

## Internship in family and community medicine in units with medical residency in Rio de Janeiro: how does it impact the training of academics?

Estágio em Medicina de Família e Comunidade em unidades com residência médica no município do Rio de Janeiro: qual o seu impacto na formação dos acadêmicos?

*Prácticas en medicina familiar y comunitaria en unidades con residencia médica en Rio de Janeiro: ¿cuál es su impacto en la formación de académicos?*

Thaís Ranzani Tiseo<sup>1</sup> , Marcia Cristina Lemos dos Santos<sup>1</sup> , Clarice de Azevedo Sarmet Loureiro Smiderle<sup>1</sup> 

<sup>1</sup>Municipal Secretary of Rio de Janeiro – Rio de Janeiro (RJ), Brazil.

### Abstract

**Introduction:** Currently, medical students are required to complete 30% of their mandatory internship in the Public Health System, primary care, and emergency services. In Rio de Janeiro, the main higher education institutes adjusted their curricula to this requirement, and the internship in family and community medicine began to take up a large portion of this class load. **Objective:** This work aimed to understand how this internship, conducted in health service units with medical residency programs in the city of Rio de Janeiro, impacts the training of future physicians, understanding the main factors involved and the potentials of this internship, and its personal and social influence on medical students. **Methods:** A qualitative study was conducted, and data were gathered in collective interviews with students of a federal university that had a family and community medicine internship in health service units in which residency programs are implemented. A thematic analysis was later conducted following Bardin's guidelines. **Results:** Data analysis identified 6 categories: expectations regarding the internship and family and community medicine; current impressions about the internship and family and community medicine; experiences that turn students away from family and community medicine; and extra-academic learning. **Conclusions:** This study, through students' perceptions, was able to identify strengths and weaknesses of doing an internship in health service units with a residency in family and community medicine in Rio de Janeiro; and how this experience impacts medical students' training. Because of the demonstrated potential, the promotion and investments in this type of internship are suggested.

**Keywords:** Medical students; Primary health care; Family and community medicine; Medical residency; Medical education.

#### Corresponding author:

Thaís Ranzani Tiseo  
E-mail: tharanzani@gmail.com

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## Resumo

**Introdução:** Atualmente os estudantes de Medicina devem cumprir 30% de seu estágio obrigatório no Sistema Único de Saúde, na atenção primária e em serviço de urgência e emergência. No Rio de Janeiro, as principais instituições de ensino adequaram seus currículos a essa exigência e o internato em Medicina de Família e Comunidade passou a ocupar grande parte dessa carga horária. **Objetivo:** Este trabalho propõe-se a investigar como esse estágio, realizado em unidades com residência de Medicina de Família e Comunidade (MFC) na cidade do Rio de Janeiro, impacta a formação de futuros médicos, identificando quais os principais fatores envolvidos, quais as potencialidades desse estágio e sua influência, tanto pessoal como social, sobre os estudantes. **Métodos:** Foi realizado um estudo qualitativo, e a coleta de dados ocorreu por meio de minigrupos focais com alunos de uma universidade federal que vivenciaram o internato em Medicina de Família e Comunidade em unidades nas quais programas de residência estão implementados. A análise temática foi posteriormente realizada seguindo os preceitos de Bardin. **Resultados:** Na análise de dados, foram estudadas seis categorias: expectativas prévias em relação ao estágio e à MFC, impressões atuais sobre o estágio e a MFC, aprendizados diversos de outras especialidades, vivências que aproximam da MFC, vivências que afastam da MFC e aprendizados extra-acadêmicos. **Conclusões:** Com deste estudo foi possível identificar, por meio da percepção dos estudantes, os pontos fracos e fortes da realização de estágio em unidades com residência médica em MFC na cidade do Rio de Janeiro e como essa vivência impacta a formação dos acadêmicos. Pelo potencial demonstrado, sugere-se incentivo e investimento nesse tipo de estágio.

**Palavras-chave:** Estudantes de Medicina; Atenção primária à saúde; Medicina de família e comunidade; Estágio clínico; Educação médica.

## Resumen

**Introducción:** Actualmente en Brasil, los estudiantes de medicina deben cumplir un 30% de su formación obligatoria en el Sistema Único de Salud, en atención primaria y en servicios de urgencia y emergencia. En Rio de Janeiro, las principales instituciones educativas se adaptaron a este requisito y las prácticas en medicina familiar y comunitaria comenzaron a ocupar gran parte de esta carga de trabajo. **Objetivo:** Este trabajo tiene como objetivo comprender cómo esta experiencia, realizada en unidades con residencia médica en la ciudad de Rio de Janeiro, impacta la formación de futuros médicos, entendiendo cuáles son los principales factores relacionados, cuáles son las potencialidades de esta experiencia y su influencia, tanto personal como social, sobre los estudiantes. **Métodos:** Se realizó un estudio cualitativo y la recolección de datos se realizó a través de entrevistas colectivas con estudiantes de una universidad federal que experimentaron la medicina familiar y comunitaria en unidades en que están implementados programas de residencia. El análisis temático se realizó siguiendo preceptos de Bardin. **Resultados:** Se identificaron 6 categorías: expectativas previas con relación a la MFC, impresiones actuales sobre la MFC, aprendizajes diferentes de otras especialidades médicas, experiencias que atraen la MFC, experiencias que alejan la MFC y aprendizaje adicional -académico. **Conclusiones:** A través de la percepción de los estudiantes, este estudio fue capaz de identificar las debilidades y fortalezas de realizar una pasantía en unidades con residencia médica en Medicina Familiar y Comunitaria en la ciudad de Rio de Janeiro y cómo esta experiencia impacta la capacitación de los académicos. Debido al potencial demostrado, se sugieren incentivos e inversiones en este tipo de prácticas.

**Palabras-clave:** Estudiantes de Medicina; Atención primaria de salud; Medicina familiar y comunitaria; Prácticas clínicas; Educación médica.

## INTRODUCTION

Since the creation of the Unified Health System (SUS) in Brazil in 1988, with its molds and guidelines, the practical teaching of medical graduation, carried out in a hospital-centered and fragmented model, showed itself to be out of step with the desired comprehensive care for the patient recommended by the SUS.<sup>1</sup> The focus of medical training, for many years, followed concepts from the Flexner report, based on a more mechanical medicine that does not fit the SUS guidelines, based on a broader concept of health: the biopsychosocial model.<sup>2</sup>

It is part of the SUS attributions to organize the training of human resources in the health area.<sup>3,4</sup> However, this principle took a long time to be put into practice, and the training of professionals has been disregarding the social needs in health and the SUS itself.<sup>5,6</sup> With this in mind, the Mais Médicos (More Doctors)<sup>7</sup> program was created in 2013 as a way of attracting more professionals to the SUS, having as a structuring axis changes in medical training and education.<sup>8</sup>

As a result, in 2014 the Higher Education Chamber of the National Council of Education approved new national curricular guidelines for Medicine courses, proposing that at least 30% of the workload of the mandatory curricular internship of in-service training be developed in primary health care

(PHC) and in the SUS Urgency and Emergency Service. The objective of this measure was to train professionals to be more prepared for PHC and to offer a generalist, humanist, critical and reflective training to professionals.<sup>9</sup>

In the city of Rio de Janeiro, the main educational institutions adapted their curricula to this requirement, which resulted in an increasing number of academics attending family clinics, the same place where there is training of residents in family and community medicine (FCM) so that there was a sharing of experiences and instructors.

In this context, in which the student is placed in health teams and participates in the dynamics of patient care, families and the assigned territory, they often encounter situations and conditions not found in other internship fields. Our aim was to study how this internship can impact the training of future doctors professionally and personally, highlighting the main factors involved, their strengths and weaknesses, what learning it provides and its ability to attract or alienate future doctors with regard to FCM.

## METHODS

A qualitative study was carried out, and data collection took place through focus groups. The study participants were students from the 9th to the 12th period of the School of Medicine of the Federal University of Rio de Janeiro (UFRJ), who experienced the internship in FCM in units in which residency programs were implemented, located on Ilha do Governador, in the city of Rio de Janeiro: Assis Valente Family Clinic, Maria Sebastiana de Oliveira Family Clinic and Wilma Costa Family Clinic. The three units are located in urban areas and serve both slum and upper-class areas, with five or more Family Health Strategy teams in each one, with the interns distributed among these teams.

The Assis Valente and Maria Sebastiana de Oliveira Family Clinics, during the research period, were linked to the Residency in Family and Community Medicine of the Municipal Health Department of Rio de Janeiro (PRMFC-SMS/RJ), a program that has existed since 2012, having been implemented at different times in the two units — it has been in the first for seven years and in the second for three years.

The Wilma Costa Family Clinic, in turn, was linked to the Family and Community Medicine Residency Program of the UFRJ/National School of Public Health of the Oswaldo Cruz Foundation, a program that has existed since 2008 and has been in the unit for four years.

After the presentation of the researcher, already known as a medical resident by some of the participants, and a brief explanation about the study, the students were invited to participate voluntarily. After signing an informed consent form, the focus groups took place.

Of the total of 23 students with the proposed profile, 15 had available time to participate. Among the interviewees, eight students were female and seven were male, and all were between 23 and 27 years old. The groups were initially designed to run with a minimum of five volunteers. Given the difficulty of bringing together participants who performed internships in different places, as well as the incompatibility of time between them, it was necessary to reduce the number of participants and increase the number of groups involved, aiming at greater adherence. The result was five mini-focus groups, which were coincidentally composed of three participants each. This decision was made by the focus group method being flexible<sup>10</sup> and considering the understanding that there would be no harm in relation to the initial planning. This activity was carried out in the second half of the students' internship period, allowing time to adapt and work in their units.

The groups were based on the following trigger questions:

1. What were your impressions and expectations about family and community medicine before starting this internship?
2. What are your impressions and expectations about family and community medicine at the moment?
3. What made this round different from other specialties in which you've had internship experiences?
4. Do you consider pursuing a career in family medicine? Do the experiences at this stage bring you closer to or push you farther away from this decision?
5. In addition to academic learning, did this internship provide you with other types of learning?

Audio recording of the students' statements was taken and later transcribed and analyzed. The thematic analysis was carried out following the precepts of Bardin.<sup>11</sup> Initially, a pre-analysis was carried out with a floating reading of the audio transcripts and choice of them for referencing, formulation of hypotheses and previous elaboration of analysis categories, based on the study of the theme in correlation with the research objectives. The transcribed material was then coded, aggregated and categorized. According to Bardin,<sup>11</sup> encoding means transforming the raw data of the text into a representation of the content or its expression. After exploring the material, the treatment of the results was carried out, with the inference and interpretation of the analysis units, which are presented in the results and discussion below.

The research followed the norms of the Resolution of the National Health Council (CNS) No. 466/12, which controls research with humans. The project was submitted and approved by the Research Ethics Committee of SMS/RJ, under No. 23033219.0.0000.5279, with the consent of the units in which it was carried out, as well as the Coordination of the Internship in FCM at the Federal University of Rio de Janeiro.

## RESULTS AND DISCUSSION

During data analysis, the participants' statements were organized into six categories, which address the trigger questions and the objectives of this study. In this session, these categories are highlighted with pertinent reflections.

### Previous expectations regarding the internship in family and community medicine

Considering that students were approached at the end of their graduation, many said that they had expectations that the internship in FCM would impact their future performance, instrumentalizing them to practice medicine, in addition to having room for greater autonomy and decision-making power. Still in this line of thought, a small group of students believed that primary care, with its wide range of activities, could serve for a final review of knowledge before graduation.

*"I did the other specialties first to have a first contact, to learn, and the last one, which is FCM, would be a review of previous periods, from the view that as you see a little of everything, you will end up reviewing everything." (P2G2)*

It is also notable, in his report, that many students, up to the moment they started the round, had had little contact with PHC and that there was an expectation of developing greater knowledge of its functioning.

Leaving the internship itself and expanding the focus to the FCM specialty, most students expected a focus on common chronic diseases, as well as on the lines of care for pregnant women and childcare. Perhaps based on this impression, many expected to deal with less complex cases and get a view of longitudinality in patient care, something that until then had been little present in the care provided at the university hospitals where they were interns. Under this false impression of low complexity and repetition of cases, there was the impression that the routine of the specialty would be boring.

*“I had a vision that it was a dull thing, a repetitive thing.” (P1G1)*

*“It was a vision that it would be a low-complexity unit, with a lot of things scheduled, seeing the patient more than once.” (P2G2)*

Throughout the work with the groups, it was possible to recognize in the students' statements that many had created their impressions about the internship in primary care based on the earlier experience of other colleagues. A study conducted in Hong Kong, in which participants also pre-rated FCM work as easy or boring, as well as less important, agrees with much of the above. This article reinforces the influence of the students' social circle, with relatives and friends, in the construction of their impressions about the specialty.<sup>12</sup>

## **Impressions during the internship in family and community medicine**

Through the answers obtained in this section, it can be seen that, after some time in the internship, the students had their perceptions about the internship and FCM modified or expanded by their experiences.

The presence of an environment described by the students themselves as welcoming allowed the development of a sense of belonging and usefulness to the service, which had not emerged in other internship fields.

*“The atmosphere among people is light (...), in other places I didn't feel well, I felt much more pressured. Here, from the beginning (...) I feel good, regardless of what I'm doing, it's a nice place to go.” (P2G3)*

*“We feel like we are participating in things, we don't just stand around watching (...), we show our opinion and from time to time some things change, some behavior... Feeling part of the team is a very different business.” (P3G2)*

A welcoming environment was seen as fertile ground by those who yearned for more practice, but some of them ran into issues that restricted their growth, such as the overload of professionals with the unit's tasks, which hampered their learning.

*“As it is a training center for people (...) you have to look a little differently. Maybe reduce the goal of services a little to be able to guarantee a more complete learning.” (P2G2)*

This impression, however, was not unanimous:

*“I feel that my instructor is concerned with learning (...) I also don't feel, for example, that I'm here to stand around idle.” (P1G4)*

These discordant impressions are influenced by the way in which the intern is placed before the service, his learning profile, as well as the different instructors and the internship units.

Despite this, it was noticeable that students were surprised when they were welcomed and considered part of the team, feeling more secure in practicing medicine in this environment. Respect for student autonomy, allowing them to make decisions and provide care, even under supervision, was recognized as something valued by students in the study by Cavalcante et al.<sup>13</sup> and is replicated in the statements of those who had experiences in this type of scenario.

*“He [instructor] always makes it clear to me that we are here to learn (...), whenever we go over the case, he reviews the topic, asks questions about what it could be, differential diagnosis...” (P1G4)*

When the focus was on the impressions about FCM after some time of experience, interdisciplinarity was a highlight, understood as part of the functioning and necessary for the specialty, given the complexity of the cases, with factors that go beyond the clinic.

*“In team meetings, you see the community agent engaged in patient care, the nurse too, the doctor... Sometimes even the social worker. You realize you have nice teamwork.” (P1G1)*

FCM also exceeded expectations when it did not prove repetitive and routine. It was noticed that PHC also receives patients of great complexity, like the university hospitals, although this complexity is not just clinical. When the students faced this, the wear and tear, both physical and emotional, were considerable during the round:

*“People who live in the hospital have the impression that FCM will be something lighter (...) but no. It's pretty heavy and we deal with people's mental health, which sucks a lot of physical and emotional energy.” (P2G3)*

Nevertheless, students have conflicting views on the diversity of cases seen in PHC. Those who were encouraged as part of the team and who followed the instructors' day-to-day activities commented on the diversity of problems addressed, except for a small group that considered the services repetitive.

*“There is this part of the line of care for chronic diseases, but it goes far beyond that. It's a world, really. It's just like our instructor says: if you don't want routine, do family medicine.” (P1G1)*

When we looked more closely at this group, we observed that this impression was related to the services that were delegated to them — services considered of less complexity by the instructors, who also did not pay as much attention to this supervision for the same reason.

*“Sometimes in a whole week, we only see one scheduled patient. The rest is all spontaneous demand and it's always very repetitive because it's either a urinary tract infection, or tonsillitis, or allergy, a virus...” (P3G4)*

Regarding longitudinality, previously mentioned as something to be expected, divergent views also emerged for similar reasons. In some groups it was highlighted as something very present, while in others it was not noticed. The interns who accompanied the doctors of their respective teams in the office and in pre-scheduled consultations were able to experience longitudinality in a more complete way. Students who were more used to meeting spontaneous demands had a different experience, with less longitudinality, comparable to the experience in an emergency care unit.

The comparison of statements about previous expectations and current impressions demonstrated the internship's potential to change students' perceptions of the specialty. It is worth noting that the change in attitude towards FCM begins when the student participates in the internship, having greater contact with the routine of the specialty and when they are around good family doctors, who serve as a model and inspiration.<sup>12</sup>

## Diverse learning from other specialties

By moving students from their usual teaching locations (tertiary hospitals), PHC provides students with different learning experiences. The most mentioned are highlighted in Table 1.

As can be seen in the list of comments above, FCM contributes to professional training, as it privileges important aspects for medical practice, which are often ignored in the hospital environment. Grosseman and Stoll<sup>14</sup> highlight that the acquisition of medical skills should not be restricted to clinical techniques, and that it is

**Table 1.** Academic learning not offered in other internship fields that FCM provides students.

Subcategory	Statements made
Alternative therapies	<i>"FCM has a different approach, the people are much calmer, they are always open-minded to other tools outside of traditional medicine that we are used to." (P2G2)</i>
Comprehensive view	<i>"You don't see certain things as a sign that you see reported in a medical treatise, you try to get into the person's life, you walk through various spheres, through various fields of that person's life and see how that is influencing their illness. You even see how you can help them, according to the conditions they have, in which they live." (P2G4)</i>
Longitudinality	<i>"The longitudinality is what delights me the most, it's what I like the most, to follow, to know and to know about people's families." (P2G1)</i>
Resolvability	<i>"The person presents with symptoms of sinusitis and sometimes they ask for a CT in the emergency room. Here they already deal with nothing (...) I end up seeing this difference a lot, here we end up having a lot of emergency care too, and comparing, there are some behaviors that are very different." (P3G1)</i>
Communication skills and techniques	<i>"Another thing (...) is letting the person speak. Here at FCM, there is something that we have to let the person talk because that way they will tell everything. (...) You have to let them because often the origin of the pain is something we don't even think about." (P1G3)</i>
Network understanding	<i>"The issue of hidden demand as well. (...) The person is talking about one thing and you see that there is another thing there that is sprouting, wanting to get out." (P2G3)</i>
"Real" patients (closer to those they will encounter on a daily basis)	<i>"The part of knowing how work functions, I loved it. I am ashamed to say that I did not know the SUS exactly before internship, it was during internship and here that I got to know a lot of things." (P3G3)</i>
	<i>"I think that it improved my notion a lot in relation to the most prevalent diseases, to think more focused on what is real, on what we will have to deal with when we finish the internship." (P1G4)</i>

also necessary to develop a good doctor-patient relationship, considered the basis of clinical practice. Cotta et al.<sup>15</sup> also point out that, in contact with other realities, the student realizes that knowledge and biomedical practices are insufficient to deal with all health problems, and that it is necessary to better understand the factors linked to the social determinants of illness to better manage the complex health-disease process.

Pereira et al.<sup>16</sup> state that practical classes provide graduate medical students with a better understanding of the subjects covered in the classroom, making them more confident to enter the job market. Likewise, the internship in the practice setting also allows the student to better understand PHC and get closer to daily medical practice.

Accordingly, a study by Massote et al.<sup>17</sup> with 47 medical students from the Federal University of Minas Gerais (UFMG) identified a positive perception regarding placement in PHC, highlighting as differentials the learning about the health-disease process, the establishment of links with patients and knowledge about the SUS.

## Experiences that bring students of family and community medicine together

Of the 15 respondents, six said they would be family doctors if other factors were disregarded. The factors that brought them closer to the specialty are exemplified in Table 2.

**Table 2.** Factors that bring students of family and community medicine together.

Subcategory	Statements made
Useful training for any specialty	<i>"Even if I were to go into another area, I had this desire to start with FCM as a training for my life, of how to take it to any patient that I come across and use the tools that FCM offers.."(P2G1)</i>
Bond	<i>"This is the doctor's job in general, but I think this is a specialty that I think you experience the gratitude of who you are involved with in a much more intense way"(P2G3)</i>
Longitudinality	<i>"That we are a little bit free from having to solve people's lives was something that brought me very close to here. We don't need to solve it, we have to give support, we are here to take care of not only people but the community too."(P2G1)</i>
Comprehensiveness	<i>"And we get into the midst of this medicine that is different, that we don't have in other places, which is much better than I expected (...) It's the way I like to work, to see the person, to work with everything in their life and welcome everything right."(P1G3)</i>

These results are related to a study carried out by Šter et al.,<sup>18</sup> which shows that students who choose FCM generally seek deepening and longitudinality in the doctor-patient relationship, working with complex problems and dealing with psychological, physical and social issues simultaneously.

## Experiences that alienate students from family and community medicine

Among the factors that spoke against specialization in FCM, the participants highlighted the following. FCM is a specialty that is still expanding, which makes it difficult to choose a career. The scenario for the practice of FCM in Brazil is not always ideal in the various states and cities. FCM is not a specialty widely recognized by the population, and the culture of society is always focused on the search for focal specialists. There is the insecurity of betting on a specialty seen as fragile and of not finding a favorable job market.

*"(...) at times the scenario is a little difficult for someone who is young to bet everything (...) You can't just go for what you like, you have to adapt what you like, your personality and your desires to make a reasonably safe bet in some specialty." (P2G2)*



Also mentioned were the dependence on political issues at the national and municipal levels, the lack of investments in public health and the devaluation of the health professional in SUS.

*“Living here I really enjoyed the experience but I still don’t consider it because I don’t think the perspective is good, given the country’s situation.” (P3G3)*

In summary, for the students interviewed, the specialization in FCM does not have the same security as other specialties, which have been established for a longer time and are less dependent on public policies.

The physical and emotional exhaustion of FCM professionals was also discussed. The “heavy” routine, excess bureaucracy, extensive workload, large number of calls per shift and demand beyond the capacity of the professional are factors that corroborate this impression. In situations of emotional exhaustion, the feeling of being powerless also arises in the face of patients’ socioeconomic factors.

*“One drawback is that it sucks a lot from health professionals. Both physically, in the workload, and psychologically. You get very involved with the patient’s problems, all issues, not just health and I think it would hurt me to spend my whole life working like that, so involved.” (P3G1)*

According to Cavalcante Neto,<sup>19</sup> the main reason for the lack of motivation to pursue a career in FCM is the low remuneration compared to other specialties. Warm and Goetz<sup>20</sup> also expose as factors that turn students away, in addition to lower pay, the low prestige of the specialty, low value when compared to other medical specialties, excess administrative demands, the less flexible lifestyle and the fields of internship, which do not privilege the students’ experience.

## Extra-academic learning

Regarding learning beyond academics, we found the following subcategories in the dialogues of the groups, shown in Table 3.

**Table 3.** Extra-academic learning that the internship provides students.

Subcategory	Statements made
Importance of PHC for the public	<i>“You can see how important the Family Clinic and PHC are for patients, how much they managed to have access to healthcare. I don’t know what would be the health of this population if it didn’t have the clinic.”(P3G1)</i>
Contact with other realities	<i>“You start to see a completely different reality from the one you’ve had throughout your life and understand how some things you didn’t imagine can be obstacles to what you’re proposing.”(P3G3)</i>
Interpersonal Communication	<i>“I was terrible at talking to patients and talking to other people (...) and here it got better. (...) this round helped my communication a lot.”(P1G3)</i>
Recognition of privileges	<i>“It made me appreciate the things I have more. I felt more privileged to have the opportunity to study, to have the knowledge I have, to see that for many people it is difficult to achieve this.”(P2G3)</i>

PHC: Primary Health Care.

These findings agree with Silva<sup>21</sup> in his dissertation, which defends the inclusion of medical students in the practice and learning scenarios of PHC services. That is because they start to circulate through realities different from their own, sharing the world with people, families and communities that have other social conditions. He argues that the interaction with other realities that occurs during the internship at PHC, in some situations, is capable of sensitizing students, generating engagement and commitment to the exercise of citizenship and social transformation.

From this point of view, it is possible to say that the internship in FCM is useful for society by generating contact with other realities, providing questions, reflections and concerns, and can awaken in students a new look and behavior towards society.

Finally, it is necessary to recognize the limitations of this study, which had a single researcher administering and analyzing the interviews. Another factor that significantly affected the students' experience was the scenario of the PHC in Rio de Janeiro during their internships, which was greatly impaired, with worn-out health professionals, scrapped infrastructure and moments of strike.

Despite these limitations, it is possible to say that, with the methods used, the students expressed themselves in such a way as to make possible the hypothesis that the experience in the PHC provides important kinds of learning different from those of other internship fields, allowing the students' outlook to be more flexible, providing personal growth and learning.

## CONCLUSION

The analysis of the reflections provided by the students through the proposed method corroborates the hypothesis that the internship in FCM has the potential to significantly impact the professional and personal training of the students. It is also possible to draw a parallel between these responses and the references studied in the various topics analyzed, reinforcing the validity of this statement. Due to the number of categories that emerged during the content analysis and the limited time for the execution of this work, further studies that deepen each of the categories are of interest.

It is hoped that this study will be useful for universities, health units that receive interns and people who work with public policies, as well as for the students themselves, who will be able to benefit from improvements in their internship experiences — consequently also for the population, who will benefit from their services later.

## CONFLICT OF INTERESTS

Nothing to declare.

## AUTHORS' CONTRIBUTIONS

TRT: Project administration, Formal analysis, Conceptualization, Data curation, Writing – original draft, Writing – review and editing, Investigation, Methodology. MCLS: Writing – review and editing, Methodology, Supervision. CASLS: Writing – review and editing, Methodology, Supervision.

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