

Strategies for changing the nursing preceptorship activity in Primary Health Care

Estratégias para a mudança na atividade de preceptoria em enfermagem na Atenção Primária à Saúde
Estrategias para el cambio en la actividad de preceptoria en enfermería en la Atención Primaria de Salud

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ABSTRACT

Objectives: to present actions to qualify preceptorship and teaching-health service integration to strengthen nursing training in PHC internship. **Methods:** qualitative research, developed through the Appreciative Inquiry Research carried out with eight nurses, both from the fields of teaching and health service, within Primary Health Care. The production and documentation of information took place between April and June 2019, through five meetings that characterized the four phases that make up the "4D cycle": *Discovery, Dream, Design, and Destiny*. Ethical issues were respected. **Results:** the participants dreamed of the best scenario for preceptorship and built a schedule of actions related to the qualification of preceptorship in Nursing and the strengthening of teaching-health service integration. **Final Considerations:** it is possible, through effective participation of the actors involved in teaching and practice, the collective development of goals and actions, aiming at the qualification of nursing education.

Descriptors: Higher Education Policy; Teaching-Care Integration Services; Preceptorship; Primary Health Care; Nursing.

RESUMO

Objetivos: apresentar ações para qualificar a preceptoria e a integração ensino-serviço, com vistas ao fortalecimento da formação em Enfermagem com estágio na Atenção Primária à Saúde. **Métodos:** estudo qualitativo, desenvolvido por meio da Pesquisa Apreciativa realizada com oito enfermeiras, procedentes do ensino e do serviço, no âmbito da Atenção Primária à Saúde. A produção e o registro das informações ocorreram entre abril e junho de 2019, mediante cinco encontros que caracterizaram as quatro fases que constituem o "ciclo 4D": *Discovery, Dream, Design e Destiny*. As questões éticas foram respeitadas. **Resultados:** as participantes sonharam com o melhor cenário para a preceptoria e construíram um cronograma de ações relacionadas à qualificação da preceptoria em Enfermagem e fortalecimento da integração ensino-serviço. **Considerações Finais:** é possível, com base na participação efetiva dos atores envolvidos no ensino e no serviço, o desenvolvimento coletivo de metas e ações, visando à qualificação da formação em Enfermagem.

Descritores: Política de Educação Superior; Serviços de Integração Docente-Assistencial; Preceptoria; Atenção Primária à Saúde; Enfermagem.

RESUMEN

Objetivos: presentar acciones para calificar la preceptoria e integración enseñanza-servicio, con vistas al fortalecimiento de la formación en Enfermería con prácticas en Atención Primaria de Salud. **Métodos:** estudio cualitativo, desarrollado por medio de Investigación Apreciativa realizada con ocho enfermeras, procedentes de la enseñanza y servicio, en ámbito de Atención Primaria de Salud. Producción y registro de informaciones ocurrieron entre abril y junio de 2019, mediante cinco encuentros que caracterizaron las cuatro fases que constituyen el "ciclo 4D": *Discovery, Dream, Design y Destiny*. Cuestiones éticas fueron respetadas. **Resultados:** las participantes soñaron con el mejor escenario para la preceptoria y construyeron un cronograma de acciones relacionadas a calificación de la preceptoria en Enfermería y fortalecimiento de la integración enseñanza-servicio. **Consideraciones Finales:** es posible, basado en la participación efectiva de los actores envueltos en la enseñanza y servicio, el desarrollo colectivo de metas y acciones, visando a calificación de la formación en Enfermería.

Descriptorios: Política de Educación Superior; Servicios de Integración Docente Asistencial; Preceptoria; Atención Primaria de Salud; Enfermería.

INTRODUCTION

The training in Brazilian Nursing higher education institutions (HEIs) faces challenges in terms of professional development aimed at the instructions present in the National Curriculum Guidelines (NCGs), that is, that address social needs, reduce the distance between theory and practice, and insert the students early in the professional context, in different scenarios of practical learning⁽¹⁾. To guarantee this insertion, although it is not made clear in the document, the activity of preceptorship is configured as an essential movement in the learning process in a health care environment, as it allows for a differentiated training profile⁽²⁾.

Conceptually, the professional who is inserted in the health service and assists in student training is called "preceptor". He acts in the work and training environment, strictly in his field of knowledge, for a short period of time, through formal meetings that aim at the student's or recent graduate's clinical progress; his main functions are the development of clinical skills and subsequent evaluation⁽³⁾. In Brazil, the figure of the preceptor has been standing out in care institutions by promoting moments of learning for residents (health Residency students), contributing so that the interventions and conducts be carried out, reflected, transformed, and apprehended in a satisfactory way during the training process. This makes preceptorship an educational practice⁽⁴⁻⁵⁾.

The training of health professionals is an essential process for the development of a public health system^(2,6). Many advances have been made to strengthen teaching due to regulations from the *Sistema Único de Saúde* (SUS) - Brazil's Unified Health System - and the NCGs, however, aspects such as teaching-health service integration still present itself as something requiring qualification in the national territory⁽⁷⁾.

The following skills are expected from the preceptor nurse: sharing knowledge; facilitate the learning process based on the skills developed in his training; and emphasis on educational actions, planning, creativity, motivation, and interaction with the HEIs and with the members of the health team. However, this professional does not always have the training and available time required to act out the preceptorship⁽¹⁾. Such activity highlights dimensions that qualify the training act, in which the preceptor, by expanding his technical-professional, and pedagogical repertoire, favors the "articulation of theory with practice, expanding his way of teaching with new meanings, and awakening in the group in which he acts, with a humanized, sensitive, and compatible look, appropriate to the scenario in which they will be supporting"⁽⁷⁾. This whole process points to the need for adequate training that is compatible with the reality of public health and with the NCGs⁽⁷⁾.

However, there are situations that reflect concern with regard to preceptorship in nursing, such as the guarantee of adequate training of this preceptor to act in student education, as sometimes there are incipient pedagogical notions. The nurse, while working in PHC, also develops the preceptorship activity, which sometimes results in an overload. Another issue of concern has to do with the disarray between the HEI and the health service, and the lack of recognition of the preceptor as the protagonist of the process of teaching-learning of the internship/theoretical-practical activity⁽¹⁾.

Therefore, it is important that health services and HEIs be co-responsible for the training process, based on the approximation of theory with practice, in order to create strategies to qualify preceptorship and, therefore, health production practices⁽⁸⁾. According to Freire⁽⁹⁾, education presents itself as a possibility for students and educators to operate in partnership, as subjects of their practice. Thus, when this interaction happens in favor of reality, considering the scenarios of professional practice, it allows the development of actions of intervention for its transformation.

Based on these reflections, the present study was guided by the following question: What actions can qualify preceptorship and teaching-health service integration to strengthen nursing training in PHC internship?

OBJECTIVES

To present actions to qualify preceptorship and teaching-health service integration to strengthen nursing training in PHC internship.

METHODS

Ethical aspects

The study respected the ethical aspects regulated by the National Health Council. It is nestled within a macro-research that was approved by the institution's Research Ethics Committee. The consent of the institutions involved, as well as the signing of the Free and Informed Consent Form by all those directly involved in the research was requested. The participant was guaranteed information, the possibility of participating/abandoning the research, and anonymity in the treatment of the information obtained.

Study design, period, and location

Qualitative type of study, developed based on Appreciative Inquiry Research (AIR), following the Consolidated Criteria for Reporting Qualitative Research (COREQ) instrument to guide the methodology.

The AIR was developed in David Cooperrider's PhD thesis, presented in 1986, in the Department of Organizational Behavior of Case Western Reserve University, in Cleveland, in the United States of America. AIR is a methodology used to identify the best practices developed and employed by people working in an institution, as it allows the participation and engagement of those involved, encouraging reflective and critical debates, and establishes a space for discussion for changes to occur. It consists of four phases, designated as the "4D cycle", namely: Discovery, Dream, Design, and Destiny⁽¹⁰⁾.

The study was carried out between April and June 2019, in a municipality west of the state of Santa Catarina. The municipality has 50 thousand inhabitants, 12 Basic Health Units, and a Community University with a Nursing course.

Study sample criteria and definition

The study sample was carried out intentionally, adopting the following health service inclusion criteria: being a nurse, working in Family Health Strategy (FHS), and having accompanied graduate

Nursing students in preceptorship. For participants in the teaching sector: being a nurse linked to an HEI and having supervised an internship in PHC. Excluded, were nurses from teaching and preceptors who were on leave during the production of the information. Thus, based on the adopted criteria, eight nurses participated in the research, all women: three teachers from a Community University, with an undergraduate course in Nursing; and five preceptors of the health service (five Basic Health Units).

Study protocol

The research occurred between April and June 2019 and was organized into five meetings, each lasting an average of two hours and involving, on average, seven of the eight participants. They were held on the premises of the Municipal Health Secretariat (MHS). The first and second meetings corresponded to the Discovery phase; the third, to the Dream phase; and the fourth and fifth meetings, to the Design and Destiny phases, respectively.

In this article, the results of the third, fourth, and fifth meetings will be analyzed and discussed, which, in AIR, represent the stages of Dream, Design, and Destiny. These phases have a methodological characteristic of contributing to transform the local reality based on the development of collective goals to be implemented in the short, medium, and long term⁽¹⁰⁾.

Dream Phase

In the Dream phase, the participants worked together on descriptions of a projection for the future, thinking collectively, providing propositions for the best scenario regarding the study subject (the preceptorship), even though their objective seemed difficult or impossible to be achieved.

This step was carried out in the third meeting, through the resumption of reflective activity and problematization about the role of the preceptor nurse and the teacher nurse in Nursing academic education. Two tasks were suggested. The reflective task or activity consists of activities carried out to enable reflection on the study object and results in a strategy for preparing the next meeting⁽¹⁰⁾. The first was designated as the "Storm of Ideas", in which the participants received a sheet of paper in the form of a raindrop and wrote a word or phrase that marked the reflective activity received at the last meeting. Subsequently, they were to glue it under a cloud-shaped figure and present their perceptions based on the illustration. The second task was an awareness-raising activity on the theme, through the "Mirror Dynamics", in which each participant was invited, individually, to imagine what would a nurse with all the skills and knowledge necessary to perform nursing teaching practices that allow for academic training excellence. Finally, a box containing a mirror inside was offered so that the participant would feel able to recognize herself as the idealized professional (of the dream), while admiring her reflected image.

The participants were divided into three smaller groups, composed of preceptors and teachers, with the task of imagining and describing, on a poster, the best scenario, that is, the future actions to be implemented with a view to integrating teaching and practice in the municipality. The number of dreams per group was unlimited; with that, it was possible to dream about

the future perspectives related to the theme. Then, each group was challenged to present their dreams in a playful way.

At the end of the third meeting, the reflective activity chosen as a guide for the last two meetings was the reading of the work "The Pedagogy of Autonomy: knowledge necessary for educational practice", by social scientist Paulo Freire⁽⁹⁾, whose online version was forwarded via e-mail to the participants. The activity aimed to offer them a broad and in-depth reading about education and the characteristics of a good educator, according to the author.

For Freire⁽⁹⁾, education is a philosophical and scientific conception of knowledge put into practice, and knowledge is a social process, created through the transforming action-reflection of human beings about their reality, and, in this context, the teacher's role is to enable the creation and production of knowledge.

Design Phase

In this stage, planning actions are carried out on the changes desired by the participants. The most challenging objectives are outlined and discussed by the group, becoming motivations for people to achieve positive results in the future⁽¹¹⁾.

This moment took place in the fourth meeting, in which the discussion of the reflexive activity (reading of Paulo Freire's work) began, reviewed in the previous meeting, using the group discussion methodology, facilitated by the projection on slides of the main points from the book's first chapter. In addition, a projection of the possibility of realizing the dreams desired by the group was carried out, considering the availability of local resources. The objective of this phase was for the participants to work collectively, discussing and providing their opinion on the construction of the planning of future actions based on each dream previously described by the group.

Destiny Phase

In this stage, designated as the Destiny phase, it is interesting that the group deeply studies the strategies to make dreams come true, as well as the strengths identified during the dialogues during the previous phases⁽¹¹⁾. In the fifth and last meeting, the participants rethought the group's destiny regarding the planned propositions, based on the reflective activity discussions and the dreams that could or might not be fulfilled, in view of the local reality.

It is desirable, at this stage, for the group to define strategies to make dreams come true and resume planning, taking advantage of the strengths identified during the dialogues that took place in the previous phases⁽¹¹⁾. In this intervention, the discussion was guided by the reflexive activity of reading Paulo Freire's work, and the participating nurses, now more involved in the teaching world, organized the planning of their dreams for the realization of the teaching-health service integration and for the development of nursing as a profession, contemplating the necessary activities to achieve the goal of each dream. Finally, an individual, verbal, and free evaluation was carried out on the meetings and on the AIR method.

The change strategies were documented in the facilitator's personal notepad, and audio recordings of the meetings were also taken, upon participant's consent.

Data analysis process

For data treatment, thematic content analysis⁽¹²⁾ was used, following the moments of pre-analysis, material exploration, and data treatment. The stages of the analysis framework were developed following the stages of AIR, in a process that ran alongside the production of information. Paulo Freire's work was adopted as a theoretical-philosophical framework.

RESULTS

For each group dream, planning was carried out contemplating objectives for the destiny, in order to make the change feasible, always considering the reality and the local resources. In the chart below, the results of the research will be presented, illustrating the transformative actions of the preceptorship activity. Some similar dreams were grouped together for the preparation of planning and destiny.

Chart 1 – Actions that transform the preceptorship activity in a municipality west of Santa Catarina

Dream	Design	Destiny
- Strengthen professional experience.	- Share the experiences that the students had with the other students and with the health teams during the practice scenario.	- Conduct a workshop at the end of the semester, in which students present to the next class that will start the internship what was developed during the activities with the preceptors. - Suggest that each student, or pair, write a summary as an experience report, alongside teacher and preceptor, about an educational activity carried out during the period.
- Benefits to users of Primary Health Care, after preceptorship.	- Promote greater resolution and effectiveness in the implementation of the stages of the Nursing Process. - Strengthen nursing consultation. - List, within the scope of the service, research priorities.	- Develop an integrated project between the higher education institution and the health service. - Choose high-risk groups (eg, patients with diabetes), evaluate the profile and, from there, list the main nursing diagnoses. - Provide, annually, to the higher education institution, research topics that could be adopted by research/extension projects and thesis.
- Uniformity of services and teaching-health service integration.	- Bring closer and articulate the actions between teaching and health services.	- Annually promote some event or activity on preceptorship, having nurses from the supervised internship fields (including those from the hospital), students, and teachers from higher education institutions as target audience.
- Collaborate with the development of training of students responsible and committed to the service.	- Demonstrate to students the importance of health services and their role as a nurse.	- Hold talks with health service leaders/managers. Example: Nursing managers can share their experiences on the functioning of services, health indicators, number of visits and others.
- Promote the recognition of preceptorship activities.	- Train preceptors in skills and competencies to perform the role. - Use the term "preceptor nurse" instead of "supervising nurse".	- Offer an annual course/training on preceptorship with an external speaker (higher education institution and health service), which can be done via Telehealth. - Explain to the students the role of preceptor nurses.
- Promote teaching-health service integration.	- Hold a meeting between preceptors, teachers, and managers prior to internship commencement to align actions. - Present internship objectives and regulations as well as the contents to be developed. - Make available to preceptors the student's internship records of attendance in the field, containing their entry and exit times for completion. - Allow the preceptor access to the schedule containing the days, times, and students in internship, as well as the theoretical contents of each phase.	- Hold a semiannual meeting between the higher education institution and the health service to plan the activities to be carried out on the internship. This should take place at the university. - Allow the preceptor access to the menu of the subjects studied for each phase of the course. - Hold a semiannual meeting with teachers and preceptors on the evaluation and development of the schedule of activities.
- Promote preceptor's participation in the planning of activities and in the evaluation of the student by means of an evaluation instrument built together.	- Develop a joint internship evaluation script.	- Hold a semiannual meeting between the higher education institution and the service to prepare the evaluation script at the university. - Carry out the student's evaluation, both preceptor and teacher, together, discussing the main points before and after summoning the student for face-to-face evaluation. - Allow the preceptor to assign a percentage in the student's evaluation process.

DISCUSSION

Training for SUS is still an important issue in the scope of public policies that aim to guarantee health for all⁽¹³⁾. The results of this study point to an effective participation of nurse preceptors and teachers in this process, with the common objective of making concrete changes that contribute to qualify the teaching-learning process. This implies greater integration between teaching and practice, through the strengthening of the preceptorship activity.

The interface between education and the adjustment of health work, with a view to building citizenship and solidarity, requires spaces for action and reflection on practice, viewing them as two units in cooperation and transformation - work and teaching. When in intersection, these particular scenarios reverberate something new - an objective image - in which dialogue is instituted as a tool for interaction with other realities. In order for change to occur, it is necessary that the actors that are part of the training institutions and health services

strengthen relationships, dialogue, and plan movements for co-management of the learning process⁽¹⁴⁾.

In these scenarios, qualifying the preceptorship activity is a great challenge, as many doubts emerge, especially regarding nursing education: is pedagogical training of the preceptor nurse the responsibility of the HEI or the health service? How to strengthen the student's teaching-learning process in compulsory curricular internship? How to instigate the preceptor nurse to recognize and value his role in teaching? How to approach and integrate practice and teaching? To resolve these issues, the collective movement based on the AIR presented some possible paths. One of them, which can be adopted to face the challenges imposed historically, is the involvement of the protagonists in the process of change, as agents who, acting in collaboration, are essential for the good functioning of organizations, present greater performance, and guarantee greater efficiency, resolvability, and productivity⁽¹⁵⁾.

Approaching this line of involvement, a study⁽¹⁵⁾ compared the dimensions of *engagement* of PHC professionals in two municipalities and found that *engagement* "is an important indicator of workers' mental well-being and contributes to the assessment of the workforce in PHC services"; still, "it can be used by managers to direct strategies that improve the levels of dedication, absorption, and vigor of these workers"; benefiting the organization of SUS, more specifically, PHC. *Engagement* is a term linked to positive psychology and is related to a cognitive state of well-being and worker satisfaction, which presents energy and identification with work. It consists of three dimensions: vigor, dedication, and absorption⁽¹⁵⁾.

In this sense, other studies on the reorientation of health training encourage the expansion of spaces for dialogue between HEIs and health services, bringing together community leaders in order to share difficulties, desires, experiences, and achievements, in addition to discussing the role of each in professional training and in the reorganization of care. This also implies dialogue and shared responsibility, in which negotiation is fundamental, both in the educational process and in planning activities^(14,16).

The space provided to the actors involved in this study allowed to understand and reflect, collectively, strategies for change by valuing the role of each instance (education and practice). The appreciative methodology powered this movement, by bringing to light a problem common to both, which was appreciated and rethought, in the perspective of doing it in a better way⁽¹⁵⁾. It can be said that this type of intervention, based on AIR, is still configured as a permanent education strategy for those involved⁽⁴⁻¹⁷⁾. This is because it promoted meaningful learning, based on expressive issues for the actors involved in this daily life, based on the critical knots of their daily lives. This movement allowed changes in the work process in both instances, with a view to their common objective: the qualified training of future nurses.

All transformative actions sought by the group of participants seek to qualify the training of nurses and integrate teaching with practice. For this, it is important to strengthen professional experience. In this scenario, the Supervised Curricular Internship (SCI) is part of the training in Nursing, according to the NCGs⁽¹⁸⁾. This activity is characterized as mandatory and must total a minimum work hour that represents 20% of the total hours in the course

and must be carried out in a work environment. In the context of the SCI, it is possible to develop and enhance the skills and competences required in the nursing professional profile. These should also be in line with the practical field, that is, with what is planned between HEIs and PHC services, which enhances and strengthens professional experience and skills⁽¹⁹⁾.

The SCI is a crucial element in academic training, because, depending on the didactic-pedagogical organization, it makes it possible to reframe the knowledge acquired during the course and to embody professional skills. It provides the student with the experience and participation in life and work situations, favoring multiprofessional and interprofessional experiences. This moment of interaction creates the opportunity for the exchange of knowledge between PHC professionals and the future professional, in a meeting in which one empowers the other⁽²⁰⁾.

The Nursing Process (NP) is highlighted by the group as a transforming action in nursing education. According to COFEN⁽²¹⁾, this "is a methodological instrument that guides professional nursing care and the documentation of professional practice". The NP provides nursing with professional autonomy and offers visibility to the nurse. The timely integration between teaching and practice allows the student to realize how important it is to organize the nurse's work process. The NP and the Nursing Consultation make this organization feasible, systematizing assistance. However, technology and technical knowledge are not enough to institutionalize NP: theoretical and pedagogical basis is needed, with educational actions and comprehensive care. The teaching-health service integration, therefore, is a strategy that has proven to be beneficial for both, as the models and ways of working are being taught and evaluated while practiced, demystifying the traditional biomedical model⁽⁶⁾. Still, it is worth noting that the NP represents a marker for (re)defining the professional identity of nursing, sculpted by technical and scientific knowledge⁽²²⁾.

Another important point to be discussed is the training aimed at practical application in nurses' daily lives. Within this theme, a study⁽²³⁾ identifies that most nursing professionals consider that their academic training is not adequate for their work activity. These professionals must have more knowledge about certain areas of work - that of meeting a social and health demand of the population - that is, the training must be consistent with reality. The National Health Council instructs, through Resolution no. 573/2018, that Nursing courses should develop professional skills that result in aptitude for professional performance in the health services production system, providing experiences in Health Units and in interprofessional work, aiming at the locoregional reality⁽²⁴⁾.

For all these reasons, it is important that the planning of training activities has the participation of the teacher and the preceptor, dialoguing and planning the training, based on the local needs, and building a panorama of the professional profile that one wishes to prepare to act in reality. Also, education must establish itself as an element of transformation and be liberating, emancipatory, and counter hegemonic. This design makes training meaningful; and, in a Freirean perspective⁽⁹⁾, this idea meets the announcement of a pedagogy based on dialogue, in which the educator makes the word the act, transforming it into praxis. Reflecting on the action makes the subjects take possession of reality and, consciously, transform the world⁽²⁵⁾.

This discussion also reflects on the recognition of the role of the nurse (preceptor). This topic is still little debated in the national literature, and there is no consensus on the real attributions of the Nursing preceptor⁽²⁶⁾. This perspective gains even greater importance when it comes to the constitutional prerogative that attributes the ordering of health education to SUS. Thus, both the nurse preceptors of the service and the teachers linked to the HEI are responsible for the quality training of the future professional, with the task of ensuring that the students of the Nursing courses achieve the expected results in their learning process, based on the development of skills and abilities, contributing to the valorization of the profession itself and strengthening of SUS⁽²⁴⁾. Consequently, the management of the health service and the HEI are committed to providing adequate conditions for this training to take place, meeting the ministerial requirements and the NCGs and, in addition, providing didactic-pedagogical training for the preceptors.

The recognition of the preceptorship activity is important both for the preceptor, pertaining the pedagogical weaknesses, and for the HEI, in order to guarantee training quality. The biggest beneficiaries of this are the students and the users of the system. Students, because they have the guarantee of quality and excellence, being ready for the job market; and users, because they will be assisted by professionals who can offer quality care.

For the participants of this research, the definition of preceptor is: *“Professional linked to the health service, who welcomes, teaches, guides, and evaluates the clinical practice of undergraduate and graduate students in Nursing during the internship period”*. This collective construct, when produced by the actors involved in the present research, showed that there was a (re)significance, on the part of nurses, regarding the “appreciated” theme, in a process of raising awareness about the real situation, with the possibility of transforming it⁽²⁵⁾, through the Freirean way.

In general, pertaining to the dreams and proposals for their realization, in a manner consistent with the local reality and availability of those involved, the participants planned the effective participation of the teaching and service actors in all phases of learning, including assessment. Joint actions were thought of, such as training, inclusion of content and spaces for dialogue between the instances. It should be noted that such proposals are consistent with policies in force at the international level, such as Telehealth; and at the national level, such as strategic actions for reorienting health care: *Pet-Saúde* [Ministry of Health’s education program], Health Residencies, National Policy for Permanent Education in Health, among others⁽²⁷⁻²⁸⁾.

It is necessary, in light of the above, that the preceptor nurses have, at a minimum, knowledge about pedagogical foundations and practices, evaluation processes, higher education legislation, and teaching-learning methods⁽²⁹⁾. The bodies involved and benefited from the training in Nursing can and should join efforts

in order to achieve this didactic-pedagogical training aimed at preceptor nurses.

Study limitations

The development of this research in only one reality must be considered as a limitation. Thus, it is believed that similar studies, using the same methodological proposal but in different contexts, would be interesting to further the theme.

Contributions to the field of Nursing, health, or public policy

The study offers subsidies to qualify the preceptorship in Nursing and indicates, in the scope of the planning of those involved, actions that can be replicated in other teaching-health service integration scenarios.

The present research resulted, among other technical-scientific products, in a Training Course in Preceptorship, offered to professionals of health teams in Primary Care, via the Moodle platform of the University of the State of Santa Catarina. The course had more than 1,500 applicants from all over Brazil; is in the finalization phase and will be available at the following address: <https://www.moodle.udesc.br/>.

FINAL CONSIDERATIONS

Through this research, it was possible to explore strategies for significant changes in the direction of the quality of the training of professional nurses. When recognizing the theme “preceptorship” as something important and common among instances involved in this training process, it was possible to dream, design, and establish common goals to transform reality.

Among the actions listed to qualify preceptorship and teaching-health service integration, with a view to strengthening Nursing training with an internship in Primary Care, the need to promote pedagogical training for preceptors and to plan training in an articulated manner stands out, involving the protagonists of the job world and health education.

It is important to highlight that, from the actions thought by the group, the development of NP emerged as an important agenda item, aiming at the strengthening of nursing as a profession as well as the valorization and autonomy of nurses, benefiting SUS users.

Preceptorship in Nursing faces many challenges for the consolidation of this training modality that is developed in the setting of practice in PHC, within which the integration of teaching and practice assumes an essential role. The dialogues elaborated by the actors that are part of this context in the worlds of teaching and health related work made it possible to think of strategies that could be transformed into actions that transform reality.

REFERENCES

1. Rebello RBS, Valente GSC. A atuação do enfermeiro preceptor da rede básica do SUS: uma reflexão sobre suas competências. Nursing (São Paulo) [Internet]. 2019 [cited 2020 Apr 20];22(255):3118-23. Available from: <http://www.revistanursing.com.br/revistas/255/pg57.pdf>

2. Dantas LS, Pereira RVS, Bernardino IM, Figueiredo RCPP, Madruga RCR, Lucas RSCC. Profile of competences of preceptors for Primary Health Care. *Rev ABENO*. 2019;19(2):156-66. <https://doi.org/10.30979/rev.abeno.v19i2.677>
3. Botti SHO, Rego S. Preceptor, Supervisor, Tutor e Mentor: Quais são Seus Papéis? *Rev Bras Educ Méd [Internet]*. 2008 [cited 2020 Dec 10];32(3):363-73. Available from: <http://www.scielo.br/pdf/rbem/v32n3/v32n3a11.pdf>
4. Arneemann CT, Kruse MHL, Gastaldo D, Jorge ACR, Silva AL, Margarites AGF, et al. Preceptor's best practices in a multiprofessional residency: interface with interprofessionality. *Interface (Botucatu) [Internet]*. 2018 [cited 2020 Dec 10];22(2):1635-46. Available from: https://www.scielo.br/pdf/icse/v22s2/en_1807-5762-icse-22-s2-1635.pdf
5. Carlson E, Bengtsson M. Perceptions of preceptorship in clinical practice after completion of a continuous professional development course—a qualitative study Part II. *BioMed Central Nurs*. 2015;14(41). <http://10.1186/s12912-015-0092-8>
6. Silva VO, Santana PMMA. Conteúdos curriculares e o Sistema Único de Saúde (SUS): categorias analíticas, lacunas e desafios. *Interface (Botucatu)*. 2015;19(52):121-132. <https://10.1590/1807-57622014.0017>
7. Souza SV, Ferreira BJ. Preceptoría: perspectivas e desafios na Residência Multiprofissional em Saúde. *ABCS Health Sci [Internet]*. 2019 [cited 2020 Apr 20];44(1):15-21. Available from: <http://docs.bvsalud.org/biblioref/2019/05/995006/44abcs15.pdf>
8. Vendruscolo C, Silva MT, Kleba ME. Integração ensino-serviço-comunidade na perspectiva da reorientação da formação em saúde. *Rev Sustinere[Internet]*. 2017 [cited 2020 Jan 18];5(2):245-59. Available from: <https://www.e-publicacoes.uerj.br/index.php/sustinere/article/view/30559/23152>
9. Freire P. *Pedagogia da autonomia: saberes necessários à prática educativa*. 43.ed. São Paulo: Paz e Terra; 2011.
10. Arneemann CT, Gastaldo D, Kruse MHL. Appreciative Inquiry: characteristics, utilization and possibilities for the field of Health in Brazil. *Interface (Botucatu)*. 2018;22(64):121-31. <http://10.1590/1807-57622016.0763>
11. Cooperrider DL, Whitney DK, Stavros JM. *Appreciative Inquiry Handbook*. 2.ed. Brunswick, OH: Crown Custom Publishing, Inc; 2008.
12. Minayo MCS. *O desafio do conhecimento: pesquisa qualitativa em saúde*. 14 ed. São Paulo: Hucitec; 2014.
13. Kinsella EA. Professional knowledge and the epistemology of reflective practice. *Nurs Philos*. 2010;11(1):3-14. <https://doi.org/10.1111/j.1466-769X.2009.00428.x/full>
14. Vendruscolo C, Ferraz F, Prado ML, Kleba ME, Martini JG. Intersectorial instances of management: movements for the reorientation in health education. *Interface (Botucatu)*. 2018;22(Suppl 1):1353-64. <https://10.1590/1807-57622017.0180>
15. Lourenção LG, Silva AG, Borges MA. Levels of engagement in primary health care professionals: a comparative study in two Brazilian municipalities. *Esc Anna Nery*. 2019;23(3): e20190005. <https://10.1590/2177-9465-EAN-2019-0005>
16. Carvalho SBO, Duarte LR, Guerrero JMA. Parceria ensino e serviço em unidade básica de saúde como cenário de ensino-aprendizagem. *Trab Educ Saúde [Internet]*. 2015 [cited 2020 Jan 11];13(1):123-44. Available from: <https://www.scielo.br/pdf/tes/v13n1/1981-7746-tes-1981-7746-sip00026.pdf>
17. Ministério da Saúde (BR). Portaria nº 1.996, de 20 de agosto de 2007. Dispõe sobre as diretrizes para a implementação da política nacional de educação permanente em saúde. *Diário Oficial da União [Internet]*. 2007 [cited 2020 Jan 11]. Available from: http://bvsms.saude.gov.br/bvs/saudelegis/gm/2007/prt1996_20_08_2007.html
18. Ministério da Educação (BR). Conselho Nacional de Educação. Resolução nº 3, de 7 de novembro de 2001. Institui as Diretrizes Curriculares Nacionais do Curso de Graduação em Enfermagem. *Diário Oficial da União [Internet]*. 2001 [cited 2020 May 10]. Available from: <http://portal.mec.gov.br/cne/arquivos/pdf/CES03.pdf>
19. Ramos TK, Nicitsche EA, Cogo SB, Cassenote LG, Bock A, Martins FS. Estágio curricular supervisionado e a formação do enfermeiro: atividades desenvolvidas. *Rev Enferm UFSM. [Internet]*. 2018 [cited 2020 May 10];8(1):59-71. Available from: <https://periodicos.ufsm.br/reufsm/article/view/28124/pdf>
20. Esteves LSF, Cunha ICKIO, Bohomol E, Negri EC. Supervised internship in undergraduate education in nursing: integrative review. *Rev Bras Enferm [Internet]*. 2018 [cited 2020 May 10];71(Suppl 4):1740-50. Available from: <https://www.scielo.br/pdf/reben/v71s4/0034-7167-reben-71-s4-1740.pdf>
21. Conselho Federal de Enfermagem (COFEN). Resolução Nº 358 do Conselho Federal de Enfermagem, de 15 de outubro de 2009. Dispões sobre a Sistematização da Assistência de enfermagem e a implementação do Processo de enfermagem em ambientes públicos ou privados, em que ocorra o cuidado profissional de enfermagem e dá outras providências. [Internet]. 2009 [cited 2020 May 13] Brasília (DF). Available from: http://www.cofen.gov.br/resoluo-cofen-3582009_4384.html
22. Adamy EK, Zocche DAA, Almeida MA. *Processo de enfermagem: a arte de integrar o ensino e o serviço na formação*. Porto Alegre: Moriá; 2019.
23. Ortega MCB, Cecagno D, Llor AMS, Siqueira HCH, Montesinos MJL, Soler LM. Academic training of nursing professionals and its relevance to the workplace. *Rev Latino-Am Enferm*. 2015;23(3):404-10. <https://10.1590/0104-1169.0432.2569>
24. Ministério da Educação (BR). Conselho Nacional de Saúde. Resolução CNS n. 573. Aprova o Parecer Técnico nº 28/2018 contendo recomendações do Conselho Nacional de Saúde (CNS) à proposta de Diretrizes Curriculares Nacionais (DCN) para o curso de graduação Bacharelado em Enfermagem[Internet]. *Diário Oficial da União*. 2018 [cited 2020 May 13]. Available from: https://www.in.gov.br/materia/-/asset_publisher/Kujrw0TZC2Mb/content/id/48743098/do1-2018-11-06-resolucao-n-573-de-31-de
25. Freire P. *Pedagogia do oprimido*. 64 ed. Rio de Janeiro: Paz e Terra; 2017.

26. Ministério da Saúde (BR). Oficina de Trabalho para Pactuação de Termos Sobre Preceptoría e Supervisão, no Âmbito da Educação dos Profissionais de Saúde. Secretaria de Gestão do Trabalho e da Educação pela Saúde – SGTES. Brasília (DF): Associação Brasileira de Educação Médica; 2018.
 27. World Health Organization (WHO). Global Observatory for ehealth series. V.2. Telemedicine – Opportunities and developments in Member States[Internet]. Geneva: WHO. 2010 [cited 2020 Dec 10]. Available from: http://apps.who.int/iris/bitstream/10665/44497/1/9789241564144_eng.pdf
 28. Vendruscolo C, Tombini LHT, Fonseca GS, Cláudio CSF, Débora TRS, Gessiani L, et al. “PET-Saúde” Interprofissionalidade: reflexões sobre uma estratégia interinstitucional para reorientação da formação. *Saúde Redes*. 2020;6(2):275287. <https://doi.org/10.18310/2446-48132020v6n2.2430g529>
 29. Ferreira FDC, Dantas FC, Valente GSC. Nurses' knowledge and competencies for preceptorship in the basic health unit. *Rev Bras Enferm*. 2018;71(Suppl 4):1564-71. <https://doi.org/10.1590/0034-7167-2016-0533>
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