

Profile of competences of preceptors for Primary Health Care

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ABSTRACT

The teaching-service integration proposes a new way of thinking about training. The role of the preceptor is fundamental, mediating the student's learning from experiences in health services. This cross-sectional study aimed to evaluate the profile of competences of dental surgeons (DS) working in the Primary Health Care in the city of Campina Grande regarding the exercise of preceptorship, understanding the importance of these results for institutions to rethink training and provide management with knowledge of the profile of professionals that integrate their assistance network. Data were collected by means of a questionnaire and submitted to descriptive statistical analysis, and analysis of proportional difference (Pearson's chi-square test or Fisher's exact test, when appropriate) was used to investigate associations between qualitative variables. Most indicated that the teaching-service integration in DS formation is extremely important ($n = 19$, 44.2%). A significant proportion have not yet participated in training for preceptors ($n = 31$; 72.1%); statistically significant association was found between having participated in some training and reporting feeling prepared for the function ($p = 0.005$). Difficulties were reported in the development of preceptorship ($n = 32$; 74.4%), highlighting lack of training programs ($n = 29$; 67.4%). Results point to the need for training processes for preceptors, which contribute to a consistent reflection on the health care model and the training of new professionals.

Descriptors: Preceptorship. Public health. Human Resources in Dentistry.

1 INTRODUCTION

Health in Brazil underwent strong changes in the decades of 1980s and 1990s, with the establishment of a universal system, the Unified Health System (SUS), created by the 1988 Constitution and regulated by Organic Health Laws (8.080/90 e 8142/90). Considered one of the greatest social achievements of Brazil, it represents the materialization of a new conception, which must be appropriated by Higher Education Institutions (HEI)¹.

The health care ordering model chosen by the Ministry of Health was that of Primary Health Care (PHC). In Brazil, its implementation took place in 1994, with the choice of the Family Health Program (FHP), later in 2006, called Family Health Strategy (FHS)², of which dental surgeons (DS) only became part with the publication of Ordinance 1444³. However, the appropriation of the determinant context of the health-disease process and a generalist and humanist assistance do not require experiences in health services during the period of training of these professionals⁴.

Faced with the challenges posed by the new training model, discussions about graduation changes emerged⁵. Thus, in 1996, the Law on Guidelines and Bases of Education⁶ was proposed, which governs Brazilian education, proposing, among other measures, the replacement of minimum curricula by the National Curricular Guidelines (NCG) for undergraduate courses^{7,8}.

Within the demands of the student's early insertion into the professional context and the diversification of learning scenarios, "Teaching-Service Integration" finds a privileged locus for reflection on the reality of care production⁹. In such a scenario, health preceptorship is a very important factor, enabling the early insertion of student into the

health care environment, allowing the creation of possibilities for the development and completion of the dentistry course with a differentiated training profile¹⁰.

In this way, the present research proposed to evaluate the profile of competences of Dental Surgeons working in the PHC of the city of Campina Grande / PB, regarding the exercise of preceptorship, understanding the importance of these results for the HEI to rethink training and to provide management with the knowledge of the profile of professionals that integrate their assistance network.

2 MATERIAL AND METHODS

This is a quantitative and analytical study with cross-sectional design. The research was developed in the Primary Health Care network of the city of Campina Grande / PB.

According to literature¹¹, for statistical reasons, whenever the size of the reference population is less than or equal to 250 individuals, the performance of a census is recommended, that is, the whole population is examined. According to data provided by the Municipal Health Department, there were 57 oral health teams accredited in the municipality. However, 13 of these teams had no DS, totaling 44 Oral Health teams in operation at the municipality's FHS.

All DSs at PHC level were included in the study, regardless of age and gender, who agreed to participate in the study, signing the Free and Informed Consent Form (Resolution 466/2012); excluding those who were not in full exercise of the function during the period of the survey and professionals who were not found in their respective workplaces, after three consecutive returns, in alternating days and times considered as losses, or refusals those who refused to participate in the research.

The study followed norms of Resolution No. 466/2012 of the National Health Council that regulates research on human beings, obtaining favorable opinion from the Research Ethics Committee of the State University of Paraíba (CAAE: 63009916.7.0000.5187).

The research instrument aimed at evaluating the profile of competences of SD in terms of the exercise of preceptorship was built from NCG for courses of the health area approved in 2002⁷. Based on the knowledge and competences established and necessary for higher education to be rearranged according to SUS needs, 20 objective questions were elaborated, which were grouped, for convenience, into four dimensions: characterization of professionals; teaching-service integration; preceptorship activity and relationship with trainees.

The quality control of data was performed through reproducibility analysis (re-test), whose purpose is to measure the degree of correlation and agreement of responses given at two different moments and validity of data collected. In order to perform this evaluation, 10 randomly selected subjects were interviewed a second time, within two to seven days after the application of the first questionnaire, using the Spearman and Pearson correlations for ordinal variables and the Kappa test for dichotomous variables.

Data were submitted to analysis through descriptive statistics, and absolute and percentage frequencies for the qualitative variables were calculated, as well as central tendency (mean, median) and variability measures (standard deviation, minimum value, maximum value) for quantitative variables.

The analysis of proportional difference (Pearson's chi-square test or Fisher's exact test, when appropriate) was used to investigate associations among qualitative variables¹². The

significance level was set at 5% ($p < 0.05$). All analyses were performed using the IBM SPSS Statistics software version 20.0 considering 95% confidence interval.

3 RESULTS AND DISCUSSION

Considering that the study included all DSs at the PHC level in the city of Campina Grande, the relevance of results brings an alert to HEI and to the management of public services regarding the profile of professionals who play the role of preceptor in the service network, allowing the reflection on the need for training processes for preceptorship, considering the importance of the preceptor in the training of students, a role that will only be effectively performed if all required skills are surely consolidated.

Table 1 shows the distribution of participants according to sociodemographic characteristics, training profile and professional performance. The majority were female ($n = 39$, 90.7%), aged up to 45 years ($n = 24$, 55.8%) and reported to have graduated 20 years ago or less ($n = 23$; 53.5%).

Regarding sex, the results were compatible with those of literature^{13,14}, which shows the feminization of professions as a trend in the health areas due to the expansion and elevation of education and instruction levels, as well as economic changes in Brazil, which have led to the creation of a labor market open for women¹⁵.

Table 2 shows the distribution of participants according to their perceptions about the teaching-service integration. Most indicated that the teaching-service integration in DS formation is extremely important ($n = 19$, 44.2%). However, a significant number of professionals still have not participated in training for preceptors ($n = 31$; 72.1%). This importance is strengthened in the context of changes in DS formation in Brazil, requiring

integral training for SUS, providing learning and work in all spaces that make up the Health Care Network¹⁶. Given this reality, one of the NCG

proposals is the inclusion of traineeships in the public service from the initial periods of undergraduate studies^{7,18}.

Table 1. Distribution of participants according to sociodemographic characteristics, time of training and professional performance

Variables	n	%
<i>Age (years)*</i>		
≤ 45 years	24	55.8
> 45 years	19	44.2
<i>Sex</i>		
Male	4	9.3
Female	39	90.7
<i>Training time (in years)*</i>		
≤ 20 years	23	53.5
> 20 years	20	46.5

* Variables dichotomized by the median.

Table 2. Distribution of participants according to perceptions about teaching-service integration

Variables	n	%
<i>How do you evaluate the teaching-service integration (trainees in the SUS network) in the training of the dental surgeon?</i>		
Unimportant	0	0.0
Little important	0	0.0
Important	8	18.6
Very important	16	37.2
Extremely important	19	44.2
<i>Do you believe that the preceptorship activity is really important in the student's formation?</i>		
Yes	43	100.0
No	0	0.0
<i>Have you ever participated in any training for preceptors?</i>		
Yes	12	27.9
No	31	72.1
<i>Do you feel prepared for the preceptorship function?</i>		
Yes	24	55.8
No	19	44.2

The international literature highlights health services as training spaces in the curricula of dentistry courses¹⁹⁻²², which bring students closer to the profession in their reality,

putting them in contact with public health practices and policies in order to identify their position in SUS^{17,23-27}.

All professionals claim to have

knowledge of the meaning of preceptorship. According to literature, preceptors are professionals linked to SUS services, who receive undergraduate or graduate students from the health area in the context of an education program in order to follow and guide them, enabling the appropriation of knowledge, skills and attitudes important for their professional performance, narrowing the distance between theory and practice^{28,29}. It is from the perspective of the preceptorship that work is considered as an educational principle, valuing knowledge derived from work experience in the training of other professionals^{17,30}.

Data have shown that all DSs recognize that the preceptorship exercise is really important for students, but it was verified that a significant portion of respondents still have not participated in training for this purpose, and a statistically significant association was found between having participated and feeling prepared for the function ($p = 0.05$) (table 3), pointing out the need for training courses for DSs to act in the preceptorship, understood as essential for the acquisition and consolidation of the necessary competences for this purpose³¹.

Considering the association evidenced by the research, it is worth emphasizing that one of the assumptions pointed out by the National

Oral Health Policy is the definition of a policy of permanent education for workers in order to implement projects of change in the technical training of undergraduate and graduate students^{32,33}, considering their responsibility and commitment with the future generations of professionals, as recommended by the NCG for Dentistry courses⁷.

However, one of the challenges to be overcome is precisely what concerns the role, attributions, profile and institutionalization of the preceptor professional³⁴. The inclusion of students in the service network reveals some pedagogical debates, mainly regarding problems experienced by health workers in their daily lives, specifically regarding human resources policies and the lack of institutional support and opportunities for access to training courses and continuing education^{27,35,36}.

Table 4 shows the distribution of participants according to perceptions about the preceptorship activity and the relationship with trainees. The majority reported working or have already worked as preceptors ($n = 26$, 60.5%), and there are difficulties in the preceptorship development ($n = 32$, 74.4%). The three difficulties most reported were: lack of inputs ($N = 34$, 79.1%), lack of training program to work on health preceptorship ($n = 29$, 67.4%) and lack of financial incentive ($n = 23$, 53.5%).

Table 3. Association between feeling prepared for the preceptorship function and previous participation in some training for preceptors.

Variable	Do you feel prepared for the preceptorship function?			p-value
	Yes n (%)	No n (%)	Total n (%)	
<i>Have you ever participated in any training for preceptors?</i>				0.005*
Yes	11 (45.8)	1 (5,3)	12 (27.9)	
No	13 (54.2)	18 (94,7)	31 (72.1)	

Fisher exact test. * $p < 0.05$.

Table 4. Distribution of participants according to their perceptions about the preceptorship activity and the relationship with trainees

Variables	n	%
<i>Do you work or have you worked as a preceptor?</i>		
Yes	26	60,5
No	17	39,5
<i>Are there difficulties in the process of developing preceptorship?</i>		
Yes	32	74,4
No	11	25,6
<i>Which of the following alternatives do you consider to be difficulties for the practice of preceptorship?*</i>		
Lack of training program to work on health preceptorship	29	67,4
Lack of commitment of students	4	9,3
Waste of clinical time with student guidance	3	7,0
High student demand	4	9,3
Increase in workload	8	18,6
Lack of financial incentive	23	53,5
Lack of support from the institution which students come from	11	25,6
Lack of inputs (instrumental, PPE's, educational materials, etc.)	34	79,1

* Participant could indicate more than one alternative

Data found in our study were consistent with investigations of other authors³⁷⁻⁴⁰, which showed that the design of units not prepared for trainees, the conditions of precarization experienced in the work environment, discomfort of preceptors with the role of teacher, short experience in the preceptorship function, deficits in the permanent education of professionals, detrimental effect on productivity and lack of financial incentive are barriers to preceptorship³⁷, which strengthens the argument of those who are not interested in the insertion of students in the service, bringing reflexes from previous negative experiences.

All competences covered in the research instrument were drawn according to the NCG for Dentistry courses⁷. Regarding the perceptions of preceptor professional about

them, respect for bioethics principles and professional ethics (n = 20; 76.9%) and constant updating, understanding the importance of new knowledge and internships for future generations of professionals (n = 18, 69.2%) were evaluated as "extremely important" (table 5).

When analyzing a set of competences necessary for the preceptor in the health area, Carvalho, Ventura, Barroso⁴¹ reported that responsibility and professional ethics, technical security and critical capacity, communication, resource management and, finally, pedagogical competences are important. Due to the nature of relationships established in the learning process, preceptors are also seen as models for students' professional growth, and therefore have full responsibility for their ethical training³⁹.

Table 5. Distribution of participants according to their perceptions about competences that characterize a good preceptor profile

Variables	n	%
<i>Ability to develop assignments in their health level.</i>		
Unimportant	0	0,0
Little important	0	0,0
Important	5	19,2
Very important	14	53,8
Extremely important	7	26,9
<i>Practice in an integrated, resolute and continuous way</i>		
Unimportant	0	0,0
Little important	0	0,0
Important	4	15,4
Very important	11	42,3
Extremely important	11	42,3
<i>Ability to make decisions</i>		
Unimportant	0	0,0
Little important	0	0,0
Important	2	7,7
Very important	16	61,5
Extremely important	8	30,8
<i>Respect for bioethics principles and professional ethics</i>		
Unimportant	0	0,0
Little important	0	0,0
Important	1	3,8
Very important	5	19,2
Extremely important	20	76,9
<i>Accessibility</i>		
Unimportant	0	0,0
Little important	0	0,0
Important	1	3,8
Very important	13	50,0
Extremely important	12	46,2
<i>Ability to lead and manage</i>		
Unimportant	0	0,0
Little important	0	0,0
Important	2	7,7
Very important	16	61,5
Extremely important	8	30,8
<i>Constant updating</i>		
Unimportant	0	0,0
Little important	0	0,0
Important	0	0,0
Very important	8	30,8
Extremely important	18	69,2

4 CONCLUSION

SDs in the PHC of Campina Grande are predominantly female, with 20 years or less of graduation, and most of them have already acted as preceptors and consider the teaching-service integration important in the training of students. However, the lack of training programs to prepare them to act as health preceptors is among the main difficulties reported, pointing out the need for training processes. This research topic does not exhaust with the results presented by this research, and other studies that seek to contribute to the understanding of the role and profile of the preceptor are needed, recognizing it as essential in the teaching – service integration.

RESUMO

Perfil de competências de preceptores para a Atenção Primária em Saúde

A integração ensino-serviço propõe uma nova forma de pensar a formação. O papel do preceptor é fundamental, mediando o aprendizado do estudante a partir de vivências nos serviços. O presente estudo transversal objetivou avaliar o perfil de competências dos cirurgiões dentistas (CD) atuantes na Atenção Primária em Saúde no município de Campina Grande quanto ao exercício da preceptoria, entendendo a importância desses resultados para as instituições repensarem a formação e proporcionar à gestão o conhecimento do perfil de profissionais que integram sua rede de assistência.

Os dados foram coletados por meio de questionário e então submetidos a análise estatística descritiva, bem como empregou-se a análise de diferença de proporções (teste qui-quadrado de Pearson ou teste exato de Fisher, quando apropriado) para investigar associações entre as variáveis qualitativas estudadas. A maior parte assinalou que a integração ensino-serviço na formação do CD é extremamente importante (n = 19; 44,2%). Uma parcela expressiva ainda não participou de formação para preceptores (n = 31; 72,1%), constatou-se associação

estatisticamente significativa entre já ter participado de alguma formação e relato de sentir-se preparado para a função (p = 0,005). Foram relatadas dificuldades no processo de desenvolvimento da preceptoria (n = 32; 74,4%), destacando-se falta de programa de capacitação (n = 29; 67,4%). Os resultados apontam para a necessidade de processos formativos para os preceptores, que contribuam para uma reflexão consistente sobre o modelo de atenção à Saúde e formação de novos profissionais.

Descritores: Preceptoria. Saúde Pública. Recursos Humanos em Odontologia.

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