



Preceptor: the 21st century educator healthcare provider

Preceptor: o profissional de saúde-educador do século XXI

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ABSTRACT

Introduction: It is a fact that the pedagogical advancements in professional healthcare education have not resulted in better quality of care. However, healthcare work as a source for a preceptor's education and awareness as an educator-healthcare provider rises as a path to follow.

Design: Based on the involvement in daily work activities, a preceptor offers teaching opportunities; plans, controls and guides the process; stimulates the student's reasoning and active attitude; performs technical procedures; moderates case discussions; observes, assesses a student performing their activities and analyzes their performance; advises and supervises a student's professional and personal growth; collaborates in the identification of ethical problems and their possible solutions; and sets limits and creates possibilities for the use of artificial intelligence.

Conclusion: A preceptor – a clinical teacher – turns the work environment into appropriate educational moments to provide better healthcare to the population.

Keywords: preceptor; professional healthcare education; clinical teacher.

RESUMO

Introdução: É fato que os avanços pedagógicos na formação profissional em saúde não resultaram em melhor qualidade do cuidado, entretanto o trabalho em saúde como fonte para a formação e para a conscientização do preceptor como profissional de saúde-educador aparece como um caminho.

Desenvolvimento: Tendo como base o envolvimento nas atividades cotidianas do trabalho, o preceptor oferece oportunidades de ensinagem; planeja, controla e guia o processo; estimula o raciocínio e a postura ativa do aluno; realiza procedimentos técnicos; modera a discussão de casos; observa, avalia o aluno executando suas atividades e analisa o seu desempenho; aconselha e cuida do crescimento profissional e pessoal do acadêmico; colabora na identificação de problemas éticos e em suas possíveis soluções; e estabelece os limites e cria possibilidades do uso da inteligência artificial.

Conclusão: O preceptor – docente-clínico – transforma o ambiente de trabalho em momentos educacionais propícios, objetivando oferecer melhor cuidado à saúde da população.

Palavras-chave: Preceptor; Formação Profissional em Saúde; Docente-Clinico.

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INTRODUCTION

Professional healthcare education is based on the coordinated development of different forms of knowledge, experiences, and skills, and on the acquisition of technical and ethical-relational attributes.¹ It is a complex social practice that establishes a partnership contract between the apprentice and the teacher, encompassing the actions of teaching and learning. From a dialectical perspective, it is a bilateral process that occurs both ways between people and knowledge. Teaching and learning merge into the same action in a mutual and inseparable relationship. It is, therefore, a teaching action, through which learning and teaching, together and intertwined, are part of the same act shared by two people who constantly interchange the places of those who learn and those who teach.²

As to this teaching-learning relationship, there have been great pedagogical advancements in the education of healthcare providers since the end of the 20th century and the beginning of the 21st century,^{3,4,5} emphasizing problem-based teaching,^{6,7} team-based teaching,⁸ flipped classroom,⁹ and competence-based education,¹⁰ along with the adoption of different pedagogical concepts and active and innovative methodologies. Healthcare schools have been equipped with these concepts and practices. However, not all of this pedagogical advancement has managed to result in professionals who are capable of reducing the significant suffering of people seeking care, nor the significant manifestation of the disease they may have.^{3,4,5}

And what is the main goal of the professional education, if not that?

The main goal of educating healthcare providers should be to offer better quality healthcare, to turn it into what we deem worthy for the people we love most: comprehensive, unfragmented, low-cost and highly effective. There is, therefore, a pressing responsibility in healthcare education to restructure costs, transform processes and jointly build new practice environments. We must prioritize interprofessional care, collaboration between actors, and healthcare networks. This requires overcoming the old dichotomy between training professionals for the market and training them for the search and production of knowledge.^{3,4,5,12,13,14}

The path is an educational redesign based on restructuring the roles of basic science and clinics; teaching that comes from work, happens at work and for work;¹⁵ seeking the skills needed to practice and to lead complex systems. It is about rearranging relationships in clinical education environments so that undergraduate and graduate healthcare education accelerates the necessary transformation aiming to fulfill the educators' contract with society.^{3,4,5}

Thus, a preceptor takes an essential role by acting as an educator-healthcare provider: with higher education, this professional has a double and complex commitment to watching for the health of the population and caring for the professional education of those who look after the other within the same act, at the same time and in the same place. They effectively act as part of the faculty in teaching undergraduate and graduate students in the healthcare field. They are actors in the process of the progressive development of paramount competences for professionalism, namely, knowledge, skills, and attitudes.^{16,17}

DESIGN

A preceptor's roles in professional education have already been a topic in the scientific literature discussed by us.^{1,18,19,20,21} Involvement in daily work activities is the basis of a preceptor's actions in the teaching process (Chart 1). It is their starting point, their path and also their finish line. This is when both the preceptor and the student's technical and relational attributes are developed.^{3,5} Theoretical study, case discussions and scientific meetings^{22,23,24} stimulate the ability for reasoning. This reasoning and decision-making ability reaches its greatest potential as a teaching process, if arisen from this daily practice, and serves as a basis for improving professional healthcare practice.^{25,26,27,28,29,30,31} Therefore, beyond the exposure to data and information, a student's active attitude and participation in the construction of knowledge are valued.^{25,26,27}

A preceptor offers teaching opportunities³¹ in environments that allow building and rebuilding knowledge by acting as a true educator. These opportunities are moments of a healthcare provider's daily actions in which knowledge is built and made explicit in practical skills. A preceptor also proposes to the student the most suitable activities for teaching, which may vary according to the timing in their education.

Importantly, we must reflect on the fact that planning the teaching process is part of a preceptor's actions. A preceptor plans the number of participants in the environment and in time; the length of an activity during the education process; how to include a student so that their adaptation to the environment is appropriate; what skills are intended to be gained; which current scientific references serve as the basis for the activity; which current pedagogical references support the teaching of the activity; how the activity will be assessed, with moments for pre-assessment, educational assessment, summative assessment and self-assessment for all actors.³²

A preceptor controls and guides teaching. They follow up on the process, from start to finish, when and where it happens. In light of the daily events, they adapt and readapt activities together with preceptors and students.^{33,34}

By stimulating the student's reasoning and active attitude, a preceptor shares the responsibility for teaching, which then takes its two-way concept. There is great concern for the student to ask questions and provide answers and establish critical thinking. The discussion of these questions is encouraged based on scientific literature.³¹

A preceptor educates by performing technical procedures and showing how they are done. The clinical method steps³⁵ must be carried out by the preceptor, accompanied by the students, exercising technical and ethical skills such as professional interview, relevant physical examination, proposal for supplemental tests, therapeutic proposal, and patient monitoring proposal. These moments are not to be used with the old view of experience-based teaching, which takes place through exposition only. On the contrary, they should cover systematization, formal structure, planning and preparation, transforming experience-based teaching into effective teaching.^{36,37}

Moderating case discussion based on daily practice makes a preceptor able to provide opportunities to expand the entire teaching into practice.³⁸ Building the best way to present the cases with all actors²⁵ is one way. During the discussion, it is important to explain all previously planned teaching points and use strategies to work with the content through internalized scripts, scripts with discussion triggers, key teaching points and efficient strategies in terms of time and resources.^{35,36}

A preceptor must observe and evaluate the student performing their activities.³⁹ The clinical method steps³⁵ performed by the student must be observed and assessed by the preceptor in order to teach technical and ethical skills such as: professional interview, relevant physical examination, proposal for supplemental tests, therapeutic proposal, and patient monitoring proposal. A preceptor adds hypotheses and alternatives not considered by the student to conduct the case in a fruitful discussion for the construction of knowledge.

Analyzing a student's performance, discussing all issues with them, building a culture of performance review,

assessment, and feedback, establishes stable, respectful, and supportive relationships between a preceptor and the student. A preceptor must observe the student in action. Integrating assessment into the teaching process with prior and transparent communication of objectives and what will be assessed is one of the ways. It is important to clarify what objectives must be achieved, where the student stands at the time and how they can and should proceed to achieve the objectives before the end of their education.^{40,41}

It is a preceptor's role to advise and support the student's professional and personal growth, using their greatest experience to guide and advise a training professional,⁴² acting in their moral education, not exclusively as an example, but as a model to be copied and reproduced.⁴³ A preceptor must encourage the student to perceive and discuss the various current bioethics issues. A preceptor is a showcase of moral attributes, which inspires both the student as to what they want and how it should be, as well as what they do not want and should not be. The student is not a passive subject who only receives influences. With their background, their social space and the contents taken up during primary socialization, and their *habitus*,⁴⁴ they are the main actor. They are free to choose between the values that the school offers to humanize relationships, but also to suffer some coercion to follow a minimum standard of knowledge, values and attitudes which are typical of the corporation.⁴⁵

Daily practice continues to be the starting point, path, and finish line, with no need to resort to the artificiality of topics in cases that are built just for discussion. A preceptor who cares for one person's health and another person's healthcare education must be attentive to the discussion of the moral aspects of this double care based on the bioethics "toolbox".⁴⁶ Furthermore, they should draw the students' attention to the moral dimensions that are involved in daily work, both those related to care and those related to teaching.

Artificial intelligence should be used by the preceptor, as it helps in performance. The main caution is not to be limited to

Chart 1. Eleven Preceptor Actions

1. Providing teaching opportunities	2. Planning the teaching process
3. Controlling and guiding the teaching process	4. Stimulating the student's reasoning and active attitude
5. Performing technical procedures	6. Moderating case discussions
7. Observing and assessing the student performing their activities	8. Reviewing student performance
9. Advising and supporting professional and personal growth	10. Collaborating in the identification and potential solutions of ethical problems inherent to any care action.
11. Assessing the limits and possibilities of using artificial intelligence in all care stages.	

Source: The authors.

the responses provided by artificial intelligence, but to use it as one of the tools, advancing even further in the development of clinical reasoning through perceptions and details that are only accessible to human intelligence. A preceptor builds together with the student by using artificial intelligence – a sense that allows reaching beyond the consensus.⁴⁷

FINAL CONSIDERATIONS

With these eleven essential actions, a preceptor plays the role of a clinical teacher, an educator, and a professional who masters and skillfully exercises their activity. A preceptor masters the educational aspects related to this activity, puts them into practice, and transforms daily work into an appropriate educational environment and moment with the highest degree of professionalism. Education includes the development of technical and relational attributes. The preceptor and the student make their daily actions into an educational process. They are graduated and specialized professionals or are in the graduation/specialization stage, but all under continuous permanent education. Both the student and the preceptor must – in their daily relationship with people seeking care – be concerned with technical and ethical education to achieve full professional quality, which will only become explicit in reducing the suffering and disease burden.^{3,4} A preceptor educates!

AUTHORS' CONTRIBUTION

Sérgio Henrique de Oliveira Botti: Search for references and writing the article. Sergio Tavares de Almeida Rego: Review of the article with suggested references.

CONFLICTS OF INTEREST

The authors declare no conflicts of interest.

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