


Teaching work in Medicine at a federal university in the Southern region Brazil


Trabalho docente na medicina em uma universidade federal na região Sul do Brasil

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Abstract

Brazilian public policies approach the international paradigm of interaction between training and health systems advocating for a general medical training, linked to the population's epidemiological profile, and reverberating on teaching work. This work sought to analyze perceptions about teaching and professional perspectives of professors of the medicine course at a federal university. This is a descriptive study with a qualitative approach, with a questionnaire, documentary and bibliographic research, and analysis from the perspective of hermeneutics-dialectic. From the results, four categories of analysis were constructed that describe the teaching work from the perspective of its actors: training markers for teaching (the repertoire of knowledge of teaching practice is experiential); imaginaries attributed to teaching (conflict with the ideal image previously conceived); confrontations in the teaching routine (the generalist training recommended has less social recognition); teaching and its horizon (search for greater qualification). The investments - personal and institutional - have not been sufficient in face of aspects that generate dissatisfaction and the perception of unpreparedness of teachers in the daily routine of medical training, denouncing a certain discomfort among professors. It can be said that the teaching work is fundamental for the change in training, and that the perception of the actors of a concrete experience points out deficits in pedagogical training and in permanent education.

Keywords: Faculty, Medical; Medical Education; Public Policy.

Resumo

As políticas públicas brasileiras aproximam-se do paradigma internacional de interação entre ensino e sistemas de saúde preconizando uma formação médica generalista, vinculada ao perfil epidemiológico populacional, e repercutindo no trabalho docente. Este trabalho buscou analisar percepções sobre docência e perspectivas profissionais de professores do curso de medicina de uma universidade federal. Trata-se de estudo descritivo com abordagem qualitativa, contando com questionário, pesquisas documental e bibliográfica e análises na perspectiva da hermenêutica-dialética. A partir dos resultados, construíram-se quatro categorias analíticas que descrevem o trabalho docente na visão de seus atores: marcadores de formação para a docência (o repertório de conhecimento da prática docente é experiencial); imaginários atribuídos à docência (conflito com a imagem ideal previamente concebida); enfrentamentos no cotidiano docente (a formação médica generalista preconizada tem menor reconhecimento social); docência e seu horizonte (busca de maior qualificação). Investimentos - pessoal e institucional - não têm sido suficientes diante de aspectos geradores de insatisfação e percepção de despreparo dos professores no cotidiano da formação médica, denunciando certo mal-estar docente. Pode-se dizer que o trabalho docente é fundamental para a mudança na formação, e que a percepção dos atores de uma experiência concreta aponta déficits na formação pedagógica e na educação permanente. **Palavras-chave:** Docentes de Medicina; Educação Médica; Políticas Públicas.

Introduction: training in medicine and teaching

Currently, countries coexist with challenges related to the training, distribution, remuneration and performance of physicians (Scheffer, 2020). Literature notes the mismatch between the training of health professionals from different courses, the epidemiological profile of the population, and the way work is organized in health systems and services (Ceccim et al., 2008; Chiarella et al., 2015; Machado; Ximenes Neto, 2018). Since the 2000s, official initiatives in Brazil have come closer to the international paradigm that publications celebrating the 100 years of the Flexner Report called “teaching and health systems interaction” (Frenk et al., 2010). It is visible, however, the weakening of the policies of change in Brazil in recent years, with an agenda of emptying science and technology, as well as the resumption of a corporatist agenda.

The National Curriculum Guidelines (*Diretrizes Curriculares Nacionais*, DCN) for medical courses (Brasil, 2001, 2014) instruct that medical education should strongly contemplate the social determinants in population health, as well as health systems and services (Ferla et al., 2017; Machado; Oliveira; Malvezzi, 2021; Meireles; Fernandes; Silva, 2019; Oliveira; Santos, Shimizu, 2019; Pinto et al., 2019b). The DCN in force emphasize Basic Care (BC), recommending the insertion of students since the early stages of the course, notably on the field of knowledge and practices of collective health, aiming at greater criticality and complex clinical reasoning, and stimulating greater self-awareness in students (Bursztyn, 2015).

These legal frameworks served as starting points for the definition of educational processes (pedagogical, methodological and institutional) that may be considered innovation-producing devices in medical training (Ferla et al., 2017). Medical demography, training, and the exercise of the profession have been regulated by the government in the last decade through the DCN (Brasil, 2014) and the *Mais Médicos* Program (PMM) (Brasil, 2013). The latter, created by Law No. 12,871 of October 22, 2013, had the purpose of changing the health status in Brazil, taking doctors to the BC in

places that missed this professional, in addition to inducing the expansion of the offer of vacancies for medicine and residency.

Thus, in a logic of state regulation (policy-oriented) and not of training doctors for the market (market-oriented), medical education was linked to the format of public policy (Pinto et al., 2019b; Rovere, 2015). However, despite the initial achievements, the PMM had relevant discontinuities, making it impossible to continue in the direction originally proposed (Pinto et al., 2019a, 2019b). With regard to the effects on medical training, the number of vacancies was not expanded as needed, and great inequalities persist in the territorial supply of professionals; changes in graduation are poorly regulated, with an interruption in the promotion of innovation projects, reinforcing the market logics either by the increasing specialization of training and professional practice, or by the technologization of educational practices. In addition the effects of the reduction in funding and the direct fight against educational institutions, also target of disqualifying speeches by government authorities, should also be considered (Ferla, 2021).

Likewise, the adaptation of curricula to the DCN has presented difficulties, since they demand the incorporation of other academic practices of professors, students and technicians and the creation of other inter-institutional relationships between universities, healthcare services and systems as hands-on settings.

Also worthy of notice is the resistance of professors (Fonsêca; Souza, 2019), students (Oliveira; Matos, 2016), the medical corporation (Pinto et al., 2019a) and a visible part of society, with a stereotype conveyed by the media reinforcing the image of the doctor in a traditional reference system (Chehuen Neto et al., 2013; Meireles et al., 2019; Menezes Júnior; Costa; Arruda, 2021). Ferla et al. (2017) and Menezes Júnior, Costa and Arruda (2021) warn, in different ways, that it is necessary to be vigilant as opposing forces can boycott the innovative potential of the Course Pedagogical Projects (PPC), even when formulated based on the DCN and started recently, free of the weight of tradition and the challenge of change in institutions.

On the other hand, the difficulty in advancing is also based on the faculty profile, whose selection

and institutional valuation is still associated with the logic of specialized production and the hierarchy between research, teaching and extension, with few initiatives for pedagogical development oriented toward change. For this reason, there is a need for developing new teaching skills, since a recent study pointed out that one of the students' complaints is the lack of didactics of the professors (Menezes Júnior; Costa; Arruda, 2021). The question that accompanied the research was how professors of a course with an innovative configuration perceive their performance, considering the relevance of teaching for contemporary medical education.

This study aimed at analyzing perceptions of the teaching practice and professional perspectives of professors of the medical course at a public federal university in the South region of Brazil. Teaching will be approached here, in a context of changes in medical education and teaching work, through four categories of analysis: markers of training for teaching; imaginaries assigned to teaching; confrontations in daily teaching; and teaching and its horizon.

Methodological path

This study was conducted at a university in southern Brazil (UFFS, 2018). The medical course in question was created based on the Plan for Expansion of Medical Courses, ruled by MEC Ordinance No. 109, of July 5, 2012 (Brasil, 2012).

This is research with an applied qualitative approach (regarding the nature) and descriptive (regarding the objectives). As for procedures, it is characterized as field research with questionnaire, documentary research and bibliographic research. The questionnaire (Appendix 1) was applied to 36 active faculty members, between June and August 2018, having used institutional email listing, provided by the academic coordination.

Everyone received an email invitation to participate in the survey, with a link associated with the faculty member's email to access the questionnaire, created in Google Forms. Responses were collected through a neutral email, created for this purpose. The message sent to all participants contained the Informed Consent Form (ICF), inviting

to take part, explaining the purpose of the research, data from the Ethics in Research Committee (ERC) opinion, onus, bonus, direct and indirect benefits, and that by clicking “yes” at the end of the text, the professor would access the questionnaire. A deadline of one month was set for the return of the duly completed questionnaire, but it had to be extended for additional 30 days due to the low adhesion. After this extended period, 15 of the 36 professors completed the questionnaire.

The inclusion criteria used were: being a professor in the first semester of 2018 and teaching curricular components of the related domain or specific domain. Professors of the common domain components were excluded - namely, the disciplines of: Initiation to Scientific Practice; Academic Text Production; Introduction to Philosophy; Basic Statistics; Environment, Economy and Society; Regional History. Related Domains: Collective Health I, Biological Processes, Health Care: Epidemiology and Biostatistics; Science, Spirituality and Health. Specific Domain: Collective Health II to VIII; Historical Construction of Medicine; Morphophysiology; Integrative

Seminars I to VIII; Pathological Processes; Diagnosis and Therapeutics; Clinics: Child and Adolescent, Elderly, Women, Adult Surgery; Health Information and Communication; Comprehensive Mental Healthcare; Electives; Conclusion Work I to IV; Ethics and Bioethics; Forensic Medicine; Urgency and Emergency, Compulsory Curricular Internship (UFFS, 2018, p. 50-51, 70).

The questionnaire had three parts: the first - characterization of the participants - had questions about academic training and year of completion, last graduate degree and year of completion, age, gender, work regime and length of medicine teaching; the second part contained 10 open questions about perceptions of teaching performance (preparation for teaching, what and who have contributed to the exercise of teaching, what are the challenges and how to face them); and, finally, the third part comprised three open questions about the perspectives in teaching (expectations and career plans, one of them being “something you want to write”). Table 1 presents characteristics of the survey participants, which correspond to 42% of the professors (15 of 36) in the second semester of 2018.

Chart 1 – Characteristics of the participating professors during the application of the questionnaire (2018/2)

Academic Background				Linkage		Length teaching in the course	Age	Sex	
Degree (Year)	Specialization (Year)	Master Degree (Year)	Doctorate (Year)	20 h	ED			F	M
Medicine (1989)			2009	X		4 months	53	X	
Medicine (2003)	2012			X		30 months	41		X
Medicine (2008)		2018		X		12 months	38	X	
Medicine (2009)		2014		X		18 months	36	X	
Medicine (2012)	2018			X		4 months	32	X	
Biomedicine (1980)			2006		X	30 months	60	X	
Dentistry (1992)			2014		X	30 months	50		X
Pharmacy/ Biochemistry (1996)			2011		X	30 months	45	X	
Nursing (2002)			2015		X	12 months	47	X	
Biomedicine (2004)			2012		X	36 months	36	X	
Biological Sciences (2007)			2013		X	36 months	33	X	

continues...

Chart 1 – Continuation

Academic Background				Linkage		Length teaching in the course	Age	Sex	
Degree (Year)	Specialization (Year)	Master Degree (Year)	Doctorate (Year)	20 h	ED			F	M
History (2008)			2014		X	36 months	34	X	
Biological Sciences (2009)			2015		X	30 months	32		X
Dentistry (2010)			2016		X	30 months	31	X	
Nursing (2010)			2015		X	30 months	30	X	

ED: exclusive dedication; F: female; M: male.

Data were grouped by similarity, enabling the creation of categories of analysis with the support of dialectical hermeneutics (Minayo, 2014). Four categories of analysis were constructed.

The documentary research focused on three legal frameworks: PPC of medical undergraduate courses in Brazil (UFFS, 2018), the DCN of medicine courses (Brasil, 2014), and the PMM (Brasil, 2013). The project was submitted to and approved by the Committee of Ethics in Research of the University, Opinion no. 2,498,995, 02/21/2018.

Results and discussion

Teaching in medicine: Course Pedagogical Project, markers of training, imaginaries, coping and expectations

The PPC was developed and improved at three different moments, and counted on the partnership of health secretaries, representations of health institutions from regional bodies, and faculty members of the medicine course of a community university in the region and the regional hospital (UFFS, 2018). The references on which the PPC is anchored are those of the DCN, and are therefore different from the imaginary of hegemonic training. More specifically, they advocate, for example: non-naturalization of the understanding of the dynamics of health and disease, a non-biophysiological approach to the disease and its non-centrality in the proposition of therapeutic indications, and work in scenarios of the Brazilian National Health System (SUS).

On this last point, it is emphasized the necessary experimentation with the different scenarios of the SUS in its complexity - which is guided in the daily training of this PPC - in order to strengthen the students' leadership in performing learning syntheses rather than developing skills learned in the classroom (Ferla, 2021).

The course syllabus presents a body of knowledge organized into three domains - common, related and specific -, present in the matrix of all courses at the Universidade Federal da Fronteira Sul (UFFS), in all campuses. The common domain aims at the critical-social building and presentation of the academic world to the student; the related domain includes curricular components from several areas of knowledge in order to promote training in an interdisciplinary perspective; and the specific domain focuses on professional training. With this proposal, the three domains are understood as "articulating principles between teaching, research, and extension, founding principles of the institutional pedagogical project" (UFFS, 2018, p. 13).

The curriculum provides weekly immersions/experiences in Basic Health Units (BHU) of the SUS, from the first to the eighth semester, as part of the programmatic content of the menus of the "Collective Health" component. This procedure acts as a trigger for pedagogical processes (Ferla et al., 2017), whose learning in medical training is closely linked to the daily professional practice (Ferla et al., 2017; Oliveira; Matos, 2016), "empowering reality" (Fonsêca; Souza, 2019, p. 4).

The PPC contemplates innovative initiatives such as: non-disciplinary curricular design

(integrative components), constructivist approach (meaningful learning), use of active learning methodologies (fostering the student's leadership in their training), expanded approach to the concept of health (contribution of human and social sciences and epidemiology), and priority insertion in the SUS BC (experiences from real situations) (Fonseca; Souza, 2019; Oliveira; Matos, 2016).

However, this PPC has encountered difficulties in its deployment, implementation, and sustainability, with some estrangement by the academic community in face of a non-traditional/non-disciplinary curriculum (Fonseca; Souza, 2019; Oliveira; Matos, 2016). One could say its differential is in the search for overcoming the technical fragmentation in work and learning arising from the specialization of knowledge. In other words, when seeking to replace the disciplinary transmission of knowledge with shared production with transversality between theory and practice, there seems to be pedagogical difficulties and political resistance among the actors. New courses in federal universities have enabled the opening of vacancies and the offer of public competitions focused on the desired teaching profile, with more precise design. The complexity of health production in the reference territories of the primary healthcare teams in the SUS is challenging to professors and confronts the existing imaginaries (Ferla, 2021; Meireles; Fernandes; Silva, 2019; Menezes Júnior; Costa; Arruda, 2021).

The harmony between PPC and the definition of teaching profile is something difficult to achieve, since there is interposition of organizational regulations and practices whose objectivity in the evaluation of candidates fails to include the pedagogical capacity of working within the PPC. It is recommended to have a larger number of faculty members with a 40-hour workload and exclusive dedication to conduct the educational processes in an integrated and articulated way. There are some limitations, however, including the difficulty in attracting physicians with training in general family and community medicine, interested and available to take on the teaching role, which is not attractive in terms of remuneration (Ceccim et al., 2008; Chehuen Neto et al., 2013), both in the SUS BC and in teaching.

Of the 36 active faculty members in the course in 2018, more than half were physicians (19) with a federal public institution contract of 20 hours/week workload, and 17 had a degree in other courses (Nursing, Pharmacy-Biochemistry, Biology, Dentistry, Biomedicine, Physical Education, Physiotherapist, Speech Therapy, and History), with a functional contract of 40 hours/weeks and exclusive dedication. Medical professors are mostly specialists, and the non-medical professors are PhDs. The course coordinator at the time of the research had a workload of 40 hours a week, had a PhD, with experience in coordinating medicine courses at a community college.

In the following paragraphs we will present the results and the discussion of the four categories of analysis that describe the teaching work from the perspective of its actors. The first category - markers of training for teaching - refers to the perception of when and how the preparation for teaching took place, which is translated into a set of situations that provided experience for the teaching work at different times in personal, academic and professional life.

Of the 15 professors who responded, the majority are less than 40 years old and, on average, have been teaching for 30 months (it is worth mentioning that one physician started teaching recently, while another has been teaching for 20 years). Regarding knowledge about the PPC, 12 were unaware of it at the time of their contest, although it is available on the university homepage. The motivations that led them to take the contest, with the possibility of multiple answers, are many: because it is a federal university (4 answers); the PPC and the emphasis on public health (3); ease of location (3); theme of the contest (2); because it is a new university "without vices" (1); and because they like "teaching" (1).

In this first category, four markers were identified, defined based on significant words and expressions, namely:

- a. Practicing as a student-learner: undergraduate and graduate periods considered to be the most important for learning how to teach, as pointed out by more than half (8) of the participating professors. Short courses were also mentioned.

- b. Practicing experiential teaching: about one third of the professors revealed experiences as a substitute professors or in their current daily routine in the classroom.
- c. Professional medical practice: this third marker corresponds to only one indication of a professor physician, who points to his daily professional life as a concrete space of reference for teaching.
- d. “No preparation” was indicated by a medical professor.

Most respondents reported having no specific preparation for teaching, and both physicians and non-physicians showed little teaching experience. The repertoire of knowledge for teaching practice is sanctioned by the diplomas during the training period and sought in professional practice - therefore, it is experiential. Literature has already identified that most university professors, from different courses, start without previous teaching experience, referring to the mandatory period of teaching internship for *stricto sensu* graduation scholars (Ribeiro; Cunha, 2010).

In response to the question “What and who has helped most in teaching?”, the professors’ insights showed that, for most participants (9 out of 15 respondents), learning has occurred with colleagues and students, sharing experiences, participating in scientific events, and through hands-on experience. In relation to the current teaching context, they reported that collaborative strategy has helped them face the lack of training.

The research participants’ answers coincide with analyses found in literature on teaching work in medicine, i.e., it is found that they become professors and develop their classes and didactics based on their experiences as undergraduate and graduate students, being inspired by these experiences (Batista; Silva, 2001). This statement is also found in the study by Ribeiro and Cunha (2010, p. 5) about different courses, which states that “professors are inspired mainly by the practices and values of their former professors and, with this condition, they become professors”.

The second category - “imaginarities assigned to teaching” - explains positive or negative characteristics related to the dimension “teaching

medicine”, referring to the initial expectations in an institutional context of a new university that incorporated the recommendations of the DCN and PMM and is attentive to trends in medical training. The PPC in question, however, presents a curricular design different from that attended during the professors’ undergraduate course, in such a way that they feel challenged.

Thus, characteristics are assigned to the PPC they teach, such as challenging, stressful, complicated, “surprise box” and “bureaucratic”, which can be explained by the justifications of the participants. Professors’ and students’ resistance was identified in relation to the PPC that advocates a generalist profile, mentioning the lack of teaching preparation - inexperience in dealing with new methodologies; devaluation of collective health and non-medical professors; intimidating profile of students, whose “arrogance” discouraging teaching. It is important noting that, in one of the answers to the questionnaire, a teaching physician, when explaining his perception of the PPC, expressed himself as follows: “Too politicized [...] disciplines that seem [...] ideological and partisan promotion”, referring to those of common domain.

Out of 12 professors, three cited that teaching is challenging, signaling the ambivalence of this perception, since at the same time it challenges, it also awakens and instigates. Another three professors pointed out that “teaching medicine” refers to positive characteristics that show some fulfillment and satisfaction. One of the challenges of a medical course with a non-disciplinary design - or one that is called innovative and focused on significant learning - is the estrangement by professors. When reviewing the answers, one notices that, when applying to the contest, the imaginary of medical training is usually of a specialist physician in a traditional course (disciplinary), and they are surprised to find out that the reality is different: training of a generalist doctor and a non-disciplinary curriculum. Such resistance, by both students and professors, toward new methods has been pointed out by studies in which respondents report feeling more comfortable with traditional methods because they are already known (Mereles; Fernandes; Silva, 2019; Menezes Júnior; Costa; Arruda, 2021).

Above all, the constructivist practice of putting their work under analysis, as permanent education, does not seem to be a common stance, revealing the incorporation of a rigid self-image. From another analytical perspective, teaching practice as work claims permanent education for the crossing of disciplinary boundaries and the production of alterity as a pedagogical device to approach the work necessary for SUS (Ceccim; Ferla, 2008).

Still in this second category, we included the analyses of responses to the question about what were the attributes that qualify a good professor for the medicine course. For the four professor physicians, being a good professor requires mastery of knowledge and the ability to disseminate it, relying on technical quality and practical experience, which “are more worth than titles”, as mentioned by two of them. The other two understand that being aware of the training of generalists (or, according to the expression cited, “a new physician”) is what may symbolize the good professor. For the 11 professors with degrees in other professions, the most mentioned attributes refer to greater flexibility, suggesting the development of a capacity for dialogue and adaptation to the innovations required by public policies. Understanding and defending the PPC and having knowledge of the area and teaching experience also complete the ideal image of the good professor.

If we analyze what would be “a good professor”, the literature and the data are congruent. Authors would say that it is one who teaches with “professional security and competence [...] methodical rigor, both in stimulating the student’s critical capacity and in teaching content and ethical attitudes” (Chiarella et al., 2015, p. 421, free translation). Other studies have shown that some seem to present a certain idealization of teaching performance, which is sought in the formative model of traditional medicine schools (Ceccim et al., 2008). In this sense, a research comparing two medical courses - one in Brazil and the other in Portugal - states that, in the Brazilian case, “conservative practices adapted to current educational policies persist” (Menezes Júnior; Bzrezinski, 2015, p. 785, free translation).

When identifying social representations about professors and their work in courses that train liberal

professionals (law, engineering, and medicine), Volpato (2009) records that concrete experiences and their internalized values constitute their reference systems. For Tardif (2000), the knowledge linked to work experience and traditions specific to teaching the profession does not form a repertoire of unique knowledge around a discipline or a technology or conception of teaching. Technical competence is historically cited as the most important characteristic for teaching, but in addition to this, there needs to be pedagogical competence (Chiarella et al., 2015).

The third category - “coping in daily teaching life” - exposes the methodological and pedagogical nature of difficulties, related to the hostile context, work overload, and reconciling activities. These difficulties are expressions of the challenges pointed out, which resume the recognition of teaching inexperience. This is understandable, since the DCNs in effect presuppose more involving and participatory teaching methodologies in relation to the attitude of the student and the professor. Literature has presented some studies, already mentioned in this article, that point out difficulties of medicine schools in implementing more contemporary learning strategies, grounded in the DCN (Meireles; Fernandes; Silva, 2019; Menezes Júnior; Costa; Arruda, 2021).

The hostile context can be evidenced through the expression “arrogant”, used by faculty members to describe the posture of some students, which illustrates a context in which the PPC is not necessarily what they imagined in medicine training. This occurs because the standard that students usually imagine about medical education is far from the PPC under discussion, and close to what is conventionalized in a more traditional model (Ceccim et al., 2008; Chehuen Neto et al., 2013). Part of the resistance, both from students and professors, stems from the fact that generalist medicine training has less social recognition and less prestige (Chehuen Neto et al., 2014). In addition to being unattractive, it is “the target of scorn” (Bursztyn, 2015, p. 18, free translation) and is not on the professional horizon after completing the undergraduate course (Meireles; Fernandes; Silva, 2019).

Survey participants cited demotivation and a sense of intimidation in face of students belittling the collective health component, and the relevance of non-medical faculty. As is well known, collective health is a practical theoretical field that historically has not had much prestige in medicine training. Bursztyn (2015, p. 8) points out that the challenge is to offer it in a way that is “attractive and produces meaning for students”. In this sense, Menezes Júnior, Costa, and Arruda (2021) point out that public health/collective health is considered low-tech and, therefore, are neglected from an imaginary that glorifies what presents more technologies.

Work overload may be explained by the fact that universities work within an organizational-institutional logic and a logic of knowledge distribution historically different from the one currently intended. The excess of bureaucracy as an obstacle in the daily training, although specifically cited only by one faculty member, is a trend of managerialist practices, which are increasingly present in the lives of faculty and students and end up being incorporated into universities (Vicente; Lima; Porto, 2019).

For physicians, teaching does not seem to be a professional practice, but only a complement to clinical practice; non-medical professors, on the other hand, resent the disregard of their areas in medical training. Although satisfaction or dissatisfaction have subjective components, some concreteness can be extracted from what causes such feelings: relationship between peers, students, working conditions, and the teaching performance itself (Lemos; Passos, 2012).

The fourth and last category - “teaching and its horizon” - includes perceptions that express disenchantment, but indicate good prospects. Of the 15 participants, 10 registered disappointments: low salary, impossibility of greater dedication to teaching and research, disappointment with teaching, the pace required by academic life, criticism of collective health, previous experience better than that with medicine, lack of receptivity from colleagues and students, matching employment links. These feelings of devaluation had already been identified in previous answers. It is worth noting that a female professor cited the use of psychiatry

and medication to face problems related to the psychological suffering she experienced as a result of her teaching work.

Some expressions used by the participants were mentioned in previous moments and also identified in literature: difficulties due to low salaries, lack of peer recognition, managing “demands of the university career [...] and the teacher-student relationship in order to positively contribute to learning” (Lemos; Passos, 2012, p. 50, free translation).

Matching medical professional activity with teaching has proven to be a difficult balance for teaching physicians, whose functional link with the university is 20 hours per week. Non-medical professors with a functional contract of 40 hours a week (exclusive dedication) feel the disregard of their areas - called basic or more general knowledge, whose components are not taught by physicians - when compared to the specific areas of medicine, considered as priorities in the training of future physicians. Chehuen Neto et al. (2013, p. 22), in a study on generalist medical training, describe this situation mentioning that “general subjects have less prestige” before students.

When analyzing the data from medical and non-medical professors, there seems to be a hierarchy of components (subjects), with the most important ones being those linked to what is conceived as fundamental to the training of physicians in contemporary times. Furthermore, disrespectful attitudes from students and peers may be translated into internal disputes, revealing theoretical, conceptual and ideological clashes about the role of teaching and medical training beyond the focus on healthcare, that is, questioning the PPC itself.

One can identify some possible reflections about the teaching profile made up by specialist physicians, with 20-hour contracts, who had traditional “hegemonic” medical training (of five participating physicians, four presented similar understandings). It is likely that the demands for greater proactivity, engagement and cooperation in training, in a context of problematizing education that focuses on the paradigm of integrality in health, worsen resistance from the academic community, as already identified in literature (Chiarella et al., 2015).

Based on a recent article, it can be said that when students and professors are faced with the PPC upon entering the university in question, they reveal different perceptions: enchantment, strangeness, insecurity, and resistance. Clashes between peers due to the prioritization of content in medical training suggest disputes between components of the specific domain and the related domain, creating tensions between pedagogical practices, their professors and students, which call into question the proposed PPC (Oliveira; Matos, 2016).

Regarding professional expectations, career development/progression, of the 15 participating professors, six responded that their expectations were being met, although they resented not having more time to dedicate to it. Five responded that their expectations were being partially met, as they would like to do more research; and the remaining four claimed hopelessness, dissatisfaction, discouragement, and frustration.

When asked about their plans regarding teaching as a career, of the five physicians, one indicated post-doctoral studies, three intended to pursue master's/doctoral degrees since they hold specialist certification, and one said he was not sure. Of the 10 non-medical professors holding doctoral degrees, only two indicated post-doctoral studies; of the remaining eight, six understand that they should invest in the sustainability of the PPC proposal in different ways: "strengthen teaching and research and extension", "contribute to generalist medical training", "advocate for the proposal", "adopt active learning methodologies", "follow in the field of rationalities". Two professors are in a moment of deadlock, evidenced by the phrases "I have no expectations" or "I have already thought of abandoning the career".

Despite demobilizing sensations - disenchantments and some diffuse frustrations - there are signs of some activities that mobilize professors: the fact of instructing students in research and extension activities, to be contributing to medical training more committed to the epidemiological profile of the Brazilian population, and the awareness and interest in improving their performance as professors.

Final considerations

The training of generalist physicians linked to the epiphonological profile of the population at the undergraduate level are guidelines for change in the current paradigm in Brazil and in other countries, which has repercussions on the teaching work. However, professors, students and institutions have not been prepared for the innovations demanded for medical education. Moreover, recent setbacks in the conduct of national health and education systems have put in check the advances accumulated in the first decades of the 2000s, strengthening corporate alliances and weakening orientations toward change.

By analyzing the perceptions about teaching and professional perspectives of professors of the medicine course at a federal university, four categories of analysis were created. Regarding these, it can be said that both in-act teacher training and medical professional training seem to constitute reference systems for teaching, filling the specific formative gap that is autonomously expressed in learning. Thus, a great deal of teaching is sought in their own formative models.

Regarding initial expectations of a PPC that is different from the professors' undergraduate course, it was noticed that they feel challenged, while they understand that the attributes that qualify a good professor include mastery and the ability to spread knowledge, supported by technical quality and practical experience, as well as the capacity for dialog.

The participating professors reveal, on several occasions, the nature of the difficulties, which are methodological and pedagogical, related mainly to inexperienced teachers and the need for methodological updating. The training context, in its different scenarios, is indicated as hostile due to the arrogant attitude of students, the "not so good" welcoming to the collective health component, and the disputes between components of the specific domain and related domain, which reveal the hierarchization of content in medical training.

Although the horizon of teaching points to perceptions that indicate dissatisfactions and

disappointments, participants indicate good perspectives in the persistence of continued qualification for teaching. They try to overcome some demobilizing sensations that emerge in the daily routine of training through some motivations such as, for example, contributing to a medical training that is more committed to the epidemiological profile of the Brazilian population.

The investments - personal and institutional - have not been sufficient in face of aspects that generate dissatisfaction and the perception of unpreparedness of teachers in the daily routine of medical training, denouncing a certain discomfort among professors. The theme in focus here seems to be to understand teaching as teaching work, and to expand investments in pedagogical and on-the-job learning, through continuing education, for example.

Among the limitations of the study, it is worth mentioning that perceptions are always contextualized by the experience of individuals and, therefore, different contexts can reconfigure the answers obtained for the analysis. The contributions of this study are oriented towards strengthening the institutionality of the PPC, which points to signs of innovation in the daily life of medical training. However, constant adjustments are needed through monitoring and evaluation mechanisms in order to preserve them.

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Appendix I

Questionnaire - Medicine Professors at the Universidade Federal da Fronteira Sul

Numeric identification.....

Characterization

Academic Background:

Undergraduate: Conclusion:

Graduate: Conclusion:

Graduate: Conclusion:

Age: years

Gender:

Work Regime: 2oh (); 4oh (); 4oh ED ()

Length of teaching: Medicine () Medicine at UFFS . Other course ()

Regarding perceptions about teaching:

1. Did you already know the course when applying for the competition?
2. What influenced your choice of this contest for teaching?
3. How was your preparation for teaching?
4. Teaching medicine at UFFS is...
5. What was your initial perception of the course?
6. Has this initial perception changed as the course has progressed?
7. What has helped you the most in the exercise of teaching?
8. Who has helped you the most in the exercise of teaching?
9. What attributes qualify a good professor for the Medicine course at UFFS?
10. What are the main challenges you face in your teaching practice?

In relation to professional expectations/perspectives?

11. Are your professional expectations in teaching being met?
Yes. Please explain.....
No. Please explain.....
12. What are your career plans as a professor?
13. Anything you would like to write.....