

Perceptions of Dentistry students regarding the contribution of preceptors

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ABSTRACT

The aim of the present study was to identify the perception of students of the Dentistry regarding the contribution of preceptors in their process of academic training. This qualitative study involved 69 volunteer students from three public and private higher education institutions in the city of Rio de Janeiro. The volunteers described their perceptions regarding the contribution of the preceptor in their training process. The answers were evaluated through Bardin's content analysis and classified into 3 thematic categories: "The clinical knowledge/experience required for teaching"; "The understanding of the process of working in Primary Care" and "Professional training". It was concluded that, from the perspective of the students, the preceptor is considered to have the necessary characteristics to meet their academic demands needs, as they have the necessary clinical knowledge and teaching knowledge and understand the working process in public service. A lack of professional training can influence the learning process.

Descriptors: Preceptorship. Professional Training. Unified Health System. Education Higher.

1 INTRODUCTION

Pro-PET-Saúde (the National Program for the Reorientation of Professional Training in Health and the Educational Program for Working

in Health) has established itself as an important tool for compliance with the National Curriculum Directives (NCD) for courses in the area of health, incorporating students into practical scenarios in

the Unified Health System (SUS), with the aim of bringing public and private Higher Education Institutions and public health services closer together. It contributes to a teaching that is compatible with the health needs of the population through the production of suitable knowledge for how professionals and students think and act about health when providing a quality service for the Brazilian people¹.

Based on the integration of teaching and work advocated by the Ministries of Health and Education, a new responsibility has arisen for professionals of the public health service, who today must assume tasks related to the teaching-learning process. During an internship period, students accompany the work of health professionals, apply theoretical-practical knowledge and clear up any doubts they may have².

Preceptors have therefore been recognized as mediators of the integration of students into the public service work routine³, contributing, through their experience of working in the health service, to improving the understanding of trainees about how the public sector works⁴ and the health needs of the population⁵, and generating interest in public service work⁶. These activities of preceptors are established in the NCD for Dentistry courses, which in Article 5, section VI, state that medical staff must take responsibility and be committed to the training of future generations of professionals⁷.

Studies show that preceptors are recognized as an important part of the student training process³⁻⁶, but a reflection on how qualified they are for this role in the light of current changes in health practices is required⁴, particularly in terms of pedagogical training for preceptors^{5,9,10}, an understanding of their true role in the student training process¹¹ and how to reconcile the preceptor role with the clinical and/or administrative work load of such individuals¹².

Based on the above, the aim of the present

study was to identify the perception of Dentistry students about the contribution of preceptors to their academic training.

2 METHODS

The present qualitative study was carried out in accordance with Resolution 466 dated 12/12/2012 of the National Health Council of the Ministry of Health and approved by the Ethics Research Committee (CAAE: 38109914.6.0000.5374).

The study population was composed of Dentistry students from Rio de Janeiro who had completed a Supervised Internship in Primary Health Care, in Basic Health Units and/or Family Health Units, and who were supervised/oriented by preceptors from the public health service.

A total of 73 students from three universities were invited to take part. The universities, two of which were public and one of which was private, were referred to as “X”, “Y” and “Z”, and students who were absent on the days when interviews were scheduled were excluded.

The guiding question of the script was based on the perception of the students about the contribution of preceptors to their academic training. The questionnaires were read and the answers were evaluated by content analysis¹³, which has a particular significance in the field of social investigations, representing a methodological approach with its own characteristics and the potential to obtain deeper levels of understanding of subjects which are impossible to quantify mathematically¹⁴.

The transcribed responses were read by the researcher and a categorization of the statements of the students follows.

3 RESULTS AND DISCUSSION

A total of 69 students took part in the study (24 from university “X”, 18 from “Y” and 27 from “Z”). The set of responses generated five central

ideas, three of which are discussed in the present study: “The clinical knowledge/experience required for teaching”; “The understanding of the process of working in Primary Care” and “Professional training”.

The clinical knowledge/experience required for teaching

The students felt that the preceptors were trained to meet their needs, noting that they had the clinical knowledge/experience necessary to carry out their roles as preceptors, an observation emphasized in the following responses:

“All the professionals who supervised me as an undergraduate were highly trained and possessed practical abilities and scientific knowledge” (4X).

“They have the theoretical and practical knowledge to perform their role” (8Y).

“In addition to their training and technical knowledge, they have a lot of experience due to the demands of care” (14Z).

The acquisition of clinical experience represents an important part of undergraduate and post-graduate training in health, and the preceptor has the fundamental role of helping to develop the clinical abilities of the student. As such, possessing the knowledge and ability to carry out clinical procedures is an essential requirement for the role of preceptor of undergraduate students, as such activities are a key part of the routine of students during their supervised internship¹⁵.

Reports in literature have found that preceptors sometimes acquire professional knowledge, but lack teaching skills⁹. The challenges of the pedagogical role are significant and involve skills distinct from those demanded by clinical activities¹⁶, meaning that a good medical doctor will not always have the abilities and skills required for the role of preceptor.

While there were no reports of the need for the pedagogical training of the preceptor to perform

their teaching activities, it has been considered essential by a number of authors^{5,9,10}.

Often medical professionals who act as preceptors provide a purely technical education, based on step by step clinical procedures. However their role as preceptor must go beyond simply passing on the daily clinical practice of the health service¹⁷. They should therefore have a broader knowledge of aspects that affect the health of communities and populations in order to provide integral and continuous care. Students, meanwhile, should be included in the routines of health services so that they can produce knowledge beyond clinical practices.

The understanding of the process of working in Primary Care

Another factor that students believed was necessary for a preceptor to be considered trained to work with students in practical areas was knowledge of the process of working in Primary Care.

“He or she is someone who understands the academic routine of the clinic and the patients, but can also plan activities for undergraduates” (11Y).

“They are used to and know how to deal with students and made us feel comfortable” (17Z).

The daily experience of the preceptor in the health services represents a type of appropriation of the work process and the health team. Thus, health work must be understood as collective, which despite the specifics of knowledge and professional practices is part of a set that results in the health care of human beings. The understanding of this is essential for the provision of quality care, provided by people who perceive that the product of their work is socially valued⁴.

In addition, the process of working in health should include a set of coordinated and targeted actions, both individual and collective, from health

promotion to rehabilitation, in order to modify the health situation of the population, its determinants and constraints¹.

Thus, there is a need for the preceptor to guide and become engaged with this perspective, as teaching the specific or clinical contents requires moments of reflection and criticism about the working process in health, which is gradually being perceived and valued by the preceptors in their pedagogical role⁷.

In this way, students who have previous experience of working in SUS training programs, who are guided by well-prepared health workers and who experience real situations related to the working routine, the needs of service, interprofessional teamwork and management, will be better prepared for the labor market in the future, offering a quality service to the population.

Professional training

Today's health professionals are the result of the training model they experienced as students^{11,18,19} and often do not have the proper profile or training to act as preceptors. As a result, they can discourage trainees in their practice, as students notice when the professional is demotivated, has outdated knowledge or is unable to cope with the role^{12,20}.

In this study, many participants observed that the preceptor was trained to perform the role, while others argued that the ability to do so is linked to the preceptor keeping up to date with current knowledge.

“He is trained to help the students” (6X).

“All the preceptors that I met were good professionals, who were clearly trained for their roles” (2Z).

“... They're trained professionals who keep up to date with current knowledge” (7X).

“During my supervised internship the preceptor showed that they were trained for a range of situations. However it's

important to encourage the preceptor to keep up to date with current knowledge” (12X).

The lack of continuing preceptor training was mentioned as an issue that can negatively affect the learning of the trainee, generating a dichotomy between the teaching practiced in the universities and the reality of the internship.

“... The only problem that I perceive is keeping knowledge updated in some areas, often the preceptor has not yet had contact with the new techniques that we learned in college, so ongoing education in health is important” (17X).

“The lack of up to date knowledge of my preceptor made me very confused in certain situations” (23X).

Carrying out an internship with the support of the preceptor also contributes to increasing the experience and coexistence of students, allowing the acquisition of new knowledge that will serve them as future professionals. One suggestion, however, was training in scientific knowledge⁷, which was also seen in this research.

Article 4, section VI of the NCD for Dentistry cites the need for Permanent Education, both in training and in professional practice. Thus, it is fundamental to learn to learn, to take responsibility for and be committed to education itself and the training of future generations of professionals, providing the necessary conditions to mutually benefit health service professionals and students⁷. It is the responsibility of the preceptor to seek to constantly improve himself or herself, but it is important that the three spheres of government and higher education institutions encourage and promote continuing education opportunities for these professionals.

Therefore, it is important to state that the different practical scenarios already represent spaces for the construction of new knowledge, attitudes and values that can help in the process of

professional qualification in health, through the reflections of daily practice itself¹⁰.

Professional training and keeping knowledge up to date also takes place through working with students, awakening in the preceptor the need for permanent training in health work^{5,20}, since the insertion of students in the activities of the internship stimulates professionals to seek theoretical and academic knowledge through a dialogue with the university, and not feel their knowledge is out of date in front of trainees^{12,21}

The presence of students at work is a stimulus for refreshing knowledge, in addition to making activities more dynamic, pleasurable and human, providing personal and professional growth for those involved. The coexistence of students and teachers allows greater proximity to the university and generates a greater desire for improvement among preceptors⁵.

The present educational process is no longer centered on a single figure who holds knowledge, but rather constitutes a process of exchange among the actors involved, since "those who teach learn by teaching and those who learn teach by learning"²², something perceived in the words of the students evaluated in this study.

"They have enough theoretical and practical knowledge and like to work with people with more up-to-date knowledge, who teach them as well as learning themselves" (24X).

Although several authors have demonstrated the need for training and/or updating of the knowledge of the preceptors^{6,10,15,23}, others show that continuing education and the in-service training of human resources in the area of health are occurring through projects such as Pro-PET-Saúde^{9,24}.

4 CONCLUSION

The present study found that from the perspective of students, preceptors are trained to

meet the needs of undergraduate students in the Supervised Internship period, contributing to the student training process, as they have clinical knowledge of the working process in public service and are able to guide the students during activities, while also possessing the necessary skills and training to perform the role of preceptor. However, the respondents felt that the continuing education of the preceptors was lacking.

RESUMO

Percepções de estudantes de Odontologia sobre a contribuição do preceptor

O objetivo deste estudo foi identificar a percepção de discentes de Odontologia acerca da contribuição dos preceptores no seu processo de formação acadêmica. Este estudo qualitativo abordou 69 estudantes de três Instituições de Ensino Superior públicas e privadas do município do Rio de Janeiro. Os voluntários responderam sobre suas percepções a respeito da contribuição do preceptor no processo formativo. As respostas foram avaliadas pela análise de conteúdo de Bardin e classificadas em 3 categorias temáticas: "A experiência/conhecimento clínico necessário no ensino", "O entendimento do processo de trabalho na Atenção Primária" e "A capacitação profissional". Conclui-se que, sob a perspectiva do discente, o preceptor é considerado um profissional com perfil necessário para atender às suas demandas acadêmicas, já que possui o conhecimento clínico necessário no ensino e conhece o processo de trabalho no serviço público. A falta de capacitação profissional pode influenciar o processo de aprendizado.

Descritores: Preceptor. Capacitação Profissional. Sistema Único de Saúde. Educação Superior.

REFERÊNCIAS

1. Brasil. Ministério da Saúde. Portaria Nº 2.805, de 6 de dezembro de 2012. Define os valores para a implementação do Programa Nacional de Reorientação da Formação

- Profissional em Saúde - Pró-Saúde, a ser repassado aos respectivos Fundos Estaduais e Municipais de Saúde em parcela única. Brasília: Ministério da Saúde, 2012.
2. Gonçalves CM, Santos KT, Carvalho RB. O PET-Saúde como instrumento de reorientação do ensino em Odontologia: a experiência da Universidade Federal do Espírito Santo. *Rev ABENO*. 2011;11(2):27-3.
 3. Luz GW, Toassi RFC. Percepções sobre o preceptor cirurgião-dentista da Atenção Primária à Saúde no ensino da Odontologia. *Rev ABENO*. 2016;16(1):2-12.
 4. Souza MIDCD, Maia KD, Jorge RR, Berlink T, Ramos MEB. Análise discente da contribuição do preceptor e do estágio na formação do aluno de graduação da FO UERJ. *Ver ABENO*. 2011;11(2):57-62.
 5. Lima PAB, Rozendo CA. Desafios e possibilidades no exercício da preceptoria do Pró-PET-Saúde. *Interface*. 2015;19(Suppl 1):779-91.
 6. Bulgarelli AF, Souza KR, Baumgarten A, Souza JM, Rosing CK. Formação em saúde com vivência no Sistema Único de Saúde (SUS): percepções de estudantes do curso de Odontologia da Universidade Federal do Rio Grande do Sul (UFRGS), Brasil. *Interface*. 2014;18(49):351-62.
 7. Conselho Nacional de Educação. Câmara de Educação Superior. Institui Diretrizes Curriculares Nacionais do Curso de Graduação em Odontologia. Resolução CNE/CES 3/2002. Diário Oficial da União, Brasília, 4 de março de 2002. Seção 1, p. 10.
 8. Batista KBC, Gonçalves OSJ. Formação dos profissionais de saúde para o SUS: significado e cuidado. *Saúde Soc*. 2011;20(4):884-99.
 9. Pinto ACM, Oliveira IV, Santos ALS, Silva LES, Izidoro GSL, Mendonça RD, et al. Percepção dos alunos de uma universidade pública sobre o Programa de Educação pelo Trabalho para a Saúde. *Ciênc Saúde Coletiva*. 2013;18(8):2201-10.
 10. Autonomo FROM, Hortale VA, Santos GB, Botti SHO. A Preceptoria na formação médica e multiprofissional com ênfase na Atenção Primária - análise das publicações brasileiras. *Rev Bras Educ Méd*. 2015;39(2):316-27.
 11. Monteiro DM, Leher EM, Ribeiro VMB. A formação pedagógica dos profissionais da Área da Saúde. Formação pedagógica de preceptores do ensino em saúde. Juiz de Fora: Editora UFJF; 2011. p. 13-22.
 12. Vasconcelos ACF, Stedefeldt E, Frutuoso MFP. Uma experiência de integração ensino-serviço e a mudança de práticas profissionais: com a palavra, os profissionais de saúde. *Interface Comun Saúde Educ*. 2016 mar;20(56):147-58.
 13. Bardin L. Análise de Conteúdo. Portugal: Edições 70; 2009.
 14. Moraes R. Análise de conteúdo. *Rev Educ*. 1999;22(37):7-32.
 15. Rocha PF. O preceptor cirurgião-dentista da atenção primária à saúde na formação em odontologia: compreensão do papel e análise das características para a preceptoria [dissertação]. Porto Alegre: Faculdade de Medicina da Universidade Federal do Rio Grande do Sul; 2014.
 16. Rocha HCR, Ribeiro VB. Curso de formação pedagógica ara preceptores do internato médico. *Rev Bras Educ Méd*. 2012;36(3):343-50.
 17. Oliveira ET, Vasconcelos M, Rodarte RS, Esteves RZ. Reflexões sobre a prática pedagógica do Cirurgiões-Dentistas preceptores de estágio. *CIAIQ*. 2017; 2:259-69.
 18. Marins JJN. Formação de preceptores dos

- para a Área da Saúde. In: Brant V (Org.). Formação pedagógica de preceptores do ensino em saúde. Juiz de Fora: Editora UFJF; 2011. p. 47-52.
19. Mohr A. A Formação Pedagógica dos Profissionais da Área da Saúde. In: Brant V (Org.). Formação pedagógica de preceptores do ensino em saúde. Juiz de Fora: Editora UFJF; 2011. p. 53-66.
20. Forte FDS, Pessoa TRRF, Freitas CHSM, Pereira CAL, Carvalho Junior PM. Reorientação na formação de cirurgiões-dentistas: o olhar dos preceptores sobre estágios supervisionados no Sistema Único de Saúde (SUS). Interface Comun Saúde Educ. 2015;19 (Supl. 1):831-43.
21. Pinto TR, Cyrino EG. Com a palavra, o trabalhador da Atenção Primária à Saúde: potencialidades e desafios nas práticas educacionais. Interface Comun Saúde Educ. 2015;19 (Supl 1):765-77.
22. Freire P. Pedagogia da Autonomia. São Paulo, Paz e Terra; 1997.
23. Barreto VHL, Marco MAD. Visão de Preceptores sobre o processo de ensino-aprendizagem no internato. Rev Bras Educ Méd. 2014;38(1):94-102.
24. Moura TP, Costa RCM, Damasceno TC, Nuto SAS, Pequeno LL. Percepção da inserção de alunos na atenção primária: visão dos gestores e profissionais da Estratégia Saúde da Família. Rev ABENO. 2010;10(2):46-52.

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