



Research Article

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# What Potentials and Weaknesses in the Implementation of Residence Programs in Brazil?



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## Abstract

The residency programs in Family and Community Medicine and Multidisciplinary Health are intended to help reorient the care model provided to the population. In the literature, the importance of prior planning, clear definition of the program's objective, selection and training of preceptors, strengths and weaknesses are highlighted as the main ones to be observed when implementing the program. Health residencies have the potential to improve the quality of health care, essentially when preceptors have the necessary skills to help students train. Weaknesses such as the physical structure of the practice scenarios, the professionals' workload and lack of communication between the sectors involved must be overcome.

**Keywords:** Primary Health Care; Preceptorship; Medical residence

## Introduction

In recent years, the social demand for the implementation of public policies has intensified, the institution of a new organization of the services provided, the reorientation of the health model, which are capable of empowering the population, promoting health and transforming the social context, overcoming once and for all the restrictive, still hegemonic, medical care model of health care [1].

Although residency programs have been evolving, expanding, and consolidating over time, significant challenges that must be overcome still permeate discussions when talking about such programs, such as: competency-based curricula, teaching-learning tools, preceptorship, challenges of municipal policy and the organization of local care networks for the program to function and financial sustainability of implementation [2]. Thus, this short paper aims to present a short literature review regarding

the implementation of residency programs in health in Brazil, highlighting their strengths and weaknesses.

## Pre-Deployment Planning

The planning period prior to implementation is considered essential for the elaboration of the Pedagogical Political Plan for the specialties included the definition of disciplines common to all areas (transversal), areas of concentration, organization, and preparation of an effective practice scenario, integrating teaching and service [3]. Santos [4] adds that neglecting the necessary planning time makes it difficult to understand the relationships established between each phase of the process, from theory to practice. With regard to the management of the residency program, Sarti et. al [5] evidenced bipartite management, carried out jointly by the municipality's health department and the medical residency committee, which are responsible for coordinating the program,

the selection process of residents, management of academic life and even issuing certificates of completion of the program.

### Objectives of the Programs

Costa & Santana [6] point out the main objective of developing the residency program with the proposed design as offering a teaching-learning process through active methodologies and practical experience, especially in areas of vulnerability, culminating in the improvement of work techniques.

### Selection and Technical Training of Preceptors/ Supervisors

The preceptor is that professional, active in the service, whose function is to mediate, integrate, accompany, supervise, advise, listen, raise awareness, and evaluate the student. Thus, it is essential that this professional has technical capacity, relational skills, and didactic-pedagogical training as a preceptor [7].

Berguer [8] points out that the indication of preceptors to work in the residency should be based on a pre-established minimum profile: having previous training in the area of residency, being full-time in the unit, showing motivation and availability to be a preceptor. Attention was paid to the fact that some of the nominees had the profile, however, they were not interested in taking on the task, as well as some of the nominees did not meet the necessary criteria. Fortnightly training activities for preceptors and tutors can improve the performance of these professionals. In these activities, circles and pedagogical improvement workshops can be developed, learning challenges for residents of each unit can be discussed, seeking to improve the work in the services [6].

### Potentialities - Positive Results Obtained After Implementation

The first potentiality that can be highlighted is the fact that graduates of the programs are absorbed by the service, becoming professionals where they were previously students, which culminates in the improvement of the offer of services, in the maintenance of residence spaces, and each day more in the strengthening of the network<sup>2,3</sup>. In addition, the residencies boosted the change in the care model in health units, such as the transformation of traditional units into family health units, the expansion of access and the quality of care<sup>6</sup>.

It is also possible to highlight the development and publication of various educational materials by the actors involved in the residency, throughout their learning process, such as: Guidelines for Reception and Access in Primary Care, the Street Layout and Municipal Adscription of Primary Care, the Guide to Services of Interest to Primary Care and the Men's Health Guide in the Family Health Strategy [6].

### Weaknesses to be faced

The weakness that is most evident in the process is the precarious physical structure of the practice settings (in short,

health units), with a lack of inputs, computerization, and reduced number of rooms. However, the reduced number of professionals is evident, who had work overload and accumulation of various activities. In addition to the burden, there was lack of knowledge and difficulty in understanding the importance of residency by the actors involved [3,6]. It is also observed that there is inefficient support from the local team in welcoming the resident in the service and integrating him into the work processes of the health team, as well as insufficient support from the management for the planning of residency activities [5].

Berger [8] shows that local preceptors also do not have experience in supervising residents, bearing in mind that the fact that the local preceptor does not have a degree in the specialty for which he was training residents may or may not be a problem. Sarti et. al [5] highlights the lack of dialogue between management actors and the fragile integration between teaching-service-community as a limitation that must be overcome, however, they state that this does not make the program implementation process unfeasible.

The influence of the political context on the implementation and effectiveness of the residency program also emerged as a weakness, as can be seen through the cancellation of the national residency program, in 2017, as a result of the political ruptures that occurred at the federal level and the change of vision in relation to the training of family and community physicians [8].

### Conclusion

This review can highlight the importance of implementing health residency programs, whether medical or multidisciplinary, to help reorient the current health care model, which is still essentially hegemonic medical. The selection and training of preceptors is a key point for strengthening the programs, as skilled and competent preceptors will train future specialists capable of improving the health care provided to the population. However, for the programs to be strengthened and endure, several weaknesses still need to be overcome, such as: improving the physical structure of the practice scenarios, raising awareness among top professionals about the role and importance of the resident and the program, improving the remuneration made available to preceptor professionals, who already find themselves with an extremely overloaded workday, and, finally, the strengthening of relations between the sectors involved, such as program management, educational institutions and the community itself.

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