

Human training and preceptorship in multiprofessional residency programs: what does scientific production reveal?

ARTICLE

1

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Abstract

This study, configured as a state of art, aims to investigate the scientific production disseminated in the fields of health and education through the analysis of preceptorships in multiprofessional residencies. Searches were conducted on sites such as the Brazilian Digital Library of Theses and Dissertations (BDTD), Scientific Electronic Library Online (SCIELO), as well as mappings in institutional repositories that reflect the intersection of these fields concerning the debate on human formation and professional teaching practice. The categories of preceptorship, health residencies, and continuing health education are approached in dialogue with authors such as Ceccim (2018), Merhy (2004), Sarreta (2009), and Silva (2018). One article, six dissertations, and two theses resulting from searches using descriptors such as "preceptorships," "health residency," and "professional training" were analyzed. The results indicate that, especially from 2015 onward, there has been an increase in research concerning preceptors, formative dynamics, and professional practice.

Keywords: Professional Training. Teaching. Preceptorship. Multiprofessional Residency. Education and Health.

Formação humana e preceptoria em programas de residência multiprofissional: o que revela a produção científica?

Resumo

Este estudo, configurado como um estado da arte, tem por objetivo investigar a produção científica difundida nos campos da saúde e da educação a partir da análise de preceptorias em residências multiprofissionais. Foram realizadas buscas em sites como Biblioteca Digital Brasileira de Teses e Dissertações- BDTD, *Scientific Eletronic Library Online* (Biblioteca Eletrônica Científica Online) – SCIELO, além de mapeamentos em repositórios institucionais que expressem o entrecruzamento dos aludidos campos em função do debate sobre formação humana e atuação profissional docente. Para tanto, são abordadas as categorias de preceptoria, residências em saúde e educação permanente em saúde, na interlocução com autores como Ceccim (2018), Merhy (2004), Sarreta

(2009) e Silva (2018). Foram analisados um artigo, seis dissertações e duas teses resultantes das buscas que utilizaram enquanto descritores “preceptorias”, “residência em saúde”, “formação profissional”. Os resultados apontam que, sobretudo a partir do ano de 2015, emerge um maior número de pesquisas acerca dos preceptores, dinâmicas formativas e atuação laboral.

Palavras-chave: Formação Profissional. Docência. Preceptoria. Residência Multiprofissional. Educação e Saúde.

1 Introduction

The present research aims to investigate the scientific production disseminated in the fields of education and health through the analysis of preceptorships in multiprofessional residencies. The reflections that guided this proposal stem from the understanding of the preceptor's role as a crucial link for the integration between education and health in various practice settings. As Ceccim (2018) addresses, the terms preceptor and preceptorship are practically synonymous in everyday language when referring to the training of health professionals in residency programs. In 2012, the National Commission for Multiprofessional Health Residency (CNRMS) defined preceptorship to affirm the distinction between "training institution" and "executing institution," that is, university and service.

The investigation consists of a state-of-the-art review of the topics discussed, aiming to obtain an overview of what has been researched in this area. It is a way to understand the research line in which the object is focused, thus enabling an understanding and searching for the appropriate directions for this study.

According to Ferreira (2002, p. 258), these types of research are characterized as:

[...] [...] of a bibliographic nature, they seem to share the challenge of mapping and discussing a certain academic production in different fields of knowledge, trying to answer what aspects and dimensions have been highlighted and privileged in different times and places, in what forms and under what conditions certain master's dissertations, doctoral theses, journal publications, and communications in congress and seminar proceedings have been produced. (Ferreira, 2002, p. 258)

Studies on the state of the art are constructed and published in various areas of knowledge, highlighting a significant inventory of knowledge that has been produced and socialized in research, in the times and spaces where discussions take place (Ferreira, 2002). We understand the state of the art as a study that aims to analyze and debate a particular academic production in a specific field of knowledge.

In the specific case of this study, the searches contributed to the understanding of the topics that constitute the examination of professional training and the role of preceptorship in working with residents in Multiprofessional Residency Programs. The study, by gathering bibliographic information on the topic and exploring materials with specific content on the intersection between education and health, justifies itself by the need to present investigative potential so that, in the future, it may support new productions in the aforementioned fields of study. The analysis of the material found and discussed in the text aims to highlight recurring themes in the research, facilitating the understanding of the scientific productions elaborated.

The survey began with consultations to the platforms Brazilian Digital Library of Theses and Dissertations (BDTD) and Scientific Electronic Library Online (SCIELO). The choice of these platforms is justified by their relevance and importance in the academic context, using the descriptors "preceptorship" and "multiprofessional residency."

With this approach, 81 works were found among theses and dissertations, and of these, nine works were the ones that most closely aligned with discussions about the role of preceptorship as an educational practice in the training and qualification of health professionals for the Unified Health System (SUS), which was characterized as an inclusion criterion, since the analyzed content converged on: teaching, professional training, or education and health. These occurrences help to support the understanding of how the pedagogical practice of preceptors occurs in a health space where, clearly, in most of the observations made, there was no professional training that could meet the new reality presented.

Multiprofessional Residency Programs were established in Brazil only in 2005. This recent initiative has its organization and functioning established in a joint act by the Ministries of Education and Health. In the initial survey, it was possible to observe that, starting in 2015, there has been a considerable number of master's dissertations and doctoral theses—concentrated mostly in the South and Southeast regions of Brazil—that address the respective programs. The final temporal marker was established to avoid including publications from the current year that have not yet been completed. Thus, the temporal scope is between 2015 and 2023, due to specific publications on the figure of the preceptor in the education and health axis.

The preceptor professional acts as a guide in the teaching-learning process, transforming activities carried out in the work environment into educational situations. This raises questions about what it means to be a preceptor and what their role is in health education. Teaching requires more than just the introductory knowledge of the field, considering that preceptorship is an educational practice in the work context, and the preceptor needs pedagogical training to perform their functions, according to reflections by Ribeiro and Prado (2014). This leads us to reflect on the training of those who train others and the capacity to promote transformation in health practices.

Considering the presented reflections, we highlight the importance of addressing issues such as the processes of preceptor training and the conceptions about pedagogical practices in health preceptorships. The initial surveys allowed us to identify the various transformations the healthcare sector has undergone in recent decades, especially in the broader context of the national scenario.

A debate identified in the discussion of this topic, in most of the observed research, concerns the importance of the preceptor's work, their role in the human formation of other professionals, and in which category of the technical division of labor they should be classified. The actions of the preceptor are characterized, in part, as the production of immaterial labor, since they do not result in a concrete product but in the complexity of a training process. Wage labor in services that do not produce commodities can be seen, from a Marxist perspective related to the

viewpoint of capitalist production, as unproductive. Thus, “[...] all productive workers are wage earners, but not all wage earners are productive workers” (Antunes, 2013, p. 128). Preceptor professionals provide services without generating a system of exchange or accumulation, however, when we analyze work in the health field more broadly, its definition as productive also expands, as they produce knowledge.

As producers of services, not commodities, preceptors in Health Residencies would have as the quality and nature of their work the exercise of an immaterial activity represented by the production of an immaterial good, as indicated by Hardt and Negri (2004). Preceptors often question their own knowledge and practice, seemingly disregarding what they have been doing competently for so long. The dichotomy between knowing and doing becomes evident, as well as the lack of recognition that caring and teaching are also forms of work.

Historically, society transforms, and as a consequence, professions undergo changes in their practices due to emerging new demands. Many aspects compel us to observe the consequent alterations over the years and how we are receiving such changes, whether in the field of work, education, or professional and human formation. Thus, a deeper concern about the nature of the emerging society, characterized by new uses of technology, for example, manifests itself, and the goal is to provoke reflection in Academia and the general community about the relationships that will be consolidated in light of the fields of education and culture in this process of transformation.

We agree with Adam Schaff, in his work *The Informatic Society*, when he states that “all thinking people in the world realize that we are facing a profound change, which is not only technological but encompasses all spheres of social life” (Schaff, 1985, p. 15). The way of working in contemporary times is made possible through the use of “technological prostheses attached to the body” (Grisci; Bessi, 2006, p. 36). The use of palmtops, portable computers, and smartphones contributes to keeping the worker connected daily with their professional activities, occupying

their free time and increasing the "work time" that exceeds the previously established hours for performing the function.

The use of these devices creates the false impression that the worker can leave work earlier, as they can resolve any pending matters from anywhere, since they are always "connected." On the other hand, it keeps them constantly alert and working beyond the previously established hours. The creation of intra and extra work environment activities to enable preceptorship was identified in some of the publications researched; thus, some work situations occur remotely, not by choice, but by the necessity to monitor residents. This type of situation refers to the preceptor's role, which frequently exceeds the conventional working hours, as there are no formal parameters defined to regulate this professional practice.

The discussion above becomes essential as it reveals other aspects of the demands that constitute the professional profile of the preceptor, what is expected of their performance, and the contours of the duties related to their exercise in the field of work.

2 Theoretical dialogues: intersection between the fields of education and health

The theoretical foundations of the research aim to encompass bibliographic references that address concepts and reflections on permanent education in health, health residencies, preceptorship, and the challenges of this role. To understand these topics, we begin with Ricardo Ceccim (2018), initially addressing the challenges of teaching in Health Residencies, providing a historical overview since the emergence of the term 'preceptor', as well as the skills and competencies inherent to the role. Ceccim (2018) also discusses what is specific about the role of preceptors, highlighting some key points:

- a. Preceptor and Professional Category: The identity of the preceptor's role lies in facilitating the work of different professional categories by promoting dialogue among equals. This means fostering reflection and problematization of the category to which each professional, including the preceptor, belongs, linking the knowledge of the category to the reality of the territory.
- b. Organization of the Work Process: In this dialogue among equals, the preceptor faces the challenge of deepening knowledge from the perspective of systematizing the work process of the category and identifying how to promote health from contributions that go beyond the uniqueness of the discipline.
- c. Sanitary Responsibility: The preceptor should encourage investigation and attention to the specific needs of health care, considering the work of the category from the perspective of the living and health conditions of the population assigned to a given territory.
- d. Comprehensiveness of Care: It is the preceptor's task to promote dialogue within the category and with other levels of care (support networks), facilitating vertical communication between equals at different levels of care (primary, secondary, and tertiary), while recognizing the complexity of the individual. This means not reducing the view of this individual to just the knowledge of a given category, as this would be insufficient.
- e. Evaluation of the Formative Process: The evaluation of the formation process focuses on relational aspects, the performance of disciplinary tasks, the degree of sanitary responsibility of the category, the work process in the territory, and the technical-scientific deepening related to the specific work of the category in the healthcare field [implied] (Ceccim, 2018, p. 116).

In this context, health residencies are viewed as practice spaces. Therefore, we will focus on the **Multiprofessional Health Residency (RMS)**, which, as described by Letícia Silva (2018) in her article titled *Residência Multiprofissional em Saúde no Brasil: alguns aspectos da trajetória histórica* (Multiprofessional Health Residency in Brazil: Some Aspects of the Historical Trajectory), is a post-graduate health training program primarily characterized by the work in health. Given that, in the recent context, the expansion of health training policies—especially residencies—has demanded particular attention, it is important to highlight that residencies, by their nature, are already configured as spaces for permanent education. In this sense, a central argument for this debate is the importance of training health professionals committed to defending the basic principles of the Brazilian Unified Health System (SUS), which is currently under threat.

Historically, significant changes are observed in the Brazilian context since the transition from the military dictatorship to democracy. An important milestone in

this period was the Health Reform Movement, which began during the struggle against the dictatorial regime in the early 1970s.

In response to the necessary changes, national mobilizations occurred in various Health Conferences, among which the **VIII National Health Conference of 1986** stands out. This conference was of significant importance for two main reasons: first, for its broad social participation, and second, for including in its final report the proposal for the implementation of SUS—Brazil's Unified Health System. This material became the key reference for the development of the Health Chapter in the Brazilian Federal Constitution of 1988.

In this perspective, health was established as a citizen's right and the State's duty, as stated in Article 196 of the Federal Constitution and implemented by the Organic Health Law. According to Article 200 of the 1988 Constitution, SUS is responsible for ordering the formation of human resources in health (Brazil, 1988, 1990).

In response to the changes required by SUS, efforts have been made to break with the biomedical model and develop an approach oriented toward the comprehensiveness of care, incorporating knowledge and professions to adequately meet the needs of citizens (Albuquerque *et al.*, 2008).

From these considerations, it is understood that the teaching-service model in health demands pedagogical actions to train health professionals who will offer their individual knowledge in such a way that various skills are implemented in their areas of practice, such as teamwork, knowledge of the health system, practices, management skills for programs, policies, services, and systems, and, above all, work in health education.

Building on the theoretical contributions of Ceccim (2018) and Oliveira (2004), it becomes clear that, in addition to professional practice, health education is a process that addresses the relationship between healthcare professionals and the population, establishing ways to promote a sense of responsibility regarding one's health and the health of the community. It is understood that the most effective way

to establish this relationship is through knowledge construction, since “[...] health education is related to learning, and it must be directed towards meeting the population’s needs based on its reality” (Oliveira, 2004, p. 761).

However, it is important to recognize that the SUS (Unified Health System), as the organizer of human resources formation in health, still faces numerous obstacles that often hinder progress in this area. To transform this reality, it is necessary not only to reformulate curricular proposals but also to incorporate discussions and experiences based on comprehensiveness, as well as to rethink the structure of the work process and management model (Ciuffo; Ribeiro, 2008).

In this context, health residency programs – including medical, multiprofessional, and uniprofessional residencies – are highlighted as one of the strategies aligned with the National Policy of Permanent Health Education (PNEPS) in structuring and strengthening human resources formation for SUS. Primarily financed by the Ministry of Education (MEC) and the Ministry of Health (MS), these residency programs are present at all levels of SUS care, from primary to tertiary. They are part of the healthcare network in Brazil and have played a significant role in training and qualifying healthcare professionals, a subject that warrants further investigation.

The expansion of health residencies brings with it a form of realignment and better quality in assistance to citizens. Residencies for health professions are *Lato Sensu* postgraduate courses. The area of Medicine was the pioneer in offering this type of specialization aimed at improving academic practice in service. The first residency emerged in the United States in 1879, and only in 1945, at the University of São Paulo (USP) in Brazil. This form of education was regulated in the country on September 5, 1977, through presidential decree No. 80.281, which created the National Medical Residency Commission (CNRM). In 2005, through Law No. 11.129, Article 13, Multiprofessional Health Residencies (RMS) were regulated as a postgraduate program, characterized by service-based education.

In multiprofessional residency programs, although the final goal is to specialize in a specific area, the teaching-learning approach is different from that of medical residency programs. These programs prioritize interdisciplinarity and generally employ problematization and reflect on the context in which care and teamwork develop, aiming to train professionals capable of working at any level of SUS.

These multiprofessional residency proposals respond to the need to train and qualify healthcare professionals for SUS, encompassing the fourteen health professions, excluding Medicine, as specified in §1 of Article 3 of Resolution No. 02/2012 of the National Commission of Multiprofessional Residencies (CNRMS) (Brazil, 2012). However, some of these professions stand out due to their wide involvement and presence in most programs, such as: Nursing, Physical Therapy, Pharmacy, Nutrition, Social Work, Dentistry, Psychology, and Speech Therapy.

In this new scenario of residency training, the roles of two key actors in the educational process emerge: the resident and the preceptor. The former is usually a newly graduated professional in one of the various health fields, entering the professional environment, often displaced and/or without fully understanding the real meaning of their practice, usually burdened with a vast theoretical potential. The latter, also known as the "practice educator," is the professional who plays a crucial role in the formative process of health residents who are also specializing.

The preceptor, or practice educator, combines theoretical knowledge with the reality of services, bringing residents closer to healthcare teams and users. Their goal is to develop, both in the residents and with them, the professional competencies necessary for working in SUS. In this context, the preceptor stands out as a professional who works in assistance while simultaneously playing an important role in the training of residents, acting as a mediator between the world of education and the world of work.

This requires that the preceptor has the competence to teach, understand the context of the resident, the institution, and the reality that presents itself as a

scenario for relationships, as well as knowing the strategies that allow for the movement of knowledge construction, skills, and attitudes of the professional in training.

The document that first named each member of the faculty-assistance body in residencies was Federal Law No. 11,129, dated June 30, 2005, and the concept of the educational actors is found in Ordinance GM/MS No. 1,111, dated July 5, 2005. I - Preceptorship: the function of faculty-assistance supervision in a specific area of practice or professional specialty, directed towards healthcare professionals with a degree and a minimum of three years of experience in an area of enhancement or specialty or academic qualification in specialization or residency, who perform activities of organizing the process of specialized learning and providing technical guidance to professionals or students, respectively in improvement or specialization or in internship or undergraduate or extension experience (Brazil, 2005, n.p.).

In the context of health residencies, it is essential to rethink preceptorship, as well as practice and teaching. It is necessary to strengthen the relationship between practice and theory, forming an integrated team of technicians, preceptors, tutors, and faculty for the training of professionals for SUS. Although the challenges are numerous, problematizing and stimulating reflections on the subject is one of the first steps towards transformation. Advancing preceptorship as an educational practice requires breaking paradigms that undermine the educational dimension of this formative process and create pathways that promote greater integration between the world of work and the education developed in the respective professional training spaces.

The preceptor should take on a leading role, sharing responsibility for the training of the residents. In this context, scientific and pedagogical grounding is essential for them to apply their knowledge in the work environment, transforming it into a true space for multiple learnings and promoting the construction and reconstruction of knowledge.

Education, in turn, has also developed in fields of tensions and disputes that have resulted in the development of significant regulatory frameworks at the national level. Since the 1990s, the creation of Law No. 9,394, dated December 20, 1996 (Brazil, 1996), which established the Guidelines and Bases of National Education (LDB), and more recently in 2001, the creation of the National Curricular Guidelines (DCNs) for undergraduate courses in Brazil (Brazil, 2001), marked a significant step.

In this context, the field of education is constructed through various discussions, particularly regarding the training of professionals qualified to promote pedagogical actions in integrated and interdisciplinary teaching. Professional training must go beyond clinical practice, carrying social relevance and addressing the health needs of the community, with comprehensiveness as a guiding principle (Lima *et al.*, 2011; Merhy, 2002; Reibnitz; Prado, 2006).

These changes have outlined new paths for teaching, care, and learning in health, with the aim of training professionals prepared for comprehensive care, and with training models for healthcare professionals as the focal point of debate. Previously, the profile of the healthcare professional was predominantly curative, but in the current context, this reductionist model transforms the patient into a social subject, also responsible for their own care.

In investigative weaving, the deepening of the theoretical discussions in the field of education is carried out, addressing the role of the preceptor in the training of residents, highlighting their work in teaching and learning situations within the locus of professional training. Through the understanding of professional training and the role of preceptors, the study of scientific productions seeks to identify aspects related to the preparation of these individuals as educators in supervising the learning processes of professionals in the various fields that encompass the health labor sector.

3 Metodological aspects and investigative paths

This investigation is methodologically based on a qualitative approach, which encompasses different stages, including a bibliographic research aimed at building categories such as preceptorship, multiprofessional residency, and education and health. Consultations were made on the platforms Brazilian Digital Library of Theses and Dissertations (BDTD) and Scientific Electronic Library Online (SCIELO).

The state of the art presented in this text aims to highlight the discussion of scientific productions developed regarding the human training experience of these "practice educators" for other professionals. Therefore, we began our research by accessing the BDTD website, as we understood that this repository holds academic production from Graduate Programs in various fields of concentration.

Using the descriptors "preceptorship" and "multiprofessional residency," 91 publications, including theses and dissertations, were found. Subsequently, the descriptor "professional training" was added, resulting in a total of 70 works identified. To refine the search, we read the titles and abstracts of the theses and dissertations, which allowed us to identify the main themes currently emphasized in the research conducted over the past eight years.

At the core of the discussions proposed by the various works mapped, the following themes of concern stand out: how preceptors perceive the relevance of their participation in the context of training future healthcare professionals; the constant need for their qualification as preceptors; and the lack of recognition of these professionals by the institution, regardless of their affiliation, given the accumulation of functions. A dissonance was observed between the needs of the multiprofessional residency (theory) and what the school-health institution (practice) provides. The proposals are related to the need to maintain a balanced proportion of professionals for assistance, specifically residents and preceptors dedicated to teaching. It is essential to recognize that teaching in-service requires constant reinvention, which means that preceptors must continually reinvent themselves.

Regarding the research in the SCIELO repository, we analyzed a total of six articles that stood out for their relevant content and relevance to the topic in question.

However, we filtered out only one publication due to the established time frame. From the search movements in the repositories, the research identified in Box 1 was presented.

Box 1 – Survey of Academic Productions on Preceptorships in Multiprofessional Residencies

14

Year	Type of work	Title	Institution	Authors
2021	Master's Thesis	Preceptororia na Residência Multiprofissional em saúde: uma proposta de qualificação permanente.	Federal University of Rio Grande do Sul (UFRGS)	Fabiano da Costa Michielin
2022	Master's Thesis	Residências em Saúde: Reflexões sobre preceptororia e práticas pedagógicas.	Oswaldo Cruz Foundation (FIOCRUZ)	Paula Adalgisa Freire de Souza
2018	Master's Thesis	A Preceptororia do núcleo de Serviço Social nos Programas de Residência Multiprofissional em Porto Alegre	Federal University of Rio Grande do Sul (UFRGS)	Cristine Kuss
2018	Master's Thesis	Percepção do preceptor sobre sua prática em um hospital universitário gerenciado pela EBSEH (Empresa Brasileira de Serviços Hospitalares)	Federal University of Rio Grande do Norte (UFRN)	Telma de Fátima Vitalino da Silva Veras
2015	Master's Thesis	A preceptororia na residência multiprofissional em saúde: saberes do ensino e do serviço	Federal University of Santa Catarina (UFSC)	Marina Steinbach
2017	Master's Thesis	Conhecimento de preceptores da Residência Multiprofissional em saúde sobre as metodologias de ensino	Federal University of Rio Grande do Norte (UFRN)	Núbia Maria Lima de Sousa
2015	Doctoral Thesis	Residências em saúde: saberes do preceptor no processo ensino-aprendizagem	Federal University of Santa Catarina (UFSC)	Kátia Regina Barros Ribeiro
2022	Doctoral Thesis	“Eu aprendo com eles e acho que eles aprendem comigo”: experiências de preceptoras de programas de residência multiprofissional em saúde	State University of Southwest Bahia (UEBA)	Carina Marinho Picanço

2021	Scientific Article	Quinze anos da Residência Multiprofissional em saúde da família na atenção primária à saúde: contribuições da Fiocruz	National School of Public Health Sérgio Arouca, Oswaldo Cruz Foundation	Maria Alice P. de Carvalho Adriana Coser Gutiérrez
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Source: Prepared by the author (2024).

15

After the initial mapping of the works, an action of categorization of the found research was carried out. With this procedure, it was noticed that there was a narrowing of production, resulting in a total of six dissertations, two theses, and one scientific article, linked to five Master's Programs in the health field and only one in the education field.

Regarding the found theses, there was equity, with one in the area of health and one in the area of education. A notable aspect is that a greater concentration and range of topics about preceptorship in multi-professional residencies were identified in the teaching centers in the Southeast and South regions of Brazil. This is associated with the greater number of Health Residency Programs in these geographical areas, which, consequently, increases academic production in the field currently discussed.

From the analysis of the researched works, some categories emerged by grouping spectra and common objectives in the studies. Among these, we highlight Sousa (2017) and Michielin (2021), who address the importance of preceptor training to positively conceptualize their activities in health residences and to qualify teaching and learning in practice.

Another point highlighted by Kuss (2018), Souza (2022), and Steinbach (2015) concerns the understanding of the pedagogical processes of preceptorship, aiming to establish a reference for teaching in-service training, discussing their practices and how they perform their functions.

Finally, we observe in Veras (2018), Ribeiro (2015), and Picanço (2022) the debate regarding the perception and relevance of preceptors in the context of training future health professionals, seeking to understand the meaning of preceptorship and

being a preceptor, and how they perceive themselves in complex and contradictory situations in their professional practice.

Of the works related to the theme in question and that presented a convergence of research objects, we sought to relate those that stand out in elaborating new discussions about the theme of preceptorship and professional training. This overview reveals that the diffusion of scientific production available on the subject reinforces the perception, as Veras (2018) affirms, that the concerns about the difficulties that permeated the preceptorship process in the practical scenario are regular. This is because, when starting preceptorship practice, there was no preparation for the health professional, training, or specific course for such. Thus, to find answers to these concerns and support a reorganization of the preceptorship process, these discussions were grounded in the perception of preceptors in service.

Steinbach (2015) corroborates this debate when stating that this professional often lacks an academic-professional teaching background, despite, in various everyday situations, acting as such with the resident. Considering the above, it is important to characterize the work of preceptors in Multi-professional Health Residencies, seeking to understand how they carry out the preceptorship activity, what meanings and significance are constructed in the daily work of these individuals.

In convergence, Costa Neto (2012) emphasizes the importance of investing in the training of preceptor professionals as a fundamental element for improving the quality of health services offered to the population. This is because this professional acts not only as a public service provider but also as an active agent in the training of future health professionals. He also seeks answers and solutions that contribute to the enhancement of in-service teaching practices.

Given the results obtained, it is understood that being a preceptor goes beyond simply performing a service, executing techniques, or assigning tasks to the residents, who in turn may only be observers of such activities and practices. The

preceptor is a strategic articulator between the academic and professional environments, the one who exposes the resident to the reality of the field, while at the same time building, together with the resident, an evidence-based assistance. But does the preceptor see themselves this way? In practice, does preceptorship truly constitute a shared teaching and learning relationship, a mutual exchange of knowledge? Does the preceptor base their practice on the necessary knowledge for teaching? How does the preceptor teach? What knowledge influences this practice? Such questions were quite pertinent to the focus of the present research. As a contribution to the fields of education and health, the intention is to present the investigative results to the coordination of the Multi-professional Residency Program and to the members of the preceptor body, as a possibility for discussion and analysis of the results found and their potential implications on the knowledge and educational practices within the professional space examined.

4 Final considerations

With the aim of analyzing the scientific production disseminated in the fields of health and education through the analysis of preceptorships in Multi-professional Health Residencies, this research focused on highlighting the dialogues that have been woven between the fields of health and education within bibliographic analyses of existing publications, identifying the possible paths taken by those who engage in the production of research that articulates both fields and deepens the understandings of the educational processes and professional training in residencies that host such heterogeneous labor preparation.

Discussions were observed based on everyday practices and the challenges faced in the healthcare work environment, aiming to identify the educational particularities that guide the professional practices under analysis, such as: Can preceptorship be conceived as professional supervision? What are the theoretical-methodological and ethical-political dimensions that underpin the technical-

operational dimension in the construction of professional competence in Multi-professional Health Residency Programs? How is a pedagogical proposal built in the preceptorship process, considering that it is a pedagogical teaching action?

It is considered that this proposal emerges as an opportunity for dialogue and reflection on the educational activities of preceptors in the training of future health professionals. Since this study does not cover all the possibilities for analysis regarding the production in the field of human training and preceptor performance in Multi-professional Health Residencies, there is an acknowledgment of the need to expand the data sources to be explored, as well as to extend the research to all geographical regions of the country, in order to be included in all social and educational realities.

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Responsible publisher: Genifer Andrade

Ad hoc specialist: Wania Ribeiro Fernandes and Francisca Genifer Andrade de Sousa.

How to cite this article (ABNT):

FERNANDES, Raphaela Amorim Pinheiro; AMORIM, Sara Raphaela Machado de. Formação humana e preceptoria em programas de residência multiprofissional: o que revela a produção científica? **Rev. Pemo**, Fortaleza, v. 7, e13745, 2025. Available at: <https://revistas.uece.br/index.php/revpemo/article/view/13745>

Received on August 13, 2024.

Accepted on February 4, 2025.

Published on May 13, 2025.