

## Interaction and Learning for the Development of Skills in the Training of Health Professionals

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### Abstract

*The central objective was to develop interaction and learning guidelines for the achievement of competencies in the training of health professionals, specifically dental professionals. To reach this achievement, educational models and strategies linked to the teaching process in the area of dentistry were examined; The interactions established in practical clinical training experiences in this area were observed, recorded and analyzed. The research was of an explanatory type, with an interpretative epistemological approach to build meanings from the contributions of key actors and direct and inductive observation in the natural clinical action scenarios of the dentist.*

**Keywords:** *interaction strategies; learning; teaching; Dentist's skills.*

### Introduction

The term interaction refers to a new perspective, in which learning and communication come to occupy a central place for the understanding of social phenomena and their actors. In this study, interaction will be understood as the reciprocal action between two or more actors, in which Sanabria Araya (2023), Martín, Rinaudo and Paoloni, (2019) have a shared interest. Regardless of who or what generates the interaction process, what is interesting to highlight in this research are the principles that inspire it and the strategies that serve as an organizing framework for its realization in the field of training in the health area, specifically for this research in the training of dentists, as a basis for generating guidelines for the development of competencies in these professionals.

One of the qualities of interaction is communication, foundation and expression in training environments; it is therefore a vehicle through which knowledge, values are generated, knowledge is built, skills such as critical thinking and problem solving, as well as those related to cognitive function and creativity (Garcia-Martinez and Gonzalez-Sanmmed, 2020) to understand and interpret reality, build and transmit content that must be learned by students. Interaction and learning become indispensable and strategic when carrying out a communication and training process (Ampuero, 2022), in which the people who participate form a bond, to build a learning environment favorable to human

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development. Added to this is the essential role of higher education in improving lifelong learning processes (Kelemnesh, 2020).

In this sense, human interaction is basic for the intellectual and individual development of human beings, because thanks to it societies are constituted that can be spoken of "human relationships" it is necessary that they be linked through interactions. Interaction in the social world is achieved through imitation, interaction of the self and social understanding, attitudes, prejudice, social consensus, social rejection, and decision-making. As well as promoting collaborative work among members of the health team, they facilitate a better quality of care and optimization in the use of resources, at the discretion of Tovar (2008), Pineda (2016) and Orsini, Danús, Tricio (2018). In the professional practice of dentistry, it is important to analyze words, gestures and other symbols that have acquired relevant meanings in the process of communication with the patient.

The interaction in clinical dental scenarios is quite complex, given the number and diversity of actors involved: teachers, students, patients, as well as other support actors: auxiliary, technical, administrative and services, in which the institution also becomes a key actor; all this requires that links be established for the achievement of the objectives, which are built from the different social and cultural references, the curricular approach and the pedagogical model, defined by each institution in accordance with its institutional educational project, as argued by Ochoa, Castaño, Saraz, Lopera and Rodán (2017). In this sense, a mediating factor of the interaction are the intentions and linguistic peculiarities of the actors, which, as part of the strategies, take place within the training scenarios.

Unlike what happens in other contexts, communication, in these training environments in the area of health, particularly in dentistry, is built in a flow of conversations, explanations, recommendations and dialogues that are sustained with the facilitation of the teacher towards the pre-established goals. This requires on the part of the teacher, according to Boyes and Villafuerte (2018), communication skills to activate and motivate the student in a simple way to complex processes with motivating, critical, constructive attitude. Considering these interactions in the training process will contribute to overcoming the risk of a homogenized practice, in which, in many cases, it is not very human, because individuals become tasks to be fulfilled or clinical cases to be solved.

This particular form of communication that governs interaction, affects the processes of learning and cognitive construction, is generated in a training environment, hence it assumes characteristics of didactic communication, understood as processes that seek to organize, structure and issue a message, in which the receiver is particularized towards a certain behavior. In the case of the dentist, he must experience the creation and interpretation of physical signs, images, aromas, difficult situations (Mariño, Delany, Manton et al (2022), which motivate the patient to have a favorable attitude to maintain their oral health. "A didactic situation allows to introduce a new knowledge (knowledge) or a new know-how. It is a situation in which the student manipulates, searches, discovers, practices to understand better: he builds his knowledge" (Guzmán, Marín, Inciarte, 2017, p. 162). This didactic situation is fundamental in the practical axis, in contrast with the theory, for the development of competences in the training of the dentist.

Didactic communication is characterized by an interactive relationship between teacher, student and other actors in the training process, constituting an authentic encounter between human beings, who join forces for the same cause: the optimization of learning, comprehensive training and the satisfaction of health needs, in the specific case of training environments in dentistry. If the relationship is adequate, the work is done more efficiently and situations are developed favorably.

Teacher interaction involves students' expectations and perceptions about teaching strategies in clinical settings (Carbonell, Vergara, Reyes, Orozco, 2017), (Boyes, Villafuerte, 2018), (Zambrano, Inciarte, Mendoza, Casilla, 2019); It is important the communicational processes for a correct reception of the information, as well as the disposition to solve the doubts that are presented to the student, this ability is key to achieve the competences, as well as the mastery of the topics to be treated and the motivation that generates the students in the clinical accompaniment.

The design of interaction and learning strategies for the development of competences, in the training of health professionals, with a practical and experiential sense, has the challenge of integral scientific knowledge, and apply it in situations of the context where it has to act. This brings with it a necessary emphasis on problem solving, reflective practice, self-directed learning (Sanyal, Edmonstone, Abbott, Winterburn, Boak, 2022), in the search for alternatives to solve everyday events, the subject's relationship with reality, as well as facilitating the vision of the teacher-researcher as a subject to model and build epistemically (Ampuero, 2022).

For their part, authors such as Boyes and Villafuerte (2018), Juarez and Bravo (2015) and Hincapié and De Araujo (2022), speak out about the importance of evaluation in this process of interaction. They maintain that it is a fundamental component, which is integrated into the strategy as part of training for the development of competences, is also the object of interaction and learning, which guides, promotes, facilitates and evidences integral training; It seeks that the student develops autonomy and attitudes of permanent research to transform situations in favor of integral health.

Working strategies in the area of dental training leads to the development of explanations and orientations of educational actions and changes in favor of health and quality of life in people and communities. They allow fundamental actions such as: developing skills and generating knowledge to overcome problematic situations, systematizing teaching for training in the area of health and communication, organizing, planning and evaluating educational intervention actions in the community and relating all the actors involved in the process, Promote integral health, making contributions to face risk factors and their prevention and finally, reveal knowledge of the models that prevail in this scenario and how to transform them so that they give the best response in their area of integral development.

Dental health professionals must know the status of their patients, and this is only achieved with processes of interaction and effective communication, based on the human, with the help of new technologies and the advances that they bring. Information and communication technologies offer a set of resources, procedures and techniques used in the processing, storage and transmission of information, help with intellectual activities, motivate the development of skills of search and selection of information, improve the skills of expression, creativity, collaborative work, active learning (Pirela, 2015; Mendoza, 2018; Kelemnesh, 2020) which fully coincides with the challenges that these professionals face today, in terms of the use of ICT. Garcia-Martinez & and Gonzalez-Sanmmmed (2020) emphasize the significant changes that have been generated in clinical teaching, as well as the relationships between the actors involved in education, which demands greater development of communicative skills as a key characteristic of clinical learning environments.

Making a review of the fundamentals that guide the design of learning and interaction situations, in the integral training of the dentist, focuses on the transversalized design of professional competencies throughout the training programs (Alcota, Ruiz, Gonzalez, 2010; Paredes, Naranjo and Paredes, 2018), to active learning and reflective practice (Sanyal, Edmonstone, Abbott, Winterburn, Boak, 2022). The professional competences of the dentist encompass and interrelate knowledge, skills, values and attitudes to solve situations typical of the career, with a responsible and reflective performance. They are

knowledge expressed in an interdisciplinary way, in practical training situations, executed in the real exercise and in contact with a team that acts in a context, with harmony, organization and attending to the specific rules.

The nature of learning promoted by professional training in health programs has as its fundamental intention the development of self-regulated experiences and the gradual formation of responsibility and autonomy, which requires the integration between the motivation of the participants and metacognition, which must be monitored in academic performance. The didactic strategies in real clinical scenarios and the competences to diagnose pathologies and the corresponding treatment, requires the gradual exercise of clinical reasoning and integration of spaces and actors, as a fundamental quality to be developed. It contemplates the interrelationships: theory – practice and teacher – student – patient (Hernandez, Torres, Fang and Caballero, 2017), (Romero, 2017).

The interrelation in the training programs in dentistry and in the other areas of health, have the challenge of developing a human, pedagogical, constructive and historical-social-prospective emphasis, which demands the revision of university-society relations, the incorporation of technological advances and the training of teachers with great flexibility in the adaptation of their structures and programs, with a sense of understanding and up-to-date and forward-looking social contribution (future demands); in which these professionals must significantly lead consistent and creative solutions, which generate academic confidence in the social contribution of the educational organization, from daily interaction to the technological-scientific, for the improvement of health, according to Baquero, Cabarcas, Bados (2019). All these inquiries serve as a basis for the design of interaction and learning experiences in the training of dental professionals and in the rest of the areas of health.

### **Methodological Journey**

The research was of an explanatory type, under the qualitative-interpretative approach, with purposes of exploration, description, relationship or association, so that it provides understanding of the phenomenon to which it refers. The methodology of Grounded Theory was applied (Strauss and Corbin 2002)., therefore, there was an approach with techniques and instruments that allowed the orientation towards the understanding and transformation of the reality object of investigation, through an inductive process, in which the theory emerges from the data and the creative, rigorous and analytical interpretation of the researcher, accommodating that the subjects that act as units of analysis, make interpretative contributions for the best explanation of the reality studied. Through coding, concepts, categories, properties, assumptions were constructed that explain reality, allowing a wealth of visions, experiences and interpretations that enrich the understanding of it, giving rise to the generation of meanings and theories, and the achievement of a vision of interaction and learning strategies in the area of health. Theoretical sampling was applied in the clinical scenarios of the Faculty of Dentistry of the University of Zulia-Venezuela, as a scenario par excellence for the exercise of clinical teaching. The collection procedure was intentional and systematic, seeking to discover and identify significant data, which was then subjected to open, axial and selective coding, as proposed by Strauss and Corbin (2002).

The techniques of evidence collection were the direct observation to clinical teaching sessions, and recording of videos of these, in the case of professional practice V, the video recordings were made in the intramural scenarios and outside the university campus of FACOLUZ. There was an observation protocol; interview with 20 teachers of professional practice III, IV and V, with and without training in the area of teaching. It was based on an unstructured script and recursion was foreseen in the request for information and contributions from the interviewees; and the focus group of twelve (12)

expert teachers, to validate the system of categories, generating properties and guiding guidelines for interaction and learning, applicable to vocational training.

This research is inscribed under the experiential introspective epistemological approach; It is conceived as a product of knowledge the interpretations of sociocultural symbolisms through which the actors of a certain social group approach the human and social reality, fundamentally. More than interpretation of an external reality, knowledge is interpretation of a reality as it appears within the spaces of subjective and intersubjective consciousness (Yanez, 2018). Emphasis was placed on the notion of subject and subjective reality, above the notion of object or objective reality, which is why the relevant meanings were constructed from the actors in natural scenarios.

This field of observation was selected because it is considered that it is in clinical dental practice that there are greater explanatory elements of training in the area of health, in this specific case of dentistry. In this clinical scenario it is possible to observe the integration theory-practice and the development of competencies in all its complexity, in addition it is observed in the close relationship with reality through patients and extra-university spaces, belonging to the regional and national health system.

Figure 1 below shows all the components that made up the methodological system of the research, such as the phases of the work, scenarios, techniques and instruments used and the units of analysis selected.

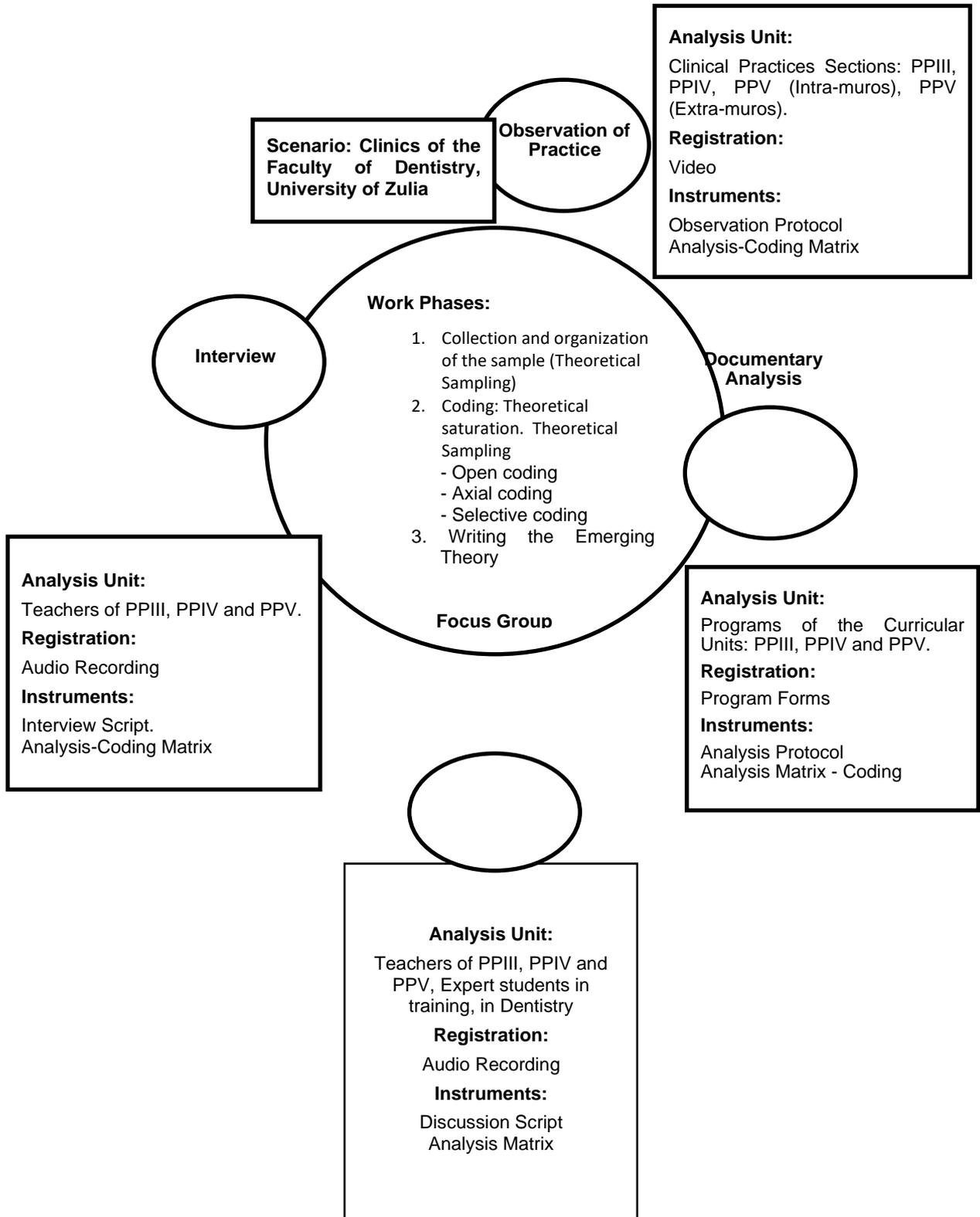
analysis of the information collected.

The conception that is promoted in this research, states that in every profession must develop a sense of interaction framed in human respect, solidarity, sensitivity to pain, social commitment, in addition to the development of the competences of their professional action. The dentist is a professional with multiple facets who practices in an integrated way: he is a clinician, mediator, counselor, communicator of treatment reports, develops oral processes, diagnoses physical, affective, emotional and emotional states of the patient.

Interaction and learning organize strategic actions of dental training, based on concepts, premises, values aimed at achieving educational objectives. They propose sequences of organized, critical and co-responsible didactic actions for the actors of the dental training process.

The selection, construction, application, evaluation of interaction and learning actions are oriented through strategic management, based on the profile of professional skills, the training models of the dentist, the institutional project, the problematic situations to be overcome, health management and training, as well as the integral evaluation and communicational performance in favor of prevention in oral health.

Figure 1. Graphical representation of the Methodological Journey



Source: own elaboration (2023).

The responsibility of the teacher in the design of interaction and learning experiences requires the fulfillment of functions of mediation, modeling and communication, between multiple actors and elements. These elements are: space, time and size of the group, use of communication technologies and specific to the profession, organizational actions of the group, teaching approaches, learning styles, nature of knowledge and performance, compliance with the moments of clinical training (initiation, development, closure), cooperative work and compliance with the procedures of teaching and health action.

The most used strategies in the clinical area of dental training are related to theories and learning approaches that serve as a basis for the development of competencies in the health professional.

The interaction also allows to characterize the strategies that are developed in the dental practical activities, such as: analysis of cases in which behaviors and conflicts to be overcome are presented, simulations, community work, research on different multicultural and societal aspects, management of advanced dental equipment, information and communication technologies. The application of these strategies facilitates academic information and the patient care process. The interaction for learning in the training scenarios of the dentist is the action that develops reciprocally between the actors and / or social groups that participate in the process, linked to communication and to join efforts for common interests, where each of the parties orients its action towards the search for self-interest and shared.

The interaction in the training of the dentist is based on an axiological body in which creativity, physical, spiritual and energetic closeness between the actors, strategic vision, respect for the person, interculturality and transculturality, social commitment, warmth, quality, community action, construction of scientific and contextual knowledge, ethics, leadership, theory-practice-context relationship, biosafety, health promotion, Service, communication and autonomy.

An essential requirement for interaction is posed by its inter and transcultural character, when confronting the beliefs, visions of the world and customs that define particular ways of seeing health processes. This poses challenges to interaction strategies, as they must be flexible enough, open enough to adapt to those different, complex and valid worlds that the dentist faces. It involves the recognition of cultural diversity and population groups, as well as ways of seeing and approaching health-disease.

The relationship between the actors of the dental training process occurs through processes that involve, mediation teaching and research of the teacher, the student and the institution, learning and training in a clinical environment. All this makes demands on the specialized training of teachers, the motivation of the student for learning and training, the management of biosafety, the patient as a dynamizer of the clinic or as a reality to be addressed, communication through codes typical of a culture of a clinical environment, interdisciplinary work and diversity of interests.

## Conclusions

The process of inquiry, reflection and creation that this study implied led to the generation of guidelines for teacher training in the clinical area, for practical experience as a training axis in the professional curriculum, for the design, application and evaluation of interaction and learning strategies and for the development of professional skills. These guidelines were generated from the consultation through interviews, observation and analysis of documents, later reconstructed in the focus group with the participation of professors from the clinical area and other areas of knowledge that support the training of dental professionals.

Each of them is detailed below.

- The strategies for teaching in the clinical area are aimed at training dentists with social responsibility, critical and reflective thinking, with scientific-technical training, skills, abilities and knowledge of the socio-cultural context and the human being.
- The construction of knowledge in the dental professional combines, with the same importance, cognitive aspects, development of skills and abilities, as well as the growth of the human dimension and social commitment, as integral aspects of training, with the ability to know and solve problems in order to contribute to the transformation of reality, for the benefit of the community or environment in which it operates.
- The teacher generates situations of interaction and learning that integrate theoretical and practical education, through the solution of problems in clinical environments and in the community, as a fundamental basis for learning. The teacher must be aware that the training of the dentist implies social co-responsibility, skills, abilities and knowledge of the socio-cultural context.
- In the clinical area of dentistry, teaching essentially involves communication. The importance of this role is determined by the authoritative and credible status that the various health professions should have in society and, therefore, the influence they could exert on the population's attitudes towards prevention. That is why it must be carried out guided by values of social responsibility, use a language that does not admit confusion, close, with a pedagogical character and thinking about the good of the community.
- The clinic teacher in dentistry is a knowledge manager; It should contribute to better career development, appropriate clinical decisions, research priorities and a fairer distribution of health resources. To adopt this role, a change in teacher and professional dental training programs is required, thus generating learning from action-reflection and entrepreneurship, promoting conditions to practice the profession within a systemic concept of health, based on theoretical-practical knowledge in its oral component.
- In the dental clinic, the teacher is an expert, has the ability to make clinical decisions based on knowledge, qualities and skills, as well as lead their students to do so. As a trainer, he is entitled to decide on the most appropriate management of the patient's health-disease process. The role of expert is important in professional performance, as it defines a career that aims at clinical excellence, research capacity, management skills, community service, educational skills, transfer and multitransfer of knowledge.
- The teacher of the dental clinic is a health caregiver. Working for the development of this competence implies the exercise of the ability to participate and lead interdisciplinary teams for the development of communication skills, to place oneself in the place of the patient and their relatives, as well as to anticipate the needs and properly manage resources, groups and environment.
- Training in dental practice guides teaching to the achievement of good oral health habits in the community, its commitment not only refers to the oral-dental study of the individual's disease, but also to prevention, thus generating collective health. The programs are committed to the development of shared management projects, with significant actors, in the task of educating for the achievement of oral health.

The teacher in the dental clinic:

- It values the formation of the human resources of the communities in the area of health, thus developing a systemic vision, with an ethical, practical sense, with respect for the other and human interaction as a fundamental basis of academic and social work.
- It is committed to improving the quality of higher education from the expansion of training in areas relevant to the exercise of its task, likewise, it contributes to the updating in professional practice, integrating appropriate, state-of-the-art and alternative

technology, scientific advances and contextualized social problems. All within the particular economic and social dynamics of the country.

- It develops a training that permanently integrates theoretical knowledge with proposals for concrete innovation of practices, so that authentic processes of transformation of teaching and learning are generated.
- It offers systematic training, with a multidisciplinary and cross-cultural approach, to address the health-disease process in an integral way.

The conception of the professional of Dentistry, requires a training oriented to:

- Exercise not only, as a professional, but as a citizen knowledgeable about the problems of his country and his social responsibilities, owner of new ideas that can transmit solutions and relevant alternatives.
- Attend to their permanent education and acquire general culture.
- Contribute to the improvement of their profession.
- Demonstrate a preventive attitude of promotion and constant prevention.
- Practice dentistry based on the basic principles of professional ethics, with human sensitivity, for teacher-student-patient relations,
- Facilitate innovative ideas for the enrichment of their human potential.
- For teacher training in the clinical area, the study of interaction, a key aspect in the strategy, is of paramount importance; understood as the reciprocal action between two or more actors, in which there is a shared interest.
- The interaction seen from the training in the health area, is characterized by being a fairly complex scenario, by the number and diversity of actors involved: teachers, students, patients, relatives of patients, as well as other support actors, such as auxiliary, technical, administrative and services, in educational-university contexts, in which the institution begins to play the key role, for the achievement of the objectives framed in its context or social reality. The strategy that is developed must integrate and value all interests and visions.
- Human interaction, in the field of dentistry, plays an essential role, since the dentist and his patient, define a type of relationship of encounter between two people, one of whom is responsible for making decisions and acting to meet the oral health needs of the other. Phenomena of dependence and / or anxiety are generated, which clearly requires the dentist to become a patient counselor in the awareness of their responsibility in oral health care; That is why training should give priority to the use of strategies that work on close communication, clinical practice and patient orientation, to responsibly face oral health care.
- The teacher in the clinical area of dentistry, must be committed to comprehensive training, which leads to provide stomatological care from a bio-psycho-sociocultural approach, through actions to promote the health of the individual, the family and the community and specific prevention in healthy individuals, as well as to give attention to patients with emergencies.
- In the design of strategies, teachers must attend to the foundations provided by theories and approaches, to understand the strengths and weaknesses of learning, to adapt them to the learning partner.
- The teacher in the clinical environment in dentistry must develop strategic skills, reflect on their practices in the role of trainer and the knowledge that supports it, likewise, strengthen critical aspects with the work in multidisciplinary teams, all this will facilitate the construction of appropriate strategies for each act of training.

## Final Thoughts

There are many open topics, pending reflections, necessary searches, that is why the inquiry into interaction and learning in the training of the dentist has not culminated, in this work the delimited by the objectives set were addressed. Based on the conclusions, the following reflections were constructed.

Constitute a system of support for the action of the teacher who trains the dentist, in which advice, reading and discussion circles are offered, permanent training in the pedagogical, health and society dimensions. For this, the university has multiple possibilities that can be materialized through agreements and inter-institutional alliances with specialized organizations in these areas, for the conception, design and implementation of joint programs that develop knowledge and training processes in an area as complex as health and integral human formation.

It is necessary a record of successful pedagogical experiences or good practices in the training of the dentist, which can become a collection of knowledge for new projects and relay generations.

Assume the theoretical guidelines for the training of the dentist, as a guiding guide in the training of teachers in the area, for the design of curricular proposals, the generation of new research projects and the academic discussion on strategies necessary to strengthen the integral training of health professionals.

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