



NURSING MENTORING IN PRIMARY CARE: BUILDING SKILLS FROM PRACTICE A PRECEPTORIA DE ENFERMAGEM NA ATENÇÃO BÁSICA: CONSTRUÇÃO DE COMPETÊNCIAS A PARTIR DA PRÁTICA

LA PRECEPTORÍA DE ENFERMERÍA EN LA ATENCIÓN BÁSICA: CONSTRUCCIÓN DE COMPETENCIAS A PARTIR DE LA PRÁCTICA

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ABSTRACT

Objectives: to describe the activities of the nurse tutor of basic care, training of nursing students; identify the skills that nurses need to develop and analyze possible strategies for the development of the identified competencies. **Method:** it is an exploratory descriptive study with a qualitative approach, with 11 nurse tutors participating. For production data, a semi-structured interview was used, with thematic content analysis of nursing students in primary health care. The research project was approved by two Research Ethics Committees in Research, under CAAE 02519512.0.0000.5243. **Results:** after analyzing the data, two categories emerged: actions of the nurse tutor in the training of the student and the challenge of monitoring in primary care: skills and strategies demanded this practice. **Conclusion:** it is necessary for development of educational and pedagogical skills related to the training and deficiency in planning of the teaching-learning process, arising from the lack of specific training for the tutor. **Descriptors:** Tutoring; Competency Based Education; Primary Health Care.

RESUMO

Objetivos: descrever as atividades do enfermeiro preceptor da atenção básica, na formação de graduandos de Enfermagem; identificar as competências que o enfermeiro necessita desenvolver e analisar possíveis estratégias para o desenvolvimento das competências identificadas. **Método:** estudo descritivo-exploratório, com abordagem qualitativa, com participação de 11 enfermeiros preceptores. Para a produção de dados, utilizou-se a entrevista semiestruturada, com análise temática de conteúdo de graduandos de enfermagem na atenção básica. O projeto de pesquisa foi aprovado por dois Comitês de Ética em Pesquisa, sob nº CAAE 02519512.0.0000.5243. **Resultados:** após análise dos dados, emergiram duas categorias: ações do enfermeiro preceptor na formação do graduando e o desafio da preceptoría na atenção básica: competências e estratégias demandadas dessa prática. **Conclusão:** há necessidade de desenvolvimento de competências didático-pedagógicas relacionadas à própria formação e deficiência no planejamento do processo ensino-aprendizagem, advindo da falta de capacitação específica para o preceptor. **Descritores:** Tutoria; Educação Baseada em Competências; Atenção Primária à Saúde.

RESUMEN

Objetivos: describir las actividades del enfermero preceptor de la atención básica, en la formación de graduandos de Enfermería; identificar las competencias que el enfermero necesita desarrollar y analizar posibles estrategias para el desarrollo de las competencias identificadas. **Método:** estudio descriptivo-exploratorio, con enfoque cualitativo, con participación de 11 enfermeros preceptores. Para la producción de datos, se utilizó la entrevista semiestructurada, con análisis temática de contenido de graduandos de enfermería en la atención básica. El proyecto de investigación fue aprobado por dos Comités de Ética en Investigación, sobre nº CAAE 02519512.0.0000.5243. **Resultados:** después del análisis de los datos, surgieron dos categorías: acciones del enfermero preceptor en la formación del graduando y el desafío de la preceptoría en la atención básica: competencias y estrategias demandadas de esa práctica. **Conclusión:** hay necesidad de desarrollo de competencias didáctico-pedagógicas relacionadas a la propia formación y deficiencia en el planeamiento del proceso enseñanza-aprendizaje, adviendo de la falta de capacitación específica para el preceptor. **Descriptor:** Tutoría; Educación Basada en Competencias; Atención Primaria a la Salud.

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INTRODUCTION

After the promulgation of the Organic Law of the SUS in 1990 (Law 8080/90), the Primary Health Care (PHC) has become a particularly relevant theme, universality and ensuring access through the primary health care have been advocated as a way to achieve greater equity and meet the expectations of users. The definition and principles currently basing the PHC overcame the view that this is merely one of the levels of the health system or a specific acting field. On the other hand, the PHC is considered reorganizing individual and collective practices, and reorienting the Unified Health System (SUS), including the warranty of integrality in their range and coordination dimension.¹

These reformulations of philosophical, methodological and organizational basis brought to educational institutions new challenges in health, because the training of health professionals with the skills to provide basic care should start at graduate level, considering the PHC not only a field of practice but also a body of knowledge that requires entirely new interdisciplinary and pedagogical approaches. Therefore, the professional must be trained under such expectations, personalized and continuously assistance to individuals and families in their community and territorial context.²

The process of teaching and learning with such perspectives is complex because it requires the breaking of paradigms and the construction of new ideals and practices for the education of individuals involved with the construction of knowledge an an attitude of facilitators of social changes. Therefore, education is the great goal, since education aims to use means for the training and development of a human being.³

Health services have responded more quickly to the demands presented by the SUS than the area of health education. The changes are required both by the need to contribute to the construction of the SUS and implementation of the Family Health Strategy, as to conform to the Law of Guidelines and Bases of National Education (LDBEN) Number 9394/96, which required the creation and publication in 2001 of the the National Curriculum Guidelines (DCNs) for Graduation Nursing and other areas.⁴

Imbricated in this process, there is the evidence of a key actor who can facilitate the process of learning and teaching to nursing students in primary health care, in service, which is the tutor. He must be fully in line with the legal and social demands in order to

perform his role with relevance. From a reflective process, this professional has a chance to contribute to expanding the vision of the student beyond the techniques, mediating the historical and socioeconomic context of the work, which not only perform but also can understand, plan and evaluate.

In Nursing, the practice of monitoring began to be discussed from the Opinion number 314/94 of the Federal Council of Education approved by the Ministry of Education and Culture which advocates the internship supervised by the school and nurses of the health service, which was ratified with the publication of these National Curriculum Guidelines.

The achievement of this research in the Professional Master in Education in Health, of the Nursin School Aurora Afonso Costa - Fluminense Federal University, completed in June 2013, originated in work experience as a nurse of primary health care, as a nursing tutor, highlighting the concern with the skills to effectively contribute in the training of graduate students being future professionals working at SUS.

A skill is the ability to mobilize a set of cognitive resources (knowledge, ability, information, etc.) to solve effectively and efficiently with a number of situations. Skills are linked to cultural, professional, social, political contexts.⁵

Based on the above, the objective of this study is to build skills for tutor nurse in primary care and aims to:

- To describe the activities of the tutor nurse of primary care, training graduation nursing students;
- To identify the skills that the nurse needs to develop;
- To analyze possible strategies for the development of the identified skills.

METHOD

It is an exploratory and descriptive study with qualitative approach, which treatment of the data was performed by thematic content analysis. It should walk toward what is homogeneous, as in what differentiates within a social environment to analyze and interpret information generated by a qualitative research.⁶

As research scenarios, three Primary Health Units were used, two located in the city of Niterói (traditional primary units) and one in the city of Rio de Janeiro (unit of the Family Health Strategy). The study subjects were 11 nurses tutors of graduate nursing students in primary care, who agreed to participate by

signing the Free and Clarified Consent Term, in accordance with Resolution 466/12, which deals with ethics in research with human beings and identified by nicknames of transition metals of the periodic table of chemical elements.

The research scenarios, we used three Basic Health Units, two located in the city of Niterói (traditional basic units) and one in the city of Rio de Janeiro (unit of the Family Health Strategy). The study subjects Were 11 nurses preceptors of undergraduate nursing students in primary care, who agreed to Participate by signing the Instrument of Consent, in Accordance with Resolution 466/12, Which deals with ethics in research with human subjects, and Identified nicknames of transition metals of the periodic table of chemical elements.

Inclusion criteria: be a nurse; have employment in research units which occurred practice of nursing graduates activities; follow practical activities of nursing students for at least two months; minimum follow-up of a class. Exclusion criteria: lack of interest in participating in the research and being absent for more than three months in the unit during the interviews.

The technique of data collection was semi-structured interview, using as instrument the structured interview with closed questions about the profile of tutors and three open-ended questions addressing issues permeating the object of study, after approval by the ethic committees in research of the Health Municipal Secretary of Rio de Janeiro under Number 69th/2013 and by the Ethics Committee of Medicine University of the

Fluminense Federal University, under Number 31643/13, CAAE 02519512.0.0000.5243.

The interview is configured in “[...] a conversation with two well-defined purposes [...] that is characterized by a verbal communication and it is a means of gathering information about a particular scientific topic.”⁶

The movement analysis was cyclically, being supported by Cycle Reflectivity Valente (2009) directed to teachers, fitting perfectly in this study whose subject is the nursing tutors of Primary Care. In this study about Reflexivity in Teaching Practice of the graduate Nursing, the referred author built a cycle based on the movement ACTION-REFLECTION-ACTION which requires the educator systematically guide their own reflection and analysis, from the very initial actions - the knowledge in practice (through his perception and action), from cultural, professional, social and political abilities; the 2nd movement, reflection on practice; in 3rd movement, stimulating thinking and subsidized with parameters, possible to reflect on the previous reflection, culminating in the movement of evaluation and decision, with retrospective character, composing a permanent process.

Interpreting the representative figure of the “reflexivity cycle”, it appears that the process of reflection, part of reality, action learning in practice, returning to it in order to transform it and turn the educator through a continuous process training, which thus becomes permanent, as shown in Figure 1.

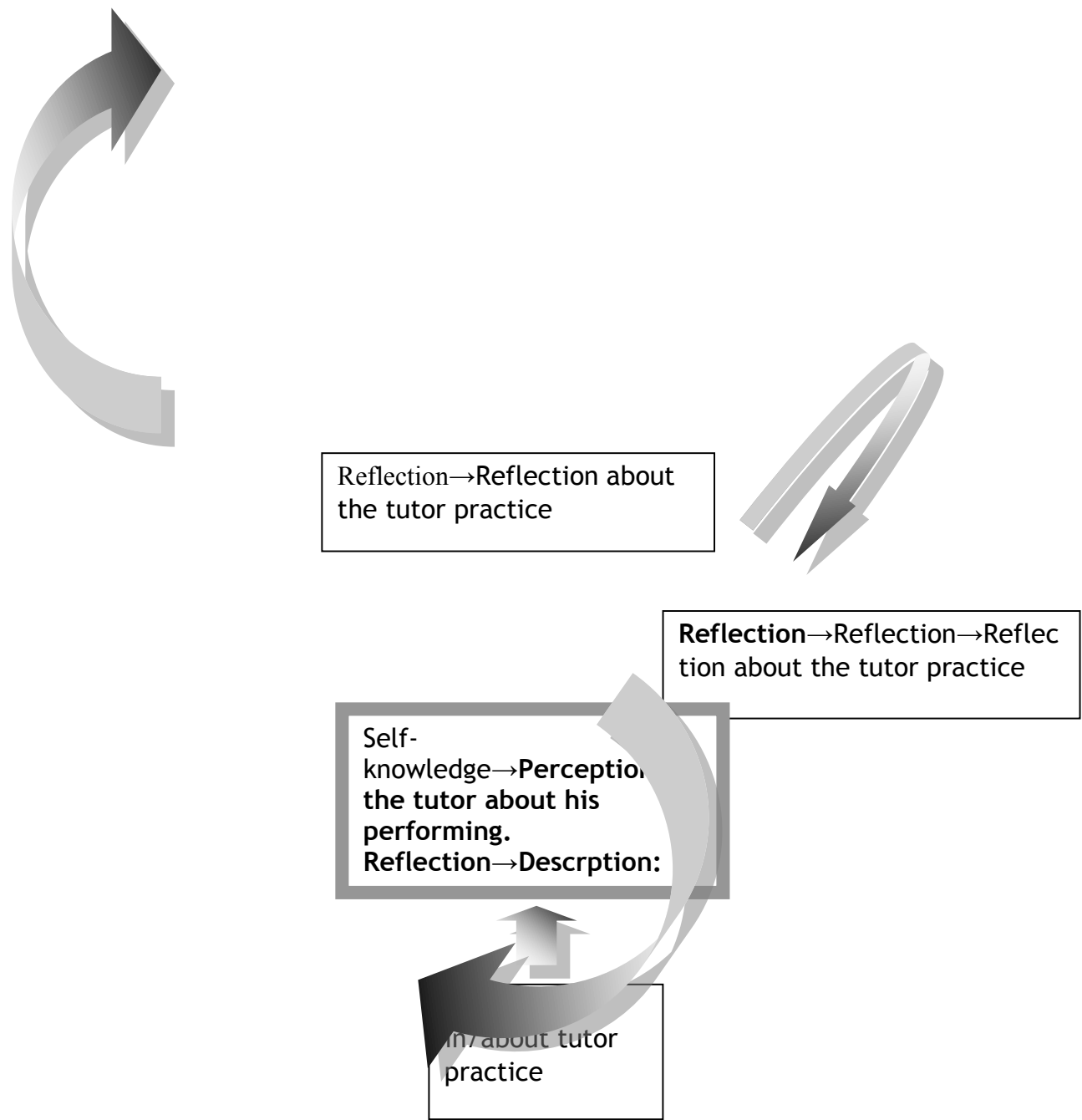


Figure 1. Reflexivity cycle - adaptation of the cycle constructed by Valente (2009).

After collecting data, the interviews were analyzed using thematic content analysis method, which consists in the discovery of nucleus of meaning of a communication and whose presence or frequency mean anything to the targeted analytical objective.⁷

The proposed movement analysis from the reflexivity cycle, part of the knowledge that the tutor has on his practice that generates self-recognition in the tutoring context, perception of his role and lists his performance in the graduate training (1st movement cycle -1st category of analysis); after this step, he reflects on his practice delimiting the main weaknesses/difficulties and strategies used to have to transpose him, it is a movement of *reflection on action* (2nd cycle movement - 2nd category).

From this reflection, and taking as a parameter for analysis, families and subfamilies of skills listed by Perrenoud, the skills they need to acquire/enhance for the practice of tutoring and strategic possibilities

of his own tutor and practice of the fundamentals of Schön were identified, through movement that proposes a *reflection on his previous reflection* (3rd cycle movement of 2nd category) and so he can evaluate and decide whether to change or to follow up the guidance taken in his practice, which will generate discussion about strategies that the nurse tutor of Primary Care, needs to use to facilitate and execute the practice of tutoring.

RESULTS AND DISCUSSION

- **Actions of the nurse tutor in the training of the student: highlighting his role**
- On approach to the actions that the tutor plays in the training of graduate students, the participants showed that:

We seek to guide people, the resident and graduate student about the location, attendance, goals and when they do not

know, I try to guide them how to do it, show them routines, books unit. (COPPER)
It is the tutor's role, a person who can assist in both professional and personal training. (ZINC)

It is believed, based on the statements that the tutor has this role to guide, facilitate, mediate the process of teaching and learning, without being the "one who knows", but as someone with more experience, willing to share, thereby fostering knowledge construction.

The construction of knowledge is a collective journey that the teacher guides creating situations and helping without being the expert that transmits knowledge, or the guide, which proposes the solution of a problem.⁸ Students can not be seen as an empty table to be completed by the educator.⁹

From this viewpoint, regarding exceeding vocational training, also contributing to personal training, it is mentioned the importance of the interactions of the teacher network with other people in a context whose human element is crucial and dominant.¹⁰

The access of the student to the entire complex place of work, including the failures and limitations, it is extremely important to understand the context in which it appears and relates with him trying to turn it into something better, acting also as a citizen. The tutoring has this great asset to create opportunities for the student of big participation, and access to reality.

It is important encouraging the autonomy of the students, for the characterization of a mediating element between knowledge and personal intelligence, operationalizing the displacement of the focus of attention of the subjects or disciplinary content and mobilization of students helping to build citizenship, personhood. The skills thus constitute patterns of articulation of knowledge at the service of intelligence.¹¹

Strengthening the reasoning about the context of the graduate students and the role of these stimulus in the practice space, a deponent refers to the importance of the tutor in this insertion majoring in health and elucidation of the functioning of this system process:

I think one of the best things the tutor can do is to help in training, supporting the future professional for him to enter the healthcare system by understanding how the system works, it is more than teaching techniques. (ZINC)

In this regard, training should develop the self-social-construction abilities of

representations and professional knowledge.¹¹ The subject mentioned the importance of contextualization in loco performing the work as graduate students should be encouraged to study and reflect on the proposal of the service he is being part.

Future nurses should be prepared to the logic of the current public health system in the country. Thus, their academic experience in the field should be based on the care model of health surveillance of SUS, aiming to reorganize the work process through the comprehensive health of the individual, family and community care. Thus, as active agents, tutors must hold a teaching practice in line with the guidelines and principles of that system.¹²

To show tutor's papers linked to the integration between teaching and practice, there is harmony in the statements:

The role of the tutor is crucial, is exactly to decrease the gap between the book and the practice. It is the same distance that an agricultural hoe has, I've read about it. So at least we are with the hoe, in day-to-day. (SILVER)

The tutor's role is to link the theory that the student receives in the academy with the practice he will exercise there. (GOLD)

Such tutoring is performed when it proposes that teaching happens from practice in order to avoid the gap between professional knowledge and the requirements of daily work.¹³

About this theme, in the last 10 years it was noticed an epistemological repolarization related to health previously linked to the Academy and currently, after the creation of the Secretary of Labor Management and Health Education (SGTES) in 2003, there was a greater appreciation of the health service as a fruitful place of learning, which considers the particularities inherent in each delimited area of expertise in health at the expense of compliance manual which applied for Brazilian regions, despite its peculiarities.²

As the document of MEC mentions, the student must be accompanied by professional service in order to support the future career for him to enter the healthcare system, understanding how the system works. (TITANIUM)

We are indispensable for the formation of the student, because we know what happens in everyday life and we mediate. (PLATINUM)
I think the teacher acts in the role of facilitator, he'll be with that student development activities. (GOLD)

The teaching-service interaction is very important to the training of graduate students and emphasizes the contribution of the SUS

inducing policies, among them the Pro-Health, which has projects such as PET-Health, Professional Masters (such as Teaching in Health/UFF) to decrease the gap between theory and practice. In this way, it became clear that there is still insufficient quantitative subsidies for didactic and pedagogical preparation of service professionals to act as mediators in the meeting of the student with the world of work, from a wide concept of health terms, as the SUS perspective.

In this analysis, there are speeches of two of the respondents who highlight because they perceive their roles in a relevant way, demonstrating compliance with the current demands for the SUS:

The tutor is important because the student can not be alone on the practice area. They come with a very theoretical knowledge, especially in the area of public health. (PALLADIUM)

The tutor practices, teaches techniques that students saw only in theory, shows how the work happens, the routine is a complementary activity to what they learn in college. (NICKEL)

It was observed that the tutors even well intentioned, have also shown a language from the traditional pedagogy in which the teacher was the holder of knowledge and "passing" for the students, as if they were an empty table to complete. It was noticed that in practice there is a new paradigm in the face of a society that seeks new answers, however, the "old order" remains imbued in every person, in every educator.¹⁰

Building knowledge from the analysis of based on reflection in action everyday tutoring, this first movement is considered as a basis of the cycle and it demonstrated self-knowledge of the tutor in his practice, through the description of his action and consequent perception of the role he plays in the student's training (1st movement of knowledge in practice cycle).¹⁴

He is the cycle, demonstrating the first step that brings the description of perception than tutors mentioned as their daily actions, these were explained in Figure 2:

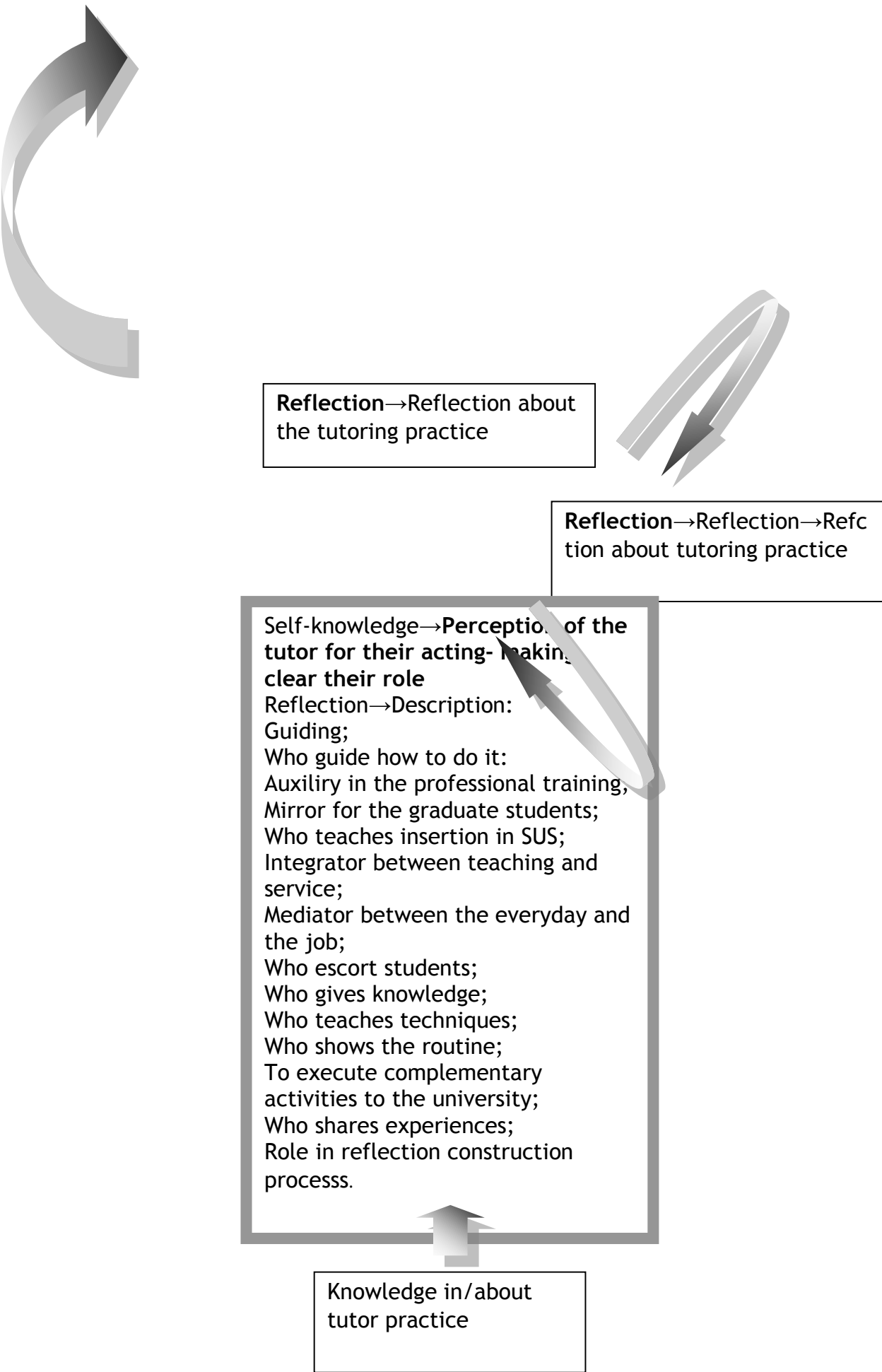


Figure 2. Reflexivity cycle - 1º movement.

● **The challenge of tutoring in Primary Care: Skills and strategies demanded this practice**

In the 2nd movement of reflexivity cycle, it was reflected on retrospective reflection on the tutor’s practice. The tutors, from their own knowledge and self-knowledge on the subject, reflects on the weaknesses/difficulties in the exercise of

tutoring as well as the didactic and pedagogical strategies that have used in order to solve them or cancel them.

Through reflection and analysis of the speeches, it was sought to understand the second objective of the research that is to identify the skills that the tutor needs to develop and/or improve to act effectively in the training of graduate students, having as

parameter the ten families and subfamilies of skills listed by Perrenoud. The reference chosen accentuates the skills considered priority, to be consistent with the new role of teachers and with current educational policy, as reflected in the National Curriculum Guidelines (DCN).⁸

When asked about the greatest difficulties/weaknesses found in the practice of tutoring and about the didactic and pedagogical strategies used, relevant speeches were collected facing the need to stay in training, to account for the practice of tutoring:

I have much time to train, I realized that the information I had were being "swallowed" and we have to take time to upgrade, this is the greatest difficulty found while tutoring. (ZIRCONIUM)
I had no training, I think it does not exist, I had no preparation for tutoring. But I should have. (COPPER)
Not always the agent is ready to receive students and we learn from the rights and wrongs. If I had training, learnt how I should act, I would not only follow the rights and wrongs. (IRON)
I consider as one of the greatest difficulties the lack of specific training for the tutor, disclosure of update courses, training courses for tutors. (GOLD)

The task of teaching requires knowledge of the tutors of teaching strategies and the development of his own powers of thinking. Based on Perrenoud's studies, the teacher does not have thinking skills, if he does not know learn how to learn, if he is unable to organize and regulate his own learning activities, will be impossible to help students potentiating their cognitive capabilities.¹⁵

Fortunately, among the subjects studied, two demonstrated attitude that exposed the limitation, seeking to do masters in their fields in order to bring contributions to the practice:

I see a possibility of the master growth of learning how to deal with more focused issues on how best to teach, I hope to leave more prepared to prepare students. (COPPER)
I was motivated by the university, linked to PET to seek improvement, it is not easy, it is very difficult, but I managed to do my Masters and I see this response in my practice, I now realize things that went unnoticed before. (GOLD)

On the development of strategies from the reflective practice that is learned by doing and reflecting constantly on and the action and reflect on the practice, the teachers not only develop their strategies, as well as

understand the objectives and the principles that should lead to practice.¹³

Regarding the autonomy needed by the educator, it is noted that the occurrence of conflict situations takes the teacher to a reflective process about their own practice and about what is missing to become effective pleasurable, leading him to seek texts and readings to clarify their doubts and ethical dilemmas that lead and keep uploaded to date for teaching.⁵

Going to another reported problem, the need for communication, by little interaction between teaching and service, culminating in the inability to plan their actions, while being a tutor, an interviewee said:

The university should communicate. They should say: - Look when with students, I will give this class and you show it in practice. But in practice, this is not occurring. (COPPER)

It can be seen the importance of dialogue between education and service, in this analysis, given that, at best, theoretical training allows the graduate student to pass the exams and get the diploma, while the practical training gives the bases for survival in the profession.⁵

Skills can not be built without evaluation, considering that part of the planning steps, however, it may not take the form of tests with paper and pencil, skills evaluation should be formative, undergo co-analysis of the student's work and for regulating their investments more than the grades or classification.¹¹

Then, planning is an important tool for the development of skills in the management of tutoring, that can not be done in isolation, because it is only right when they dialogue and their effectiveness is tied to recognition of its dynamic character, because the reality of daily work is constantly changing. In this context, some testimonies pointed to the need for planning by the tutor:

The group of tutors of the unit meets and plan actions and schedules, for most experiences for graduates students in all areas, women's health, children ... we do weekly meetings with graduate students and the teams to evaluate planning based on these strategies. (ZIRCONIUM)

Based on the assertions surrounding this topic, the tutor has responsibility for the leadership to initiate the realization of a dynamic planning and not completed. Part of this planning will be carried out with the help of the graduate students, in order to subsidize appropriate conditions for learning, without having to escape reality, but to organize a scenario that favors the development of skills

by graduating, preventing them of the stress factor for their training.

To participate in the training of human resources for SUS process is a duty of every professional, regardless of participation or not projects, considering the Article No. 200, item III, of the Constitution of 1988, which states that the training of human resources for health is the responsibility of the health System.¹⁶

Despite such knowledge, some professionals are not fully aware and educated about their role:

There are nurses who do not want to receive students, are not hostile, but do not want to receive. This overloads the colleagues who end up raising awareness about the situation of the student and are overload, while others do not care. (COPPER)

It is observed that vocational training that integrates theory, practice and reflection, based on the reflection-in-action process, that is a school where learning by doing it is the priority, a construction process whose capacity is needed reflect is stimulated by the interaction. Only a new epistemology of practice, guided reflection on their professional practice, which is to guide a possible change of a reflective professional, able to find answers to dilemmas found in everyday practices.¹³ Therefore, it is believed in the imminent need awareness of these professionals working in the SUS, with space for these active listening in order to clarify for them the commitment that involves the exercise of tutoring as they are entered into the Unified Public Health System.

Forming the student with skills literally means to integrate him to several knowledge, skills, attitudes and mental attitudes, curiosity, passion, search for meaning, the desire to weave ties, relationship to time, way to unite intuition and reason, caution and audacity, both produced from training and experience.¹⁷

Tutors who play their role seriously, are challenged daily and one of deadlocks reported by respondents in this endeavor is the proper conduct of some graduates students demonstrated: lack of basic theoretical preparation, traditionalist expectations regarding the training field as well as poor posture and lack of interest in learning as mentioned in the interviews:

I think he is too immature to us. Maybe if they came more educated about the behavior, ethics, would be easier to insert them in the scheduled activities. (NICKEL)
The barrier is often focused on student education, most focus, but always have a

small portion, and this portion seems that marks us a lot, there are times that we can not try and get them out of that ostracism. (IRON)

Engaging students in research activities and knowledge of project undergoes a fundamental ability of the teacher: making accessible and desirable to their own relationship to knowledge and research, embody a plausible model apprentice, and thus be made aware of that this exchange is also learned.⁸

Although graduating is not passive in the learning process, according to this text, it is the educator/tutor to provide access to learning this stimulus, but so he should know to better serve their specificities. This fact indicates the urgent need for training/educational-pedagogical training by the tutor.

It is the presentation of the cycle of reflexivity in its 2nd movement, bringing identification of skills needed to be developed or improved by the tutors, defined from the analysis of contents arising from the reports of respondents tutors, a movement of reflection on their actions, addressing weaknesses/difficulties found in the course of tutoring, taking into account the explicit strategies and the strategies they use to overcome them.

From the reports, four priority issues were identified to be addressed: 1- Need for updates/lack of specific training for the practice of tutoring; 2- Need for planning linked to tutoring; 3- Tutoring Exercise as obligation and 4- Unpreparedness majoring in the field of internship. For each problem listed, skills to be developed and/or improved, arranged in Figure 3 were identified.

Here is the 3rd movement of the cycle to reflect on the previous reflection, culminating in the decision to continue or to add something from the experience and modify their concepts and posture. From this material, as a parameter, the families and subfamilies of skills listed by Perrenoud were used, resulting in the movement shown in Figure 3.

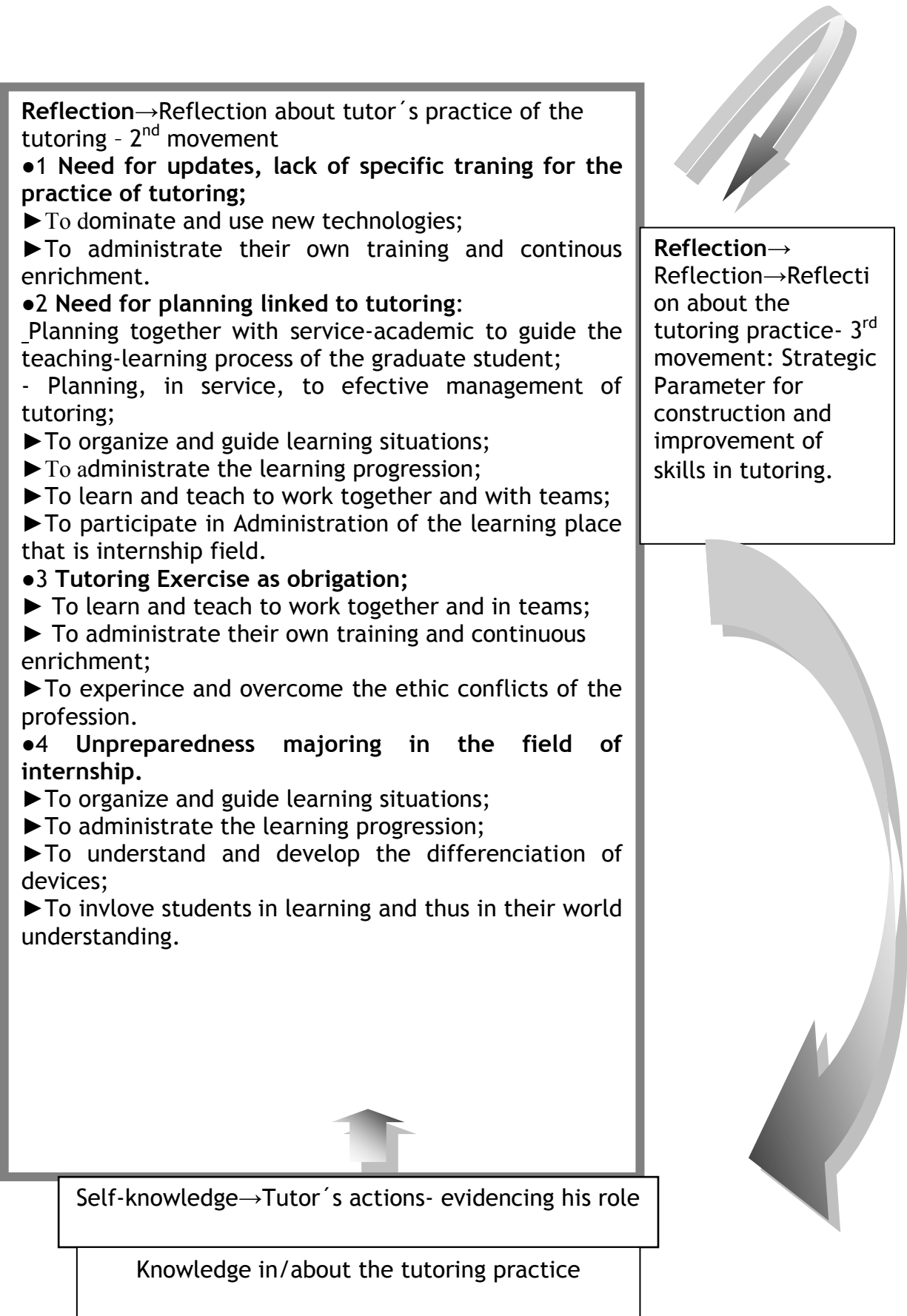


Figure 3. Reflexivity cycle - 2nd and 3rd movements

CONCLUSION

It was confirmed at the end of this study, the permanent training of tutors nurses in a reflective perspective deserving to be specially discussed and reconsidered since it was found out that some interviewees demonstrated bond only with unidirectional teaching methods, not fostering reflection and criticality of graduates students, evidenced by the descriptions of their daily actions, which allows us to infer that there is still a

traditionalist vision rooted in the structure of nursing education, which compromises their quality contribution to the training of the student, considering that there are some tutors who still value the more technical actions, regardless of social, human, legal issues that are part of daily work.

It was observed that there is no self-recognition of tutors as agents of social transformation. The tutor social agent needs to improve/develop certain skills that are the foundation for all other being transformed,

such as being experienced in the practice of nursing in the area that the student will perform the stage; understand the collective context and not just the individual; have basic knowledge about public policies; understand the strategies of consolidating the SUS; like to be in contact with students; have workload intended for participation in the formulation of the stages; having constant discussions with administrators, teachers, students and users about the thematic.

It was identified from the retrospective reflection on the practice of the preceptor, the need for development of educational and pedagogical skills related to the training and deficiency in planning the teaching and learning process, arising from lack of specific skills, teaching interaction-service and greater integration with the various people through regular meetings, to plan together.

It is believed the full possibility of developing such skills by nurse tutor, once he finds the most open and dialogical and critical and at the same time training; even more flexible and accurate time; solidly grounded in knowledge and mainly based on ethics, facing a reflective practice that manages autonomy, creativity, communication and ability to identify problems and find alternatives to overcome them. Only then, the tutor will be building skills and abilities aimed at overcoming the existential and ethical conflicts as well as to face the challenges that the social life and the world of work present in the course of their life trajectory.

This study enabled us to analyze the possible strategies for enabling the competencies to be enhanced or developed by the tutor, being perceived that the locus of work is rich in experiences that demand, highly effective, strategies to solve everyday situations. However, the lack of knowledge about the political, social, economic, limited contexts such strategies and the lack of stimulus for reflection on them, not allowing thus to be improved.

From the results, there was a construct of strategic possibilities for each competence, based on the diverse experiences of tutors and the theoretical basis adopted in the form of educational technology, to train tutors to be implemented initially in the scenarios studied.

Although it is known that this construction will have no end, given the dynamics of the object of the study, the theme through further research, will continue expanding with focus groups composed of tutors to deepen the theme.

Initiatives such as the Professional Masters in Education in Health have provided a

valuable space ahead of the growing demand for training tutors for the SUS, enabling discussions based on what is real, generating the end of each study, a product to be returned to the practice, allowing to contribute effectively to the resolution of issues arising from the practice itself.

It is worth noting that the subjects of this research are essential to the training process of nursing graduate student, but therefore, they need to be aware of this important point to reflect on their actions, understanding their activity as something dynamic and cyclical, resulting in decisions to maintain or change their actions, giving example of this attitude toward graduate students that were followed, thus contributing to the enhancement of their own profession and strengthening SUS.

REFERENCES

1. Trajman A, Assunção N, Venturi M, Tobias D, Toschi W, Brant V. A preceptoria na rede básica da Secretaria Municipal de Saúde do Rio de Janeiro: opinião dos profissionais de saúde. *Rev bras educ méd* [internet]. 2009 Jan-Mar [cited 2012 Nov 10];33(1):32-24. Available from: <http://www.scielo.br/pdf/rbem/v33n1/04.pdf>
2. Ministério da Saúde (BR). Secretaria de Gestão do Trabalho e da Educação na Saúde. Departamento de Gestão da Educação em Saúde. Política Nacional de Educação Permanente em Saúde. Brasília, DF; 2009. 64 p. - (Série B. Textos Básicos de Saúde) [Internet]. [cited 2012 Nov 10]. Available from: http://bvsmms.saude.gov.br/bvs/publicacoes/politica_nacional_educacao_permanente_saude.pdf
3. Teixeira E, Sabóia VM. Tecnologias educacionais em foco. São Caetano do Sul: Difusão Editora; 2011. 101 p.
4. Ministério da Educação e Cultura (BR). Lei das diretrizes e bases da educação nacional nº. 9.394/96. [Internet]. [cited 2012 Nov 14]. Available from: http://www.planalto.gov.br/ccivil_03/leis/l9394.htm
5. Perrenoud P. Ensinar: agir na urgência, decidir na incerteza. 2nd ed. Porto Alegre: Artmed; 2001. 208 p.
6. Minayo MCS. Pesquisa social: teoria, método e criatividade. 32th ed. Petrópolis: Vozes; 2001. 80 p.
7. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. São Paulo: Hucitec; 2010. 407 p.

8. Perrenoud P. Dez novas competências para ensinar. Porto Alegre: Artes Médicas; 2000. 176 p.
 9. Freire P. Extensão ou comunicação? Rio de Janeiro: Paz e Terra; 1982. 132 p.
 10. Valente GSC, Viana LO. (Re) Conhecendo as competências do enfermeiro professor. São Paulo: Casa do novo autor; 2007. 116p.
 11. Perrenoud P. As competências para ensinar no século XXI- A Formação dos professores e o desafio da avaliação. Porto Alegre: Artes Médicas; 2002. 192 p.
 12. Ceccim RB. Educação Permanente em Saúde: Desafio Ambicioso e Necessário. Interface [Internet]. 2005 Feb [cited 2012 Nov 04];9(16):161-77. Available from: <<http://www.scielo.br/pdf/icse/v9n16/v9n16a13.pdf>>.
 13. Schön D. Educando o profissional reflexivo: um novo design para o ensino e a aprendizagem. Trad. Costa RC. Porto Alegre: Artes Médicas sul; 2000. 256 p.
 14. Valente GSC. A reflexividade na prática docente da graduação em enfermagem: nexos com a formação permanente do enfermeiro professor. [Tese] Rio de Janeiro (RJ): Escola de Enfermagem Anna Nery, Universidade Federal do Rio de Janeiro; 2009. 180 p.
 15. Libâneo JC. Reflexividade e formação de professores: outra oscilação do pensamento pedagógico brasileiro? In: Pimenta SG, Ghedin E. (Orgs.). Professor reflexivo no Brasil: gênese e crítica de um conceito. São Paulo: Cortez; 2002. 264 p.
 16. Perrenoud P. Construir as competências desde a escola. Trad. Bruno Magne. Porto Alegre: Artes Médicas Sul; 1999. 90p
 17. Oliveira MD, Lima GAF, Sales LKO, Valença CN, Germano RM. A formação em enfermagem e o sistema único de saúde: história oral de vida. J Nurs UFPE on line [Internet]. 2012 June [cited 2013 Oct 13];6(6):1491-4. Available from: http://www.ufpe.br/revistaenfermagem/index.php/revista/article/view/2203/pdf_1022
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