

# Transformative power of primary health care: qualitative analysis of the impact of internship in Family Health Strategy on medical training

O poder transformador da Atenção Primária à Saúde: análise qualitativa do impacto do internato em Estratégia Saúde da Família sobre a formação médica

*El poder transformador de la Atención Primaria de Salud: análisis cualitativo del impacto del internado en la Estrategia de Salud de la Familia en la formación médica*

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## Abstract

**Introduction:** The revision of the National Curricular Guidelines for Medicine courses (DCN) in 2014 aimed to align the training of Brazilian doctors with the demands of the Unified Health System (SUS), especially concerning their role in primary health care (PHC). However, increased insertion of students in PHC practice fields remains a challenge, especially in private higher education institutions. Studies indicate that exposure to longitudinal care environments facilitates the development of clinical and communication skills, social self-perception and an understanding of the determinants in the illness process, but there is still a scarcity of sources that assess the development of affective and empathetic skills during internship in PHC. **Objective:** This study aimed to assess how the internship in Family Health Strategy (FHS) influences medical students' perceptions of PHC, the community, and the country. **Methods:** This qualitative study was conducted at the Clínica da Família Marcos Valadão in Rio de Janeiro. The population consisted of fifth and sixth year students from a private medical school, who were in a mandatory curricular internship at the unit. Semi-structured questionnaires about PHC applied before the rotation and reports produced at the end of the internship were evaluated by thematic analysis. **Results:** Analysis of the initial questionnaires revealed some resistance to subjectivation among students, with greater emphasis on the development of cognitive and psychomotor skills during the internship. However, the reports showed an improvement of affective skills, such as self-knowledge and capacity for subjectivation, reflexivity, active listening and empathy. **Conclusions:** The study revealed several advantages of integrating undergraduates in FHS, particularly in developing affective skills. However, the literature on the topic remains scarce. Further research is recommended to strengthen the evidence regarding the benefits of early and longitudinal placement of students in PHC practice settings.

**Keywords:** Primary health care; Medical education; Internship; Empathy; Social determinants of health.

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## Resumo

**Introdução:** A revisão das Diretrizes Curriculares Nacionais dos cursos de Medicina (DCN) em 2014 visou alinhar a formação dos médicos brasileiros com as demandas do Sistema Único de Saúde (SUS), sobretudo no que tange à atuação na Atenção Primária à Saúde (APS). No entanto, uma maior inserção dos estudantes em campos de prática da APS segue como um desafio, sobretudo nas instituições de ensino superior (IES) privadas. Estudos mostram que a inserção em ambientes de cuidado longitudinal favorece o desenvolvimento de habilidades clínicas e comunicacionais, autopercepção social e compreensão dos determinantes no processo de adoecimento, mas ainda há escassez de fontes que avaliem o desenvolvimento de competências afetivas e empáticas durante o estágio na APS. **Objetivo:** Este estudo buscou avaliar de que forma o internato em Estratégia Saúde da Família (ESF) influencia a percepção de alunos de Medicina com relação à APS, à comunidade e ao território. **Métodos:** Trata-se de um estudo qualitativo, desenvolvido na Clínica da Família Marcos Valadão (CFMV), no Rio de Janeiro. A população é composta de acadêmicos de quinto e sexto anos de uma faculdade privada de Medicina, que cumpriram estágio curricular obrigatório na unidade. Utilizando análise temática, foram avaliados questionários semiestruturados sobre a APS aplicados antes do estágio e relatórios elaborados ao final do período do internato. **Resultados:** A análise dos questionários iniciais permitiu identificar uma resistência à subjetivação por parte dos alunos, com maior valorização do desenvolvimento de habilidades cognitivas e psicomotoras no estágio. Já os relatórios revelaram um aprimoramento, também, de competências afetivas, como autoconhecimento, capacidade de subjetivação, reflexividade, escuta e empatia. **Conclusões:** Com o estudo, puderam-se observar múltiplas vantagens da inserção de graduandos na ESF para o desenvolvimento de competências afetivas. Entretanto, a literatura sobre o tema permanece escassa. Sugere-se a realização de mais pesquisas para fortalecer as evidências dos benefícios da inserção precoce e longitudinal dos estudantes nos campos de prática da APS.

**Palavras-chave:** Atenção primária à saúde; Educação médica; Internato; Empatia; Determinantes sociais da saúde.

## Resumen

**Introducción:** La revisión de las Directrices Curriculares Nacionales para los cursos de Medicina (DCN) en 2014 tuvo como objetivo alinear la formación de los médicos brasileños con las demandas del Sistema Único de Salud (SUS), especialmente en lo que respecta a la actuación en la Atención Primaria de Salud (APS). Sin embargo, la mayor integración de los estudiantes en campos de práctica de la APS sigue siendo un desafío, especialmente en Instituciones de Educación Superior (IES) privadas. Estudios demuestran que la inserción en entornos de cuidado longitudinal favorece el desarrollo de habilidades clínicas y de comunicación, la autopercepción social y la comprensión de los determinantes en el proceso de enfermedad. No obstante, aún existe una escasez de fuentes que evalúen el desarrollo de competencias afectivas y empáticas durante las pasantías en la APS. **Objetivo:** El objetivo de este estudio es evaluar cómo la pasantía de la Estrategia de Salud de la Familia (ESF) influye en la percepción de los estudiantes de medicina acerca de la Atención Primaria de Salud (APS), la comunidad y el territorio. **Métodos:** Este estudio cualitativo fue desarrollado en la Clínica da Família Marcos Valadão (CFMV), en Rio de Janeiro. La población está compuesta por estudiantes de quinto y sexto año de una facultad privada de Medicina que realizaron su pasantía obligatoria en la unidad. Se evaluaron mediante análisis temático cuestionarios semiestruturados sobre la APS aplicados antes de la pasantía y los informes elaborados al final del periodo de internado. **Resultados:** El análisis de los cuestionarios iniciais permitió identificar resistencias a la subjetivación por parte de los estudiantes, con mayor valoración por el desarrollo de habilidades cognitivas y psicomotrices durante la pasantía. Por otro lado, los informes evidenciaron una mejora no solo en estas habilidades, sino también en habilidades afectivas, como el autoconocimiento, la capacidad de subjetivación, reflexividad, escucha y empatía. **Conclusiones:** A través del estudio, se observaron múltiples ventajas de la inserción de estudiantes universitarios en la ESF para el desarrollo de competencias afectivas. Sin embargo, la literatura sobre el tema sigue siendo limitada. Se sugiere realizar más investigaciones para brindar mayor solidez a las evidencias de los beneficios de la inserción temprana y longitudinal de los estudiantes en los campos de práctica de la APS.

**Palabras clave:** Atención primaria de salud; Educación médica; Internado; Empatía; Determinantes sociales de la salud.

## INTRODUCTION

Primary health care (PHC) is an indispensable pillar for development and social justice.<sup>1</sup> Despite this, the process of expanding Brazilian PHC and the incorporation of foreign doctors into Family Health Strategy (FHS) teams, which intensified over the last ten years,<sup>2</sup> highlighted inconsistencies presented by Brazilian professionals in providing care to vulnerable populations while adhering to these principles.<sup>3</sup>

The revision of the National Curriculum Guidelines (DCN) for Medical courses in 2014 was a response to these deficiencies. By establishing that at least 30% of the internship workload should be dedicated to PHC and Emergency and Urgency Services of the Unified Health System (SUS), with a predominance of the former, the document aimed to strengthen the training of future doctors, aligning them with the demands of the health system.<sup>4</sup> However, the study by Vieira,<sup>5</sup> which aimed to analyze the approach of

medical courses in Rio de Janeiro regarding their work in PHC, highlighted a significant gap between theory and practice. By offering these disciplines at the beginning of the undergraduate program but only resuming their content during the internship at the end of the course, a challenge is created in the training of students for working in the SUS, especially in private higher education institutions (HEIs).

Even the study by Vieira et al.,<sup>6</sup> conducted years after the last revision of the DCN, reveals multiple obstacles and challenges to the greater integration of students into the PHC setting throughout their undergraduate studies, again highlighting private HEIs, resulting in the maintenance of a hegemonic technocratic and hospital-centric approach. Therefore, much remains to be done in terms of adapting curricula and implementing other strategies to improve teaching-service integration, with the aim of training doctors with profiles suitable to meet the needs of the health system.<sup>7</sup>

Research by O'Brien et al.,<sup>8</sup> Benbassat<sup>9</sup> and Kelly et al.<sup>10</sup> shows that practice during undergraduate studies in longitudinal care settings not only develops clinical skills but also promotes greater proficiency and independence during the internship.<sup>8</sup> Furthermore, studies have demonstrated improvements in communication skills, understanding of the psychosocial aspects of illness, and confidence in dealing with ethical dilemmas,<sup>9</sup> as well as important differences in social self-perception, which favors the learning environment of primary care when compared to hospital services.<sup>10</sup> These findings are consistent with the National Curriculum Guidelines (DCN), which include, among other objectives, the understanding of the social, cultural, behavioral, and psychological determinants of the health-disease process.<sup>4</sup>

Considering the scarcity of sources that evaluate the development of affective and empathetic competencies during internships in primary care, this study aims to fill this gap by investigating how insertion into primary care practice settings influences the perception of medical students from a private higher education institution in Rio de Janeiro regarding primary care, the community, and the territory, and how this influence is reflected in the narratives produced by them upon entering and completing the internship cycle. This subjectivity of narratives is a complex phenomenon that should be studied intimately and dynamically through qualitative research, with abstraction itself being the main proposition for investigation,<sup>11</sup> and its understanding is crucial for shaping future educational strategies and promoting training that is even more aligned with the demands of primary care.

## METHODS

Primarily for this study, a bibliographic search was conducted on the following platforms: Virtual Health Library, Google Scholar, United States National Library of Medicine (PubMed), and Scientific Electronic Library Online (SciELO), to provide a foundation for the research and to better understand what was already available in the literature on the proposed topic, as this was not a literature review. The descriptors used were “internship,” “narrative medicine,” “primary care,” “practice settings,” and “humanization,” and evidence was found of the development of clinical skills, greater confidence and independence in stages with longitudinal care practice settings, and also improvements in communication skills and psychosocial understanding in primary care settings.

### Study characteristics

This was a qualitative study developed at the Marcos Valadão Family Clinic (CFMV) located in the northern zone of the municipality of Rio de Janeiro. As a qualitative study, it concerned levels of reality

that cannot be quantified; that is, it works with the universe of meanings, motivations, aspirations, beliefs, values, and attitudes.<sup>12</sup>

The study population consisted of fifth and sixth-year medical students from a private university in Rio de Janeiro, who were completing their mandatory curricular internship in Social Medicine at CFMV. Each class consists of 14 students, who remain at the unit for a period of two months, and the work was conducted with the group that completed the internship during the months of September and October 2023.

## Data collection

At the beginning of the internship rotation in the FHS, before any contact with the health unit or the community, all students received an anonymous semi-structured questionnaire with the following three questions: "Have you ever interned in PHC before? If so, in which unit?"; "What are your feelings and expectations regarding the internship in PHC/Family Health?"; "How do you think the community can influence people's health?". They also received an informed consent form for voluntary participation in the study.

As part of the formal internship evaluation, at the end of the internship, the students produced a free-form report about their final perceptions regarding FHS. These reports were also used in the data collection stage for later comparison with the students' initial impressions.

## Inclusion and exclusion criteria

The following students were included in the research:

- a) those who agreed to participate voluntarily;
- b) those who signed the informed consent form prior to data collection;
- c) those who submitted the initial questionnaire and the final report at the requested times.

The following students were excluded from the study:

- a) those who did not submit any of the documents necessary for inclusion;
- b) those who did not produce the final report in written text format.

## Analysis of data

In the analysis process, the hermeneutic-dialectical approach was employed. According to Minayo,<sup>13</sup> this process places speech within its context to understand it from within and in the field of historical and totalizing specificity in which it is produced, reinforcing its subjective character.

The questionnaires applied before the experience in PHC and the final reports were studied separately, through meticulous and repeated reading of the material.<sup>12</sup> In both analyses, the thematic analysis technique was used, with identification and grouping of the most recurrent topics in the respective records into thematic categories.

It was considered that the analysis of meanings, with their structures of relevance, reference values, and explicit and implicit behavioral models in the discourse,<sup>13</sup> would be the most appropriate for a deeper understanding of the subjectivity of the study participants. Therefore, the categories most relevant to the study objectives were highlighted for interpretation, excluding clinical themes, among other topics.

## Limitations of study

The need for interpretive inferences from the data obtained can be considered a limitation of this study, given that this effort has the potential to underestimate or overestimate the message intended by the sender. Furthermore, the search for meaning in the discourse, as well as its grouping into categories, may be affected by the authors' own conceptions. However, the subjective nature of this study and its method is counterbalanced by the characteristics of hermeneutic-dialectics, where hermeneutics is used as a tool for seeking an interpretation of the content and dialectics for interpreting and confronting the inferences of the authors themselves.<sup>14</sup> Moreover, the consecutive analysis of the material aims to reduce inconsistencies in the interpretations of the discourse.

During the internship, the students are included in the routines of the Family Health Clinic, participating in clinical consultations and home visits with the physicians, including the authors of this study, who were Family and Community Medicine (FCM) residents at the time of data collection. Despite this, it is emphasized that, except for these moments, there was no personal involvement of the study authors with the interviewees.

It is also important to note that the analyzed reports are part of the internship evaluation, which may contribute to the formation of biases. It is known that the internal validity of a study can be compromised when the items of the study instruments are not answered truthfully, which may occur due to fear of moral judgment or during evaluation moments for the formation of a concept or grade.<sup>15</sup> Although the report is not considered an integral part of the student's final grade at the end of their internship, the submission of this material to the preceptor responsible for their evaluation may prompt the intern to produce a report with euphemisms or not consistent with their experience. Concurrently, providing the evaluation as part of the methodology facilitated adherence to this study. Furthermore, the guarantee that no grades are assigned to the report sought to mitigate the impact on the inhibition of discourse due to fear of any academic consequences. The authors of the study were exceptionally granted access to the final reports of this group for research purposes, as these reports are normally only given to the internship supervisors.

## Data sharing plan

Individual anonymized participant data was not shared at any point during the preparation of this work, nor would it be shared at any point during its publication and dissemination. Furthermore, there are no additional documents related to this work available.

The study participants were identified numerically, with a random number assigned to each questionnaire and report according to the number of participants in the study. This numerical identification allowed for data review while ensuring the anonymity of the individuals participating in the analysis.

## Ethical aspects

This study was conducted in accordance with Resolution 466/2012 of the National Health Council (CNS), which contains the Guidelines and Regulatory Standards for Research Involving Human Beings. It was approved by the Research Ethics Committee with Human Beings of the Municipal Health Department of Rio de Janeiro (CEP/SMS-RJ) on September 4, 2023, under Certificate of Presentation for Ethical Review (CAAE) No. 72056423.2.0000.5279.

## RESULTS AND DISCUSSION

The study group consisted of 14 interns from the same private higher education institution in the municipality of Rio de Janeiro, 12 of whom were present at the time the questionnaire was administered and agreed to participate in the research and sign the informed consent form. The two absent students did not answer the initial questionnaire and did not sign the informed consent form and were therefore excluded from the study.

Analysis of the questionnaire responses showed that all 12 respondents had previous experience with PHC during their undergraduate studies, before starting their internship cycle. Three of them had previously interned at the CFMV (Family Medicine Clinic), while 11 had interned at other Family Medicine clinics in the municipality of Rio de Janeiro. It is noteworthy that half of the participants included the Family Medicine clinic of their own institution in their response, a service that encompasses the routine of several specialties in addition to Family Medicine.

In the second section of the questionnaire, students were asked to share their feelings and expectations regarding the internship cycle. Despite being explicitly part of the question, only three participants addressed any personal feelings (happiness, apprehension, and curiosity, respectively), albeit very briefly, in their responses. Notably, two students, although they began their responses with the phrase “my feelings are...”, immediately afterwards only listed their expectations for the internship.

*“My interests are in building relationships with patients, learning about how the social context can influence the health-disease process, and finally, becoming familiar with the different social contexts existing in the municipality of Rio de Janeiro, more precisely in the Acari neighborhood.” (Q01)*

As seen in the literature review by Garcia et al.,<sup>16</sup> there is still a generalized preference in medical courses for traditional methods of lectures and summative assessment methods, limited to factual cognitive aspects, with little or no encouragement for students’ free expression. In this way, a paradigm of resistance to subjectivation is perpetuated, which here translates into a disregard for the more affective aspect of the incitement on the part of the interviewees.

In parallel, all responses to the second question indicated some type of expectation regarding the internship in FHS. The predominance of the desire to develop technical skills during the internship (nine questionnaires) reflects the technocratic culture of the biomedical model, reinforced by the low insertion of students in PHC described in the literature.<sup>6,7</sup>

*“I expect that during this rotation I will learn how to approach patients with the goal of disease prevention, as well as learn how to treat chronic diseases and manage chronic cases, provide prenatal care, and learn specific procedures, such as IUD insertion.” (Q09)*

Furthermore, three students indicated expectations of feeling closer to the patients. To a lesser extent, there was also mention of a better understanding of the social determinants of health (two questionnaires) and a lighter and more welcoming environment for students (one questionnaire) as perspectives for the internship. This diversity of expectations suggests a potential openness to more comprehensive approaches in medical education, given the opportunity.

In the third topic of the questionnaire, students were asked how they believed the country could influence people's health. This question aimed, indirectly, to encourage them to share their ideas and conceptions about the territory, while exploring their prior knowledge of the concept of social determinants of health. The themes contained in the responses were classified into six categories, the most recurrent ones presented in Chart 1, accompanied by examples of related excerpts.

**Chart 1.** Categories of themes in the responses to the third question of the questionnaire.

Category	Related passages
Social determinants of health	"Each territory presents different needs, taking into account the age, educational level, and prevailing economic conditions in the territory, as well as local social issues such as the rate of violence, all of which are factors that directly affect the mental and physical health of the population." (Q02)
Infectious diseases	"The territory [...] is important [...] for understanding the context and infectious and parasitic diseases present in a given area" (Q01)
Cultural competence	"Each territory has its own habits and customs. Understanding the daily life of each territory is fundamental for implementing health promotion that is truly effective for each territory." (Q03)

Source: Prepared by authors.

The category "social determinants of health" encompasses six other subcategories, for the purpose of better understanding which determinants were cited in each response and how frequently. Most frequently, access to services other than primary care and basic sanitation were mentioned, appearing in four responses each. The latter was frequently related to the emergence of infectious and parasitic diseases, another common theme in the responses.

The theme of violence and the presence of parallel power structures in the territory was discussed in multiple questionnaires, often being presented as the sole and absolute cause of limitations in access to and deterioration of the population's health, ignoring the participation of other equally significant factors and even the possibility of horizontal approaches, as suggested by Barbar,<sup>17</sup> which promote sustainable responses involving the community and the presence of PHC teams in settings affected by armed violence.

*"A territory dominated by a parallel power, such as drug trafficking or militias, limits the population's access to health centers and basic rights such as sanitation, street cleaning, and security. This directly and negatively impacts the quality of life and, consequently, the health of the population."* (Q07)

Overall, despite many students stating that habits and customs influence the health-disease process, few delved into how this occurs, suggesting that their responses reveal a limited understanding of the topic. According to Demarzo et al.,<sup>18</sup> it is essential that integration into PHC services throughout medical school be a central part of clinical practice education. Thus, students come into contact with Family Medicine, which has as one of its core competencies a person-centered approach,<sup>19</sup> recognizing the experience of illness and immersing themselves in the social and cultural context in which it is embedded.<sup>20</sup>

The themes contained in the reports produced by the students at the end of the internship, two months after the questionnaires were administered, were classified into nine categories, each encompassing subcategories. Those evaluated by the researchers as most consistent with the objectives of this work are highlighted below. (Chart 2).

**Chart 2.** Categories and subcategories of the topics contained in the reports.

Category	Subcategories
Personal presentation	No subcategories. Includes sections dedicated to the student's presentation.
Initial expectations	Positive, due to positive references from others about the rotation in the Family Health Clinic; negative, due to negative experiences in other internship fields in PHC; negative, due to preconceived notions about PHC; positive breaking of expectations.
Observations on internship	No subcategories. Includes impressions about the organization of the internship, feedback, etc.
Subjective aspects	Personal feelings; doctor-patient relationship; welcoming, active listening, humanized care.
Principles of SUS and attributes of PHC in practice	Family approach; longitudinality.
Lines of care and technical aspects	Includes approaches to people with mental suffering, older people, children, and pregnant women, as well as observations on evidence-based medicine and quaternary prevention.
Personal and professional growth	Positive influence on future professional life; greater self-confidence, self-awareness, autonomy; expansion of clinical knowledge.
Environment and integration with the team	Learning environment and openness to active participation from interns; light and welcoming work environment.
Other specifics of PHC	Home visits; social determinants of health; comparison of primary care with hospital care.

Source: prepared by authors.

PHC: primary health care; FC: Family Clinic; SUS: Brazilian Unified Health System.

The analysis of the reports revealed an interesting pattern in the expectations each student had upon starting the internship, with seven of the 12 participants mentioning negative initial expectations, either due to bad experiences in other internship settings or due to preconceived notions about PHC and the local community. Furthermore, ten of them reported a positive shift in expectations during their time immersed in the routines of the CFMV.

*"We always had a very superficial contact, and I had the impression that Primary Care was always chaotic, focused on illness, and not very effective. Fortunately, my experience during this rotation was very different." (R01)*

*"Being in Acari, initially, was by chance. Unfortunately, due to its reputation as a dangerous neighborhood, my last option was to choose the CFMV (Family Health Center) as my setting for FHS, but, as I mentioned, chance—or rather, a random draw in the class—put me in the right place at the right time." (R07)*

It is also worth noting that the reports were rich in subjective themes, with ten of the 12 students discussing their personal feelings related to the internship. This represents a significant contrast to the

initial questionnaires, in which only three of the same 12 people briefly mentioned their emotions at the beginning of the internship cycle.

*“When I realized that [the resident doctor who was accompanying me] noticed the patient’s fingernails, I felt genuine happiness, as if I were truly caring not for a patient, but for someone’s grandmother. I think that rarely in medicine do we manage to have this true empathy.” (R01)*

It is important to consider that effective and comprehensive learning involves the cognitive, psychomotor, and affective domains,<sup>21</sup> the latter being the main object of study of this work. An indispensable pedagogical tool for the development of this domain is narrative medicine, as demonstrated by Medeiros et al.,<sup>22</sup> who encourage “a dive into oneself”<sup>23</sup> through free textual production. By valuing the emotional and affective dimension, students are provided with tools such as self-knowledge and the capacity for introspection, ultimately promoting the humanization of the doctor-patient relationship.

Narrative is perceived as a valuable way to assess humanistic competencies, since it allows for the observation and analysis of various skills, such as creativity, sensitivity, and the balance between theory and humanization in discourse.<sup>22</sup> With this, subjectivity becomes the raw material of the teaching and learning process, which develops based on it,<sup>24</sup> overcoming the biomedical model, which disregards the subjective aspects of the disease, according to Grossman and Cardoso,<sup>25</sup> who state: “clinical practice must make use of objective technical-scientific tools linked to the interpretations and intuitions of doctors”.

Paulo Freire,<sup>26</sup> on the other hand, understands education as praxis, the pursuit of linking theory and practice in order to transform reality itself, from the perspective of liberating the subjects. It is certain that this process does not occur without some level of surprise and discomfort when confronted with a greater awareness of the privileges and prejudices present in relationships.<sup>27</sup> In this sense, several students reported feeling shaken and moved upon coming into contact with the vulnerability of the territory, especially when conducting home visits accompanying the health teams to which they were assigned.

*“Another very important and enriching aspect of my time here was getting to know the team’s territory, which was a very significant experience. It was crucial for understanding the main health complaints and problems of the team members. I was surprised, because, among the territories I’ve already visited, none compared to the vulnerability of this team’s territory.” (R09)*

Home visits with the teams emerged as significant experiences during the internship. The students viewed these moments as opportunities for self-discovery, as they recognized their connection to caring for people in situations of social vulnerability and were able to understand the local and family dynamics of the assisted population. This leads to a more comprehensive understanding of the social determinants of health and is “essential for creating bonds between the doctor and the community, so that this shapes various more tangible actions for the population” (R01).

*“The experience of home visits is eye-opening and makes us reflect on our role not only as doctors, but also as citizens. Stepping outside our social bubble, especially while studying at a private medical school, should be something all students experience, so that we can always mentally ask ourselves during consultations whether Mr. So-and-so can afford, take, or even recognize the medications we prescribe.” (R07)*

Furthermore, although it is not the main purpose of this study, it is noteworthy that the participants consistently emphasized the acquisition of clinical knowledge and technical skills. While nine students

expressed expectations of developing such competencies in the questionnaires, seven discussed the topic in their reports, linking it to the affective and empathetic skills developed during the same period.

*“In the clinic, I learned about professional conduct, clinical management according to possibilities and limitations, the doctor-patient relationship, the doctor-team relationship, the importance of knowing the community you serve, the system’s workflow, humility, gratitude, compassion, and, above all, resilience.” (R03)*

It is undeniable that working in FHS requires constant reflection on oneself, work processes, and the team’s performance.<sup>28</sup> In order to improve this reflective capacity, it is essential to value listening, both to oneself and to others, during the teaching and learning process.<sup>29</sup> According to Rodrigues et al.,<sup>30</sup> it is necessary that medical training focus not only on the appropriateness of attitudes and behaviors, but also on self-mastery, to overcome moralizing and guilt-inducing discourse and dehumanizing practices.

From this perspective, it was observed that the students recognized the challenge of breaking with the biomedical paradigm that permeated their training. Comparisons were sometimes made between the learning environment in PHC and in hospital practice settings, with the former being characterized as lighter, more welcoming, and more open to active student participation, which is consistent with findings in the literature.<sup>8-10</sup>

*“Medical school is often not an academically validating environment, making us feel like we never know enough or that we’ll never be good enough. Therefore, encountering a team that treated us as an essential part of the unit’s dynamic was completely special at that moment.” (R02)*

The narratives typically culminated in expressions of gratitude to the team, emphasizing the positive influence of the internship on the students’ future professional lives (nine reports). This impact was perceived both in the knowledge acquired and in the development of self-confidence and autonomy, preparing them for the challenges of medical practice. Finally, the students also recognized in primary healthcare an opportunity to redefine their own personal relationship with medicine, concluding one of the last stages before graduation with their determination and identification with the profession revitalized.

*“That’s when it finally clicked for me, something I had always been told but never fully understood the importance of: We practice a profession that allows for exchange, affection, and love. That day, I had concrete proof [...] that our words and the attention we give to others have an impact..” (R02)*

## CONCLUSION

In light of the above, multiple advantages of integrating students into PHC were identified for the development of affective competencies. In addition to the improvement of cognitive and psychomotor skills, greater self-awareness, capacity for subjectivization, and reflexivity were demonstrated at the end of the internship cycle. This translated into free expression using tools such as narrative medicine to describe experiences of personal transformation, in contrast to the more objective reports produced before the start of the internship, which disregarded the more affective aspects of the proposed questionnaire. Furthermore, the students also demonstrated having developed listening skills and greater empathy, identifying differences between the internship in PHC and in other fields of practice, and recognizing the

positive impact of the experience on the eve of graduation, which reinforces the richness and complexity of medical training in this setting.

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## CONFLICT OF INTERESTS

Nothing to declare.

## AUTHORS' CONTRIBUTIONS

RSBV: Project administration, Formal analysis, Conceptualization, Data curation, Writing – original draft, Writing – review & editing, Investigation, Methodology, Resources, Visualization. ALSV: Project administration, Formal analysis, Conceptualization, Writing – original draft, Writing – review & editing, Methodology, Resources, Validation, Visualization. FPB: Project administration, Formal analysis, Conceptualization, Writing – original draft, Writing – review & editing, Methodology, Resources, Visualization. TFR: Writing – review & editing, Supervision.

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