



The relevance of health education through a national exchange in family and community medicine

A relevância da educação em saúde através de um intercâmbio nacional em medicina da família e comunidade

La relevancia de la educación en salud a través de un intercambio nacional en medicina de familia y comunidad

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ABSTRACT

Objective: To report the experience of a medical student in a national exchange program in Family Community Medicine (FCM). **Experience report:** The National Exchange, carried out by the student, took place in two instances, the first being an experience in the Family and Community Strategy Health Unit and the other in the setting of the local University, enabled theoretical-practical learning using active methodology. The experience faced consolidated themes previously seen by the student, in addition to learning a new universe in relation to public health, local culture and interpersonal growth. In view of this, the National Exchange focused on FCM education is a tool that boosts scientific and social knowledge. **Final considerations:** Through the exchange, it was possible to broaden the worldview on Public Health, experiencing a new reality that was not expected, based on this, the exchange is consolidated as a key piece for creating skills that can be essential for future professionals.

Keywords: Family and Community Medicine, Primary Health Care, Medical Education.

RESUMO

Objetivo: Relatar a experiência de um estudante de medicina em um programa de intercâmbio nacional em Medicina da Família e Comunidade (MFC). **Relato de experiência:** O intercâmbio Nacional, realizado pelo acadêmico, ocorreu em duas instâncias, a primeira sendo uma vivência na Unidade de Saúde de Estratégia da Família e Comunidade e outra no cenário da Universidade local, que possibilitou aprendizado teórico-prático utilizando metodologia ativa. A experiência consolidou temáticas previamente vista pelo estudante, além do aprendizado de um novo universo em relação a saúde pública, cultura local e crescimento interpessoal. À vista disso, o Intercâmbio nacional voltado à educação em MFC é uma ferramenta que impulsiona o conhecimento científico e social. **Considerações finais:** Através do intercâmbio foi possível ampliar a cosmovisão sobre Saúde Pública, vivenciando uma nova realidade não esperada, com base nisso, o intercâmbio se consolida como uma peça-chave para a criação de habilidades que podem ser essenciais para futuros profissionais.

Palavras-chave: Medicina de Família e Comunidade, Atenção Primária à Saúde, Educação Médica.

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RESUMEN

Objetivo: Relatar experiencia de un estudiante de medicina en un programa nacional de intercambio en la Medicina Familiar y Comunitaria (MFC). **Relato de experiencia:** El Intercambio Nacional, realizado por el estudiante, se llevó a cabo en dos instancias, siendo la primera una experiencia en Unidad de Salud Estrategia Familia y Comunidad y la otra en el ámbito de Universidad local, que posibilitó aprendizaje teórico-práctico utilizando metodología activa. La experiencia abordó temas previamente consolidados por estudiante, además del aprendizaje de un universo en relación con la salud pública, la cultura local y el crecimiento interpersonal. Ante esto, Intercambio Nacional enfocado en la educación de la MFC es una herramienta que impulsa el conocimiento científico y social. **Consideraciones finales:** Través del intercambio, fue posible ampliar la cosmovisión sobre la Salud Pública, experimentando una realidad que no se esperaba, a partir de ello, el intercambio se consolida como una pieza clave para la creación de habilidades que pueden ser esenciales para los futuros profesionales.

Palabras clave: Medicina Familiar y Comunitaria, Atención Primaria de Salud, Educación Médica.

INTRODUCTION

Primary Health Care (PHC), that has its concepts based and inspired by the terms of Alma Ata, came from a creation process inspired by the constitution of the Unified Health System (SUS) and functionate as a promoter of practices and actions that diverge from the protagonist of the hospital-centered model. PHC has as support the promotion and prevention in health, in this aspect also emerges the concept of Family and Community Medicine (FCM) as an arm and driver of aspects of Primary Care, recognized as practice and specialization in an international way for National Health Systems (FERREIRA L, et al., 2019)

The construction of FCM introduce curricular changes and reforms of Brazilian medical education in addition to ethical aspects and improvement in the quality of patient care. The FCM has a potentiating and transformative character, both for those who adopt this specialty and for academics who have contact during graduation, in the development of more humanitarian and community-oriented care, taking the directions of Integral Health Care. FCM is focused on the human being as an individual, reconfiguring the old models of health care in Brazil that focus on pathology. It implies in the improvement of interpersonal relationship between physicians and patients (COELHO NETO GC, et al., 2019).

Despite the advancements of Family and Community Medicine (FCM), the progress of Family Medicine and Community Medicine within the national territory faces several barriers due to the prevalence of an outdated system that persists, promoting obstacles such as care fragmentation, prioritization of curative care over preventive actions, and widening disparities in access to healthcare services (MACHADO HS, et al., 2019).

Furthermore, there is still a need for the recognition of Family and Community Medicine programs. Studies show that when this specialization is valued, it leads to a greater attraction of healthcare professionals to primary care, strengthening healthcare services in local communities. Moreover, the appreciation of these programs can stimulate the advancement of this specialization and enable a greater allocation of resources for this field (LEITE APT, et al., 2021).

Based on this, exchange can play a crucial role in expanding the horizons of Family and Community Medicine (FCM) professionals. It provides a unique opportunity for students and healthcare professionals to be exposed to different realities of primary healthcare and community medicine. Through immersion in diverse cultural, social, and healthcare environments, participants can gain a broader understanding of the complexities faced by different communities and healthcare systems. This enriched perspective not only enhances their clinical skills but also strengthens their ability to adapt and innovate in various contexts (WENCESLAU LD, et al., 2020).

Besides providing a unique experience, the promotion of Exchange, especially national, can be a pathway for integration of students with different views. This analyses the aspects of the practice of PHC and FCM in diverse places becomes necessary for stimulating the development and connection of students to these subjects (BARDAQUIM VA e DIAS EG, 2019). Therefore, the objective of this study is to report the experience of a medical student in a national exchange program in Family and Community Health.

EXPERIENCE REPORT

This report portrays the National Exchange conducted by a medical student. The exchange can be divided into two parts, the first part took place in a Family Health Strategy Unit (FHS), that addresses the issue of follow-up of the guiding physician and the group of interns of the University responsible for the Health Unit, in this scenario, the academic attended the FHS and participated in the routine consultations of the community, conducting debate with the interns (11th semester) and the teacher, at other times, the academic was included in the home visits around the unit, entering the patients' homes, making routine consultations together with the multidisciplinary team.

The second part took place in the instances of the Local University, accompanied by instructions from the Local Committee responsible of the International Federation of Medical Students' Association Brazil, in which there was the integration of the exchange student with the routine of the Faculty of Medicine, participation in classes, with the theme of PHC, FCM and Integral Health Care in traditional and active methodology; integration into laboratories and simulators of the University; in which the exchange student could put into practice the learning in the health unit in different scenarios, using the laboratory and simulators to question situations of aggravation, drug interaction etc. In addition to participation in the local committee in welcoming the new students of the college.

During the development of the exchange, the student was able to perceive the differences between the place of internship in Primary Care of his city with the locality visited, especially in structural logistics of the ESF, because it had a complete team according to the norms of the National Primary Care Policy (PNAB) that affirms the need for a multidisciplinary team composed of a general practitioner or specialist in Family Health (being the supervisory professor of the exchange student), general nurse or specialist in Family Health, nursing technicians and community health agents, in addition, the ESF had additional services, such as physiotherapy, psychology and dental service; in the hometown this scenario does not agree with the reality of the , because the teams are incomplete, with absence mainly from the medical or nursing class.

A significant difference that may explain the situation of the promotion of a well-structured team would involve the coverage of the unit, in the city of origin of the exchange student the unit needed four teams, because it was responsible for a demand of 15,000 people, unlike the unit visited in which this number was much lower, reducing to 3,000 people, thus requiring only a single team; a scenario that can facilitate the management of health professionals compared to a more overloaded unit.

In the part of the internship at the university there was also a break in the student's view because the teaching methodologies of the university center of origin compared to the one visited were significantly different, the first being typically "traditional" methodology and the second characterized as a "mixed" methodology, that is, having adaptations of the "traditional" and the "active" methodology. The classes that the university student was accustomed to were summing up being exhibited, with the teacher developing the reasoning and passing it on to the students.

In the faculty of the locality the process was different, because the teacher encouraged the students to develop the reasoning through situations problems or motivating cases and only after a discussion between the student that the teacher participated in the reasoning process and passed the knowledge in a more expositive way, thus leaving most of the learning due to the student's development.

Moreover, although the exchange is national, there was a cultural learning, in view of the differences between the regions, ranging from more specific situations such as the personality of people and patients to more general variations such as local cuisine, sights and linguistic differences.

In conclusion, as a negative point, should list only access to a health unit, which was in a high location, without access to public transport available, being necessary to cross a dirt street or, alternatively, perform a greater tour of the city, making access, especially for patients and people with disabilities, is impaired and reduced.

DISCUSSION

The national academic exchange promoted the construction of significant knowledge for the exchange student. Despite being an exchange that occurred in the same territory, there was a distinct perspective of the same subjects due to variations in between the region visited and the region where the alumnus came from, especially the management and infrastructure of the Basic Units different from those different zones. In the

FHC, where the follow-up with the responsible physician took place, there was the development of clinical and pharmacological treatments during the routine consultations of the patients, in addition, he had the participation in home visits, in which the patient's contact with his/her caregiver became noticeable, an action in which he revealed the importance of knowing the individual, not only his medical history, but his/her mannerisms, his personality and his/her tastes (GRANJA CD e CARNEIRO AM, 2020; RABELLO CRL, 2020).

The experience in the Health Unit allowed a deep knowledge of the locality and this paradigm break to see the significant differences of the regions. The development of the city reflected in its Health Unit, which had a complete team and a better infrastructure compared to the Health Units of the student region. Considering that, in the student's region of origin (the State of Pará region), there are various social and infrastructural issues that differ from the visited region. Frequently, there are challenging locations where basic health units are situated, such as remote and hard-to-reach areas, which often have limited maintenance resources for providing primary care services to the community (SILVA AN, et al., 2019; SABÓIA BA, et al., 2021).

The Family Health Strategy (ESF) internship took place in a peripheral area situated far from the city center. Interestingly, the periphery of the ESF's assigned region exhibited characteristics that contrasted with the conventional perception of peripheral areas within the university's city (SILVA AN, et al., 2019). The surroundings were adorned with brick houses equipped with basic sanitation facilities, set along well-paved streets. Additionally, the vicinity boasted a variety of stores, markets, and public amenities, such as open green spaces and well-structured public squares. This portrayal deviated from the notion of typical peripheral regions, as they often present a profile of neglect, lacking essential services, and being more susceptible to diseases caused by inadequate sanitation (SANTOS NMQ, 2014).

The disparities between the visited peripheral region and the student's city of origin were starkly evident during home visits. These visits granted the student the opportunity to step into the homes of numerous patients, allowing for firsthand observation of not only the patients' symptoms and health conditions but also the structural attributes of their residences. The student encountered a distinctly different environment compared to those residences visited through their university's service. The homes observed during the ESF internship were predominantly characterized by sturdier structures, constructed of brick or other solid materials, in contrast to the often-fragile wood or clay structures found in the student's home city. Moreover, a notable contrast existed in terms of the availability and quality of food, the cleanliness of the dwellings, and other pertinent details. These observations highlighted the contrasting socioeconomic backgrounds and living conditions between the two regions, with the former presenting more prosperous and hygienic circumstances, while the latter exhibited signs of economic hardship and was plagued by unsanitary conditions that heightened the risk of disease transmission (GIATTI LL, et al., 2019).

In light of these disparities, it is evident that the ESF internship not only provided an educational opportunity but also served as a powerful catalyst for experiencing and comprehending the multifaceted realities within different regions. The immersion in the ESF setting afforded the student the privilege of witnessing firsthand the intersection of socioeconomic factors, urban planning, and healthcare accessibility, which culminated in diverse health outcomes. The recognition of these discrepancies underlines the pivotal role of field experiences in medical education, enabling students to engage with communities, comprehend the determinants of health disparities, and ultimately foster a holistic perspective that extends beyond the confines of textbooks and traditional classroom settings (GUERRA LDS, et al., 2021).

The ESF internship brought to light the unexpected disparities between peripheral areas, highlighting the critical importance of field experiences in medical education. The stark differences in living conditions, sanitation infrastructure, and socioeconomic status vividly demonstrated the complex interplay between environment and health outcomes. This immersive experience has the potential to reshape students' understanding of healthcare and enhance their capacity to contribute meaningfully to improving health equity and addressing healthcare disparities in their future medical practice (SILVA LAD, et al., 2019; SABÓIA BA, et al., 2021; MENDONÇA MM, et al., 2021).

At the academic institution attended by the student, a thorough reassessment of previously examined theoretical underpinnings from their home faculty was conducted. This review, however, embraced innovative perspectives and employed a groundbreaking methodology characterized by active learning – a departure from the traditional model familiar to the student. Instruction unfolded through dynamic group discussions, case analyses, and subsequent exploration of challenging scenarios. This marked a departure from the didactic instruction experienced at the student's original university. This active methodology scenario experienced by the study brought aspects of protagonism to the student, who was not used to it compared to their home university. This feeling is similar to the studies by de Sá AAL, et al. (2023) which demonstrates that this feeling is one of the bases of PBL and shared among students who are targets of this methodology

Moreover, the student's exposure extended to laboratory work and simulations, visually illustrating the previously examined case studies. This immersive engagement led to a distinct acquisition of knowledge, prompting reflections on the practical application of theoretically treated themes (WEBER LC, 2019). The integration of such facilities, including laboratories and dedicated spaces for group deliberations, revealed a distinctive approach employed by the host university to facilitate knowledge dissemination. Notably, this occurred despite acknowledging that the university of origin was not lacking in financial investments and practice-oriented environments (LEITE APT, et al., 2021; AZEVEDO PTA, et al., 2020; SILVA LAD, et al., 2019).

The paradigm shift in pedagogical techniques at the hosting university was particularly evident in the focus on active learning methods, a departure from the conventional lecture-based approach. The utilization of interactive platforms like conversation wheels and collaborative case discussions indicates a pedagogical inclination toward fostering critical thinking and collaborative skills among students. The integration of practical simulations and immersion in laboratories further underscored the commitment to experiential learning, transcending theoretical abstraction to imbue education with a tangible dimension (LEITE KNS, et al., 2021).

This cross-institutional comparison raises inquiries about the dynamics of pedagogical innovation and resource allocation in higher education. While both universities acknowledged the importance of fostering conducive learning environments, the apparent disparities in pedagogical approaches and outcomes underscore the multifaceted nature of effective education. It prompts contemplation on the interplay between teaching methodologies, institutional culture, and regional contexts, all of which contribute to shaping the educational experience for students (DE SOUZA GODIM F e JOHANN RC, 2021; FRIZZO GFE, 2019).

Tn this manner, it is discernible that the visited university is rooted in this active methodology, consistent with recent studies indicating that this approach aligns more congruently with students' learning. Active participation in activities, group discussions, and collaborative project formation are stages experienced by students engaged in this methodology, a scenario encountered by the student who participated in this exchange, enabling them to discern differences from the traditional teaching of their home institution. Furthermore, during the exchange, the students' motivation towards learning was evident. This motivation is intrinsic and fueled by a sense of autonomy, relevance, and collaboration, which may prove essential for the development of future healthcare professionals (SILVA AN, et al., 2019; SILVA LAN, et al., 2019).

Building upon this, the significance of establishing and sustaining exchange programs becomes apparent, considering the prevailing trend indicating a decline in knowledge-sharing and student exchange experiences. The imperative for promotion, whether through private or public means, is evident, and the benefits are numerous (GRANJA CD e CARNEIRO AM, 2020). Finally, participation in the Local Hosting Committee of IFMSA BRAZIL made it easier to communicate with the students of the college and benefit in future discussions and conversation wheels, creating a more welcoming environment.

In reflection, the experience as a national exchange student in Family and Community Medicine meant an experience beyond the objective acquisition of knowledge about primary aspects of health and the creation of clinical skills, fostered a scenario of cultural immersion, interpersonal aspects and perception and construction of new perspectives. The exchange was conceived as a driving force to deepen the practices related to PHC and the SUS and the experiences acquired in the construction of a professional future more humanized and

integrated with the community. Regarding the initial limitations of this report, the short period of exchange became an obstacle, making it impossible to reflect more profoundly on the experience experienced. As recommendations for future investigations of this same theme, we emphasize the importance of making notes during the experience of the experience, to have detailed descriptions, also performing interactions with patients to attend to their way of life in relation to the health service provided.

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