

# **ABSTRACT BOOK**



## **V RESEARCH SEMINAR ON EDUCATION FOR HEALTH PROFESSIONALS**

### **V Seminário de Pesquisa Ensino na Saúde/Unicamp**

**8/5/2017, 14:00-17:15**

**Anfiteatro da Comissão de Pós-Graduação-FCM-UNICAMP**

## AGENDA

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**14:00 hs – Opening** – Denise Wittmann (PGCM-FCM) & Eliana Amaral

### **Theme 1: Programme evaluation**

**14:10-14:25, 1<sup>st</sup> presentation:** Maria Helena Senger

**Title:** Professional trajectory and program evaluation of medical alumni from Unicamp

**14:25-14:40, 2<sup>st</sup> presentation:** Tania Caldas

**Title:** Teaching in medical education according to students, recently graduated, teachers and coordinators of three Brazilian universities.

**14:40-14:55, 3<sup>th</sup> presentation:** Gláucia de Oliveira

**Title:** Admission exam and performance during medical training and at selection for medical residency program: the role of affirmative actions

**14:55-15:10, 4<sup>th</sup> presentation:** Carlos Alberto Oliveira

**Title:** The alignment of different curricular models with the national curricular guidelines

**15:10-15:30, Discussion:** Yvonne Steinert

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### **Coffee break**

### **Theme 2: Professionalism & communication**

**15:50-16:05, 5<sup>th</sup> presentation& discussion:** Sheyla Rocha

**Title:** Cross-cultural Adaptation of Communication Skills Assessment Instruments in Medical Education.

**16:05-16:20, 6<sup>th</sup> presentation:** Magda Almeida

**Title:** Defining competencies of medical professionalism in Brazil using the e-Delphi technique

**16:20-16:35, 7<sup>th</sup> presentation:** Gabrielle Leite Silveira

**Title:** Hidden curriculum and professional identity of the young physician: a qualitative study in a Brazilian Medical School

**16:35-16:50, 8<sup>th</sup> presentation:** Silvia Setubal

**Title:** Evaluation of a training program for residents to communicate bad news in Perinatology utilizing simulated patients: a randomized controlled trial

**16:50-17:10, Discussion:** Yvonne Steinert (McGill)

**17:10-17:15 Closing remarks**

Rosana Onocko, Eliana Amaral

## Abstracts

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**1) Title:** Professional trajectory and program evaluation of medical alumni from Unicamp  
**Authors:** Maria Helena Senger (fellow), Eliana Amaral (supervisor) & all.

**Objective:** To describe the professional trajectory and evaluate the opinions of alumni on the new integrated curriculum, implemented at the School of Medical Sciences of UNICAMP. **Methods:** Students who graduated from 1991 to 2005 formed the pre-curricular renovation group, while those from 2006 to 2012 were the post- group. A semi-structured survey was sent on line (e-mail and social media). **Results:** There were 213 (15.8%) answers from pre-renovation group and 126 (16.1%) from post. Data showed low geographic dispersion of alumni, 2.4 work posts/physician, residency as a necessary complementation, suggestions for curricular inclusion of office management issues, and more participation in preparatory courses for residency in post-renovation group. Better integration between basic and clinical areas after the curriculum renovation was claimed. **Conclusions:** The alumni valued very positively the curriculum. This study contributes to reinforce the need to include a regular follow up program from graduates to follow their trajectories, receive feedback, disseminate opportunities for continuing education, and strengthening bonding of alumni.

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**2) Title:** Teaching in medical education according to students, recently graduated, teachers and coordinators of three Brazilian universities.

**Authors:** Tania Alencar de Caldas (PhD student) & Paulo Velho (supervisor)

**Objective:** The overall objective of this research is to assess whether students and teachers know their curriculum's structure and how they describe, and evaluate it. Three institutions participated: University of Brasilia (UnB), University of Campinas (Unicamp) and Federal University of Bahia (UFBA). **Methods:** Two methodological approaches were used for analyzing results: quantitative and qualitative. The research subjects are students, teachers and coordinators of the three Medical Schools, and the tools were semi-structured interviews and online questionnaires. The data collected among students, teacher and coordinators were tabulated and analyzed quantitatively (SPSS) and qualitatively (NVivo10). The subjects were grouped into three categories: Basic, which combines students from the first and second years; Preclinical, with students from third and fourth years; and Clinical, with internship students. **Results:** Teachers pointed out that the *fundamental notions and scientific methods of the teaching subjects* should be prioritized in the Basic period (53%) and the *interdisciplinary approach, including topics and problems from the contemporary society* (38%) should be prioritized in the Preclinical period; whilst students prioritize both approaches already in the Basic period (78% and 51%). **Conclusions:** Preliminary analyzes suggest that the teachers' perception differs from the students. In fact, while teachers assign different goals to each period, students claim all the objectives at the beginning of the course in an integrative process of teaching and learning.

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**3) Title:** Admission exam and performance during medical training and at selection for medical residency program: the role of affirmative actions

**Authors:** Glauca de Oliveira Moreira (PhD student) & Eliana Amaral (supervisor)

**Objective:** To verify the predictive validity of the performance of each discipline and total score at the admission exam for medical school (vestibular) at Unicamp, on the performance at mid and end of medical training, and selection for medical residency (MR), comparing groups with and without bonus for lower income (public schooling at secondary level) and race. **Methods:** This is a cohort study with students admitted at medical school from 2005 to 2008. To compare the student performance with and without bonus, Pearson correlation and Chi-square ( $X^2$ ), adopting a 95 % confidence interval were used, as well as multivariate analysis. **Results:** 417 medical students were included, 19.4% bonuses for public secondary school (4.9% among them also received bonus for self-declared black-pardo skin color). The scores of the bonus group was lower in English ( $p = 0.000$ ), physics ( $p = 0.000$ ), chemistry ( $p = 0.022$ ) and biology ( $p = 0.000$ ) for vestibular; and the performance was lower in the sixth period ( $p = 0.26$ ), and in the 12<sup>th</sup> period. There was no significant difference in performance in the cognitive tests and short essays for MR admission, slightly lower in the OSCE-type assessment ( $p = 0.000$ ), with no difference on total scores. There was a weak positive association between performance in Portuguese ( $p=0.00$ ), History ( $p=0.00$ ), Biology ( $p=0.00$ ), Mathematics ( $p=0.03$ ) and English ( $p=0.04$ ), with performance in the 6<sup>th</sup> semester ( $R^2 = 0.16$  and  $p=0.00$ ), as well as 12<sup>th</sup> semester ( $R^2 = 0.16$  and  $p=0.00$ ). Only Mathematics ( $p=0.00$ ) showed association with performance on the MR admission exam. Portuguese ( $p=0.00$ ), Mathematics ( $p=0.00$ ) and the score of the first stage of the “vestibular” ( $p=0.02$ ), are associated with the multiple choice test. History ( $p=0.00$ ) and Physics ( $p=0.03$ ) showed association with short essay questions. Physics ( $p=0.03$ ) was associated with OSCE. **Conclusions:** Students favored with bonus for admission in the medical school, who underperformed in the entrance exam and in the middle of the course, improved towards the end of training, differences disappearing at the end, or at selection for MR. Students who perform better in History, Mathematics and Physics in the university admission exam seem to do better at the medical residency selection test. Portuguese shows a moderate influence with the best performance at the end of the medical course. It is necessary to elucidate which other factors can better predict academic performance apart from secondary schools disciplines.

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**4) Title:** Alignment of the different curricular models with the national curricular guidelines

**Authors:** Carlos Alberto de Oliveira (PhD student) & Eliana Amaral (Supervisor).

**Objectives:** The 2014 National Curricular Guidelines (DCN) reinforce the recommendation that medical schools should use active methods for teaching and learning, as the 2001 DCN did. It also demands that assessment should be based on skills, knowledge and attitudes. This project aims to study the perception of students and teachers about curriculum alignment with 2001 DCN's recommendations, through two case studies (medical schools) with different curriculum models, seeking to assess whether these models facilitate the alignment with the DCN. **Methods:** For the first phase, full educational programs and syllabus for disciplines were revised, using a checklist. In the second phase, four focus groups with students from the 3rd and 6th year of medical school and the perception of teachers using in-depth interviews will be studied. **Results (partial):** The institution self-declared using traditional methodology showed a regular adherence to DCN, while the institution self-declared using active methodology had a stronger adherence.

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**5) Title:** Cross-cultural Adaptation of Communication Skills Assessment Instruments in Medical Education.

**Authors:** Rocha, SR (PhD student); Collares, CF; Bicudo, AM; Amaral, E (Supervisor).

**Objectives:** The aim of the study is to translate, cross-culturally adapt and to ensure the content validity, for use in the Brazilian context, *Communication Assessment Tool* (CAT) developed by Makoul and colleagues (2007) and the *Analytic Global Rating Scale* (AGRE) developed by Hodges and McIlroy (2003). **Methods:** This study involved a systematic, standardized, multi-step process based on internationally accepted and recommended guidelines for cross cultural adaptation and content validity. Construct pertinence and relevance, linguistic equivalence and cultural factors was evaluated by a committee of 10 experts in medical communication (EMC). Corrections and adjustments in the instruments was supported by the EMC reports. An agreement's criterion of 7 of 10 experts confirm the fit of an item to its standard. The index of content validity (CVI) was applied to both the items and entire instruments evaluation. The scale was then pretested in 28 medical postgraduates in Ob-Gyn in a two stations' OSCE examination and adjusted accordingly. **Results:** In the content analysis, all items in both instruments were considered relevant and pertinent to the Brazilian context (CVI CAT: 0,99; CVI AGRE: 0,96). In CAT's version, all adapted items had a degree of agreement of 70% between experts and confirm the fit of items to linguistic equivalence. In AGRE's version only one item not fit to linguistic equivalence and was reformulated. Translation and cross-cultural adaptation permitted good understanding and applicability of pretested versions. **Conclusions:** Results of the cross-cultural adaptation indicate that the instruments have a high level of linguistic equivalence and content validity, with a high degree of agreement between experts. The application of the adapted instruments in a representative sample will allow obtaining additional evidence of validity.

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**6) Title:** Defining competencies of medical professionalism in Brazil using the e-Delphi technique

**Authors:** Magda Almeida (PhD student) & Eliana Amaral (supervisor)

**Objective:** This study intends to build a framework of medical professionalism competencies, considering Brazilian values and culture. This paper presents the results of the first phase, related to the perspective of medical professionals and health educators. **Methods:** The consensus to identify attributes for professionalism used e-Delphi method, in three rounds. Ninety-two panelists from public and private sectors answered the initial questionnaire. The definition of the attributes of professionalism emerged from the content analysis performed in the first questionnaire through open questions. During the second round, a new questionnaire was prepared, containing the attributes identified previously, in order to be classified using a 4-point Likert scale as: "should not be included," "unimportant," "important," and "indispensable." **Results:** For the first questionnaire, 53 items were identified. Twenty-one competences were considered indispensable by more than 50% of the panelists, and composed the third questionnaire, from where thirteen attributes were designated as core competences. Finally, competences were categorized into six domains in descending order of relevance: "communication and collaboration skills" (5), "commitment to technical performance" (3), "commitment to ethics" (2), "cultural competence"(1), "reflexive practice and self-knowledge"(1) and social responsibility" (1). **Conclusion:** The set of competencies of medical professionalism in Brazil has similarities with other international documents, highlighting items such inter-relational attributes. These findings will be compared with competencies emerging from the next phase (focus groups) with patients and other health professionals. These results may guide the development of parameters for training, and assessment of medical doctors in Brazil.

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7) **Title:** The hidden curriculum and professional identity of the young physician: a qualitative study in a Brazilian Medical School

**Authors:** Gabrielle L. Silveira (MSc student), Marco Antônio de Carvalho-Filho (supervisor)

**Objective:** To improve the understanding of the influence of the hidden curriculum on the development of medical students' professional identity. **Method:** Between 2014 and 2016, the author interviewed 102 final-year medical students divided in 13 focus groups and analyzed data based on constructivist grounded theory using constant comparative analysis. **Results:** The authors identified five domains related to hidden curriculum and professional identity formation: 1. unawareness of the process of professional identity formation; 2. affective distance and cynicism; 3. role models and mentors—predominance of negative memories; 4. state of dissonance between personal and professional life; and 5. repetition without reflection. The unawareness observed contributed to a state of vulnerability to negative role modeling. Students perceived a parallel between student-patient affective distance and teacher-student affective distance. Physicians/teachers who did not have a meaningful relationship with their profession, who did not cultivate the values and virtues of good medicine and did not find joy in being a physician were not able to nurture meaning and fulfillment in their students. Without feeling the rewards a meaningful practice can provide, students struggled with the idea of sacrificing themselves to become physicians. Students internalized behaviors without reflection, culminating in a state of dissonance between the physician they wanted to be and the professionals they actually are, triggering feelings of shame and guilt. **Conclusions:** Our study provided a framework to develop several pedagogical and institutional interventions to prevent the negative influences of the hidden curriculum on medical student's professional growth.

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8) **Title:** Evaluation of a training program for residents to communicate bad news in Perinatology utilizing simulated patients: a randomized controlled trial

**Authors:** Silvia Setubal (PhD student) & Eliana Amaral (supervisor)

**Objectives:** To evaluate the efficacy of a training program in improving Obstetrics and Pediatrics resident's skills in communicating bad news in Perinatology using SPIKES model with simulated patients, and residents' perception of this educational intervention. **Methodology:** A randomized controlled intervention study with Y1-Y4 Pediatrics and Obstetrics residents from University of Campinas, Brazil was conducted. Intervention included a session revising residents' own videos of a simulated encounter communicating a Perinatal death to a mother and reflecting using SPIKES strategy (Setting, Perception, Invitation, Knowledge, Emotions and Summary) as a model. After accepting and signing the consent form the volunteers participated in a first simulated encounter (SE1) with an actress trained as a mother who received news about her newborn imminent death (Pediatrics) or a fetal death (Obstetrics), followed by her immediate feedback. The encounter and the feedback were recorded. Residents were then randomly assigned to a training session based on SPIKES model using the videos from SE1 (intervention) or to no training (control group). Afterwards, all residents returned for a second similar simulated encounter (SE2), with the same SP blinded to the intervention. Outcomes were SPs' evaluation of residents' skills to transmit bad news at both encounters and residents' perceptions of the intervention activity. Statistical analysis used repeated measures analysis of covariance (RM-ANCOVA). The residents' evaluation of SPIKES training session were based thematic analysis. Thirty-one of 50 (62%) eligible Pediatrics' residents and 30 of 50 (60%) Obstetrics' were enrolled and 58 completed all the project's stages. **Results:** On average, simulations lasted 12 minutes; feedback 5 minutes; and SPIKES training from 1 hour (individual) to 2.5 hours (until 4 residents). There was no significant difference between SPIKES group and the controls according to standardized patients' assessments ( $p=0.05537$ ). SPIKES training session was highly valued by residents and their comments' analysis showed interest and need for training in BBN. **Conclusion:** SPIKES training session did not impact residents' performances due probably to the SP feedback given to both groups. Simulation with SP feedback and video reviews with discussions and

reflection were endorsed and required by residents as training modalities to transmit bad news.