

## Preceptorship in multiprofessional residency: A link in training for health education



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### ABSTRACT

The present study aims to present the role of the preceptor in the training of the resident in service as well as the challenges to perform the function in

teaching and learning, with the objective of developing a workshop for preceptors. This is an integrative literature review, using specific descriptors in the Portuguese language controlled by the DeCS (Descriptors in Health Sciences), through four combinations in the Virtual Health Library (VHL) database plus the Boolean operator "AND". For the inclusion criteria, studies on the theme of the review between the years 2014 and 2019 in the languages Portuguese, English and Spanish were considered. The final sample resulted in 22 studies. The main results identified the following categories: the role of the preceptor in the teaching of health residencies, conducting the resident in a systemic way; the daily practice in the actions developed in the preceptorship with the application of learning exchange; and the training of health professionals to act as preceptors through technical competence. The challenges related to the daily practice of the preceptor with the context of the training are linked to the inadequate environment and the lack of financial incentive. One item analyzed was the Political Pedagogical Project of the Multiprofessional Integrated Residency in Health of the Hospital de Clínicas de Porto Alegre, Rio Grande do Sul, presenting a dialogue with the guidelines and principles of the Unified Health System and contributing to training. It is concluded that the preceptor is the professional linked to the practice scenario and plays his role with protagonism and enthusiasm, going through the adversities in the teaching and learning process in the practice scenarios.

**Keywords:** Preceptorship, Teaching Hospitals, Multiprofessional Residency, Unified Health System.

## 1 INTRODUCTION

The training process of health professionals has undergone changes after the articulation of the Ministry of Education (MEC) and Ministry of Health (MS) for the creation of Multiprofessional



Residencies. They are responsible for guiding and training these professionals in order to meet the needs of the SUS (AMARAL et al., 2015).

The discussion about the training of health professionals in the context of SUS practice scenarios has been increasing in Brazil. They focus on the training model, pedagogical practices, challenges in the educational process and professional practice. They seek to break with the fragmented and 'medical-centered' model, promoting an educational proposal based on the comprehensiveness of care and greater articulation between work and educational practice (PRADO; RIBEIRO, 2015).

Curricular teaching activities in undergraduate health courses inserted in public services, especially in curricular internships, assume an important role in the construction of teaching-service-community integration. The same occurs with ministerial programs that induce reorientation in health, such as the Program of Education through Work for Health and the Multiprofessional Residencies in Health (RMSs) (ASSIS et al., 2015; AUTONOMO et al., 2015; CHEADE et al., 2013).

In this scenario of 'in-service education', preceptorship is a teaching modality that brings the idea that health professionals receive, within their work context, undergraduate or graduate students from different educational programs (RODRIGUES, 2012). For Autonomo et al. (2015), although the concepts of preceptor are distinct, most of them have an implicit component of a pedagogical nature, seeking an identification in the consecrated images of the trainer: "teacher-clinician", "educator", "facilitator" and "pedagogical support". As an educational practice, preceptorship is an activity that demands planning and creativity (BARRETO et al., 2019).

Therefore, it is up to the preceptor to narrow the distance between theory and practice in the training of these students (BISPO; TAVARES; TOMAZ, 2014), using daily situations from their work and observing and discussing behaviors and attitudes with students (BOTTI; REGO, 2011). One of the challenges of the preceptor's work is to perform teaching-learning-evaluation activities, even when acting in care overload (CADIOLI et al., 2018).

In the specific space of the residences, the preceptor must be able to develop a plurality of skills, in order to facilitate the professional development of the resident. They are: "pedagogical training for the training of clinical skills, encouragement of self-learning, training in feedback and stimulation of clinical reasoning, use of assessment instruments, among others" (AFONSO et al., 2013b, p. 33, emphasis original).

This should be contextualized with the attributions and competencies of the preceptor of the SUS guidelines, in which in-service training is part of the daily work. Thus, this study aims to analyze, through a literature review, the role of the preceptor in the teaching of health residencies, the actions developed in the preceptorship and the training of health professionals to act as preceptors.



## 2 MATERIAL AND METHODS

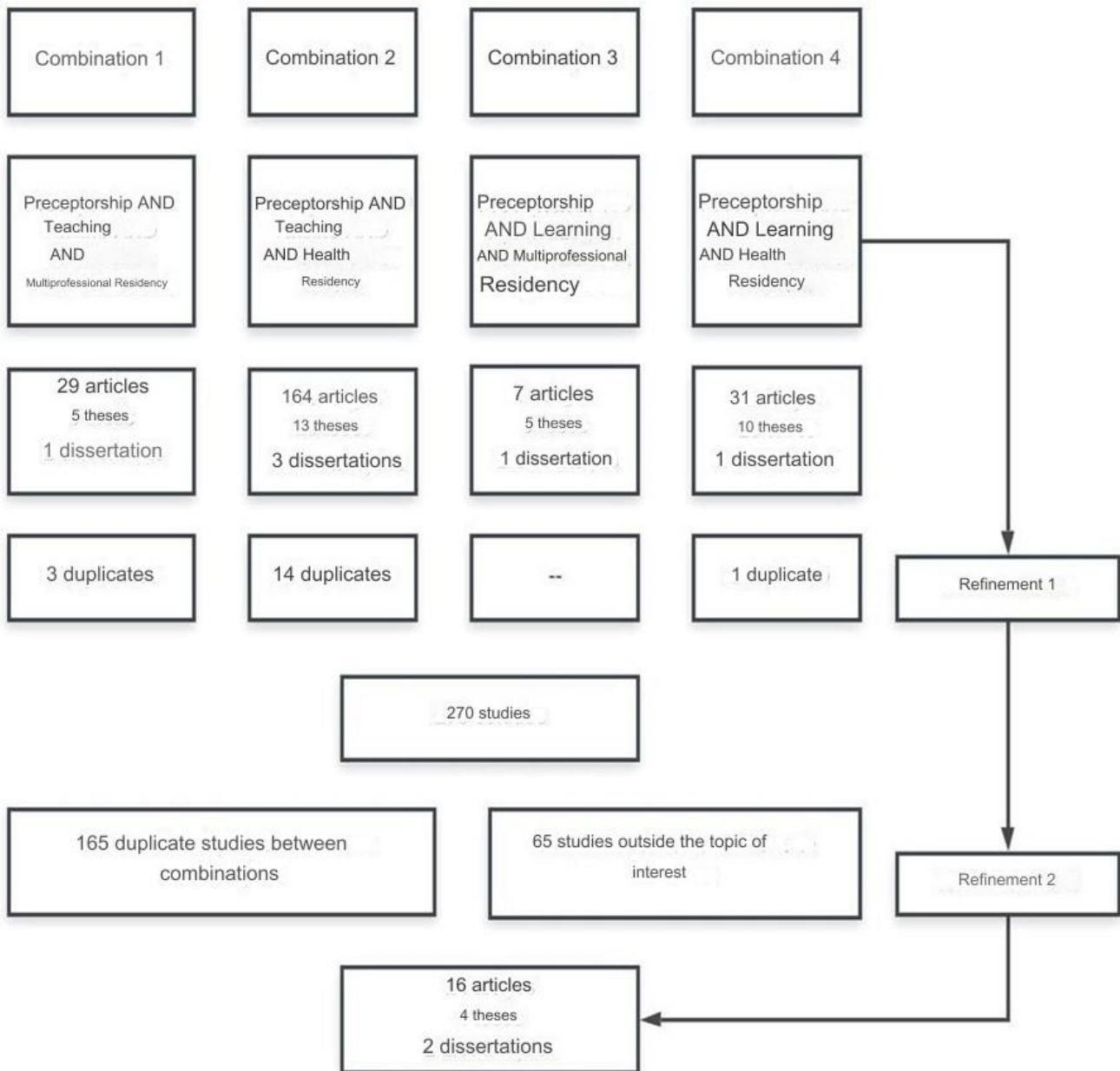
This is a literature review involving the analysis of scientific productions published between the years 2014 and 2019, referring to the role of the residency preceptor in health teaching, the actions developed in preceptorship and the training of health professionals to act as preceptors. The search for the articles was carried out using the descriptors in Portuguese controlled together with the Descriptors in Health Sciences, through four combinations in the database of the Virtual Health Library, with three terms each: (1) preceptorship AND teaching AND multiprofessional residency; (2) preceptorship AND teaching AND residency in health; (3) preceptorship AND learning AND multiprofessional residency; (4) preceptorship AND learning AND residency in health. The inclusion criteria included articles, dissertations and theses in Portuguese, English or Spanish that involved the theme of preceptorship in the residency. Scientific productions not related to the scope of the present study and duplicate productions, as well as Course Completion Papers (undergraduate and/or specialization), letters and editorials were excluded. For the analysis of the studies, it was elaborated, through the software Excel 365 (Microsoft®), an electronic spreadsheet containing the following Variables: year from publication; Authors; modality of the study; methodological approach; study site; population sample; objective of the study; data collection and analysis and main results.

## 3 RESULTS AND DISCUSSION

The results of the literature review identified 231 articles, 33 theses and 6 dissertations, totaling 270 studies. Of these, 165 were duplicated among the databases surveyed and 65 were outside the theme, with 18 studies duplicated within the same combinations. After exclusions, 22 papers (16 articles, 4 theses and 2 dissertations) were selected, which were read in full for analysis (Figure 1). Refinement 1 deals with the exclusion of duplicate studies, within the same combination, and refinement 2, with the exclusion by duplicate studies between the databases and outside the theme of interest.



Figure 1. Flowchart of the study selection process



Source: The authors (2021).

A total of 22 studies focused on the theme of preceptorship in the RMSs were analyzed, including 16 articles, 4 theses and 2 dissertations. Of these 22 studies, there were 6 publications up to the year 2014, decreasing to 2 studies in 2015 and 3 studies in 2016, with only 11 studies published in these periods. An increase was observed in the following years: in 2017, 6 studies were found, and in 2018, 4. In the year 2019, only 1 study was found. The number of authors per publication ranged from 1 to 10 (with an average of 3 authors per publication), totaling 63 authors for the 22 publications. Most of the studies analyzed (n=15) had between 1 and 3 authors, and 1 publication had 10 authors.

Regarding the location, the studies were carried out in North America (n=4) and in Brazil, especially in the Southeast region (n=14). The Northeast (n=2), South and North had the lowest number of publications (n=1) each. Regarding the first authors of the 22 studies, 18 were Brazilians and 4 were



foreigners. The studies reported the first author's relationship (n=14) as a collaborator of health services in higher education institutions. In Brazil (n=4), these were found in the Southeast (n=3) and Northeast (n=1) regions. Other authors (n=4) were linked to higher education institutions outside Brazil.

As for the source of funding, only 2 of the 22 studies analysed reported it. One of them was carried out in Brazil and was linked to the Federal University of Fluminense, in Rio de Janeiro, with the source cited being the National Council for Scientific and Technological Development. The other study was linked to the University of Pittsburgh, whose funding source was Shadyside Hospital in Pittsburgh, Pennsylvania.

Regarding the type of approach, 14 conducted field research. Qualitative studies were the most reported (n=18), followed by experience reports (n=2). Literature review and quantitative research both had one study. Among the types of qualitative studies, analytical, descriptive, exploratory, explanatory, case study, narrative and ethnographic studies were mentioned. Regarding data collection techniques, semi-structured interviews (n=11) and the association of techniques were the most observed (n=5).

As for the participants, most were residents (n=411), followed by preceptors (n=332), tutors (n=6), coordinators (n=4), teachers (n=2) and managers (n=1). The number of participants ranged from 5 to 208 people. Another finding in relation to this was how the participants present themselves in the following combinations of studies: preceptors and residents (n=6); preceptors, residents and manager (n=1); preceptors, residents, tutors, coordinators and teachers (n=1).

Of the 16 articles analyzed, most were published in journals in the area of Public Health (n=14), followed by the area of Medicine (n=2). The Qualis classifications presented in the 16 articles for the area of Public Health were: one A1, two B1, four B2, three B3, four B4. In Medicine, both were B2.

Regarding theses (n=4) and dissertations (n=2), both categories had all their studies published in the digital libraries of universities. 5 are in the Southeast region and 1 in the South region.

After the analysis of the 22 studies and taking as reference the research problem and the objectives, the main axes that emerged for the discussion were: the role of the preceptor in the teaching of health residencies; daily practice in the actions developed in the preceptorship; the training of health professionals to act as preceptors and the challenges related to the daily practice of the preceptor with the context of training. 11 United States of America (n=2) and Canada (n=2).

### 3.1 ROLE OF THE PRECEPTOR IN THE TEACHING OF HEALTH RESIDENCIES

These studies explain that the preceptor does not necessarily have an academic function, but rather is the interlocutor who, during a certain period of time for training, occupies a fundamental and indispensable double role on a daily basis (FERREIRA; SOUZA, 2019). The training of residents



should respond not only to the health needs of the SUS, but also contribute directly to the training of the newly graduated professional who enters the residency, with the aim of educating and intensely exploring the practice experienced during the training period.

For the authors Afonso and Silveira (2012, p. 84), the challenge is to "practice preceptorship by sustaining one's action as an educator, understanding that educating is a reconstructive process, from the inside out, towards autonomy". This is in line with Demo (2004, p. 13-14 apud MELO, 2019, p. 326) when he states that "to educate is to exert influence on the student in such a way that he does not allow himself to be influenced". Thus, it means that there is no finished and definitive knowledge, but rather built together, between student and teacher (OLIVEIRA, 2015).

The role of the preceptor in the context of the resident's education for the SUS becomes a fundamental piece. For Poladian (2014, p. 5) its function is "[...] accompany a small group of students in their practices, in a systematic and organized way."

The engagement of the preceptor was also reported in the studies at the time of case discussions, assistance, preceptorships, and feedback, as these meetings bring together and highlight the involvement of the preceptor in the resident's education. Feedback is a tool that assists in the training of the resident and should be devoid of prejudice. By being referred positively, the resident makes a self-perception of his/her care performance. By receiving negative feedback in daily discussions, a hostile environment can be created, and the superiority of the preceptor is usually emphasized (BOLLELA et al., 2014).

Health education is a complex challenge, requiring a differentiated and sensitive perspective. For greater integration in health services, the studies consider that an environment conducive to flexibility, listening, proactivity, ethics and an adequate professional posture for teaching is better. For Capozzolo, Casetto and Henz (2013), the integration of teaching and service should be associated with a multiprofessional practice, articulated with the pedagogical proposal of training.

The daily coexistence between preceptor and resident usually lasts two years. During this time, both end up creating an educational bond of learning and professionalism. When trust is established between student and preceptor, the rapprochement between them facilitates teaching (AFONSO et al., 2013a).

The preceptor, as a constant actor in the resident's education, plays the role of interlocutor with the coordination, through expanded meetings with his peers, coordinators, tutors and professors. In these moments, their participation is important in the construction of pedagogical activities and macro planning of the program, according to the Political Pedagogical Project (PPP) of the program in which it is inserted and the competencies of the preceptor (BRASIL, 2012).

The working hours and availability of the preceptor to the resident on a continuous basis was not clear in the studies, but there are those who argue that this workload to be made available to the



resident varies according to the program, and the preceptor's attributions should be taken into account according to the preceptor's PPP. With the logic of parity of teaching actions and activities, the preceptors end up with a full working day with the resident.

### 3.2 THE DAILY PRACTICE IN THE ACTIONS DEVELOPED IN THE PRECEPTORSHIP

Although the studies presented duties and attributions of the preceptors in the most varied scenarios of action and in different residency programs, the functions performed, for the most part, dealt with the formation and construction of planning and organization of teaching activities, monitoring of practical activities, research, communication and direct evaluation of the resident, according to specific evaluation instruments of the residency programs (BRASIL, 2012). Among the teaching training actions carried out by the preceptor, preceptorship is highlighted, as it is the moment in which the actions are developed in a plural space of multiprofessional partnership, with the exchange of learning and the valorization of reflection and shared decision in the construction of knowledge. For Ribeiro and Rocha (2012, p. 344), "the preceptorship function has fundamentally teaching characteristics, since the preceptor acts in activities that train future professionals or residents to carry out practical activities".

The actions developed are much more powerful because they unite different types of knowledge from different professions, and the knowledge produced there affects the resident and the preceptor. Thus, it would be closer to a shared performance of work experience than an individual preceptorship or shared with residents.

The authors Ferreira and Souza (2019) emphasize the need for the preceptor to develop strategies that optimize the training process, integrating values and attitudes based on citizenship and the idea of social control, capable of influencing the trajectory of future professionals. Even if in a solitary and empirical way, the preceptor uses interlocution as a direct and effective way to understand strategically stimulated at the time of preceptorship, both in care and individually, in the form of direct supervision.

Shared preceptorship is a multidisciplinary space that is closely linked to the program's operating guidelines. The process of integration between residents and professionals in the services takes place through meetings (RODRIGUES, 2016). Preceptorship should be carried out by care professionals with a theoretical and pedagogical basis that supports these actors in the practice of mediation and articulation of the resident's theoretical and practical knowledge in meaningful learning (PEIXOTO; QUEIROZ; TAVARES, 2014).

Analyzing the issue of planning preceptorship actions, Paim and Teixeira (2006) emphasize that the preceptor is an essential element for the organization of the activities performed in the units, and the learning carried out in the preceptorship should be worked on in the educational processes and



teaching methodologies. Among the teaching and learning models reported in the studies are the traditional or trainer-centered model, the emerging teaching model, problem-based learning, and dialogic and participatory learning with the use of Information and Communication Technologies. According to Carvalho et al. (2019), teaching methodologies based on constructivist theories should be encouraged, as they play a significant role in improving students' performance and critical thinking.

The management of teaching carried out by the preceptor takes place daily in the practice setting and in the preceptorships. It includes the construction, organization and feedback of care activities that are carried out through meetings, with the objective of providing a reflection integrating the practice and knowledge acquired in the undergraduate course. It is worth contextualizing that this moment is rich and challenging, as it builds the resident's identity with the practice.

The resident's evaluation process must include his/her training in the theoretical, scientific, practical aspects and skills. It is essential that this process takes place as specified in the residency programs and follows their political-pedagogical guidelines. Thus, the daily follow-up of the resident makes it possible to observe, identify, and correct possible errors, in order to contribute to the qualification of the resident (AUTO et al., 2020).

The use of technologies for training is addressed in the studies as a support tool for a good development of interactive work. Through their sophistication, a better teaching-learning process is sought (NOGUEIRA; ROCHA, 2019).

The technology is classified into three categories (all of which are present on a daily basis and are important for comprehensive care with a national humanization policy): light, light-hard and hard. Lightweight technology consists of communication between team and user, establishing a constant relationship in training. On the other hand, the light-hard ones comprise knowledge and know-how, being continuously employed in learning. Finally, hard technologies are those linked to the use of equipment and protocols in the hospital environment (FEUERWERKER; MERHY, 2016; MERHY, 2005).

As technologies are tools to assist in the daily care of the patient, essential for the training of the resident, their contribution is present in the teaching structures for an evolution of learning in the practice scenarios in which the resident applies the knowledge. Adjustments and adaptations are also needed in all categories to contribute to the evolution of teaching structures (BAIER et al., 2020).

### 3.3 TRAINING OF HEALTH PROFESSIONALS TO ACT AS PRECEPTORS

The preceptor guides the resident during his/her training, and, when assuming this teaching activity, he/she needs to expand his/her knowledge to support his/her technical conduct, improving his/her skills. These are directly linked to the training of the resident and the care of the patient.





Daher and Oliveira (2016) state that, for an effective training of health professionals, the teaching-service partnership is essential. This is done through preceptorship, in line with national, state and municipal health policies.

For Ferreira and Souza (2019), technical competence cannot be dissociated from pedagogical competence, and must be integrated to provide a construction of meaningful knowledge. Although his/her role is considered that of a clinical professor, the preceptor is not an academic professional; then, due to this status, he lacks pedagogical didactic training (CAVALCANTI; SANT'ANA, 2014; GOUVÊA; MELO; QUELUCCI, 2014; PEREIRA, TAVARES, 2016).

In the course of reading the studies, it was observed that there are Uniprofessional and Multiprofessional Residency programs that offer pedagogical didactic training for preceptors through agreements with federal educational institutions. In these spaces, the preceptors acquired knowledge of teaching methodologies, evaluation systems and the construction of new knowledge through exchanges, giving rise to new perspectives for the training of health professionals (HEIDEMANN; MEADOW; WINTERS, 2016, COSTA; TREVISO, 2017; MARANHÃO; MATOS, 2018).

Preceptors who have specific training in the area of health education, such as *lato sensu* and *stricto sensu* graduate programs, have a better integration between the professions. For Arnemann et al. (2018), it is a challenge to promote the interface between different nuclei, converging on training. The teaching-work integration generates a reflection in the preceptor professional himself about his knowledge, stimulating the exchange of knowledge and providing its improvement (FERREIRA et al., 2018).

As seen, studies indicate that preceptors carried out training focused on pedagogical preparation. These activities were initiatives of the service coordinators, without the support of universities, in order to improve and facilitate the understanding of future preceptors. There was an increase in demand because the activities take place during the work period, which impacted daily care, generating delays in the resident's training activities and patient care. For Backes et al. (2020), in this model, preceptors develop a model of reasoning and pedagogical action, building their knowledge about health practice.

Other studies, on the other hand, revealed a relevant point: none of the preceptors participated in any preparatory course to perform the function, nor did the hospital institution provide a workload for this. This can lead to damage to the training of residents and work overload for preceptors.

### 3.4 CHALLENGES RELATED TO THE DAILY PRACTICE OF THE PRECEPTOR WITH THE CONTEXT OF THE FORMATION

This item emerged through studies that cite the challenges of health professionals who are summoned, invited, and even selected to be part of the program's faculty. This is because there is the



anguish of how to be a preceptor, considering that their academic training and professional experience do not serve as subsidies for this training activity.

According to article 6 of Ordinance No. 1,111/GM, of July 5, 2005, preceptorship is considered a teaching-care supervision function for the specific area of activity or professional specialty, directed to health professionals (BRASIL, 2005). Article 7 of the same document states that the payment will have a minimum amount according to the availability of time and engagement in the functions performed by the preceptor in the training of the resident.

However, the studies pointed out that the preceptor does not receive an increase in the salary for performing this activity in parallel with his care assignments, causing dissatisfaction and a decrease in his workforce. The underfunding of residency programs for the training of preceptors, since there is only the payment of scholarships to residents, hinders both the realization of courses that demand higher costs and the effective remuneration of preceptors (DEVINCENZI et al., 2016; CHRISTMAS; SILVA, 2019).

Santos (2016) states that the preceptor is highly demanded, but without the existence of a program for their training, qualification, pedagogical and didactic training or a differentiated remuneration. To assume the role, it is enough to be considered a "good" health professional in the service. In services in which the preceptor receives a salary increase, he or she is already more productive and involved in direct assistance with the resident. The preceptors were satisfied with the specific remuneration of the function (DYBOWSKI; HARENDZA, 2014).

The lack of working conditions linked to the environmental situation, such as poor lighting, overcrowding and high workload, are also barriers to better training. Correio and Correio (2018) show that the limitations in the physical spaces made available for the discussion and organization of the multiprofessional team generate impacts on the educational and integrative process of the professions and on the development of the program.

Another relevant point is the work overload and the accumulation of functions that impact the quality of care provided to the patient on a daily basis. The preceptor tries to find a balance, creating strategies to reconcile assistance and education in the work and training scenario.

Izecksohn et al. (2017) and Silva (2018) state that the accumulation of care activities and the turnover of preceptors cause an overload of work that compromises the preceptorship process. It is important that there is a balance between the various attributions of the preceptor, making the activity more effective for the purpose of its creation.

According to the studies, the lack of knowledge of policies, motivation, adequate training and time management with their own agenda for planning teaching activities in daily practice are limiting for the teaching and learning process of residents, as well as for the recognition of preceptors (SILVA, 2018; CHRISTMAS; SILVA, 2019).



Thus, they are committed to the pedagogical training of the resident without distancing themselves from their responsibilities towards the health service. There is a criticism of a service model that does not recognize it as a trainer.

#### 4 CONCLUSION

In view of the above, it is observed that the studies related to the identity and attributions of the preceptor in health education are diversified in terms of their role, and it is not defined what space they occupy in the practice scenarios. This is because, even though they do not necessarily perform an academic position, their attributions support in-service training activities in order to educate students in the health area.

The preceptor needs to have technical knowledge to perform the function of human resources trainer for the SUS and, although his role is considered that of a clinical professor, he is not an academic professional. Their qualifications – most of which were built by their own means of intellectual growth through *lato sensu* and *stricto sensu* post-graduation – improved their teaching activities for a qualified training of the resident and a better result of the conducts related to the humanization of the relationship in the context of health teaching, bringing the user closer to a safe practice of care. The preceptor's workload may vary in each program, considering that the instrument that regulates this journey is the PPP. However, the parity of teaching and learning actions and activities ends up being an integral journey for the execution of actions developed in the preceptorship.

The studies revealed that the actions performed presented distinction in the performance and duties of the preceptor, but in relation to the activities involved, the training in real situations enabled a reflexive critical sense to the residents. In these activities, the actions dialogued directly with the construction, planning, care practices, research and management of resident evaluations, programs and Multiprofessional Residency Coordination.

The preceptor acts in a solitary and empirical way, using interlocution in a direct and effective way. However, the development of training in the multiprofessional space, with the integration of other professions, strengthens shared conducts. These actions, in addition to being recommended by the Ministry of Education, are potentiators of an education that transcends the barriers of a solitary practice without a comprehensive understanding of the patient, knowing how to explore all the knowledge of the professions.

The training in the practice scenarios establishes the preceptor's knowledge regarding the use of the technologies available in the areas of activity, sharing this knowledge with the resident. This employs an evolution of teachings regarding the structural relationship of services for the safe use of technologies, avoiding practices that are unsafe for the patient and strengthening teaching in the training institution.



These are the difficulties that preceptors face on a daily basis: the fragility in the training of preceptors, directly impacting the excellence of teaching; the absence of support in pedagogical spaces and in the relationship with higher education institutions that are sponsors of RMS programs; deficient places for preceptorship proposals, overcrowded, with precarious structure and sometimes not air-conditioned, making in-service training unfeasible; the financing of scholarships only for residents, restricting some type of financial bonus for the preceptor; and the lack of knowledge of the policies related to time management, with work overload and lack of knowledge of the team and their peers. All of this is an obstacle to the execution of the preceptor function.

The preceptor is the professional responsible for the articulation of health education in the practice settings, but who sometimes encounters relevant challenges for training. These are the ones that proved to be subsidies for the proposal of training and qualification of preceptors.



## REFERENCES

- AFONSO, D. H. et al. Competências da Preceptoría na Residência Médica. In: ASSOCIAÇÃO BRASILEIRA DE EDUCAÇÃO MÉDICA. Cadernos da ABEM: o preceptor por ele mesmo. Rio de Janeiro: Associação Brasileira de Educação Médica, out. 2013a. v. 9. p.40-45. Disponível em: [https://website.abem-educmed.org.br/wp-content/uploads/2019/09/CadernosABEM\\_Vol09.pdf](https://website.abem-educmed.org.br/wp-content/uploads/2019/09/CadernosABEM_Vol09.pdf). Acesso em: 14 jan. 2021.
- AFONSO, D. H. et al. Preceptor de Residência Médica: Funções, Competências e Desafios. A Contribuição de Quem Valoriza porque Percebe a Importância: Nós Mesmos! In: ASSOCIAÇÃO BRASILEIRA DE EDUCAÇÃO MÉDICA. Cadernos da ABEM: o preceptor por ele mesmo. Rio de Janeiro: Associação Brasileira de Educação Médica, out. 2013b. v. 9. p. 32-39. Disponível em: [https://website.abem-educmed.org.br/wp-content/uploads/2019/09/CadernosABEM\\_Vol09.pdf](https://website.abem-educmed.org.br/wp-content/uploads/2019/09/CadernosABEM_Vol09.pdf). Acesso em: 14 jan. 2021.
- AFONSO, D. H.; SILVEIRA, L. M. C. Os desafios na formação de futuros preceptores no contexto de reorientação da educação médica. Revista do Hospital Universitário Pedro Ernesto, [s. l.], v. 11, supl. 1, p. 82- 86, 2011.
- AMARAL, E. M. S. et al. Percepção dos residentes sobre sua atuação no programa de residência multiprofissional. Acta paul. enferm., São Paulo, v. 28, n. 2, p. 132-138, mar./abr. 2015. Disponível em: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S0103-21002015000200132&lng=pt&nrm=iso](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0103-21002015000200132&lng=pt&nrm=iso). Acessos em: 14 jan 2021.
- ARNEMANN, C. T. et al. Práticas exitosas dos preceptores de uma residência multiprofissional: interface com a interprofissionalidade. Interface - Comunicação, Saúde, Educação, Botucatu, v. 22, supl. 2, p. 1635-1646, 2018. Disponível em: [http://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S1414-32832018000601635&lng=pt&nrm=iso](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1414-32832018000601635&lng=pt&nrm=iso). Acesso em: 14 jan. 2021.
- ASSIS, E. Q. et al. Formação em Saúde: reflexões a partir dos Programas Pró-Saúde e PET-Saúde. Interface – Comunicação, Saúde, Educação. Botucatu, vl. 19, n. 1, p.743-752, dez. 2015. Disponível em: <http://dx.doi.org/10.1590/1807-57622014.0996>. Acesso em: 14 jan. 2021.
- AUTO, B. S. D. et al. A Pesquisa-ação Educacional no Desenvolvimento Docente em Métodos Avaliativos para o Médico Residente. In: CASTRO, P. et al (Edit.). Investigação Qualitativa em Educação; avanços e desafios. Aveiro: Ludomedia, 2020. v. 2. p. 27-41. Disponível em: <http://dx.doi.org/10.36367/ntqr.2.2020.27-41>. Acesso em: 14 jan. 2021.
- AUTONOMO, F. R. O. M. et al. A preceptoría na formação médica e multiprofissional com ênfase na atenção primária: análise das publicações brasileiras. Revista Brasileira de Educação Médica, Rio de Janeiro, v. 39, n. 2, p. 316-327, jun. 2015. Disponível em: <http://dx.doi.org/10.1590/1981-52712015v39n2e02602014>. Acesso em: 14 jan. 2021.
- BACKES, V. M. S. et al. Ensino nas residências em saúde: conhecimento dos preceptores sob análise de Shulman. Revista Brasileira de Enfermagem, Brasília, v. 73, n. 4, e20180779, 2020. Disponível em: <http://dx.doi.org/10.1590/0034-7167-2018-0779>. Acesso em: 14 jan. 2021.



BAIER, L. C. D. et al. Tipologia de Tecnologias em Saúde presentes nas maternidades segundo perspectivas dos profissionais gestores e enfermeiros. *Brazilian Journal of Development*, Curitiba, v. 6, n. 6, p. 39215-39229, jun. 2020. Disponível em: <http://dx.doi.org/10.34117/bjdv6n6-459>. Acesso em: 14 jan. 2021.

BARRETO, I. C. H. C. et al. Estado da arte das residências integradas, multiprofissionais e em área profissional da Saúde. *Interface - Comunicação, Saúde, Educação*, Botucatu, v. 23, 2019.

BISPO, E. P. F.; TAVARES, C. H. F.; TOMAZ, J. M. T. Interdisciplinaridade no ensino em saúde: o olhar do preceptor na Saúde da Família. *Interface - Comunicação, Saúde, Educação*, Botucatu, v. 18, n. 49, p. 337-350, 10 mar. 2014.

BOLLELA, V. R. et al. Avaliação formativa e feedback como ferramenta de aprendizado na formação de profissionais da saúde. *Medicina*, Ribeirão Preto, v. 47, n. 3, p. 324-331, 11 mar. 2014.

BOTTI, S. H. O; REGO, S. T. A. Docente-clínico: o complexo papel do preceptor na residência médica. *Physis Revista de Saúde Coletiva*, Rio de Janeiro, v. 1, n. 21, p. 65-85, fev. 2011.

Disponível em: <http://dx.doi.org/10.1590/s0103-73312011000100005>. Acesso em: 04 jan. 2021.

BRASIL. Comissão Nacional de Residência Multiprofissional em Saúde. Resolução CNRMS nº 2, de 13 de abril de 2012. Dispõe sobre Diretrizes Gerais para os Programas de Residência Multiprofissional e em Profissional de Saúde. *Diário Oficial da União*, Brasília, DF, seção 1, p. 24-25, 16 abr. 2012. Disponível em: [http://portal.mec.gov.br/index.php?option=com\\_docman&view=download&alias=15448-resol-cnrms-n2-13abril-2012&Itemid=30192](http://portal.mec.gov.br/index.php?option=com_docman&view=download&alias=15448-resol-cnrms-n2-13abril-2012&Itemid=30192). Acesso em: 14 jan. 2021.

BRASIL. Ministério da Saúde. Portaria nº 1.111, de 05 de julho de 2005. Fixa normas para a implementação e a execução do Programa de Bolsas para a Educação pelo Trabalho. [Brasília]: Gabinete do Ministro, 2005. Disponível em: [http://bvsmis.saude.gov.br/bvs/saudelegis/gm/2005/prt111\\_1\\_05\\_07\\_2005.html](http://bvsmis.saude.gov.br/bvs/saudelegis/gm/2005/prt111_1_05_07_2005.html). Acesso em: 20 dez. 2020.

CADIOLI, L. M. et al. Preceptoria na Residência de Medicina de Família e Comunidade da Universidade de São Paulo: políticas e experiências. *Rev. Bras. Med. Fam. Comunidade*, Rio de Janeiro, v. 13, n. 40, p. 1-8, 20 mar. 2018.

Disponível em: <https://rbmfc.org.br/rbmfc/article/view/1610>. Acesso em: 14 jan. 2021.

CAPOZZOLO, A.; CASSETTO, S. J.; HENZ, A. O. Clínica Comum: itinerários de uma formação em saúde. São Paulo: Hucitec, 2013.

CARVALHO, D. P. S. R. P. et al. Mensuração do pensamento crítico geral em estudantes de cursos de graduação em enfermagem: estudo experimental. *Texto & Contexto - Enfermagem*, Florianópolis, v. 29, n. 9, e20180229, 20 dez. 2019. Disponível em: <http://dx.doi.org/10.1590/1980-265x-tce-2018-0229>.

Acesso em: 21 dez. 2020.

CAVALCANTI, I. L.; SANT'ANA, A. J. A preceptoria em um programa de residência multiprofissional em oncologia: carências e dificuldades. *Revista Eletrônica Gestão & Saúde*, [Brasília]: Universidade de Brasília, v. 05, n. 3, p. 1045-1054, 22 ago. 2014. Disponível em: <https://periodicos.unb.br/index.php/rgs/article/view/486>. Acesso em: 20 dez. 2020.



CHEADE, M. F. M. et al. Residência multiprofissional em saúde: a busca pela integralidade. *Cogitare Enfermagem*, Curitiba, v. 18, n. 3, p. 592-595, set. 2013. Disponível em: <http://dx.doi.org/10.5380/ce.v18i3.46360>. Acesso em: 14 jan. 2021.

CORREIO, D. A. M.; CORREIO, N. G. M. A formação multiprofissional em saúde sob a ótica do residente. *Revista de Pesquisa Cuidado é Fundamental*, Rio de Janeiro: Universidade Federal do Estado do Rio de Janeiro,

v. 10, n. 2, p. 593-598, abr./jun. 2018. Disponível em: <http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/2951>. Acesso em: 20 dez. 2020.

COSTA, B. E. P.; TREVISO, P. The perception of professionals from the health area regarding their training as lecturers. *Texto & Contexto - Enfermagem*, Florianópolis, v. 26, n. 1, e5020015, 13 abr. 2017. Disponível em: <http://dx.doi.org/10.1590/0104-07072017005020015>. Acesso em: 14 jan. 2021.

DAHER, D. V.; OLIVEIRA, B. M. F. A prática educativa do enfermeiro preceptor no processo de formação: o ensinar e o cuidar como participantes do mesmo processo. *Revista Docência do Ensino Superior*, Belo Horizonte, v. 6, n. 1, p. 113-138, abr. 2016. Disponível em: <https://periodicos.ufmg.br/index.php/rdes/article/view/2074>. Acesso em: 14 jan. 2021.

DEVINCENZI, M. U. et al. Processo de construção do programa de residência multiprofissional em atenção à saúde. In: DIAS, I. M. Á. V.; RODRIGUES, T. F.; UCHÔA-FIGUEIREDO, L. R. (Org.). *Percursos interprofissionais: formação em serviços no Programa Residência Multiprofissional em Atenção à Saúde*. Porto Alegre: Rede Unida, 2016. p. 59-76.

DYBOWSKI, C.; HARENDZA, S. “Teaching Is Like Nightshifts ...”: a focus group study on the teaching motivations of clinicians. *Teaching And Learning In Medicine*, [s. l.], v. 26, n. 4, p. 393-400, 15 out. 2014. Disponível em: <http://dx.doi.org/10.1080/10401334.2014.910467>. Acesso em: 14 jan. 2021.

FERREIRA, R. E. et al. Saberes experienciais do preceptor da residência de Enfermagem: um estudo etnográfico. *Online Brazilian Journal of Nursing*, [s. l.]: Universidade Federal Fluminense, v. 16, n. 3, p. 277-288, 24 ago. 2018. Disponível em: <http://dx.doi.org/10.17665/1676-4285.20175464>. Acesso em: 04 jun. 2020.

FERREIRA, B. J.; SOUZA, S. V. Preceptoria: perspectivas e desafios na Residência Multiprofissional em Saúde. *Arquivos Brasileiros de Ciências da Saúde*, [s. l.], v. 44, n. 1, p. 15-21, 30 abr. 2019. Disponível em: <http://dx.doi.org/10.7322/abcshs.v44i1.1074>. Acesso em: 14 jan. 2021.

FEUERWERKER, L. C. M.; MERHY, E. E. Novo olhar sobre as tecnologias de saúde: uma necessidade contemporânea. In: ALMEIDA D. E. S.; BADUY, R. S.; MERHY, E. E.; SEIXAS, C.T.; SLOMP, J. H. (Org.). *Avaliação compartilhada do cuidado em saúde: surpreendendo o instituído nas redes*. Rio de Janeiro: Hexis, 2016. v. 1. p. 59-72.

GOUVÊA, M. V.; MELO, M. C.; QUELUCI, G. C. Preceptoria de enfermagem na residência multiprofissional em oncologia: um estudo descritivo. *Online Brazilian Journal of Nursing*, [s. l.]: Universidade Federal Fluminense, v. 13, n. 4, p. 656-666, 2014. Disponível em: <http://dx.doi.org/10.5935/1676-4285.20144567>. Acesso em: 14 jan. 2021.



HEIDEMANN, I. T. S. B.; PRADO, M. L.; WINTERS, J.

R. F. A formação em enfermagem orientada aos princípios do Sistema Único de Saúde: percepção dos formandos. *Escola Anna Nery*, [s. l.], v. 20, n. 2, p. 248-253, abr./jun. 2016. Disponível em: <https://www.scielo.br/pdf/ean/v20n2/1414-8145-ean-20-02-0248.pdf>. Acesso em: 20 dez. 2020.

IZECKSOHN, M. M. V. et al. Preceptorial em Medicina de Família e Comunidade: desafios e realizações em uma Atenção Primária à Saúde em construção. *Ciência & Saúde coletiva*, Rio de Janeiro, v. 22, n. 3, p. 737-746, mar. 2017. Disponível em: <http://dx.doi.org/10.1590/1413-81232017223.332372016>. Acesso em: 01 dez. 2020.

MARANHÃO, T.; MATOS, I. B. Vivências no Sistema Único de Saúde (SUS) como marcadoras de acontecimentos no campo da Saúde Coletiva. *Interface - Comunicação, Saúde, Educação*, Botucatu, v. 22, n. 64, p. 55-66, jan./mar. 2018. Disponível em: <http://dx.doi.org/10.1590/1807-57622016.0091>. Acesso em: 14 jan. 2021.

MELO, W. R. S. Descolonizando a percepção ocidentocêntrica nos currículos escolares e promovendo uma educação libertadora. In: ABREU, J.; ANTUNES, A. B.; PADILHA, P. R. (org.). *EaD freiriana [livro eletrônico]: artigos e projetos de intervenção produzidos durante o curso A escola dos meus sonhos*, edição 2018, ministrado pelo professor Moacir Gadotti. São Paulo: Instituto Paulo Freire, 2019. p. 322-329. Disponível em: [https://www.paulofreire.org/download/Escola%20dos%20meus%20sonhos-2018\\_Rv-03.pdf](https://www.paulofreire.org/download/Escola%20dos%20meus%20sonhos-2018_Rv-03.pdf). Acesso em: 06 jan. 2021.

MERHY, E. E. *Saúde: a cartografia do trabalho vivo*. 2. ed. São Paulo: Huncitec, 2005.

NATAL, S.; SILVA, L. S. Residência multiprofissional em saúde: análise da implantação de dois programas pela Universidade Federal de Santa Catarina, Brasil. *Trabalho, Educação e Saúde*, Rio de Janeiro, v. 17, n. 3, e0022050, 04 jul. 2019. Disponível em: <http://dx.doi.org/10.1590/1981-7746-sol00220>. Acesso em: 14 jan. 2021.

NOGUEIRA, C. R. M.; ROCHA, J. D. T. Formação

Docente: uso das tecnologias como ferramentas de interatividade no processo de ensino. *Revista Observatório*, [s. l.], v. 5, n. 6, p. 578-596, 01 out. 2019. Disponível em: <https://sistemas.uft.edu.br/periodicos/index.php/observatorio/article/view/4669>. Acesso em: 20 dez. 2020.

OLIVEIRA, B. M. F. Preceptorial na perspectiva da prática integrada: desafios da formação em saúde. 2015. Dissertação (Mestrado Profissional em Ensino na Saúde) – Escola de Enfermagem Aurora de Afonso da Costa, Universidade Federal Fluminense, Rio de Janeiro, 2015. Disponível em: <https://app.uff.br/riuff/handle/1/1648>. Acesso em: 19 dez. 2020.

PRADO, M. L.; RIBEIRO, K. R. B. A prática educativa dos preceptores nas residências em saúde: um estudo de reflexão. *Revista Gaúcha de Enfermagem*, Porto Alegre, v. 34, n. 4, p.161-165, mar./abr. 2015. Disponível em: [https://www.scielo.br/scielo.php?script=sci\\_arttext&pid=21002015000200132&lng=pt&nrm=iso](https://www.scielo.br/scielo.php?script=sci_arttext&pid=21002015000200132&lng=pt&nrm=iso). Acesso em: 04 maio 2019.

PAIM, J. S.; TEIXEIRA, C. F. Política, Planejamento e gestão em saúde: balanço do estado da arte. *Revista de Saúde Pública*, São Paulo, v. 40, n. esp., p. 73-78, ago. 2006. Disponível em: <https://www.scielosp.org/pdf/rsp/2006.v40nspe/73-78/pt>. Acesso em: 14 jan. 2021.

PEIXOTO, L. S.; QUEIROZ, P. P.; TAVARES, C. M. M.





Investigação sobre os saberes e a prática pedagógica do preceptor: um teste piloto. Revista de Enfermagem UFPE On Line, [s. l.], v. 8, n. 7, p. 2038-2046, maio 2014.

Disponível em:

<https://periodicos.ufpe.br/revistas/revistaenfermagem/artic le/view/9881>. Acesso em: 20 dez. 2020.

PEREIRA, C. S. F.; TAVARES, C. M. M. Significado da modalidade de ensino não âmbito da residência multiprofissional em saúde no Hospital Universitário.

Revista Cubana de Enfermería, Havana, v. 32, n. 4, dez. 2016. Disponível em:

<http://www.revenfermeria.sld.cu/index.php/enf/article/vie w/991/210>. Acesso em: 14 jan. 2021.

POLADIAN, M.L.P. Estudo sobre o Programa de residência Pedagógica da UNIFESP: uma aproximação entre Universidades e escola de formação de professores. 2014. Dissertação (Mestrado em Psicologia) – Pontifícia Universidade Católica de São Paulo, São Paulo, 2014. Disponível em:

<https://tede2.pucsp.br/handle/handle/16141>. Acesso em: 19 dez. 2020.

RIBEIRO, V. B.; ROCHA, H. C. Curso de formação pedagógica para preceptores do internato médico. Revista Brasileira de Educação Médica, Rio de Janeiro, v. 36, n. 3, p. 343-350,

jul./set.2012. Disponível em: [https://www.scielo.br/scielo.php?script=sci\\_arttext&pid=S0100-55022012000500008](https://www.scielo.br/scielo.php?script=sci_arttext&pid=S0100-55022012000500008). Acesso em: 20 dez. 2020.

RODRIGUES, C. D. S Competências para a Preceptoría: construção no Programa de Educação pelo Trabalho para a Saúde. 2012. Dissertação (Mestrado em Enfermagem) – Escola de Enfermagem, Universidade Federal do Rio Grande do Sul, Porto Alegre, 2012. Disponível em:

<https://www.lume.ufrgs.br/handle/10183/56085>. Acesso em: 18 dez. 2020.

RODRIGUES, T. F. Residências multiprofissionais em saúde: formação ou trabalho? Serviço Social e Saúde, Campinas, v. 15, n. 1, p. 71-82, 24 out. 2016. Disponível em:

<https://periodicos.sbu.unicamp.br/ojs/index.php/sss/article/view/8647309>. Acesso em: 14 jan. 2021.

SANTOS, W. P. Influência dos Programas de Reorientação da formação do Profissional da saúde no processo de Trabalho: perspectiva dos preceptores. 2016. Dissertação (Mestrado Profissional em Ensino na Saúde) – Faculdade de Medicina, Universidade Federal de Goiás, Goiânia, 2016

Disponível em: <http://repositorio.bc.ufg.br/tede/handle/tede/6383>. Acesso em: 14 jan. 2021.

SILVA, L. B. Residência multiprofissional em saúde no Brasil: alguns aspectos da trajetória histórica. Revista Katálysis, Florianópolis, v. 21, n. 1, p. 200-209, jan./abr.

2018. Disponível em: [https://www.scielo.br/scielo.php?pid=S1414-49802018000100200&script=sci\\_abstract&tlng=pt](https://www.scielo.br/scielo.php?pid=S1414-49802018000100200&script=sci_abstract&tlng=pt).

Acesso em: 20 dez. 2020