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THE ROLE AND IMPORTANCE OF INTERACTIVE METHODS IN STIMULATING TEACHING ACTIVITIES WITH MEDICAL STUDENTS

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Abstract: *The teacher-student relationship may represent, in certain situations, the key of achieving didactic activities. Those, if carried out during the appropriate pedagogical time (course and / or seminar) could determine the existence of a new psycho-pedagogical attitude and behavior, aiming primarily at the teaching-learning method, but also the interactive participation and co-participation of the two actors directly involved in this stimulus-creative approach. In this context, the existence of applicative exercises/play in certain disciplines in socio-human behavior (specifically-medical psychology, medical sociology, doctor-patient communication) determines but also valorizes a new educational behavior, namely, teacher-student communication and interrelation vs student-teacher. Thus, by catching the student's attention, stimulating his / her thinking, imagination and volitional-emotional values we can make educational sequences that also enhance "freshmen" experience from year I, building up and defining the whole experience in VIth year, in most cases.*

Keywords: interactive, student, method, results, creativity

1. Introduction

The teacher-student relationship can represent, in certain given situations, the key to the realization of didactic activities which, carried out in the appropriate pedagogical time (course and/or seminar), can determine the existence of a new psycho-pedagogical attitude and conduct, aimed primarily at the act of teaching-learning but also the interactive participation and co-participation of the two actors directly involved in this stimulating-creative approach.

In this context, the existence of applied exercises/games in certain disciplines of socio-human behaviour (in particular medical psychology, medical sociology, doctor-patient communication) determines but also enhances a new educational conduct, specifically, communication and interrelation between teacher-student vs. student-teacher.

2. Results

The use of applied exercises/games as a starting point in different dimensions of knowledge can become a permanent feature of university teaching activities, which call on the various solutions found in solving problem situations existing at a particular moment. Thus, by capturing the student's attention, stimulating his thinking, imagination and volitional-emotional values, we can create educational sequences that can and do highlight, including the experiences of the freshman year, the whole in the sixth year. Nelson J.R. remarks in an Indian proverb that, "Judge no person until you have walked at least two months in his moccasins", which in fact represents the

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teacher/magister's knowledge of the student's very attitude towards the discipline of study as well as the practical modality through the educational strategies applied, assimilated by the one in question [1].

In this context, "putting on the student's moccasins" (metaphorically speaking) the teacher will be able to answer some questions, starting from:

- what motivates or does not motivate the student to attend the course and/or seminar?
- what would the student like to hear from him/her in the course and/or seminar?
- how involved as a person is the student in the course and/or seminar?
- how and how well can the student manage the knowledge learnt in the course and/or seminar?
- is the student's life experience directly related to the student's own life style and quality of life?

and at the same time, the list could go on and on, the important educational logistics applied in order to achieve both operational-cognitive and attitudinal-affective objectives, so that the pedagogical time allocated is used to the maximum by the two actors directly interested and involved: teacher and student vs. student and teacher. In order to make the above idea plausible, we will make direct reference to the subjects to which the applied exercises/games have been applied over the years, and are still being applied today, proving their veracity over time, being present in certain didactic sequences (of the course and/or seminar) of the teaching-learning process, from its instructive-educational perspective, highlighting the subjects: Medical Psychology, Medical sociology, Doctor-patient communication.

Also, both the courses and the seminars have always had an interactive element/status, starting from their concept phase, thus determining a new attitudinal-behavioural conduct on the part of the students, being in conformity and responding creatively to their requirements and wishes, always taking into account their age particularities, but also the sometimes urgent need to know and self-discover, overcome and surpass themselves, performance being the certainty of their complex human development.

At the same time, the first minutes were made up of those related to "breaking the ice" (accommodation, acceptance, understanding, communication, relationship) and so in the teaching and assimilation of new knowledge there was no longer an eternal barrier from some students (slides, I'm bored, I doze off, I'm sleepy, it's so monotonous, it doesn't motivate me, why did I come, I don't understand, I'm just a spectator), determining and motivating them attitudinally by the appearance in the context of teaching activities of interactive methods, always taking into account:

- the theme of the course and/or seminar;
- the appropriate pedagogical/strategic moment in the teaching activity;
- the student's willingness to actively participate by interacting in/with the teaching activity;
- the existence of feedback from the student, as a way of evaluating the teaching-learning process of what the teacher has taught;
- his emotional-affective involvement during the pedagogical time of the course and/or seminar, considering this period, in some cases...short,

the educational behaviour changing on both sides [2].

To our educational-motivational approach considered as a working tool in the form of interactive methods, mainly the applied exercise/game, we add the following in a logical-constructive-evolutionary order and in the context of the socio-human disciplines taught: words; proverbs and sayings; sayings and maxims; quotations; moral narratives; therapeutic stories. Listing them is not at all accidental, it also highlights the element of cognition at this age (adolescence) of the student, trying to

create a future cultural approach to the medical act itself that he will carry out not forgetting that a doctor is and will always be a fine and refined intellectual and man of culture of the city and not only.

Certainly, through the psycho-pedagogical exercise undertaken, it appears that the direct involvement of the teacher in university teaching activities transforms the teaching-learning act into a reality of the relationship between the two actors: teacher-student vs. student-teacher, learning having an interactive character and its valences determine over time, attitudinal-behavioral states and conducts, present in a given context, as a result of the activities and ethical-moral values acquired during the period of training in a higher education unit (medical in our case), starting from what Goethe said: "If you treat an individual as he is, he will remain as he is, if he is treated as you would like him to be or could be, he will become what you want him to be or could be" [3].

The following examples, demonstrate this, starting from [3]:

1) words:

- Walk healthy! Walk healthy! Be healthy!
- Stay healthy!
- May I find you healthy!
- I bow in health like a green meadow!
- There are two kinds of pain: one that hurts you and one that changes you.
- Heal me, Lord, because my bones are aching!
- Without love and forgiveness, the patient cannot heal.

2) proverbs and sayings:

- Health is a great art (Arabic proverb).
- Health is more important than religious customs (Indian proverb).
- Judge no person until you have walked at least two months in his moccasins (Indian proverb).
- Words are just words, without heart they have no meaning (Chinese proverb).
- The doctor cures you of sickness, but not of death. He is like the roof that protects you from rain, but not from lightning (Chinese proverb).
- Medicine is of two kinds: one that gives strength and vitality to the healthy, and the other that treats illnesses (Chinese proverb).
- A man's face is the mirror of his soul.
- The known disease is half cured.
- Health makes money and money makes health.

3) Quotations / maxims:

- All bodily ills are produced by minds only half used, for it is the mind that makes the body.
- Do not despise a mild disease against which there are cures, but take the cure.
- Even little of it is, food brings health.
- A man's heart is his life, his prosperity and his health.
- Let the chair you sit on never be higher than the pile of books you have read.

4) Quotes:

- However you feel, get up every morning and get ready to spread your light [4].
- God has given me a grace, and this grace is not for sale for there is no money to pay for it. Those who take money are not doctors and those who are doctors do not take money, everyone has a choice (Dr. Alexandru Pesamorca-Tata Peri).
- The Hippocratic Oath: "I swear! I will endure the care of the sick for their benefit, as long as my powers and my mind will help me and I will refrain from doing them any harm and injustice" (fragment).

5) Moral narratives:

- Health is the most precious gift on earth. Until a man is healthy he enjoys all things, but to the weak all things are bitter. But keep your health, for if you lose it you will not gain it again. Do not overdo the high, do not indulge in revelry and frolic. If you are weary, do not drink cold water; if you are sweaty, do not go out with a cold [5].

- Keep cleanliness and good order in everything. Let your body be clean, let your garments be clean, let everything in your house be clean. Where there is no cleanliness and good order, there follows without delay poverty and wickedness [5].
- Guard your heart more than anything:

I went into the hospital for a routine check-up and found I was sick. My blood pressure was taken and I have an extremely low grade of mildness.

My temperature was taken and the thermometer registered a selfish 40 degrees.

I had an electrocardiogram and the diagnosis was that I needed more love bypasses because my veins were blocked and not pumping blood to my empty heart.

I ended up in orthopaedics, couldn't walk next to my brother and couldn't hug him because I had a fracture after tripping over my vanity.

I found I had myopia because I couldn't see beyond appearances.

They also found me deaf and I was diagnosed as being alone between empty words every day. Pathetic, isn't it?

I also received treatment: every day when I arrive at work, a spoonful of "Hello!, Every hour, a tablet of patience and a cup of tolerance. When I get home, an injection of love and before bed, two capsules of clear conscience" [6].

6) therapeutic stories:

Lack of communication and relationship:

"Give him your hand!

A man had sunk in a swamp in northern Persia. Only his head was still sticking out of the mire. Soon a crowd of people gathered at the scene of the accident. One decided to try and save the poor man. "Give me your hand", he cried. I'll get you out of the swamp". But the man in the mud just kept shouting for help and did nothing to allow the other to help him. Give me your hand, the man asked several times". But the answer was always just a pitiful cry for help.

Then, someone else approached and said:

"Can't you see he'll never give you his hand? You must give him yours" [7].

7) applied exercises :

1. Have you talked about what hurts you?

The child patient is asked by the doctor:

- What hurts?

-Belly, he answers.

-Yes, did you talk to her?

-Yes.

-And what did she tell you?

-That I ate too much... ice cream.

(so the doctor finds out the cause, already knowing the effect; he can play whatever organ: hand, leg, ear, etc.)

2. Hand-scratching

Applied to the adolescent, the doctor's handshake demonstrates trust and appreciation but also shows the patient's condition (dry, warm, cold, slightly sweaty, anaemic, determined, soft, etc.).

3. How are you feeling today?

The doctor asks the teenager to answer this question with a: gesture, word, mime, pantomime, the first one already revealing a certain reaction and behaviour of the patient at a given moment.

4. Palm contour

The doctor can ask the child/adolescent patient to draw on a sheet of paper the outline of one of his/her hands, being for the child the "key to the future date at the office", and for the adolescent the attempt on each finger of a joy and/or annoyance, the directions started from this point being very interesting (pay attention to nonverbal communication).

5. Hug me

The doctor can hug the patient at one point, but also the other way around, thus conveying a positive, friendly and encouraging message, as well as being an element of verbal and non-verbal communication.

6. The cube

Students are asked to find a 6-sided cube-type algorithm to describe an action, a term, a state, an experience and/or a phenomenon. Having the cube six-sided, each will target: description, comparison, association, analysis, application, argumentation those concerned. The cube can "play" either

having: a group of six students each being “one face”, six distinct groups, each group being “one face”. If played with “six faces”, each group will designate a leader who will support/present them by giving reasons for what they say.

7. Frisco method

It is a method of solving a problem(s) by the participants (students) based on the interpretation of a specific role. Thus: the problem is identified; assign roles (form groups): C=conservative; E=exuberant; P=pessimistic; O=optimistic; the problem is discussed on the basis of the intervention: C,E,P,O; the ideas are systematised; conclusions are drawn/drawn on the solution found.

8. Knowledge and involvement

Students are given a worksheet containing three headings: knowledge; I want to know; I learned. Asking them to complete the first two in the idea that: I know (has knowledge of the subject); I wanted to know (wishes to acquire) and then at the end of the learning activity complete the third box on the basis of the newly acquired knowledge(example: communication, patients, diagnosis, illness, health, treatment, etc.).

9. Observation sheet

The student is asked individually to get to know the work, the atmosphere and the atmosphere of a doctor's office, polyclinic and/or hospital (state or private) without knowing that he/she is a doctor (undercover evaluation). He/she will be asked to describe, then all that has been observed. The following will be recorded: What did you like? What did you not like? What would you change? How did you feel as a patient? Why? This minimal guided observation will help the student to become aware of, but also to take responsibility for, the role of the doctor in certain situations, as well as the importance of the place where the doctor works.

11. A.C.A method (answer, choose, ask)

After the teaching activity is completed, students are asked to use some of the questions: What do you know about...? ; What is the importance of...?; What questions do you have about...?; What did you find most difficult about...?; What are the requirements of...?; What other knowledge can you relate the information to...?; How do you justify the fact that...?

12. Role play “To the Doctor”

Students are asked to choose their characters from among themselves, that is: the doctor, the patient (according to their age), the nurse and parents/carers where appropriate. Basically, a space in the classroom becomes a doctor's office and the characters step into their roles. It's interesting to watch how our play approximates reality. At the end of the game there are discussions about communication and relationships between the characters. The game is entertaining and enjoyable, there are comical sequences, but also reveals some communication gaps that need to be addressed.

13. His fingers

Looking at the fingers of one hand (either right or left) let us give them due importance in our communication with an autistic patient, knowing that for him:

- Thumb = what do I do?
- The forefinger = how do I do it (strategies used)
- Middle finger=where do I do?
- Ring finger=when do I do?(time of activity)
- Little finger=who, with whom do I do? (what resources do I use) [8].

3. Conclusions

Under the auspices of such interactive methods, both the didactic activity and the student's interaction capacity are stimulated with a new teaching-learning logistics at the level of academic medical education.

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