

Development and use of an educational tool for teaching community orientation



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Although community orientation is considered an important feature related to primary care, it's recognized by many authors as an underdeveloped component of its practice. Teaching assessment as well tends to focus on the physician as care provider to the individual patient while other dimensions are marginalized. Based on the notion that territorial approach is essential to a community oriented practice in Brazil, a plan for situational diagnosis of territories was developed with medical residents, as an educational tool to achieve community orientation competence. This article aims at describing this experience. Based on literature review, a 5-axis plan comprising different tools in the field of territorial assessment was developed, as it follows: 1-general recognition (first week); 2-quantitative data and health indicators (second week), 3-social resources (third week); 4-mapping tools (fourth and fifth weeks); 5-“rapid estimation technique” (sixth and seventh weeks). The residents had two hours per week to accomplish tasks. Data and indicators research required two weeks due to difficulties with electronic medical records, while obstacles to contact services (of health and other sectors) delayed three weeks the mapping of social resources. Developing the maps took more than planned as well. During the process, the health teams improved their knowledge of the fragilities and potentialities of the communities, while residents were sensitized on the importance of developing skill towards community orientation. Although the plan needs adjustments, it was an effective strategy to teach different tools of community orientation, which can be an important step to achieving comprehensive care.

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Video making as a pedagogical tool in Family Medicine residency: An experience report from Rio de Janeiro, Brazil



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Introduction: Traditional medical education in Brazil has long been focused in information reproduction, with a passive role expected from the student of retaining and repeating contents. However, while considering the student as a mere spectator, education cannot achieve the goal to develop critic sense and reflexion that are necessary to a health care professional. Medical education is progressively

changing throughout the world, influenced by many factors, including the availability of diverse new pedagogical techniques as well as different technologies. According to the literature, the efficacy of video production as a pedagogical tool seems clear, due to its ability to motivate students on exploring the topics and to increase student engagement. However, there are limited publication on it's use in medical education.

Objectives and methods: This work will report the experience of video production by second year residents of Family Medicine in Rio de Janeiro, Brazil, as a pedagogical tool. A video making activity was an obligatory task for second year students to conclude their residency. Divided in groups of three to seven residents, they chose two themes related to family medicine or primary care, to make at least one video related to each theme. It was required a SMART draft and theme choice, an acronym that usually suggests a Specific, Measurable, Achievable, Reachable and Temporized planning. The work is being developed on two stages, one for each theme, and we recently concluded the first stage. A group of preceptors was detached to study and orient the end-stage-work. Each work group was supported by one preceptor and each preceptor had two work groups (four themes) to orient. The first step required was to write a concise paper comprising introduction, relevance of the theme, objectives and methodology, including the video script. There were monthly meetings for orientation in each small group, and two larger meetings including other residents, preceptors and members of the coordination to evaluate and discuss the proposals, in order to prepare for the process itself of making the video. Considering the technological challenges, a videomaker was provided by the residency program, in order to help the students in the process.

Results and conclusion: It was remarkable the involvement and dedication of many residents, that deeply studied and discussed relevant themes in which other pedagogical methods had failed to motivate them. At the first stage, 25 videos with five minutes duration were made, encompassing themes as Initial HIV Assessment, Clinical presentation of schizophrenia, Communication errors at the beginning of Consultation and How to deliver hard news. This experience allowed us as medical educators to use technologies available effectively, to transform learning into a more collaborative, personalized, and empowering experience.

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La preceptoría en la residencia de clínica médica: visión de los preceptores en el proceso de enseñanza-aprendizaje



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Introducción: El término preceptor, su formación y sus correspondientes tareas y responsabilidades en la formación médica es tema de discusión en la mayoría de las instituciones educativas médicas de nuestro país, y el Congreso

Brasileño de Educación Médica es uno de los principales foros de discusión y experiencias sobre este tema, que representa casi el 5% de los puestos de trabajo en 2007 y el 10% de todos los trabajos presentados por las instituciones educativas en 18 estados brasileños. La enseñanza en la residencia médica es un fenómeno multifacético, influenciado por muchos factores, que van desde el conocimiento previo de los residentes a las características de la población de pacientes. Sin embargo, una extensa literatura da fe de que el preceptor sigue desempeñando un papel clave en la formación de residentes. Cuando se da al preceptor la voz y el espacio adecuados para reflexionar sobre su propia práctica, grandes cambios pueden ocurrir en su práctica docente y, en consecuencia, en enseñanza y el proceso de aprendizaje residente. Por lo tanto, el objetivo del estudio fue conocer cómo ven los preceptores el proceso de enseñanza en una residencia médica.

Metodología: Se trata de un enfoque cualitativo y exploratorio de la investigación, llevada a cabo en dos programas de residencia en medicina interna (Maceió y AL), ambos vinculados al Sistema Único de Salud y acreditados por el Ministerio de Educación y Cultura como hospitales universitarios. Se entrevistó a 13 preceptores que participaron directamente en la formación de los residentes, y se utilizó una entrevista semiestructurada. La interpretación de los datos se realizó mediante análisis de contenido.

Resultados: Se organizaron dos categorías de análisis: 1) Aspectos fundamentales para la enseñanza desde la perspectiva de los preceptores con las siguientes subcategorías: importancia de la supervisión y la autonomía, la práctica en el servicio como el principio de residencia, fomentar la búsqueda activa del conocimiento, compromiso, evaluación y retroalimentación. 2) El maestro de enseñanza, los escenarios y las siguientes subcategorías: visitas a la cabecera del paciente, práctica clínica, discusiones de casos clínicos. Un punto de importancia fundamental en los discursos de los preceptores fue que la mayoría no tienen formación pedagógica para ser preceptores. El trabajo culminó con la creación de un blog de la educación (www.cantinhodopreceptor.blogspot.com), cuyo objetivo es proporcionar material científico en preceptoría con el fin de facilitar el acceso de los preceptores de contenido que pueda ayudarles en sus prácticas diarias.

Conclusión: Hemos notado que la mayoría de los preceptores desempeñan su papel de forma intuitiva, es decir, en base a sus experiencias. La experiencia de servicio en la práctica supervisada, así como las visitas a la cabecera del paciente, se consideran fundamentales para el proceso de enseñanza de los residentes.

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Preceptoring shoulder-to-shoulder without bumping the head



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Introduction: Organizing an educational project for the massive training of residents in a moment of Primary Care expansion in coverage, reordering of care flows, scarcity of Family Medicine specialists and the assistance pressure of quite a vulnerable population was great challenge faced in last 8 years in Rio de Janeiro.

Objectives and methods: This paper aims to present the experience of building bi-weekly educational plans at one unit of Family Medicine Residency Program in Rio de Janeiro. Every two weeks, educational plans are formulated with the resident based on their educational needs, reached during direct observed consultations. The EURACT, European Academy of Teachers in General Practice / Family Medicine, recommended methodology was the base for each plan. The following guiding axes are followed: Target Public, Title, Objectives, Contents, Method / Schedule, Preparatory work, Resources, Equipment, Bibliography, Brochures, Assessment and Valuation. During this fortnight, the plan uses pedagogical strategies to achieve the objectives agreed upon with the residents. Assessment and supervision of consultations and home visits, clinical sessions, meetings between residents and preceptors, dramatizations, theoretical expositions, individual readings, medical records audits, theoretical tests and Feedback. The whole process is based at the Brazilian Family Medicine Association competency-based curriculum.

Conclusions: The maintenance of a constant methodology requires effort and discipline on the part of the preceptor even more in scenarios with strong pressure for access, but was observed that a systematized work methodology with adequate assessment tools are fundamental in the residents daily "shoulder-to-shoulder" training. And was identified that this model also provides great satisfaction for residents because it enables them to perceive growth and learning.

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