

# Clinical teaching in primary care: a vocation that demands more than goodwill

## Docencia clínica en APS: una vocación que exige más que buena voluntad

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Dear Editor:

We have read with special interest the article entitled "*Perceptions of clinical tutors belonging to family health centers in Chile on the barriers to clinical teaching in primary care*", recently published in your journal (1). As Family Medicine Specialists, with years of experience in the clinical supervision of students and residents in both hospital and community settings, we would like to congratulate the authors for highlighting such a relevant and current problem. We fully agree with the findings that identify the lack of time, incentives and adequate physical spaces as the main barriers faced by those of us who work as clinical tutors in Primary Health Care (PHC). These obstacles not only compromise the quality of the training process, but also impair the motivation of professionals to actively involve themselves in the training of new generations (1).

We found it particularly revealing that the majority of those who teach clinical courses have less than five years of professional experience. This could reflect a lack of institutional policies that promote progressive training support and a clear need to invest in faculty development programs focused on PHC (2-3). Furthermore, we would like to highlight the relevance of the quantitative approach used, which allows us to measure the impact of these barriers through a large and diverse sample. We believe that future studies could complement these findings from a qualitative perspective, exploring in depth the experiences of tutors and students, as well as the effects of these barriers on the professional identity of teachers (4).

In international contexts, it has been documented that the lack of institutional recognition and structured pedagogical training are persistent factors that affect the effectiveness of clinical teaching, both in the hospital and in the community (5). Similarly, studies conducted in Europe and Latin America agree that clinical teachers require specific tools to teach, assess and provide feedback, which are often not part of their initial professional training (6).

At a time when clinical training in real-world settings is becoming increasingly important, it is essential to rethink the conditions under which it is carried out. Studies like the one presented here offer a solid basis for promoting structural changes that foster more equitable, formative, and sustainable learning environments.

We appreciate the opportunity to share this reflection and reiterate our congratulations to the authors and editorial team for fostering such necessary discussions in contemporary medical education.

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