

The emotions in the professional development of anesthesiology residents

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Abstract. The objective of this work is to describe the spectrum of emotions experienced by anesthesiology residents during their professional development. The study was to identify the types of reflective thinking that residents develop in the process of learning their specialty. The methodology in this study was of the qualitative variety and 34 anesthesiology residents participated. The methodological technique utilized was of portfolio construction - a tool for reflection in which they wrote amongst other topics, their experienced emotions. The results present 13 residents who allude to emotions as part of the carried out reflection describing their learning process. The emotions were: fear, anxiety, shame, sadness, frustration, blame and joy, that is, negative emotions dominated as there was only one positive emotion, joy. Conclusions include that the reflective process was not uniformly developed in the residents, as it was more centered in biomedical knowledge and less upon reflecting on their personal experience.

Keywords: portfolio assessment, learning, reflection process, emotional problems.

1 Introduction

The main objective is to report the experienced emotions of residents during their professional development and its relation with the challenges that they face during patient interactions. This links the impact these emotions had in the way they acted and cared for the other, triggered by the context and subject to the tension between “I want to” and “I can”. This investigation invites one to take on professional development not only from the cognitive dimension, but also give more prominent space to the emotional dimension.

2 Theoretical Framework

The literature demonstrates that there are many fundamentals to consider when dealing with emotions in the learning and teaching processes, where affectivity has a huge role, Dewey's philosophy of education (1989); the constructive pedagogical theories that have also amplified their view with Vigotsky (1997), adding neuroscience investigations: that emotions impact learning (Williams de Fox, M.,

2014).). The theoretical reference I considered appropriate for the reflective process about the experience that will develop was “reflective practicum” (Schön, (1992). Based on this process is reflective thinking, Different authors coincide in the existence of levels in the development and learning of reflective thinking. (Larrivee, 2008, Perrenoud, 2004). A superficial level, a dialogic level and a critical level (Domingo, Á., Anijovich, R., 2017; Vega-Díaz, M., Appelgren – Muñoz, D., 2019).

3 Methods

The study is of the qualitative variety, 34 anesthesiology residents from the Hospital de Clínicas, Montevideo Uruguay participated from September 2014 to April 2015. The methodological strategy utilized was the construction of a portfolio, which is defined as an instrument with the potential capacity to promote reflection about the practice itself. The type of portfolio proposed related the participants with the writing, with the act of writing about the practice itself which centers the mind and refines the reflection of the action itself. In this way the portfolio, although a learning strategy, also constructed the methodological strategy to obtain the field material for the study. The work found in the portfolios were denominated documents. The corpus of field material consisted of 99 documents from 34 portfolios. The residents wrote reflections about their autoevaluation, the characteristics for the practice itself and emotions, for the purposes of this work 13 portfolios were analyzed, the same number of residents who externalized their experienced emotions during their professional development. The analysis was with texts related to emotions, initially done with an open codification and then proceeded with an analysis of the content, to create categorization of emotions identified in the previous phase (Krippendorff, 1990; Taylor, 2013).

4 Results

The participants were 34 in their first and second years, 14 in their first, 4 men and 10 women; 20 in their second, 7 men and 13 women. The emotional reflection was exteriorized in 13 portfolios, 8 from first, 4 from second. The emotions referenced were fear, anxiety, shame, sadness, frustration, blame and joy, that is, the majority referred to negative emotions: fear of making a wrong decision due to a lack of theoretical knowledge, fear in causing harm to a patient due to a medical error, fear of making wrong decisions due to a lack of theoretical knowledge and fear in the face of unknown situations, only one positive emotion, joy. Fear was the externalized emotion with the most frequency. The ages were between 27 and 30, with adequate academic qualifications for their year of residency.

5 Discussion

Less than half of residents wrote in their reflective portfolios about their emotions, this can be due to the fact that they have to shed the traditional model and the routine of their professional development, characterized by the collection of bibliography and

not by reflection. Another challenge is the necessity to train skilled tutors to serve as support and comfort for residents in the face of strong emotions that may appear alongside adverse events.

6 Conclusions

The use of portfolios is an opportunity for residents to express their emotions narratively and to provide information on the teaching and learning development that arise from the reflections. These constitute valuable insights to enrich curriculum content and to organize and prioritize the diverse learning needs which they reference and within them the management of emotions.

7 Limitations and Future Research

There is a need for new investigations to evaluate the presence or absence of reflective thinking and also its quality. Performing qualitative techniques with focus groups or interviews will permit the triangulation of results in future studies.

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