



SIGNIFICANT LEARNING: JURY SIMULATED AS A PROPOSAL TO APPROACH TREATMENTS IN CHEMICAL DEPENDENCY

APRENDIZAGEM SIGNIFICATIVA: JÚRI SIMULADO COMO PROPOSTA DE
ABORDAGEM DE TRATAMENTOS EM DEPENDÊNCIA QUÍMICA

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Abstract

Objective: to describe the experience of conducting the Simulated Jury: treatment of chemical dependency in question, in the context of the uniprofessional residency in health. **Method:** this is a descriptive study of the experience report type carried out by nurses, specialists in mental health. The mock jury took place on October 7, 2020 at the Institute of Psychiatry of the University of São Paulo and was attended by eight residents (divided into two teams of 4 members), a judge, a notary, three jurors (two participated in remotely) and three spectators (two participated remotely), lasting 2 hours. **Results:** it stands out to put on the agenda and discussion as active methodologies, especially the simulated jury, in training processes, especially in health residencies, as it is extremely powerful and effective, however, it is still little known and used, being a tool potent, as explained in the present. **Conclusion:** the mock jury was an assertive choice for everyone involved and what is even better, it only generates expectations from all involved parties when the next one will be. Thus, the present report, when describing the simulated jury applied in a training process of a health residency, explains the effectiveness of the method, and enhances the dissemination and knowledge about the simulated jury.

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Keywords: Chemical Dependence; Problem-Based Learning; Multiprofessional Residence; Psychiatric Nursing; Mental health.

Resumo

Objetivo: descrever a experiência de realização do Júri Simulado: tratamento da dependência química em pauta, no contexto da residência uniprofissional em saúde. **Método:** trata-se de um estudo descritivo do tipo relato de experiência realizado por enfermeiros, especialistas em saúde mental. O júri simulado ocorreu no dia 07 de outubro de 2020 no Instituto de Psiquiatria da Universidade de São Paulo e contou com a presença de oito residentes (divididos em duas equipes de 4 membros), um juiz, uma escrivã, três jurados (dois participaram de maneira remota) e três espectadores (dois participaram de maneira remota), tendo duração de 2 horas. **Resultados:** destaca-se a relevância de colocar em pauta e discussão as metodologias ativas, principalmente o júri simulado, nos processos formativos, sobretudo nas residências em saúde, visto que é sobremodo potente e efetivo, porém, ainda é pouco conhecido e utilizado, sendo uma potente ferramenta, conforme explicitado no presente. **Conclusão:** o júri simulado foi uma escolha assertiva para todos os envolvidos e o que é ainda melhor, só gera expectativas de todas as partes envolvidas em quando será o próximo. Assim, o presente relato, ao descrever o júri simulado aplicado em um processo formativo de uma residência em saúde, explicita a efetividade do método, e potencializa a divulgação e conhecimento sobre o júri simulado.

Palavras-chave: Dependência Química; Aprendizagem Baseada em Problemas; Residência Multiprofissional; Enfermagem Psiquiátrica; Saúde Mental.

INTRODUCTION

The use of psychoactive substances (PAS) has been present in humanity for several centuries. According to data from the World Health Organization (WHO), about 217 million people between 15 and 64 years old have used a psychoactive substance at least once, which corresponded to about 5.5% of the world's population in this age group¹. Added to this, 35 million people worldwide suffer from drug use disorders, while only one in seven people receives treatment¹.

Following this global trend, there was a significant increase in the consumption of psychoactive substances in Brazil, which triggered important problems for the legal, social and of health²⁻⁴. Due to this high prevalence in the consumption of psychoactive substances in the world population, immediate advances in public policies aimed at its coping⁵.



It is pointed out that the abuse of psychoactive substances has become a public health problem. Therefore, a process of structuring actions was started in an attempt to solve of this problematic^{1,4-5}. In this sense, it is noteworthy that one of these was Law No. 11.343, which established the "National System of Public Policies on Drugs (SISNAD)", which details actions to prevent misuse, as well as attention and social reintegration of users and drug addicts⁶.

With the proposal for policy changes to raise awareness of the need to combat harmful use of psychoactive substances, at the global level, the World Health Assembly approved, in 2012, a 25% reduction target in premature mortality from chronic noncommunicable diseases (NCDs) between the years 2015 and 2025⁷. For this, specific goals such as mitigation of the four main risk factors for NCDs: smoking, harmful consumption of alcohol and other drugs, food unhealthy and physical inactivity must be achieved globally⁷. In the same direction, Brazil included among its goals the reduction of the prevalence of harmful alcohol consumption from 18% in 2011 to 12% in 2022⁷.

Considering the above data and the various impairments arising from the abusive use of PAS, national and international studies have focused on the complex issue of the abusive use of alcohol and other drugs, whether in the area of prevention, treatment or public health policies.

Another action to be highlighted is the expansion of health services and the Mental Health care network, especially with regard to care based on the extended clinic⁸. In this context, the training programs, both at the undergraduate and graduate levels, stand out, highlighting the Residencies in Health, established in 2005 with the objective of favoring the qualified insertion of health professionals in the labor market, according to the priority areas of the Unified Health System⁹⁻¹⁰.

A characteristic of Residencies in the Health Area is the exclusive dedication, over a period of two years, with a weekly workload of 60 hours, totaling 5,760 hours at the end of the course, through in-service education, so that there is collaboration with other professional classes and consequently improves the health outcomes¹¹⁻¹³.



One of the places that provides opportunities for the transformation mentioned above is the Nursing Residency Program in Mental Health and Psychiatry of the Institute of Psychiatry of the University of São Paulo (PRESMP/IPqUSP). With its first class started in 2012, the first residency program in this area in the state of São Paulo, continues to qualify professionals in the mental health area. The course lasts for two years and annually offers eight places for nurses¹⁴.

Supported by the problem mentioned above and in view of the emerging paradigms of critical, reflective and emancipatory education, with educational projects that aim at meaningful learning, based on the development of skills (knowledge, skills and attitudes) of students, enabling them for the different demands of current society¹⁵⁻¹⁶, the activity entitled, "Simulated Jury (SJ): treatment of chemical dependency in discussion" was carried out with incoming residents in 2020.

Thus, this study aims to describe the experience of carrying out the SJ in the context of uniprofessional health residency.

METHOD

This is a descriptive study, of the experience report type carried out by nurses, specialists in mental health. The SJ reported here aimed to debate about chemical dependency, more specifically the forms of treatment: the defense team, with the responsibility to defend abstinence and the prosecution team whose role is to challenge abstinence as a treatment and defend for harm reduction.

Anastasiou and Alves¹⁷, argue that the SJ is a dynamic that enables the simulation of a judicial court, where participants have predetermined functions, in order to have the presentation of arguments from two teams: the defense and the prosecution.



Some steps precede JS, including defining the theme (abstinence versus harm reduction); separation of teams (two teams, each one of four residents); scheduling the jury date (7 October 2020) and preparation of the teams (teams had a protected schedule for three months to prepare their arguments), these steps are supported by what is available in the literature on SJ¹⁶⁻¹⁷.

For a closer experience of the real setting of a jury, a room was used, consisting of two rows of chairs (prosecution and defense), a side table (registrar's table), a central table (Judge's table) and chairs for the judges. Due to the pandemic moment, the Google Meet platform was used, so that the judges could participate and have a confidential space to deliberate on the agenda in question, in this experiment, treatments for chemical dependency.

Table 1 describes the roles of the characters who acted in the making of the jury.

Table 1 – Roles and training of participants in the Simulated Jury, 2021.

Character	Formation	Occupation
prosecutor [four residents]	Nurses, specializing in mental health.	Raise charges against abstinence treatment and defend for harm reduction.
Defense [four residents]	Nurses, specializing in mental health.	Build arguments in favor of treatment through abstinence and challenge harm reduction.
Judge	Nurse, Ph.D. in Health Sciences with emphasis on chemical dependency, specialist in Mental Health.	Direct and coordinate the progress of the jury, at the end read the deliberation and close the jury.
Registrar	Nurse, specialist in mental health and Master's student in Health Sciences with emphasis on mental health.	Carry out the strategic stops and control the exploration time of the theme by each group, offer support to the judge.
Jurors [three professionals]	1 st - Nurse, specialist in alcohol and other drugs. PhD in Nursing. 2 nd - Nurse, doctoral student in alcohol and other drugs. 3 rd - Resident physician in psychiatry, working in the inpatient unit and outpatient clinic for chemical dependency.	Listen to the entire process and then vote, deliberate on the prosecution and defense arguments.
Spectators [three individuals]	1 st - Nurse. 2 nd - Nurse. 3 rd - Plastic artist and actuator.	Throwing loose words, especially in moments of arguments by the parties, to generate emotion.

Source: data from this study, 2021.



The “SJ: treatment of chemical dependency in question”, took place on October 7, 2020 at IPqUSP and was attended by eight residents (divided into two teams of 4 members), a judge, a registrar, three jurors (two participated in remotely) and three spectators (two participated remotely). The jury lasted 2 hours, divided according to Table 2.

Table 2 - Stages of the Simulated Jury, 2021.

STAGES OF THE SIMULATED JURY		
	Time	Stage
1 hour	5 min.	Presentation of the problem by the judge
	7 min.	Socialization of ideas in groups
	10 min.	Prosecution team "Accusation"
	10 min.	Defense team "Initial Thesis"
	10 min.	Prosecutor's counter-argument
	10 min.	Defense counter-argument
	3 min.	Judge requests Jury agrément
	5 min.	Judge's verdict
	1 hour	10 min.
20 min.		Explanation of experience by coordinators
20 min.		Explanation of experience by residents
10 min.		Closing and evaluation of the activity

Source: data from this study, 2021.

It is pointed out that in the Jury Court (trial), the participants exposed their points of view with the possibility of reply and rejoinder¹⁶ At the end, the jury, who were in odd numbers, in a confidential manner, held the vote and gave the final verdict, read by the judge (the team representing treatment through abstinence obtained a favorable opinion). It is noteworthy that SJ helps those involved to exercise the argument supported by solid studies present in the scientific literature, being recommended in teaching controversial issues¹⁶⁻¹⁷.

The study complied with ethical principles, in compliance with Resolution 510/2016 of the National Research Ethics Commission, which suspends the need to submit the project to the Ethics and Research Committee with Human Beings in situations of "*activity carried out with the intention of exclusively for education, teaching or training without the purpose of scientific research, of undergraduate students, technical courses, or professionals in specialization*"¹⁸.



RESULTS AND DISCUSSION

The SJ method was chosen because it is an innovative method in the context of the teaching-learning process, and in the residency program in question is pointed out that, in nine years of existence, this strategy had not been carried out. It is indicated that the completion of the SJ was only possible due to the coordination's willingness to open up to the new, and to be concerned with the residents' significant learning.

In the context of training in residences, which 80% (4,608 hours) are practical and 20% (1,152 hours) theoretical, the importance of making the classes and the training process more dynamic is highlighted. And in the case of PRESMP/IPqUSP, where during the first year, the residents spend time in the IPqUSP wards, making the classes more interactive and guaranteeing the active participation of the residents, made a big difference.

In view of this, the importance of health residency programs becomes more dynamic, implementing tools that recognize the resident's role as a responsible subject for their learning¹⁹. And in addition, it is pointed out that the SJ, in addition to being a method that provides opportunities for teaching-learning, also enables the assessment of those involved in the process, being therefore, an excellent tool for processes training in residencies^{16,20}.

In accordance with SJ's expectations, the course of the dynamic was similar to that of a court of law, both groups were prepared and made explanations, with the right to replies and objections¹⁶. Each group approached the theme from a different perspective, the defense group based its arguments on scientific evidence, statistical data and clinical cases of success with abstinence-based treatment. The prosecutor's group addressed harm reduction, under the ideological assumption of anti-asylum struggle and contexts of public policy needs for action in the area.



On these aspects, it is pointed out that abstinence treatment proposes the total cessation of the use of psychoactive substances, with fundamental limits, well-defined rules and restricted affections, through regulations, schedules and responsibilities²¹. In this model, it is assumed that only the subject is responsible for the cessation of use, not taking into account the multiple spheres of life²². Harm reduction, on the other hand consists of interventions that can range from abstinence to reducing drug use and/or changing the substance of use, with a view to less impairments to health²³. In this model, the subject is the center of care, being cared for from the perspective of the extended clinic, and in an integral way (biopsychosocial-spiritual)^{22,24}.

It is noteworthy that contrasting approaches and treatments divide opinions, especially in relation to the theme of treatments for chemical dependency²⁵ and pondering about this in the training process, through SJ, made it possible for those involved, learning that would not appear in non-confronting contexts or in conventional teaching spaces, which is the main differential of active methodologies, specifically the SJ^{16,20}.

The discussion was very rich, and in accordance with William Glasser's Pyramid of learning, it provided greater retention of knowledge by those involved, as it involved actions that, according to the Pyramid, provide retention of 70% to 95% of the theme studied²⁶. Thus, the importance of active methodologies is noted, mainly because they are related to greater learning probability²⁷, as demonstrated in the present study.

When the discussion went beyond the topic addressed, the judge intervened using terms from the judiciary area, such as "silence in court", "with the prosecution's word", "accepted objections", giving greater veracity to the experience, in accordance with what was expected of SJ^{16,20,28}.

The analysis of the judges was an important step, as the choice was not based on which therapy was the most suitable, but which was the best based and justified as an indication for the theme. Thus, the indication of SJ is reinforced, which is not intended to analyze right or wrong, but to implement arguments, elaboration of scripts and oral argument^{17,20}.



In the meantime, it is highlighted that the impartiality of the judges was important, as it allowed the analysis of arguments fairly, without taking into account what is actually best for the user. At this point, it is noteworthy that arguably the best form of treatment for chemical dependency is harm reduction, in accordance with standards and opinions of the World Health Organization²⁹.

The decision of the judges was explained by one of the members of the jury, which was determined by the participants of this group. It is pointed out that the sentence was based on clear arguments and on the support of the defense group having presented data based on evidence, and these were decisive for the result. It is also indicated that in response to the Judge, they reported that the support brought by the defense of harm reduction therapy was eloquent, however, it could have been evidenced by data and not just by reports, when contrasted in the case records, it was deliberate which had the origin of the action the abstinence group.

As in any Jury, there was an immediate response from both groups, both in favor and against the sentence, however, the judge with jurisdictional power, which is attributed to him and the competence of knowledge of the strategies, corroborated the decision of the jurors and ended the process, there was no appeal of the sentence. Entitled to the famous phrase: "I declare closed the first session of the SJ of the residency program in nursing in Mental Health and Psychiatry 2020".

When analyzing the experience of the participants, only one of those involved knew about SJ, having already participated in others during his training. And for everyone else, in addition to being unprecedented, SJ was memorable. In the discussion about the experience, it was unanimous that "the discussion brought by the parties was incredible, and that the jury context was an experience to be remembered throughout the professional trajectory", which reinforces the importance of investing in strategies of teaching-learning that guarantee the protagonism of those involved in the formative processes¹⁶⁻¹⁷.



The great interest of the participants in the dynamics stands out, contributing to a greater involvement with the theme. On the other hand, the ambivalence of the participants' feelings is signaled: happy to be taking an active part in their training process and afraid to make the presentation. This ambivalence is expected in JS, as it is a dynamic and interactive methodology, which involves many steps¹⁶.

It is also evident that the relevance of active methodologies in the teaching-learning process were motivating to transcend the impossibilities in carrying out the experience. It is highlighted that with each new planning process, new difficulties emerged, such as the pandemic moment, the technological instabilities, cancellations of participation shortly before the realization of the SJ, among others, and in light of this, new directions were traced in the implementation of the SJ, thus, the difficulties were overcome by the adaptations and reinventions of those involved in the organization of the SJ, making thus the fullness of the complete experience, both for the coordination and for the residents.

Finally, the importance of putting on the agenda and discussion of active methodologies is highlighted, especially the SJ, in training processes, especially in health residencies, as it is very powerful and effective, however, it is still little known and used^{16-17,28}, being a powerful tool, as explained in the present.

CONCLUSION

The power of SJ as a teaching-learning methodology is undeniable, making it possible to make adjustments according to each reality and use the methodology for many controversial themes. The present explains a good experience, which can be replicated in other training contexts of health residencies.

Finally, it is noteworthy that as teachers we need to guarantee the autonomy and protagonism of those involved in the training process, acting as mediators of this process, so we managed to keep the flame of knowledge burning, supported by this assumption, we emphasize that the SJ report here provided such experience.



SJ was an assertive choice for everyone involved and what's even better, it only generates expectations from all parties involved when the next one will be. Thus, the present report, when describing the SJ applied in a training process of a health residency, explains the effectiveness of the method, and enhances the dissemination and knowledge about the SJ.

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