Title: Practice report of a family doctor in vocational training in a Brazilian Alagoas tropical rainforest area.

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Introduction: In 1994 the Family Health Strategy was implanted by the Brazilian Unified Health System (SUS) as the basis of its Primary Care public service. The lack of interest of the medical professionals in working in remote areas practically drove the program to bankruptcy. Shortage of manpower led to the launch of the Mais Médicos (More Doctors Program) in 2013 based on three strategic fronts: i) new Medical Courses ii) investments in the structure of Primary Healthcare Units; iii) allocation of Brazilian and foreign doctors [1]. The first author, trained in Universidad Franz Tamayo, Cochabamba, Bolivia, after working for several years as a dentist in Brazil, is in first year vocational training in rural medicine in Teotônio Vilela, a municipality of the state of Alagoas, in northeast Brazil, in a zone of extreme poverty (level 7, WHO). Her team is formed by a nurse, two nursing assistants, three community health agents and one administrative assistant in the Primary Care Unit n°8, which covers 10 small villages. Geographical accessibility is complicated: the journey to the villages are 25 to 30 km long, which takes hours especially in the rainy season, allowing to meet 10 patients a day (20 in periods of drought). Working conditions are aggravated by the lack of basic material such as pediatric scale and basic drugs, lack of infrastructure (making it difficult to ensure confidentiality), illiteracy and poverty of the population. The team organizes sessions of health education following Paulo Freire principles [2].

Aim: To describe the vocational training activities in the Mais Médicos (More Doctors) Program

Methods: Factual observation of the contacts with the population using CIAP-2 [3] to describe the clinical activities and Q-Codes [4], a new tool to describe the non-clinical situations at stake during the patient doctor encounters and activities

Results: Data is currently being collected and it is intended to show the daily activities during two months focusing on the problems of accessibility (geographical, temporal, cultural, economic), on the variety of the problems addressed and the decisions to take.

Discussion: It will be addressed in the poster after analysis of data. The present study is also an example of international collaboration, enabling a field actor to analyze her activity [5] and feel in step with the international community of primary care researchers

Bibliography: