

Interest and motivation of medical pediatric residents in the pedagogical process of teaching: preceptors' perception

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Received on November 3, 2020

Accepted on March 6, 2021

Abstract:

Although many say that the resident doctor has no interest in the activities developed during the medical residency in Pediatrics, this does not seem to be true, especially when it comes to secondary and tertiary care. The objective was to evaluate the preceptors' perception about Pediatric medical residents' interest and motivation in the teaching process. This is a cross-sectional study using a semi-structured interview with preceptors in Pediatrics. This study included 40 (67,8%) of 59 preceptors, 80,0% women, mean age 45,3±12,5years, permanence in the Program 11,9±10,9 years, 18 (45,0%) with ≤5 years as preceptor; 18 (45,0%) reported no teacher training; 18 (45,0%) deliver/discuss syllabus. Most stress-generating rotations were urgency/emergency, pediatric intensive care unit, hospital shifts and clinical case presentations. For 8 (20,0%) preceptors, the resident physician presents a lower interest in attending the Program; 31 (77,5%) greater interest in practical activities; 18 (45,0%) reported interest and motivation for theoretical-practical contents. In those with time ≤ 5years, 6 (33,3%) reported lack of enthusiasm; in the group > 5years, 2 (9,1%) reported lack of enthusiasm (p=0,057). For motivation, in both groups ≤5years (16,7%) and >5years (13,6%), 3 reported lower motivation (p=0,789). In conclusion, receptors acknowledge that residency in medical education is important, but it is also stress-inducing. Accordingly, it is necessary to consider on the pursuit for modern teaching processes, allowing training, professional and personal growth, with prevention of organic and emotional dysfunctions, enhancing interest and motivation for the teaching process.

Keywords: Teaching, Preceptorship, Internship and Residency, Pediatrics.

Interesse e motivação dos médicos pediátricos residentes no processo pedagógico de ensino: a percepção dos preceptores

Resumo:

Embora muitos digam que o médico residente não tem interesse nas atividades desenvolvidas durante a residência médica em Pediatria, tal não parece ser verdade, especialmente quando se trata de cuidados secundários e terciários. O objetivo foi avaliar a percepção dos preceptores sobre o interesse e a motivação dos médicos residentes em Pediatria no processo de ensino. Trata-se de um estudo transversal utilizando uma entrevista semiestruturada com os preceptores em Pediatria. Esse estudo incluiu 40 (67,8%) de 59 preceptores, 80,0% mulheres, idade média de 45,3±12,5 anos, permanência no Programa 11,9±10,9 anos, 18 (45,0%) com ≤5 anos como preceptor; 18 (45,0%) reportaram não ter formação docente; 18 (45,0%) entregam/discutem o programa. As rotações mais geradoras de stress foram de urgência/emergência, unidade de cuidados intensivos pediátricos, turnos hospitalares e apresentações de casos clínicos. Para 8 (20,0%) preceptores, o médico residente tem menor interesse em cursar o Programa; 31 (77,5%) maior interesse em atividades práticas; 18 (45,0%) reportaram interesse e motivação para conteúdos teórico-práticos. Nos que têm tempo ≤ 5 anos, 6 (33,3%) reportaram falta de entusiasmo; no grupo > 5 anos, 2 (9,1%) reportaram falta de entusiasmo (p=0,057). Para motivação, em ambos os grupos ≤5 anos (16,7%) e >5 anos (13,6%), 3 reportaram menor motivação (p=0,789). Em conclusão, os preceptores reconhecem que a residência no ensino médico é importante, mas é também indutora de stress. Assim, é necessário considerar a busca por processos de ensino modernos, permitindo a formação, o crescimento profissional e pessoal, com prevenção de disfunções orgânicas e emocionais, reforçando o interesse e a motivação para o processo de ensino.

Palavras-chave: Ensino, Preceptoría, Estágio e Residência, Pediatria.

Interés y motivación de los residentes de medicina pediátrica em el proceso pedagógico de la enseñanza: la percepción de los preceptores

Resumen:

Aun que muchos dicen que el médico residente no tiene interés en las actividades desarrolladas durante la residencia médica en Pediatría, esto no parece ser cierto, especialmente cuando se trata de atención secundaria y terciaria. El objetivo era evaluar la percepción de los preceptores sobre el interés y la motivación de los residentes de medicina pediátrica en el proceso de enseñanza. Este es un estudio transversal mediante una entrevista semiestructurada con los preceptores de Pediatría. Este estudio incluye 40 (67,8%) de 59 preceptores, 80,0% mujeres, edad media 45,3±12,5 años, permanencia en el Programa 11,9±10,9 años, 18 (45,0%) con ≤5 años como preceptor; 18 (45,0%) reportaron no tener formación docente; 18 (45,0%) imparten/discuten el programa de estudios. Las rotaciones que generaron mayor estrés fueron urgencias/emergencias, unidad de cuidados intensivos pediátricos, turnos de hospital y presentaciones de casos clínicos. Para 8 (20,0%) preceptores, el médico residente tiene menos interés en asistir al Programa; 31 (77,5%) mayor interés en actividades prácticas; 18 (45,0%) reportaron interés y motivación por los contenidos teórico-prácticos. En los que tienen tiempo ≤ 5 años, 6 (33,3%) reportaron falta de entusiasmo; en el grupo > 5 años, 2 (9,1%) reportaron falta de entusiasmo (p=0,057). En cuanto a la motivación, en ambos grupos ≤5 años (16,7%) y >5 años (13,6%), 3 informaron de una menor motivación (p=0,789). En conclusión, los preceptores reconocen que la residencia en la educación médica es importante, pero también induce al estrés. En consecuencia, es necesario considerar en la búsqueda de procesos de enseñanza modernos, que permitan la formación, el crecimiento profesional y personal, con la prevención de disfunciones orgánicas y emocionales, aumentando el interés y la motivación por el proceso de enseñanza.

Palabras clave: Enseñanza, Preceptoría, Internado y residencia, Pediatría.

INTRODUCTION

One perceives motivation as an internal strength that surfaces, adjusts and maintains all the substantial human actions (SIMPSON; BALSAM, 2016). In this regard, it urges to recognize that resident physician as an individual provided with feelings and desires that seeks professional improvement to solve the most immediate health problems of other people (KARCHES; SULMASY, 2016). In such a way, one seeks to discuss issues experienced in the daily lives of preceptors and residents in Pediatrics, taking into account the resident physician as the target of the entire teaching-learning process developed in an environment of dissimilar complexity.

Besides, there are internal forces in motivation that have the power to sustain actions that generate human fulfillment needs and desires, joined with internal and external human biological behavior and condition, casted by experiences or biological and psychological mechanisms, and this motivation persists, thanks to these mechanisms (MICHELSON *et al.*, 2019; DZENG; WACHTER, 2019; HENRY *et al.*, 2018).

Preceptors and residents perceive that there is a lack of interest or motivation to carry out the activities defined during the Medical Residency period, but this has not been confirmed (RAMOS-SILVA *et al.*, 2019). It is known that it is a difficult task to understand the factors that make up the teaching-learning process, as they represent challenges to perceive not only the internal organic forces, mainly the subjective ones, but also the external, immediate and broader ones, as institutional variables, political, media, economic, among others.

One may affirm that such forces can contribute or hinder human potentialities, either in the acquisition of skills (know-how) or in the theoretical field (knowledge), in the desire to obtain motivational resources to point out a world of possibilities in the identification of the elements that constitute interest and motivation, as well as learning processes among pediatric residents.

The preceptors of the multiprofessional healthcare program evaluated mistakenly believed that the motivation and interest of residents in pediatrics had lost strength over the years but, despite this, they persisted in demonstrating the ability to promote emancipatory teaching for resident physicians and build meanings with them for the daily experiences of

dealing with patients, despite the working and teaching conditions offered (RAMOS-SILVA *et al.* 2019). Based on this, the study aims to evaluate the perception of preceptors about the interest and motivation of pediatric residents in the teaching process.

METHOD

This is an analytical cross-sectional study that aimed to assess preceptors of the Pediatric Medical Residency program of the Nossa Senhora da Glória State Children's Hospital (HEINSG), Vitória, ES, Brazil, from August to September 2015.

The HEINSG, created in 1933, is a public institution of direct state administration, exclusively bonded to the Unified Health System (SUS), that offers medium-sized tertiary care and is a state reference for high complexity for the urgency and emergency network; with about 5000 visits / month in outpatient clinics in the various specialties of Pediatrics, and approximately 350 hospitalizations / month, with a structure characterized by emergency care, pediatric and neonatal intensive care unit, clinical and surgical wards, operating room and burn treatment center. Each environment has the presence of resident physicians, with the participation of a multiprofessional healthcare team.

The Medical Residency Program (PRM) assessed was instituted in 1976 and prepared 594 pediatricians, by late of 2014, (508 / 85.5% women). The PRM observes what is set by its Internal Regulations and this establishes rules for admission, appraisal for progression and course conclusion along with defining the Pedagogical Project (PP) annual review, as reported by the guidelines of National Medical Residency Commission (CNRM) to ensure : a) safe and effective care for each patient; b) development of skills, knowledge and attitudes; c) potential for future practice of continuous and unsupervised professional growth; d) definition of summative and formative evaluation criteria which supply the social insertion of the graduate, as a human resource of the Unified Health System. Moreover, the PP engages in matters of responsibility of the resident physician, as ethics, technical, scientific and social competence. The Program follows the workload percentages arranged by the CNRM,

prioritizing greater workload, respectively, for teaching in primary, secondary and tertiary care.

An evaluation instrument containing open and closed questions, such as the profile of the preceptors, pedagogical demands, structure of the offered stages and the preceptors' view of the interest, motivation and stress generation in the offered stage was used for data collection.

Stress perception indicator, organized in Likert (1932) scale from 10.0 to 100.0% was applied in order to appraise the percentage of resident stress perceived by the preceptor during the internship. The study was approved by the HEINSG Research Ethics Committee, under Opinion No. 925,278.

The study variables were structured and assessed using SPSS for Windows software (Chicago, USA, version 25, series 10101141221). Categorical variables were displayed as absolute and relative frequencies, and quantitative variables were disclosed as mean and standard deviation or median and amplitude. For categorical variables, Pearson's chi-square test was implemented and a significance level of 5% ($p < 0.05$) was adopted.

RESULTS

The program had 59 preceptors, however 11 (18.6%) of them were not called to participate in the study for various reasons, such as vacations, maternity leave and premium vacations; 8 (13.5%) rejected to participate; and 40 (67.8%) responded to the evaluation instrument, 32 (80.0%) female, mean age 45.3 ± 12.5 years and average time as preceptor in the program 11.9 ± 10.9 years.

Among preceptors under 40 (18 / 45.0%) years of age, 16 (88.9%) have worked for less than 5 years and 2 (11.1%) have worked for more than 5 years. Notwithstanding, of the preceptors over 40 years old, only 2/22 (9.1%) have been working for less than 5 years and 20/22 (90.9%) have been working for over 20 years. Those who have been in the program for less than 5 years claimed not having done any training for teaching. The Table 1 presents the characterization of the preceptors. Table 1 presents the characterization of the preceptors.

Table 1 –Characterization of the preceptors of the Pediatric Medical Residency program of Nossa Senhora da Glória State Children's Hospital (HEINSG), Vitória, ES, Brazil, 2015 (n = 40)

VARIABLE	FREQUENCY (PERCENTAGE)
Gender	
Male	8 (20,0%)
Female	32 (80,0%)
Age	
27 – 40	18 (45,0%)
41 – 50	7 (17,5%)
51 – 60	11 (27,5%)
61 – 73	4 (10,0%)
Program Acting Time (years)	
1 – 5	18 (45,0 %)
6 – 10	4 (10,0 %)
11 – 15	5 (12,5%)
16 – 20	3 (7,5%)
21 – 35	10 (25,0%)

Source: elaborated by the authors.

As for the title, all preceptors had at least the Medical Residence in Pediatrics, as well as a master's degree (12.0%) and a doctorate (8.0%).

Regarding stress elicitation in the various stages that make up the curriculum matrix, the preceptors pointed the average of $50.5 \pm 25.8\%$ (range 10.0 to 100.0%) as stressors in physician residents. Yet, in the perception of preceptors, the stages identified as causing stress, between 10.0 and 30.0%, refer to the presentation and discussion in clinical-radiological sessions, performance in some wards and outpatient clinics. The presentation and discussion in the pathological sessions, the activities on duty, and the stages developed

in the emergency units, pediatric and neonatal intensive care, when compared to the other stages ($p < 0.001$) were indicated as stress greater than 50.0%

In the pedagogical context, 18 (45.0%) of the preceptors stated to deliver and discuss the teaching plan and the dynamics of the internship in its beginning; 11 (27.5%) claimed not to submit the teaching plan but to discuss the internship dynamics with the resident physician at the beginning of the internship and 11 (27.5%) said that this need does not apply to the coordinating internships. They also said that the evaluation process of the resident physician is performed at the beginning (13 / 32.5%) and at the end of the internship (26 / 65.0%); applied in writing (15 / 37.5%) or through group discussion (13 / 32.5%), and with personal performance evaluation (24 / 60.0%).

Preceptors who teach by way of scientific meetings, on-call activities and specialty outpatient clinics have subjective and non-systematized assessment models. In accordance with the scientific programming performed in each stage, 27 (67.5%) declared that they accomplish planning; 29 (72.5%) informed that the scheduled activity is fully fulfilled; and according to 30 (75.0%) preceptors, residents articulate and contribute to the full realization of scientific programming. There is a consensus among 31 (77.5%) preceptors that there is greater interest in practical activities and 18 (45.0%) consider that there is interest in theoretical and practical content.

In assessing the resident physician's interest in chasing the internships offered by the program, 8 (20.0%) preceptors stated that this one has been losing interest over the years and 6 (15.0%) suppose that he is less motivated to study the stages. Among the preceptors who have worked in the program for less than 5 years, 33.3% (6/18) pointed that the resident physician is less interested and motivated to attend the internships, but in the group with acting over 5 years this percentage is 9.1% (2/22).

DISCUSSION

It was noticed in this work that most preceptors are female, leading to interpret the influence of gender in the choice of pediatric specialty. Although the medical profession has

been a male activity since its inception, pediatrics has historically been practiced by women. Studies evaluating this theme are scarce especially in pediatric residency programs

Wuillaume and Batista (2000) reported the work in the preceptorship in 30.0%, with up to 10 years of activity, dissimilar to the data reported in this here where near half of the group (45.0%) has up to 5 years of activity, all graduates of the program rated.

It is noted that almost half of the preceptors of the evaluated program are young people, what may suggest the retirement result of those who perform the function since the beginning of the program (1977), besides entering through public competitions. We highlight the high percentage of preceptors (37.5%) over 50 years (51 to 73 years), which may represent the maximum of professional experience with positive repercussion in teaching processes. Botti and Rego (2011) point out that the shortage of preceptors under the age of 31 may suggest a relationship with the lack of public tender.

With regard to the title, 100.0% of the preceptors with specialization (*Lato Sensu*) in the area of Pediatric Medical Residency modality, and out of these 8.0% were PhD and 12.0% were masters. These results are inferior to those found by Botti and Rego (2011) who identified 50.0% of title in *Stricto Sensu* Program.

Regarding stress induced by various stages, including the medical working shifts, the Ministry of Education considers the Medical Residency the gold standard for specialization (CAMPOS, 2015). This has been combined with the best form of professional training for the doctor (OSLON *et al.*, 2019), even though the constant pressure, physical tiredness, fatigue and fear of making mistakes. Apparently, this effect is greater among first-year resident physicians and among women (ASAIAG *et al.*, 2010). All these situations, added to the constant demand of preceptors and patients, may be present during the Medical Residency period, growing professional responsibility and reducing time for social life, friends, family and leisure, which may affect the perception lived by the resident probably inducing disease processes (HU *et al.*, 2019; MAGALHÃES; GLINA, 2006).

The view of the preceptors regarding the stress caused in the stages taught by themselves, brings a reflection on the seek for more modern teaching processes that can allow training, encourage professional and personal growth, hinder organ dysfunction and

emotional turmoil in residents, increasing thus their motivation and their interest in the teaching-learning processes.

Consequently, it is desired that the preceptor has characteristics such as enthusiasm, compassion, open dialogue, conflict mediation, organization, involvement, integrity, knowledge and good relationship with patients, that is, positive attributes to be copied by residents who have the preceptor as an example. Moreover, professional and ethical behavior should be explicitly taught and encouraged, as unethical attitudes and behavior can cause confusion, distress and disappointment in supervised young physicians (PHILLIPS; DALGARNO, 2017; HATEM *et al.*, 2011).

According to teacher's assumption, one notices the requirements of students such as clarifying doubts, proposing adequate, reflective and conscious feedback, promoting formative assessment, besides the summative, and using information technology. Burgess *et al.* (2014) claim that students selected as preceptor models those who have: 1) Clinical attributes: to attain a good knowledge base; articulate skills for conducting anamnesis; have aptitude to explain and demonstrate skills at the appropriate level for students; have empathy, respect and genuine compassion for patients. 2) Teaching skills: develop a relationship with students; provide time for students and professionals growth; supply a positive learning environment; understand student curriculum requirements and assessment; prompt and helpful feedback; and provide interaction with the patient. 3) Personal qualities: respectful inter-professional team interactions; tutorials preparation; passion for teaching; and passion for his career choice.

The study strengthens the main role of preceptors as models, which also has consequences for faculty growth in view of that almost half of the group is young, justifying the investment in the planning and continuous pedagogical upgrade of these preceptors. The medical education literature deliberates the different roles of the preceptor mentioning to as a mentor, tutor, supervisor and mentor, with functions of planning, controlling, guiding, stimulating reasoning and active posture, analyzing performance, advising and taking care of professional growth and personal, observing and evaluating the resident when performing his activities, besides acting in moral formation.

Hence, the rational teaching definitely entails reassessing the pedagogical practice and the expectations placed on the preceptor who, even with few teaching tools in the

theoretical and pedagogical field, has the commitment to augment his field of action and his ability in order to build up quality education in accordance with the needs of the population, the citizenship advancement, the ethics and the competence to pledge with public opinion, with the errors, besides learning to face bad news and death.

Out of the current preceptors of the program evaluated, 45.0% have less than 5 years of experience and they have not undergone any kind of training for teaching, leading them to resent it. The lack of training was most likely due to the difficulty in recognizing the need to develop procedures inherent to teaching practice, such as internship planning, assessment and teaching procedures. Ourique (2010) argues that not determining, from the beginning, the point of arrival, is a learning to be further elaborated in the teacher training programs, implying a substantial difference in the way of understanding the formation, because the teaching lacks theoretical arguments to support them epistemological and public planes simultaneously, just as the material conditions of his work lack intervention devices.

There are preceptors who promote liberating teaching to their residents, building with them meanings for their daily experiences with patients, despite the working and teaching conditions provided by public sector.

With regard to practical and theoretical activities, practical learning can be analyzed from different angles and facets, but with a special focus on the role of the preceptor, a more experienced professional who assists in vocational training, but who needs not only understanding of his role in the training of the physician, but also his perception as a preceptor in this process of professional training (SKIPPER; MUSAEUS; NØHR, 2016; YARDLEY; TEUNISSEN; DORNAN, 2012).

This Medical Residency forms pediatricians able to work primarily at the hospital level, in inpatient units, urgency and emergency unit, pediatric intensive care units and neonatal, including low, medium and high complexity delivery room care. This training model is justified by the fact that there are difficulties in integrating the various levels of management in primary, secondary and tertiary care, considering that the internship fields were not designed to serve learners, thus making it difficult implementing strategies and strengthening health worker training (FRANÇA et al., 2017).

According to Blank (2011), the main role of the preceptor of young resident doctors is to lead them to assimilate that this period of residence is just a warm-up of a life or course of life through systematic studies. The author also states that Medical Residency is the key period of medical education, where one improves the beginner's ability to continue self-learning as well as copes with future demands. Consequently, it is possible to unveil autonomy as one of the positive factors resulting from a meaningful, competent, committed, ethical, effective and engaging teaching-learning process. Autonomy requires a critical and practical reflection, from where the medical-pediatric theory aligns with clinical practice (FREIRE, 1996).

The option for pediatrics would be the essential element for residents' motivation, if it were not for the peculiar characteristics of the Medical Residency, with high potential to produce stress, often inducing frustrations with consequent reduction in motivation. In that regard, Pediatric Residency depends on the expertise of its preceptors to gather and value knowledge, based on the needs and expectations of students, planning authentic tasks with appropriate complexity, practice and useful task for professional practice that can broaden goals and encourage motivation (REED *et al.*, 2018).

Teacher education in particular area of activity, related to psycho-pedagogical knowledge in the motivation area is a significant element of motivational dynamics, in order to make the teaching-learning process more efficient. Thereby, it is crucial to contemplate on the perception and impact of the preceptor when defining, at the beginning of each stage, the motivated or unmotivated resident, considering his / her role in motivating the valorization of strategies of the theoretical-practical support of learning with quality (MAIESKI; OLIVEIRA; BZUNECK, 2013).

Learning motivation seems to be associated to positive results, effort and persistence in the search for knowledge and skills improvement, with intellectual growth. According to Chiavenato (1999), motivation is what drives the person to act in some sense, which may provoke an external stimulus, coming from the environment or internally generated in the mental processes of the individual. Thereby, the stress in the hospital learning environment is interpreted as absence of motivation, what demands the knowledge of how the student's behavior patterns are learned, and from these, deduce the existence of reasons, essences, driving force and intrinsic motivation (PAPAEFSTATHIOU *et al.*, 2019).

It is believed that man feels achieved when he encounters meaning in whatever he does. The human being is multidimensional and, therefore, it is essential to expand its operational, social and political dimensions, requiring the apprentice to provide space for creativity, autonomy and participation. Thus, it is suggested to group the factors concerned to motivation in the search for meaning, participation, education, communication and individual recognition (BUENO, 2002).

CONCLUSION

According to this research, the evaluated preceptors, mostly women under 40 years old, endorse that an overload among residents in the Medical Residency is present. This fact may ponder the search for modern teaching processes that can authorize training, promoting professional and personal growth, preventing organ dysfunction and emotional disturbance in residents. These preceptors also reiterate that the interest and motivation for the teaching-learning processes remain strong and unchanged.

As a limitation of the study, it is deemed that the evaluation considered merely a PRM of a state in the Southeast Region, nevertheless considering the dearth of national and international studies on the theme in the area of pediatric residency, the relevance of similar studies in the future is emphasized.

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