



# Emotionally Difficult Experiences Faced by Medical Students During Training

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## Abstract

**Purpose:** To investigate (1) emotions-triggering situations faced by medical students; (2) their prevalence across training; (3) whether they aroused student's emotions, and (4) whether students' reactions varied across training.

**Method:** A pilot study analysed 60 written reports from 4th-year medical students from the Federal University of Ceará, Brazil, regarding recent emotionally difficult training experiences. Six types of emotions-triggering situations were chosen. A diary of a fictitious student reporting each situation was prepared, with two different endings – either a neutral or an emotional development. In a web-survey, 188 medical students evaluated those diary-entries (3 in a neutral; 3 in an emotional version), rating how frequently they had encountered similar situations and the emotions triggered by the reading. Data were analysed using Chi-square, t-tests and ANOVA.

**Results:** Frequency of similar experiences depended on situation type ( $p < .001$ ) varying across training in 4 of the 6 situations. All situations were emotion-triggering, regardless of whether students had or not experienced them before. A significant main effect of training showed that students at different phases reacted differently; at the clinical phase emotional arousal was higher than in clerkship for 2 situations.

**Discussion:** Awareness of situations considered emotionally difficult may provide information for the development of educational interventions that emotionally support medical students.

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**Keywords:** Emotions-triggering situations; Medical students' emotions; Medical training

## 1. Introduction

Throughout their training, medical students unavoidably deal with demanding situations in which emotionally charged relationships are the rule rather than the exception. Students seem to experience medical education as emotionally difficult<sup>1,2,3</sup> and researchers have attempted to investigate which situations tend to arouse

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negative emotions in students.<sup>4,5</sup> These studies refer to general categories as “assuming the role of a doctor”, “distressed patients” or “fear of making mistakes”.<sup>6</sup> A more comprehensive view of specific situations considered by students as difficult and that can trigger negative emotional reactions is still required, especially for settings with less than ideal conditions of learning.

This study was designed to identify which are the potentially emotions-triggering experiences that medical students tend to encounter throughout their training. Arguably, emotionally charged experiences can be expected to occur throughout medical training. However, it is possible that students perceive some types of situations as particularly emotionally difficult. Better understanding of what are these situations is important, because it opens the door for developing strategies to prevent the eventual negative influence that they may have on learning. Research on the influence of emotions on cognition suggests that students' emotional reactions to particularly difficult situation may hinder their learning.<sup>7</sup> The interaction between emotions and cognition seems to be a complex one, but before studying whether and how emotions triggered by medical school routine situations affect students' learning we need to have a clear picture of what these situations are.

In a pilot exploratory study, we looked directly into the students' actual experiences, as recalled and described by themselves. Our objective was to identify situations that actually tend to occur and are experienced by the students as emotionally charged and difficult. Next, we aimed at verifying how pervasive the situations that emerged from the pilot exploratory study in fact were. We developed a series of “diary-entries” using the experiences reported by the students in the pilot study and conducted a web-based survey aimed at exploring: (1) the prevalence of these situations in the daily life of our participants and whether it varies throughout the years of the undergraduate training; (2) whether these situations in fact trigger emotions and to what extent, and; (3) whether students' emotional reactions to these situations vary across training stages.

## 2. Methods

### 2.1. Pilot study

Participants were 60 4th-year medical students from the Federal University of Ceará, Brazil. The school has a six-year programme with the last two years dedicated

to clerkships. All 70 students enrolled in the 4th-year of the programme were invited by two of the co-authors (TK, JRSF), after a regular lecture, to voluntarily participate in the pilot study. Those who agreed were recruited and sign an informed consent form. Participants were asked to write down a brief description of an experience that they had recently had during their educational activities and considered emotionally charged. They were informed that they could report any type of experience that had occurred in different settings, for example, during didactic activities, in interactions with colleagues or faculty, or when encountering patients during practical clinical activities. Students wrote down their experiences in silence and individually, delivering their reports to the researchers when they completed the task.

Sixty stories were collected, 12 of which were excluded because they consisted of only a few words whose meaning could not be identified. The 48 remaining reports were analysed in a group meeting in which the co-authors (TK, SM, JRSF, AML) read them and identified, through a consensus model, different categories of experiences and recurrent situations. Subsequently, the first author searched the literature to check if similar situations were reported among results from other studies in other settings.<sup>5,8–11</sup> Six recurrent categories were identified and appeared consistent with the literature as follows:

- a) Preventable medical errors in which the student was involved leading to severe consequences for the patient.
- b) Discriminatory behaviours displayed by superior staff members against patients because of the patients' background, social or economic conditions.
- c) Conflict between educational interests and the patients' needs leading to disrespectful behaviours adopted by teachers with students' interests placed above patients' needs and wishes.
- d) Disgust provoked by certain patients or conditions that were felt as repugnant but required close physical contact for care to be provided. Students were expected to control and hide their feelings and often felt guilty about them.
- e) Low quality of health services and restricted institutional resources for patient care, leading students to feel anxious and impotent to help patients who were suffering the consequences.

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