

**Objective:** To highlight the findings in regards to PEOLC of a pilot survey completed by incoming FM residents about their experiences in medical school, and their future intentions to practice. Design: Data were collected from residents in five FM programs across Canada who volunteered to participate in the pilot study in 2012 (n=317; response rate=69.8%); and seven programs in 2013 (n=449; response rate=88.9%). The survey consisted of multiple choice and Likert scale items. Data collection took place immediately upon entry to the FM residency program. **Results:** 51% of residents in the 2012 cohort and 54.2% in the 2013 cohort reported no to minimal exposure to PEOLC, while only 2.8% in the 2012 cohort and 2.7% in the 2013 cohort reported a great deal of exposure. Regarding future practice intentions, 31.2% of residents in the 2012 cohort, and 23.6% in the 2013 cohort reported being either not at all likely or not likely to provide PEOLC. **Conclusions:** Participants' self-reported exposure to different FM domains reflects important deficiencies in the scope of comprehensive care covered in medical schools. A big gap in exposure and intentions to practice PEOLC compared to other areas was identified. This baseline data may help curriculum planners consider the redesign of the undergraduate and postgraduate curricula to help medical trainees achieve their expected PEOLC competencies.

## INTERPERSONAL RELATIONSHIPS IN PRECEPTORSHIP: CONFLICT AS A TRANSFORMER ELEMENT IN RESIDENCY EDUCATION

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**Introduction:** The technical-scientific overvaluation leads to neglect conflicts, coping strategies and humanistic relationships inherent to Residency Education.

**Objective:** To report the debate about "Conflict" and Residency Education, at the II Preceptorship Meeting: "Education: Transformer Element in Social Relationships in Health", March/2012, Rio de Janeiro, Brazil. Methods used: Population: 20 preceptors from four Residency Programs. Step One: participants were asked to define "Conflict". Step Two: Two problem-situations were presented for debate. Situation 1: patient disobeyed recommended rules; she was reprimanded, replied exalted; the resident, in the same tone, objected to her; preceptor, at the scene, was omitted. Situation 2: resident questions preceptor about deficiency in Residency Program; refers desire to leave Residency Program.

**Results obtained:** Step One: about the word conflict: lack of harmony; may not be expressed; may reflect itself as "disorder"; conflict may be productive, inducing reevaluation/reflection. Step Two, Situation One: Conflict: misconduct of patient; inadequate attitude of the resident, silent preceptor. Resolution: to guide resident and patient; welcome; bond with customers; adequate professional attitude; during educational process, preceptor

should act analyzing problem situations, organizing the process, proposing adjustments. Situation Two: Conflict: frustrated expectations of the resident; uncertainty about roles and tasks of residents and preceptors; preceptor ignores skills to be acquired by residents in Residency Education; misconception of the preceptor about his pedagogical role. Resolution: continuing education for preceptors; construction of roles and tasks in participatory mode; tools for action; welcoming competence. **Conclusion:** Conflict, inevitable and desirable may be a path of the change. Preceptors must understand conflict as an object of their work.

## EVALUACIÓN DE LA DOCENCIA CLÍNICA DEL PROGRAMA DE ESPECIALIDAD EN PEDIATRÍA, PONTIFICIA UNIVERSIDAD CATÓLICA DE CHILE. RESULTADOS DE 623 EVALUACIONES

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**Introducción:** La evaluación de la docencia clínica es un componente esencial de los programas de postítulo, que informa sobre su cumplimiento y calidad, y facilita la toma de decisiones para perfeccionarlos. El presente estudio actualiza nuestro análisis anterior (julio 2012-junio 2013: 403 encuestas), incorporando nuevas evaluaciones realizadas desde julio 2013 hasta diciembre 2013.

**Objetivo:** Determinar la percepción de los residentes sobre la docencia en las rotaciones clínicas, analizar la consistencia interna del instrumento de evaluación y calcular la tasa de respuesta.

**Metodología:** Se aplicó una encuesta anónima a residentes del Programa de Especialidad en Pediatría al finalizar cada rotación, desde julio 2012 hasta diciembre 2013. Contiene 11 indicadores: Tiempo estudio personal (horas/semana), Cumplimiento de objetivos (%); Profesores, Métodos, Feedback, Evaluación, Fuentes de información, Organización, Campos clínicos/equipamientos, Infraestructura/recursos y Nota global, utilizando una escala de 1-7.

**Resultados:** Se analizaron 623 encuestas, de 36 rotaciones (promedio 17 encuestas por rotación). El tiempo promedio de estudio fue 12.4 horas/semana y el logro de objetivos 85.2%. Las áreas mejor evaluadas fueron Profesores (promedio 6.52) y Campos Clínicos/Equipamientos (promedio 6.46), y los peores fueron Feedback (promedio 5.97) y Métodos (promedio 6.06). En el análisis de consistencia interna, la encuesta presentó un alfa de Cronbach de 0.900. Respecto a las 9 áreas evaluadas, 8 presentan tasa de respuesta mayor a 95%, con excepción de Feedback (93.6%). Las preguntas "tiempo promedio de estudio" y el "logro de objetivos" presentaron una tasa de respuesta de 81.2% y 70.0%.

**Conclusiones:** Los resultados indican que es posible mantener en el tiempo la evaluación de las rotaciones clínicas mediante este instrumento de adecuada consistencia interna con una alta tasa de respuestas. La metodología permite identificar las áreas de mayor fortaleza y las que requieren mejoras (feedback y métodos).