

PROFILE OF TEACHERS FOR THE TUTORIAL TEACHING OF MEDICINE COURSES: A GUIDING PROCESS FOR THE CONSTRUCTION OF LOCAL REALITY PROBLEMS

O PERFIL DE DOCENTES PARA O ENSINO TUTORIAL DE CURSOS DE MEDICINA: UM PROCESSO ORIENTADOR PARA A CONSTRUÇÃO DE PROBLEMAS DA REALIDADE LOCAL

PERFIL DE PROFESORES PARA LA ENSEÑANZA TUTORIAL DE CURSOS DE MEDICINA: UN PROCESO GUÍA PARA LA CONSTRUCCIÓN DE PROBLEMAS DE REALIDAD LOCAL

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ABSTRACT: Medicine courses have in their curricular guidelines a proposal for the implementation of teaching based on the community that the institution is inserted. The objective here is to know the profile of the teachers of the Tutorial Teaching of a medical course. This is a descriptive, quantitative, prospective study, carried out with the professor of the tutorial teaching module in the 2018.2 and 2019.1 semesters of the medical course of a public institution, with 50% of the teachers having between 5 and 10 years of teaching career. All were experienced with tutorial teaching. The majority (57%) found themselves for at least 2 years without capacitation aimed at tutorial teaching. The participating teachers were from the most diverse courses. The majority (57%) said they were close or very close to the local reality before tutorial teaching. Even after their insertion in tutorial teaching, 43% of the teachers reported little proximity. All teachers responded that they had reasonable knowledge about the topics discussed in tutoring. 29% considered little to follow the intervention step performed by students in tutorial teaching. 83% reported that learning about the topics discussed is considered reasonable. The most varied topics were covered in tutorial teaching: communicable and non-communicable diseases, parasitic diseases and, environmental and social problems.

KEYWORDS: Medical teachers. Medical education. Mentoring.

RESUMO: Os cursos de Medicina possuem em suas diretrizes curriculares a proposta de implementar um ensino baseado na comunidade em que a instituição se encontra inserida. Objetiva-se conhecer o perfil dos docentes do Ensino Tutorial de um curso da Medicina. Trata-se de um estudo descritivo, quantitativo, prospectivo, realizado com os docentes do módulo de ensino tutorial nos semestres 2018.2 e 2019.1 do curso de Medicina de uma instituição pública, sendo que 50% dos docentes estão entre 5 e 10 anos de carreira docente. Todos encontravam-se com experiência no ensino tutorial. A maioria (57%) encontrava-se há pelo menos 2 anos sem capacitação voltada para ensino tutorial. Os docentes participantes eram dos mais diversos cursos. A maioria (57%) respondeu estarem próximos ou muito próximos da realidade local antes do ensino tutorial. Mesmo após sua inserção no ensino tutorial, 43% dos docentes

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relataram pouca proximidade. Todos os docentes responderam que possuíam conhecimento razoável sobre os temas discutidos na tutoria. 29% consideraram-se pouco próximos da etapa de intervenção realizada pelos discentes no ensino tutorial. 83% relataram que consideravam razoável o aprendizado sobre os temas discutidos. Foram abordados os mais variados temas no ensino tutorial: doenças transmissíveis e não transmissíveis, doenças parasitárias, e problemas ambientais e sociais.

PALAVRAS-CHAVE: *Docentes de medicina. Educação médica. Tutoria.*

RESUMEN: *Los cursos de medicina tienen en sus pautas curriculares la propuesta de implementar la enseñanza basada en la comunidad en la que se inserta la institución. El objetivo es conocer el perfil de los docentes de Educación Tutorial en un curso de medicina. Este es un estudio descriptivo, cuantitativo y prospectivo, realizado con los maestros del módulo de enseñanza tutorial en los semestres 2018.2 y 2019.1 del curso de medicina de una institución pública. El 50% de los docentes tienen entre 5 y 10 años de carrera docente. Todos tenían experiencia con la enseñanza tutorial. La mayoría (57%) había estado sin capacitación durante al menos 2 años para la enseñanza tutorial. Los profesores participantes pertenecían a los cursos más diversos. La mayoría (57%) respondió que están cerca o muy cerca de la realidad local antes de la enseñanza tutorial. Incluso después de su inserción en la enseñanza tutorial, el 43% de los maestros que informaron poca proximidad. Todos los maestros respondieron que tenían un conocimiento razonable sobre los temas discutidos en la tutoría. El 29% se consideraba no cercano a la etapa de intervención realizada por los estudiantes en la enseñanza tutorial. 83% de los profesores informaron que consideraban que aprender sobre los temas discutidos era razonable. Los temas más variados fueron cubiertos en la enseñanza tutorial: enfermedades transmisibles y no transmisibles, enfermedades parasitarias y problemas ambientales y sociales.*

PALABRAS CLAVE: *Docentes médicos. Educación médica. Tutoría.*

Introduction

The national curricular guidelines (DCN, Portuguese initials), for undergraduate courses, were constructed as a strategy to direct how the pedagogical political project (PPP) of a higher education institution (HEI) should be built and implemented. In the medical course, advances have occurred with the construction of PPPs based on the current guidelines, and more and more students are inserted in health services and in the community.

For DCN, the Undergraduate Medical Course must have a political pedagogical project, built collectively, so that the student is the center of the teaching-learning process. In this proposal, the teacher plays the role of facilitator of this process, with mediating strategies that will support the student in the construction of their learning (BRASIL, 2001a).

It is understood, then, that the DCNs seek to contribute to the innovation and quality of the PPP of undergraduate medical courses, so that there is guidance for a curriculum that is

attentive to the academic and professional profile of the graduate. It is also discussed that aspects such as understanding, interpretation, preservation, reinforcement, promotion and diffusion of cultures, international, national and regional histories of each locality, should be considered, with the understanding of the pluralism and cultural diversity that we experience in Brazil (BRASIL, 2001b).

There is a clear challenge for a reformulation of health education, both in relation to its objectives and its practices. Medical courses seek at this moment to try to adapt to the new demands of the DCNs, both from an ethical and a social point of view (AYRES, 2013).

In 2014, the Ministry of Education established in the DCNs that the medical course has social responsibility and commitment to the defense of citizenship, human dignity and integral health of the population (BRASIL, 2014).

A strategy to achieve this proposal is the PPPs articulated on the support tripod of the higher education institution: teaching, research and extension, in order to provide integral formation. Thus, with the proposal to strengthen this tripod and try to encourage students to enter the community and health services, the DCNs proposed to include tutoring activities in the curriculum, which is referred to in the academic curricula of the Federal University of Maranhão (UFMA) as Integrating Axis (BRASIL, 2001a).

In 2014, the DCNs, for Medical Graduation, reinforced the need for the course to have its formation centered on Primary Care, so that assistance occurs in the health care network in the Unified Health System (SUS, Portuguese initials), starting at the health service that should be the user's gateway. When working with the proposal of the Integrating Axis, it shows here, medical formation, health care provided, and popular participation, which are inseparable aspects when seeking teaching-service-community integration (BRASIL, 2014).

The Integrating Axis works in this focus due to the idea of strengthening the sanitary movement that, with the creation of SUS, discusses the limitations of a traditional formation and reinforces the need for an educational model that prioritizes generalist, humanistic and critical-reflexive medical formation. This new health model is committed to a professional who attends not only to the health-disease process with a technical approach, but who can go beyond that: to seek political and ethical dimensions that are found in everyday practice (AYRES, 2013).

[...] as a response to an interministerial policy, configured as the agenda of the Brazilian Sanitary Reform, with regard to the organization of formation in the health area, bringing teaching, research and extension practices closer to the

health system and social demands (ANDRADE; SILVA; SILVA, 2011, p. 57).²

In addition to the search for a curriculum focused on primary care, the DCNs proposed the use of active methodologies in institutional assessments, in order to provide students and teachers with multiple ideas and views, involving all the actors present in the process. The purpose of these methodologies is that there is an understanding of the concepts considered key for learning, for the development of critical thinking, for the practical application of the theoretical context, and for a good individual and collective performance (BRASIL, 2014).

Despite the proposals evidenced in the DCNs, it is still observed that the model adopted in the Integrating Axis in undergraduate medical courses is inefficient, with an emphasis on the pedagogical approach that aims to humanize medical formation. This is possible with the narrowing of the student's interaction with the community and the reality experienced by his clients, which in the future will facilitate the doctor-patient relationship and, as a consequence, the diagnostic-therapeutic process (AYRES, 2013).

Reflecting on the formation of medical students, demonstrates the concern about how their performance as a doctor will be in the future. Thus, the idea of working with tutorial teaching should not be limited to unusual problems with the reality of that community, but should consider the assumption that a quality discussion is one that the student can put into practice in his academic extension environment. Therefore, it is necessary to privilege the professional skills built, and be based on a reflective practice, which is guided by ethical professional involvement (FONSECA; IDE; PETERLINE, 2013).

Learning must be interpreted as a path that enables the social subject to transform himself and transform his context. “[...] Research should be an integrating axis that feeds back into academic education and the practice of doctors”³ (BRASIL, 2001b, p. 1).

Given what has already been exposed, the following research problem was defined: How to reorient the construction of problems for tutorial teaching from the local reality in a medical course? This study becomes relevant when we understand the need for guidance and monitoring of tutorial teaching activities in all academic periods of the Undergraduate Medicine course.

² [...] como resposta a uma política interministerial, configurada como agenda da Reforma Sanitária Brasileira, no que se refere ao ordenamento da formação na área da saúde, aproximando as práticas de ensino, pesquisa e extensão ao sistema de saúde e às demandas sociais (ANDRADE; SILVA; SILVA, 2011, p. 57).

³ “[...] deverá ter a investigação como eixo integrador que retroalimenta a formação acadêmica e a prática do médico”

It is important to construct the cases exploring the reality of the community and the local health services, in order to seek theoretical solutions to local problems. From their moment in the classroom, it is relevant to insert medical students in their place of practice.

Thus, it was initially proposed to meet the teachers inserted in the Tutorial Teaching of a Medicine course.

Method

Type of study

This is a descriptive study, with a quantitative, prospective approach.

Study population and period

The teachers of the tutorial teaching modules of the medical course participated in the research. The research took place from January to July 2019.

Data collection

Initially, an invitation was made to all teachers of tutorial teaching. Soon after, the free and informed consent form (ICF) was delivered to each participant, guaranteeing the anonymity of the participants, as well as the right to withdraw from participating in the study at any time.

Data were collected on the teaching profile, the experience of the teachers. The collection took place through an individual questionnaire elaborated in the Survey Monkey program⁴, which was sent by e-mail, with the proposal to know the teaching profile.

Data analysis

Qualitative data were analyzed using the Survey Monkey program. Descriptive analysis was performed using absolute and relative frequency, mean and standard deviation.

Ethical aspects

To meet the ethical criteria, the recommendations determined in Resolution No. 466/12 of the National Health Council (BRASIL, 2012) were followed. The project was sent to the Municipal Health Department for authorization of research in health units. The project was also

⁴ Software available at: www.surveymonkey.com

submitted to Plataforma Brasil, for consideration and receiving a favorable opinion number 102204/2017. Those who wished to participate in the study were asked to sign the Informed Consent Form in two copies, in which the objectives and purposes of the investigation were clarified, and the anonymity of the participants and the consent for the dissemination of the results obtained was assured.

Results and discussion

The tutorial teaching in this medical course is formed by 13 teachers. Of these, 50% are between 5 and 10 years of teaching career, 34% have been for less than 5 years and 16% have been teaching for more than 10 years. All were experienced with tutorial teaching, having been working in this form of teaching for at least 3 semesters. The majority (57%) had been without capacitation for tutorial teaching for at least 2 years. The participating teachers were from the most diverse courses: doctors, nurses, pharmacists, dentists, nutritionist and physiotherapist.

When asked about approaching the municipality's health service, the majority (57%) responded that they were close or very close to the local reality. However, when asked about the proximity after their insertion in tutorial teaching, the percentage did not change, showing that the 43% of teachers who reported little proximity, remained unaware of the local reality.

All teachers replied that they had reasonable knowledge about the topics discussed in tutorial teaching. It is noteworthy that 29% of the teachers considered themselves to be not very close to the stage of intervention performed by the students in tutorial teaching.

When asked about their perception of student knowledge, 83% reported that they considered learning about the topics discussed reasonable. When asked what these themes were, it was noticed that the most varied themes are addressed: communicable and non-communicable diseases, parasitic diseases, and environmental and social problems.

The proposal to work on tutoring, brought to the Medical Graduation course new perspectives of critical discussions, however, so far, limited to working only for the intellectual growth of the student. This problem brings the student away from the reality of health services and the community in which he is inserted.

So, the teachers of the course must pay attention to the specificities of the place, with regard to its socio-sanitary characteristics. It is known by both students and teachers that the curricula must be based on the community, which is still a distant reality from the cases studied in tutorial teaching.

Haddad (2009) explains the importance of seeking in tutorial teaching the integration of teaching with the SUS health care network instituted as a pedagogical act, made possible through an alignment and organization of health education policy.

To make the construction of tutorial teaching based on health services and the community viable, it is important, first of all, to get to know them. In this process, the active participation of health professional representatives from the health service network and SUS users is essential.

It is sought here, an approach of the professionals of the pedagogical practices besides providing to the professors of the Medicine course their insertion and knowledge of the local health care processes. This enables the continuity and constant transformation of both processes, whether in teaching or in the provision of health services (HADDAD, 2009).

For Bollela *et al.* (2014), the act of educating for undergraduate health courses should aim to prepare students in order to develop competencies and skills for responsible professional practice, that is, professionals in the service of the community.

It is understood the importance of offering tutorial teaching to medical students, aiming at obtaining the theoretical domain on the various subjects that involved their daily activities in health services. However, their actions and activities performed after formation should not be focused only on what they know, but on what they do with or from the knowledge obtained (BOLLELA *et al.*, 2014).

In addition, discussions based on the reality of health services and the community provide a great opportunity to discover gaps, which can be researched through research project proposals and actions with greater social and health impact can be achieved with projects extension.

Final considerations

Encouraging the strengthening of university teaching, research and extension through the local reality provides, above all, permanent education in health, so that the discussions will go beyond the walls of the university, and may permeate all places of practice of medical students. At this time, knowledge is not only acquired by students, but reaches university professors and health professionals who serve the community.

So, it is clear that there is the challenge of sensitizing the professors and students of the Undergraduate Medicine course so that tutorial teaching should foster the construction of discussions based on the reality of the community served and the local health services.

There must be a reflection that, since graduation, students must be inserted in the space in which they find themselves professionally, recognizing the needs and peculiarities of the local population. And then, from this recognition, the process of providing health services will be directed, in order to meet local specificities, to any place where academics are, as they understand that the actions must be performed according to the experienced reality.

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