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Original Article

Training Health Sciences Students in Qualitative Methodology: Challenges and Reflections from the Teaching Experience in Speech and Language Pathology

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ABSTRACT

Explaining the scope of the qualitative approach to health sciences undergraduate students is a challenge for those of us who must translate the anthropological and social perspectives of social research in health. This is because students are used to operating within the nature/culture and science/belief dichotomies. This challenge involves teaching them to look beyond these dichotomies and it demands that we, as lecturers, overcome the limited understanding that often characterizes the relationship of healthcare professionals with what the qualitative approach can offer them. Based on the teaching experience of the authors, this article aims to reflect on the implications of these challenges in the classroom, resorting to examples of qualitative research design exercises taught in the Speech and Language Pathology career at the Faculty of Medicine of the University of Chile. We conclude that an early approach to qualitative methodologies would allow undergraduate students to develop a critical view of reductive dichotomies for the production and validation of knowledge. In addition, it would promote an understanding of the social dimension of health as an individual and collective phenomenon, and medicine as a transdisciplinary field of work.

Keywords:
Qualitative Methods; Undergraduate Teaching; Social Sciences; Health Sciences; Transdisciplinary

La enseñanza de las metodologías cualitativas en carreras de las Ciencias de la Salud: desafíos y reflexiones a partir de experiencias de docencia en Fonoaudiología

RESUMEN

Explicar los alcances del enfoque cualitativo de investigación social en salud a estudiantes de carreras de Ciencias de la Salud resulta un desafío en la entrega de la perspectiva antropológica y social en la formación profesional. Lo anterior debido a que estos estudiantes están acostumbrados a operar en las dicotomías naturaleza/cultura y ciencia/creencia. Como docentes, implica enseñarles a observar más allá de dichas dicotomías. También exige superar la limitada comprensión que puede haber sobre lo que es la aproximación cualitativa en investigación y lo que les puede ofrecer. Por ello, el propósito del estudio es reflexionar sobre los alcances que tienen estos desafíos en el aula, recurriendo a casos de ejercicios de diseños de investigación cualitativa en la carrera de Fonoaudiología de la Facultad de Medicina de la Universidad de Chile. Concluimos que un acercamiento temprano a metodologías cualitativas permite a estudiantes de pregrado desarrollar una visión crítica hacia las dicotomías reduccionistas respecto de la producción y validación de conocimientos. Además, promueve entender la dimensión social de la salud como un fenómeno individual y colectivo. También favorece concebir a la Medicina como un campo de trabajo transdisciplinar.

Palabras clave:
Metodologías Cualitativas; Docencia de Pregrado; Ciencias Sociales; Ciencias de la Salud; Transdisciplinariedad

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INTRODUCTION: KNOWN DILEMMAS, PERMANENT TENSIONS

Since the decades of 1980 and 1990, the English-speaking world has shown a growing interest in the use of qualitative methodologies for research in the field of health (Mercado et al., 2005; Reeves et al., 2013; Salazar Molina & Paravic Klijn, 2009). Diverse and extensive literature can be found on the teaching of the qualitative approach to Medicine, Nursing, and Speech-Language Pathology students (Arieli et al., 2015; Birn & Nervi, 2015; Goguen et al., 2008; Pfadenhauer et al., 2018; Reeves et al., 2013; von Unger et al., 2010). However, a high proportion of the Health Sciences curricula in Spanish-speaking countries do not include subjects that teach these methodologies (Pfadenhauer et al., 2018). Consequently, the experiences registered around this topic in Spain and Latin America (particularly in Chile), are limited (Betancourt Bethencourt et al., 2016; Mercado et al., 2005; Salazar Molina & Paravic Klijn, 2009).

In line with the above, this study seeks to contribute to the reflection on the challenges that arise in the teaching of qualitative methods, especially when intended for Health Sciences students. We base this reflection on our experience of teaching qualitative methodologies to Speech and Language Pathology students at the University of Chile.

When we speak of bringing Health Sciences students closer to a qualitative methodological approach, we refer to helping them develop their ability to contact with social reality and the particular challenges faced by the processes of health, disease, care, and prevention -hereafter, s/e/a-p for its acronym in Spanish (*salud/enfermedad/atención-prevención*)-, (Menéndez, 1994; 2017) from a perspective situated in complex and specific socio-cultural environments. This perspective focuses on understanding the point of view of the actors from their own experiences, it critically integrates the reflections of the observer, and it inductively interprets the data for the generation of knowledge (Denzin & Lincoln, 2017; Guix Olivero, 2013; Pedraz Marcos et al., 2014; Taylor & Bodgan, 1987).

The qualitative approach is usually placed in a hierarchical and often tense relationship with the quantitative approach, which has been predominantly used for research in health sciences (Goguen et al., 2008; Norman, 2017). This has been further accentuated by Evidence-Based Medicine (EBM). EBM is a paradigm currently installed as a creed in scientific reasoning and the search for scientific knowledge (Adams, 2002; Eakin, 2016; Mol, 2006). In the teaching practice, EBM is reflected in the nature/culture and science/belief dichotomies, as well as in learning outcomes focused on standardized and standardizable contents. These dichotomies hinder the possibility of teaching qualitative methodologies as a systematic approach to reality, since they may not fit the parameters of the EBM paradigm. As a consequence, qualitative methods have been "misunderstood, misjudged, and considered scientifically inferior by other health researchers" (Eakin, 2016, p. 107). Accordingly, it is not surprising that the majority of Health Sciences students are unaware of the contributions of qualitative methodologies and express that qualitative studies seem less "scientific" to them, thus showing less acceptance of these methods in pedagogical spaces (Goguen et al., 2008). Despite the above, qualitative methodologies have gradually made their way into health research, showing their contributions. Therefore, it becomes increasingly relevant to reflect on the benefits and limitations of teaching this approach to undergraduate students. In this regard, two main lines of reflection are identified, one related to research design, and the other to pedagogical practice.

The teaching of qualitative methodologies seeks for students to acquire basic notions that allow them to design qualitative research. In this sense, it is important that they understand that qualitative research in the field of health can contribute to elucidating the points of tension that arise in different approaches to treatment. This tension comes from the fact that each intervention summons different actors, who in turn articulate diverse techniques, tensions, and expectations (Mol, 2006). In the qualitative method, evidence is obtained with an approach to clinical reality that includes the different actors who converge in medical practice, considering their background and sociocultural context (Kleinman & Benson, 2006). In general terms, training students in the use of qualitative methodologies has the purpose of revealing the complexity of the s/e/a-p processes when embedded in the experience of individuals and social groups. Thus, it transcends the scientific and technical aspects of health sciences, which circumscribe -and translate- these processes to the biomedical model and its medical devices (Menéndez, 1994).

Research carried out in Spain and Latin America has shown the contribution of qualitative methodologies and the application of their techniques to the understanding of clinical phenomena. These investigations elevate the subjectivity and perspective of the users, in order to achieve a more thorough understanding of their experience and the processes of s/e/a-p (Bedregal et al., 2017). For example, the so-called "narrative turn" shows how the account and the narrative of patients regarding their conditions can be incorporated as significant evidence for clinical practice and treatment design, as well as for the construction of knowledge based on these narratives (Buitrago Malaver & Arias López, 2018;

Flores Martos & Juárez, 2016). Ethnographic research, which incorporates observation techniques and interviews, deserves special consideration, since it has contributed to the understanding of contextualized experiences. Evidence of this is the fact that these studies have made it possible to address issues that involve a myriad of aspects related to people's lives, such as lifestyle and chronic diseases (Millán Klüsse, 2018; Mol, 2008). Similarly, in Nursing, it has allowed analyzing how extended coexistence with the patients transforms the boundaries of clinical practice (Landeros-Olvera et al., 2010). Another issue to be studied is related to making healthcare spaces more inclusive in areas that particularly need this change, such as sexual and reproductive health (Marques et al., 2015).

In Chile, qualitative methodologies have contributed to the understanding of the professional activity of speech-language pathologists, with studies in the fields of primary health care and rehabilitation (Silva et al., 2018; Tapia et al., 2016; Tapia Saavedra & Carreño, 2018; Tapia Saavedra & Muñoz Lizana, 2021). Furthermore, teaching qualitative methods to undergraduate students has made it possible for them to develop dissertations with a community-based approach, which usually use these methods (Calixto León et al., 2013; Espinosa et al., 2014; Figueroa Vargas et al., 2015). In addition, it has allowed concluding that not only are these methods relevant for understanding the complexity of s/e/a-p processes but that there is also a need to approach them from perspectives other than the matrix of the dominant biomedical model (Muñoz & Peñaloza, 2020).

In addition to the above, qualitative methodologies and techniques can help students gain tools to reflect on their work and their future practice as healthcare professionals, especially concerning the deconstruction of ethnocentric perspectives. In this regard, the contribution of Medical Anthropology, which has a long tradition of self-observation and self-reflection in this field, has exponentially grown since the 1980s (Martínez-Hernáez, 2008; Perdiguero-Gil & Comelles, 2000). One of its conceptual developments that contribute to the teaching purpose is the dismantling of the nature/culture and science/belief dichotomies, since these sustain the gap between biomedicine and its users, positioning healthcare professionals as holders of positive knowledge of nature and patients in the place of culture and beliefs (Fassin, 2008; Good, 2003).

It should be noted that the teaching of qualitative methodologies, both for research design and for pedagogical purposes, should be contextualized and inserted in curricula that include Social Sciences and Humanities subjects, thus providing a theoretical-reflexive framework for the use of specific techniques. Along these lines, some regional authors (Barros, 2014; Petracca, 2013; Silva et al., 2018) have reflected on the complexity of incorporating Social Sciences and Humanities into healthcare. They highlight the place of subordination of these subjects within the curricula, the lack of validation of their legitimacy from Health Sciences students and academics, the historical tensions between these subjects and the biomedical field (regarding the knowledge-authority of the "body"), and the obstacles faced when including lecturers from these disciplines. In this sense, Arancibia et al. (2015) make a relevant point, stating that curricular innovations should follow each career's graduation profile and seal, therefore the inclusion of Social Sciences subjects and qualitative methodologies should be carried out comprehensively and coherently, in line with the other courses of the curriculum. Accordingly, it is worth raising the question of how current curricula, designed following the competency-based model, have integrated Social Sciences and qualitative methodology subjects or contents to generate reflective and contextualized knowledge.

This article reflects on the contributions and limitations of teaching qualitative methodologies to Health Sciences students, based on the two proposed lines of development, and on examples drawn from teaching the subject "Qualitative and Quantitative Research Methods" in the Speech-Language Pathology career at the University of Chile. It is intended as a general reflection, based on the work of four Social Sciences professionals (Social Anthropology, Social Work, and Social Communication), who since the year 2016 have had the joint experience of teaching the qualitative approach to s/e/a-p processes to Health Sciences students.

TEACHING EXPERIENCES

In Chile, the incorporation of Social Sciences into the training of healthcare professionals in search of a humanistic approach to s/e/a-p processes is not new. The debate around the seal of the curricula has existed since the opening of the Faculty of Medicine of the University of Chile, fluctuating between an empirical-positivist focus and a clinical focus. The first is based on a naturalistic knowledge of disease and on laboratory-based pedagogy, while the latter is oriented towards contact with patients and the conditions in which the disease is experienced, and it is achieved through clinical training and various levels of subjects in humanities (Camus & Valenzuela, 2016). Since 1930, medical students from the University of Chile have participated in Social Action Patrols (*Patrullas de Acción Social*) in the northern

area of Santiago. These patrols are based on "a recognition of the relationships that existed between the biological aspects of the disease and the psychological, social, cultural, financial, and environmental factors that condition the human response to it" (*Cuadernos Médicos Sociales* [Social Medical Notebooks], 1959, cited in Illanes, 2010, p. 421). Towards the end of the 1960s, the medical schools of the Universities of Valparaíso, Concepción, University de Chile, and Universidad Católica de Chiofficiallylly included Social Sciences courses in their curricula, pursuing a comprehensive medical education (Illanes, 2010). Until the beginning of the 1970s, a reflective and self-critical approach, in connection with the community, was developed through instances such as the Center for Studies in Medical Anthropology (*Centro de Estudios en Antropología Médica*), the Demonstration Center for Integrative Medicine (*Centro Demostrativo de Medicina Integral*), and the Center for Medical Anthropology (*Centro de Antropología Médica*). These centers, located in Santiago, played an important role in the training of new generations of healthcare professionals. During the 1970s and 1980s, the curricula of health careers were reoriented towards a scientific-technical perspective. This resulted in the reduction or elimination of socio-community contents, along with structural changes in the institutional relationship between schools and social and community actors (Junge, 2020).

In the first two decades of the 21st century, several reforms were carried out to the curricula of the Faculty of Medicine at the University of Chile, which sought to resume the comprehensive training of future healthcare professionals. After the curricular reform of 2013, the Speech and Language Pathology program of the University of Chile included a line of training linking clinical practice with a socio-community approach starting the first year of the career. This is reflected in courses such as "*Sociedad, Cultura y Comunicación*" (Society, Culture, and Communication) and "*Promoción en Salud*" (Health Promotion) (Arancibia et al., 2015). Additionally, the curriculum includes a subject on research methodology in the fifth semester of the career, with a focus on design and data collection techniques, giving the qualitative and quantitative methods equal weight. This is reflected in the name of the subject: Qualitative and Quantitative Research Methods (*Métodos de Investigación Cualitativos y Cuantitativos,* found in http://www.medicina.uchile.cl/carreras/5011/fonoaudiologia).
This line of disciplinary training and development was consolidated in 2017, with the creation of the Socio-Community Unit in the Department of Communication Sciences and Disorders. Currently, the unit is composed of three speech-language pathologists and one anthropologist. The academics in this unit are in charge not only of designing and teaching the aforementioned subjects but also of supervising students in the development of their undergraduate theses, when these include research that requires a community and/or qualitative approach. The process of developing the theses starts with the subject "Project Design" (during the sixth semester) and continues with "Research Project" 1 and 2 (during the fourth year of the career). The entire training process is reinforced by the qualitative research carried out by the academics of this unit.

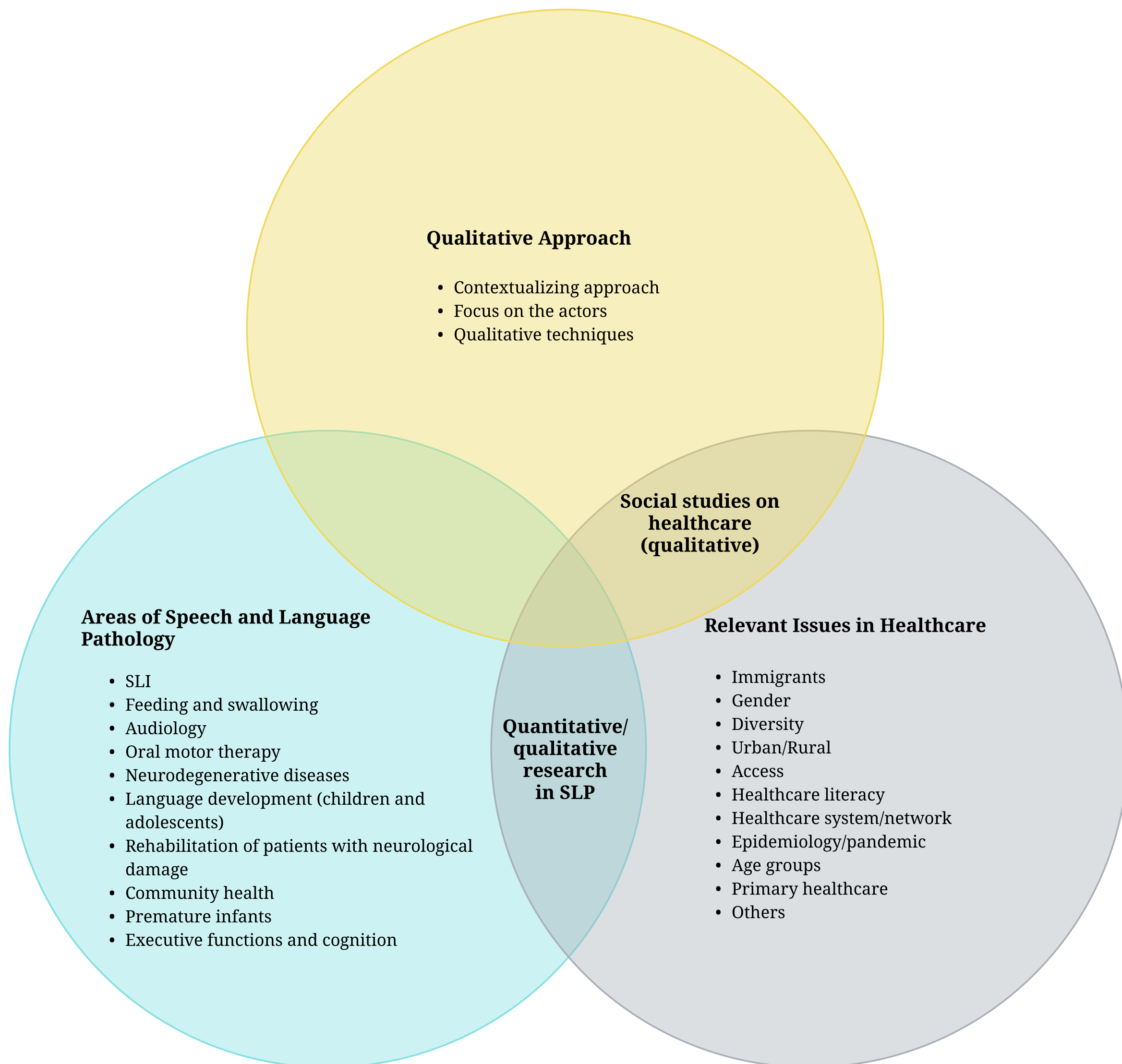
Teaching the Qualitative Approach: How to Ask Unusual Questions in Health Sciences

We will address the course "Qualitative and Quantitative Research Methods" (MICC for its acronym in Spanish) to provide an example of the training provided in qualitative research. This subject is taught during the fifth semester, opening the research line of the career. It is composed of two modules of equal length and academic load, one of them dedicated to quantitative methodologies and the other to qualitative methodologies. According to the official syllabus, its purpose is to provide students with tools that "allow them to understand and develop the scientific research process in a systematic, critical, and ethical manner. The epistemological and methodological foundations of the quantitative and qualitative research processes are addressed, as well as the basic knowledge and criteria for the adequate formulation of projects, data collection, and analysis techniques" (syllabus available on the virtual classroom platform U-cursos). Based on this purpose, the syllabus describes that "students are expected to learn to discriminate the relevance of a quantitative or qualitative approach, based on the particular research problem and its context." This is developed through the following competency of the Research domain: "(the student) Analyzes, with a critical and constructive judgment, the information related to the knowledge and practice of their discipline" and the following sub-competencies: SC1.1 INV By critically organizing and analyzing scientific information; C2 INV Designing research projects that contribute to people's quality of life and to the development of the discipline, respecting the corresponding ethical-legal principles; and SC 2.1 INV: Preparing a research proposal on a specific topic according to the ethical-legal framework.

The qualitative methods module focuses on introducing students to the logic of qualitative research and how it differs from quantitative research. To this end, emphasis is put on different aspects, according to the needs and possibilities of each generation of students. In order to develop the research competency described above, the students are required to practice diverse scientific literature review techniques, under the guidance of a lecturer from the Department of Communication Sciences

and Disorders. In addition, the ethical aspects of social research in healthcare are addressed, with the participation of a guest expert speaker from the Ethics Committee of the Faculty of Medicine. All of the above is carried out before introducing students to the proper aspects of qualitative research design. In this line, the 2019 generation was guided through the process of designing research in groups, based on the formulation of a research question involving areas of Speech-Language Pathology from a qualitative perspective (Figure 1). The exercise was completed with the design of objectives, discussion of the state of the art, and development of methods to answer the research question. In the years 2020 and 2021, on the other hand, the objectives of the module were approached from a comparative-epistemological perspective, given the contingency of the Sars-Cov-2 virus pandemic, and the need to adapt the classes to the online modality. Subsequently, the design of empirical data production instruments was put into practice -interviews and ethnographic observation- adapted to a question of the discipline posed in qualitative terms.

Figure 1. Flow diagram adapted from the PRISMA 2020 format, showing the process of screening and selection of articles.



The premise on which this course is based is that in order to incorporate a qualitative approach to s/e/a-p processes, it is necessary to assume that researchers can only access -and reflect on- the complexity of these processes through direct observation and interviews with the people who constitute these phenomena. Consequently, it adheres to what Mol (2006) proposes, which is that it is required to assume that people do not communicate how they participate in reality in an explicit, clear, and coherent manner in their conversations and practices. Therefore, it is essential to have interpretive processes through which qualitative researchers assume the task of revealing the links between multiple dimensions of practices, which implies investigating how people experience these processes. The results of these inquiries would also allow for these phenomena to be disseminated and reflected on more broadly by the scientific communities.

The main obstacles during the experience of teaching this subject have arisen when attempting to move the students from a quantitative perspective (the approach to which they are accustomed and which constitutes their "comfort zone"), toward a qualitative perspective (which challenges them to build knowledge from interpretations that link in-depth interviews, empirical observations, and disciplinary theoretical analysis). These difficulties emerge even though the students have already experienced subjects such as "Society, Culture and Communication" and "Health Promotion", where they have completed information-gathering exercises through observation and interviews, as well as community analysis from the experiences of people and groups. At the beginning of the module, a diagnostic exercise is carried out to assess previous knowledge, in order to connect the socio-community training of the students to the qualitative research design in health. During this diagnosis, a tendency has been observed toward the subordination of the qualitative approach to the quantitative approach. Table 1 shows a summary of the main ideas that arose during the diagnosis at the beginning of the qualitative module, between the years 2019 and 2021. In this dynamic, the students state that the greatest potential for developing studies on the experiences of patients or their contexts lies in being able to characterize typologies -that is, standardizations- of patients or expectations regarding therapy. Additionally, they highlight, with equal emphasis, the value of qualitative methodologies in the implementation of clinical interventions based on quantitative research, at a local or community level, thus replicating the hierarchical relationship that is described in the literature.

Table 1. Summary of previous knowledge as expressed during diagnostic assessments at the beginning of the MICC subject, in the 2019-2021 period (own elaboration).

¿How is qualitative research carried out?	**¿In what situations is qualitative research in health useful?**	**¿Which methods or techniques does qualitative research use?**	**¿What stands out from qualitative research?**
– It requires background information (quantitative) to not lose focus, time, and resources. – It captures the subjective aspects of people, in their context. – It inquires about representation (questioning).	– It enriches the quantitative/ ideal to have a mixed design/it allows evaluating the conclusions of quantitative studies. – It characterizes or describes situations that are not approachable by quantitative research (e.g. the perceptions of actors) – It evaluates services from the experience of the users and helps design the implementation of results in the community. – It requires fewer resources because the samples are smaller.	– Interviews with open-ended questions. – Group conversations/discussion groups/focus groups. – Field trips/direct observation. – Case studies (following a person or group). – Creating safe spaces so the participants can speak at length in their context. – Logbooks, field notes, observation records.	– Contact with the community allows confirming ideas and knowing contexts. – Adequate for education in healthcare. – It is necessary to approach people, not working from an estranged place, to know how to make them feel comfortable, and learn how to participate in their communities. – Previous qualitative research is scarce. – It requires a too extensive bibliographic search. – They do not know how to use it independently from quantitative methods, or to address emerging issues.

Similarly, in the process of methodological design, students show difficulties in understanding the emergent nature of the s/e/a-p processes, as well as maintaining a constant process of reflection during the research, which would allow for the observation guidelines, interviews, and analyses to evolve along with the process (Hernández et al., 2014). For example, they resist the periodic revision to the research question and its eventual reformulation as the characterization of the state of the art progressed. This resistance has been consistent during the teaching experience, the main difficulty being accepting the dynamic and flexible character of qualitative designs that arises from a constant observance of the research process. Moreover, they struggle to develop objectives adequate for a qualitative research question, and instead objectives that seek to "establish" and "determine" correlations between standardized variables prevailed over descriptive and interpretive ones. Additionally, there is confusion between research objectives and community intervention objectives, which reveals a tendency to consider the qualitative methodologies adequate to apply previous knowledge to a situation, not to generate new knowledge. Finally, when asked to delve into the sociocultural and experiential complexity of a small number of cases, the students expressed difficulties in establishing questions that would allow them to fulfill this purpose. Instead, the tendency was to ask general descriptive questions, or questions aimed at characterizing the perceptions of actors regarding previously defined contents. This hinders the possibility to approach and understand the emergent qualities of sociocultural phenomena. When discussing this tendency with the class, a quantitative bias emerged towards the statistical representation of the samples, over their representation in contextualized and specific socio-community realities. The recurrent resource of the study of “perceptions” appears as an intermediate solution that allows applying standardized criteria to particular cases. However, the contextualized qualitative approach is lost each time the focus is on individual cognitive processes.

The issues described above reveal that, despite being exposed to community observation exercises and semi-structured interviews in previous courses, the imprint of disciplinary training in a technical-clinical approach is difficult to deconstruct. In addition, the difficulty of placing the students in an environment that allows them to incorporate contextual and experiential aspects as legitimate and constituent knowledge for the s/e/a-p processes becomes clear. On the other hand, the perception of the users’ circumstances and knowledge as legitimate aspects reveals the self-reflective nature of the construction of knowledge in Health Sciences, since the baseline question in such an approach is not how to establish typologies of users or to prove the efficacy of a clinical technique to an external public (as in the case of drugs), but rather how to improve the nosological and clinical processes (Mol, 2006). In this sense, the experience of the MICC course confirms the underdevelopment of reflexivity in undergraduate training.

Teaching Qualitative Reflection in Health Sciences

It is necessary to reach a type of reflexivity that integrates the biomedical approach (focused on the organic aspects of the health/disease/care-prevention processes) with the approach to historical, structural, cultural, community, and experiential components. This integration begins in the subjects "Society, Culture, and Communication" (SCC), in the second semester of Speech and Language Pathology at the University of Chile, and in "Health Promotion" (PS), in the third semester of the career. Based on these subjects, we will comment on some of the methodological exercises that constitute the background for the empirical-ethnographic qualitative design that is sought to be incorporated into MICC. Although the reflection is based on the exercises and comments made by students, direct references are omitted in this article as a way of protecting the anonymity of the sources.

In these subjects, observation exercises and qualitative interviews are carried out, emphasizing the fact that these techniques are fundamental for understanding the communities where health interventions will be applied. In 2020, due to the contingency of the COVID-19 pandemic and the need to adapt the classes to an online format, the interviews and observation exercises were performed in lockdown. The need to train future healthcare professionals in this approach comes from the fact that they will be part of teams that directly accompany users and communities in the processes of health education and therapy. This means they will be directly confronted with people’s knowledge and will need to consider how to incorporate it effectively into said processes, in a way that allows mutual influence. Therefore, it is essential that the students fully understand the qualitative approach, distinguishing the differences between a questionnaire that emulates a survey and a questionnaire as an instrument to promote open and comprehensive conversations. Furthermore, they should learn to closely observe the sociocultural and community contexts where they perform their duties and to discriminate between an ethnographic approach (Guber, 2013) and a descriptive, log-type record -as they call it in other subjects- or field diary (Restrepo, 2011).

Even though the students show enthusiasm about establishing direct and comprehensive contact with the people and patients they work with, it is a challenge for the lecturers to help them overcome the descriptive and standardizing approach to cultural units, as well as promote a way of participating in health processes that is sensitive to the contexts and dynamics of clinical care (Kleinman & Benson, 2006). For example, in the PS course, ethnographic observation exercises are carried out to help the students develop the ability to observe s/e/a-p processes. In this particular case, and independently of the pre- or post-pandemic circumstances, the main difficulty has been to obtain records that show greater depth and self-observance than the usual log where a series of activities carried out by the observers is described. Moreover, the students have not sufficiently developed an ability to observe contexts that would allow them to interpret the behaviors or dispositions beyond personality traits or typologies.

A similar situation is found in the SCC subject, where biographical life story techniques are taught, to help students reflect on themselves as cultural subjects. In these exercises, culture is not seen as a mere part of the knowledge of users belonging to populations typified as “other” (migrants, people from ethnic communities, people belonging to sexual diversities, elderly people, or socio-structurally marginalized people, for example), but also a conditioning factor for healthcare professionals as actors inserted in a biomedical system and culture, as well as in their own sociocultural experiences. The course’s syllabus includes contents and activities that include the socio-cultural aspects of human communication. Despite this, during the life story exercises, there is still a pedagogical challenge to deconstruct the anamnestic and/or chronological characterization of biographies, to guide students toward an approach that Flores Martos & Juárez (2016) call Narrative-Based Medicine (NBM). The focus of NBM is on life and not on illness, and on how organic, affective, and social afflictions are part of the narrative of life. Following the extensive tradition of humanistic training in Health Sciences at a national level, this approach seeks to overcome the ethnocentrism of the dominant biomedical model and the dehumanization of the doctor-patient relationship, biases that are constantly reproduced in biomedical practices centered on the positivist nature of healthcare professions. Students are enthusiastic about these methodologies; however, they also struggle to integrate them as a source of significant knowledge for their discipline. Indeed, given the predominance of the instrumental and pathologizing approach of a medical perspective that is scientific-technical, biographical approaches are assimilated as subjective awareness exercises, rather than as sources of knowledge for the s/e/a-p processes.

DISCUSSION: PEDAGOGICAL REFLECTIONS BASED ON TEACHING EXPERIENCES

Deconstructing dichotomies

The methodological exercises described in the previous section seek to reduce the barriers to, or the limited understanding among healthcare professionals of what the qualitative perspective of anthropology can offer them (Guerrier & D’Ortenzio, 2015). Teaching this approach in health sciences careers and at an undergraduate level poses the pedagogical challenge of translating the anthropological and social perspective to students who have been trained to operate within the nature/culture and science/beliefs dichotomies. In broader terms, this is based on the pedagogical intention of helping the students overcome the obstacles they encounter in the process of deconstruction. The ontological gap between nature and culture is expressed, for example, in the approach to the human body as a biological organism devoid of cultural content, or the focus on standardized rehabilitation procedures, based on a vision dominated by positivism. Thus, in several ethnographic exercises that seek to develop qualitative observation skills, students struggle not only to interpret and contextualize the subjects of illness, but also to include them as actors in their own health promotion, and the prevention and treatment of their disease. Legitimizing the subjects undoubtedly implies a radical change in the dominant approach of health sciences and professions, “since it would mean assuming that social groups are not averse to prevention or lack it, since they produce and use preventive knowledge in their daily lives” (Menéndez, 2017, p. 357). Another aspect of the same dichotomy arises, which is the contrast between science and belief. In various teaching experiences, such as in doctor-patient interaction observation exercises, students show difficulties in recognizing the subjects of illness as sources and producers of valid knowledge, and in acknowledging that healthcare professionals may have beliefs and sociocultural biases that affect their clinical practice. Thus, the purpose of delving into the qualitative approach to clinical practices from the first semesters of professional training is fundamental for the development of reflexivity. In turn, this reflexivity would enable the ability of healthcare professionals to ask questions that contribute to the construction of qualitative knowledge in Health Sciences.

Additionally, training in a critical qualitative approach, where the students' activity is contextualized, seeks to develop reflexivity around medical practice and about themselves as social subjects, bringing to light the social, political, and cultural aspects that influence their practices. As human beings, we have been socially constructed with cultural assumptions, experiences, and biases

that can obscure our interpretation of other experiences (Henwood et al., 1998). Reflexivity, therefore, involves becoming aware of the elements that influence one's thoughts, judgments, and decisions. In qualitative research, this is achieved by experiencing the "estrangement" that is practiced during the ethnographic process.

From the perspective of Social Anthropology, reflexivity is also present in fieldwork, as it allows a continuous revision of the transformations in one's own subjectivity generated by being inserted in a context (Guber, 2014). Accordingly, it is essential that both academics and students continuously practice being aware of the blindfolds that cloud our approach to phenomena, as well as the sociocultural constructs in which our subjectivities are rooted. This joint exercise would also serve as a formative example of what students should apply in their professional development, within healthcare teams, and in their relationship with patients, all of which are reflection-provoking encounters.

Multidisciplinary, Interdisciplinary, and Transdisciplinary Approaches for Training in Qualitative Methodologies

Although the terms multi, inter, or transdisciplinary are often used interchangeably in the academic environment, it is relevant to make some distinctions for our analysis. Multidisciplinary refers to various disciplines, "to the division of scientific areas" that contribute to a project (Socorro, 2018, p. 282), but does not require communication or interaction between them. From this perspective, and although it is relevant to have the presence of multiple disciplines for training in Health Sciences, variety alone is not enough to appreciate what each discipline can contribute to a training project.

Interdisciplinary is presented in our examples as a strategy that allows approaching the understanding of health/disease from a scientific-humanistic perspective. It is defined as "a pedagogical strategy that implies the interaction of several disciplines, understood as the dialogue and collaboration of these to achieve the goal of new knowledge and to prevent actions from being performed in an isolated, dispersed, or segmented manner" (Pernas Gómez et al., 2012, p. 2). Furthermore, it allows the integration of concepts, methodologies, and practices (Klein, 1996 cited in Riveros et al., 2020). Hence, interdisciplinary work would enable academics to create awareness among students about the importance of appreciating different perspectives, both theoretically and in practice. In addition, it contributes to the appreciation of health intervention designs.

Nevertheless, for the cooperation between disciplines to achieve the required impact within professional training, it is also important to consider the concept of transdisciplinary work, which emphasizes that "there must be a non-hierarchical and horizontal contribution between the disciplines and sources of knowledge involved" (Urquiza et al., 2019, p. 17). In this way, a transdisciplinary approach makes it possible to generate collaborative, democratic, and equitable work, both among professors and between professors and students. This has an impact on professional teams and on the relationships they cultivate with patients. In the teaching examples described, the transdisciplinary approach is practiced in an effort to deconstruct the asymmetry between the qualitative and quantitative methodologies. Therefore, from the transdisciplinary perspective, it is possible to have a critical view of the biases present in the methods that derive from each research approach, and the opportunities offered by their complementarity. Moreover, reflective and self-reflective processes are encouraged, to allow students to position themselves as subjects of an experiential process that is shared with other actors -the s/e/a-p process-, besides being scientific-technical experts in the clinical disciplines that they will practice.

Therefore, we consider that transdisciplinary work would contribute to reducing tensions and hierarchies between disciplines. Furthermore, it enables the development of a critical view of the hierarchies between the positive knowledge of science and the subjective knowledge of people. The foregoing makes it possible to delve into a critical and radical revision of the identification of Health Sciences with the nature/culture and science/belief dichotomies and their methodological correlate, which corresponds to the predominant use of quantitative methodologies and patronage for both the teaching of Health Sciences and research in the field of health. Consequently, promoting the proper use of qualitative research methodologies in health sciences careers seeks a more comprehensive approach to the s/e/a-p processes as biopsychosocial phenomena. Ideally, this should be clear not only in theoretical reflections but also in the production of new scientific knowledge in the field of health. To this end, emphasis is put on epistemological awareness (Bourdieu et al., 2013) and the constant reflexivity of researchers as part of research ethics.

Undoubtedly, focusing on a transdisciplinary perspective supposes operating in a framework in which the comprehensive training of students and the contribution of social sciences and qualitative methodologies are appreciated. Although it exceeds the limits of this study, this discussion cannot be excluded from the transformations the educational processes of universities have

undergone within the neoliberal context of recent decades. In this sense, it is noteworthy that the competency-based training model, initially promoted by the Bologna Process in Europe and quickly adopted by establishments in Chile, seeks comprehensive training that allows students to combine theory and practice. In addition, it favors the joint work of academics from diverse fields, since it requires transversal skills (Muñoz Vera, 2021). However, this model has also received numerous criticisms that must be considered in the discussion about the integration and interrelation between disciplines. As described in Del Rey & Sanchez-Parga (2011), the competency-based model seeks to standardize learning at a global level, so future professionals circulate and compete in various labor markets. Therefore, it is worth wondering about the limitations and scope of an effective transdisciplinary work, which implies questioning the hierarchy of knowledge and disciplines, especially when those considered "useful" and "practical" are positioned over those of a "critical" nature and "reflective" nature.

CONCLUSIONS: CONTRIBUTIONS TO ACADEMIC TEAMS

The pedagogical analysis based on the MICC course reveals a need to integrate methods to reflect on and practice the qualitative approach in the education of Health Sciences students at an undergraduate level. Among the contributions identified in the teaching experience are the importance of deepening the practice of sociocultural context observation (as part of the s/e/a-p processes), the reflective capacity to visualize how medical practice is built, and the relationship established with patients and their communities. Limitations also emerge from these exercises: the tension between dichotomies (nature/culture-science/beliefs), which are at the base of modern science and biomedicine, reappears. This continues generating unidirectional and asymmetric tendencies when undergraduate students reflect on their future professional practice. Deconstructing these notions is essential in order to train healthcare professionals with a critical and complex approach to the phenomena of health and disease, which would imply a horizontal relationship between their professional knowledge and the people who seek their care.

Another relevant aspect is the creation of multidisciplinary academic teams, considering an interdisciplinary approach and progressing towards transdisciplinary work between Health Sciences and Social Sciences. This transdisciplinary work raises the following questions: How significant can qualitative methodologies be in the training of students with no prior knowledge of epistemology in Social Sciences? How can fields of knowledge and action that have historically been marginalized from medical practice be validated?

The exposed examples allow us to conclude that it is essential to reinforce the transdisciplinary exercise of qualitative views on s/e/a-p processes, in dynamic and complex social contexts. This should occur throughout the entire training process and not only in the present time, but should rather be projected into the future of teaching in Health Sciences careers.

We end this article by emphasizing the importance of the documentation and systematization of inter and transdisciplinary teaching processes and experiences, which would contribute to the strengthening and advancement of comprehensive training for Health Sciences professionals, both those who work in the clinical and therapeutic fields and those who carry out research in these fields. The communication of these experiences is key to the creation of academic teams and the development of curricula that delve into the interrelation between disciplines, thus avoiding fragmentation of training.

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