



Journal of Nursing

Revista de Enfermagem

UFPE On Line

ISSN: 1981-8963

ORIGINAL ARTICLE

DYNAMICS OF EDUCATION-SERVICE INTERACTION IN THE INFECTIOUS DISEASES SECTOR OF A UNIVERSITY HOSPITAL

A DINÂMICA DE INTERAÇÃO ENSINO-SERVIÇO NO SETOR DE INFECTOLOGIA DE UM HOSPITAL UNIVERSITÁRIO

DINÁMICA DE INTERACCIÓN EDUCACIÓN-SERVICIO EN EL SECTOR DE INFECTOLOGIA DE UN HOSPITAL UNIVERSITARIO

Rosa Maria Conde Vieira do Carmo¹, Claudia Mara Melo Tavares², Lucia Cardoso Mourão³

ABSTRACT

Objective: identifying the factors those affect the dynamics of interaction between teaching and service in the Infectious Diseases sector of a university hospital. **Method:** a descriptive, exploratory study with a qualitative approach. The data production was performed through interviews conducted in 2013 with 11 subjects. The speeches were subjected to thematic content analysis. The research project was approved by the Research Ethics Committee, CAAE. 03428912.0.0000.5243. **Results:** after analyzing the replies, the following categories emerged: 1. Availability to articulate and plan the stage; 2. The need for time and space; 3. (In) defining the role of preceptor. **Conclusion:** there were found that the activity of teaching is undervalued at the investigated Infectious Diseases sector, requiring planning and teaching-service. **Descriptors:** Tutoring; NursingStudents; TeachingHospitals.

RESUMO

Objetivo: identificar fatores que afetam a dinâmica de interação ensino-serviço no setor de infectologia de um hospital universitário. **Método:** estudo descritivo, exploratório, de abordagem qualitativa. A produção de dados foi realizada por meio de entrevistas realizadas no ano de 2013, com 11 sujeitos. Os discursos foram submetidos à análise temática de conteúdo. O projeto de pesquisa teve a aprovação do Comitê de Ética em Pesquisa, CAAE n. 03428912.0.0000.5243. **Resultados:** após a análise das falas, emergiram as seguintes categorias: 1. Disponibilidade para articular e planejar o estágio; 2. A necessidade de tempo e espaço; 3. A(in) definição do papel do preceptor. **Conclusão:** constatou-se que a atividade de ensino é pouco valorizada no setor de infectologia investigado, requerendo planejamento e articulação ensino-serviço. **Descritores:** Tutoria; Alunosde Enfermagem; Hospitaisde Ensino.

RESUMEN

Objetivo: identificar los factores que afectan a la dinámica de la interacción entre la enseñanza y el servicio en el departamento de enfermedades infecciosas de un hospital universitario. **Método:** estudio descriptivo, exploratorio, con abordaje cualitativo. Los datos de producción se llevaron a cabo a través de entrevistas realizadas en 2013, con 11 sujetos. Los discursos fueron sometidos al análisis de contenido temático. El proyecto de investigación fue aprobado por el Comité de Ética de la Investigación, CAAE. 03428912.0.0000.5243. **Resultados:** tras el análisis de las respuestas, surgieron las siguientes categorías: 1. Disponibilidad de articular y planearlas etapas; 2. La necesidad de tiempo y de espacio; 3. (En) definir el papel de preceptor. **Conclusión:** se encontró que la actividad de la enseñanza está subvaluada en el sector de Enfermedades Infecciosas investigado, lo que requiere la planificación y la enseñanza-servicio. **Descriptor:** Tutoría; Estudiantes de enfermería; La enseñanza de Hospitales.

¹Nurse, Master of Education in Health, Antonio Pedro Hospital, Fluminense Federal University/UFF. Niterói (RJ), Brazil. Email: rosa-conde@bol.com.br; ²Nurse, Professor Post-Doc, Maternal-Child and Psychiatric Department / Postgraduate Program of the School of Nursing, Fluminense Federal University/PPGENF/UFF. Niterói (RJ), Brazil. Scholarship student of Research Productivity, CNPq. Email: claudiamarauff@gmail.com; ³Nurse, Professor, Institute of Public Health / Master's Professional Education in Health, Fluminense Federal University/MPES/UFF. Niterói. (RJ), Brazil. Email: luciamourao@hotmail.com

INTRODUCTION

The study guides for the need to understand how does the interaction between teaching and service in the Infectious Diseases department of a university hospital, with emphasis on the role of preceptor. The importance of understanding preceptorship is directly related to the student's presence in the hospital and in other scenarios where it develops occupational health practices. It is considered that the development of positive interactions and meaningful learning depends on the linkage established between service-learning and dynamic monitoring developed by them.

Thinking linked teaching with the health service is a new way of teaching and learning in health, taken as objective and challenge to schools in the area of health. The incorporation of new methodologies of teaching and learning is also part of this new model geared to train competent professionals to meet the challenges of the SUS (Unified Health System).¹

In this area of learning practice, meeting mediated by the exchange of knowledge between the group that there is, including the patient, is crucial for the formation of health professionals. From this perspective, it requires a professional, in, trained, practical field that welcomes, has clinical experience and guide clinical learning ethical and humane manner, integrating the teaching of the medical practice to academia systematically. It should also be able to driving the clear and true learning.

This professional must mark its presence continually, be responsible, committed to the education and care, because their actions can reflect on the training of future professionals. This social actor in the field of health practices called preceptor and his action, preceptorship. The preceptor is characterized as the professional who does not necessarily have the academic function; its function would be the inclusion and socialization of new graduates in the workplace.²

Still not exercising strict academic function, the preceptor plays a decisive role in the formation of a more humane, critical, purposeful, transformer and attentive to the needs of users of health services professional. The preceptorship pervades pedagogical training in health - should be geared to interdisciplinary training, corroborating the principles advocated by the National Curriculum Guidelines (DCN)³ of undergraduate healthcare and is involved in the formation of new professional profiles

that overcome social needs of each territory of health service.

The appreciation of collaborative work between faculty and preceptor in a practical learning scenario is critical to the preparation of critical-reflective practitioners. In this sense, one should appreciate the role of the preceptor, integrating the planning, development and evaluation of the teaching-learning process. The consolidation of this knowledge requires practice reflections on practice critically, to give the student his development.⁴ Thus, justifying the conduction of this study, which aims to:

- Identifying factors those affect the dynamics of interaction between teaching and service in the Infectious Diseases department of a university hospital.

METHOD

This study was the work presented at the III Forum on Integration of Professional Masters in Nursing, held on 27th, 28th and 29th November, 2013, at the Nursing School of Ribeirão Preto/São Paulo.

This is a qualitative, descriptive, exploratory study conducted in the Infectious Diseases department of a HU of Rio de Janeiro, in 2013. Was emphasized understanding the experience of actors involved in the supervised practice nursing in DIP, collecting and analyzing statements based in an interview with two professors of nursing, three nurses, preceptors and six graduate students in nursing the sixth period. The universe of participants in this study was 11 subjects, corresponding to the total available number of subjects related to training in infectious disease sector in the period of data collection.

The exclusion criteria were the unavailability of time to interview and rejection in participating. For teachers, we excluded a substitute teacher.

For data collection semi-structured interviews, conducted in the Infectious Diseases industry in private atmosphere were performed. The interviews were recorded and transcribed for later begin the reading and interpretation of speech in the light of the literature used for the theoretical background about the theme. In order to protect the anonymity of the interviewees, they were identified in the text by letter followed by numbers; and the letters being used by college students and D to P for nurses; after transcription proceeded to thematic content analysis.

The project was approved by the Research Ethics Committee of the Antonio Pedro

University Hospital, Fluminense Federal University under No.154.039/2012, CAAE: 03428912.0.0000.5243. And respect the ethical principles that fit into human research, as provided in Resolution No.466/2012.

RESULTS

• Characterization of study subjects

As for tutors and teachers who participated in the study, they were aged between 50 and 57, acting in the same institution and the Infectious Diseases sector for over 20 years. Most are female, with only one male teacher. As students are mostly female, only one of them is male, age ranging between 20 and 25, had no previous experience in the area and are attending the 6th semester of nursing degree.

According to the analysis performed to identify factors that affect the dynamics of interaction between teaching and service, the following categories emerged: Availability to articulate and plan stage; the need for time and space; and the role of the preceptor.

♦ Availability to articulate and plan the internship

The interviewees stress the importance of holding meetings with different actors involved in the formation, as a strategy to improve teaching and service interaction, this action should be organized in partnership. It is noticed along the testimonials that preceptorship occurs without the proper planning of the teaching process, although it is essential for the proper development of the preceptorship activity. It is clear that planning is not developed or by the teaching staff or the service. The preceptors also complain of understaffing. There are proposals for action to improve this relationship/joint pointed out by interviewees, especially by students.

The nurses are here every day and have an experience to be passed. I think the tutors had to move about it, so that every time you got a new group of students to do internship, they should sit down and do a day's conversation. They need to show who is responsible for what, even for people not to get lost during the stage [...] Our first day is over, but presentation is made only by the teachers. If teachers do not matter to someone and their function, the person also does not care about. (E-3)

We can only make joint when we have people, isn't it? You cannot make connection with yourself [...] you need people [...] We're going through a moment of labor shortage and we glimpse a public policy able to solve the problem. (P-1)

Seminars, study groups. Could there be for initiatives part of the hospital and school, a conversation direction-direction [...] through it, make study groups, seek documents[...] (D-2)

Along with the students, following our class and may complement or doing an introductory education with us, for that we already know how it works the industry and can interact better with people, have more freedom. Lack the knowledge among people, the interpersonal relationship is flawed [...] It's important to have moments where all issues can be addressed together and this would bring a great improvement in the service system of assistance. (E-1)

Would be kind of a previous group, explains the whole function of the preceptor, what it would take and submit the preceptor of today so will inform the teacher when I get what is the situation of patients, as is this whole thing now with this dynamic will decreasing these meetings according to your needs. (E-4)

[...] You need to join professional, teacher and student to discuss how it was the routine that day. I think this would be an option to improve the assistance. (E-5)

A meeting with the team [...] would be the team that can; it would be nice if it were with the other professionals, but with the medicine together is half utopian. This would improve the patient care itself. (E- 6)

[...] It would be important to have meetings between the tutor and the teacher to decide which issues will give that practice the student will need. (P-2)

To understand the relation to the direction of integrating the teaching service, can be said that this is a collective effort that brings pacts among those involved in training new health professionals. It should participate in this process, health professionals, managers, teachers and students with a view to promoting a quality care for users of health services, also reflecting the satisfaction of service workers. Therefore, it is imperative that there be full between service and academia to generate more quality in the training of future communication, seeing, moreover, a change in the current health care model that meets individual and collective needs of the users of health services.⁵

Planning is very essential for the proper development of curricular training in healthcare. Note that the Law 11.091⁶ - which deals with the structuring of the Career Path of the technical and administrative positions in education and federal education institutions linked to the Ministry of Education, in its article 8 states on the powers of the servers in the educational process among which include: integrate, plan,

organize, execute and evaluate activities related to technical and administrative support to education. There is also the Law No. 11.788⁷, which provides for the traineeship - establishing the obligation of effective monitoring of student myself an internship through mentoring professor of organization providing education and supervisor of the service. However, we know that although the existence of relevant legislation is key, is in the field of interpersonal relations that embodies the articulation necessary to deliver the good practice of monitoring the traineeship.

The development of interpersonal skills is a fundamental element for the construction of cooperative work, with the improvement of these skills leads to degrees of overcoming the conflict resolution community and makes the most effective action, preparing both the tutor and the student to situations of adversity inherent in the work process in health.⁸

◆The need for time and space

It is noteworthy from the testimony of the need to ensure adequate development of actions that involve preceptorship time and place, because the nurse seems to be busy all the time with their own actions the service without envision that since this is a teaching hospital planning your service should include teaching.

The statements of the interviewees point to the need to hold meetings as a way of bringing together tutors, teachers and nursing students' graduation. Such meetings may be in the study sector itself, as in scientific meetings in the School of Nursing Aurorade Afonso Costa / UFF or other spaces.

If we do the calculations for high, each semester gives two months and little for the student stay on the field. That's because in each group has a theory in the classroom. The student comes here and is what? Two weeks? [...] If you put it all together, not enough four months per semester, I think a short time, isn't it? (P-1)

If the student remained longer in the industry, there would be greater familiarization with the team, giving time for the relationship to be more harmonical, so education would flow better. (E-5)

Each time that you enter with the students here, they have no place to sit, as can chime in? They have neither demarcated activities and sometimes there's even a "melee" for the chips. (P-1)

It may be that the internship would improve if occurred meetings, workshops with interested people during off-hours. Within

our work schedule, our time is committed with the assistance. (P-1)

The tutors, teachers and students have to have a longer conversation, articulation, perhaps a moment outside the hospital, in a classroom. (E-1)

I believe that tutors, teachers and students have to have a longer time for the conversation and the articulation. Maybe a moment outside the hospital, in a classroom, joining our class, and may complement or even do an introductory education to present the functioning and dynamics of the sector. I think that would improve the teaching-service interaction and we would have more freedom to learn. (E-2)

We emphasize the need to adapt or construction of physical space for students in the field of internship. Although the structure of the DIP have nice, clean and cozy, no space modeled for the guidance of the student groups that are increasing due to the expansion in the number of university places. In fact, the hospital itself in question does not have that location - so necessary for the meeting with the students, where workshops, case discussions and debates in general could be developed.

The notion of space from the perspective of the host, involves internal space, staff availability and professional commitment. The conditions of the physical structure of the environment that welcomes people involved with teaching, learning and care is one of the factors affecting the complexity of interpersonal relationships.⁹ Accordingly, preceptorship requires the construction of a project that integrates the teaching service, so that, on one hand, ensuring space for the student to develop his stage and on the other , confirm the role of teachers in mutuality to students in the construction of guidelines for teaching and quality care.¹⁰

As for the time, although we know that in general, the nurse is hostage to poor working conditions, multiplicity of activities (management, and care) that hinder the monitoring of students, at the same time of his hospital duty. Often, the lack of time it is in the psychodynamics of work depending on the conflicts that arise from the encounter between subject/workers referred to positions of knowing, doing and being able to separate.¹¹ It turns out that teaching function is fixed for the independent professional their willingness and preparedness.

The (in) definition of the tutor's role

[...] the role of the tutor is not yet well defined legally. Here in this role service is not clear also in our framework. (P-2)

I think we need to name things. I think it's important to appoint functions [...]. Designating that person will perform the function of preceptor is clearer, less confusing. [...] For example-the preceptor of the day is responsible to pass to students how the patient is [...]. (E-4)

I think you need to qualify the professional. What is the tutor? You have to explain to people what it's like to be a tutor, because much is said and little is known which the real function of a preceptor is. Need to explain more, specialize more people. I guess that's it. (E-4)

It is known that health professionals contracted to perform their activities in university hospitals have as part of their duties to support the learning activity, ie be part of the teaching process of health practices. The functions of these servers in the training process include: integrate, plan, organize, execute and evaluate activities related to technical and administrative support to teaching.⁴

The monitoring of students in the field of health practices are among the professional responsibilities of educational institutions as servers. The law establishing this function⁷ including contributing to the understanding and emancipation of the figure of the teacher, since it points to the obligatory presence of a professional in the field of practice to monitor and establish pedagogical relationships with students. However, professionals can stimulate or not the process of critical and reflective training these students, showing the important role of preceptors in the appropriation of new knowledge process. It is for the teacher lead learning linking theory to practice¹², but one must consider that this position is not given spontaneously, requires awareness and educational training.

The pedagogical training of professionals can be developed through processes of continuous or permanent education, including stimulation and motivation to expanding the role of the health professional. This form of awareness and education contributes to autonomy, increased self-esteem and personal development, and may even improve the professional relationship with the client, family and other team members.¹³

CONCLUSION

From this study it is found differences of understanding of the concept and meaning of preceptorship between students, tutors and lecturers. Although legally it is for the teacher to integrate theory and practice in the context of assistance during the traineeship - making the practice field an opportune

environment for the development of potential student, it was found that the activity of teaching is still undervalued in the industry investigated.

It was found that some situations interfere in the dynamics of interaction between teaching and service in the Infectious Diseases industry. The ratio of teacher to students is for a relatively short period of time and occurs simultaneously with the development of their daily professional activities as health; such so that the teacher establishes a formal and timely relationship with students and teachers involved the training process. Note also: the minimization of the preceptorship year depending on the paucity of time and lack of human resources in the sector; little dialogue between teaching and service; work overload; and the precariousness of working conditions.

The study highlights the importance of a process of ongoing pedagogical training of tutors in health, enabling him to assist in the training of professionals with more critical, ethical, humanist and committed to individual and collective health profiles. And, you understand and join the movement to change the paradigm of fragmented health paradigm for comprehensive health care. It sees the need to undertake preliminary entry of students into the field of practice meetings, enabling nurses to host, talk about their activities, their experiences and challenges of practice.

REFERENCES

1. Silveira RCP, Robazzi MLCC. Articulação ensino-serviço no contexto do sistema único de saúde (SUS) e as implicações para a enfermagem. J Nurs UFPE on line [Internet]. 2000 [cited 2013 Jan 2];6(4):947-55. Available from: http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/2554/pdf_1188
2. Mills JE, Francis KL, Bonner A. Mentoring, clinical supervision and preceptoring: clarifying the conceptual definitions for Australian rural nurses. Rural Remote Health[Internet]. 2005 [cited 2013 Jan 2];5(3):410-25. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/16095432>
3. Conselho Nacional de Educação (BR). Câmara de Educação Superior. Resolução CNE/CES N. 3, de 07 de novembro de 2001. Institui as Diretrizes Curriculares Nacionais do curso de graduação em enfermagem. Diário Oficial da República Federativa da União. Brasília (DF): 2001.

Tavares CMM, Carmo RMCV do, Mourão LC.

Dynamics of education-service interaction in the infectious...

4. Gadotti M. *Pedagogia da Práxis*. São Paulo: Cortes; 1995.
5. Albuquerque VS, Gomes AP, Rezende CHA et al. A Integração Ensino-serviço no Contexto dos Processos de Mudança na Formação Superior dos Profissionais da Saúde. *Revista Brasileira de Educação Médica* [Internet]. 2008 [cited 2013 Jan 2];32(3):356-62. Available from: <http://www.scielo.br/pdf/rbem/v32n3/v32n3a10.pdf>.
6. Brasil. Lei nº 11.091, de 12 de janeiro de 2005 [Internet]. Dispõe sobre a estruturação do Plano de Carreira dos Cargos Técnico-Administrativos em Educação, no âmbito das Instituições Federais de Ensino vinculadas ao Ministério da Educação, e dá outras providências. Brasília (DF): 2005a [cited 2013 Jan 2]. Available from: http://www.planalto.gov.br/ccivil_03/_ato2004-2006/2005/lei/l11091.htm
7. Brasil. Lei nº 11.788, de 25 de setembro de 2008 [Internet]. Dispõe sobre o estágio de estudantes e dá outras providências. Brasília (DF): 2008 [cited 2013 Jan 2]. Available from: http://www.planalto.gov.br/ccivil_03/_ato2007-2010/2008/lei/l11788.htm
8. Lelli L, Bernardino E, Peres A, Fabriz L. Estratégias Gerenciais para o desenvolvimento de Competências em Enfermagem em Hospital de Ensino. *Cogitare Enferm* [Internet]. 2012 [cited 2013 Jan 2];17(2):262-9. Available from: <http://ojs.c3sl.ufpr.br/ojs2/index.php/cogitare/article/view/24932/18480>.
9. Formozo GA, Oliveira DC, Costa TL. As relações interpessoais no cuidado em saúde: uma aproximação ao problema. *Revista de Enfermagem UERJ* [Internet]. 2013 [cited 2013 Jan 2];20(1):124-7. Available from: <http://www.facenf.uerj.br/v20n1/v20n1a21.pdf>.
10. Demarzo MMP. Diretrizes para o ensino na atenção primária à saúde na graduação em medicina. *Rev bras educ med* [Internet]. 2012 [cited 2013 Jan 2];36(1):143-8. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0100-55022012000100020&lng=en&nrm=iso.
11. Molinier P. A dimensão do cuidar no trabalho hospitalar: abordagem psicodinâmica do trabalho de enfermagem e dos serviços de manutenção. *Rev bras saúde ocup* [Internet]. 2008 [cited 2013 Jan 2];33(118):06-16. Available from: <http://www.scielo.br/pdf/rbso/v33n118/02.pdf>
12. Jesus JCM, Ribeiro VMB. Uma avaliação do processo de formação pedagógica de

- preceptores do internato médico. *Revista Brasileira de Educação Médica* [Internet]. 2012 [cited 2013 Jan 2];36(2):153-61. Available from: http://www.bioetica.org.br/acervo_biblioteca/revistas/artigo.php?codigo=27112
13. Peixoto LS, Gonçalves LC, Costa TD, Tavares CMM, Cavalcanti ACD, Cortez EA. **Educación** permanente, continuada y de servicio: desvelando sus conceptos. *Enfermería Global* [Internet]. 2013 [cited 2013 Jan 2];12(1):307-23. Available from: <http://revistas.um.es/eglobal/article/view/141801/144111>

Submission: 2013/04/12

Accepted: 2014/05/16

Publishing: 2014/07/15

Corresponding Address

Cláudia Mara de Melo Tavares
Universidade Federal Fluminense
Rua Dr. Tavares de Macedo, 20 / Ap. 1104 A
Bairro Icaraí
CEP 24220-211 – Niterói (RJ), Brasil