

REALLY GOOD STUFF

History in clinical education: A report from a thoracic trauma skills night

1 | WHAT PROBLEMS WERE ADDRESSED?

Integrating the history of medicine into traditional medical curricula remains challenging. Historians often navigate the curriculum like guerrilla gardeners, planting seeds of historical insight in the cracks of an already crowded curriculum and hoping student interest takes root. Yet, incorporating history fosters a humanistic perspective in medicine, an approach increasingly valued by educators. While this integration is difficult in the preclinical years, the problem intensifies during clinical training as students leave the classroom. Traditional methods incorporate history through problem-based sessions and lectures,¹ but a key question remains:

How can history be woven into the busy clinical environment?

2 | WHAT WAS TRIED?

This initiative, organised by a student-led surgical interest group, introduced a two-part 'Thoracic Trauma Skills Night' that integrated the history of surgery with hands-on modern surgical training for medical students. The first component featured a 15-minute session on the historical evolution of thoracic trauma management followed by an interactive artefact exploration in collaboration with the Wangenstein Historical Library. The second component focused on simulating practical skills including rib fixation, suturing practice and chest tube insertion with physician experts. Participation was voluntary, with 23 students attending and impact assessed via anonymous surveys.

3 | WHAT LESSONS WERE LEARNED?

Survey responses from 18 participants (78.3% response rate) revealed that 77% viewed the history of medicine as 'essential' or 'highly essential' for all physicians. Furthermore, 66% reported heightened interest in surgery after the historical session, while 33% remained neutral.

Skills nights, commonly used in advanced medical training, provide a unique platform for integrating the history of medicine into clinical education beyond the traditional classroom. This initiative bridged past and present by allowing students to engage with historical medical

artefacts before practicing modern surgical techniques. Students handled a 19th-century Dieulafoy Aspirator—a device used to drain fluid from the body—before practicing modern chest tube insertion on a mannequin, the modern method of removing fluid from the thorax. Handling a wooden stethoscope, similarly, illustrated both the evolution of diagnostic tools and the enduring principles of thoracic trauma management. The session also drew parallels between the 1918 Spanish flu's impact on thoracic surgery and the recent COVID-19 pandemic, using vivid narratives to maximise engagement.

The most impactful element was the artefact exhibit, which allowed students to tactilely engage with history, akin to a surgeon handling instruments. However, this strength is also a limitation, as such resources are not universally available. Future sessions should build more intentional discussion prompts around each object rather than relying on unstructured browsing. It is also crucial to ensure historical narratives reflect diverse perspectives, including underrepresented patients and practitioners, to avoid an exclusionary history. From an institutional perspective, the effectiveness of history-based teaching can depend heavily on instructor style. To ensure consistency and repeatability, developing structured learning objectives is a crucial next step. Ultimately, we learned that placing history before hands-on training primed students to see continuity rather than treating the past as a detached add-on. By embedding history into clinical skills training, we hope to foster lifelong learning in medical education and history beyond the preclinical years.

AUTHOR CONTRIBUTIONS

Marcus Milani: Writing – review and editing; project administration; writing – original draft; formal analysis; data curation. **Jordan Sauve:** Writing – review and editing; project administration. **Michelle Roof:** Conceptualization; supervision; project administration. **Sean Nguyen:** Conceptualization; data curation; visualization; supervision; project administration; writing – review and editing. **James Harmon:** Conceptualization; project lead.

CONFLICT OF INTEREST STATEMENT

The authors declare no conflicts of interest.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.


ETHICS STATEMENT

The University of Minnesota IRB deemed the initiative exempt from human research review (IRB# STUDY00023328).

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