. The evaluation: a theoretical evaluation was carried out using the google forms form and the course evaluation research form.

The course evaluation form consisted of 5 objective questions with categorized answers (1 = very poor 2 = poor 3 = good 4 = very good 5 = excellent) and 4 subjective questions, covering aspects about the importance of the course, criticisms, and suggestions.

Results

The course was initially planned on the UNEB Teams platform, but due to technical difficulties, it was transferred and executed entirely on the Google classroom® / Meet platform®.

The teachers evaluated the entire process of construction and application of the course, promoting changes and adjustments where necessary, realizing that digital teaching requires a different look and organization from traditional classroom teaching, pre-pandemic, including the emotional and technological demands, as well as the adaptation to the time for the activities.

From August 18 to October 14, 2020, the course started with 24 students enrolled, with three dropping out due to personal problems. There were nine meetings with each class, where it was possible to observe the interest and participation of students in the offered course. It can be said that there was a growth in teaching and students, with skills gained for both groups, and with a real reflection of teaching praxis in this context.

Discussion

Currently, there is yet another reform of medical education. The National Curriculum Guidelines (DCN) for Undergraduate Medicine Courses defined a set of competencies and skills adopted by medical education institutions in Brazil.⁴

The curricular structure must include an organization centered on the student and brings the opportunity to include the Digital Technologies of information and Communication (TDIC) as part of a new conception of teaching and learning in medicine. The use of online platforms for remote education is a viable alternative to mitigate the effects caused in education in view of the paralysis of face-to-face activities.⁵ What was seen in this special offer experience.

TDIC boosted the student's autonomy process in their learning after the reform of undergraduate medical courses with the implementation of the new DCN. Although they are not entirely sufficient to solve the problems, TDIC is a key tool in developing integrative educational models.⁶

In the case of the extension course offered, digital technology fulfilled its integrating role in the teaching-learning process, despite the initial difficulties with the chosen platform. The necessary exchange also showed a creative ability to solve the problem while still offering the course safely and creatively.

Conclusion

The evaluation made by teachers took into account the experience of preparing the course, as well as the observation of the students' behavior and expression of feelings, as it was the first contact with the Medical Course for some of the students.

For such an event, collaborative methods of knowledge construction were essential to allow the student to interact actively with the content, and technological support, ensuring that practical content was discussed and explained.

The suggestions to continue with the idea of repeating the extension course and carrying out other editions, especially for newly enrolled students, strengthens the importance of offering it remotely during this period of uncertainty. This can promote a state of belonging of the student to the course, a necessary feeling to ensure the student's involvement with his profession.

Thus, given the current pandemic caused by Sars-CoV-2, in which face-to-face teaching was totally restricted, in order to avoid agglomerations, the

completion of the Clinical History Construction course, in digital format, revealed a great opportunity with the use of TDIC to maintain the teaching-learning process in medical courses.

Authors' contributions

Bittencourt CMA and Gotardo DRG wrote the article jointly.

Competing interests

No financial, legal, or political competing interests with third parties (government, commercial, private foundation, etc.) were disclosed for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.).

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