



Original Article

Teaching in the Pediatric Residence in the view of resident physicians

Ensino na Residência Médica em Pediatria na visão de médicos residentes
Docencia en la Residencia Médica Pediátrica desde la perspectiva de médicos residentes

Jeannette Barros Ribeiro Costa¹
Lenilda Austrilino¹
Mércia L Medeiros¹

¹ Medical School of the Federal University of Alagoas

<https://doi.org/10.28998/rpss.e02106023>

Received in: 16/01/2021

Accepted in: 13/04/2021

Available in: 15/08/2021

Corresponding Author:

Jeannette B R Costa

Email: jeannettebrc@gmail.com



RESUMO

A Residência Médica é uma forma de treinamento em serviço realizado, a partir do atendimento supervisionado ao paciente, sob a orientação de uma preceptoria qualificada e comprometida. É caracterizada como uma especialização Lato sensu e busca formar profissionais tecnicamente competentes e com elevado padrão ético e humanista. Esta é uma pesquisa qualitativa, tipo estudo de caso, que analisou o Programa da Residência Médica em Pediatria, em um hospital universitário do Nordeste brasileiro, na perspectiva dos residentes. As entrevistas foram realizadas com residentes do 1º e 2º anos e analisadas na perspectiva da Análise de Conteúdo, sendo sistematizadas em duas categorias: Estruturação da Residência Médica em Pediatria e Relação teórico-prática. Os residentes consideraram que a infraestrutura dos cenários de práticas era satisfatória e havia campos diversos de atuação. Por outro lado, consideraram a carga teórica insuficiente, sentiram a necessidade de mais cursos ofertados pela Residência e trouxeram, em seus discursos, angústias e expectativas. O conjunto de percepções revela falhas de gestão do programa, no planejamento das atividades e na sensibilização dos preceptores do cenário de urgência para o apoio à formação.

Palavras-chave: residência médica; ensino; hospitais de ensino.

ABSTRACT

Medical Residency is a form of in-service training carried out from supervised patient care, under the guidance of a qualified and committed preceptorship. It is characterized as a *latu sensu* specialization and seeks to train technically competent professionals with a high ethical and humanistic standard. This is a qualitative research, like a case study, which analyzed the Pediatric Medical Residency Program at a University Hospital in Northeast Brazil, from the residents' perspective. Interviews were conducted with 1st and 2nd year residents, analyzed from the perspective of content analysis, being systematized in two categories: Structuring the Pediatric Medical Residence and Theoretical-practical relationship. The residents considered that the infrastructure of the practice scenarios was satisfactory and there were different fields of action. On the other hand, they considered the theoretical burden insufficient, felt the need for more courses offered by the Residency and brought anxieties and expectations in their speeches. The set of perceptions reveals flaws in the management of the program, in the planning of activities, and in the sensitization of the preceptors of the emergency scenario to support training.

Keywords: medical residency; teaching; teaching hospitals.

RESUMEN

La Residencia Médica es una forma de capacitación en servicio que se lleva a cabo desde la atención supervisada al paciente, bajo la guía de una preceptoría calificada y comprometida. Se caracteriza por ser una especialización en sentido *latu sensu* y busca formar profesionales técnicamente competentes con un alto estándar ético y humanista. Se trata de una investigación cualitativa, a modo de caso de estudio, que analizó el Programa de Residencia Médica Pediátrica en un Hospital Universitario del Nordeste de Brasil, desde la perspectiva de los residentes. Se realizaron entrevistas a residentes del 1º y 2º año, analizadas desde la perspectiva del Análisis de Contenido, siendo sistematizadas en dos categorías: Estructuración de la Residencia Médica Pediátrica y Relación teórico-práctica. Los residentes consideraron que la infraestructura de los escenarios de prácticas era satisfactoria y había diferentes campos de acción. Por otro lado, consideraron insuficiente la carga teórica, sintieron la necesidad de más cursos ofrecidos por la Residencia y trajeron ansiedades y expectativas en sus discursos. El conjunto de percepciones revela fallas en la gestión del programa, en la planificación de actividades y en la sensibilización de los preceptores del escenario de emergencia para el apoyo a la formación.

Palabras clave: residencia médica; enseñanza; hospitales docentes.

Introduction

Medical Residency, as a form of professional improvement, has been recognized since 1889. Characterized as a *Lato sensu* specialization, it is a form of in-service training based on supervised patient care. There are few studies that analyze the teaching-learning process in medical residency in pediatrics. Such analysis is important to evaluate the scenarios in which the residents act and form technically qualified professionals.

In Brazil, the first Residency program began in 1944, at the Clinical Hospital of the University of São Paulo (USP) School of Medicine, with the specialty of Orthopedics (1). However, this teaching modality was only regulated nationally on September 5, 1977, by Decree (2) n° 80.281, the same that created the National Commission for Medical Residency (3).

The process of institutionalization of the Medical Residency made the provision of services gain dimension to the point of compromising its characterization as an educational process (4). In this process, the Residency is guided more by service needs than by learning.

The teaching-learning process is complex, dynamic, and does not occur in a linear fashion (5). Therefore, it demands that the resident deepen and expand the meanings elaborated through his participation, while it requires, from the preceptor, the permanent exercise of reflective work, as well as availability for monitoring, research and care practices (6).

In order to adapt to the technological, value and conceptual transformations that have been taking place in the contemporary world, an educational process that helps in the formation of flexible, tolerant, critical and innovative professionals is necessary. To this end, it is essential to work with concepts such as absolute truth, certainty, causality, and the transmission of knowledge (7). One of the ways to consolidate knowledge starts from the approach to meaningful learning.

The changes promoted by MEC, especially with regard to the extension of the duration of Medical Residency Programs in Pediatrics from two to three years, were approved in Brasilia in 2013 in the plenary of the National Commission of Medical Residency. This is a proposal from the Brazilian Society of Pediatrics (SBP) in line with the curriculum developed by the Global Pediatric Education Consortium (GPEC), a body formed by institutions from about 50 countries, including the SBP. The deadline for reorganization and implementation of one more year in the Medical Residency in Pediatrics program was 2019, year in which it was also implemented in the university hospital studied.

It is observed, taking into account that the teaching-learning process in Medical Residency is still little studied by the scientific community (9,10,11), differently from most of the works dealing with Medical Residency and discussing the organization of the programs and the working conditions of the residents, this work deals with the current condition of the teaching-learning process.

Objective

To report the research on the perception of the teaching-learning process in the Medical Residency in Pediatrics in a Northeastern Brazilian State.

Methods

Qualitative research (initiated after approval by the Research Ethics Committee under CAAE n° 23416719.0.0000.5013), case study type, which analyzed the Program of Medical Residency in Pediatrics, in a university hospital in Northeastern Brazil, from the perspective of residents.

Six first-year and six second-year residents were interviewed between November 2019 and February 2020. Because the Residency program was in curricular transition, there were no residents in the third year.

The field of study included the Medical Residency Program in Pediatrics of a public university hospital. Restricting the study to a teaching hospital did not mean losing the scope, but had the purpose of deepening the understanding of the social group in question: the group of residents in Pediatrics of that hospital.

Field strategies were outlined that involved the construction of an interview script in which each question was related to an operative concept, thought up during the initial theorization, related to the following dimensions: practice scenarios (Which practice scenarios did you experience in the Residency? What physical structure and human resources does the Residency in Pediatrics offer?); cognitive process (How does the teaching-learning process take place in the Residency? How are the moments of discussion and/or search for knowledge? How do residents share knowledge?) and suggestions (Do you have any suggestions for improving the teaching-learning process at the residency in Pediatrics?).

The data analysis was based on Content Analysis (12), in the Thematic modality, following the steps: pre-analysis; exploration of the material; treatment of the results obtained and interpretation. All the material obtained in the data collection went through an order that resulted in the construction of a table-synthesis and subsequent typification of the material as directed by Minayo (13) (2012).

Results And Discussion

Of the twelve study participants, only one was male, and two were not Brazilian nationals. Their ages ranged from 26 to 42 years old.

Analysis of the information allowed two thematic categories to be inferred: 1) Residency structuring regarding practice scenarios, physical structure and human resources and 2) Theoretical-practical relationship (discussion, search and sharing of knowledge). Correlations were performed to show the important aspects of learning, teaching skills, use of clinical cases, and acquisition of competencies inherent to the training of residents.

However, it is notable that the teaching-learning process in residency in pediatrics is much less discussed by the scientific community than in medical education. The residents considered that the infrastructure of the practice settings was satisfactory and that there were several fields

of action. On the other hand, they considered the theoretical load insufficient, felt the need for more courses offered by the residency, and brought in their speeches anguishes and expectations.

The main problems were reported in the ER internship and were related to the absence of preceptorship. The preceptors have pedagogical exercise as one of their main tasks, although often they have not received this training.

One of the fundamental aspects in the formation of a pediatrician would be the understanding of which competencies and abilities need to be acquired and in which stages of training. Therefore, it is quite pedagogical that, already at the beginning of the teaching-learning process of the Medical Residency, the competencies to be acquired in each stage of training should be made explicit.

A problem diagnosed in the interviews is that the residents' perception of their learning needs does not always coincide with the preceptor's perception, leading to demotivation, which can culminate in superficial learning. A review by Dallegrave and Ceccim (14) (2013) on Health Residencies showed that residents do not feel active in the decisions about the didactic-pedagogical contract of the Residency, besides the unpreparedness of preceptors in exercising this function.

The techniques used for the development of integral learning must be thought out, organized, and passed on from the coordination of the residency in pediatrics to the preceptors. Specialization in the field of Education is essential. However, these professionals usually have a specialization in Health.

It is important to note that, although deep learning is linked to one's own choices and feeling of independence, excessive freedom can lead the resident to feel abandoned (1). Thus, it is up to the preceptor to act effectively in order to supervise the residents, dosing the interferences to be performed.

The perception of this pedagogical need is brought up in the statements of the residents. A good preparation of the resident physician is fundamental for the quality of the future pediatrician. For this, it is necessary to establish goals, provide feedback, and have preceptors concerned with continuing education and pedagogical strategies.

Conclusions

The current moment of restructuring, with the addition of the third year of Residency, is ideal for implementing changes. The new scenarios that are being implemented were well chosen, as they take the residents to extra-hospital environments. The theoretical load within the quantity established by the MEC, with updated sessions, provides an opportunity for a deeper learning and can make use of active teaching methodologies. However, the way in which the theoretical content for residents is being arranged should be evaluated, increasing the percentage allocated for such activities.

More attention from managers is needed to solve the increase in the workload of the update sessions, in the use of feedback, in the qualification of preceptors, and in the availability of an environment for the theoretical collection

of what is discussed in each scenario. One option would be through online sessions with the use of active teaching-learning methodologies and with technological innovations in teaching.

REFERENCES

- SKARE TL. Metodologia do ensino na preceptorial da Residência médica. *Rev. Med. Res. Curitiba*. v.4, p.116-120, abr./jun. 2012. Disponível em: <http://www.crmpr.org.br/publicacoes/cientificas/index.php/revista-do-medico-residente/article/view/251>. Acesso em: 06 de novembro de 2020.
- BRASIL. Decreto nº 80.281, de 05 de setembro de 1977. Regulamenta a Residência Médica, cria a Comissão Nacional de Residência Médica e dá outras providências. *Diário Oficial da União, Brasília, DF*, 06 de setembro de 1977. p.11787. Disponível em: <https://www2.camara.leg.br/legin/fed/decret/1970-1979/decreto-80281-5-setembro-1977-429283-norma-actualizada-pe.pdf>. Acesso em 06 de novembro de 2020.
- KOCH VHK, DÓRIA FILHO U, BOLLELA, VR. Avaliação do Programa de Residência Médica do Departamento de Pediatria da Faculdade de Medicina da Universidade de São Paulo. *Revista Brasileira de Educação Médica*[online]. v.35, n.4, pp.454-459, 2011. Disponível em: <http://dx.doi.org/10.1590/S0100-55022011000400003>. Acesso em: 20 de maio de 2020.
- FEUERWERKER LCM. Mudanças na Educação médica e Residência médica no Brasil. *Interface – Comunicação, Saúde, Educação*, v.2, n.3, 1998. Disponível em: <https://www.scielo.br/pdf/icse/v2n3/05.pdf>. Acesso em: 06 de novembro de 2020.
- MITRE SM, BATISTA RS, MENDONÇA JMG, PINTO NMM, MEIRELLES CAB, PORTO CP, et al. Metodologias ativas de ensino-aprendizagem na formação profissional em saúde: debates atuais. *Ciência & Saúde Coletiva*, v.13 (Sup 2), p. 2133-2144, 2008. Disponível em: https://www.scielo.br/scielo.php?script=sci_arttext&pid=S1413-81232008000900018. Acesso em: 06 de novembro de 2020.
- SAWATSKY AP, BERLACHER K, GRANIERI R. Using an ACTIVE teaching format versus a standard lecture format for increasing resident interaction and knowledge achievement during noon conference: a prospective, controlled study. *BMC Medical Education*. v.14, p.14-29, 2014. Disponível em: <https://bmcmmededuc.biomedcentral.com/articles/10.1186/1472-6920-14-129>. Acesso em: 06 de novembro de 2020.
- MOREIRA, MA. *Aprendizagem significativa crítica*. 2ª Ed. 2010. ISBN 85-904420-7-1.
- SOCIEDADE BRASILEIRA DE PEDIATRIA. *Aprovada a residência de 3 anos!* c.2013. Disponível em: <https://www.sbp.com.br/imprensa/detalhe/nid/aprovada-a-residencia-de-3-anos/>. Acesso em 02 de março de 2020.
- FEIJÓ LP, FAKHOURI FILHO AS, NUNES MPT, AUGUSTO KL. Residente como professor: uma iniciação à docência. *Revista Brasileira de Educação Médica*, v.43, n.2, p.225-230, 2019. Disponível em: <https://www.scielo.br/pdf/rbem/v43n2/1981-5271-rbem-43-2-0225.pdf>. Acesso em: 06 de novembro de 2020.
- BASTOS CAH, BOTELHO NM, PORTELLA MB, NASCIMENTO CCL. Aplicação do Método de Avaliação 360º em Residentes Médicos de Ginecologia e Obstetrícia. *Ver. Eletrônica Acervo Saúde*, 2019. Sup.34. Disponível em: <https://doi.org/10.25248/reas.e1423.2019>. Acesso em: 06 de novembro de 2020.
- BOTTI SHO, REGO S. Processo ensino-aprendizagem na Residência médica. *Revista Brasileira de Educação Médica*. v.34, n.1, p.132-140, 2010. Disponível em: <https://www.scielo.br/pdf/rbem/v34n1/a16v34n1.pdf>. Acesso em: 06 de novembro de 2020.
- BARDIN L.. *Análise de conteúdo*. Ed: Persona, São Paulo, 1991.
- MINAYO MCS. *Análise qualitativa: teoria, passos e fidedignidade*. *Ciência & Saúde Coletiva*, v.17, n.3, p.621-626, 2012. Disponível em: https://www.scielo.br/scielo.php?script=sci_arttext&pid=S1413-81232012000300007. Acesso em: 06 de novembro

de 2020.

14. DALLEGRAVE D, CECCIM RB. Healthcare residency: what has been produced in theses and dissertations? *Interface (Botucatu)*, v.17, n.47, p.759-766, out/dez. 2013. Disponível em: https://www.scielo.br/pdf/icse/v17n47/en_aop4113.pdf. Acesso em: 06 de novembro de 2020.

Citation

Costa, J. B. R., Austrilino, L., & Medeiros, M. L. Ensino na residência médica de pediatria na visão de médicos residentes. *Revista Portal: Saúde e Sociedade*, 6 (unique):e02106023. DOI:10.28998/rpss.e02106023.



This is an Open Access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution and reproduction in any medium, provided the original work is properly cited.