

CASE REPORT ARTICLE

PRECEPTORY IN NURSING IN A PUBLIC HEALTH SERVICE  
PRECEPTORIA EM ENFERMAGEM EM UM SERVIÇO PÚBLICO DE SAÚDE  
PRECEPTORIA EN ENFERMERÍA EN UN SERVICIO DE SALUD PÚBLICA

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ABSTRACT

**Objective:** to report the experience of the preceptor of the nursing residency of the Integrated Health Residency Program. **Method:** this is a descriptive, experience report type study about the preceptorship performed by a stomatherapist nurse of a public service of people with ostomies for nursing residency students of the Multiprofessional Integrated Health Residency Program. **Results:** the residency program subsidizes the training of professionals, integrating teaching, service and learning, developing competences and skills in the training of professionals and exchange of experiences. **Conclusion:** it is believed that the nursing preceptorship for residents is a challenge and an excellent experience for the professional nurse, linking theory and practice, offering the resident the theoretical knowledge and experience of specialized care, bringing to the preceptor, a reflection of their professional knowledge and competences, having to perform the function of educator with clarity and mastery and having confidence in the performance of their activities. **Descriptors:** Nursing Education; Preceptorship; Learning; Multiprofessional Residence; Tutoring; University Education.

RESUMO

**Objetivo:** relatar a experiência do preceptor da residência de Enfermagem do Programa de Residência Integrada em Saúde. **Método:** trata-se de um estudo descritivo, tipo relato de experiência, sobre a preceptoria realizada por uma enfermeira estomaterapeuta de um serviço público de atendimento a pessoas com estomias para alunos da residência em Enfermagem do Programa de Residência Integrada Multiprofissional em Saúde. **Resultados:** subsidia-se, pelo programa de residência, a formação de profissionais, integrando ensino, serviço e aprendizado, desenvolvendo competências e habilidades na formação dos profissionais e a troca de experiências. **Conclusão:** acredita-se que a preceptoria de Enfermagem para residentes é um desafio e uma excelente experiência para o profissional enfermeiro, interligando a teoria e a prática, oferecendo, ao residente, o conhecimento teórico e a vivência de um atendimento especializado, trazendo, ao preceptor, uma reflexão de seus saberes e competências profissionais, devendo realizar a função de educador com clareza e domínio e tendo segurança no desempenho de suas atividades. **Descritores:** Educação em Enfermagem; Preceptoria; Aprendizagem; Residência Multiprofissional; Tutoria; Ensino Superior.

RESUMEN

**Objetivo:** relatar la experiencia del preceptor de la residencia de enfermería del Programa Integrado de Residencia de Salud. **Método:** este es un estudio descriptivo, tipo relato de experiencia sobre la preceptoria realizada por una enfermera estomoterapeuta de un servicio público de personas con estomias para estudiantes de residencia de enfermería del Programa de Residencia Integrada de Salud Multiprofesional. **Resultados:** se subsidia, por el programa de residencia, la formación de profesionales, integrando la enseñanza, el servicio y el aprendizaje, desarrollando competencias y habilidades en la formación de profesionales e intercambio de experiencias. **Conclusión:** se cree que la preceptoria de enfermería para los residentes es un desafío y una excelente experiencia para la enfermera profesional, vinculando teoría y práctica, ofreciendo al residente el conocimiento teórico y la experiencia de la atención especializada, trayendo al preceptor, un reflejo de sus conocimientos y competencias profesionales, teniendo que desempeñar la función de educador con claridad y dominio y tener seguridad en el desempeño de sus actividades. **Descritores:** Educación en Enfermería; Preceptoria; Aprendizaje; Residencia Multiprofesional; Tutoría; Enseñanza Superior.

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## INTRODUCTION

One focuses on the reorientation policies of professional health education and the main lines of action for the induction of changes in health graduations and for the professional development of higher level and technical workers of UHS based on Permanent Health Education (PHE). Within these lines, several programs, actions and initiatives of education for health workers have been implemented, triggering processes of change and strengthening of the UHS. In addition, despite numerous advances in health education, there are still challenges to be overcome and proposals to be implemented and / or readjusted in this sphere, from the perspective of a political-democratic system in contemporary Brazil, which puts on the agenda the need to understand the binomial work and education in a new light.<sup>1</sup>

It is revealed that one of the strategies elaborated by the Ministry of Health to resignify the practices in UHS and consolidate this new way of operating is the teaching-service-community integration whose purpose is to form more critical and reflexive human resources that can strengthen and develop actions in the various points of attention from the perspective of networks, through the vulnerabilities of each health system and each territory.<sup>2</sup>

The residency programs, articulated to the National Policy of Permanent Education (NPPE), are placed as a strategy for the formation of human resources for UHS. In this scenario, the figure of the preceptor emerges, who is the professional who participates in the process of health education by articulating the practice with scientific knowledge, having to dominate the clinical practice and the pedagogical aspects related to it, transforming the professional scenario into educational environment.

The resident professional is counted with the support of the tutor, who acts as an academic advisor, who is directly responsible for the implementation of the pedagogical plan linked to the training or executing institution. It is owned by both tutor and preceptor, pedagogical responsibility. It is detailed that it is up to the preceptor, the direct monitoring of the resident, transforming the daily work at work into a scenario rich in learning experiences, requiring the ability to mediate the process of learning-teaching at work, problematize reality and provoke in the resident a process of action and reflection for the reconstruction of their daily practice.<sup>3</sup>

It is noteworthy that the pedagogical unpreparedness to plan and evaluate educational activities is one of the difficulties and the great challenge in the exercise of preceptorship. The unpreparedness in academic education originates, which is based on a curricular model focused on

the specialties and on the fragmented and disjointed way of acting in health.<sup>4</sup>

The practice of preceptorship in Nursing began to be discussed further, according to Federal Council of Education Opinion No. 314/94, approved by the Ministry of Education and Culture, which recommends the internship accompanied by the teacher and nurses of health services. having been ratified in the National Curriculum Guidelines (NCG), emphasizing that the teaching-learning process requires the breaking of paradigms and the construction of new ideals and practices for the education of people involved in the construction of knowledge that promote education based on the formation of facilitators for social change. Thus, the preceptor needs to improve, develop skills from experience in nursing practice in understanding the collective context and not just the individual, and have the political competence to understand the strategies of UHS and public health. It also involves relational ability to work with students, workload to participate in internships, constant channels of discussion with managers, teachers, students and users.<sup>5-6</sup>

Nurses should be in their own field of work to act as preceptor, enabling greater knowledge of the structure of the health unit, which facilitates their relationship with other institutions that provide care to clients according to their knowledge and skills. It is noticed that, when performing their role as educator, the nurse has as its target audience patients and their families, students and nursing staff, through scientific knowledge and creative skills for nursing care. Thus, nurses are the reference for students' learning and clinical practice, making them develop a relationship of commitment in the work scenario that will bring better quality in vocational training.<sup>7-8</sup>

## OBJECTIVE

- To report the experience of the nursing residency preceptor of the Integrated Health Residency Program.

## METHOD

This is a descriptive study, like experience report, about the preceptorship performed by a stomatherapist nurse of a public service for people with ostomies for students in nursing residency of the Multiprofessional Integrated Health Residency Program in Porto Alegre /LOL. It is reported that the preceptive nurse accompanies the resident professionals of the Nursing nucleus of the second year of residence since 2018, where each resident completes 80 hours of internship in that service. These 80 hours took place in the morning in which each resident accompanied the preceptor for 30 days, and the total has so far been eight residents. During the development of the residency,

activities such as nursing consultation, exchange of ostomy scholarship, treatment of peristomal lesions, dispensing of materials, guidance on the accomplishment of the registration in the service for the acquisition of materials, participation of support groups for people with ostomies, case discussion, research and papers for congress presentations were performed.

## RESULTS

In addition to their care and administrative activities, the nurse of the public service in question also develops educational activities by supervising internships of undergraduate nursing students, postgraduate students in stomatherapy and the preceptorship of the multidisciplinary residency in care. Basic It is known that it is a great challenge to be a preceptor, because the resident professional already has an academic background in Nursing, and the preceptor must be able to teach his / her specialty with its specificities and should, during patient care, demonstrate techniques, discussing the cases and interventions, arousing motivation in the resident professional.

The Stomatherapy Service runs from Monday to Friday, from 8h to 12h and from 13h to 16h, with two stomatherapist nurses, a nursing technician and two nursing assistants, having two rooms for dressings, a doctor's office for care pf people with ostomy, reception, waiting room, storeroom and administrative area.

They begin their activities by the resident professional knowing the physical area of the service, as well as the servers that work on site, accompanying the precept nurse in all their activities. Initially, the attendances are observed, knowing the service routines. After the resident professional feels safe, procedures such as the supply of materials, exchange of ostomy pouch, treatment of skin lesions, orientation for patients and family members, and patient registration to acquire materials are performed, participating in ostomy patient support groups, together with the multidisciplinary team of the service, being held once a month. Resident professionals are encouraged to conduct research and papers for congress presentations. All activities of the resident professional are accompanied by the preceptor nurse, and at the end of the shift, the discussion of the cases attended and the conduct adopted.

## DISCUSSION

This is a valuable experience for the resident nurse in this internship field, since, in undergraduate nursing, the curricula are focused on generalist practices, with few places for the care of specialties, such as stomatherapy. In daily life, the nurse may face difficulties to attend

these patients, who require care beyond the ostomy, because the patient with ostomy has many doubts about skin care, which equipment to use, where to seek care, if you should do some dietary restrictions, if you can exercise, what clothes you can wear, how your work, social and sexual life will be.

It is understood that the preceptor plays a fundamental role, building a field of knowledge and practices for the improvement of the resident, guiding the performance of activities experienced in the daily service within the scope of practice and management in service and providing the resident professional with understanding health service purposes. Their experience and insight are intertwined with theory and practice, and health services are fertile ground for the development of specific skills as well as for humanization and ethics.<sup>2,9</sup>

It becomes, when performing a procedure with the intention of demonstrating to the resident, a qualified action, acquiring teaching character, which leads to constant questions about the preceptorship and the skills that the nurse needs to acquire to exercise it. Thus, confrontations arise and often a discomfort in the conduct of this process by some professionals. It is clear that undergraduate nurses have no guarantee of success in the development of preceptorship activities, as they need to learn to have an attitude of always reflecting on their professional knowledge and skills in an internal self-learning process. It is necessary for the preceptor to recognize in himself the importance of the role that will play in the formation of the resident, and its commitment to the evolution of this professional, having to know first the objectives of the course and the necessary activities in the area of development. Care should also be taken to assist in the identification of learning weaknesses by stimulating resident participation, providing the application of theoretical knowledge in practical activities, participating in the planning and execution of activities and encouraging self-learning.<sup>7</sup>

It is trusted that the links between pedagogy and teaching are the theoretical and practical knowledge of didactics, since there will always be a better way of teaching, the most didactic way of teaching, and each pedagogical tendency will have its corresponding didactics. It will become necessary, if the preceptorship has a reflexive practice, to study more to act better and, with readings and reflections, the appropriate practice and didactics will be discovered.<sup>9</sup>

It is explained that the preceptor participates in health education, articulating the world of work with the world of education, being a protagonist in the teaching-learning process of the residency program, and he needs to have knowledge that goes beyond knowledge about the practice. It is

necessary, for the exercise of preceptorship, that the professional has mastery not only of clinical knowledge, but be able to transform the experience of the professional field into learning experiences. For this, the preceptor must have pedagogical knowledge. There are health residency programs in *lato sensu* education based on education at work, and the teaching-learning process takes place in the service, articulating theory and practice. Thus, between the preceptor and the resident, teaching and learning, based on the exchange of experiences, reflect on the practice and construction of knowledge in real scenarios of health care. The preceptor acts as a mediator in the learning process, mobilizing knowledge and strategies that allow him to conduct such a process, because it is not enough to master the specialized knowledge of the content or a practice, it is necessary to know how to teach in order to be understood.<sup>3</sup>

The preceptor's role in the training of health professionals for UHS is highlighted, revealing itself as an educational attitude at work, encouraging the rethinking of practice, communication and sharing of ideas, teamwork, comprehensive care and promoting permanent education in health work spaces. It is emphasized that being a teacher is facilitating the perception, apprehension, mastery and transforming capacity of reality, assuming more than the mastery of the specific knowledge around which the student should act. One should be aware and sensitive, transforming the informative content into knowledge and critical awareness for the formation. It is understood that teaching is an act that goes beyond the transmission of knowledge and demands interaction with the student in the construction of learning, requires security, generosity, listening, professional competence, commitment, conscience, freedom, understanding that education is a way to intervene in the world, decision making and willingness to dialogue. The didactic strategies should permeate this practice, and it is necessary that the teacher has expertise in the pedagogical practice, as well as other knowledge, such as the knowledge of the students, the educational values, the curriculum and the educational context. It should be taught in such a way that the student understands and develops activities of education at work and teaching actions in which a didactic relationship is evidenced established by its interaction with the resident and with knowledge, which makes up an educational process.<sup>8-9</sup>

For the preceptor to feel safer, there should be greater integration between teachers and preceptors, with discussion of the objectives, guidelines, projects and requirements for that internship, serving as a guide for fulfill your role.<sup>10</sup>

It is pointed out that stomatherapy is the nursing specialty that serves patients with ostomy,

skin lesions and incontinence, and the stomatherapist nurse, who works in this area, aims to reinsert the person with ostomy in society, educate for self-care and provide these patients with higher quality of life.<sup>11</sup>

Caring for people with ostomy is a challenge for health professionals, as it demands several dimensions of care, considering the changes caused by the surgical procedure, such as the physiology of the gastrointestinal or urinary tract, self-esteem and body image, other changes in your life due to the presence of the stoma.<sup>12</sup>

It is due to the occurrence of skin lesions, hernias, infections, stenosis, prolapse, retraction, among other complications, due to inadequate care with the stoma, especially the stoma mucosa and peristomal skin. It is explained that the occurrence of these complications has a multifactorial character, which may involve the stoma, its location, obesity and age of the individual.<sup>11</sup>

## CONCLUSION

Experience has shown that the preceptor is the professional who is in practice and his commitment goes beyond the care of the user, as it also acts as a mediator and facilitator of the resident's training process, sharing responsibility for the development of knowledge. It is revealed in this process that he also learns, for no one educates anyone or educates himself: men educate themselves in the relationships established between themselves and the world. Thus, it is necessary to establish an intercessor space between the teacher of the Higher Education Institution and the care professional in which preceptors and tutors place themselves as mediators between the world of education and the world of work, and it is necessary to motivate the resident in its formation and provoke reflections for a practice that transforms reality. The teacher is believed to be a professional who teaches but also cares, and the preceptor is a professional who cares but who also teaches.<sup>9</sup>

The residency program subsidized the training of professionals, integrating teaching, service and learning, developing competences and skills to deepen the training of professionals, the exchange of experiences and the sharing of knowledge, bringing to the preceptor nurse an appreciation of their work. A lot of knowledge will be demonstrated to the resident by the preceptor nurse, in the development of their attributions, where teaching and practice complement each other. It is perceived that it is a challenge to be a preceptor, because the nurse must accompany and teach, enabling students to qualify them for a better quality of health care.

Nursing preceptorship for residential students is a great experience for the nursing professional and

a great challenge because it links theory and practice, offering the student the theoretical knowledge, the experience of specialized care, bringing, to the preceptor, a reflection of their professional knowledge and competences, having to perform the function of educator with clarity and mastery, having security in the performance of their activities. Feel the preceptor recognized for his work, having stimulation to develop research activities.

The nurse performing procedures during the residency stage performs a qualified action, planning and executing the activities, encouraging the resident to seek the application of the theory and often indicating bibliographic references for the study, for later application in the study, facilitating the understanding of the situations experienced.

It is noteworthy, as limitations, that this was an experience, performed in a service, therefore, does not have a larger universe, as it is the view of the preceptors of this area. Further studies are needed to broaden and deepen the issue of preceptorship in specialized services.

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