

Perception about the Medical Internship at Federal University of Rio de Janeiro by the Service's Preceptors in Primary Health Care: a Case Study

Percepção sobre o Internato de Medicina da Universidade Federal do Rio de Janeiro pelos Preceptores do Serviço na Atenção Básica: um Estudo de Caso

Salesia Felipe de Oliveira^I
Antônio José Ledo Alves da Cunha^I
Anete Trajman^{I,II}
Clotilde Teixeira^I
Maria Kátia Gomes^I
Vera Halfoun^I

ABSTRACT

Introduction: A preceptor is understood as a health care professional with an important role in introducing students and recently graduated doctors into professional practice. However, studies into medical teaching in the Family Health Strategy (FHS) have shown inadequacies in the quality, training and time spent by the tutors with students. In the municipality of Rio de Janeiro (RJ), the expansion of the FHS was belated, resulting in a vacuum of medical students being inserted into the network.

Objective: To understand the perception of Family Health Strategy physician preceptors regarding their performance with medical student interns from the Federal University of Rio de Janeiro (UFRJ).

Methods: This is a case study which employed a qualitative method and took place in the city of Rio de Janeiro (RJ). Semi-structured interviews were conducted between September 2011 and March 2012, with 15 preceptors from six Family Clinics receiving UFRJ medical interns. Interviews were recorded, transcribed, read and subjected to thematic content analysis, resulting in the establishment of five categories: encouragement and motivation; appreciation; training; real world versus academic world; teaching-service integration. **Results:** The preceptors report that they feel recognized and encouraged by the students, but do not feel appreciated by the service coordinators, who fail to allocate adequate space and time to their preceptorship activities. A good relationship is established with both tutors and students. The preceptors would like to be trained in preceptorship and to strengthen their ties to UFRJ. They view their time with the students as both precious and challenging, because it stimulates them to rethink their care practices. They recognize in the internship the opportunity for students to gain practical experience of what has been learned in theory. **Conclusion:** The preceptors' work is supported by the good relationship established between preceptors, tutors and students but efforts are needed to value the professionals who perform this practice.

PALAVRAS-CHAVE

- Educação Médica.
- Preceptoria.
- Internato e Residência.
- Medicina.

KEYWORDS

- Medical Education.
- Preceptorship.
- Internship and Residency.
- Medicine.

Recebido em: 27/09/2016

Aprovado em: 18/11/2016

INTRODUCTION

Since the Declaration of Alma-Ata, in 1978, the World Health Organization (WHO) has recommended the strengthening of the Primary Health Care (PHC). In Brazil, the Ministry of Health has recommended the Family Health Strategy (FHS) as a model of PHC since the 1990s. In order to prepare the human resources for performance in this new scenario, the National Curricular Guidelines (NCG) for the Medicine courses of 2001, albeit late, have begun to recommend that much of the doctor's training be given in the PHC¹. This recommendation was emphasized in the NCGs published in 2014. The broadening of scenarios of the practical activities for the graduation course oriented by the NCG of 2014 brought the need for preceptors in this scenario².

The preceptor is understood as the care network professional who plays an important role in the insertion of the students and the fresh graduate in the professional practice. However, studies about the teaching of medical practice in the FHS have shown inadequacies in the quality, training and time allocated by preceptors to the students³⁻⁶. In particular, in the city of Rio de Janeiro (RJ), the FHS expansion occurred belatedly, starting in 2008, which resulted in a vacuum of the

RESUMO

Introdução: O preceptor é entendido como o profissional da rede assistencial que tem importante papel na inserção do graduando e do recém-graduado na prática profissional. Entretanto, estudos sobre o ensino da prática médica na Estratégia Saúde da Família (ESF) têm mostrado inadequações na qualidade, na capacitação e no tempo destinado pelos preceptores aos estudantes. No município do Rio de Janeiro (RJ), a expansão da ESF se deu tardiamente, o que resultou num vácuo da inserção do aluno de Medicina na rede. **Objetivo:** Conhecer as percepções dos médicos preceptores da Estratégia Saúde da Família quanto à sua atuação junto aos internos de Medicina da Universidade Federal do Rio de Janeiro (UFRJ). **Método:** Pesquisa exploratória, do tipo estudo de caso, de abordagem qualitativa, realizada no município do RJ. Foram realizadas entrevistas semiestruturadas, entre setembro de 2011 e março de 2012, com 15 preceptores das seis Clínicas da Família que recebem internos de Medicina da UFRJ. As entrevistas foram gravadas, transcritas, lidas e tratadas por meio da técnica de análise de conteúdo temática, da qual emergiram cinco categorias: estímulo e motivação; valorização; capacitação; mundo real versus mundo acadêmico; integração ensino-serviço. **Resultados:** Os preceptores se sentem reconhecidos e estimulados pelos alunos, mas não sentem a valorização pela chefia do serviço, que não libera espaço físico e horário para as atividades. Há uma boa relação estabelecida com os tutores e os alunos da UFRJ, mas desejam receber capacitação para a preceptoria e estreitar o vínculo com a UFRJ. Percebem o tempo destinado ao aluno como precioso e ao mesmo tempo desafiador, estimulando-os a repensar suas práticas do cuidado. Reconhecem no estágio a oportunidade para os internos vivenciarem na prática o que foi apreendido na teoria. **Conclusão:** A prática de preceptoria encontra sustentação na boa relação estabelecida entre os preceptores, tutores e alunos, mas são necessários esforços para a valorização dos profissionais que desempenham esta prática.

insertion of the student of Medicine in the network³. Therefore, this experience was little studied in the municipality³⁻⁶.

The objective of this study was to know the perceptions of the health professionals of the FHS regarding their work with the medical interns of the Federal University of Rio de Janeiro (UFRJ).

METHODS

It is an exploratory research, of the case study type, with a qualitative approach. In the qualitative research, the researcher must try to understand phenomena according to the perspective of the participants of the studied situation. It is a procedure rich in descriptive data, which has an open and flexible plan, and focuses reality in a complex and contextualized way^{7,8}.

The research scenario was the six Clinics of the Family of the municipality of Rio de Janeiro which receive junior doctors of Medicine from the Federal University of Rio de Janeiro (UFRJ), which were participants in the National Program for Restructuring Professional Training in Health (Pró-Saúde), whose objective is to encourage and develop the integration teaching-service to contribute to the organization of the practice of preceptory⁹.

The research individuals were the 15 doctors of the clinics, preceptors of the UFRJ residents, who were invited and accepted to participate in the study.

Data were collected from september 2011 to march 2012. The technique applied was the semi structured interview, carried out with the help of a script with structured questions related to the profile and professional training, and open questions, regarding their perceptions about their role, activities, facilities and difficulties as preceptors.

All the interviews were recorded and transcribed integrally by the main author, responsible, at the Municipal Health Secretariat of the city of Rio de Janeiro (SMSRJ), by the covenants for the internship with the different IES. None of the interviewees knew the interviewer at the time of the first approach. To guarantee the anonymity of the individuals, all answers were systematized and presented in the section of results identified by the letter P (preceptor), followed by an arabic numeral, according to the order of execution of the interviews.

Data were submitted to thematic content analysis, which is a set of communication analysis techniques that uses systematic and objectives procedures to describe the content of the messages¹⁰.

After the transcription, a floating reading was performed to establish contact with the speeches. Subsequently, the material was explored and organized into categories recognized in the statements, both in agreement and in contradictions.

The research was approved by the Ethics Research Committee of the SMSRJ (CAAE: 0250.0314.000.10), and all the interviewees signed the Free and Informed Consent Form.

RESULTS AND DISCUSSION

The sociodemographic, training and professional characteristics of the participants are arranged in Table 1.

It is observed that most of the interviewees attended residence and have training in the area of Family Medicine/Community. Of the four *stricto sensu* graduation degrees, two had as concentration area this specialty. Only six (40%) declared having had some training for the preceptor activity.

From the speeches, the following categories emerged: stimulus and motivation; valuation; training; academic world *versus* real world; teaching-service integration.

Stimulus and Motivation

The preceptors interviewed expressed that the work with the student is motivating and keeps them stimulated for the search of new knowledge. They also consider that the changes during the follow-up process contribute to the better develop-

TABLE 1
Sociodemographic characteristics, of the training and professional activities of the doctors participating in the study. Rio de Janeiro, 2011-2012 (n =15)

Characteristics	Total
Gender	
Female	11
Male	4
Age (years)	
29-40	5
41-50	5
50-60	5
Time of graduation (years)	
1-5	1
> 5-10	4
> 10-20	2
> 20	8
Employment relationship	
CLT	13
Statutory	2
Residency	
No	5
Yes	10
Psychiatry	1
Gynecology and Obstetrics	2
Pediatrics	2
Family Medicine	2
Plastic Surgery	1
Medical Clinic	1
General Surgery	1
Specialty *	
Yes	11
No	4
Post-graduate <i>lato sensu</i>	
Yes	9
No	6
Post-graduate <i>stricto sensu</i>	
Yes	4
No	11
Medical congresses in the last five years	
No	1
Yes, in areas of the Family Medicine	13
Yes, of medical education	1
Other areas**	7
Research activities	
Never done	5
Yes, but not at the moment	4
Do	6
Training in preceptory	
No	9
Yes	6
Teaching activities	
Only of preceptory in the PET-Saúde	9
Others than preceptory in the PET-Saúde	6

* Title obtained by means other than residency.

** Gynecology, Medical Clinic, Pediatrics, Homeopathy, Geriatrics, Psychiatry.

ment of their medical activities, providing the qualification of their practices. They also report that the preceptory flows with harmony when the preceptor is stimulated by the student who questions, stimulating the study and the search for updating so that he can, at the same time, stimulate and encourage the student to practice in the FHS¹¹.

They encourage me to study to be able to show something more academic, because we are very practical. It encourages me to continue studying. (P2)

The work of the preceptor is to guide, supervise, exchange experiences in the training, keeping us updated and studying. (P.11)

Students who come willing to study encourage me to study as well. (P.4)

They stimulate me, they always come with news. (P5)

It's pleasurable. The student debates, interacts and encourages the improvement; it is necessary to know how to use the student's presence, stimulating learning in feedback. To each next class, I develop more the feedback. (P13)

Appreciation (and lack of appreciation) of the preceptory

The preceptor activity is not valued enough, even though the student gives the preceptors, in relation to the preceptor-student relationship in patient care, more qualities than the teachers themselves⁴. In the following speeches, the preceptors confirm that their work, although recognized by the students, is not recognized as a work of teaching activity of their routine, not stimulated by the IES, nor by the head of the service.

Recognized in what way? We complain from the start that we should have a free time to be with the student. And we have not. You should have a schedule for preceptory, in which you don't have to do other things. Because we keep sacrificing other things in order not to let the boys down. The feeling is that everyone likes us to be preceptors, but there is no incentive. In fact, there is a lot of preceptors here who do not even receive a scholarship. (P12)

In fact, I observe that the student is the one who expresses his satisfaction, but not the teaching institution and the leadership. (P4)

The students like it, they leave satisfied. (P14)

When the trust between the student and the preceptor is established, the approximation between both facilitates the teaching process¹². The exercise of the preceptor function provi-

des elements that can subsidize the teaching and service unit in the improvement and valorization of the work. For this, there is a need for professionalization and creation of specific legislation for preceptorship, among other proposals for valorization^{13,14}.

The lack of valorization is also reflected in the absence of adequate physical structure to this activity and in the unavailability of time dedicated to it. The interviewees consider the physical space of the health unit small, insufficient and limiting for the fruitful development of the preceptory activities.

What hinders is the physical space. For example, there is a room there that is for the accommodation of the mother and the baby, but we improvise it as a consulting room. So, they [internals] must take turns, sometimes they even stand still. If there were more offices, it would be a facilitator. (P9)

The physical space [referring to the difficulties for the preceptory]. Because the students do not have a place to assist, so they stay with us. In the case of the internal of the undergraduate, there is no problem, but for the resident is unpleasant, because it is another professional attending together. (P12)

The residence time of the students in the health unit is also considered by the preceptors as a detrimental factor to the preceptory process.

Another thing that hinders is time, they complain. It seems to me that the length of internship is limited. It is small. (P7)

One part that makes me sad is that this is a short-term relationship. (P14)

Also among the aspects of availability, the high workload was mentioned, since preceptors perform other activities within the preceptory period, which, in addition to clinical care, involves the bureaucracy of the service. This fact restricts the preceptory, especially when the number of students is excessive.

What is difficult is to deal with the student with all this bureaucratic part, which is huge and heavy. (P4)

I think this assistance every 20 minutes makes teaching difficult, but I have not stopped to see the difficulties; there are many patients to assisted; it is a longer time in care, the patient waits longer. (P11)

The workload allocated for the exercise of preceptory and the scarce time for the discussion of cases, in addition to the accumulation of functions and the high demand for assistan-

ce, are cumulative factors that hinder the full exercise of the preceptor's activity¹⁵.

Several preceptors claim, as a form of valorization, the certification of this activity by the IES.

I would like to have a preceptory course with certificate, training, even if small, on how to be preceptor, recycling. And I think it is important to receive a certificate from the period in which I was a preceptor. (P6)

It is important to have more training, qualification, incentive to be a preceptor in practice and in theory with certification. (P8)

Training

To exercise the preceptory activity, specific training is not always offered. As observed in previous studies⁴, the main demand of the preceptors interviewed resided in the provision of training and continuing education processes that enabled them to improve their pedagogical skills. The absence of permanent technical training causes them discomfort and feelings of inadequacy. The request for training and refresher courses is, undoubtedly, an assignment that the IES should not wriggle out of complying with, stimulating the qualification of the professionals of the service network.

The preceptory course would be important. Despite being in the practice field, we are teachers. Therefore, meeting the teachers at another time would be interesting to know what the university thinks about the students; and know if it offers some training, training for the service, and not only for doctors, for the service as a whole. [...] The university itself is a field for us, the professionals, to go there. To extend the exchange. Because it gets very limited with the students, with the doctors. A teaching-assistance integration. The university has nothing to lose. [...] Training for the whole team. More than the doctor, the team is preceptor. (P3)

I would like a preceptory course and more training and re-training. (P1)

It would be very interesting if the university could make this preceptory course available to us; and another thing would be to do continuous education. We update ourselves on what is happening in terms of advancement in medicine that can be passed on to the family doctor so that he has more effective action with his clientele. (P9)

I think it's the middle degree between being a teacher; perhaps it is a companion, very important guide for those who are going out to the real life; it would be a companion for the way out of the college to the life of the doctor outside. Live the real medicine. (P2)

Real world versus academic world

The preceptory in health is a pedagogical practice that occurs in the work environment and professional training, at the moment of the clinical exercise, conducted by professionals of the assistance, with position of professor or not, with the objective of constructing and transmitting knowledge related to each area of acting as well as assisting in the ethical and moral formation of the students, be they the junior doctor or resident, stimulating them to act in the health-disease-care process at different levels of attention, with social responsibility and commitment to citizenship¹⁶.

[...] they are not in front of a medical professor, but a professional with a little more experience. (P9)

So, my concern with these students is that they understand, and don't think that we are doctors of the little medical post, that we do nothing, that is easy, as I have already heard it. It's not easy. But I think they understand that it is not easy. (P3)

Our practice is completely different, we see the life cycle in the same shift: child, pregnant, adolescent and elderly. (P3)

The interviewees evidenced that, by acting as trainers, in addition to the technical question in the FHS, the real experience, the reflection, the tools of the specialty, the social context, the practice and the interdisciplinary relationships are examples to be followed by the students. The preceptor must be able to transmit the best evidences and experiences, always valuing the ability to learn from practice. Among the competencies of the preceptory function are: having responsibility, integrating, transferring knowledge, being ethical and stimulating the development of skills and attitudes for the training of the student⁵.

Teaching-service integration

During the interviews, the preceptors have spoken about the relationship and the dialogue established with the educational institutions, especially about the position of the tutor.

For the most part, there is an important movement of information exchange, which greatly facilitates a *feedback* system, necessary for the identification of deficiencies in the teaching process.

For some preceptors, the relationship is good, but the dialogue is limited because there is no greater articulation that subsidizes the planning of the activities or, also, because the moments of discussion of the tutor with the students also occur in working hours, precluding the participation of the preceptor.

The relationship is great. [...] The only issue is that boys [referring to students] have a time stipulated for discussion on Wednesdays, afternoon, and the tutor always wants us to stay there, but there is no way, it's the normal time of service. So, as much as they want us to participate, the service does not permit that. But it is not because of their lack of will. (P12)

There is not much interrelation between the IES and the preceptors, but there is a proposal of the tutor for this approach through periodic meeting. I think this year will come closer. (P4)

Very well [referring to the relationship with IES]. This relationship is different with the tutors, the exchange relationship, discussion, planning, exchange of information about the student, for us to see if there's a need to give a little more assistance or not. There is a good relationship. (P15)

The participation of the preceptor in the process of discussion between tutors and students is sometimes made unfeasible by the need of the service. There is a need for flexibility between managers and IES so that this meeting is facilitated, and the mission of permanent education can be accomplished with less difficulty.

A closer approximation of the IES through the more constant presence of the tutors in the health units could give a more specific focus to the preparation for the teaching of these preceptors, giving higher quality to the professional performance. The IES could invest in continuing education, with periodic updates on current topics and research methodology courses, preparing them for in-service research. The university should be committed to stimulating the construction and exchange of knowledge, as well as permanently capacitate the entire team of the unit⁹.

FINAL CONSIDERATIONS

In this study, it was sought to give voice to the preceptors of the Family and Community Medicine internship of the UFRJ, of the PHC network of the SMSRJ.

The practice of preceptorship is supported, according to the interviewees, by the good relationship established with tutors and students. For them, the time with the student is precious and challenging, since it stimulates the rethinking of their care practice, and can also become a moment of learning and qualification of their practices.

Many factors making it difficult to the performance of their teaching practice, such as lack of capacity for this activity, limited physical space, sometimes excessive demand, execu-

tion of administrative activities and short time of permanency of the students in the units, preventing a more continuous work, since it is Need time to develop the skills of the family doctor.

Despite the perception of having their preceptor work recognized by the students and the IES, there is still little recognition by the head of the service and insufficient encouragement to the development of this practice. There is, on the part of the preceptors, a clear demand for better integration with IES to enable them for this activity and also for training in research and academic in general.

It would be important to give voice and analyze the perceptions of other actors involved in the preceptory process – students, service managers and professionals of the IES – that were outside the scope of the present study.

REFERENCES

1. Brasil. Resolução CNE/CES n° 04, de 07 de novembro de 2001. Institui Diretrizes Curriculares Nacionais do Curso de Graduação em Medicina. Diário Oficial da União, nov. 2001. Seção 1. p. 38.
2. Brasil. Resolução CNE/CES n° 03, de 20 de junho de 2014. Institui Diretrizes Curriculares Nacionais do Curso de Graduação em Medicina e dá outras providências. Diário Oficial da União, jun. 2014. Seção 1. p. 8-11.
3. Trajman A, Assunção N, Venturi M, Tobias D, Toschi W, Brant V. A preceptoria na rede básica da Secretaria Municipal de Saúde do Rio de Janeiro: opinião dos profissionais de Saúde. *Rev Bras Educ Méd.* 2009;33(1):24-32.
4. Godoy AS. Introdução à pesquisa qualitativa suas possibilidades. *RAE* 1995;35(2):57-63.
5. Ludke M, André MED. *A Pesquisa em educação: abordagens qualitativas.* São Paulo: EPU; 1986.
6. Brasil. Portaria Interministerial MS/MEC n° 2.101, de 03 de novembro de 2005. Institui o Programa Nacional de Reorientação da Formação Profissional em Saúde - Pró-Saúde - para os cursos de graduação em Medicina, Enfermagem e Odontologia. Diário Oficial União, nov. 2005. Seção 2. p. 25.
7. Bardin L. *Análise de conteúdo.* 6. ed. Lisboa: Edições 70; 2011.
8. Rocha HC. *Avaliação da prática de preceptoria após formação pedagógica [dissertação].* Rio de Janeiro: Universidade Federal do Rio de Janeiro; 2012.
9. Missaka H, Ribeiro VMB. A preceptoria na formação médica: o que dizem os trabalhos nos congressos Brasileiros de educação médica 2007-2009. *Rev Bras Educ Méd.* 2011;35(3):303-10.

10. Franco FM, Montes MAA, Silva AR. Visão discente do papel da preceptoria médica na formação dos alunos de medicina. Alexandria: Revista de Educação em Ciência e Tecnologia. 2013;6(2): 229-49.
11. Bonamigo J. Profissionalização da preceptoria na Residência Médica. In: I Fórum de Ensino Médico. Brasília: Conselho Federal de Medicina: 01 de julho 2010.
12. Santos AC, Moraes AVS, Costa ACAC, Lima BLG, Vieira CAL, Silva CDA, et al. Competências da preceptoria na residência médica. Cadernos ABEM. 2013;9:40-5.
13. Soares ACP, Maiorquim CR, Souza CRO, Vale DNF, Fujimoto DE, Fagundes FP, et al. A importância da regulamentação da preceptoria para a melhoria da qualidade dos programas de residência médica na Amazônia Ocidental. Cadernos ABEM. 2013;9:14-22.
14. Rocha HC, Ribeiro VB. Curso de formação pedagógica para preceptores do internato médico. RevBrasEduc Méd. 2012;36(3):343-50.
15. Botti SHDO, Rego S. Preceptor, supervisor, tutor e mentor: quais são seus papéis? RevBrasEduc Méd. 2008;32(3):363-3.
16. Bentes A, Leite AJM, Montenegro APDR, Paiva Júnior BR, Fernandes CR, Chiesa D, et al. Preceptor de residência médica: funções, competências e desafios. A contribuição de quem valoriza porque percebe a importância: nós mesmos! Cadernos ABEM. 2013;9:32-8.

CONTRIBUTION OF AUTHORS

The study was conceived by SFO and VH. SFO conducted the interviews and transcripts. SFO, MKG, CT and AT interpreted the transcripts. SFO and AT wrote the first draft. All authors contributed to and approved the final version.

CONFLICT OF INTERESTS

VH is head of the department of Family and Community Medicine, responsible for the internship under discussion. MKG and CT are professors from the same department. There are no other possible conflicts of interest.

MAILING ADDRESS

Salesia Felipe de Oliveira
Rua Joaquim Nabuco, 43
Ipanema – Rio de Janeiro
CEP 2203080 – RJ

E-mail: salefeli@gmail.com; acunha@hucff.ufrj.br; atrajman@gmail.com; cloteixeira.ufrj@gmail.com; gomes.mariakatia@gmail.com; halfounv@uol.com.br