

Medical humanities in the training of Family and Community Medicine residents

Humanidades médicas en la formación de residentes de Medicina Familiar y Comunitaria

Alain Raimundo Rodríguez-Orozco¹

¹Facultad de Ciencias Médicas y Biológicas "Dr Ignacio Chávez". Universidad Michoacana de San Nicolás de Hidalgo. México.

Autor para correspondencia: MD, PhD Alain Raimundo Rodríguez-Orozco.

E-mail: alain.rodriguez@umich.mx

MD, PhD. Full-time Professor at the Faculty of Medical and Biological Sciences "Dr Ignacio Chávez" of the Universidad Michoacana de San Nicolás de Hidalgo in Morelia. Mexico where he works on the implementation of medical humanities in programs aimed at primary care

Abstract.

A teaching experience with a group of first-year family medicine residents with difficulties in communication and in establishing good interpersonal relationships is described. The educational intervention was implemented between weeks two and six of the course and was based on medical humanities (analysis of films, theater, and narrative medicine) and collaborative learning. For the analysis of results, group dynamics were used and the evaluation was done in pairs, by the group, and self-assessment under the guidance of the teacher. In the seventh week of the course, an improvement was found in the cohesion and communication between the residents, the assignment of the tasks of the residence was less problematic than at the beginning, and the quality of the interactions between the students improved.

Key words: clinical skills; family medicine; residents; communication; interpersonal relationships; medical humanities

I have been a professor to several generations of Family Medicine residents. The mayor part of them are graduates of schools from the Public Medicine Faculty in which I work. Some years ago, I welcomed a group of first-year Family Medicine residents with significant deficiencies in clinical skills, mainly in communication. It was difficult for them to work in teams to organize tasks, distribute activities during medical shifts, and develop activities involving peer evaluation. I was the senior professor in a subject related to techniques for research in Family Medicine. Therefore, I considered organizing educational activities that would encourage the active participation of these 24 residents, but that there could also be improvements in the quality of communication and interpersonal relationships. This class had to meet two hours per week throughout the school year. During this time, I decided to implement techniques of collaborative learning and small interventions based on medical humanities.

During the second week of class, I spoke with the students about the lines of research in the Family Medicine unit and asked them to form themselves into research pairs to work through the course. They were going to work on a research project proposal that could serve as a thesis topic, in which they could establish the theoretical framework, introduction, objectives, hypotheses, reasons for the

study, and methods for a research project. I also asked the students to complete a work schedule that they would have to discuss with me. Each student had to present to the rest of the class the progress they had made in writing their research project every three months, to achieve successive presentations of 25%, 50%, 75%, and 100% progress in their research proposals. For the analysis of results, group dynamics were used and the evaluation was done in pairs, by the group, and self-assessment under the guidance of the teacher, using a rubric I had prepared, to promote collaborative learning.

During the third week of classes the analysis of a film available on the Netflix platform was proposed. The film was about a family in which there was a person with a chronic uncontrolled illness.

All students were asked to do a short essay of three pages in which they elaborated on the communication problems that had impressed them the most about the family shown in the film. The main objective of this activity was to identify the students' ability to recognize aspects that they considered important for good communication. Students presented and discussed their essays in class under my supervision and I facilitated group discussion using group dynamics and brainstorming techniques.

For the fourth week of classes, the group was divided into 3 teams of eight members each, chosen at random. The first team consisted of numbers 1, 4, 7, 10, 13, 16, 19 and 22 on the list. The second team was made up of numbers 2, 5, 8, 11, 14, 17, 20 and 23 on the list and, finally, the third team was made up of the remaining eight students on the list.

Each student on the first team was assigned a character from the film and given the task of identifying the character's communication problems. They also had to make a record of two expressions of the assigned characters to present and discuss in class how the messages had been understood. The goal of this week of classes was to develop the students' ability to record behaviors and expressions that make communication difficult. At the end of the activity, I invited the group to analyze the communication barriers detected in the dialogues between the characters in the film and discussing the need to interpret cultural metaphors by the doctor.

For the fifth week of classes the second team members were asked to get into pairs to organize a small theatrical performance in which two characters from the film interacted. They had to reenact first how the characters had initially interacted. The assigned pairs had to show a proposal where they had made improvements in the communication between the characters. The goal of this class was to develop skills for teamwork and critical analysis of communication using theater resources. The professor asked the participants why they had chosen that solution for communication conflict between the characters in the film. Finally, the group was encouraged to discuss why the solution options to the problem can be several and depend on previous experiences of people and cultural issues.

For the sixth week of classes, each member of the last team was asked to write a report of the history of the disease in a patient with an uncontrolled illness that could be as diabetes mellitus or systemic arterial hypertension who was receiving care in the Family Medicine Unit. The students had to present, using the words of the patient, the history of his illness and how the subject perceived their family support. Finally, the students also had to make a personal statement about communication according the patient perspectives and their own.

I offered a semi-structured interview guide format to collect data on the patient and family communication. In class, both points of view were discussed, the patients and the students. Elements of narrative medicine were used to obtain patient information and write reports. The goal of this session was to receive training in the use of narrative medicine resources to evaluate communication in a patient with uncontrolled chronic disease and in their family.

For the seventh week of class, I was able to visit the spaces where the residents worked and I was able to notice a higher level of cohesion among the students in the class. The assignment of tasks in medical shifts was less problematic than when they arrived at the hospital and the quality of the interactions between classmates improved as well. There was also a better disposition to carry out team tasks and to distribute the assigned tasks in the medical residence.

The practice of medicine requires flexible professionals capable of dissecting the problems that need to be solved within the complex ontological skein that represents the sick social being, in the family context.

Educating emotions, enriching diagnostic intuition, and allowing the doctor to recognize the imprint that culture leaves on the patient are some matters for which technical rationality and the scientific method are not enough. The use of medical humanities for training purposes results in helping facilitate the access of the training doctor to this knowledge while inducing improvements in the abilities to communicate and interpret emotions.

This experience helped me enrich the course program with collaborative learning activities based on medical humanities, which were useful in improving clinical skills in the areas of communication and interpersonal relationships among residents. Each new generation of residents has involved a continuous search for training activities, taking into consideration their strengths and limitations.