




Experience report: integration of the Teaching Internship of the Family and Community Medicine Residency with first-semester Medicine in Primary Health Care students

Relato de experiência: integração do estágio de docência da Residência de Medicina de Família e Comunidade com os discentes do primeiro período do curso de Medicina na Atenção Primária à Saúde

Relato de experiencia: integración del Internado Docente de la Residencia de Medicina Familiar y Comunitaria con estudiantes del primer período de la carrera de Medicina en la Atención Primaria de Salud

Charles Bernardo Buteri Filho¹ , Adriana Maria de Figueiredo² , Daniel Demétrio Magalhães² 

¹Universidade Estadual de Montes Claros – Montes Claros (MG), Brazil.

²Universidade Federal de Ouro Preto – Ouro Preto (MG), Brazil.

Abstract

Problem: The National Curriculum Guidelines for Medicine Courses advocate the health network as the main locus of academic training, which allows the integration of teaching into the Unified Health System (SUS). To meet this prerogative, new teaching-learning strategies should be adopted by educational institutions in collaboration with the health system. **Methods:** Reports of the experience of Family and Community Medicine professors and residents concerning the development of activities of internship teaching in an initial course in postgraduate medicine. The interaction of the professor and residents with the medical students was carried out in an online format because of the SARS-CoV-2 pandemic. **Results:** Development of teaching activities in the health network, with practical experiences of the principles of the Unified Health System and primary health care. **Conclusions:** Pooling of knowledge of undergraduates and resident physicians at the university united the learning needs and promoted a creative and reflective interaction between young physicians and those entering the medical course. An initiative that was relevant for the initiation in teaching of resident physicians and for the initial learning of undergraduates.

Keywords: Medical education; Primary health care; Competency-based education; Family practice.

Corresponding author:

Charles Bernardo Buteri Filho

E-mail: neurologia2016.charles@gmail.com

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Resumo

Problema: As Diretrizes Curriculares Nacionais para os cursos de Medicina preconizam a rede de saúde como o principal lócus de formação acadêmica, o que permite a integração do ensino ao Sistema Único de Saúde (SUS). Para atender a essa prerrogativa, novas estratégias de ensino-aprendizagem devem ser adotadas pelas instituições em colaboração com o sistema de saúde. **Método:** Relato de experiência de docente e de residentes de Medicina de Família e Comunidade sobre o desenvolvimento das atividades de estágio de docência em disciplina inicial de um curso de graduação em Medicina. A interação do docente e dos residentes com os estudantes de Medicina foi realizada no formato *online* em razão da pandemia do SARS-CoV-2. **Resultados:** Houve o desenvolvimento de atividades de ensino na rede de saúde, com vivências práticas dos princípios do SUS e da Atenção primária à Saúde. **Conclusão:** A congregação dos conhecimentos dos graduandos e dos médicos residentes uniu as necessidades de aprendizagem e promoveu uma interação criativa e reflexiva entre os jovens médicos e os ingressantes do curso de Medicina. A iniciativa foi relevante para a iniciação à docência dos médicos residentes e para o aprendizado inicial dos graduandos.

Palavras-chave: Educação médica; Atenção primária à saúde; Educação baseada em competências; Medicina de família e comunidade.

Resumen

Problema: Las Directrices Curriculares Nacionales de los cursos de medicina abogan por la red de salud como lugar de formación y conducen al reconocimiento de la Atención Primaria de Salud (APS) como canal formativo que permite la integración de la educación en el Sistema Único de Salud (SUS). Para cumplir con estas prerrogativas, se necesitan nuevas estrategias de enseñanza-aprendizaje por parte de las instituciones educativas en colaboración con el sistema de salud. **Método:** Relato de experiencia de docente y médicos residentes de Medicina Familiar y Comunitaria sobre el desarrollo de actividades del Internado Docente en una disciplina inicial de un curso de graduación en medicina. La interacción del docente y los residentes con los estudiantes de medicina se realizó en formato online debido a la pandemia del SARS-CoV-2. **Resultados:** Desarrollo de actividades de enseñanza en la red de salud, con experiencias prácticas de los principios del SUS y APS. **Conclusión:** La congregación de los conocimientos de los médicos residentes y de pregrado reunió las necesidades de aprendizaje y promovió una interacción creativa y reflexiva entre los médicos jóvenes y los que ingresan al primer período del curso de medicina. Una iniciativa que fue relevante para la iniciación a la docencia de los médicos residentes y para el aprendizaje inicial de los estudiantes de pregrado.

Palabras clave: Educación médica; Atención primaria de salud; Educación basada en competencias; Medicina familiar y comunitaria.

INTRODUCTION

The National Curriculum Guidelines (DCN) for undergraduate courses in the health area were discussed jointly between the Ministries of Health and Education. The DCN defined that training should be guided by competencies and directed towards meeting the needs of the Unified Health System (SUS). Recently, however, instruments such as the law that instituted the Mais Médicos Program — Law No. 12,871, of October 22, 2013 — and the ordinance that established the guidelines for the signing of the Organizational Contract for Public Action in Health Education (COAPES) — Interministerial Ordinance No. 1,127, of August 4, 2015 — institutionalized the Unified Health System (SUS) as co-responsible for health education. The training and permanent education processes in health are integrated into the network to use it as a learning scenario and, at the same time, collaborate for the improvement of health indicators in the country and for the development of the professionals who work there.¹

The construction and consolidation of pedagogical projects for Medicine courses need to consider these guidelines and anchor their structure in the face of this debate, which responds to a broader historical process of changes in the spheres of teaching and professional practice. This movement, in health education, points to the existence of three generations of educational reforms that took place in the last century. The first, launched in the early 20th century, featured a science-based curriculum. In the middle of that same century, the second generation introduced instructional innovations through a curriculum based on problem solving. More recently, there was a third, whose curriculum is focused on the needs of health systems, adapting essential occupational skills to specific contexts and based on global knowledge.²

However, such educational changes slowly affect the training process, which is largely carried out through individual clinical care. In this context, health professionals report difficulties in carrying out actions based on integrality.³ A similar situation also occurs in the training of students, with the disarticulation between theory and practice being common.⁴

By offering the health network as a training locus, DCN reveal the possibilities for training institutions to build pedagogical projects in constant discussion. Among them, primary health care (PHC) stands out as a training link that allows the integration of the teaching of Medicine to the SUS. In support of this initiative, a document was published in 2012 with the guidelines created by the Brazilian Association of Medical Education (ABEM) and the Brazilian Society of Family and Community Medicine (SBMFC). This proposes that PHC teaching be present longitudinally from the beginning of the course, preferably in work-based learning contexts, integrating the teaching of clinical practice for students.⁵

Among the paths directed by the DCN, there is concern with competence-based learning. The concept of competence goes through the last four decades in tune with the technological, social, economic and cultural changes that influenced the organization of the work process. This makes learning seek both the deepening of scientific-technological knowledge and the use of complex cognitive abilities that are directly related to formal knowledge.^{6,7}

In educational terms, the idea of competence finds its foundation in Vygotsky's Socioconstructivist Theory.⁷ According to the principle, learning is not a simple individual act, but a process that involves social interaction, interaction between colleagues and is carried out through practice and serious thought.

Accordingly, competences imply multiple dimensions and consist of "knowledge, skills, attitudes and values, in a specialized technical dimension, but also of affections, praxis and communication attributes and interrelationships in the historical-cultural dimension".⁶

In an attempt to meet the prerogatives of the DCN, the Medicine course at the Federal University of Ouro Preto (UFOP), since its creation in 2007, offers, in the first period, the course "Practice in Health I", which initiates the approach to the concept of health in its historical aspects and political, social and organizational implications. In addition to the theoretical aspects, it seeks to promote learning, introducing students to the health network, so that they can experience the application of SUS and PHC principles in practice. The course brings together a growing spiral of learning in the network and has as one of its main objectives to stimulate the learning of future doctors by confronting theory and practice, to such extent as the historical and organizational prerogatives of SUS and PHC are discussed with the experience in the network of health in the municipalities close to the university. The course is conducted by professors/physicians of family and community medicine and professors in the area of human sciences and collective health.

UFOP's Medical Residency Program in Family and Community Medicine (PRMFC) was accredited by the Ministry of Education (MEC) in 2013. Since its creation, the program has worked to develop several skills in residents, such as: clinical management, PHC, person-centered medicine to solve specific problems, comprehensive and holistic approach, evidence-based medicine, research, continuing education and teaching.

Teaching competence is developed over the two years, both during theoretical activities that are generally prepared by residents and in the teaching internship itself, when the resident contributes to the training of future physicians and thus learns the specifics of teaching work.⁸

This experience report intends to describe how the unification of this knowledge contributes to the learning of PHC in undergraduate Medicine based on the collaboration of PRMFC resident physicians in

Teaching Internship. It also tries to show how it is possible to aggregate the knowledge of undergraduates and residents. In the development of the teaching internship, the resident in Family and Community Medicine (MFC) has the opportunity to learn about the entire pedagogical process of teaching practice, from the analysis of the course's syllabus to the planning of didactic and evaluation activities when following classes and interacting with medical students. At the same time, the resident physician is invited to explore themes, plan and develop didactic and evaluative activities for students under the supervision of the professor, enabling reflection on the "actually teaching".

The subject is relevant given that the involvement of MFC residents in teaching medical students is a common practice, but usually carried out without proper planning and reflection. This article, therefore, contributes to the literature by reporting a structured experience that values the insertion of the resident in teaching and learning activities through the discipline "Teaching Internship".

METHODS

The actions developed during the teaching internship carried out by residents as part of the UFOP PRMFC were described. The experience took place between August 2021 and February 2022, a period in which UFOP was offering classes online because of the SARS-CoV-2 pandemic. The internship, with a workload of 4 hours per week and duration of six months, has been offered since the creation of the residency program in 2014. It involved the participation of two second-year residents, who were responsible for assisting the head teacher in the course "Health Practices I", of the first period of Medicine, with a workload of 30 hours/class, half of which are practices in the health network. As mentioned, because of the public health emergency caused by the COVID-19 pandemic, both theoretical and practical activities were conducted through weekly meetings held on the Google Meet platform. The differential of the course was that it was conducted jointly by professors who were specialists in Family and Community Medicine and professors in the areas of human sciences. In addition, since 2019, the course has been reorganized so that the practical parts are offered jointly to students in Pharmacy, Medicine and Nutrition, who share the same fields of learning in the health network, in their practical part. The purpose of integrating courses is to encourage interdisciplinary and collaborative learning. For this, the students of the courses are divided into mixed groups and carry out the interaction with the professionals of the health network together, producing reports that are presented and discussed with the professors by the same groups. Subsequently, each class resumes the theoretical classes separately per course.

The teaching internship comprised the following steps: analysis and discussion of the teaching plan for the course "Health Practices I"; follow-up of classes for observation and critical evaluation of the coherence between the teaching plan and the teaching and learning assessment activities; participation in dialogical activities in collaboration with the subject's teacher; reading and discussion of texts on teaching practices, planning, training for PHC and learning assessment as a theoretical preparation for the internship; selection and preparation of a lesson plan on one of the course's themes; development of the lesson according to the teaching plan; final round of conversation with the students to assess the dynamics developed in the course and the participation of resident physicians in the pedagogical process. All stages were preceded by meetings between the resident physicians and the head professor of the course. Each stage served as an evaluation of the performance and learning in the development of the resident doctor in the internship. Finally, as a final evaluation, it was proposed to write a report on the work process. The professor responsible for the internship proceeded to evaluate the performance of the

resident physicians in all stages. The evaluation method was previously discussed and agreed with the residents. All activities were supervised and accompanied by the teacher. Resident physicians participated in the planning and development of didactic activities as part of the training process. Throughout the process, they were assisted by the professor, from the bibliographic survey, through the choice of teaching methods, the development of classes to the evaluation of the medical students' learning.

The report refers to an educational project, without the need for evaluation by the Research Ethics Committee, as no information from participants was used, in addition to that of the authors themselves. For the report, the teaching plans and the descriptions and reflections of those involved in the process were used, without the use of information or data collection from participants, being objects of reflection the actions of the teacher and the resident physicians of Family and Community Medicine, who thus position themselves as responsible for the reflections presented, as points of view arising from the particular experience. Thus, the authors declare that there is no conflict of interest as these are curricular pedagogical activities duly regulated by the institution. Finally, there is a limitation of this report in the fact that no systematic evaluation strategy of the experience was developed other than the personal reflection of the authors.

RESULTS

The "Health Practices I" course was held 100% online, with meetings organized via Google Meet because of the pandemic. It was divided into synchronous and asynchronous theoretical classes, in addition to practical ones. The methodologies used in the classes were dialogic and active, in which the students participate and have co-responsibility in the formation and seeking in of knowledge. This methodology is considered a reference in PHC teaching, integrating both theory and practice.⁵

The course began with an initial meeting to present the program to students and align expectations. The second class was about the different concepts of health throughout history, which made it possible to think about what each one conceptualized as health. The experience allowed the contribution of Family and Community Medicine in the process of conceptualizing health and disease in accordance with the DCN.⁵ As an asynchronous activity, the students split into groups made infographics, which the residents and the professor together had the opportunity to evaluate and give feedback.

In one of the practical meetings, interviews were conducted with managers and PHC workers in Ouro Preto and Mariana. This experience provided reflections on the functioning of each sector of the SUS, such as the Emergency Care Unit (UPA), Health Department, Psychosocial Care Center (CAPS), PHC Coordination and day-to-day practice in open-door services, with focus on the Basic Health Unit (UBS), which contributed to the students in the Pharmacy, Medicine and Nutrition courses, already during the first period of the course, to have an experience with the network of attention and health care in these municipalities.⁵

Residents, as they are allocated to and work in practice fields in the city of Ouro Preto, were also interviewed as part of the internship. The interview was carried out by students of the three mentioned courses, synchronously. During the interview, the residents had the opportunity to say in practical terms how the UBS in which they were inserted at the time of the internship worked. Students had been instructed to prepare a list of doubts they would like to resolve. In this activity, it was possible to talk about the general functioning of the UBS, its physical structure, composition of the teams, the portfolio of services offered, the most frequent types of care and some of the challenges of working in a UBS of the SUS. It was possible

to see the interest of each area of knowledge and show how they are integrated and complementary in everyday practice. In addition, comparing the ideal with the practical reality, strengths and points that need to be reinforced, the great differences between UBS in the same municipality is how the principles of the SUS are applied.⁵

During the course “Health Practices I”, there were other classes that were also taken in conjunction with the aforementioned courses, which reinforced the need for integration between these areas, promoting a reflection on the role of each professional in PHC work.^{5,9} In these classes, the role of MFC as a comprehensive medical specialty was valued, with PHC as the main scenario.⁹

Another very important experience was the class that the residents were responsible for coordinating, and the topic addressed was communication techniques. The class was properly planned with the teacher, in accordance with the syllabus, the objectives and contents of the course, as well as the bases for the development of a PRMFC, with regard to the acquisition of skills in the field of communication necessary for the different areas of activity.⁹ During the class, different methods of communication were explored, focusing on the person-centered clinical method. This method is mainly used in the MFC, which is an opportunity to introduce both the method and the MFC from the first period of the medical course, as recommended by the DCN for teaching in PHC.⁵ The reference materials used were the book by Moira Stewart titled *Medicina Centrada na Pessoa: Transformando o Método Clínico (Person-Centered Medicine: Transforming the Clinical Method)* and the Calgary Cambridge guide.^{10,11} The class was given to students in the first period of the course, in the model of an expository class, in which the student could ask questions at any time. Class time was 60 minutes, and after completion, time was made available for feedback.

DISCUSSION

The interaction between resident physicians and medical students enabled a dynamic of mutual learning. The class that addressed communication techniques received very positive feedback from the students, as they considered it an important class at an essential moment of the course of study and that it managed to encompass and contrast the communication methods most used during clinical consultations. This was also a key moment for the resident physicians, as they were able to improve their teaching skills under development during the teaching internship. Undergraduate students approached the context of clinical practice, taking inspiration from young medical residents, which reinforces the importance of the teaching internship in promoting this mutual learning, as shown in Chart 1.

In addition to the above, the reported experience is in line with important points of the DCN for medical school graduation. One of these points is the insertion, as of the first period, of contents related to MFC, SUS and PHC. Addressed in the course were the history of SUS and its organization; what is PHC; what is the MFC medical specialty; and the person-centered clinical method, among others. Addressing these issues is to enable a greater understanding of Brazilian public health, its qualities and challenges and also to introduce essential concepts that guide medical education in the biopsychosocial model of illness. When addressed in the first period, the first foundations are laid for the training of physicians with a critical and humanized view of care, essential qualities of contemporary medicine.

The participation of MFC residents in the course allowed bringing practical PHC experience to theoretical teaching. Given the limitations of a course that is completely offered in a distance learning model, conversation circles were held with several other residents working in PHC so that students could interview them and learn from practical examples about the role of the family doctor, how PHC is organized

Chart 1. Activities that Family and Community Medicine residents undertake during their teaching internship in the course “Health Practices I”

| Class | Activities | Benefits for undergraduates | Benefits for residents |
|--|--|---|---|
| Presentation of the program and survey of the expectations. | Use of the <i>Mentimeter</i> application to answer the question: “What is medicine for me?” Discussion in small groups and general final discussion. | Reflection on expectations regarding the course of study and class with support from resident physicians and their experiences. | Development of communication skills. |
| The different conceptions of health. | Viewing and discussion of videos and reading and discussion of text. Preparation of infographics by undergraduates with a timeline relating health concepts | Identification, with real examples presented by resident physicians on the different conceptions of health and their impact on the organization of a health system. | Consolidation of the contribution of Family and Community Medicine in the process of conceptualizing health and disease. |
| Practical activity “The organization of SUS in the municipal sphere,” held in conjunction with Pharmacy and Nutrition classes. | Online meeting with professionals from the health network and representatives of the Municipal Health Councils to learn about the application of SUS principles in practice. | Practical application of SUS principles in management, social control and health care network. | Analysis of the participation of each area of knowledge and how they are integrated and complementary in day-to-day practice. |
| Communication in health. | Lecture class, with a dialogic approach, in which the undergraduates were encouraged. | Approximation of the theoretical context with the inspiring clinical practice of MFC residents. | Improvement of teaching skills. |

SUS: Unified Health System; MFC: Family and Community.

in the city of Ouro Preto, how a Family Health team works and what the role of each professional is in this organization, among others. This format does not replace the recommendation of face-to-face classes at the UBS, but it was the way found to enforce the learning recommendation of what is the practice carried out in the units. It is expected that, with the slowdown of the COVID-19 pandemic and the return of students to face-to-face activities, they will have the on-site experience at the UBS for the remainder of the course.

Another point of great importance was the integration of Medicine with the courses of study, that is, Pharmacy and Nutrition. The DCN recommend this integration for courses in the health area. In the interviews and conversation circles with the MFC residents, students from the three courses were present, and it was possible to talk about how the MFC works in a multidisciplinary way in the Family Health teams and how these areas are integrated in patient care and the challenges of implementing a multidisciplinary team in PHC.¹²

CONCLUSION

The experience reported allowed us to conclude that the integrated MFC medical residency and actively collaborating with university undergraduate teaching allows the apprentice physician to have experience as a teacher and participate in the training of future physicians. This integration takes place in partnership with professionals from other areas of knowledge, making the experience even more unique. In this case, the professor of the course “Health Practices I” holds a PhD in Human Sciences.

The teaching internship helped the resident physicians to improve several skills based on a 100% supervised experience, in which stages they participated fully, from content programming, class

preparation, theme division, organization of dynamics and of the participants, up to the evaluation of the students and the presentation of a class. This is in addition to interaction with undergraduate students from three different courses of study, who have the possibility of working together in the context of PHC.

Some skills such as improving interpersonal relationships, the importance of teamwork, division of tasks, following criteria for evaluating students were essential for the development of the internship. The experience of evaluating the activities together and giving feedback to the students helped to refine the writing, making it more assertive. In addition, the responsibility to participate in building the knowledge of future colleagues reinforced, in the residents, a sense of responsibility and respect for the next generations. In general, they felt grateful for the internship. This demonstrates the importance of the teaching internship and its potential to improve skills essential to MFC and human beings in general.

In this learning experience involving professors, MFC residents and medical students, the practical application of the principle of interactive and meaningful learning can be seen: learning carried out through practice and reflection, mediated mainly by the interaction between young doctors and freshmen in medicine. The generational proximity, the interest in the work experience and the expectation of the start of the course facilitated the teaching-learning process.

The contribution of the resident physicians was crucial for the teaching of PHC to be present from the beginning of the course, as recommended by the DCN, preferably in contexts of work-based learning and that integrates the teaching of clinical practice for students, with the participation of experts in the MFC field. This has been a prerogative of the Graduation Course in Medicine at UFOP which, as the experience report demonstrates, has benefited from the MFC teaching internship. On the other hand, it favors the acquisition of teaching skills recommended by the SBMFC.

CONFLICT OF INTERESTS

Nothing to declare.

AUTHORS' CONTRIBUTIONS

CBBF: Project management, Formal analysis, Conceptualization, Data curation, Writing – original draft, Writing – review & editing, Methodology, Supervision, Validation. AMF: Project management, Formal analysis, Conceptualization, Data curation, Writing – first draft, Writing – review & editing, Investigation, Methodology, Supervision, Validation. DDM: Writing – original draft, Investigation.

REFERENCES

1. Brasil. Ministério da Saúde. Secretaria de Gestão do Trabalho e da Educação na Saúde. Programa mais médicos – dois anos: mais saúde para os brasileiros. Brasília: Ministério da Saúde; 2015.
2. Frenk J, Chen L, Bhutta ZA, Cohen J, Crisp N, Evans T, et al. Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. *Lancet* 2010;376(9756):1923-58. [https://doi.org/10.1016/S0140-6736\(10\)61854-5](https://doi.org/10.1016/S0140-6736(10)61854-5)
3. Figueiredo MD, Furlan PG. O subjetivo e o sociocultural na co-produção de saúde e autonomia. In: Campos GWS, Guerrero AVP, org. *Manual de práticas de atenção básica: saúde ampliada e compartilhada*. 2ª ed. São Paulo: Hucitec; 2010. p. 154-78.
4. Gomes MPC, Ribeiro VMB, Monteiro DM, Leher EMT, Louzada RCR. O uso de metodologias ativas no ensino de graduação nas ciências sociais e da saúde: avaliação dos estudantes. *Ciênc Educ (Bauru)*. 2010;16(1):181-98. <https://doi.org/10.1590/S1516-73132010000100011>

5. Demarzo MMP, Almeida RCC, Marins JJN, Trindade TG, Anderson MIP, Steins AT, et al. Diretrizes para o ensino na atenção primária à saúde na graduação em medicina. *Rev Bras Educ Méd* 2012;36(1):143-8. <https://doi.org/10.1590/S0100-55022012000100020>
6. Marinho-Araujo CM, Almeida LS. Abordagem de competências, desenvolvimento humano e educação superior. *Psicol Teor e Pesq* 2016;32(spe):1-10. <https://doi.org/10.1590/0102-3772e32ne212>
7. Fino CN. Vygotsky e a Zona de Desenvolvimento Proximal (ZDP): três implicações pedagógicas. *Revista Portuguesa de Educação* 2001;14(2):273-29.
8. Figueiredo AM, Assis AD, Machado EL, Bezerra OMPA, Pereira RPA, Neves VJRN, et al. Aprendizagem com pares: uma experiência de preparação para docência em medicina. In: Amaral E, Polydoro S, Carvalho MAG, Papes F, Garcia AO. *Inovações curriculares: os desafios do ensino superior*. Campinas: Universidade Estadual de Campinas; 2017. p. 246-54. Available at: <https://inovacoes.ea2.unicamp.br/wp-content/uploads/2019/03/E-Book-Inovacoes-2017.pdf>
9. Anderson MIP, Castro Filho ED, Rodrigues RD, Dalla MDB, Bourget MMM. Bases para expansão e desenvolvimento adequados de programas de Residência em Medicina de Família e Comunidade. *Rev Bras Med Fam Comunidade* 2007;3(11):180-98. [https://doi.org/10.5712/rbmfc3\(11\)336](https://doi.org/10.5712/rbmfc3(11)336)
10. Stewart M, Brown JB, Weston W, McWhinney IR, McWilliam CL, Freeman T. *Patient-centered medicine: transforming the clinical method*. 3rd ed. London: Radcliffe Publishing; 2014.
11. Kurtz S, Silverman J, Benson J, Draper J. Marrying content and process in clinical method teaching: enhancing the Calgary-Cambridge guides. *Acad Med* 2003;78(8):802-9. <https://doi.org/10.1097/00001888-200308000-00011>
12. Soares RS, Oliveira FP, Melo Neto AJ, Barreto DS, Carvalho ALB, Sampaio J, et al. Residência em medicina de família e comunidade: construindo redes de aprendizagens no SUS. *Rev Bras Med Fam Comunidade* 2018;13(40):1-8. [https://doi.org/10.5712/rbmfc13\(40\)1629](https://doi.org/10.5712/rbmfc13(40)1629)