

## THE EDUCATIONAL PRACTICE OF PRECEPTORS IN HEALTHCARE RESIDENCIES: A STUDY ON REFLECTIVE PRACTICE

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### ABSTRACT

The purpose of this article was to reflect on the practice of preceptorship as an educational practice in the training and qualifications of professional health information for the public health system. This is a theoretical reflection with support in the literature. The teacher addresses the teaching-learning process and transforms the activities in the work on educational moments. In this area arise questions about what is being preceptor and their role in health education. It is necessary to teach knowledge beyond the content of the discipline, and reflecting about preceptorship as an educational practice in the workplace, the preceptor needs pedagogical preparation. Herewith, being a preceptor means being a teacher? This reflection places us in front of a problem present in our daily exercise, which is the pedagogical training of those who teach for a transformation of practice in health.

**Descriptors:** Health. Health Education. Preceptorship.

### RESUMO

*O objetivo deste artigo foi refletir sobre o exercício da preceptoria como prática educativa na formação e qualificação do profissional em saúde para o sistema único de saúde. Trata-se de uma reflexão teórica, com apoio na literatura sobre a temática. O preceptor conduz o processo de ensino-aprendizagem e transforma as atividades desenvolvidas no âmbito do trabalho em momentos educacionais. Nessa seara, surgem questionamentos sobre o que é ser preceptor e o seu papel na formação em saúde. Para ensinar, é necessário conhecimentos para além do conteúdo da disciplina e, considerando que a preceptoria é uma prática de educação no trabalho, o preceptor precisa de formação pedagógica. Com isso, ser preceptor é ser professor? Essa reflexão nos coloca frente a uma problemática presente em nosso dia-a-dia, que é a formação de quem forma, para uma ação transformadora da prática em Saúde.*

**Descritores:** Saúde. Educação em saúde. Tutoria.

**Título:** *A prática educativa dos preceptores nas residências em saúde: um estudo de reflexão.*

### RESUMEN

*El propósito de este artículo es reflexionar sobre la práctica de la preceptoría como práctica educativa en la formación y cualificación de la información de salud profesional para el sistema público de salud. Se trata de una reflexión teórica con apoyo en la literatura sobre el tema. El preceptor conduce el proceso de enseñanza-aprendizaje y transforma las actividades desarrolladas en el ámbito de trabajo en momentos educativos. En este ámbito surgen preguntas acerca de lo que está siendo preceptor y su papel en la educación para la salud. Para enseñar es necesario conocimientos más allá del contenido de la disciplina y considerando que la preceptoría es una práctica de educación en el trabajo, el preceptor necesita de formación pedagógica. Con eso, ¿ser preceptor es ser profesor? Esa reflexión nos coloca frente a una problemática presente en nuestro día a día que es la formación de quien forma, para una acción transformadora de la práctica en Salud.*

**Descriptores:** Salud. Educación en salud. Tutoría.

**Título:** *La práctica educativa de preceptores en residencias en salud: un estudio de reflexión.*

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## INTRODUCTION

Our experience with residency programs and our professional practice and teaching in higher education in healthcare led us to raise some concerns about the role of the preceptor in the professional training for Brazil's Unified Health System (SUS). If the preceptor participates in the health education process, by relating the work environment to the teaching environment, as one of the main players in the teaching-learning process of the residency program, he needs to have broader knowledge than the usual knowledge of the healthcare practice. In the exercise of preceptorship, the professional must master not only the clinical knowledge, but also be able to transform work experiences into learning experiences. Thus, the preceptor needs pedagogical knowledge.

Residency programs in health consist in *latu sensu* training based on education in the workplace and in the teaching-learning process in the workplace, combining theory and practice. In this context, the preceptor (responsible for professional practice) and the resident (student in the residency training program) share the teaching and learning activities, through the exchange of experiences, reflections on the practice and (re)construction of knowledge in real healthcare scenarios.

Therefore, the preceptor is a mediator in the learning process and, thus, needs to mobilize knowledge and strategies that make it possible for them to perform this process, for The mastery of specialized knowledge of a given practice is not sufficient. Preceptors should be able to teach and make sure the students understand what is taught. <sup>(1)</sup>. Besides, it is necessary to understand how such knowledge is transformed to originate new knowledge to be used in theory and practice <sup>(2)</sup>. Because "those who know are capable of doing. Those who understand can teach"<sup>(3:14)</sup>.

Thus, this article was aimed to reflect on the preceptorship exercise as an educational practice in the training of healthcare professionals for the SUS.

### The preceptor in the professional training in health

Over the past three decades, there has been much debate on the training of healthcare pro-

professionals regarding the consolidation of the SUS as a model of healthcare and social practice in Brazil. The discussions concern the training model, the pedagogical proposals and the challenges in the educational process, seeking to disrupt the fragmented and doctor-centered model, aiming to promote greater comprehensiveness and a stronger link between workplace and education <sup>(4)</sup>.

Therefore, the residency programs under the National Policy on Continuing Education (PNEP) are a strategy for training human resources for the SUS. Preceptors are part of this scenario. But what is their role? What are the necessary conditions for the exercise of preceptorship?

The preceptor is the professional who participates in the process of training in healthcare, associating practice to scientific knowledge. He is supposed to master clinical practice as well as the related pedagogical aspects, transforming the professional scene into an educational environment<sup>(5)</sup>. The mentor participates in this dynamics as an academic advisor, directly responsible for implementing the pedagogical plan. This mentor is a professional with at least the title of master and more than three years of professional experience, linked to the training institution <sup>(6)</sup>. Both, the mentor and the preceptor, have pedagogical responsibility.

However, the preceptor is responsible for the direct monitoring of the resident, transforming the day to day work in a scenario rich in learning experiences. For this, the preceptor must be able to mediate the teaching-learning process in the workplace, to problematize reality and trigger a process of action and reflection in the resident, aimed at the reconstruction of daily practice.

Thus, we understand that the role of the preceptor in the training of health professionals for the SUS is important and constitutes an educational attitude in the workplace. He needs to encourage a rethinking of the practice, the communication and sharing of ideas, team work, comprehensive care and the promotion of lifelong learning in the areas of healthcare.

### Being a preceptor is being a professor?

Being a professor is "exercising, in a perspective of personal wholeness, the possible mediations of the relationship of the students with the world, in order to facilitate their perception, apprehen-

sion, mastery and, thus, their power to transform reality [...] requires more than mastering specific knowledge” (7,7). It requires awareness, sensitivity and, under an emancipatory vision, transforming information contents into knowledge and critical thinking about professional training (8). Teaching is more than transmitting knowledge, and it requires interaction with students in the construction of learning. It requires safety, professional competence, generosity, commitment, awareness, freedom, listening skills, understanding that education is a way of intervening in the world, decision making, availability for dialogue, and above all, show concern for the learners (9).

The teaching strategies should permeate this practice, because it takes more than just knowing the content. Professors must have pedagogical expertise and be aware of the students’ knowledge, educational values, curriculum and educational context (3). These skills allow self-management and self-control, providing autonomy, discernment, reflection and attitude toward the situations that arise daily(10). Therefore, we understand that being a professor is not simply knowing the subject content. A professor should teach and make sure the students understand what is taught.

In the residency program in health, the preceptor develops educational activities in the workplace, teaching actions, where a didactic relationship established by the interaction with the resident and knowledge is perceived, forming the educational process.

According to this view, is it possible to affirm that being a preceptor is being a professor?

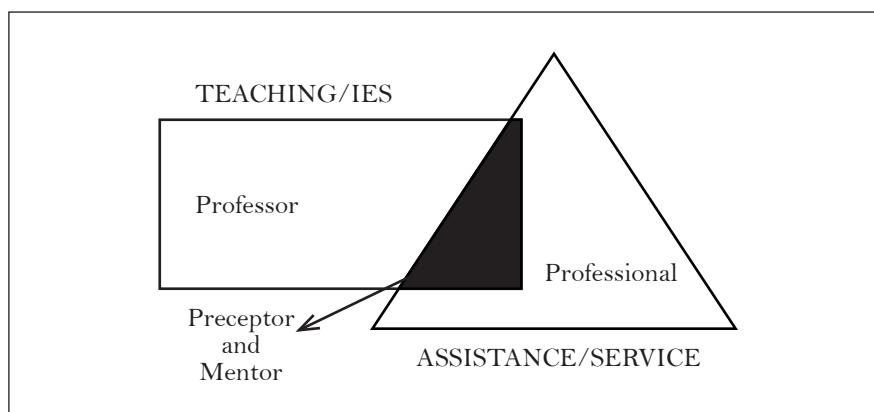
The preceptor is responsible for the professional practice of residents; however, he also mediates and facilitates the training of residents, sharing the responsibility for the development of knowledge. In this process, he also learns, because nobody educates anybody or oneself. Men learn in the relationships between themselves and with the world (11).

In this process, it is necessary to establish a connection between the professor of the Higher Education Institution (IES) and preceptors and mentors, who act as mediators between the world of education and the workplace (figure 1).

In this process, it is necessary to motivate the residents and stimulate their critical thinking to make them able to transform reality in their daily clinical practice. The professor teaches, but also cares; the preceptor cares, but also teaches.

Based on their clinical practice, preceptors mediate the theoretical and practical aspects of formation, raising issues and instigating the search for explanations(12). They must be well prepared to make knowledge easily accessible to the professional-learner – the resident – and promote a *praxis* in healthcare that gains the curiosity of residents and mobilizes their critical and reflective thinking and acting.

In this regard, preceptors should develop what Shulman(1) calls Knowledge Base for teaching, which is composed of seven categories of knowledge, namely: content knowledge, general pedagogical knowledge, curriculum knowledge; pedagogical content knowledge; knowledge about the students and their characteristics, of educational contexts, of objective, goals and educational



**Figure 1** – Insertion of the preceptor in the dynamics of teaching and service, 2013.

Source: Elaborated by the authors, UFSC, 2013.

values and their philosophical and historical basis. Of these, it is worth stressing the pedagogical content knowledge (CPC), combination of the knowledge of the subject with general pedagogical knowledge<sup>(2)</sup>.

According to the referred author, education should be an act of understanding, reasoning, transformation, action/thinking<sup>(1)</sup>. The process of understanding should be understood as ingrained in teaching, and that active interaction with ideas is essential. Understanding itself is not sufficient, since the concreteness of knowledge lies in its power to discern, reflect and act.

In this context, non-recognition of the teaching process as inherent to professional practice may cause preceptors to merely transfer their activities to residents, failing to establish a true pedagogical relationship<sup>(13)</sup>. Preceptorship, as an educational practice, requires planning, competence, creativity and sensitivity<sup>(14)</sup>.

Thus, it is important to reflect on the importance of preceptors in the training of health professionals for the SUS, as well as to propose a pedagogical education that prepares them for the exercise of preceptorship, which will increase the fields of knowledge of teaching and improve the role of the preceptor in professional practice.

## FINAL CONSIDERATIONS

Preceptorship should be reconsidered in the context of residency programs in health, both the practice and teaching. A closer relationship between the field of practice and theory is necessary where all the involved parties (experts, preceptors, mentors or professors) form an integrated team of professional training for the SUS.

There are many challenges to be faced, and we do not expect to have definitive answers, but rather to problematize and encourage reflection on the theme, which is one of the first steps in its transformation.

Preceptors should be regarded as key players, because they share the responsibility for the training of residents. Thus, they should use scientific and pedagogical reasoning in the application of their knowledge (skills) in the workplace, transforming the care environment into a true space for multiple learning experiences, and promoting the construction/reconstruction of knowledge.

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