

International Journal of Human Sciences Research

TO DEVELOP EMPATHY IN THE TUTORIAL GROUP: KEY PIECE TO MINIMIZE MEDICINE STUDENT STRESS

Silvia Fernandes Ribeiro da Silva
Universidade de Fortaleza

Sônia Leite da Silva
Universidade de Fortaleza

All content in this magazine is licensed under a Creative Commons Attribution License. Attribution-Non-Commercial-Non-Derivatives 4.0 International (CC BY-NC-ND 4.0).



Abstract: Most medical students have moderate to severe stress levels. The tutor plays a significant role in reducing this stress. This study reports the experience lived in the tutorial group (TG) with students of the second semester of medicine of a private university in Fortaleza-Ceará-Brasil, between 2016-1 to 2018-1. At the beginning of each resolution session, 10-15 minutes were allocated to a non-mandatory activity called the “vent moment”, when they could expose their difficulties and feelings experienced and suggest improvements in the group dynamics. The experience report was based on the reading of 42 emails sent by students at the end of each semester. Before the GTs’ resolutions, feelings such as pressure, fear, anguish and distress were mentioned by most students, due to the difficulties faced and the exposure of their deficiencies. On the other hand, other feelings emerged after the “vent moment”, which strengthened the union and teamwork. Empathy was mentioned by most of them, as they understood that their difficulties were also shared by their colleagues. The relaxed and informal conversation also strengthened other values, such as humility and caring for others. The informal conversation in the opening minutes of each tutoring session allowed the students, through the sharing of feelings and difficulties, to create empathy between the components of the group and, thus, reduce stress and facilitate learning.

Keywords: Empathy. Stress. Learning. problem-based learning.

INTRODUCTION

Most medical students in the basic and clinical cycle have moderate to severe stress levels. Lima et al. (2016) observed a significant increase in the percentage of students with stress who attend the second period of the Medicine course, in relation to those in the

first period, suggesting that academic life is a source of stress.

“We understood that the process of training professionals whose work will be aimed at preserving, recovering and promoting the health of their patients cannot so intensely attempt against their own health. The quest to improve this issue, improving the way of life of medical students, must be permanent and interested in their health and professional qualification” (Lima et al., 2016).

In the academic sphere, the theme “stress” has been extensively discussed as it has somehow affected the health of medical students (Arnold & Carvalho, 2015). Pitrez (2009) summarized, in a few words, the life of the contemporary doctor: sacrifice, afflictions, fatigue, renunciation of material goods, are changes inherent to the medical vocation itself. We believe that the Professor-Tutor of medical schools that use PBL (Problem-Based Learning) as a teaching methodology plays an important role in this context and can significantly change this reality, minimizing the anxiety, anguish and stress generated in resolution sessions of the Tutorial Groups (GT). In PBL, both the student and the teacher have different roles than in traditional teaching; the student ceases to be passive and starts to have an active and responsible role for their learning, while the teacher stops providing information directly to the students to be a facilitator of their learning. In addition, the teacher becomes responsible for the good performance of the GT dynamics, allowing students to increase their autonomy in acquiring their knowledge (Borges et al., 2014; Gomes et al., 2009). Almeida and Batista (2013) evaluated the conceptions of medical course professors about experiences in active learning and the PBL curriculum. Therefore, these authors carried out a literature review and focused on three main domains that contribute to the effectiveness of PBL tutoring: personal

attributes of the tutor, content knowledge and competence in facilitating small groups.

“Knowledge of content or cognitive congruence is necessary for the exercise of regulating the breadth and depth of discussions, which contributes to the tutor and students being more comfortable to develop their learning process in a safe environment and without excessive tensions, called “social congruence”. (Almeida & Batista, 2013).

The present study was developed from the experience lived in 2015 in the GT with students of the second semester (S2) of the Medicine Course of a private university, which uses PBL as a teaching methodology, since its implementation in 2006 (Silva, 2016). The WGs of the Medicine Course at this university are carried out in small groups, with about 10 to 12 students in each WG. In this context, it is easy for the Tutor-Teacher to develop “**social congruence**” and turn his gaze to the student and perceive what is happening with him and, at the same time, with the dynamics and harmony of his GT, enabling a environment without unnecessary tensions and stresses. Thinking from this perspective, the present description of the experience lived in three years in GTs with small groups intends to bring to the tutor’s reflection the importance of his look more focused on the needs of his student and to establish in the GT a welcoming atmosphere, open to discussion, with informal communication to build an environment conducive to the development of empathy between the tutor and his students and among the students.

METHODOLOGY

With the results obtained in the pilot study carried out in 2015, as mentioned above, this experience report was developed and incorporated into the routine of students enrolled in GT15 of S2 of the Medicine Course of a private university in Fortaleza-

Ceará-Brasil. The S2 tutorial sessions take place on Mondays and Thursdays, in two moments, one for analysis and another for problem solving, lasting 120 minutes each. In S2, students participate in three modules (Aggression and Defense Mechanisms, Biological Functions and Scope in Health Actions), each with 8 problem cases, totaling 24 analysis and resolution sessions in the semester. On the first school day of each semester, it was agreed with the students to start the tutorial sessions at 08:00, despite the pre-established agreement between tutors and students allowing 10 minutes of tolerance so that they have access to the rooms and participate in the GT sessions. Despite this tolerance, it was explained to them that we would use this time to develop a non-mandatory activity called “mini feedbacks” by the tutor in 2015, but named by them on the occasion of a “vent moment” and accepted by the tutor until the present moment. The “vent moment” was always performed at the beginning of each problem-solving session, lasting 10 to 15 minutes. This time was reserved for the students to expose their difficulties to the group and the tutor, such as not understanding a learning objective and/or not finding references for the study. It was agreed with the student that the fact that he exposed his difficulties at the beginning of solving the problem case would not have negative consequences for his grade of participation in the dynamics of the GT given by the tutor. In addition, students could also take advantage of this moment to point out improvements to the dynamics of the GT or simply share moments of joy, satisfaction or stress and anguish experienced during the week with the group.

To assess this moment, the tutor asked the students to send by e-mail their perception of the experience they had in these 10 to 15 minutes by e-mail.

RESULTS AND DISCUSSION

The present experience report was carried out from the reading of 42 emails from S2 students, sent to the tutor between 2016-1 and 2018-1, containing their perceptions about the “moment of relief” experienced by them at the beginning of each resolution of the GT sessions during the three sequential modules of the semester.

Figure 1 shows a cloud of words from the students’ reports about their feelings, before their participation in the WGs’ resolutions. Pressure, fear, anguish, and distress were feelings cited by most students, as a result of the difficulties faced by them during the study of the learning objectives and enhanced by facing and exposing their deficiencies to the tutor and their colleagues during the discussions of the objectives. On the other hand, we observed other feelings emerge as a result of the “vent moment” (Figure 2). These feelings strengthened tranquility during the GT, empathy, unity, teamwork and partnership between the group’s components. The word empathy was mentioned by most students in their reports. In their view, listening to a colleague expose his difficulties with the topics studied made him calmer, with a lighter heart, making them more relieved to know that their difficulties were shared by most of the WG colleagues. The relaxed and informal conversation, as reported by them, also strengthened other values, such as humility and caring for others. As a result, during the discussion of a given objective, the students who understood it well were concerned about explaining it to their colleagues so that they could understand it too. There was a commitment to mutual help among them and this commitment motivated them to study more to help their colleagues and contribute to the WG’s discussion. As a consequence, it improved the dynamics of the WG and facilitated learning.



Figure 1. Students’ feelings before the resolution of the Tutorial Group.



Figure 2. Students’ feelings after 10 to 15 minutes of relaxed conversation before solving the Tutorial Group.

The following are some reports from students sent to the tutor about their perception of the 10 to 15 minutes intended for the “vent moment”.

“During the conversation, the student calms down and feels more comfortable to clear up his doubts and meet his greatest needs. It

increases empathy between the tutor and the students and among the students themselves” (Student A).

“The biggest contribution of the moments of venting would be in the emotional of the student, because we have the habit of thinking that only we had difficulties and, in this context, reporting and listening to the experiences of others brings comfort and a sense of equality” (Student B).

“The ten minutes were important because they allowed the student to get closer to the tutor and his colleagues and allowed him to have more ability to challenge some problems he is having with the GT” (Student C) “The 10 minutes were very important for me, as they were a way to break a little the tense atmosphere of the beginning of the GT resolution, by leaving a lighter environment” (Student D).

“The first 10 minutes were positive for both the group and the individual, a fact that increased the effectiveness of the session. From an individual perspective, there was a decrease in pressure, as it allowed you to have more freedom in sharing the difficulties of studying. In the group perspective, there was a greater rapport among the group members, because when everyone shared their experiences, there was a reinforcement in the feeling of friendship and in the ability to have empathy for the other” (Student E).

“These moments helped a lot in the performance of the student during that GT as well as in the next ones, in addition to allowing the tutor to better understand how the student feels, his anxieties, fears and, thus, it can help him in his most vulnerable points so that he can walk better” (Student F).

“By speaking during these 10 to 15 minutes, I could feel relief knowing that the tutor was there listening and, in a way, understanding and comforting, in addition to the support of her colleagues” (Student G).

“This dynamic was undoubtedly a differential of our tutorial group, it allowed us to share

with others our doubts and difficulties faced during our studies. This helped us a lot, as we realized that we were not alone and that others also shared our same difficulties” (Student H).

When students cannot overcome difficulties, they experience emotional exhaustion and, as a consequence, study more and more, become anxious and sleep little. In addition, as their free time is reduced, they lose opportunities to have personal relationships and are often unable to interact with their peers and teachers, which makes them more vulnerable to stress and mental disorders (Feodrippe et al., 2013; Vasconcelos et al., 2015).

According to a study carried out by Almeida and Batista (2013), the concept of “**social congruence**” refers to the tutor’s interpersonal qualities, such as the ability to communicate informally and empathize with students and, thus, be able to create a learning environment that encourages the free exchange of ideas and the free negotiation of concepts.

“Regarding the tutor’s personal attributes, students value an open attitude, acceptance and respect for the group’s difficulties and needs. (Lin, 2005).

Looking back at the student, establishing eye contact, being attentive to his performance, showing that you care about him and that you are ready to help him, makes the tutor-student relationship a relationship of complicity and empathy. and not be seen by him as a relationship of authority and austerity. In addition, listening to the student, establishing good communication, showing respect for their opinions favors the understanding of their feelings and anxieties. We believe that these characteristics, once worked by the tutor during the WG sessions, would allow a peaceful environment for the WG dynamics, facilitating learning. Thus, so that students can overcome difficulties, we believe that

tutors must be aware of what is happening around them during the WG activities and must provide a space in the tutorials, such as the 10 to 15 minutes that were destined for the “moment of relief” reported here, to listen to the student, to know their anxieties, their fears and their afflictions. When identifying them, the tutor has to seek solutions, and, often, with an attentive eye and an open dialogue with the student, success can be achieved. For this, the student, a professional in training, needs his tutor, already a mature and experienced professional, to teach him how to learn to learn and guide him to seek solutions to his current problems, minimizing his anxiety and stress.

CONCLUSION

The informal conversation in the opening minutes of each tutoring session allowed the students, through the sharing of feelings and difficulties, to create empathy between the components of the group and, thus, reduce stress and facilitate learning.

REFERENCES

- Almeida, E.G. & Batista, A.N.A. Desempenho Docente no Contexto PBL: Essência para Aprendizagem e Formação Médica. **Rev Bras Educ Med** 2013;37(2):192-201.
- Arnold, S.S. & Carvalho, E.A. Predomínio do estresse em acadêmicos de medicina. **Ver UNINGÁ** 2015;24(1):85-89.
- Borges, M.C.; Chachá, S.G.F.; Quintana, S.M.; Freitas, L.C.; Rodrigues, M.L.V. Aprendizado baseado em problemas. **Medicina** (Ribeirão Preto), 2014;47(3):301-307.
- Feodrippe, A.L.O.; Brandão, M.C.F.; Valente, T.C.O. Qualidade de vida de estudantes de medicina: uma revisão. **Rev Bras Educ Med** 2013;37(3):418-28.
- Gomes, R.; Brino, R.F.; Aquilante, A.G.; Avó, L.R.S. Aprendizagem baseada em problemas na formação médica e o currículo tradicional de medicina: uma revisão bibliográfica. **Rev Bras Educ Med** 2009;33(3):444-461.
- Lima, R.L., Soares, M.E.C., Prado, S.N., Albuquerque, G.S.C. Estresse do Estudante de Medicina e Rendimento Acadêmico. **Rev Bras Educ Med** 2016;40(4):678-684.
- Lin, C.S. Medical students' perception of good PBL tutors in Taiwan. **Teach Learn Med** 2005;17(2):179-83.
- Martins, M.C.; Neto, G.F.; Silva, F.A.M. Características do Tutor Efetivo em ABP – Uma Revisão de Literatura. **Rev Bras Educ Med** 2018;42(1):103-112.
- Pitrez, F.A.B. O ser médico. **Rev AMRIGS** 2009;53(4):447-448.
- Silva, S.F.R. & Silva, S.L. Compartilhar angústias e dificuldades antes das sessões de resolução das tutorias desperta empatia e melhor ao desempenho dos estudantes de medicina. In: **VIII Encontro de Práticas Docentes**, 2016.
- Vasconcelos, T.C.; Dias, B.R.T.; Andrade, L.R.; Melo, G.F.; Barbosa, L.; Souza, E. Prevalência de Sintomas de Ansiedade e Depressão em Estudantes de Medicina. **Rev. Bras Educ Med** 2015;39(1):135-142.