



COMMUNICATION SKILLS AND ACTIVE METHODOLOGIES: PERSPECTIVES ON TEACHING FAMILY AND COMMUNITY MEDICINE



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ABSTRACT

Structured as an attempt to integrate physical and mental health together with the impact of social issues on the health-disease process, Family and Community Medicine rises in a resistance to medical fragmentation in the origins of its traditionalist teaching process until the specialized training of the medical professional. Thus, from a perspective contrary to the biomedical model of teaching, family and community physicians gradually occupy spaces for teaching, tutoring and preceptorship of students, from medical graduation to training in residency programs. However, associated with the need to expand the specialty in specialized training scenarios, the decay of traditional teaching methodologies arises in times of technological, global and informational changes, in which the current student, if not stimulated to an immersive participation in the learning process, is responsible for stimulating attention and prioritizing the focus on stimuli from electronic devices and involvement in social networks. From this perspective, an analysis of the literature is sought linked to the problematization of the demand for changes in passive and archaic teaching methods, with the growth of new education models based on realistic simulation, with emphasis on the new method of role-playing game.

Keywords: Family and Community Medicine. Medical Education. Communication Skills. Active Methodologies. Family Health. Primary Care.

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INTRODUCTION

The evolution of Brazilian medical education traces a path aligned with the trajectory of the development of medicine in the world, with its origins rooted in the overvaluation of unidirectional theoretical classes, taught by professors with great academic wealth, based on the development of scientific research, clinical and historical studies of a practice specialized in pathologies, organs and systems, in a line of ascension based on the fragmentation of the human being into mind and body. Thus, in a Flexnerian perspective of studies of man and the manifestation of pathologies, the traditionalism of medicine is built with solid protective domes that are difficult to deconstruct or restructure. In a movement of nonconformity and aiming to stimulate a medical practice of integration of biological, psychological, social components and perspectives of quality care in health, the modeling and growth of Family and Community Medicine (FCM) occurs, having at the center of the values and principles of its training Person-Centered Medicine. Thus, the view of studies and analyses of disease processes considers the influence of conditions beyond biological and clinical issues, highlighting the impact of the environment and interpersonal relationships on the forms of disease manifestation, including the in-depth study of suffering interconnected with symptoms and manifestations in health without clinical explanation from the biomedical perspective. This phenomenon shows the essential action of expanding FCM in medical education spaces, for the development of a new education based on the central values of humanization and an integrated view of medicine, valuing the importance of communication skills and the study of family dynamics.

This article seeks to problematize the alignment of FCM values and competencies with skills necessary for the development of a humanized medical future, with the ability to have an integrated view of the patient and the use of clinical communication as a way to increase medical problem-solving capacity and the control of comorbidities. For this discussion, the analysis center is based on a literature review, emphasizing the rise and importance of the development of active methodologies in medical education, aimed at teaching communication skills and preparing future physicians for real and challenging problem situations in practice. Thus, among the methodologies used, role-playing stands out, a strategy currently well worked by FCM in lesson planning in the most different cycles of medical education, detailing the benefits of implementing this theatrical methodology to achieve the objectives included in the curricular guidelines of medicine.

METHODOLOGY

This is a narrative literature review, of a reflective nature, with discussion of the theme of the use of active methodologies in the teaching of communication skills, from the perspective of FCM and the contributions of the specialty in the planning of these spaces of training in medical graduation. The research was carried out in the Scielo and Google Scholar databases, in a non-systematic way, seeking the selection of articles with a diversity of approaches and perspectives for the use of new interactive teaching methods in medicine, highlighting the simulation characteristic, but that addressed the focus of active methodologies with a focus on the development of the Role-Playing Game (RPG) in the resolution of clinical cases and complex situations. In the present work, 10 scientific articles were selected for discussion, aligned with the debate on the role-play methodology, published in a period from 2009 to 2024. 2 articles were also included addressing issues related to the differential work of FCM in the context of clinical communication, through training based on the Person-Centered Clinical Method (PCCM).

RESULTS AND DISCUSSIONS

NEEDS FOR CHANGES IN TRADITIONAL MEDICAL EDUCATION AND IMPLEMENTATIONS OF ACTIVE METHODOLOGIES

The study of clinical communication skills is essential within medical graduation, being a theme worked on in the most diverse lines of training, from the basic to the clinical cycle. Thus, the development of strategies and new methodologies for teaching in health is aimed at training skills in communication with the patient, skills and attitudes during care, in addition to a strictly biological view and focused on the request for tests and pharmacological prescription. Dialoguing with this need is the existing fragility of many traditional teaching methodologies, based on the massive reading of polluted slides and containing tiring texts, without the promotion of the debate and reflection necessary for the understanding of the central theme by the target population, represented by medical students in transition from adolescence to adulthood. (Araújo; Olive tree; Cemi, 2011; R; Garcia, 2015)

Among the teaching methodology techniques used, the use of theater and realistic simulation are options that enable training in practical scenarios, aligned with theory in a way to visualize and work on failures and needs in the student's attitudes and competencies, being of great help in the training of medical skills. In this group of methodologies, role-play is framed as a practical and easily organized technique, adapting to achieve the objectives of teaching clinical communication skills and interactions with the

patient, simulating clinical and complex cases based on reality. Thus, a technique that is gaining ground in medical schools, in line with the guidelines present in the National Curriculum Guidelines for the Medical Course, emerging as a proposal for a solution to the low interaction of students in the classroom, little engagement in clinical discussions and medical practice, as well as the constant diversion of attention from the class to electronic and technological stimuli from mobile devices and social networks. (Randi; De Carvalho, 2013; R; Garcia, 2015; Gotardelo et al., 2017)

Medical education institutions are committed to training general practitioners with a critical view of the challenges and main health needs of the population, with a reflective and humanized component, objectives that fit the values and profile of specialized training in FCM and make this specialty an area aligned with the details of training necessary for the training of physicians directed to the health demands of Brazil. However, there is still a shortage of family medical professionals trained in the country, with a more accentuated reduction for such specialists following an academic career in higher education teaching, which aggravates internal educational failures of the medical course, leading to a perpetuation of the Flexnerian and fragmented education of the human being, without a humanistic nature reinforced on the basis of the guidelines. In relation to the objective of educating students with broad knowledge and capacity to act in the health-disease process at different levels of care, this expectation is often an idealized theoretical line inserted in training spaces with difficulties in transmitting effective knowledge based on real cases of clinical practice, which makes it impossible to materialize and reproduce values and theoretical learning for practical skills in the difficult scenario of comprehensive action ahead to the pressure of medical assistance in Brazilian public health. (Rabelo; Garcia, 2015; Paulino et al., 2019; Barreiros et al., 2020)

Without the investment of effective training in communication skills in medical education, the field of training of the future physician is restricted to merely technical and mechanical knowledge, aimed at a broad understanding of pathologies, diagnostic criteria, treatments and intervention techniques, but with gaps in the communication channel and interpersonal relationship with the patient, factors that hinder therapeutic adherence, the breaking of hierarchical power relations with imposing conducts and without broad understanding of the patient, threatening the bond and the doctor-patient relationship as a whole. (Rabelo; Garcia, 2015)

Thus, there is a scenario of opportunities for the growth of FCM as a specialty for teaching such clinical communication skills in medical education, mainly due to the differentiated approach of the communication channel, allowing the development of

behavioral skills and techniques that enable training in addition to learning negotiations about interventions and understanding the patient's perspectives. This reflection is based on the principle that it is not enough to know what should be done and taught to the student, in this line of work with communication skills, but the differential of the broad learning that will impact the routine in the office is the way such skills will be taught, in order to integrate the understanding of the person as a whole within the patient's data collection tools, the individual's perception of health and disease. The way of teaching the integral approach should allow the identification of threats and failures inserted in issues of the person's social life that hinder full adherence to the therapeutic plan, and that from the perspective of FCM, such a plan is carried out jointly with the patient, helping in health education aimed at understanding the patient about his pathologies and empowering this individual in the face of health maintenance, disease prevention and control of comorbidities. Thus, the final message to be conveyed permeates the idea of teaching ways of acting in FCM in the maintenance of health, clinical problem-solving capacity and longevity. Thus, with FCM leading the teaching and work of communication skills in teaching, new ways of understanding the patient's inquiries and imaginaries and how to carry out effective communication are deepened, not restricted only to the isolated and non-integrated teaching of such complex topics for undergraduate students in transition phases of life cycles. (Rabelo; Garcia, 2015)

Seeking to meet the dilemmas faced with the need for innovation in the ways of teaching communication with the patient in medical schools, health education methodologies using simulation are gaining space as a possibility of immersion in practical situations, staging the way problems will be faced in the medical work routine. Such simulations occur in parallel with teacher guidance, which aim to tutor assisted practice at specific points of interconnection between theory and practice dilemmas, whether ethical, clinical or social. This simulation is defined as a method of modeling scenarios that can instigate students to mimic working conditions to be faced in the real life of medical practice, aiming at practical learning and that can be interrupted at specific moments for theoretical considerations, evaluations and tests of concepts, with a broader understanding of motivations that lead to failures and obstacles of students regarding clinical communication and practical behaviors with the patient. (Rabelo; Garcia, 2015)

In this context of active methodologies aimed at simulations of real events, the role-play technique is well accepted and more cost-effective, compared to other strategies used in medical education, and can be created and built in different scenarios and based on a diversity of materials, inserted in a fictitious context and environment, but inspired by real

events. Thus, role-play needs students and a facilitator (tutor) to develop, and it is not necessary to hire and train actors, an act that allows a greater debate of different perspectives of the student based on the role he plays (doctor, patient, family member, manager or other members of the multiprofessional team). For a target audience that ascends in a transition from adolescence to adulthood, the use of an imaginary world of role-play aligned with the resolution of complex problems in medical practice becomes an interesting formula seeking greater student involvement, with greater understanding and problematization of dilemmas of reality, in a dynamic way, relaxed, but reflective and with a rich theoretical load associated. (Rabelo; Garcia, 2015; Pereira et al., 2016; Reser et al., 2024)

The current growth of the understanding that effective communication is inserted in a skill necessary for the training of good clinicians, in a generalist view, leads to structural changes and greater investment in disciplines for teaching these skills. However, the ways of approaching this theme with the expansion of active methodologies in an updated way, and dialoguing with the interests and needs of medical students, are still a challenge, the target of studies and implementation projects inserting new participatory teaching methods. Some of the different methods used in medical schools are the use of videos and recorded consultations, with study growth and application of video feedback, observations of interviews with patients, teaching of communication skills with the presence of actors in theatrical approaches and role-play itself. (Aragão et al., 2009; Engelhorn, 2019)

ROLE-PLAY AS AN EDUCATIONAL TECHNIQUE IN THE MEDICAL CURRICULUM

In the organization of the role-play methodology, students are invited to participate in a previously structured scenario as actors. Specific roles are distributed, as a strategy to a previous script that seeks the development of a central problem, with competencies to be worked on in practice and developed in a theoretical component during the simulations. After opening the performance scenario, the students receive the command to develop the scene, acting in a way that mimics a practical medical situation. At the end of each moment of performance, the student actors and those who observe in the audience will have space for interaction about ideas, perceptions, reflections, conducts, doubts and possible actions that they would do, in the light of the literature and theory already studied. (Aragão et al., 2009; Ahmad; Olive tree; Cemi, 2011; R; Garcia, 2015)

For the full experience of role-play, it is indicated that at least three participations occur, including patient, family member, doctor, observer and other members of a health team, in the chosen scenario). Acting in the role of the physician allows for the greatest

practical challenge due to the direct training of the student with the figure of the professional that he will experience in the future, in an internal confrontation of materialization of previous learning for a better performance of a dense role. Although more challenging, acting in the role of the physician allows for greater training of necessary skills and that errors will allow for greater absorption of future successes, in an ascending construction of collective, active and participatory knowledge. Performance feedbacks are amplified in the character who plays the actor as a doctor, so the educational environment must be structured in order to encourage continuous learning and without judgment, avoiding situations of embarrassment or exposure of individual errors in a critical and punitive way to other students in the class. (Rabelo; Garcia, 2015)

DIALOGUES BETWEEN FAMILY AND COMMUNITY MEDICINE AND THE USE OF ROLE-PLAY IN EDUCATION

In the student's role as a family member or patient, the immersion of role-play can contribute to a greater understanding of feelings, ideas and anxieties under the understanding of the person who needs care, this being a strategic vision for the teaching of empathy and communication skills specific to FCM, as in the case of the Person-Centered Clinical Method (PCM). Thus, role-play as training to put the student in the patient's place, submitted to a script and a scenario of real difficulties that harm the communication channel and the doctor-patient relationship, helps in the work of humanization and understanding of the patient as a whole. (Rabelo; Garcia, 2015; Swimming; Negozio, 2021; Pessoa et al., 2022)

The student's performance playing the character of a family member can help to understand the impact of family relationships and dynamics on the patient's health-disease process, understanding how individual illness promotes imbalances and conflicts, as well as trigenerational physical and mental illness. At this specific point, the performance of FCM in teaching this line benefits integrated learning, through work with family instruments, demonstrating the form and process of influence of family issues and unstructured dynamics in the patient's health problems, highlighting issues such as impaired self-care, caregiver overload, decompensation of previous chronic pathologies, as well as poor therapeutic adherence deregulating a case that was previously under control. This aspect directed to working with family members, inserted in the role-play, instigates students to think about the events and the influence of social conjunctures leading to impaired health care beyond the doctor's office, evidencing the importance of the community look and the mobilization of a multiprofessional team for actions to prioritize and solve complex cases.

Students who participate in the scene as observers, on the other hand, are able to understand in a broad perspective the relationships between the different characters in the scenario, reflecting on the conduct and manifestations of each character, on the scene and the problem to be solved, identifying the gaps and the possibilities of general changes in the context. (Rabelo; Garcia, 2015)

In this way, role-play can be used as a pedagogical strategy for young people and adults, working on independence of expression and critical, independent reasoning, enabling self-direction to the problematization of complex issues to be found in reality and making the simulated scenario a field for testing errors, successes, discussions and development of new perspectives of thought. It then allows the development of skills aimed at solving alternative solutions to complex problems, in an immediate view, but allowing a discussion of short, medium and long-term goal planning, including the continuity of the work of artistic expression in the face of the development of the problem-situation and the realization of constructive feedback, fixing the learning in a practical and realistic way. (Engelhorn, 2019)

CONCLUSION

Despite evolving with a training directed to generalist practice specialized in different competencies and skills not worked on in 6 years of medical graduation, due to the complexity of a theoretical and practical immersion necessary in this training, FCM encounters resistance to validation and consolidation as a specialty more framed for the leadership, coordination and organization of medical training plans and curricula. Such resistance grows linked to the attempt to downgrade and stigmatize the specialty by traditionalist segments and based on the vision of fragmentation, colonialist, flexnerian and biomedical, glorious in the past, and which internally fears the expansion and rise of this specialty. In parallel to this scenario, FCM grows in a movement of internal struggles to break an archaic system of education and medical practices that is incompatible with the main and real needs of populations in a world view and especially in a case study perspective of Brazil. Within this need to expand FCM in medical teaching institutions, new challenges of process modifications and traditionalist methodological approaches in education, directed to adversities and main practical problems faced in health in Brazil, make this field of teaching an opportunity to consolidate FCM in the change of attitude towards the training of medical professionals committed to care for the community.



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