

Playing Like a Doctor: Experience Report On An Extension Project

O Brincar de Médico: Relato de Experiência Sobre Um Projeto de Extensão

Jugando Al Doctor: Informe de Experiencia En Un Proyecto de Ampliación

RESUMO

OBJETIVO: Relatar a experiência das autoras em um projeto de extensão a fim de observar a linguagem das crianças frente a simulação de atos médicos. **MÉTODOS:** Relato de experiência, envolvendo 224 crianças, entre 3 a 8 anos, matriculadas em três escolas de São José dos Campos. As práticas foram organizadas em forma de gincana, sendo que cada turma era abordada individualmente. Na primeira estação, chamada de "curativos", foram apresentados seringas e ataduras, permitindo que as crianças manuseassem os aparelhos e compreendessem seu uso. Na segunda estação, "exames", as crianças conheceram aparelhos como estetoscópio, otoscópio e abaixador de língua e realizaram exames umas nas outras. A última estação, "Raio X", as crianças puderam entrar dentro de uma estrutura de madeira, que exemplificava uma radiografia simples. **CONCLUSÃO:** Conclui-se que a amostra apresentou insegurança em relação a todos os procedimentos realizados nas ações, especialmente à oroscopia devido ao receio de náuseas.

DESCRIPTORES: educação em saúde, saúde da criança, brincar.

ABSTRACT

OBJECTIVE: To report the authors' experience in an extension project to observe children's language when faced with simulated medical procedures. **METHODS:** Experience report involving 224 children, aged 3 to 8, enrolled in three schools in São José dos Campos. The activities were organized in the form of a scavenger hunt, with each class being approached individually. At the first station, called "dressings", syringes and bandages were presented, allowing the children to handle the devices and understand their use. At the second station, "exams", the children learned about devices such as stethoscopes, otoscopes and tongue depressors and performed exams on each other. At the last station, "X-rays", the children were allowed to enter a wooden structure that exemplified a simple X-ray. **CONCLUSION:** It is concluded that the sample showed insecurity regarding all the procedures performed in the activities, especially oroscopia due to fear of nausea.

DESCRIPTORS: health education, child health, play.

RESUMEN

OBJETIVO: Relatar la experiencia de las autoras en un proyecto de extensión con el fin de observar el lenguaje de los niños frente a la simulación de actos médicos. **MÉTODOS:** Relato de experiencia, que involucra a 224 niños, entre 3 y 8 años, matriculados en tres escuelas de São José dos Campos. Las prácticas fueron organizadas en forma de gincana, siendo que cada grupo era abordado de manera individual. En la primera estación, llamada "curativos", se presentaron jeringas y vendas, permitiendo que los niños manipularan los aparatos y comprendieran su uso. En la segunda estación, "exámenes", los niños conocieron aparatos como el estetoscopio, otoscopio y depresores linguales, y realizaron exámenes unos a otros. En la última estación, "Rayos X", los niños pudieron entrar dentro de una estructura de madera que representaba una radiografía simple. **CONCLUSIÓN:** Se concluye que la muestra mostró inseguridad respecto a todos los procedimientos realizados en las actividades, especialmente en la oroscopia debido al temor de náuseas.

DESCRIPTORES: educación en salud, salud infantil, jugar.

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INTRODUCTION

Brincar é uma atividade que além de ter um papel no prazer e recreação da criança também tem objetivo educativo e de aprendizado extremamente relevante. Play is of fundamental importance for child development, as children can transform and produce new meanings.¹

Fear is a subjective and complex symptom, in which several factors are involved, including the level of anxiety presented by the child. This feeling is a primary emotion that accompanies us from birth and accompanies us throughout childhood and adolescence, and can be an expression of anxiety related to unconscious fantasies and defenses against it. Fear related to medical procedures, especially in childhood, is common since they are often associated with some painful stimulus.²

Children are capable of having emotional behaviors that intensify when faced with medical procedures when hospitalized, but also when exposed to care procedures offered in primary and secondary health services, such as the administration of medications and vaccines, dressings and performing imaging tests.

It is necessary for these children to be seen and analyzed as unique beings, who present individual, psychological, emotional, social, economic and environmental characteristics that lead to different emotions, such as fear

and anxiety.

Therefore, bringing together playful activities that promote behavioral management in situations that may cause fear in children is a way of intervening in the psychological association of children that medical procedures are a threat, from which they must defend themselves in their subconscious.^{2,3}

However, the aim of the study was to report the authors' experience through an extension project to implement an educational strategy developed with children in a school environment, in order to observe the children's language when faced with simulated medical procedures, identifying their fears and seeking to alleviate them.

Therefore, it is up to the medical professional, when providing care to the child, to seek to develop skills that promote a better relationship with the child, in order to ensure the execution of the procedures and greater comfort during the treatment.

METHOD

This is a descriptive study of the experience report type, carried out through an educational strategy with 224 children, aged between 3 and 8 years old, regularly enrolled in three state schools in the eastern region of the municipality of São José dos Campos.

The choice of this age group is jus-

tified by the fact that, during child development, children have greater contact with medical appointments and preventive measures related to health, according to guidelines from the Ministry of Health. This approach is tracked through annual appointments, starting from the age of 2.

The Ministry of Health recommends seven routine checkups in the first year of life (in the 1st week, 1st month, 2nd month, 4th month, 6th month, 9th month and 12th month), in addition to two checkups in the 2nd year (in the 18th and 24th months). From the 2nd year onwards, annual checkups are held, close to the month of the child's birthday. These age groups were selected because they represent crucial moments for offering immunizations and guidance on health promotion and disease prevention. Children who require more attention should be seen more frequently.³

The motivation for carrying out the activity in the school environment originated from an Extension Project of the Faculty of Medical Sciences of São José dos Campos (FCM/SJC) – Humanitas, which, in partnership with the management of state schools in the region, sought to address this topic.

The activities were developed between August and October 2024, during the school term, from 1 pm to 5 pm. Each class consisted of approximately 30 students, who were divid-

Experience Report

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ed into subgroups of 10 participants, each directed to a station of the scavenger hunt.

The activities took place in open spaces of the schools, in order to ensure broad participation and involvement of the children. The strategy was organized into three stations, each of which was responsible for addressing the main fears and anxieties related to health practices and procedures. The proposal was characterized by being participatory, promoting the sharing of ideas and feelings experienced by the children.

Experience report and its stages

The first station was called “Dressings,” where medical supplies such as syringes, bandages, masking tape, and round bandages were presented. Participants had the opportunity to handle the equipment, facilitating their understanding of its use. At this stage, children were able to simulate vaccination, injection, and dressing techniques routinely performed in basic health units, arousing great interest among children. The importance of vaccination, medical appointments, and the need to remain calm during procedures were addressed through integrative dialogues, aiming to avoid adverse consequences.

The second station, entitled “Exams,” gave children the chance to familiarize themselves with medical equipment such as stethoscopes, otoscopes, and tongue depressors. Each device was explained individually, highlighting its functionality, importance, and correct handling. All children had the opportunity to perform exams on each other, always with proper hygiene performed by the student in charge.

The children were able to listen to their classmates’ heartbeats, view the ear canal, and observe the oropharynx by depressing their partners’ tongues. All of these procedures are routine in pediatric consultations, which high-

lights the importance of introducing them to children, promoting familiarity and confidence in these aspects.

The last station, called “X-Ray”, consisted of placing the children in a rectangular wooden structure, which, in a playful way, simulated a simple X-ray, commonly used in pediatric emergency care. Photographic representations of X-rays were presented, with explanations that allowed the children to better understand the anatomy of the human body.

After completing the three stations, an integrative activity was carried out with the children, enabling the collection of results and validation of the study.

DISCUSSION

During the competitions, it was observed that younger children had greater difficulty concentrating on the activities compared to older children. Children aged 6 to 7 years showed a greater ability to pay attention to instructions and learning, while younger children generally preferred to play with the equipment.

Another important point concerns children's fear. This fear is usually linked to invasive and painful procedures, such as vaccinations, which involve needles, or otoscopy, which can be uncomfortable. However, the greatest fear expressed was in relation to the tongue depressor.

Children's fears are often associated with fantasies and imagination about the unknown, manifesting themselves through motor responses, such as gestures and postures. Overcoming these imaginations and fears regarding health procedures is crucial to establishing a good relationship between doctor and patient, in addition to promoting children's well-being during examinations.

A notable change occurred in the children's attitude. Those who were initially reluctant to participate,

claiming fear, seemed confident at the end of the activities. After explanations about the otoscopy and oroscopy, clarifying that they would not be painful, and about the temporary discomfort of the vaccine, which strengthens the immune system, they felt more confident. In addition, observing peers participating calmly and without pain helped to reduce anxiety and increase confidence.

An additional positive outcome was the inclusion of children with disabilities in our activities. We had three students diagnosed with autism spectrum disorder participate. We made adaptations to the activities so that these students could participate appropriately. To minimize auditory stimuli and reduce stress, we led each of them individually through the stations.

The school environment connects with the health services network, reflecting the different economic, social and cultural profiles of the populations that live there.⁴

The choice of school as an ally in the health promotion process is justified by the fact that it is a space intended for the formation of ethical subjects and citizens in constant search for a better quality of life.⁵

In this sense, schools benefit from being an environment that provides influence and guidance for positive attitudes and values for life. Learning health-promoting behaviors in schools requires students to acquire the knowledge taught and put into practice everything they have learned, spreading this knowledge to society.⁶

To establish an effective health promotion strategy, it is not possible to simply dialogue and inform, so that only the professional speaks unilaterally. An effective proposal requires that all individuals share information and unique experiences, bilaterally, so that both are involved in the action.⁷

In the case of children, it is essential that this communication be play-

ful, proposing a more enjoyable process for both parties, in addition to transforming the child into an active agent in the learning process.⁶

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CONCLUSION

Therefore, it is concluded that the population sample evaluated demonstrated insecurity in relation to most of the simulations of medical procedures performed, such as vaccinations, dressings, x-rays, oroscopy, otoscopy and cardiac and pulmonary auscultation.

However, among all the procedures, the most feared by the children was oroscopy, since they reported fear of nausea caused by the tongue depressor.

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