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PRECEPTORY AS LOCUS OF LEARNING AND COPRODUCTION OF KNOWLEDGE

PRECEPTORIA COMO LÓCUS DE APRENDIZAGEM E DE COPRODUÇÃO DE CONHECIMENTO

PRECEPTORÍA COMO LOCUS DE APRENDIZAJE Y DE COPRODUCCIÓN DE CONOCIMIENTO

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ABSTRACT

Objective: to know the teaching-learning process of preceptors of Nursing residents. ***Method:*** an exploratory-descriptive study, with a qualitative approach, carried out with ten preceptors who work in scenarios of Primary Health Care, whose testimonies were collected from a semi-structured interview followed by thematic analysis. ***Results:*** thematic nuclei were produced that generated two categories: **Category I** - The practice of preceptory as a space for meaningful learning and coproduction of knowledge; **Category II** - Overcoming everyday challenges: potentialities and obstacles of the preceptory process in health. It was evidenced that the meeting between residents and preceptor determines a positive impact on knowledge-based training and learning, that qualify them to face social and health demands, even though there are gaps between teaching and service. ***Conclusion:*** participatory teaching and learning govern resident-preceptor relations and knowledge is coproduced, qualifying care. ***Descriptors:*** Preceptorship; Health Human Resource Training; Internship and Residency.

RESUMO

Objetivo: conhecer o processo de ensino-aprendizagem de preceptores de residentes de Enfermagem. ***Método:*** estudo exploratório-descritivo, com abordagem qualitativa, realizado com dez preceptores que atuam em cenários de Atenção Primária de Saúde cujos depoimentos foram colhidos a partir de entrevista semiestruturada, seguida de análise temática. ***Resultados:*** foram produzidos núcleos temáticos que geraram duas categorias: **Categoria I** - A prática da preceptoria como espaço de aprendizagem significativa e de coprodução de conhecimentos; **Categoria II** - Vencendo desafios cotidianos: potencialidades e entraves do processo de preceptoria na saúde. Evidenciou-se que o encontro entre residentes e preceptor determina impacto positivo na formação, com coprodução de conhecimento e com aprendizagem que os qualificam para o enfrentamento de demandas sociais e de saúde, mesmo havendo lacunas entre ensino e serviço. ***Conclusão:*** o ensinar e o aprender participativo regem as relações residente-preceptor e o conhecimento é coproduzido, qualificando a assistência. ***Descritores:*** Preceptoria; Capacitação de Recursos Humanos em Saúde; Internato e Residência.

RESUMEN

Objetivo: conocer el proceso del enseñanza-aprendizaje de preceptores de residentes de Enfermería. ***Método:*** estudio exploratorio-descriptivo, con abordaje cualitativo, realizado con diez preceptores que actúan en escenarios de Atención Primaria de Salud, cuyos testimonios fueron recolectados a partir de entrevista semiestructurada seguida de análisis temático. ***Resultados:*** se produjeron núcleos temáticos que generaron dos categorías: **Categoría I** - La práctica de la preceptoría como espacio de aprendizaje significativo y de coproducción de conocimientos; **Categoría II** - Venciendo desafíos cotidianos: potencialidades y obstáculos del proceso de preceptoría en la salud. Se evidenció que el encuentro entre residentes y preceptor determina impacto positivo en la formación, con coproducción de conocimiento y con aprendizaje que los califica para el enfrentamiento de demandas sociales y de salud, aun habiendo brechas entre enseñanza y servicio. ***Conclusión:*** el enseñar y el aprendizaje participativo comandan las relaciones residente-preceptor y el conocimiento es coproducido, calificando la asistencia. ***Descriptores:*** Preceptoria; Capacitación de Recursos Humanos en Salud; Internado y Residencia.

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INTRODUCTION

The training of health professionals must respond, with quality and effectiveness, to the demands of the Brazilian Unified Health System (UHS) and enable, the professional, to perform actions based on the social and health needs of users and families, in accordance with the Guidelines National Curriculares (NCG / Br / 2001). However, the disarticulation between training institutions and health services has contributed to accentuate the gap between training and UHS needs.

In the continuous process of training in health, in Brazil, specialization courses are offered, enabling professionals to complete their professions. Many of these specialization courses are carried out in the form of Residence Courses, as a natural consequence of the progress of knowledge, confirming that it becomes impossible to work the entire contents of the curricular contents within the limits of the Undergraduate Courses.[1] In this sense, , Recognized as courses of specialization by the Ministries of Health and Education, work in the perspective of preceptory, the training that is effective, mostly, in health services, with the supervision and supervision of a professional of the health service. These courses aim at technical and scientific instrumentalization, of future professionals, complementing the training process. The teaching-learning relationship or resident-preceptor student, which is effective in this practical training, should be configured as a significant learning process, in which the knowledge, already experienced by the student in previous moments of training, new ones, potentializing and qualifying this process And, consequently, the assistance provided to users who demand services.

Given the permanent fragility of integration between educational institutions and health services, there is a need to expand the conception and planning of the preceptory, in order to review and include new teaching-service integration strategies, to be materialized in Actions of cooperation among the institutions involved in order to effectively offer the student, preceptor and teacher/tutor, the opportunity to critically understand the role of the traineeship in training, [2] as well as its better use as a learning space.

In this perspective, from a general concept (already incorporated by the resident), the knowledge can be constructed so as to link it or re-link it to new concepts, facilitating the understanding of the new information, which gives real meaning to the knowledge acquired.[3]

The close relationship between training institutions and health services, which are scenarios for training residents, is necessary and essential, in order to effectively enable the teaching-learning process, and it is important to recognize and value the accumulated knowledge and Experiences brought by the resident to this new formative meeting. This relation needs to be horizontal, of effective exchanges, that in which the preceptor is not and does not pretend to be the only voice, that of truth.[4] Thus, the question that guides this research is: What is the impact of the practice of the health professional that acts as tutor in the Nursing resident's training process?

OBJECTIVE

- To know the teaching-learning process of preceptors of Nursing residents.

METHOD

An exploratory-descriptive study, with a qualitative approach, with ten preceptors who work in scenarios of Primary Health Care, including those with, at least, six months of practice in the training of residents and who accepted to participate in the study, and excluded those who were on vacation Or in the process of being licensed during the period of the field research.

Data were collected through a semistructured interview, carried out in public health units and in the city of Niterói - Rio de Janeiro, where nurses were housed to conduct their training. These residents belong to the Nursing Residency Course in Collective Health at the Afonso Costa Aurora Nursing School, of the Fluminense Federal University (ACANS / FFU). Thus, in a field work carried out in the years 2015 and 2016, statements were made from professionals who act as preceptors, who were identified by the letter P (of professional), followed by an Arabic number, corresponding to the sequence of interviews. The units or health services were identified by the letters US, followed by the corresponding Arabic number.

The interviews were recorded and, later, transcribed in full. The interview, with semi-structured, script responded very well as an instrument of data apprehension, since it enabled the approximation and the dialogue between researchers and researched, in order to build reliable and pertinent information to the research object.[5]

The analysis was thematic, following the following steps: a foreground reading to then reach the deeper levels; Exploitation of all material; Elaboration of an interpretative synthesis, from a writing that can dialogue

topics such as objectives, questions and research presuppositions, constructing, at the end, the categories of analysis that express the thought of the whole group.[5]

This study is a summary of a broader research, developed with the Professional Master's Degree in Health Teaching, Fluminense Federal University, entitled: "The preceptory in the process of training Nursing residents in collective health: between possibilities and limits", a project submitted to the Ethics Committee In Research of the HUAP / FFU, and approved with opinion # 1177984 on 08/2015.

The participants had their identities preserved and were only included in the research after knowing the project, and being clarified about the aspects involved and agreed, to signing the Term of Free and Informed Consent. Their anonymity was guaranteed and explained that all the material would be under the responsibility of the researcher, who would only use them for scientific purposes.

RESULTS

After the floating reading and then deepening, of all the testimonies captured from each question that guided the interview, thematic nuclei were produced: ignorance of the process of choice for the preceptor function; Reduced pedagogical capacity to act in this role of preceptor; The preceptory is a plural space, of multiprofessional partnership, of many learning and of *feedbacks*; Preceptor with potential to face the social demands of the country; actions not valued by managers and other professionals. These thematic nuclei generated, after a detailed analysis of the testimonies, two categories that express the guiding thought of the group of participants: **Category I** - The practice of preceptory as a space for meaningful learning and coproduction of knowledge; **Category II** - Overcoming everyday challenges: potentialities and obstacles of the preceptory process in health. These are analyzed:

♦ Category I - The practice of preceptory as a space for meaningful learning and coproduction of knowledge

In this category, all the deponents believe in the relevance of the preceptory process as a potentiator of the training of future health professionals, actions that make possible the contact with the pluralities and complexities of the social and health demands of the country and, thus, Concretized in the accounts:

> *Very important the preceptor and the function of the preceptor, because, here, everyone learns and adds up! [...] the learning opportunities are many and for all who participate ... It is necessary, therefore, to count and value with the preceptor, since this experience the practice of care for several years. He must have experience. (P1).*
>
> *After the Graduate I was able to realize is that, I was able to understand more clearly how our preceptor presence is important and makes a difference in the training of these future nurses [...] Far beyond what I myself received from undergraduate knowledge. We are an example to them, as we learn new things from them. (P3)*
>
> *I think it's important. When the agent is in training agent, needs examples, at least, it is for people not to follow. You need to learn to see the other working to see what kind of professional you want to be and what you do not want to be. Take theory to practice. In practice you learn. (P5)*
>
> *We contributed a lot to their formation even though they were formed. They bring new information and we show the practice. It's an exchange. (P8)*

The training that is effective in the practice fields represents, for the professional, as well as the resident, an effective teaching-learning process, with the possibility of coproducing knowledge and opportunity to add new experiences, besides representing, for the preceptor, the commitment and The responsibility of the construction and socialization of knowledge in health.

♦ Category II - Winning everyday challenges: potentialities and obstacles of the preceptory process in health

Like every teaching-learning process that involves multiple participants and plural and complex scenarios, potentialities and obstacles exist in its effectiveness. In this category, different potentialities were expressed, such as the possibility of expanding knowledge by enabling residents, to be in daily contact with clients, families and other service professionals, where there are effective exchanges of experiences and constant updating of knowledge among the co-owners of this Training session, as highlighted by the testimonies.

> *The preceptory is a very productive, stimulating action or function that encourages me and all my colleagues in the service to seek new knowledge and do things that I did not do before because I became more involved with management. With it I at the same time that I teach, I learn, in a constant exchange. (P4)*
>
> *I learn a lot from the preceptory, from the residents who are always updating us. This makes a big difference and brings a lot of*

> *power to me and to the service. And everyone wins. (P5)*
>
> *The possibility of updating, of exchange of experience, enriches both parties, the student always brings a new stimulus. (P6)*

Concerning the obstacles experienced by teachers in their daily teaching-learning process, the following were highlighted: the addition of one more function to the list of activities they already carry out daily; the non-remuneration of this function; the use of the resident as a labor force for The service, among others, as the following testimonies point out.

> *The financial issue is a serious limitation. No preceptor earns a salary increase for more this function and we still have to slow down our daily work to be able to involve the resident in the actions and this gives more work. (P8)*
>
> *Understanding the resident as a manpower for service is very common here. He is seen by many service managers as well as by other health care professionals such as the hole-thrower, the one who can cover the shortages and licenses of industry employees, since the employee deficit is always too big! (P5)*
>
> *Most service managers invest very little in the preceptory, both financially, and in releasing the workload for improvements and updates that would favor the training of residents. This has generated a lot of tension. (P9)*
>
> *The overload of work augmented with the supervision of the resident also generates tension, because we have little time to update ourselves and to remove their doubts. I get split, I just have to be a nurse in the module. (P10)*

The most frequently reported tensions were non-remuneration for the job, work overload, human resources deficit, with the use of the resident as labor and little awareness of the management itself regarding the relevance of the preceptory. Thus, the preceptory process is tensioned daily, keeping up to date. The possible exits are tried individually by some of the preceptors and, among these, stand out the searches for qualification and participation in scientific events.

DISCUSSION

The UHS, since its establishment, in 1988, is defended as a space for the practical training of health professionals and, therefore, the public services that integrate this health system must present themselves as training and research spaces, through specific norms, elaborated Together with the training institutions of the services where health professionals are working. Thus, health professionals are directly involved and are partners of training actions.[6] Thus, it is important that collective and effective criteria for choosing health professionals who will act as preceptors, that is, resident trainers in these settings, are built.

The university has an important role in the training of preceptors, giving health professionals, opportunities to approach the specific issues of the teaching and learning process, offering refresher courses in specific areas and enabling participation in scientific events to better approximate the academic reality, in the area outside the walls of the health units. There must be recognition of those who want to act as preceptors and open a channel of communication accessible to them, offering authentic spaces for participation. [7:25]

Preceptors still lack the clarity of the importance of their role in training new nurses. Although his role as facilitator seems clear to him, in reality he is faced with tasks that were not part of his day-to-day life and for which he does not feel prepared.[2]

As stated in the course's Political-Pedagogical Project (CPP) of Nursing Residency in Collective Health of the ACANS / FFU, [8] the choice of the preceptor of the program under study should be carried out by the Municipal Health Foundation of Niterói, complying with the guidelines contained in the Pedagogical PPC of the Course (PPC), which is in agreement with the Ministry of Health of Brazil, when it emphasizes that:

§ 2nd - The preceptors who are part of the technical-professional staff of Nurses must have, at least, the title of Specialist.

§ 3nd - In Nursing Residency Programs, where the number of specialists is insufficient to meet the requirement of the previous paragraph, nurses with high competence and proven experience in specific areas may participate.[9]

Therefore, the Political Pedagogical Projects of the Courses must comply with the MH legislation regarding the composition of the list of preceptors, based, therefore, on the qualification and experience of the professional for the performance of the preceptory. Based on the testimonies seized and the pertinent legislation, then, there is a need to review the mode of choice or election of the preceptor to act on the Residency Program in Collective Health Nursing.

Of the characteristics that the professional, should have when assuming the function of preceptoria, it is verified the necessity of the

articulation with the academy, especially before the beginning of the period of internship in the field, so that it is clear of the amplitude of its activities, as well as of what The student already has constructs, from the discussions with his teachers about that practice that will live with the preceptor.[7: 27]

It was also evidenced that many care and management actions are delegated to residents as a way to broaden and diversify their experiences. Thus, by delegating to the resident under his supervision, specialized care, residents and health services gain, but the preceptor is required to commiting, attention, promptness and resolubility.[10]

At different times, the preceptor recognizes himself as a relevant actor for the process of formation of the residents, constructing plural spaces of learning that become meaningful, to the extent that the experiences brought by the other trainees are increased, potentializing the knowledge in health and generating individual empowerment and collective. However, preceptors also cite weaknesses in services that, often, try to allocate residents to spaces where there are no professionals.

Researchers, with preceptory experiences for years, plus the readings made on the subject, can confirm these findings. Thus, although the preceptor does not make up the actual teaching staff of higher education institutions of health training, as a professional of the service, they compose an important function in the process of training, insertion and socialization of the resident in the work environment. Being a preceptor is then being creative, generating opportunities and knowing how to renew and renew, rebuilding and redoing professional knowledge and practices. It is to seek to develop their specific technical skills in accordance with the accreditation standards used in the audits of the different scientific societies and, above all, to face the challenge of caring in the perspective of completeness, affectionately and competently, in the teaching-learning process, not as a holder Hegemonic of this process, but always believing in the coparticipation and coproduction of knowledge. The major challenge, that is presented, is to practice precepting by supporting its action as an educator, understanding that educating is a daily re-constructive process, from the inside out, towards autonomy.[11] And, complementing that the action of educating is Influence the student in such a way that he does not let himself be influenced.'[12: 25]

The pedagogy of work developed today with the resident, under the supervision of the preceptor, was pointed out as a priority for the revision of the preceptory process. The analysis regarding the planning of actions shows that the preceptor is the essential element for the organization and effectiveness of the activities performed in the health units and, therefore, should be worked on in the educational processes carried out by the preceptor.[13]

In this perspective, the preceptor, with innovative and participative strategies, can stimulate and lead changes in the planning and work process, seeking creative and resolutive solutions with the group, fostering innovation and learning.[14] It was also evidenced that collectively the set of activities to be developed enables the strengthening of this space as meaningful learning for the resident, coproducing resolute and qualified knowledge and work processes in health.

As far as knowledge coproduction is concerned, all participants in the study, in different ways, defended the proposal that teaching is not only transferring knowledge and reinforcing, saying that those who teach learn while teaching and those who learn teach when learning.[12: 25] The preceptory, As a space and relationship of formation is thus a *process of teaching*, where, at the same time that is taught, one learns, or is a complex social practice effected between the subjects, teacher and student, encompassing both the action of teaching and of understanding, in a contractual process, a deliberate and conscious partnership, to confront the construction of school knowledge, resulting from actions taken in and out of the classroom. Thus the *teaching* process expresses a teaching situation from which, necessarily, there is also a parallel to learning, which becomes teaching. The propositive partnership between teacher (preceptor) and student (resident), is a fundamental condition for the confrontation and production of knowledge, necessary for the formation process.[15]

Thus, it is strengthened the understanding that the teaching-learning relationship, between teacher and resident, is done in a double hand, horizontally, concretizing the production of a strong, cohesive and dialogical binomial, where the preceptor has the role of educator, but also Of apprentice.

As elements that impede the development of the preceptory process in the public health services, structural and administrative difficulties of the health institutions that host

the residents were identified, jeopardizing the learning and development of many actions of the preceptory. The preceptor's work overload also leads to a gaps that, in order to manage the time efficiently and respond to the productivity required by the manager, some preceptors choose to perform the technical-assistance procedures, to the detriment of teaching and to guide residents under their supervision. A possible exit would be the sharing of the preceptory among all the professionals of the service, as an attempt to minimize the overload that today presents itself for that single professional that assumes this function.[16]

Although UHS spaces are recommended as the locus of a great health education system and that all its professionals must be trainers / educators, the tensions of the relationship formation and practice are present daily and were listed, by the preceptors, as limiting the teaching-learning process Of residents. From the moment the preceptor is elected to the supervision of the residents without prior knowledge of the criteria that elected him, without the formal qualification to act in the function and, sometimes, without knowledge of the guidelines of the Health System in which he is inserted, the training of the resident starts to update the existing gaps. However, it is necessary to construct a reference of competences that, more than an instrument reserved to the specialist of the education, constitutes means for the preceptors to construct a collective identity.[17]

CONCLUSION

By knowing how the preceptoration with the Nursing Residency Program in Collective Health was effective, it was possible to understand that the training, through the practice of preceptory of the health professional, is an action that, even with limitations or obstacles, qualifies the training of residents And should be understood and valued in the perspective of the professionalization of preceptors as health trainers. Thus, it is believed that a preceptory needs to be institutionalized or professionalized through policies that encourage and enhance the role of preceptor. Training bodies and those of health services can contribute, each in its own way, to re-make the office of the preceptory evolve towards the professionalization of the preceptor.

The results showed the importance and irreplaceable role of the preceptor in the training of the Nursing resident, even if there are gaps to be reviewed among educational institutions, responsible for training, and health institutions. The learning that is effective, through the feedback of information between preceptors and residents, favors professional socialization, expands and improves knowledge learned during undergraduate training and works, in parallel, the individual and collective empowerment of residents, future health professionals.

It should be emphasized that it is up to the Residency Programs to analyze and ratify the guidelines proposed by the UHS that the training should take place in the public health services. The integrality of care practices, also a UHS principle, should guide the formation and practice of residents, while at the same time there must be strangeness of actions that prioritize bureaucratic and/or managerial activities, to the detriment of care. This fact may be the generator of professionals who are not critical and who are far from the reality of health care.

Finally, the findings of this study have the potential to contribute to other pedagogical projects of residency courses in health, which work in the perspective of the preceptory process, insofar as the guiding paradigm of health education and practices is congruent in the different areas Of knowledge.

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