

Improving learning environments through the promotion of Good Teaching Practices in Medical Specialties, Faculty of Medicine, Universidad de Chile

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Abstract. The School of Medicine intends to begin the transformation of its educational spaces, assuming the responsibility of promoting good teaching practices, consistent with the quality of the training to which it is committed. Given the particularities of this problem, it was appropriate to determine the barriers and facilitators for good teaching practices, through a case study from the qualitative paradigm, analyzing the speeches of academics directly linked to clinical teaching. The methodology for data collection was through a retrospective and interpretative content analysis of 442 narratives, coming from 308 participants of the homonymous course "Good Teaching Practices", whose approach was inspired by the SoTL approach, with the aim of developing and enhancing the training process, improving the committed learning outcomes. Based on the scientific evidence generated, the identification of facilitators and barriers resulting from this study was crucial, since it constitutes a well-founded orientation to the institution regarding the specific aspects in which it is urgent to intervene both in the empowerment of facilitators and in the overcoming of barriers within the framework of educational quality, and in this way, generate guidelines for the entire educational community.

Keywords: Education environments, medicine, harassment, higher education, medical students.

1 Development

1.1 Literature review

A process of inquiry was conducted about the development and continuous improvement of teaching, analyzing current contexts that consider the characteristics of students, identifying implications and challenges in the teaching and clinical learning process. This framework allowed to build a learning experience through a course specially designed and intended to meet the challenges of professional training, generating communicable and transferable scientific evidence.

2 Theoretical framework

Teaching at the Universidad de Chile represents the cornerstone of university work, based on the commitment and vocation for the formation of people. Its orientation, based on the institutional seal of excellence, demands certain competencies among those who teach, since it is an inherent part of their work. Whatever the discipline taught, it is important for the university to provide safe educational environments, which, from the perspective of health careers, are called Clinical Learning Environments (CLE), a space where the clinical context (space where patient care takes place) and the educational context (curriculum, didactics, evaluation, etc.) converge. Thus, learning is greater when there is a good CCA, with sufficient learning opportunities mediated by reflection and evaluation of teaching (Schönrock et al., 2012; Nordquist, 2019).

Taking this frame of reference, for this study one of the focuses of attention is how institutions generate teaching strategies to continue teaching and learning, aware of the impact of those strategies on the welfare of the academic community. Given a trajectory rooted in the culture of each academic unit, actions have been detected that can favor learning and modeling of a competent and compassionate professional, and constitute Good Teaching Practices (BPD), but certain attitudes can have a negative effect, where certain patterns of behavior are replicated and model both student-teacher relationships and health care in general (Harden, 2000; Passi & cols., 2013; Lee & cols., 2022). Therefore, the purpose of this study was to determine the barriers and facilitators for the exercise of BPD in medical specialties, Faculty of Medicine, Universidad de Chile.

3 Method

An online course was designed, with synchronous face-to-face participative and asynchronous sessions of autonomous learning, entitled "Good Teaching Practices". This course, for its formulation, took elements of SoTL, methodologically intended for the collective construction of learning, where participants were guided towards reflection rather than the explicitness of content. Subsequently, based on the accounts

of the course participants, qualitative research (case method) was designed, of a retrospective interpretative nature, to determine barriers and facilitators for BPD.

4 Results

Fourteen versions of the course were carried out between 2021 and 2023, with 308 participants (38% men, 56% women; 7% no answer), 60% of them with teacher training and 40% without any teacher training. Based on the qualitative systematization of 442 participants' accounts, it was possible to identify categories and subcategories associated with barriers and facilitators for BPD, which are fundamental to foster positive learning environments within the collectives. Some of the barriers identified were discrimination based on gender and appearance, and certain abuses due to work and academic overload, among others. On the other hand, aspects identified as facilitators were communication, especially related to feedback, the existence of safe spaces and getting to know the student, who will ultimately replicate educational and health care actions. It is important to mention that the study was approved by the Human Research Ethics Committee.

5 Discussion

According to the course participants' accounts, BPD far outweigh bad practices, but, nevertheless, these are of interest to address because they generate stress situations not associated with pedagogical issues, and can develop, for example, low empathy in students during the development of professional practice (Carrard & Cols. 2022). Similarly, people's perceptions of their own learning are influenced when compared to those of their peers. Lack of parity in teaching between one another can be perceived as unfair, especially because of the lack of recognition of individuality (Rudland & cols., 2021). To address these and other situations, participants highlighted the role of teacher mentoring, which is not only related to the transmission of disciplinary knowledge, but also to the appropriation of new ideas and exposure to diverse opportunities to expand the student's potential based on mutual respect and trust.

6 Conclusions

It is necessary to promote and empower BPD facilitators, through explicit institutional instances, such as mentoring and academic induction, and the generation of a line of research that systematically collects the teaching experiences of all those who participate continuously as a whole trainer in health care, and that will ultimately be those that are replicated in work environments where the compassionate medicine that is needed today in the country will be exercised.

7 Limitations and future research

It is expected that, based on the results obtained, strategies for confronting and identifying specific institutional support in the face of the barriers identified in this study will be determined.

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