

## Nurses' knowledge and competencies for preceptorship in the basic health unit

*Saberes e competências do enfermeiro para preceptoria em unidade básica de saúde*  
*Saberes e competencias del enfermero para preceptoría en unidad básica de salud*

Francisco Das Chagas Ferreira<sup>1</sup>, Fernanda de Carvalho Dantas<sup>1</sup>, Geilsa Soraia Cavalcanti Valente<sup>1</sup>

<sup>1</sup>Universidade Federal Fluminense, School of Nursing Aurora Afonso Costa. Niterói, Rio de Janeiro, Brazil.

### How to cite this article:

Ferreira FDC, Dantas FC, Valente GSC. Nurses' knowledge and competencies for preceptorship in the basic health unit. Rev Bras Enferm [Internet]. 2018;71(Suppl 4):1564-71. [Thematic Issue: Education and teaching in Nursing] DOI: <http://dx.doi.org/10.1590/0034-7167-2016-0533>

Submission: 12-11-2016

Approval: 10-24-2017

### ABSTRACT

**Objective:** to describe the actions performed by nurses in the preceptorship of students in the Basic Health Unit (Portuguese acronym: UBS); to identify the knowledge of nurses and competencies they need to acquire or develop in order to act in the preceptorship of students in the UBS; to discuss the implications of the pedagogical practice of preceptor nurses in their own continuing education. **Method:** qualitative, descriptive and exploratory nature. Scenario: A UBS. Participants: six preceptor nurses. Data collection: semi-structured interview. **Results:** Bardin's content analysis was used. Emerging categories: Approaching the concept of preceptor and the teaching role; The fragile institutional recognition of UBS as a field of internship and the offer of knowledge of preceptors: overcoming difficulties; Preceptor nurses' performance in face of dynamics of facts arising and shaping the reality in a UBS; Opportunities and limitations of the pedagogical practice implying on continuing education. **Conclusion:** it is necessary to discuss and rethink the strategies of interest of preceptors and develop their competencies.

**Descriptors:** Nursing Education; Primary Health Care; Professional Competency; Preceptorship; Training of Human Resources in Health.

### RESUMO

**Objetivo:** descrever as ações realizadas pelo enfermeiro na preceptoria de alunos na Unidade Básica de Saúde (UBS); identificar os saberes dos enfermeiros e as competências que eles precisam adquirir ou desenvolver para atuar na preceptoria de alunos em UBS; discutir sobre as implicações da prática pedagógica do enfermeiro preceptor em sua própria formação permanente. **Método:** natureza qualitativa, descritiva e exploratória. Cenário: uma UBS. Participantes: seis preceptores. Coleta: entrevista semiestruturada. **Resultados:** utilizou-se análise de conteúdo de Bardin. Categorias emergidas: Aproximação do conceito de preceptor com o ofício de ensinar; O frágil reconhecimento institucional da UBS como campo de estágio e a oferta de saberes dos preceptores: vencendo dificuldades; O enfermeiro preceptor agindo frente à dinâmica dos fatos que surgem e moldam a realidade em uma UBS; Oportunidades e limitações da prática pedagógica implicando na formação permanente. **Conclusão:** é necessário discutir e repensar estratégias de interesse dos preceptores e desenvolver suas competências.

**Descritores:** Educação em Enfermagem; Atenção Primária à Saúde; Competência Profissional; Preceptoria; Capacitação de Recursos Humanos em Saúde.

### RESUMEN

**Objetivo:** describir las acciones realizadas por el enfermero en la preceptoría de alumnos en la Unidad Básica de Salud (UBS); identificar los saberes de los enfermeros y las competencias que ellos necesitan adquirir o desarrollar para actuar en la precepción de alumnos en UBS; discutir sobre las implicaciones de la práctica pedagógica del enfermero preceptor en su propia formación permanente. **Método:** naturaleza cualitativa, descriptiva y exploratoria. Escenario: una UBS. Participantes: seis enfermeros preceptores. Recolección de datos: entrevista semiestruturada. **Resultados:** se utilizó el análisis de contenido de Bardin. Categorias emergidas: Aproximación del concepto de preceptor con el oficio de enseñar; El frágil reconocimiento

institucional de la UBS como campo de prácticas y la oferta de saberes de los preceptores: venciendo dificultades; El enfermero preceptor actuando frente a la dinámica de los hechos que surgen y moldean la realidad en una UBS; Oportunidades y limitaciones de la práctica pedagógica implicando en la formación permanente. **Conclusión:** es necesario discutir y repensar estrategias de interés de los preceptores y desarrollar sus competencias.

**Descriptores:** Educación en Enfermería; Atención Primaria a la Salud; Competencia Profesional; Preceptoría; Capacitación de Recursos Humanos en Salud.

CORRESPONDING AUTHOR

Geilsa Soraia Cavalcanti Valente

E-mail: geilsavalente@yahoo.com.br

## INTRODUCTION

The act of performing a procedure with the intention of demonstrating it to students becomes a qualified action because it acquires the teaching character. This situation leads to constant questioning about preceptorship and competencies that nurses need to acquire in order to exercise it. Therefore, confrontations and even discomfort are common in the conduction of this process. Even nurses who hold a degree with emphasis on teaching methods are under no guarantee of success in the development of preceptorship activities. They need to learn the behavior of constant reflection on their professional knowledge and skills in an internal process of self-learning.

Therefore, preceptors need to recognize within themselves the importance of the role they will play in the training of students, both residents and undergraduate students. It is their commitment to take care of the evolution of these future professionals by first knowing the objectives of the courses and the necessary activities in the area of development<sup>(1)</sup>. Preceptors should also be concerned with helping and identifying the learning weaknesses, encouragement of the participation of residents and undergraduate students, promotion of application of theoretical knowledge in practical activities, participation in the planning and execution of activities, and stimulation of self-learning. Finally, if necessary, they should seek support from other teachers and tutors in order to remedy the possible weaknesses presented by these students<sup>(1)</sup>.

In Brazil, the skills and competencies to be developed by nursing undergraduates are in the National Curricular Guidelines<sup>(2)</sup>. These refer that, in their training, undergraduate students must guarantee integrality of health care for the population, which is inherent to their practice and work process. Thus, the construction of knowledge involved in the needs of the population should be conducted through a reflexive critical approach that guarantees integral care and enables the transformation of health as a whole<sup>(3)</sup>.

The confrontation of acting outside the classroom (in the teaching and learning environment of the internship program) enables that students experience various situations of nurses' social practice, such as: pain, joy, suffering, losses, surprises, new work strategies in the different possible spaces of action, relationship with other professional members of the same team or multidisciplinary team, supervision of professionals under their responsibility, administration and management of the nursing service, orientation of service users, family and community. Furthermore, in matters related to health, prevention, promotion, healing and rehabilitation of health according to life cycles and the level of complexity.

The aforementioned situations (both the subjective and objective) are essential for the future professional activity, and should be discussed in the pedagogical practice of students' training as they emerge in the routine of the internship program. Therefore, it is important to know the School Political Pedagogical Project (PPP). This project contemplates the following aspects: organization of the health service as physical space to receive students; formal adjustments between the school and the health service that receives undergraduate students and residents according to its characteristic or mission (school unit, private unit, public unit, philanthropic or nonprofit unit, nongovernmental organization); feasible time for the development of care, administrative and managerial activities of nurses, in addition to pedagogical practices; planning of the students' training; evaluation of the teaching and learning process of all, and meetings, for example, in the form of workshops for reflection on the practice and study.

Thereby<sup>(4)</sup>, "the practice will be all the more coherent, the more consistent and developed is the theory behind it". For students building their knowledge, there must be an established pedagogical practice, in addition to other forms, such as in the daily interrelation established in different experiences with preceptors (mediators in the teaching and learning process). In this context, the pedagogical practice performed by preceptors is conceptualized as "intentional practice of teaching and learning that is not reduced to the didactic question or to methodologies of studying and learning, and is articulated to education as a social practice and to knowledge as a historical and cultural production"<sup>(5)</sup>.

In order to act as preceptors, nurses must be in their own field of work, which allows greater knowledge of the health unit structure and facilitates its relationship with other institutions that provide care to its clientele. Thus, according to their knowledge and skills, nurses are able to place students in the context where they are inserted at the moment, and help them to reflect on the reality surrounding them.

The following was delimited as the object of this research: Nurses' competencies for the preceptorship of students in Basic Health Units (Portuguese acronym: UBS). In order to achieve the following objectives:

## OBJECTIVE

To describe the actions performed by the nurse in preceptorship programs in the UBS; to identify the knowledge of nurses and the competencies they need to acquire or develop for acting in the preceptorship of students in the UBS; to discuss the implications of the pedagogical practice of preceptor nurses in their own continuing education.

## METHOD

### Ethical aspects

According to Resolution number 466/2012, this project was sent to the Ethics Committee of the Faculty of Medicine of the Fluminense Federal University requesting formal authorization for data collection at the institution under investigation. In order to guarantee participants' anonymity, the first six planets of the solar system were used as pseudonyms.

### Design, place of study and period

This study was conducted during the Professional Master's Degree in Health Teaching: Interdisciplinary Training for SUS, at the Aurora de Afonso Costa Nursing School at the Fluminense Federal University in the period between years 2013-2015. It has a qualitative nature, since it allows describing the events that occurred with participating subjects<sup>(6)</sup>. As for the objective, it is exploratory because it involves interviews with people who have had practical experiences with the studied theme. It is also a descriptive study as<sup>(7)</sup> "the essential focus of these studies lies in the desire to know the community, its characteristic traits, [...] its problems".

The semi-structured interview was used as a data collection technique for reaching the research objectives during the second semester of 2013 and first semester of 2014 at the Carlos Antonio da Silva Regional Polyclinic, located in the city of Niterói, (state of Rio de Janeiro), Brazil, which was the study scenario.

### Sample and inclusion and exclusion criteria

The study participants were six nurses, that is, 100% of professionals met the inclusion and exclusion criteria since they all act in the preceptorship of undergraduate students, and in the practice of care. These participants formed two groups of distinct characteristics, 50% had more than 20 years of graduation and work in Primary Care, and were public employees. The other half had less than five years since graduation and of working time in Primary Care, and were under a third-party employment contract.

### Analysis of results

Data of this study were organized based on content analysis according to Bardin's precepts<sup>(8)</sup>.

## RESULTS

### 1.1 First category: The nurse preceptor in the teaching profession

According to the National Curricular Guidelines, among the general competencies and skills of nurses, continuing education is one of the most significant in these professionals' training. It determines nurses' responsibility and commitment to the education and training/internship of future professional generations.

*For me ... being a preceptor is like being a teacher inside a health unit ... or within a health surveillance unit ... within a health network ... where the preceptor will receive students and guide these students' work ... whether helping to insert these students in the network, bringing knowledge or also*

*guiding their own work at the time of writing, when preparing the documents for later research. (VÊNUS)*

*Preceptor is that professional who has a technical position and at the moment is receiving students to experience that practice, will try to pass this on, show the student what is the practice. There is no commitment to teaching theories, but to showing students and helping them to experience the practice in the workplace. (TERRA)*

*To be a preceptor is to receive students and accompany them here in the polyclinic, putting them in touch with reality. In practice, we deal with situations we don't see in college. Teaching students what is reality itself. So ... it means to welcome, accompany and teach. (MARTE)*

Thus, in their exercise as preceptor nurses, it is not possible to keep the distance from the teaching-learning relationship, since the perspective of practice brings the preceptor even closer to a teacher and one cannot transfer experiences, as described below:

*I've never been a teacher. But I got a lot of university students in the Maternity ward, who used to stay with me at the High-risk pregnant women's ward, and I taught them many things, practical things they had in theory, but had never seen in practice. I don't have much difficulty with that, only if the person is not interested in learning; when the person is interested in learning I have no difficulty at all. I have the ability to transmit knowledge I have experienced in my professional life. (MARTE)*

### 1.2 Second category: Basic Health Unit as the internship field: knowledge and competencies of nurse preceptors

In general, the work structure of the Basic Health Unit with its peculiarities and the inherent knowledge of the various health programs and policies lead nurse preceptors to develop a variety of knowledge types.

*In fact, nurses are like the front door ... They start all the assistance, either for screening [a patient] that suddenly has to see a doctor, or by finishing the job themselves. (VÊNUS)*

In the unit of meaning of the content analysis performed in this study "For each moment: its planning", some testimonials of participants suggest the reality of this situation in the UBS:

*I do plan according to students who come. I try to show more appropriate things regarding the profession so they can learn. (SATURNO)*

*There should be a planning already, since students come here to learn more. In fact, students should bring us what they want to learn, what their areas of interest are, and based on that, we would plan our activities, even though this planning is not done in practice, as much as possible, we work together. (JUPTER)*

According to these testimonies, participants have not mentioned an institutional planning of higher instances, but rather a planning focused on more practical activities of students in



the UBS. The following unit of reference that emerged in the analysis is highlighted for reflection: "The understanding that this UBS is not as a field of internship".

*The difficulty I see as a preceptor is that in working within the unit, we do not feel the preceptorship as our role. Receiving students is not defined as our role because the unit is not considered a teaching unit. In practice, the proposal developed here, the teaching, is not a priority. So, it often gets difficult. Each time you are with the student, you have to stop to explain what you are doing, and there is no structure prepared for it. The demand is great, there is no place for teaching and giving students the opportunity to learn. Sometimes it gets messy because of that. (TERRA)*

### 1.3 Third category: The preceptor and nursing students facing the reality of practice in the Basic Health Unit

The UBS space is open to all people based on the health policy for basic care that this should be the preferred contact of users, the main gateway and communication center with the entire health care network. Thus, with such a comprehensive health policy, the UBS is open to broad demands from citizens. Regarding these conditions, a participant mentioned the following:

*[...] in the current conjuncture of the Brazilian health system, I don't work with facilities, only difficulties [...] within difficulties, we, nurses, try to manage the situation in such a way that health actions flow and there are results. (MARTE)*

Curiously, nurses mobilize knowledge by transforming it into professional competencies in the scope of Primary Care in order to compensate for adversity. The presence of undergraduate and residency students together with preceptor nurses in this work environment has generated a relationship of professional trust with patients and other team members, as the following statement demonstrates:

*Nurses are demanded at all times ... Actually, nurses are the engine of the health system ... In any situation, whether a patient falling ill or in need of an appointment, or needing to get the result of a special exam, nurses are always asked for. As needs arise, I put residents and undergraduates together with me in order to develop the practice. (JÚPTER)*

#### 1.3.1 The preceptor nurse and knowledge to act

In the book 'Teaching: acting in urgency deciding in uncertainty' by Perrenoud<sup>(12)</sup>, he talks about the possibility of glimpsing aspects of knowledge and competencies applied to nurses' performance in their profession. Erudite knowledge of nursing theories originating from the thinking of those with the particular ability of producing and giving forms to theories structuring the profession are examples. In the act of work, nurses often have difficulty with stopping and thinking about the theory in which they are based at that moment. This knowledge is not based on scientific methods, but on various forms of erudition and procedures of systematization, formalization. The following statement has this sense:

*A few years ago, I only used the practice with students. I began to read some books, I confess I am not yet qualified,*

*but I already use the knowledge of Paulo Freire's theory from the book 'Pedagogy of freedom'. I learned to value students, respect what they know. (MERCÚRIO)*

From this perspective<sup>(12)</sup>, in all roles, even the most professional ones, it is necessary to venture in a more or less regular way and beyond the limit allowed by sciences of the moment. Professional practice requires more than scientific knowledge. On this aspect, a participant refers the application of knowledge in her work as a nurse:

*Anything related to the hiperdia program, they call me, I am requested for the health education program. I provide guidance on the right course for taking the medicine; insulin therapy. I teach the correct way to store medicines and the students are always with me acting. (SATURNO)*

Procedural Knowledge is based on sciences and erudite knowledge. It bridges erudite knowledge and the practice, and proposes a path to be followed. It is the technical, practical methodological knowledge frequently used in nursing, in addition to clinical procedures. This is also a knowledge that undergraduates and residents seek to observe and exercise together with the preceptor. Regarding this knowledge, a participant stated the following:

*I think it's important to really know the technique. I worry about using the required technique correctly in the work I'm developing and to inform the student why it is being done that way. (TERRA)*

Common sense knowledge comes from the personal or collective experience of practitioners. They are driven by interests of the command of action. In trades or professions in which erudite knowledge is used for training, and there is need to transform ideas into action, there is a force to mobilize common sense knowledge<sup>(12)</sup>. At some point, in all professions where theories are applied in practice, their agents use common sense knowledge.

*We work in health, and deal with all types of situations/problems. What is routine for me, is a surprise for the students. Because they see things they've never seen, or don't know how to proceed. (MARTE)*

Local knowledge is of private character, such as teachers who know how to calm their students, or farmers who can predict the weather on their land. In Nursing, where all these types of knowledge are used, local knowledge is also used at the time of operationalization of care, a lecture or procedure. In part, practitioners know why they do what they do, and why sometimes things work<sup>(12)</sup>.

These considerations about action have universal character hence apply to any profession. When nurses talk about their actions, they refer to 'cases' they have worked on, in which they have participated and acted, and summarize their identifiable and unidentifiable knowledge in a complex movement called action. A participant's testimony below:

*People call nurses to put out any 'fire' that happens. Thus, there are many possibilities of action, and this is very important for students. (MERCÚRIO)*

Action is not in the order of representations, but exists only when it is actually happening. According to Perrenoud, it is related to the formation of *habitus* and reflection on the practice. However broad and well-structured are the fields of erudite knowledge, they are not enough to guarantee competencies. It is necessary to consider the *habitus* and non-erudite knowledge, thus showing that competencies are not limited to theoretical knowledge<sup>(12)</sup>.

#### **1.4 Fourth category: Implications of preceptorship for nurses' reflection regarding the need for continuing education**

UBS nurses who are willing to be with nursing students face two important investments that initially divide their attention.

*The greatest difficulty is time ... It is difficult to reconcile my work and manage students at the same time, insert them in the context of the complex health network, provide full support. (VÊNUS)*

Finding time for teaching is very challenging when considering the other work demands and expectations<sup>(9)</sup>. The second investment starts when nurses are with undergraduate students and residents. From that moment on, they begin to make use of this bond with students, not only because of contractual agreements between institutions (that are almost always fragile and distant), but also given their own individual motivations, aspirations to the teaching career, among others.

*The easy things I face in preceptorship are that I enjoy what I do, I like to receive students, their ideas, their 'view' on things, I think we have a very good exchange. It motivates me to want to study more. (SATURNO)*

Preceptor nurses will work the challenge of behaving didactically before the other team members, the patient, the difficulties arising from working conditions, and the presence of students. This step starts with the preceptor, who needs tools to work with students.

*I think the pedagogical practice is important although for me, this is difficult to evaluate because I don't really have this didactic knowledge, I never did, never studied anything that gave me a foundation. I have no didactic foundation for this. (TERRA)*

In addition to the aforementioned characteristics of the work environment in Primary Care, there are also difficulties in nurses' own training, which can have consequences for the preceptorship. As the following participant mentions:

*During graduation, we had some disciplines focused on learning. In many terms, we had disciplines focused on this area, but I confess I don't bring much related to what I learned in the undergraduate course for my practice. (VÊNUS)*

In this sense<sup>(15)</sup>, training for teaching is still organized around the disciplinary logic. It works by specialization and fragmentation

hence, of little impact on students. Finally, when training ends, they begin to work alone by learning their profession in practice, and often realizing that such disciplinary knowledge is badly rooted in everyday practice.

Before bringing undergraduate students and residents to the internship field, the university together with SUS services, must maintain a policy of updating nurses who intend to invest in continuing education and work this new paradigm. Thus, they contribute to their experience together with students in a more integrated way by considering that:

*[...] actually, preceptors are educators ... they participate in students' training, have the responsibility to guide, accompany these students, pass knowledge and try to apply that knowledge in professional practice, but I guess the difficulty in being a preceptor is the lack of a preceptorship training course for these professionals. So we, preceptors, are a bit lost on how to develop, how to perform the preceptorship, because the ideal would be to have this training course ... There should be a greater approximation of the university in this sense. (JUPTER)*

Fortunately, the university offers undergraduate and specialization courses, master's and doctoral degrees. On the health side, the Continuing Education Policy of SUS also contributes by increasing the theoretical and practical aspects of preceptor nurses, which implies on better conditions to receive students in the internship field. The following statement draws attention to the real possibility of critical and reflexive growth of preceptors in their relationship with undergraduate students in the field of internship:

*I particularly enjoy the presence of students. This situation pleases me because I like to pass on my experience, and I also enjoy students' feedback by questioning me, often making me reevaluate all the action. Students help even with their questioning. (TERRA)*

## **DISCUSSION**

For many years, in organizations governing and influencing nurses' work, teaching was identified as an essential responsibility of all these professionals in care of sick or healthy clients. When playing their role of educators, nurses have patients and their families, students, and nursing team members as their target audience<sup>(9)</sup>. Thus, in their own formation, nurses are already involved with education.

Preceptors are one of the professionals responsible for students' training in the environment at the moment of practice. Their action happens through scientific knowledge with creative and improvisation skills by serving as reference for undergraduate students' clinical practice. Preceptors have facilitated the teaching-learning process, since the involvement with students makes them develop a commitment relationship in the work scenario that culminates in the improved quality of vocational training<sup>(10)</sup>.

An important role of nurses as educators is their contribution as clinical instructors for students during practice. In order to ensure Nursing students' achievement of their expected learning results, many nurses act as clinical preceptors and tutors<sup>(9)</sup>. This learning

must be taken into account in at least three levels, namely: the educational system that welcomes interns; school establishments; teachers individually or as a group<sup>(11)</sup>. Thus, Nursing undergraduate students and residents should be welcomed by the SUS, the health unit, and by nurses of the unit that accompanies them, in this case by preceptors who play the role field trainers.

This happens almost unconsciously as a result of schemes of action and professional *habitus*<sup>(12)</sup>. For preceptors' productivity with regard to teaching, they will need to master the knowledge developed in practice, and take action with undergraduate students and residents, schemes of action and professional *habitus*. Subsequently, that is, as close to action as possible, they will join with the teacher and students in order to reflect on the action and see the necessary improvements that have to be put into practice, hence becoming closer to being competent professionals<sup>(12)</sup>.

It is necessary to rethink the environment in which students are inserted in order that this happens. Given the lack of structure/materials in the institution, it is often necessary to improvise, which makes assistance and learning difficult<sup>(13)</sup>. Therefore, conditions must be created for the experimentation and practice of undergraduate students and residents, so they can reflect critically about it later.

The National Primary Care Policy provides for common attributions of all professionals in the area, namely: ensuring health care by seeking integrality through actions for the promotion, protection and recovery of health and prevention of diseases; guarantee of fulfillment of spontaneous demand, of accomplishment of programmatic and collective actions, and those of health surveillance<sup>(14)</sup>.

In the development of these assignments, preceptor nurses demonstrate to students and residents the need for various types of knowledge<sup>(15)</sup>, such as: "experiential knowledge"<sup>(11)</sup>, "scientific knowledge", "common sense knowledge", and "procedural knowledge". If mobilized with discernment and effectiveness, these knowledge types become competencies. Another aspect is the need for planning the reception and performance of nursing students at the UBS. The act of planning always involves a process of reflection, of decision making about the action, of predicting needs, and rationalization in the use of available means (material) and professionals<sup>(16)</sup>.

In this context, it is necessary to rethink the training system, both at undergraduate level and the residency, and also in the preceptorship, so that teaching and practice are in line with what is recommended in the training of professionals integrating the SUS teams<sup>(17)</sup>. This fact draws attention to the importance of the contribution of university action for better preparing this unit by involving its human resources in a continuing education program with employees, administrators and students in order to offer quality health professional training. Therefore, the orientation by principles of universality, accessibility, bonding, continuity of care, integrality of care, accountability, humanization, equity and social participation is fundamental<sup>(14)</sup>.

The lack of availability of equipment and inputs required for professional practice unfolds on a set of objective and subjective problems for workers, namely: disorganization, constant interruptions of work, exposure to several risks (for the person being cared for and for professionals), anxiety and feeling of incomplete work<sup>(18)</sup>.

This demand often gets to nurses, who will 'transform it into action' and provide a solution. In this case, the inclusion of residents and undergraduate students in action also leads to the development of important competencies for their training. Hence, it becomes evident that nurses increasingly assume a decisive and active role in the identification of the population's care needs and management of activities culminating in the promotion and protection of individuals' health in their different dimensions by making nursing care a fundamental component of the current health system<sup>(19)</sup>.

In Perrenoud's view, scientific knowledge is characterized by clarifying aspects of reality, but by definition, this knowledge is unfinished and subject to revision. In Nursing research, is used the scientific method that works with scientific knowledge and involves human beings, who have peculiar behaviors built from values, principles, cultural patterns and experiences that cannot be objectified nor considered as separate elements<sup>(20)</sup>. Thus, by teaching to mobilize the necessary scientific, technological, historical and social knowledge, the understanding of the importance of articulating theory and practice will increase<sup>(21)</sup>.

The knowledge of teachers<sup>(22)</sup> is constructed and used according to a particular work situation, and makes sense in relation to that particular situation. This stable frame can be called the structure of action or scheme of action<sup>(12)</sup>. However, nursing professionals not always consider the contribution to students' clinical training as their duty. Or, on the other hand, although there is willingness and motivation to collaborate with student training, services do not have sufficient resources to make this a reality<sup>(22)</sup>.

The theoretical and practical knowledge of didactics are the links between pedagogics and teaching. They connect the 'what for' (political-pedagogical options) and the 'how' of the school educational action (teaching practice) by considering didactics as the discipline that studies the teaching process as a whole<sup>(22)</sup>. Therefore, whatever one wishes to teach, there will always be the best way to teach, the most didactic way of teaching, and each pedagogical tendency will have its corresponding didactics. If the preceptorship has a reflexive practice, it will be necessary to study more for acting better, and with readings and reflection, one will discover about the practice and appropriate didactics.

Of the surveyed preceptors, 50% have graduated in the 1980s. At that time, the conceptual framework of nursing education focused on nurses' training for the labor market needs with an emphasis on technique, efficiency and effectiveness of procedures<sup>(23)</sup>. This curriculum was abandoned in 1994 by the Ministry of Education because it no longer met the current world needs. The other preceptors are graduated in the new curricular proposal that is based on critical theories, constructivist conception, and problematization of practices and knowledge.

Training based on disciplines that are not intercommunicated and theories far from practices result in fragmented learning, in which knowledge is hardly driven towards formation of skills. However, nowadays disciplines and competencies tend to compete for the same space and time at school. Rethinking such an association seems appropriate, because when innovative proposals do not put competencies into effect, they tend not to collaborate with teaching advances<sup>(24)</sup>. Thus, various disciplinary contents can help the development of each competency. And skills, rather than contents or tools, are what matter<sup>(25)</sup>.



However, there is inconsistency in this new training. Its aim is a future professional with autonomy through critical and reflective teaching, but who is received in the internship field by professionals who do not have minimal experience with that new way of training. Preceptors must participate as part of this critical and reflective training in the practice environment.

The internship field is a very important space and deserves attention. At this moment, are present all elements that enable the professional practical learning through the four pillars of education: learning to know, learning to do, learning to live together and learning to be. For students, the action, knowledge, competencies and a strong emotional factor come into play. Thus, the updated preceptor has much to contribute, since the moment of practice is special in students' lives, and when they need greater support. In nursing, the relationship is experienced between students and patients, and the discoveries originating from care at the beginning of professional practice are 'something new'. This fact transforms the phase of knowledge acquisition in times of apprehension and fear<sup>(26)</sup>.

Preceptors' performance is fundamental for making the theoretical-practical learning of students effective. To this end, there is an urgent need to unite knowledge and the development of competencies for acting, because in the 'training' of preceptor nurses with a reflective character, practice also acquires a fundamental role<sup>(26)</sup>. It is a process of investigation in action, in which nurses submerge in the complex world of their work for understanding critically by questioning and participating in the permanent (re)construction of the reality of their work place.

#### Limitations of the study

The limitation of this study was that during the survey, there was a change in the functional status of the unit. This prevented the expansion of participant observation, which would bring greater subsidies for discussion.

#### Contributions to the health area

This study contributes to the Brazilian scientific production regarding the preceptorship of undergraduate students and

residents in health services, on the competencies and knowledge required for this practice by considering the importance of training new professionals within the scope of SUS, and the stimulation of further research in the area.

#### FINAL CONSIDERATIONS

Throughout the study, was identified the need for a closer approximation between training institutions and health services with the purpose of strengthening their link. Together, they can also improve the field of internship in order that it is better equipped and where phenomena of quality teaching-learning can happen. This need is clearly materialized in the request for training by most interviewed preceptors.

The importance of preceptors was remarkable because they act as mediating elements between two poles of action, the world of theory and practice; disciplines and interdisciplinarity; representations and action; experience and inexperience; appropriate actions and possible actions; calm action and fearful action; individual interest and collective interest. Through interviews, were identified knowledge and competencies that preceptors need to develop as a priority, namely: to be proactive with their continuing education, learn to reflect on their practice and modify it when necessary, develop a taste for research, acquire didactic/pedagogic knowledge to act better and always keep curious about facts.

The conclusion is that preceptors can progressively develop competencies from their own practice by building knowledge for acting in the most varied situations. Through curiosity, they can acquire knowledge that allows a change of attitude by learning a reflexive practice, acting consciously, systematically analyzing their action as knowledge producers, and giving an example of this attitude for students, therefore, contributing to the appreciation of the profession and strengthening of SUS. Since knowledge is cyclical, the theme does not end here, and must be continually explored for contributing positively to new preceptor nurses' training.

---

#### REFERENCES

1. Autonomo FROM, Hortale VA, Santos GB, Botti SHO. A preceptorial na formação médica e multiprofissional com ênfase na atenção primária: análise das publicações brasileiras. *Rev Bras Educ Med* [Internet]. 2015[cited 2016 Nov 12];6(2):316-27. Available from: <http://www.scielo.br/pdf/rbem/v39n2/1981-5271-rbem-39-2-0316.pdf>
2. Brasil. Ministério da Educação. Conselho Nacional de Educação. Câmara de Educação Superior. Resolução CNE/CES nº 3, de 7 de novembro de 2001. Institui Diretrizes Curriculares Nacionais do Curso de Graduação em Enfermagem [Internet]. Brasília, DF, Diário Oficial da União, de 9 de novembro de 2001. Seção 1, p. 37. 2012[cited 2014 Mar 31]. Available from: <http://portal.mec.gov.br/cne/arquivos/pdf/CE503.pdf>
3. Santos SVM, Ribeiro ME, Motta ALC, Silva LJA, Resck ZMR, Terra FS. Construção do saber em enfermagem: uma abordagem reflexiva teórica e metodológica para a formação do enfermeiro [Internet]. *Rev Enferm UFPE* [Internet]. 2016 [cited 2016 Nov 11];10(1):172-8. Available from: <https://periodicos.ufpe.br/revistas/revistaenfermagem/article/view/10935/12231>
4. Saviani D. *Pedagogia Histórico-Crítica: primeiras aproximações*. 11 ed. Campinas, SP: Autores Associados; 2011.
5. Morosini MC, (Ed.). *Enciclopédia de pedagogia universitária*. Brasília: INEP-RIES; 2006.
6. Minayo MCS. *O Desafio do Conhecimento: pesquisa qualitativa em saúde*. 12 ed. São Paulo: Hucitec; 2014.
7. Triviños ANS. *Introdução à pesquisa em ciências sociais: a pesquisa qualitativa em educação*. São Paulo: Atlas; 1987.

8. Bardin L. *Análise de conteúdo*. Lisboa: Edições 70; 1977.
9. Bastable SB. *O enfermeiro como educador: princípios de ensino aprendizagem para a prática de enfermagem*. Porto Alegre: Artmed; 2010.
10. Freitas MF. Existe diferença em ser professor ou preceptor nos cursos de graduação da saúde? encontro mineiro sobre investigação na escola[Internet]. Minas Gerais 2015 [cited 2016 Nov 11];1(3):33-5. Available from: [http://www.uniube.br/eventos/emie/arquivos/2015/anais\\_eletronicos/1.pdf](http://www.uniube.br/eventos/emie/arquivos/2015/anais_eletronicos/1.pdf)
11. Perrenoud P, Thurler MG. *As competências para ensinar no século XXI: a formação dos professores e o desafio da avaliação*. Porto Alegre: Artmed; 2002.
12. Perrenoud P. *Ensinar: agir na urgência, decidir na incerteza*. Porto Alegre: Artmed, 2001.
13. Desafios e possibilidades no exercício da preceptoria do Pró-PET-Saúde. *Interface*[Internet]. São Paulo, 2015[cited 2016 Nov 13];19(7):779-91. Available from: <http://www.scielo.org/pdf/icse/v19s1/1807-5762-icse-19-s1-0779.pdf>
14. Brasil. Ministério da Saúde. Portaria nº 2488, de 21 de outubro de 2011. Aprova a Política Nacional de Atenção Básica, estabelecendo a revisão de diretrizes e normas para a organização da Atenção Básica, para a Estratégia Saúde da Família (ESF) e o Programa de Agentes Comunitários de Saúde (PACS) [Internet]. Brasília, DF, Diário Oficial da União, 24 de outubro de 2011[cited 2015 Mar 31]. Available from: <http://189.28.128.100/dab/docs/publicacoes/geral/pnab.pdf>
15. Tardif M. *Saberes docentes e formação profissional*. Petrópolis: Vozes; 2012.
16. Padilha PR. *Planejamento dialógico: como construir o projeto político pedagógico da escola*. São Paulo: Cortez; 2001.
17. Ribeiro KRB, Prado ML. The educational practice of preceptors in healthcare residencies: a study on reflective practice. *Rev Gaúcha Enferm*[Internet]. 2014[cited 2016 Nov 13];35(1):161-5. Available from: <http://www.scielo.br/pdf/rgenf/v35n1/1983-1447-rgenf-35-01-00161.pdf>
18. Silva ROT, Costa D, Duarte F, Nelson A, Prado N. Contextual analysis of the nurse's work in primary care: integrative review *Rev Enferm UFPE*[Internet]. 2013[cited 2016 Nov 12];7(10):6262-71. Available from: <https://periodicos.ufpe.br/revistas/revistaenfermagem/article/view/12265/14904>
19. Backes DS, Backes MS, Erdmann AL, Büscher A. O papel profissional do enfermeiro no Sistema Único de Saúde: da saúde comunitária à estratégia de saúde da família. *Rev Ciênc Saúde Colet* [Internet]. 2012[cited 2016 Nov 13];17(1):223-30. Available from: <http://www.scielo.br/pdf/csc/v17n1/a24v17n1.pdf>
20. Laranjeira CA. Aprendizagem pela experiência. *Rev Enferm UERJ*[Internet]. 2006[cited 2016 Nov 12];14(2)176-81. Available from: <http://www.facenf.uerj.br/v14n2/v14n2a04.pdf>
21. Lins CTL, Bondavalli LHM. Competência: professores da rede estadual do município de Lages conceituando competência. *Rev Gepesvida*[Internet]. 2015 [cited 2016 Nov 10];1(1):0-12. Available from: <http://www.icepsc.com.br/ojs/index.php/gepesvida/article/view/41>
22. Libâneo JC. *Didática*. 6ª ed. São Paulo: Cortez; 2013.
23. Scherer ZAP, Scherer EA, Carvalho AMP. Reflexões sobre o ensino da enfermagem e os primeiros contatos do aluno com a profissão. *Rev Latino-Am Enferm*[Internet]. 2006 [cited 2016 Nov 12];14(2):285-91. Available from: <http://www.scielo.br/pdf/rlae/v14n2/v14n2a20.pdf>
24. Vieira AM, LES Souto, SM Souza, CA Lima, CVS Ohara, EBL Domenico. Diretrizes Curriculares Nacionais para a área da enfermagem: o papel das competências na formação do enfermeiro. *Rev Norte Min Enferm*[Internet]. 2016[cited 2016 Nov 12];5(1):105-21. Available from: <http://www.renome.unimontes.br/index.php/renome/article/viewFile/102/148>
25. Giroux H. *Os professores como intelectuais: rumo a uma pedagogia crítica da aprendizagem*. Porto Alegre: Artes Médicas; 1997.
26. Luengo Martínez CE, Sanhuesa Alvarado O. Formación del licenciado en Enfermería en América Latina. *Aquichan*[Internet]. 2016[cited 2016 Nov 12];16(2):240-55. Available from: <http://aquichan.unisabana.edu.co/index.php/aquichan/article/view/4756>