

## Travelers' narratives: field researchers meet new Brazilian federal medical schools\*


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Narrativas de viajeros: encuentro de investigadores de campo con nuevas escuelas médicas federales de Brasil (resumen: p. 17)


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The Formation axis of the More Doctors Program stimulated the implementation of new medical courses at Brazilian federal universities. In this context, an interinstitutional project sought to map these medical schools, providing training spaces in the perspective of the critical friend. This article presents a qualitative research that analyzed the experience of nine travelers - field researchers - in their visits to new schools, through this Project, in 2018. Thematic analysis of the content of 21 travelers' narratives was carried out, with three thematic categories: expectations; meeting with strangers; goodbyes. A collective narrative was woven from the diverse experiences and relationships experienced by travelers, where the wealth and singularities of each school visited emerged, with emphasis on ethical and committed research. The analysis reinforces the possibility of using narratives by field researchers to add subjectivities to investigations about the lived reality.

**Keywords:** Medical education. Narrative. More Doctors Program. Higher education institutions. Public Health.

## Introduction

Most countries in the world present inequalities in access to health services that are repeatedly pointed out as serious and persisting problems over time, resisting to the various strategies adopted to cope with it<sup>1</sup>. Isolated geographic regions, far from larger centers, as well as poorer populations are more vulnerable to the lack of safety in health care<sup>1,2</sup>. In this background, bridging the gap between health services and medical training allow to foster responses to the population needs, as in Australia and Canada, where medical schools are inserted in so-called remote regions, aiming to expand access to medical care<sup>2,3</sup>.

Several initiatives have been proposed to address these issues in the Brazilian National Health System (SUS), however none of them had the scope, breadth and swiftness of the Mais Médicos Program (PMM), encompassing three axes: Provisional Supply, Infrastructure and Formation<sup>4</sup>.

The PMM Formative axis launched the proposition of a list of actions for changes in medical education<sup>5</sup>. Scholars in this field have investigated these actions, potentialities and impacts on the training of post-PMM medical professionals. Among them it was possible to notice the expansion of seats in medical courses; the creation of new undergraduate courses in the countryside, including federal universities; the adoption of different devices for changing training, with emphasis on the new National Curriculum Guidelines for undergraduate courses in Medicine (DCN)<sup>6</sup>; teaching centered on primary health care, from the perspective of expanded clinic and comprehensive care; and valuing the training and development of teachers and preceptors in medical schools<sup>7-9</sup>.

Due to the fact that until 2017 there were few studies on the implantation of these new medical schools in federal universities, there was built an inter-institutional project called project "Assessment of the development of the Formative dimension for SUS within PMM: mapping the expansion of seats, the creation of new courses and the implementation of the DCN" (Mapping Project)<sup>10</sup>.

## The Mapping Project

Developed during 2017 and 2018, the project aimed to map out the creation of new federal medical schools and the implementation of the 2014 DCN. It was based on the construction of a method that allowed approximation to the processes experienced in the realities of the courses<sup>10</sup>, including documentary analysis and work, through visits to these new schools. The visits were done adopting the posture by the field researchers of a critical friend<sup>11</sup>, as someone who has a detached view of the experienced process, but who studied about the school and is committed to the situation and support in regard to the learning institutions, fostering reflection about potential, challenges and needs.

During the visits, conversations with coordinators, teachers and students of the courses, managers of the institutions and representatives of the health services, were performed with the completion of the Project's instruments. In addition, the field researchers wrote a reflective narrative about what was experienced in the meeting



with the school. Narratives were not interested in transmitting the “pure itself”, as information or a report, but immersed in the narrators' experiences<sup>12</sup>.

The Mapping Project found that, from a total of about 80 medical courses at federal universities, 30 of them were courses implemented between 2013 and 2017 under the PMM. These new medical schools are located outside the state capitals, in the five geographic regions of Brazil and in cities where there was no public medical course previously. It was observed that schools are organized in different training arrangements, also seeking to overcome disciplinary fragmentation, using active methodologies, formative assessment, beginning as well the articulation with research and extension. They use the healthcare network in training, giving value to teaching-service-community integration, looking for critical training and focused on SUS. As faculty training lacks incentives, there are experiences that encourage the entry of local students and the creation of medical residences, which are powerful tools for medical retention.

Additionally, other questions emerged in order to understand how the experiences of the field researchers with the new medical schools and their actors had been, based on the narratives written during the Mapping Project. From the perspective of these narrated texts, the present article was born, bringing the wealth of the glance of researchers, hereby called travelers, about their relations in the field of research.

## Methodology

This is an exploratory study regarding the experiences of travelers in the research field of the Mapping Project, based on their narratives. We opted for using the qualitative approach, understood as the most adequate to discuss the experiences, positions, perspectives and subjectivities experienced by the field researchers in the encounters with the different schools<sup>13,14</sup>.

The Mapping Project allowed visiting 24 of the 30 new medical courses identified. Five courses were not visited due to incompatible schedules, unavailability of schools or logistical issues. The visits happened in the second half of 2018 by nine travelers selected to participate due to their experience with medical education. There were seven females and two males, aged between 35 and 55 years; three nurses, two doctors, a physiotherapist, a psychologist, a pedagogue and a biologist.

From this background, travelers were asked to write narratives shortly after the visit to the medical school, using free format, highlighting reflections on the experience of the visit. No specific form was used, and the recommendation was to record the memories about the impressions and sensations arising from daily convivial experiences in the field of research. It is noteworthy that the narratives were not foreseen at the beginning of the Mapping Project, but they were later introduced in the course of the research with the aim of including experiential and subjective aspects in the construction of data.

The experience was understood using the concept of Larrosa Bondía as what transforms the subject who lives it; not what just happens, but what touches the subject<sup>15</sup>. The narrative, on the other hand, was understood applying the perspective of Walter Benjamin, in a relationship between experience, time and memory, in



a narrating act that does not seek to be a novel, nor a report, but a story woven from the reminiscence itself<sup>12</sup>. Narrative is an artisanal way of communicating experiences in the form of stories, which highlight aspects previously unknown and that also may represent the individual and collective experience<sup>16</sup>. By using the theoretical orientation of narrative studies, it also points to the contribution on the relationships between structure and social action and, in the specific case of health, narratives can be seen as central elements for the construction of the experience<sup>17</sup>.

In total, there were 21 narratives of travelers included in this study. One of the travelers sent the narrative in audio, but was excluded from the materials because it is a different structure from the written narrative. No narratives came from two visits. To guarantee the confidentiality of the information, as assumed in the ethical commitment of this research, a random number was assigned to each of the schools and fictitious names to the travelers.

The material was explored by the authors following the recommendations of Thematic Content Analysis<sup>18</sup>, following five moments: 1) Pre-analysis with immersion in the narratives; 2) Construction of individual concept maps on the main aspects narrated in the materials; 3) Presentation of the maps in a meeting, added to the objectives of this research and retrieval of the other results of the Mapping Project, enabling the collective construction of pre-categories of analysis related to the moments experienced in the experience; 4) Fragments of the narratives, putting them in order, relating them to the pre-categories, constituting nuclei of meaning; 5) Final elaboration of the thematic categories, using the procedures of categorization, inference, description and interpretation<sup>18</sup>.

The process ended by discussing the results through the related theoretical references. In all the process, selected parts of the travelers' narratives were used in the elaboration of a narrated fabric, understood not in the sense of bringing up what was narrated from each encounter, but what was selected to narrate.

The Research Ethics Committee of the College of Medicine of Botucatu - Universidade Estadual Paulista, approved this research under CAAE 88186418.7.0000.5411.

## **Narrated tissue**

The experiences of travelers recorded through their individual narratives enabled building a collective narrative, by the way of re-elaborating the meetings with the new medical schools, highlighting three main moments of the experience: expectations and detached contacts; encounters with strangers; and post-visit farewells and reflections.



## Expectations and distance contacts

The expectations as narrated by travelers began in the period of planning and organizing the visit. There was an expectation for acceptance, for letting us in. The definition of the school to be visited, sometimes, did not happen by chance, but rather because of something already sensitized the researchers and moved them to that institution. Initially, each future traveler made contact with the coordination of the course and started a planning process, looking for a first approach to the fields to be visited, in a building process in order to apprehend reality, bringing the convergence of several points of view, as fieldwork gives the chance of getting closer to what you want to know and study<sup>14</sup>.

Through reading and analysis of the narratives, some travelers reported that from the beginning, they were welcomed by the coordinators and managed, in the few (or many) exchanges of e-mails and phone calls, to present the research objectives, schedule and organize a program for the visit:

When I called, the receptivity was great and soon we were able to schedule a possible date for the visit. I sent the documents, received e-mails with information about the course, institution and doubts about the activities to be carried out, and together we built a program for three days. (E17 - Nuno)

I began a dialogue via e-mail with the coordinator, presenting the project, I invited him to participate in the research; he promptly made himself available opening the door for research. (E6 - Joana)

However, some travelers encountered different resistances to scheduling, generating quite a feeling of frustration, but also the motivation to elaborate possible paths based on their own expectations and the schools' needs and possibilities:

We pre-scheduled the visit. But when we presented the proposed itinerary, the coordinator replied that they would not be able to organize the visit according to our expectations, as they were overloaded with work and with other commitments already made. It would only be possible to carry out conversations / interviews with the actors who happened to be on *campus* at the time of the visit. We evaluated with the research coordination that, even with the extensive commuting needed to get there and in spite of a reduced schedule, it was important to know the reality of this school. (E18 - Acácia)

Countless attempts were made at no avail. Missed calls in the midst of countless call transfers that didn't went anywhere. After insisting, a secretary decided to answer me and started to answer my emails. But to my surprise, once the visit was already scheduled, tickets bought, all was right, I receive a phone call, asking about the visit. (E10 - Roberta)



Once the initial contacts were made, the visits were scheduled with pre-booked itineraries, tickets in hand; and there they went, towards the five regions of the country, travelers feeling in their skins the long crossings needed to reach the places chosen for the implantation of federal medical schools. They were researchers of a reality to be mapped, in the name of a health project, involved with the rights of Brazilian society, seeking the meanings of struggles, achievements; withdrawals and resistance, sometimes involuntary, sometimes intentional:

It is quite a long way from the airport to Ponta da Espera, to board the Ferry Boat. It took us two and a half hours observing the landscape and enjoying the breeze cooling us on that hot afternoon. When we disembarked from the ferry, we faced another hour and a half of traveling on a narrow road, little signposted and very busy. (E12 - Roberta)

The visit started with great hardships in logistic planning. With few flights to the city, getting there, in the middle of the Amazon, departing from a city in the interior of São Paulo required a displacement of 36 hours. The way back proved to be no different. (E1 - Nuno)

The visit was a time to learn to look, hear and speak to people, having a researcher's stance with the profile of a conversationalist<sup>19</sup>, when there is a horizontal dialogue in the posture of sharing and not of a distant relationship that lack consideration of the local objective realities and setbacks that the courses' communities face. In this sense, the narratives showed subjects loaded with fears, anxieties and hopes, which meet other subjects involved in the construction of another health reality:

The expectations were huge regarding our activity, both on the part of the University that was waiting for us, and also on our side. (E12 - Roberta)

Visits always make us anxious. A long journey, arriving at an unknown place and in which many meetings will take place. (E8 - Roberta)

I had a certain anxiety about not knowing the city and the university. My main objective was to learn, through subtleties, how the process of implementing the medical course had taken place and how it has been structured, in order to bring about changes in the medical training of its future professionals. (E20 - Maria)

Expectations were well described in the narratives because the visit was an important space to recognize the creative or not creative forms that the institutions built to adhere to the DCN and the PMM Formative axis, something key to this public policy, imbricated with the expansion of medical courses in regions remote from large urban centers and lacking medical schools.



## The encounter with strangers

Enduring long trips, the travelers met with unknown places and actors. The unknown Brazilian contexts affected travelers. In the meantime, the researcher was doing the exercise of approximation and detachment at all times, seeking to look at the reality visited in order not to distort or obscure his judgments and conclusions<sup>20</sup>.

And in these backlands, drought-stricken and distant from the capital, a multicampi medical school was established, operating in four cities in the region. (E7- Roberta)

The city is a veritable open-air museum. The Baroque architectural beauty, present in every detail of its houses and churches, is intermixed with the rawness of the slavery remnants from the colonial Brazil. In the midst of this, it is a typically university city, demonstrated above all by a large movement of students and student houses, mixing joviality with so many years of history. (E19 - Maria)

Little by little, in discoveries and meetings, these strangers became familiar, as they acquired materiality, faces, shapes, contexts and stories, expressed in the travelers' narratives, a dense and rich material allowing the revival of each one of the trips<sup>20</sup>. Most of the time, the coordinator of the course was the first to be found, in order to plan the activities to be carried out during the visit:

They had already told me about the sympathy and affection of the people of Minas Gerais and this was confirmed when I soon found myself at the side of the coordination room, introducing myself to the secretary, an "old acquaintance" from previous telephone contacts. (E20 - Maria)

I was received at the airport, on a Sunday, by the vice coordinator who, together with another teacher, went to greet me. It was a very warm welcome, amid the 8°C cold that day. (E15 - Nuno)

The researchers found schools operating in donated or owned spaces; within an existing university campus or a campus built-for-purpose; in old or new structures; improvised or lavishly finished places; with good equipment or lack of it. In the travelers' narratives this diversity of realities was described:

Arriving at the University, the driver told me that this would be the Medicine building, but that it had been standing still for two years. I spotted the building under construction and was impressed with the size and prominence compared to the other blocks of the other health courses [...] The coordinator explained to me, as we walked, that they were using borrowed rooms, without any space of their own. (E17 - Nuno)



I was still ecstatic with the explanation, agreeing that it was usual, having before me that grand building, finished in marble and granite, brand new, all clean and shiny, with modern elevators. (E14 -Sueli)

I found a campus in the city downtown, with some exact sciences' courses, degrees, and an ethnodiversity course, all in addition to the Medicine course, which has three classes so far. The course is still young, but has already managed to have an interesting physical structure, although very small. [...] It received financial collaboration in return for the construction of the plant. (E1-Nuno)

The conversations with teachers and the Structuring Teaching Core Group (NDE) were opportunities to rethink medical training according to the DCN<sup>7</sup> as well as within the PMM proposal, as described in the experiences of some of these schools<sup>7,9</sup>. Regarding the teachers, at the same time that we perceived them as withdrawn and aloof, it was also possible to observe enthusiasm with the possibility of being heard. The meetings were usually revealing, with heterogeneous valorization and power, according to the group's adhesion:

Teachers appeared committed to the training of students. Some were receptive to the proposal while others were resistant. The teachers reflected on the main obstacles that they and the school face in their daily lives, in addition to thinking repeatedly about their potentiality. (E13 - Lia)

During the evening I met with the NDE and the class representatives. At the request of the course coordinator, additionally to the triggering questions, we maintained a conversation focused on the assignments of the NDE. The group of teachers was very enthused regarding the conversation. They were able to bring their difficulties, their frustrations, as well as their proposals about active methodologies into the dialogue. (E11 - Lia)

Something that caught my attention in the conversation with the faculty was a bit of alienation from the proposal to expand and internalize medical courses. They gave me the impression of not knowing the origin of the course, that is, in executing the axis of "Mais Medicos". (E8 - Roberta)

As a SUS worker for 30 years, it was a delightful surprise to hear, when "off the record", that teachers and students bring to the fore the fact that what really matters is "teaching and learning with affection and emotion". (E20 - Maria)

We met with health service managers and workers who participated in the training of medical students and the encounters took place in practice settings. The people who were part of the services were welcoming and eager to speak. In the narratives, the





travelers described professionals who were satisfied with being able to participate in this new trajectory of medical education, however there were also those who did not find meaning in in-service training. Regarding health managers, it became evident that teaching-service integration was a major challenge, subject to the instabilities of local institutions and a process subject to permanent construction<sup>21</sup>, concurring with what was reported in the study about one of these institutions<sup>9</sup>.

The hospital is busy, patients and students are in their practicum. The teacher and I were able to talk, and the main theme was the challenge and the pleasure he felt in working as a teacher [...]. He attributed this motivation to contact with students, leading him to study and to seek further training. He told me about the importance of creating a medical course in the region, as there is a large population with many health care needs and the region suffers hardships in retaining the medical professional trained in large centers. (E9 - Sueli)

The network is one of the weaknesses within the proposal. The dialogue is good, but things do not work well in practice. There are complaints from students regarding the receptivity and role of preceptors. The greatest difficulty happens in services of medium and high complexity, as many practitioners do not accept the presence of students. [...] The coordinator of Primary Care in the municipality received us with aggression and harshness. He started the conversation by saying that having a medical school in the city does not change anything about his reality. (E8 - Roberta)

I saw the work alive and witnessed the bond [...]. I think at that moment I felt at home and with the confidence that what really matters is beyond the walls of the University. I leave with the desire to “shout to the world” that the adapted house, with the “presence of Seu José, Dona Maria” is still the best teaching scenario they have and that this encounters are precious. (E20 - Maria)

Conversation circles with the students were described as the “best encounter”. Both as provocateurs and participants, the students wanted to speak and to be heard. The encounter with this group was always valued and happened “without filter”, in a sincere way, in a recognition of the space as a possibility to exchange experiences, as well as to recognize the expectations and knowledge of these actors under the light of the new background proposed by the DCN<sup>22</sup>. Students from all over Brazil - a few foreigners - representing a great cultural, ethnic, socioeconomic and age diversity showed their empowerment in the construction of the schools:

In order to situate the meeting with the students, Milton's song came to my mind, so sung, so current. “I want to talk about something...” the meeting with the students was the high point of the visit. There was enchantment, renewal of hope, translated into the voice of that youth that exuded love, the desire to fight for a more just world. And everything without filter. (E6 – Joana)



I had the chance to sit down with two representatives from each year. The information is confirmed, there are criticisms regarding the lack of standardization of the method used in the teaching-learning process, the mismatch between the teaching methodology and the evaluation method. Students are very resentful regarding the fragility of the internship sites, they are afraid of the fact that they have so scarce space within the secondary and tertiary health sectors. (E4 - Roberta)

The conversation with the students was the best moment. I remember each one of those moments when eyes were shining. (E5 - Vanessa)

I ended with the students, coming from many regions of the country, of many ages and backgrounds. Two of them were foreigners, a Paraguayan and a Bolivian. Gradually, they became more comfortable and brought rich discussions, including the potentiality of a course built with so many foreigners, in a border region. I think that this interculturality should be cultivated, provoked, so that it can generate a more complex product as well as consistent with the purpose of the University. (E4 - Nuno)

These moments were aimed to give voice to the different stakeholders in these stories, in order to be able to understand the whole. Different subjects and settings brought up the complexity that surrounds the implementation of courses in medical schools that are being built, and also live, fight and resist.

### **Farewells and post-visit reflections**

During the visits, the travelers narrated experiences in a variety of relationships in the field, even allowing comparisons and maturing as researchers. Being in the field after planning and with expectations previously built is an opportunity to readjust and innovate<sup>14</sup>, mainly based on what is experienced:

Counting all what I saw and heard, I finish this visit much more satisfied than the first time and believing in the potentiality of this course in spite of the challenges that lie ahead. (E3 - Acacia)

I conclude my third visit having the impression that here, unlike the two previous schools I have visited, the encounter for the research were less potent for them, perhaps due to the difficulty of shared planning. But I was able to readjust it according to what was necessary, trying to make it powerful. (E15 - Nuno)

As narrated in this last part, some visits were marked by resistance and difficulties, most of the times generated by a lack of sharing in the planning process, or by the usual understanding of the role of the researcher in the field, often associated with aloofness compared to subjects, based on Cartesian principles of neutrality<sup>23</sup>.



Well, needless to say, my time at the institution also took place with resistance, an environment of great distrust that made me very uncomfortable. The secretary guided me permanently and announced me as the researcher coming to “collect” data for my research. (E10 - Roberta)

The encounters between then-unknowns was also narrated as a learning space in addition to a data-gathering visit, which was related to the proposal of the Mapping Project, which was to have a field researcher as a “critical friend”, provoking reflections, identification of strengths and weaknesses among local players. A visit based on encounters that allowed cooperation and collaboration, with the sharing of ideas and experiences<sup>11</sup>:

The coordinator began to be enthusiastic, at that moment he realized that our presence was beyond gathering research data, instead it was formative and could contribute to the course. He said that it had not been like this in a while. Listening to us encouraged him when confronting so many difficulties he faced. (E6 - Joana)

According to them, the visit provided a much needed extra thrust. They feel isolated, not knowing how other schools are doing. (E13 -Lia)

In this context, the local stakeholders thanked some travelers, as the visit could be perceived as formative, different from institutional assessment visits that sometimes do not build up in this sense. The encounters of the course members with someone from the area, but immersed in another reality, made it possible to exchange knowledge in the movement of recognition and complicity<sup>11</sup>.

In the general evaluation of the visit, carried out with the coordination of the course, they made a point of thanking and reinforcing that the moments were very productive and that they will surely help in the developing process of the medical course. He ended by summarizing a feeling shared with students: “I feel glad you all came. We are abandoned ”. (E21 - Nuno)

The course coordinator was very grateful for the visit and we ended by putting in words our agreement regarding the importance of the efforts invested to build and consolidate quality medical training. (E2 - Sueli)

The travelers reported from the visit what they learned from the immersion in a new medical school reality, in an act of learning from the lived experience and not from the neutrality of a controlled experiment<sup>15</sup>.

I now return to Botucatu with a deeper knowledge about teaching in Brazil, away from the southeastern walls. (E16 -Lia)



I consider as the potential of the visit the fact that learning was also mine. I learned from the indifference then giving way to thanks and alleviating the feeling of frustration felt until then. (E6 - Joana)

Whenever asked, I replied that I learned a lot and had the privilege of observing an example of seriousness, leadership and dedication to work, which could only result in all the deserved respect that I could witness in many situations during these two days. (E14 - Sueli)

The travelers were affected and were called to reflect upon the role of these new medical schools and their actors in the regions visited. Unlike data collection or data-building strategies that seek the researcher's neutrality, here it is evident that the researcher is also involved and finds in research an ethical possibility of building a just and democratic society<sup>24</sup>.

We can see, feel, the strength and the willingness to build quality medical education in a region so deprived, not only regarding medical and health resources, but also lacking basic infrastructure [...], in this medical training "beyond from the ferry", as they say. (E12 - Roberta)

I begin to come back, but I cannot say that with tranquility, because with all the information I heard, there is no doubt that the path can be long, because everything has been built with a lot of struggle for the course to resist. (E18 - Acacia)

I end this visit with a feeling of enthusiasm and concern; as such a potent course needs more external collaboration so that it can remain committed to the training of professionals in order to impact the reality of local health. (E21 - Nuno)

Travelers also pointed out that these new schools are closer to social groups and regions that are generally excluded from medical courses. In this sense, in addition to the context of the research carried out, they were also affected by other complexities of Brazilian society, on their way to overcome inequalities and the challenge of building citizenship.

The conversation with the indigenous and quilombola students provoked me even further, because in spite of a desire by the teachers to provide an adequate learning space, they still do not know how to do it and end up clashing against the foreseeable difficulties of basic training of students of affirmative actions, as well as the scarcity of strategies for student retention. What and where do we need to go further? (E21- Nuno)



Perhaps a few years from now, as said by the lines about the diversity of things to sell at the caruaru fair, sung by Gonzagão, it may also exist a portrait of another diversity of offers for this new center that is being built: A Health Pole. (E5 - Vanessa)

Drought is a topic circulating everywhere: “there is a 5-year-old child who never saw rain. When it rains everyone goes outside to get wet. We make some adaptations and have already learned to live without rain”. During the visit to the city it was possible to see the marks of this drought. (E7 - Roberta)

To be in the middle of the Amazon on the banks of a large river, surely affected me. Sensitive to the importance of regionalizing medical courses, of providing training for populations in remote regions, but mainly asking myself how we can build new knowledge, legitimately Brazilian, from the point of view of our people. (E1 - Nuno)

Through this process it became evident that the use of narratives in qualitative research allowed a rescue of the subject, mainly of a descriptive and ethnographic character, enabling the movement towards intervention<sup>25</sup>. Therefore, the travelers' narratives put us in contact with the very act of investigating and building science, approaching the social commitment of research for the common good, in an ethical and responsible way<sup>24</sup>, making it possible to broaden the glance of all those involved.

## Final considerations

Probably it was not feasible to bring up all the poetics of the meetings, due to the fact that the diversity of voices, experiences, smells and emotions are beyond what is narrated. Anyway, we aimed to build a collective narrative based on the diverse experiences of travelers, in the quest for an approximation to the relationships and emotions that emerged in the research meetings.

The travelers were able to experience, from the perspective of the research, what is to be in the field to perform, observe, listen carefully, talk and, from there, produce a narrative. They put themselves in the position of people interested in sharing the experience of others, with complicity and involved with objective and singular listening.

The narrated fabric allowed to reveal the experience of the researchers going to unknown places, where they found the protagonists in the creation and development of new federal medical schools, with the intention to align themselves with the DCN, to meet the health needs of the Brazilian population according to the SUS principles and guidelines.

There were regions, previously unknown to the eyes of these travelers and, at times distant, that served as background of the encounter with a diversity of people, institutions, health services, strengths and weaknesses of the proposal for innovation in medical education. Each experience, under the careful eye of the narrating traveler, showed



the contact with the reality in which the new schools were implanted and developed. Each encounter conveyed wishes, doubts and uncertainties in local construction and development. The process of getting closer to these innovative and creative movements in different locations reinforces the understanding that federal nudging policies were decisive for the implementation of courses, even though their maintenance and capacity to transform the reality of local health will depend on a number of other factors.

We highlight as well the possibility given by using the narratives of field researchers to add subjectivities to the investigations about the experienced reality, allowing the construction of an ethical study, committed to social transformation.

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### Authors' contributions

All authors actively participated equally in all stages of preparing the manuscript

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O eixo Formação do Programa Mais Médicos estimulou a implantação de novos cursos de Medicina em universidades federais brasileiras. Nesse contexto, um projeto interinstitucional buscou mapear essas escolas médicas, propiciando espaços formativos na perspectiva do amigo crítico. Este artigo apresenta uma pesquisa qualitativa que analisou as experiências de nove viajantes – pesquisadores de campo - em suas visitas realizadas às novas escolas, por meio desse projeto, em 2018. Foi realizada análise temática do conteúdo de 21 narrativas dos viajantes, surgindo três categorias temáticas: expectativas, encontro com desconhecidos e despedidas. Uma narrativa coletiva foi tecida a partir das diversas experiências e relações vivenciadas pelos viajantes, na qual emergiram riqueza e singularidades de cada escola visitada, com destaque para uma pesquisa ética e comprometida. A análise reforça a possibilidade do uso de narrativas de pesquisadores de campo para agregar subjetividades às investigações sobre a realidade vivida.

**Palavras-chave:** Educação médica. Narrativa. Programa Mais Médicos. Instituições de ensino superior. Saúde Pública.

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El eje Formación del Programa Más Médicos incentivó la implantación de nuevos cursos de Medicina en universidades federales brasileñas. En este contexto, un Proyecto interinstitucional buscó mapear esas escuelas médicas, propiciando espacios formativos en la perspectiva del amigo crítico. Este artículo presenta una investigación cualitativa que analizó las experiencias de nuevos viajeros, investigadores de campo, en sus visitas realizadas a las nuevas escuelas, por medio de ese Proyecto en 2018. Se realizó un análisis temático del contenido de 21 narrativas de los viajeros, surgiendo tres categorías temáticas: expectativas, encuentro con desconocidos, despedidas. Se tejió una narrativa colectiva a partir de las diversas experiencias y relaciones vividas por los viajeros, donde surgieron riqueza y singularidades de cada escuela visitada, con destaque para una investigación ética y comprometida. El análisis refuerza la posibilidad del uso de narrativas de investigadores de campo para agregar subjetividades a las investigaciones sobre la realidad vivida.

**Palabras clave:** Educación médica. Narrativa. Programa Más Médicos. Instituciones de enseñanza superior. Salud Pública.

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