

Dentists' opinion about preceptorship activities in the training of Dentistry students from a Brazilian university

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ABSTRACT

This study aimed to know the opinion of dentists on the preceptorship activities performed in the dental curricular internships 1, 2 and 3 of Federal University of Pernambuco, carried out in units of basic attention to health in the city of Recife. Descriptive study and quantitative approach were carried out. From a universe of 36 dentists, were included those with at least one year of experience as a preceptor. For the collection of data used A semi-structured interview, subjected to face validation and applied face to face, was used for data collection. All 26 preceptors who obeyed the inclusion criterion were interviewed, being 80.8% women; 92.3% with effective work link; 96.2% graduate, being 80.2% of them family health specialists. Only 15.4% received incentives for preceptorship, but they were not satisfied; 11.2% received training in preceptorship; 92.3% were trained to exercise it; 69.2% acted in the three types of internships. It prevailed (76.3%) the preference for acting in Stage 3 (clinical) than in the two others (nonclinical). According to 65.3% of the interviewed, physical and organizational structure to exercise the preceptorship is bad, 69.2% evaluated the institutional support of the service as unsatisfactory and 57.7% of the university, despite the efforts of training institution in promoting permanent education and presence in services. The most cited positive points were the exchange of knowing with the students and faculty, and the importance of integrating the student into the unique health system. It is concluded that although they value the governess, they have prevailed dissatisfactions of labor order, working conditions and training that need to be addressed.

Descriptors: Internships. Preceptorship. Primary Health Care. Unified Health System.

1 INTRODUCTION

In Brazil, teaching and professional training in Dentistry have historically been characterized by a technical model focused on privative and liberal care practice, with a profile of individualized and high-cost care, distanced from the social reality and epidemiological majority of the population¹. After the creation of the Unified Health System (SUS), the major challenge is to reformulate this sector in line with the broader health concept adopted².

More recently, to tailor the training and qualification of health professionals to the national health reality, different strategies and policies have been adopted to promote contextual training. Among them, the National Curricular Guidelines (DCN) for health courses stands out, which aim to strengthen initiatives of teaching-service-community integration by their power of adapting teaching strategies to the demands of public health policies in facing priority health problems³⁻¹⁰. In this context, curricular training plays the role of enabling the student's formative course in SUS as a strategy to train professionals with a profile more suited to the country's political-sanitary needs⁷. For undergraduate Dentistry courses, NDCs define that training courses should be developed in an articulated way and with increasing complexity, with a minimum working load of 20% of the total course workload⁹.

For the development of curricular training courses required by DCN and the norms of education policies aimed at the training of health professionals¹¹, the service preceptor plays a fundamental role for allowing students to build in the work environment competences for the future professional life, emphasizing the pedagogical function of the preceptor^{12,13}.

However, there is a perception of a serious teacher, student and professional resistance to taking on the new training functions requested

by DCN and the National Policy of Permanent Education (PNEP)^{8,10,11}. Problems related to the training of health workers, work conditions, precariousness of the labor relationship and institutional support have been reported, which constitute barriers to good performance in the exercise of student preceptorship⁸. In the Dentistry area, the production of studies with the interest in analyzing aspects of preceptory activities of students in Basic Health Care (ABS) is recent. There are few studies whose interest is to know the opinion of ABS dentists (CD) about the duties required for this function in the current context of the teaching-service integration requested by DCN and SUS, among other aspects^{5,6,9}.

Therefore, the present study shows the results of an investigation that had as objective to know the opinion of ABS dentists in the city of Recife on aspects related to the preceptory activities that they performed in the curricular training programs of the Federal University of Pernambuco (UFPE) dentistry course in the perspective of offering a characterization of the problem in an attempt to qualify the planning of teaching-service integration actions.

2 METHODS

This is a descriptive, quantitative approach study, which analyzed the opinion of ABS dentists of Recife on their preceptory activity performed in the supervised curricular training program (ECS) 1, 2 and 3 of the UFPE Dentistry course, and to characterize the profile of these professionals.

The study area was the basic health units (UBS) of the Health Department of Recife of Health Districts (DS) IV and V, where these curricular training activities are developed. Each type of internship program has specific contents of the didactic axis of the Pedagogical Project (PP) of the course to which they are linked¹⁰.

The didactic-pedagogical plan for ECS aims at acquiring competencies and abilities related to the attributions of the health team and to those specific of dentists who work in ABS³. Theoretical guidelines are focused on the social determinants of health and the production of knowledge that approach the health-disease process in its collective, family and individual dimensions. The pedagogical approach uses active student-centered technologies and tutorial supervision to promote a comprehensive work in ABS, where the student is stimulated to act as a social actor and critical constructor of his learning.

In this sense, in the teaching-learning process intended for training programs, the concepts of interprofessional work (core-field), work process in ABS, environment, territory, health surveillance, health surveillance and intersectoriality, health education (popular), epidemiology (socio-epidemiological diagnosis), intervention project and extended clinical practice are considered. For EC1 and 2, the contents related to the extra-clinical actions of dentists are put into practice (ECS1: common tasks of the health team and collective actions, ECS2: health surveillance and promotion and oral health), developed with semester workload of 90 hours. ECS3, which has semester workload of 180 hours, is intended to perform extended clinical practice, where students articulate the knowledge acquired in ECS 1 and 2 and the theoretical and practical knowledge of disciplines Integral Clinic 1 and 2¹⁰. All these activities, carried out with the preceptor, are subsidized by an operational script that was elaborated in coherence with the guidelines and professional assignments expected for ABS professionals³.

In ECS1, three guiding axes support the activities: 1. Structure and work process in ABS - the Family Health Strategy; 2. The socio-

environmental territory of sanitary responsibility of the health team; and 3. AABS as the communication and ordering center of the Health Care Network (mapping of the health / oral network used by the training unit). In ECS2, the guiding axes of actions are: 1. Health surveillance practices in the daily life of the health unit; 2. The territory of promotion and health surveillance of the health unit; 3. Oral health surveillance practice (epidemiological diagnosis of dental caries in social groups indicated by the preceptor and formulation of the intervention) 4. Project and intervention in health promotion. In ECS3, four axes support activities in an expanded clinical experience experienced by students: 1. Integral care management with the family approach (the work process of the oral health team in the care activities, the practice of clinical home care to the bedridden, in schools, in other community equipment, longitudinality of care - follow-up of clinical cases); 2. Humanization in practice – an organization of access and the construction of the agenda of individual health care (criteria: reception and classification of risk, life cycle, spontaneous versus programmatic demand), 3. Integrality of actions (solvency and care regulation per line of care), and 4. Planning of the therapeutic project with the supervision of the preceptor and support from the Family Health Support Center (NASF).

The study population consisted of all dentists who worked as preceptors in ECS 1, 2 and 3 between 2013 and 2016. Preceptors who had at least one year of experience in this function were included. The selection of participants was performed by means of a data recorder of preceptors, which was provided by the coordination of the UFPE Dentistry course. Of 34 preceptors, 26 were selected to be interviewed for having met the inclusion criteria. Data collection was performed by a

researcher of the UFPE Dentistry course in the first half of 2017 through semi-structured interviews. Interviews were made individually (face-to-face) in a reserved place at UBS of each preceptor who was selected to participate in the study and after signing the Free and Informed Consent Form. The preparation of an interview form (questionnaire) was supported by a literature review^{2,8,14-16,26} and by the analysis of the course PP, focusing on the ECS components in ABS and other ECS documents¹⁰.

The interview instrument was organized in three blocks. The first block included variables to characterize the sociodemographic profile and aspects related to the professional exercise and the preceptory function, such as time as professional working at ABS, labor relationship, contracted or effective, level and type of graduate training; as well as financial incentives to exercise the preceptory function. The second block was composed of variables related to the structure and work process for the performance of the preceptory function, and data on work conditions, opinion about preferences according to the type of internship, characteristics needed for the function and on limiting and potentiating factors for the good development of the preceptory function and training programs were collected. The third block was reserved to verify the degree of satisfaction of preceptors with the pedagogical proposal planned for ECS, feeling prepared to play the role of preceptor, salary and preceptorship. The face validation of the instrument was carried out to ensure the quality control of data. Two experts evaluated the questionnaire, according to criteria recommended by Freire and Silva (2006)²⁶, for the approval of the instrument.

Initially, a careful review of the instrument was carried out by researchers (responding as if it were the informant and

correcting what was necessary); the external evaluators then verified the content and clarity of the instrument and issued an opinion. Based on the reviewers' observations, corrections were made. Thus, the process of questionnaire reviewing was carried out aiming at the critical analysis of the understanding, the order of the questions and acceptability of the instrument as a whole by the interviewer, who was trained to conduct data collection with preceptors^{10,16}.

Data analysis was descriptive, with the distribution of absolute and relative frequencies for categorical variables. Other statistical measures (mean, standard deviation and median) were calculated for variable age, considered numerically. The statistical software used to enter data and obtain statistical calculations was SPSS (Statistical Package for the Social Sciences) version 21. The research project was approved by the Ethics Research Committee of the UFPE Department of Health Sciences, CAAE: 64005617.3.0000.5208, opinion number 1,955,899 / 2017.

3 RESULTS

The study response rate was 100%. All 26 preceptors participating in ECS 1,2 and 3 who were included in this study answered the interview questionnaire and had their forms analyzed.

Sociodemographic and professional characterization showed that, in relation to age, the majority of participants were within the age group of 34-50 years (57.7%) and 42.3% aged 51-67 years. The mean observed was 45.9 ± 8.3 years and the median value was 45.5 years. There was predominance of females (80.8%) over males (19.2%). Among participants, 24 (92.3%) preceptors have an effective labor relation in the public service, and only two of them (7.7%) work under an adhesion regime; 73% have been working in ABS of Recife for

more than seven years and only 4% have been working for more than 29 years. With regard to professional training, 96.2% of them reported having a postgraduate degree, with specialization being the most frequent training level (84.6%), followed by updating courses (46.1%). Among the type of specialization courses, 21 (80.7%) dentists had the title of Family Health specialist. The majority (84.60%) reported receiving no incentive to perform the preceptory function. Among the 15.40% who reported receiving the incentive, the most frequent type was related to their career progression and reported they were dissatisfied.

Table 1 contains the results of variables related to aspects of professional training in preceptorship and on the assessment of the function performed by interviewees. The majority (92.3%) considered it necessary to have specific training to act as a preceptor. More than half of the sample (53.8%) answered that the preceptory activity was not an attribution of ABS professionals. Regarding competencies to act as a preceptor, the majority reported technical knowledge (38.4%) followed by a willingness to teach (30.7%). Regarding activities of evaluation of preceptory actions (57.7%) of respondents reported they did not occur. Among those who reported the existence of these meetings (42.3%) pointed UFPE (Dentistry course) as the sponsoring institution.

Table 2 presents the results on the preceptory working process and the structuring of training programs. Most interviewees (69.20%) have already worked on the 3 types of ECS. Regarding the type of training program, there was a greater interest in ECS 3 (76.40%). The majority (65.3%) negatively evaluated the organizational structure of UBS. The following were cited as limiting problems: the physical space of the unit (23.1%), lack of inputs (19.2%) and high patient demand (11.5%). The

majority of respondents reported dissatisfaction about the institutional support of the SMS of Recife (69.20%) and UFPE (57.70%). For the internship proposals (42.30%) and teacher supervision (46.10%), less than half showed dissatisfaction.

Interviewees indicated the positive and negative points related to their experiences as student preceptor in ECS 1,2 or 3. Exchange of knowledge (42.3%) was the most cited positive point. The possibility of integrating the student to the service (26.9%) and the opportunity to keep up to date (7.7%) were also relevant aspects for preceptors. As for the negative points, lack of support and structural issues were considered by 26.9% of them. The lack of preparation of ECS 3 students (19.2%) in the clinical performance and the non-definition of the schedule (time or period) by the SMS of Recife (7.7%) to be dedicated to students' follow-up also reported as negative points.

4 DISCUSSION

This investigation allowed knowing the opinion of interviewees about the preceptory activities performed by them with students of the curricular training program in the UFPE dentistry course. Different structural, labor, training and interinstitutional support aspects were evidenced, which are interfering in the satisfaction of CD to carry out preceptory activities, although they are satisfied with the formative strategy of integrating teaching in the world of work carried out in ABS.

The characterization of the target population of this study showed that the majority of them were female. This is consistent with other studies that report that there are more female CDs in Brazil¹⁹ and with others performed among Dentistry graduates of the country who observed the feminization process of the profession^{10,21}.

Table 1. Aspects on preceptory training of the sample of preceptors of the curricular training program (ECS) of the UFPE Dentistry course in Primary Health Care

Variable/category	Frequency	
	N	%
<i>Feel prepared to be a preceptor</i>		
Very Insufficient/Insufficient	11	42.31%
Not relevant	2	7.70%
Sufficient/Very sufficient	13	49.90%
<i>Considers necessary training for preceptory</i>		
Yes	24	92.30%
No	2	7.70%
<i>Received training to act as preceptor</i>		
Yes	3	11.50%
No	22	84.60%
<i>Training evaluation*</i>		
Very dissatisfied/dissatisfied	-	-
Not relevant	-	-
Satisfied/Very satisfied	3	100%
<i>Institution that offered training*</i>		
UFPE	1	33.30%
Secretariat of Health of Recife	0	-
Others	2	66.60%
<i>Preceptorship is an assignment of ABS professionals</i>		
Yes, since SUS is a field of practice for students	4	15.30%
Yes, since students need the internship program for learning	7	26.90%
No, as it is not stated as a labor obligation	3	11.50%
No, it should be an individual option	6	23%
<i>Skills to be a preceptor</i>		
Pedagogical knowledge	4	15.3%
Technical knowledge	10	38.4%
Patience	7	26.9%
Willingness to teach	8	30.7%
Have teaching profile	5	19%
Defend training for SUS	4	15.3%
<i>Performance of preceptory evaluation meetings</i>		
Yes	11	42.30%
No	15	57.70%
<i>Institution promoting the evaluation of preceptor activities**</i>		
UFPE	9	81.80%
Secretariat of Health of Recife	2	18.20%
TOTAL	26	100

* Respondents were those who responded (yes) in the "Received training to be a preceptor" question

** Respondents were those who responded (yes) in the "Performance of preceptory evaluation meetings" question

Table 2. Structure and work process in UBS for the accomplishment of the curricular training programs of the UFPE Dentistry course

Variable/category	Frequency	
	N	%
<i>Type of training course for preceptory</i>		
Only training course 2	1	3.90%
Training courses 1 and 2	1	3.90%
Training courses 1 and 3	6	23.00%
Training courses 1, 2 and 3	18	69.20%
<i>Type of Preceptor Preference Training Course *</i>		
Training course 1	5	29.40%
Training course 2	6	35.30%
Training course 3	13	76.40%
<i>Physical and organizational structure of UBS for preceptory</i>		
Very dissatisfied / dissatisfied	17	65.30%
Not relevant	-	-
Satisfied / Very satisfied	8	30.70%
<i>Institutional support from SMS of Recife for the preceptory activity</i>		
Very dissatisfied / dissatisfied	18	69.20%
Not relevant	4	15.40%
Satisfied / Very satisfied	2	7.70%
<i>Institutional support from UFPE for the preceptory activity</i>		
Very dissatisfied / dissatisfied	15	57.70%
Not relevant	4	15.40%
Satisfied / Very satisfied	8	23.80%
<i>Evaluation of the supervision of Training Programs held with</i>		
Very dissatisfied / dissatisfied	12	46.10%
Not relevant	5	19.20%
Satisfied / Very satisfied	8	30.80%
<i>Satisfaction with UFPE's internship proposals</i>		
Very dissatisfied / dissatisfied	11	42.30%
Not relevant	2	8.0%
Satisfied / Very satisfied	11	42.30%
TOTAL	26	100

* Only responses of preceptors who have worked in the three types of training program were considered

The majority of respondents work under effective labor relationship, a fact considered as a factor that favors good performance and satisfaction with work^{3,8}. A similar study observed that preceptors with a more permanent labor relationship are more effective in the work process requested for ABS³ than those who work temporarily, who tend to restrict their work to clinical care¹³. In addition, the majority of the sample has been working in the ABS of Recife for more than seven years, and has Family Health specialization, a fact related to the increase of vacancies in the family health strategy since 2000¹⁸.

These findings may point to a satisfactory performance of these professionals in the preceptory exercise of UFPE Dentistry students. For Sousa, (2014)¹⁴, when the preceptor is a family health specialist or another public health area, he adds value for both ABS and preceptory practice. According to Rodrigues (2012)²⁰, the professional experience of ABS preceptors shared with students is a positive factor recorded in the student evaluations about their experiences in services. However, it is argued that the time of work of dentists can be seen as a negative factor due to their professional under the Flexinerian teaching model^{1,10}. Studies have shown resistance in the academy and in the services regarding the replacement of the Biomedical Model of professional performance by that required by SUS and PNAB^{3,6,7}.

In the current context of the teaching-service integration foreseen by DCN and other health education policies^{1,4}, the preceptor is required to take responsibility for supporting students in the service⁶. However, in this study, most interviewees consider that the preceptorship is not an imposed but an optional function. These findings demonstrate the inconsistency of these opinions with the National Policies of professional training in

health^{9,11}. The findings also disagree with other studies that point out the relevance of training dental professionals in the work logic of SUS^{3,10}, since the public health network is the main employer of CDs in Brazil¹⁵, which reinforces the importance of the early insertion of Dentistry undergraduates in the SUS context⁶. In addition, these results are not consistent with the determinations established in Law 8080/1990 of the Federal Constitution², in Chapter II, Article 27, Sole Paragraph, "*The public services that make up the Unified Health System (SUS) constitute a field of practice for teaching and research through specific standards developed jointly with the education system*".

Regarding the aspects of professional incentives, the incentive related to the career progression score prevailed among interviewees, and another similar study¹ identified improvement of remuneration as the prevailing incentive. It is argued that the preceptor function should be included in the work process of professionals and that an increase in salary would not be necessary¹. These issues need to be faced with solid permanent education policies and other specific policies aimed at institutionalizing the preceptory functions of students in the SUS network^{3,11,13}.

It is argued that for the satisfactory performance of the preceptory activity, the professional would have to have knowledge on educational processes to better deal with the formative needs of students⁸. Half of interviewees reported feeling prepared to act as a preceptor, most of them reported that they had not received any training, and, as observed by other authors^{1,10}, most considered necessary to obtain training to develop preceptory activities.

More recently, the strategies of permanent education in ABS¹¹ focused on solving

problems presented by reality, and shared among those involved have been valued^{11,23,24}. In this perspective, the UFPE Dentistry course, together with oral health management, periodically promotes evaluative and formative meetings between supervisors and preceptors of the service. For Rocha (2012)²¹, it is the university responsibility to keep preceptors updated in the curricular proposal and the objectives of training programs to favor adherence to the objectives and the fulfillment of pacts. Nevertheless, less than half of interviewees consider these meetings as a space where the preceptory activity is evaluated, but UFPE was recognized as an institution that promotes evaluations. However, these actions promoted in UFPE, from the perspective of permanent education, were not perceived by most interviewees, assuming a greater appreciation for more traditional training models^{10,11}.

The dissatisfaction of participants regarding the physical structure of UBS for the development of training programs was prevalent and this fact was observed in other investigations^{1,8,10}, which identified dissatisfactions of ABS preceptors related to the physical conditions of the health unit, lack of inputs and adequacy of working hours to the exercise of this function, as was also observed in this study.

It is argued that although problems of UBS structure are a great challenge, they should serve for the critical reflection of students in the search of contextualized solutions to the problems presented by the real world of SUS work¹. Thus, the construction of skills, abilities and attitudes aimed at a multidimensional professional activity and of ethical-political dimensions is promoted^{6,10}.

Most preceptors have already had the opportunity to work on the three ECS.

Preference of CD to the work in ECS 3 was observed, whose objectives are focused on the performance in the basic oral health clinic recommended for ABS^{3,4}. This choice was expressed by the possibility of contributing to the technical and professional development of students. This result may be revealing a greater appreciation by the preceptors of individual care activities, in detriment to the other collective and multiprofessional attributions required for oral health teams^{3,23}, in addition to being consistent with other studies that discuss difficulties in the process of replacing curative practices with practices based on health promotion and PNAB guidelines^{21,25}. However, students' inexperience in performing clinical activities in ECS 3 was a negative point reported by some preceptors, although the insertion of students in training programs is recommended as early as possible in order to acquire the professional competences required by DCN^{2,9,10}.

More than half of interviewees showed dissatisfaction with institutional support, whether from the service or the university. The greatest dissatisfaction was related to the lack of support to services such as lack of incentive programs and lack of defined time for the performance of this function, as reported below by a respondent: "... preceptorship is an additional activity, performed at the same time of daily activities of the unit, generating work overload".

In agreement with the intentionality of the UFPE Dentistry course, other authors argue^{18,24} that it is up to the higher education institution to prepare preceptors who will act in ECS, because in these places they have the best structure and qualified human resources to carry out pedagogical training. However, the greatest complaint of interviewees was the lack of training, despite the efforts of this training

institution to carry out shared processes of permanent education before, during and at the end of ECS. These results point to the need to establish mechanisms of conversation among the actors involved in this teaching-service integration in the search for new consensus on the best educational strategies in order to respond to the training demands felt by interviewed preceptors and those on the working conditions in services.

Sousa (2014)¹⁴ emphasized the importance of tutorship of the ECS supervising teacher to be held close to the preceptor. Although ECS supervising teachers performed their supervision activities in the face-to-face and semi-presence modality according to an agreed agenda, dissatisfaction with such support was observed, and this finding is in agreement with another study¹⁵. On this result, it is worth considering a respondent's report: "*the lack of specific training in preceptorship ends up by generating greater dependence on the teacher, because preceptors do not feel able to perform certain aspects of the preceptory function*".

There was balance in the degree of satisfaction with the proposals of internship programs, but less than half reported that they were satisfied or very dissatisfied, even though most of them participated in the planning and validation processes of pedagogical programs that serve to subsidize preceptory activities with students. These aspects and difficulties were also observed in other studies^{1,10}. On the other hand, interviewees positively evaluated the preceptive activity for integrating students and service and favoring the exchange of academic and professional knowledge, which contributes to keeping them up to date. These findings are consistent to those of other similar studies^{12,21}.

Although there were limitations in the type of study adopted, such as the low external validity, methodological care was taken in the

construction and application of the data collection instrument so that the results would express the opinion of participants, minimizing information bias.

The findings of this study revealed problems that deserve efforts among institutions to qualify the planning of actions aimed at the permanent education of these professionals. With the purpose of promoting training inserted into the reality of the SUS health services, to contribute to the improvement of the health conditions of target populations of the local teaching-service-community integration policies.

5 CONCLUSIONS

Interviewees showed dissatisfaction with the preceptory policy adopted by the institution, which was related to labor issues, working conditions, training and lack of support from both institutions involved. They asked for specific training to act on the preceptory of training programs and reported structural, operational and support problems of both institutions involved in order to develop their preceptory activities with greater satisfaction. As positive points, they highlighted the exchange of knowledge between students and teachers, with a view to keeping them constantly updated and considered the importance of training programs for integrating students to the reality of SUS context and providing experiences within the scope of the ABS of Recife.

RESUMO

Opinião de cirurgiões dentistas sobre atividades de preceptoría na formação de estudantes de Odontologia de uma universidade brasileira

O objetivo deste estudo foi conhecer a opinião de cirurgiões-dentistas sobre a atividade de preceptoría desempenhada por eles nos estágios curriculares 1, 2 e 3 do curso de Odontologia da Universidade

Federal de Pernambuco, realizados em unidades da Atenção Básica à Saúde no município de Recife. Realizou-se estudo descritivo e de abordagem quantitativa. De um universo de 36 cirurgiões-dentistas foram incluídos aqueles com no mínimo um ano de experiência como preceptor. Para a coleta de dados utilizou-se formulário de entrevista semiestruturada, submetido à validação de face e aplicado face a face. Todos os 26 preceptores que atenderam ao critério de inclusão foram entrevistados, sendo 80,8% mulheres; 92,3% com vínculo de trabalho efetivo; 96,2% pós-graduados, sendo 80,2% deles especialistas em Saúde da Família. Apenas 15,4% recebiam incentivos para preceptoria, mas não estavam satisfeitos; 11,2% receberam formação em preceptoria; 92,3% demandaram capacitação para exercê-la; 69,2% atuaram nos três tipos de estágios. Prevaleceu (76,3%) a preferência por atuar no estágio 3 (clínico) do que nos dois outros (extra-clínicos). Para 65,3% deles a estrutura física e organizacional para exercer a preceptoria é ruim, 69,2% avaliaram como insatisfatório o apoio institucional do serviço e 57,7% o da universidade, apesar dos esforços da instituição formadora em promover educação permanente e presencial nos serviços. Os pontos positivos mais citados foram a troca de saberes com os estudantes e docentes e a importância de integrar o estudante ao Sistema Único de Saúde. Conclui-se que embora valorizem a preceptoria, prevaleceram insatisfações de ordem trabalhista, de condições de trabalho e de formação que precisam ser enfrentadas.

Descritores: Estágios. Preceptoria. Atenção Básica à Saúde. Sistema Único de Saúde.

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