THE ROLE OF APPLIED EXERCISES IN STIMULATING TEACHING ACTIVITIES WITH MEDICAL STUDENTS

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Abstract:The relationship teacher – student can be in certain situations, the key to realization of teaching activities that, undertaken during appropriate classroom (course and/or seminar), may determine the existence of a new psycho-pedagogical behavior considering first the act of teaching – learning and also the participation and co-participation of the two actors directly involved in this incentive – creative demarche. In this context the existence of applied exercises per game, at certain disciplines from social sciences department, determines and in the same time harnesses a new educational behavior, represented by communication and network teacher – student versus student – teacher.

Keywords: exercise, student, behavior, commitment, result.

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In this context the existence of applied exercises per game, at certain disciplines from social sciences department, determines and in the same time harnesses a new educational behavior, represented by communication and network teacher – student versus student – teacher.

Used as starting pointing in different dimensions of knowledge, the applied exercises/game can become a permanency in university teaching activities that appeal to various solutions found in solving existing problem-situations in a given juncture. Thereby, capturing his attention, stimulating thinking, imagination and volitional – emotional states, we can realize educational sequences that can and do highlight, including life experiences of the student beginning in the 1st year and realizing the whole in 4th year.

An Indian saying, Nelso J.R. was remarking (2014): “Don’t judge a person until you’ve walked in their shoes.”, which represents in fact, the knowledge of the teacher/ master to the very attitude of the student toward the discipline of study and also the practical method of capitalizing the assimilated information.

In this context, “wearing student’s shoe”, the teacher will succeed to answer a few questions, starting from:

- what do/doesn’t motivates the student about the course/seminar
- what would he like to hear at the course/seminar
- how and how properly can he manage the assimilated knowledge during the course/seminar
- if they do or do not call their life experience directly related to their quality and life style

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and the list may go on, the applied educational logistic being important to realize the objectives, both operational-cognitive and attitudinal – affectively, such that the pedagogical time to be user maximally by the two directly involved actors, teacher and student versus student and teacher.

In order that the idea enunciated anterior to be plausible, we will make a direct reference to those disciplines in which there were applied along time and have proven their veracity, applied exercises/game, present in certain sequences of teaching staff, from its educational perspective.

Thus, at the following disciplines:

a) medical psychopedagogy – 1st year, general medicine
b) doctor – patient communication – 2nd year, general medicine
c) ethics and non-discrimination against vulnerable groups in health system

the courses always have had, starting from their conception and interactive status, thus determining new behaviors from students.

In this context, Berne E. (2002) first minutes were formed in those related to "ice breaking" (accommodation, acceptance, communication and interrelationship) so as in teaching new information we haven't found the eternal barrier from the students ("again this", "I'm bored", "it's so monotonous", "I don't understand", "I'm just a spectator"), prompting him attitude by the apparition in the educational activities of applied exercises/game, always taking into account the:

- team of the course/seminar
- pedagogical moment during the activity
- existence of feedback as evaluation method for the taught information
- availability of the student to participate in the educational activity
- his emotional and affective implication, physical time of two hours, being in so many cases, too…short

We will exemplify, distinguishing in many cases, how the exercise exists: quote, question, story, message, movie, projecting the fact that, in most of the cases the gravity of the answers were highlighted first of all by age corroborated with experience, the solution being the personal reflection to those required.

a) So, during the Medical Psycho-pedagogy course – 1styear, general medicine, we started from the motivation that the student had when he chose medicine, hearing the following story:

A glass of milk

One day, a poor young man which was selling different goods from door to door in order to pay his university studies, found in his pocket only a 10 cents coin, being hungry. He decided to ask for some food to the next house. But he cracked up when the door was opened by a beautiful woman. Instead of requesting food, he asked for a glass of water.

The lady thought that the young one must be hungry, so she gave him a big glass of milk. He drank it slowly and afterwards asked:

- How much do I owe you?
- You owe me nothing, she answered, we must be good with those in need.
- Thank you!

Then Hovard Kelly left that house, feeling released and confident in the same time.

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After a few years, the woman became seriously ill. The village soctors were concerned. After a while they sent her in town for a consult, to dr. Hovard Kelly.

Hearing the name of the village from which the patient was, he felt a special sparkle in his eyes and a good sensation. He immediately climbed from the hospitals hallway to her room. Whims of fate: she was really her, he recognized her instantly. From that day, he carefully watched the woman's case, deciding to do whatever he can to save her life. She had suffered an open heart surgery and was recovering from it very slowly.

After a long fight, she beat the illness! Finally she was healthy! Given the fact that the patient was out of danger, dr. Kelly requested the bill from the administrative office. He checked and sign it!

Even more, he wrote something on the side of the bill and sent it to his patient. The envelope reached to the patient's room, but she was afraid to open it because she knew she would have to work for the rest o her days in order to pay the cost of such a complicated intervention.

Finally, she opened it and something caught her eye, on the side of the bill: "Entirely paid with a glass of milk many years ago".

Everything happens for a reason…there is an invisible hand of destiny that gives back to everyone what they gave… Realising the junction to the knowledges that will be teached to this discipline.

An exercise with positive impact has proved to be the message sent by an incurable ill person: "I'm tired to be sick!" The interpretation from students showing maturity, fact emerged from the wish of a seven year old HIV infected girl, which wished for: "When I grow up, I want to become … a grandmother!" (the will of living being obvious)

Also, interpretation in terms of their own experience has proved beneficial, starting from Pasca M.D. (2007), chinese proverb:

- Doctors heal sickness but not death, they are like the roof that protects you against the rain but not against lightning.
- Medicine has two ways, one that gives the healthy power and vitality, and another that treats diseases.

Also, there are to be mentioned game exercises Manes S. (2008), like:

- Transforming negative into positive (I'm not…)
- Express of distrust (I don't trust you because…)
- I would like/ I wouldn't like…
- Values (backpack, washing machine, trash can)
- If I were…I'd like to be…(variants in values, categories, feelings, etc)
- Storyteller seat
- Continue the story

There are even situations where game-exercises were created togheter to complet the knowledges transmited in that moment (e.g.: clap your hands with me, life cycle, don't do like me, I want to change, choose the group that represents you the most) reaching to… (unknown irish author).

Paradox worries

In life there are two things for which you have to worry: if you're healthy or ill.

If you're healthy, you don't have to worry.

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If you're ill, there are two things for which you have to worry: if you'll be ok or if you'll die.

If you'll be ok, you don't have to worry.

If you'll die, there are two things for which you have to worry: if you'll get to heaven or to hell.

If you'll get to heaven, you don't have to worry.

If you'll get to hell, then you will be so busy to shake hands with all your friends that you will not have time to worry!

So: why worry?

The results materialized in feedback obtained during the course, starting in fact from: hand shaking, smiles and salutes, and reaching the point where the student discerne between "what am I, who am I and what can I be", proving to himself at the end of the first year that he deserves and his place is among med students.

b) Doctor – patient communication course – 2nd year, general medicine, proved to be even more complex, starting with it's practical aproach (greeting at the entrance of the amphitheatre and shaking hands at the end of the course) and until the application of game-exercises, having benefits also for those students which have dificulties in communication and interpersonal relationship.

So it started adressing the goals that are achieved through the communication process, Staton N (1995) :

- To be heard or read
- To be understood
- To be accepted
- To provoke a reaction (a behaviour or attitude change), so that, the message to reach its purpose, surpassing the moments in which: :'The hardest deaseas is…lonliness" and "Food from hospital taste like…lonliness", situations in which interpretation has a visible emotional impact.

It is noted that, Abrie J.L. (after Pasca M.D. 2012) the authentic act of communication it's based on five rules, it being effective and quality, being necessary to:

- Listen = taking in consideration also the point of view of others
- Observe = pay attention to nonverbal communication
- Analise = important to discerne
- Control = quality and relevance of message
- Express = important for the other depending on the interlocutor and the nature of the object

It it the moment of student's implication in finding the message in quotes like:

- No mather how you feel, wake up every morning and prepare to spread your light. (Coelho P – 2012)
- God, please give me serenity to chane things that I cannot change, courage to change things that I can change and wisdom to see the difference. (Serenity prayer – Pasca M.D. – 2008)

Tree faces
Lucian Blaga

The child laughs:
"Wisdom and love are my game!"
The young sings:

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“Game and wisdom are my love!”
The old stays in silence:
“Love and game are wisdom!”

Demonstrates the viability of such and educational approach, as internal structure of the course and/or of the seminar.

Direct observation constitutes in basic tool of observation as psychological investigation method so the experience accumulated by the student throught a journey of knowing the reality in health system (cabinets) represents the beginning of medical-psycho-social teaching of him:

Observation chart encode and decode to be such an instrument:

Observation chart

Name and Surname _____
Year of study _____ series _____
University year _____
Medical office: state _____ private _____
Polyclinic: state _____private_____
Hospital: state _____private_____

(recording observation on doctor – patient and/or medical assistant – patient comunication in: office, waiting room, hallways), starting from:

1. What did you like?	2. What didn’t you like?

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3. What would you change?	4. How would you feel as patient? Why?

Written applies exercises of such a way of working (they can be presented to each course /seminar taking in consideration the approached theme) can be constituted in a good beginning in perceiving doctor's role and from psycho-pedagogical and social perspective that he should develope in perfecting its medical training and not only there.

c) Through its complexity, ethical and nondiscrimination of the vulnerable groups in health system course – 3rd year, general medicine, prepares a doctor to remove obstacles that can appear from ethical, moral and social point of view and not only that, in medical comunity or directly in communicating and interacting with a patient.

Applied exercises/games, mainly focused on practical understanding of terms/categories/phenomena:

- Discrimination
- Vulnerability
- Prejudgement
- Stereotipes
- Minority
- Exclusion
- Tolerance

So as the attitude and behavioural conduct in direct contact with medical society members or not, to be very different, removing under this aspect the barriers created in communication and interpersonal relationship.

First steps have been realised, starting from exercises like:

- What does it mean to be different from others (family, hospital, community)?
- You have to choose between two groups: one with plus and the other with minus. Which one would you choose, which one you relate to. Why?
- Do you feel discriminated if some people are standing up and some on chairs? Why? How do you perceive this fact?
- Do you know yourself well enough? How do you react in limit situations?
- Do you know words that give life or kill? Do you use them? Why?
- Do you mind if some calls you somehow and that name becames later a label? Why?

They variously continued, especially when student were asked to give actual exemples, relating to categories previously mentioned.

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A special place in this course was represented by real problem-situations (cases) concerning direct doctor-patient relation, as the entire theme of the course.

The student worked individualy and as a group, motivating and pleading for a cause, a situation, state, solution, so as the experiences that were really lived during the probation gave veracity to applied-demonstration exercises created during the course, to it being added the feelings of eachone related to the community they chose.

Applied exercises/games, were represented under the following form:

1) In a salon there is admitted a homeless and during his staying patient discover that. How would you react if the discrimination element appears?

2) In the waiting room of a medical office, there is a gipsy family that makes noise and disturbes. What would you do? How would you react?

3) On the hospital's hallway appears a gipsu family that didn't respect visiting hours. What would you do? How would you react?

4) At the emergency room appears an HIV positive patient and he tells you that only at the end of consultation. How would you react and how would you solve this problem?

5) In the emergency room arives a patient that says he has HIV. What are you doing?

6) Does it botters you if during consultation the patient starts talking about God? What would you do? How would you react?

7) You're on call and there is brought a mother with her minor child, physically assaulted, what would you do? Would you solve only the medical problem or you try to involve also socially (social assistance, child care service, police).

8) Patient refuses blood for saving his life, motivating that in his religion is not allowed. What would you do?

9) A patient/caregiver offers you money for the medical act. Would you receive them?

10) Someone draw you attention on you indecent attire as doctor. How would you react? Why?

11) A patient refuses consultation made by a male doctor, asking for a woman-doctor. Would you accept it? What would you do?

12) A patient refuses to be seen by a woman-doctor. Would you refuse the consult? How would you react? Why?

13) At the hospital gate the doorkeeper asks only you for your entrance ticket, but not the others. How would you feel? What would you do?

14) You sit on a chair in bus and someone draw you attention that you're young. What would you do?

15) You fall in love with a boy with different ethnicity. Do you tell your parents? What do you do? How do you solve the problem?

16) You fall in love with a girl with different ethnicity. Do you tell your parents? What do you do? How do you solve the problem?

17) On the street a boy whistles after you. Do you turn around? Do you feel flateres?

18) how would react if you've been hearing a discussion like: You, those young ones, don't know nothing, you're useless… Would you become rebel? Does it bothers you? What would you do?

19) You enter a church and sit on a bench. Someone tells you: Sweetie, this isn't your place. What would you do? How would you react?

20) Describe a real situation in which you've been involved or you've witnessed a discrimination act. (When? Where? How? With whom? Why?)

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The hole action was rounded also by watching two movies whose message has encroached the concepts of: discrimination, vulnerability, prejudgement, minority and exclusion, those being: The different class and The elephant man, and the disscusions that have been taken and also sudent's attitude proved that: we can educate, we are tolerant, we have an opinion and especially we can demonstrate our capacity of teaching.

From our educational and motivational demarche, through the undetook pedagogical exercise, results the fact that its direct implication in didactic activities, transforms teaching act in a certainty of the relation between the two actors teacher-student versus student – teacher, the learning being interactiv and its valencies determining in time behavioral states and conducts showed in certain contexts, as result of aquired ethical and moral aquisitions and values through the period of forming young men in a higher education unit (medical in our case), starting from what Goethe was saying: „If you treat an individual the way he is, he will stay like this; but if he will be treated as you wish him to be or as he could be, he will become the one you want or the one he could be."

And everything is just a beggining…

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