Research about the knowledge and teaching practice of the preceptor: A test pilot

RESUMO
Objetivo: verificar se as técnicas de investigação de uma dissertação de mestrado, sendo a observação participante e a entrevista semiestruturada, se adequarão a pesquisa proposta. Método: estudo qualitativo, utilizando a etnografia, com emprego da observação participante e a entrevista semiestruturada. A análise de dados foi centrada na pesquisa etnográfica. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, CAAE 09475612.3.0000.5243. Resultados: a partir da análise, o roteiro de observação foi mantido, a entrevista foi reduzida de 19 para 11 perguntas, e foi construído um Seminário Introdutório ao tema da pesquisa para aproximar os sujeitos aos objetivos do estudo. Conclusão: observou-se que as técnicas de coleta de dados escolhidas se adequavam a pesquisa original proposta, porém as adaptações foram necessárias para detalhar o estudo tendo em vista o objetivo de realizar uma pesquisa etnográfica. Descritores: Tutoria; Pesquisa em Enfermagem; Educação em Enfermagem.

RESUMEN
Objetivo: determinar si las técnicas de investigación de tesis de maestría, con la observación participante y entrevistas semi-estructuradas, caberán a la propuesta de investigación. Método: un estudio cualitativo mediante la etnografía, con empleo de la observación participante y la entrevista semi-estructurada. El análisis de los datos se centró en la investigación etnográfica. El proyecto de investigación fue aprobado por el Comité de Ética de Investigación, CAAE 09475612.3.0000.5243. Resultados: en el análisis, la guía de observación se mantuvo, la entrevista se redujo de 19 a 11 preguntas, y se construyó un Seminario de Introducción al tema de investigación para llevar el tema a los objetivos del estudio. Conclusión: se observó que las técnicas de recolección de datos elegidos se adecuaban a la propuesta de investigación original, pero los ajustes eran necesarios para el estudio de detalle en vista de los efectos de realizar una encuesta de la etnografía. Descriptores: Tutoría; Investigación en Enfermería; Educación en Enfermería.
INTRODUCTION

The preceptorship in nursing, performed by clinical nurses, needs for theoretical and pedagogical foundation to support in these actors, mediators of articulation of the theoretical-practical knowledge of the resident, the meaningful learning. Thus, it is necessary that these tutors become able to developing their tasks, and the institution working with different teaching methods, and proposing necessary interventions in the educational process.

To the preceptor nurse working in a teaching hospital the role of educator is instituted, since in the daily work process that often run into students in training and expertise, and it is expected that this ratio favors the formation of a more reflective practitioner who understand his social role in the planning of health actions and that can aggregate theory, bioethics, social knowledge.

In a study conducted in a teaching hospital (HE) of the city of Rio de Janeiro, a review of the residency course for nursing coordinators, preceptors and residents was performed. One of the negative points that emerged were limitations in training or updating the preceptor as a consequence of most preceptors have not didactic-pedagogic training.1

This demonstrates the need to consider how the instructors are being developed; at all, it is the teacher who will assist in the construction of the professional identity of the resident as its technical specificity, posture, ethics, and all aspects related to health care. So, to teach not just have the domain knowledge, one must also consider how to teach and this implies pedagogical training.2

The objectives for differentiated educational methodology, which is facing the reworking of knowledge to produce new knowledge and further development of skills and provision for seizure of attitudes and skills necessary for the work involving profound changes in relations professor-student.3,5

The Ordinance 1000/05 of the Ministry of Health, states that it is up to the function preceptor teaching care supervision, perform organizational activities of the learning process and guidance to students, whether undergraduate or stage extension, and this teacher should have at least three years of experience in perfecting or academic degree of specialization or residence.4

A new education proposal is based on the understanding of the need to train professionals able to learn how to learn and committed to confronting the serious problems of our society. Besides encouraging the expanded clinical reasoning, considering the entirety of health care and progressive care nursing network.5

The preceptor includes knowledge which can be understood as knowledge about his training, experience of life and experiences of teaching practice, as the preceptor is a guy who brings a story, a memory, an education, a perspective and experiences, and combination of these factors determines how the tutor will legitimize their practice and produce knowledge through socialization of their individual construction of knowledge, then what we call pedagogical knowledge. In that sense it is essential to draw attention to two dangers that must be avoided by the preceptor nurse in the exercise of its function: mentalism and sociologism. It is necessary to study the knowledge of the nurse preceptor relating it to the constituent elements of his work.

The mentalism reduces the knowledge of the preceptor nurse to mental processes, whose support is the cognitive activity of individuals. It is a form of subjectivism, which tends to reduce the knowledge and mental representations and reality seems to be the predominant conception of this professional knowledge in education.6

The sociologism eliminates the contribution of the preceptor nurse in the construction of knowledge, treating him as a social construction in himself and by himself.6 The knowledge of this professional is associated with something other than himself. It deprives it of any professional capacity for knowledge and transforming their situation and action.

The knowledge can be explained as the knowledge, skills, abilities and expertise of teachers, and articulate with the practice of preceptorship, we understand that this knowledge translate the day-to-day of the profession, and as the preceptor mobilizes, since his story life, their personality, their training, their experience, to experience her governess practice.6

The knowledge of nurse preceptor is a social knowledge shared by a group of agents, the result of a negotiation between different groups and their objects are social practices. The knowledge to be taught and know-teach evolve over time and social change. The knowledge of this professional is an ongoing process throughout a career.

In this context, the preceptor nurse, provided with such knowledge, must establish
a bond with the residents that allow them to critical actions and initiatives about the provided assistance, encourage understanding of the human being in its entirety and seeing the reality around them reflecting as interfering in public spaces sometimes hostile to all learning acquired. For this purpose, it is necessary to mobilize diverse knowledge involved in the profession.

The teacher needs to exercise his practice critically, know what comes to be preceptorship, for bringing awareness of this work and the importance of his role is to provide tools to better preceptorship exercised, because the more critically exercising the ability of learning and teaching, more it encourages the discovery of complete and thorough knowledge of an object or being, epistemology has a role in these acuting of the senses, and should be encouraged to learn.7

Considering that the preceptor cannot bring or pedagogical knowledge from their professional practice and his ongoing training; we wonder how this knowledge can then influence the learning experience of nursing resident, and such knowledge could base his pedagogical practice.

This study is an analysis of a pilot project carried out to verifying and adapting the investigative techniques of a master’s thesis, in which the overall goal is to investigating the knowledge and pedagogical practice in preceptors and their influence on the teaching-learning process of the resident nursing, the objectives of this pilot test: Check whether the chosen research techniques, participant observation and semi-structured interview will fit the proposed research, describe the methodological and epistemological obstacles to conducting research and submit proposals for adjustment of data collection instruments.

**METHOD**

The present study was drawn from the dissertation "Knowledge and pedagogical practice of preceptorship in nursing residence >> submitted to the Postgraduate Program in Nursing, in the course of Academic Master of Science in Health Care, Fluminense Federal University / UFF in the city of Niterói-RJ, in the second half of 2013.

The approach of the study was qualitative through ethnographic research. Ethnography "emphasizes the importance of understanding the symbolic world in which people live, seeing things the way they see and capturing the meaning which they attribute their experiences".9,36

It is recommended the pre-test to starting the first phase of data collection, which consists of applying the instrument to the same characteristic the elements selected for the study, in a reduced number. And also highlights the main objectives of a pre-test: fix flaws in the formulation of questions, avoid potential existing biases, and get new information to the respondents, the researcher develop the ability to perform the collection and, if necessary, add new questions to the instrument.8

Through the ethnographic perspective, there are basic instruments for the data collection, and so selected the which better fulfill the research objectives, and the observation and interview, since it is necessary to create a link between the researcher and the participant, with interinfluence between the observer and the observed, and, among those who question and answer, being the interaction to be created as a decisive factor for the success of data collection.10,11

A triangulation of data collection techniques such as observation and interviews is used for comparison of results so that the researcher look for patterns of convergence to develop a global interpretation, becoming a means of ensuring the completeness of a set of data collection.9

The scenario of the pilot study was a teaching hospital in the city of Rio de Janeiro, bounded to a state university of this district, which features the residency program in nursing. The study subjects were nurses from a unit cardiointensive treatment, day service, who were mentors of nursing residence for at least one year, and who were not teachers of higher education.

Data collection lasted five weeks, and the first week set aside to perform the approximation with the field and with the subject, the next three weeks were for last week participant observation and individual interviews were conducted in depth.

Participant observation followed a specific roadmap, which was described in work situations to the teacher who was observed making correlation with the knowledge to be found in these actions and pedagogical practice to be analyzed.

After the observation phase, the subjects who met the inclusion criteria and, after signing the informed consent and participated in a semi-structured interview type, the subjects were identified numerically, and in
no time the name was disclosed in the research.

The first part of the interview included structured questions to identify the profile of the respondents, and revolved about: gender, age, time since graduation, time acts as preceptor, if has specialization, if any in which areas, and areas of current activity, and short questions about life history.

The interview included the following questions: Talking about his career as a teacher, as was his graduation, if he remembers any specific preceptor and why, during graduation or specialization was encouraged to be an educator of your team, how important of their work experience, and how he could narrate the history of his formation. How would he describe his preceptor work, what incentives pedagogical that preceptor training received from the teaching-hospital and were involved in a preceptorship course on outside the hospital in which it operates, if any theoretical foundation uses to support their practice with the residents, it organizes its activities to accompany the resident preceptorship in order to make every meeting more productive and get learning in the specific field of knowledge of the chosen residence if they feel there is need for pedagogical training for preceptors unit and why if he currently feels pedagogically trained preceptors to perform their activities aimed at achieving the objectives of preceptorship in residence, how the teacher believes his stance directly or indirectly influence the learning experience that accompanies the resident, the resident how to build nursing a more critical and reflective attitude towards the process of nursing work.

Finally, the teacher was asked to make own suggestions and recommendations of ways, methods, strategies and actions that they believe they can improve the preceptorship currently develops in HE (teaching-hospital).

The data analysis was focused on ethnographic research, the last stage of the research focuses on the explanation of reality, and at this stage are developed theories, the process by which to build throughout the course of the study, the researcher confronts his issues with the observed reality of data. Data were faced with the objectives of the baseline study to accomplish the possible adjustments to the instruments of collection.

All limits and commitments of the researcher were respected, according to Resolution 196/96 of the National Health Council, all participants signed an Informed Consent and the study was approved by the CEP of the surveyed Institution with CAAE 09475612.3.0000.5243.

RESULTS

The pilot test was necessary to the research to validate the script of observation and interview. This step was conducted to collect data in five weeks in total, where participant observation was originally made by following the provided script and just last week the researcher conducted the interviews.

During the presentation to the cardiac intensive care unit (ICU cardiac), it was cleared out the leadership of the sector as was the research, as would data collection and who would be the subjects according to the inclusion criteria. It was seen that day laborers nurses would be best to join the observation, as well as residents are in the industry together all week, then they would be more easily observed in the proposed situations.

Among the six laborers nurses in the sector, who are divided between those working in the morning and in the afternoon, taking into account an exclusion criterion, four of these were professors of higher education do not participate in the research. Then we program ourselves to two times daily workers nurses, one manhista and tardista and sometimes worked together to make the observation and subsequent interview. The two agreed to participate and signed the informed consent both before starting data collection.

The methodology used in the pilot test was proposed by the baseline study. Already in the field began observing. Three days considered necessary to reduce the strangeness in the sector, so that the team has identified the researcher and not let that presence was due to the change of behavior for them, the goal of the researcher was to be accepted in the field. This approach favored it possible to get an overview of the industry, understand the process of working with nurses to understand their interpersonal relationships, partnerships made, and especially observe the preceptor with the resident, his posture, practice, dynamics at work with the resident at his side.

In these first three days field diary was not done, because the objective was the approximation with the field, but at the end of each observation day was made a report with the experienced and observed impressions, perceptions transcribing from each observed situation.
In the second week entry into the field was a very different first days of acceptance, starting with the observation that the preceptors already knowing the researcher describe his observation. Starting this week off used the feature of a field journal, describing all observed following the script proposed observation, and sometimes we described the observed outside the script, not wanting to lose focus, but in situations deemed important it was done. There were a total of three weeks with a field diary.

In the last week of observation, the fourth week, the interviews were scheduled with each subject, and in the fifth week these were held in a private room, which was only the researcher and the participant subject, without any interruption. We performed a total of 10 days of observation, every other day, and a day was set aside for conducting the interviews. The interviews were recorded and later transcribed and digitized to begin data analysis.

The subjects were two preceptor day laborers nurses, both with more than one year of experience serving the inclusion criteria, and the industry at that time there were three residents passing by in-service training.

From these two preceptors, the first day it was observed that one (p2) was very closed to the residents, and it was like a nurse of reference for any help to them, and the other teacher (p1) was observed farther from residents, almost did not engage in actions with them and also was almost never asked for them. However, these two were the preceptors who came closest to the residents because the other preceptors of the sector, including teachers who were not approached the resident and were also never requested.

The preceptor selected the resident as any member of the nursing team of the day, but these two preceptors were never placed on the scale, and had free access to any procedure. The preceptor 1 solved more bureaucratic issues and the preceptor 2 was more on the assistance, but had autonomy to both sides, and sometimes worked together, but good interpersonal relationship between the two was clear, as well as those with residents. However the preceptor 2 showed more affinity with preceptorship.

Over the days it was noted that the teacher wanted to demonstrate that 1 approached the resident, did not get into procedures, but all the time wanted to clarify a question, entered into a bed soon, something spoke, looking at the viewer, then exit. It was clear that he was concerned about the posture demonstrated. Have the preceptor 2 was freer, seemed more relaxed, developing his tasks with the usually resident, and apparently showed no concern about the presence of the observer.

Regarding the resources of the unit, despite missing some relatively simple materials, they relied on equipment and sufficient technological resources for the care of cardiac intensive care, and lack of resources or structure in the industry, there seemed to be setback for the development of activities and the assistance to be provided.

The head of the sector, which is also teaching in higher education, also a nurse preceptorship and managing the entire unit and was not in attendance, despite also being preceptorship, but the paperwork is your responsibility, could not be close to the resident.

After the observation period, we carried out two interviews, the preceptors were aware that it would be recorded for later transcription, and been asked to sign the consent form. Each interview lasted 35 minutes wax and had a script of 19 questions, and share them throughout the story did not need to be made due to speech contemplating the subject which would be asked later.

The interview was conducted in a private room, without any interruption, and both respondents were pretty comfortable for all the questions, not showing any embarrassment.

Initially questions were asked to profile of each subject, and described as follows:
- Both female, over 20 years of nursing experience and over 10 years of experience with preceptorship with graduate from UERJ, and postgraduate Lato Sensu, no post in the field of cardiology, both with experience in transplantation never exercised activity in teaching and teacher 1 have made residence plus post graduation courses.

From reading the interview transcript, the examination was performed, reflecting the research problem, and the authors who helped us to bring a discussion theorized could provide the basis for our analysis and context on this discussion enabled the emergence of thematic which were discussed and analyzed, guided by the theoretical framework of the research.

**DISCUSSION**

Many are the causes that contribute to the failure in teaching/nursing assistance association, and you cannot blame the only way this team professionals nor health facilities and education. What is needed are new reflections on these fields so that
harmoniously contribute potential way to training.13

In the field of preceptorship many obstacles emerge for this relationship between the resident, the preceptor and the institution to materialize, and many times, as seen in this study, these obstacles are imposed by the professionals themselves, is no accountability by the teacher or possibly a lack of role knowledge and encouragement for such a function.

It was noticed that observing only a preceptor was limited to situations to be observed, as they happen with different preceptors, these being observed or not. With respect to the exclusion criteria, there are many teachers in the field and also as mentors, was clearly a distance in relation to activities governnesses, then left to doubt if they really had to exclude them from research, realizing at an early vision, which pedagogical practice that would be easily developed by faculty preceptor, not always or almost never showed these preceptors.

It was decided then that the collection was performed with two kinds of subjects (tutors teachers and staff), as well as the interview, could be used to make a comparison between subjects.

By observing several preceptors in the same sector, you can see who really approaches the resident, performs his duties, and who does not exercise preceptorship, and from there randomly, applying the criteria of differentiation, would select who would be interviewed. Thus, all the observed sign the consent form, explaining that would be observed and possibly interviewees were selected for this phase.

The Teaching Hospital which was the setting of the pilot has as proposal that every admitted nurse is preceptor, whether on duty, diarist, and independent of continued training and experience; understanding, then, that just having this nurse graduated, he is fit to preceptorship, if admitted to that teaching-hospital. So to ask the teacher to talk about his path to becoming preceptor they were very clear that this was not a choice, not a result of the professional career, was a result of a public tender for approval at University Hospital and automatically they would be preceptors.

The preceptors were unanimous in the following responses: both said they enjoy exercising preceptorship, but none of them had any training in this area, however claim to have science course that is offered by the institution.

When asked if they feel empowered to exercise pedagogically preceptorship, preceptor 1 said no, and 2 teacher said yes, this dichotomy in the responses was exactly consistent with the observation made, as a preceptor (p2) held the preceptorship of more active and had more contact with the resident, preceptor form showed posture and actions developed in inviting the resident reflection, since the other preceptor remained farthest from the assistance and consequently the residente, and just found it by doing a self-evaluation as not educationally qualified to exercise the preceptorship.

The tutors do not present a dynamic work with the resident of a planned way, do not systematize their daily actions in the preceptorship, and claim that there is a plan once a year, and that this is what guides his daily actions of preceptor. There is not, also, a theoretical framework that has sought to support the preceptor practice.

When asked about the duties of the preceptor was clear that respondents postponed in preparing the response, demonstrating how they knew not score these assignments, the two interviews, the researcher intervened trying to explain the question again, exchanging words to awaken the preceptor to answer. Actions such as: host, supervise, monitor, evaluate, and teach classes have availability-were cited as a preceptor assignments.

It is clear that the teacher still seeks to organizing his actions with the resident and the institution involved, and the quest for integration between teaching and learning becomes a strategy for change in vocational training, and exposes the encounters and challenges such as: the organization of work of the institutions, the organization of the health service and especially the dichotomy between theory x practice.14

When asked about the knowledge of a preceptor, preceptors of all speech was focused on theoretical knowledge that a teacher should have, with doubt in talks and tension in the words to be used, the preceptors had a fear at the word “knowledge” and made an attempt to answer the question with the goal clearly unknown to them.

The teacher knowledge is a social knowledge, as it is shared by a group of actors from common training, why its use guarantees the legitimacy of professional knowledge taking into account the group of agents involved, and yet to know that the object is an object social, ie, they are social practices, and can be purchased from the professional socialization, the preceptor then learn teach
teaching and learning inherent task of their professional practice in the preceptorship. The interviewed preceptors, however, showed great concern when asked about continuing education as a factor that influences the preceptorship since preceptors who teach in the industry do not operate in preceptorship effectively, so information from respondents, rather distance themselves from this field and so are not preceptors of reference sought by the resident. However they who do not have this continuing education are preceptors of reference for residents, and are constantly monitored by the diarist day exercising.

This factor was considered decisive for the preceptors to distance search by strictu sensu training, which in his view would not add such training in professional improvement, only in academic titles, and that wouldn't be a reason to seek the strictu sensu specialization.

Have the experience of work was identified as a strong and unanimous factor that directly influences the learning programs of the resident, the preceptors indicate the safety speech, the know-how is important that the resident perceives the preceptor, the theoretical foundation that comes from practice goes beyond the technicalities of the profession, work experience, they say, brings a reflection on each share, the years of work are the best professional posture that can not be found in professional who is starting, because every skill, dexterity, naturalness in making safety and talk about a subject comes from long experience, even with the new professional theoretical foundation does not hold the same professional attitude.

The concern in serving as the "mirror" of the resident was identified at various times during the interview, which was already in clarifying the answer about the influence of the preceptor in the learning experience of the resident, and yet when asked about this, the preceptors were forceful in asserting sure that your posture may influence learning of the resident both in a positive way, as in a negative way, and still claim that your posture directly affects the formation of the professional, where the teacher becomes responsible for the type of professional who is forming.

When trying to get the demand itself preceptor training strategies for preceptorship, one of the points emphasized was the fact consider the profile of the preceptor, the "want" to be preceptor should be considered by the institution, after all find only availability, willingness to teaching and all other duties expected of a preceptor by first he liked to exercise preceptorship.

This fact really caught our attention, since this issue was initially prepared to try to identify how these could be trained preceptors, as if it were something to be achieved only by the exercise of the train, the shape, the preparation, and in fact from the perspective of Tardif, before the knowledge is necessary to think the drivers know the wires after all work with human beings, and the answer to this question comes against this concept, consider where preceptor who is this, what is your profile, your personality, would any difference in time to train, empower, improve the preceptorship.

Through this reflection, we ask in every moment that knowledge is needed to practice preceptorship, but given the data that we have seen before that reflection is necessary to understand that teacher knowledge is a knowledge-related, after all is the knowledge of the teacher, who then has a personality, a life story, a daily, personal and professional experience to be materialized in their own professional lives, they realized the work preceptor.

Given these results and analysis, we decided to keep the observation script, even considered in theoretical and not consistent with the practice observed in preceptors. The observation guided by a theoretical framework centered on the chosen route, and finding Freire's principles and Tardifianos, guides us to a more accurate perception of reality being studied, and not only provides a roadmap of observation but also used as a roadmap situations, behaviors and behaviors that are expected to observe, and a meeting or mismatch of these possible situations already gives us valuable and meaningful information.

Expanded the possibility of sample, removing the exclusion criteria of the teacher who was teaching in higher education, since before the results and the reason to use this exclusion criterion itself was refuted during the observation, the teacher who is teaching may also participate search.

The interview was reduced eleven questions, and we take the best questions to ask in order to encourage the subject to talk about various aspects before addressed in several questions at the same time, and after you have made the review of questions, each question better contextualize questions and join approaching.

At the beginning of the interview, to trace the profile of the subjects, there was a need
for an approach to the family of the respondent, since today's professional forms from the articulated knowledge conductors, and thus, we believe that knowing relations of identity of the interviewee would help in understanding how this preceptor. Then add the following question: If you have children, it was created in the parental home, if you have any member in the family who inspired his career, emphasizing that motherhood was a factor influencing the preceptorship cited by respondents.

By the responses to the question about pedagogical training, and lack of preceptors pilot test subjects in relation to this matter, think of a way to better target preceptors to collect data from the execution of an Introductory Seminar for collection data, then the first day of collection, before starting the remark will do a seminar with industry mentors, all who wish to participate, to be informed throughout the search.

The seminar will discuss the theme of research, explaining how it will collect data, that it is the participation of the subjects, as these data will be recorded, search criteria, and considerations about the theoretical framework chosen. This seminar aims to introduce participants in the research, so that you know the objectives of the study and the importance of each contribution.

The time available for blood sampling was kept in five weeks in total in each scenario of each HE, where the first day will be made closer to the Seminar and Field, and from the second day starts participant observation for four weeks and the interviews will be scheduled for the last week of collection in HE.

In each HE during the observation, the convenience sample, where from the observed interview select for a teacher with a more developed practice, and one with a less developed practice will be selected, so that we have these two interviews with possibly different data and we can work with the observation in comparison. And a preceptor of each unit will be selected to conduct a “Interview Elite” considering a qualified informant where we will complete interview, following the script of the pilot and added more questions, and probably this guy will be the head of the sector or preceptor responsible for residence in that sector.

CONCLUSION

The pilot test helped to carry out the necessary adjustments to the instruments for data collection, as only applying these scripts is that there are difficulties and limitations of the research, which brings the chance to make corrections, as well as propose new paths, that data collection is done in order to provide reliable results and that really match the research problem and the depth of the data, significant factor in qualitative research is achieved.

From this pilot test the changes and adjustments proposed were guided in an experiment during data collection the researcher who exposed the obstacles to be experienced in the field of research, and provided that the instruments were then refined to produce data with more skill, expertise, and area by the chosen techniques.

REFERENCES

1 Lima EX. O enfermeiro preceptor e o ensino ao residente de enfermagem no Hospital Universitário: uma análise compreensiva. [dissertação]. Escola de Enfermagem Ana Nery da UFRJ; 1997.


9 Pope C; Mays N. Pesquisa Qualitativa na atenção à saúde. 2nd ed. Porto Alegre: Artmed; 2005.