

# Integrated medical residency for the Family Health Program

## *Residência médica integrada para o Programa de Saúde da Família*

Fued Elias Esper<sup>1</sup>, José Alfredo Borges da Cunha<sup>2</sup>, Fernando Pádua Junqueira<sup>3</sup>, Gilca Geraldo Starling Diniz<sup>4</sup>, Lino Antonio Raimundo Lopes<sup>5</sup>, Luciana Passos<sup>5</sup>

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### ABSTRACT

This article discusses the structure of the Medical Residency program aimed at training general practitioners capable of working in countryside towns and who will practice in the Family Health Program in the basic medical areas of Pediatrics, Obstetrics and Gynecology, General Surgery, Internal Medicine, Urgent Care, Trauma, and Anesthesiology. Most residency programs have not been training professionals with this profile. Such training is paramount for doctors who relocate to the countryside so as to improve medical care in these regions.

**Key words:** Medical Education; Internship and Residency/Human Resources; Doctors; General Practitioners; Family Health Program

### RESUMO

*Este artigo discute a estrutura do programa de Residência Médica, visando à formação de médicos generalistas capazes de atuar em cidades do interior atendendo ao Programa de Saúde da Família e as áreas básicas da Medicina: Pediatria, Ginecologia e Obstetrícia, Cirurgia Geral, Clínica Médica, urgência, trauma e Anestesiologia. O que se observa é que a maioria dos programas de residência não tem preparado profissionais com esse perfil. A formação desses profissionais se torna imprescindível para que ocorra a interiorização do médico e, com isso, a melhoria da assistência médica no interior.*

**Palavras-chave:** Educação Médica; Internato e Residência/recursos humanos; Médicos; Clínicos Gerais; Programa da Saúde da Família

### INTRODUCTION

The changes in the health care model aiming at humanization, integration, and austerity in the provision of health care services to the citizens has training and education of professionals as its main objective. For this purpose some changes are necessary in terms of education, in all of its levels but mostly in undergraduate and specialization courses, and especially those that are part of health services. Integrating the education and health systems is a strategic factor for consolidating public policies and giving rise to the kind of nation all aspire to have.

In Brazil, restructuring the curriculum is necessary step to train physicians who are able to provide general care to the population. Due to deficiencies in the medical education currently offered in undergraduate courses, medical students prepare themselves to become residents in a medical specialty. The specialization

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#### Institution:

General Surgery II Service of Hospital de Clínicas of the Federal University of Uberlândia  
Uberlândia, MG – Brazil

Corresponding Author:  
Fued Elias Esper  
E-mail: fuedperufu@yahoo.com.br

of a family health professional must start during the undergraduate years, which are fundamental basis for training, something that does not happen in most medical schools.

## OBJECTIVES

The present work aims to discuss the necessary conditions for the training of physicians with competences and skills in the different basic areas of medical service, aiming at their technical, ethical, and humanistic training for the Family Health Program (FHP).

For that purpose, students must be made aware of the principles and guidelines of the SUS (the Brazilian Unified Health System), as well as know how to apply them in public health planning in the workplace, know health surveillance practices, social situations of life and health in the families and suggest intervention measures, develop a focus on comprehensive care as part of a health plan for patients and their families, know the steps for a diagnosis of community health, know how to work with communities, and social control in the search for collective solutions.

## TRAINING NEEDS FOR FHP PHYSICIANS

In each of the cornerstone areas of FHP, training is necessary in the following subjects:

- **preventive and social medicine:** it is necessary to establish the knowledge of:
  - **the Unified Health System:** principles and guidelines: referral and counter-referral system, regionalization, accessibility, health financing, health costs;
  - **community demands, met and latent;**
  - **focus on Primary Medicine:** health promotion, disease prevention, cure and rehabilitation practices, integral health care, standards for annual periodic exams;
  - **Family Health Program:** sign up process, characterization, issues and health actions, care service goals, Family Health Program team;
  - **communication aspects in healthcare:** patient-healthcare team relations and system user-family-community group relations;
  - **system user and community participation:** for planning, control and assessment of health care actions or patient rights;
- **notifiable diseases:** active search, support and control;
- **death certificate:** rules for filling in forms, quality of information and epidemiologic and legal aspects;
- **prevention measures:** human rabies and control of animal rabies, case discussions;
- **immunization** and knowledge about popular education practices in health;
- **general surgery:** training for competent and skilled performance of the following procedures: ambulatory surgery, pleural tap and thoracic drainage, vein dissection, central venous catheterization, bronchoscopy for removal of foreign bodies, ano-rectal surgery, minor abdominal surgery (appendectomy), hernioplasty – inguinal and abdominal wall, laparotomy – intestinal sutures, gastrostomy and colostomy, posthectomy, tracheotomy;
- **traumatology:** training for competent and skilled performance of the following procedures – fracture reductions, traction and immobilization, right conduct in case of spinal fractures, initial care of polytrauma patient, initial treatment of open fractures, cardiopulmonary resuscitation;
- **gynecology and obstetrics:** training for competent and skilled performance of the following procedures: births and cesarean sections, ovarian cysts (excision), tubal ligation, perineoplasty, breast lumpectomy, and curettage;
- **pediatrics:** training for competent and skilled performance of the following procedures – general care of newborns, childcare, general pediatric internal medicine, most common diseases among newborns, primary care of teenagers;
- **anesthesiology:** training for competent and skilled performance of the following procedures – locoregional anesthetic blocks (spinal and peridural anesthesia), use and handling of drugs related to these procedures, orotracheal intubation and ventilation;
- **internal medicine:** training for competent and skilled performance of the following procedures – diagnosis and management in acute myocardial infarction, heart failure, arrhythmias, chronic obstructive pulmonary disease (COPD), pneumonia, diabetes mellitus, systemic arterial hypertension, renal failure, brain stroke, urinary infection, worm infestations, kidney stones, enteritis and gastroenteritis, megaesophagus and megacolon, laboratory tests.

## METHOD

The practice fields were the SUS services in the municipality, in a partnership with university and public hospitals. This program has also been developed at peripheral clinics and the university hospital – the central outpatient clinic integrated with Pediatrics, Obstetrics and Gynecology, Internal Medicine, General Surgery wards and the ER. The program also included medical complications in the various specialties at the University Hospital.

One of the sanitary districts of the city was also included as well as the users of the Family Health Program (FHP) of the Municipal Health Department, taking into account the epidemiological profile of the population. The strategy used aimed at reversing the current and inefficient healthcare model, seeking to develop more comprehensive care. The focus shifted from just clinical care or outpatient surgical procedures to comprehensive care, in an attempt to organize the demand and strengthen health promotion actions.

Coordinators and tutors in the several work groups helped train the professionals. Preceptors encouraged active learning from the medical student, not just passive transfer of information, as well as emphasized the importance of working in a multidisciplinary team. In order to develop more interdisciplinary actions, additional programs were integrated to the team including personnel from the undergraduate courses in Nursing, Social Services, Physical Therapy, Audiology, Nutrition, Pharmacy, Psychology, and Dentistry.

All of these activities were personalized and performed under constant supervision of professors and preceptors. The residency program is expected to last three years, and after the first two years the resident should be able to deliver the necessary care. The third year can be optional for this specialization, and should aim to train educator who will engage with other physicians to disseminate this training model (specialized training of multipliers).

## COMMENTS

There is a real discrepancy between the current medical education and the health system in place. The deficiencies in education and training in medical schools is also notable. By the end of their degree, students feel totally unprepared to perform any medical activity, either in the large centers where they studied

or in small or medium-size communities. They find themselves in need of better education. Generally speaking, this teaching should happen at the undergraduate level, but this is not often the case in most medical schools in Brazil. Medical education must be improved as a whole, and not merely complement it with a specialization (Family Health Program). Creating a medical residency program is a necessary to prepare physicians with a generalist education, so that they are able to work in small communities.

What we currently have is a specialized medical residency at the end of which most residents work in medium and large urban centers, where the labor market is already saturated and competitive, causing them to resort to professional activities at first aid clinics and ER units, many times in different areas from that of their specialization, causing dissatisfaction.

Sometimes the economical factor compels them to seek work in smaller towns where there are no health policies in place that motivate physicians to remain locally. Yet another important factor is the lack of professional training to work in these communities, where healthcare situations can be markedly different. It is up to the physician to care of disease prevention, family health, assist the elderly, children and pregnant women, perform small and medium-scale surgery. Physicians are unprepared for this care model as undergraduates or during their residency program. Putting these two factors together – the lack of preparation and lack of policies that stimulate physicians to remain in small towns – physicians submit themselves to living and working in larger urban centers, being forced to periodically commute to smaller communities in order to seek sustenance for themselves and their families. Thus, they cannot continue in these communities and find themselves forced to stay in the large centers, frustrated and in many cases feeling useless. On the other hand, small communities are in great need of medical care.

The existence of a comprehensive and integrated medical residency program to endow professionals with competences and abilities in the various basic areas of medical care, capable of supporting a family health program, can contribute in solving these issues. This kind of medical residency program would have a number of advantages, among which: permanence of physicians in small and medium size communities, provision of integral care to families, development of medical care, promoting the creation of solution-gearred services as well as collaborating in

their planned growth, prevention of unnecessary patient transfers, reduction in the costs of health and/or their prioritization, humanization of the services to communities, meeting the demand for professionals with adequate profile for work in the SUS, contribution to the establishment of SUS in the municipalities.

## PROFILE OF GRADUATE PROFESSIONALS

The goal must be to train a general family practitioner able to operate with technical, scientific, and humanized knowledge in the Family Health Programs in smaller communities, which are in dire need of such professionals. Consequently, this professional will implement health policies that will assist these small communities, modifying the health care model and health service management, as well as their efficiency and quality.

By the end of the program the residents should be able to: provide integral and continuous care at the he-

alth unit, delivering results and offering a quality service to meet the health needs of the population, detect and intervene in risk situations to which the population may be exposed, contribute to promoting their physical, mental, and social health by means of a health policy focused on the interests and needs of the community, i.e., promote health policies and not politics, in the health of the population they are assisting.

## CONCLUSION

This proposed program prepares physicians for the market at various locations around the country or even for future specialization, if they so desire, provided that undergraduate education is re-engineered and physicians are trained as professionals. It also aims to avoid the centralization of health care in the figure of the local governments, a phenomenon which has unfortunately replaced health municipalization.