

QUALIFICATION OF MULTIPROFESSIONAL RESIDENCE IN HEALTH: CRITICAL OPINIONS OF PRECEPTORS

Qualificação da residência multiprofissional em saúde: opiniões críticas de preceptores

Qualificación de la residencia multiprofesional en salud: opiniones críticas de preceptores

Jessyca Twany Demogalski¹, Fabiana Bucholdz Teixeira Alves², Luciane Patrícia Andreani Cabral³, Clóris Regina Blanski Grden⁴, Danielle Bordin⁵, Cristina Berger Fadel⁶

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ABSTRACT

Objective: to reflect on the perception of preceptors regarding the improvement of Multiprofessional Health Residency programs at the hospital level. **Method:** qualitative study, conducted by means of an individual interview with health professionals (preceptors) (n = 34), with multiprofessional residents of a university hospital in the State of Paraná, Brazil. The information was collected through a questionnaire and analyzed. **Results:** the preceptors investigated look for the improvement in the qualification of the program and the strengthening of strategies, on two prisms. The first refers to human capital, encompassing reinforcements in the consolidation of interpersonal relations and communication skills. The other considers the work management, with a view to maximizing the organization of the work process more effectively. **Conclusion:** it is suggested that hospital managers invest in the training of their training agents, also regarding the importance of the institutional evaluation process, with a view to raising and regulating the quality of residences.

Descriptors: Social perception; Specialization; Health human resource training; Tertiary healthcare.

¹ Dentistry Graduate by the UEPG, Specialist's Degree in Neonatology, Student of the Neonatology Multiprofessional Residency Program at Hospital Universitário Regional dos Campos Gerais (HURCG).

² Dentistry Graduate by the UEPG, PhD in Pediatric Dentistry by the Universidade de São Paulo (USP), Associate Professor of the Odontology Department at UEPG, Coordinator of the Neonatology Multiprofessional Residency Program at HURCG.

³ Nursing Graduate by the Centro Superior de Ensino dos Campos Gerais (CESCAGE), MSc in Health Technology by the Pontifícia Universidade Católica do Paraná (PUCPR), Collaborator Professor of the Nursing and Public Health Department at UEPG, Head Coordinator of the Health Multiprofessional Residency Program at HURCG.

⁴ Nursing Graduate by the Universidade Federal do Paraná (UFPR), PhD in Nursing by the UFPR, Associate Professor of the Nursing and Public Health Department at UEPG, Coordinator of the Multiprofessional Residency Program in Elderly Health at HURCG.

⁵ Dentistry Graduate by the UEPG, PhD in Social and Preventive Odontology by the Universidade Estadual Paulista Júlio de Mesquita Filho (UNESP), Collaborator Professor at UEPG, Professor of the Health Multiprofessional Residency Program at HURCG.

⁶ Dentistry Graduate by the UEPG, PhD in Social and Preventive Odontology by UNESP, Assistant Professor of the Odontology Department at UEPG, Professor of the Health Multiprofessional Residency Program at HURCG.

RESUMO

Objetivo: realizar reflexão sobre a percepção de preceptores quanto ao aprimoramento de programas de Residência Multiprofissional em Saúde, em nível hospitalar. **Método:** estudo qualitativo, realizado por meio de entrevista individual com profissionais da saúde (preceptores) (n=34), junto a residentes multiprofissionais de um hospital universitário do Estado do Paraná, Brasil. As informações foram angariadas por meio de questionário e analisadas. **Resultados:** os preceptores investigados vislumbram pela melhoria na qualificação do programa e pelo fortalecimento de estratégias, sobre dois prismas. O primeiro refere-se ao capital humano, englobando reforços na consolidação das relações interpessoais e de habilidades de comunicação. O outro considera a gestão do trabalho, com vistas a potencializar de forma mais efetiva a organização do processo de trabalho. **Conclusão:** sugere-se que gestores de hospitais invistam na capacitação de seus agentes formadores, também no que tange a importância do processo avaliativo institucional, com vistas a angariar e regular a qualidade das residências.

Descritores: Percepção social; Especialização; Formação profissional em saúde; Atenção terciária à saúde.

RESUMEN

Objetivo: realizar reflexión sobre la percepción de preceptores en cuanto al perfeccionamiento de programas de Residencia Multiprofesional en Salud, a nivel hospitalario. **Método:** estudio cualitativo, realizado por medio de entrevista individual con profesionales de la salud (preceptores) (n = 34), junto a residentes multiprofesionales de un hospital universitario del Estado de Paraná, Brasil. La información fue recopilada por medio de cuestionario y se analizó. **Resultados:** los preceptores investigados vislumbran por la mejora en la calificación del programa y por el fortalecimiento de estrategias, sobre dos prismas. El primero se refiere al capital humano, englobando refuerzos en la consolidación de las relaciones interpersonales y de habilidades de comunicación. El otro considera la gestión del trabajo, con miras a potenciar de forma más efectiva la organización del proceso de trabajo. **Conclusión:** se sugiere que gestores de hospitales inviertan en la capacitación de sus agentes formadores, también en lo que se refiere a la importancia del proceso de evaluación institucional, con miras a recaudar y regular la calidad de las residencias.

Descriptor: Percepción social; Conocimientos especializados; Formación profesional en salud; Atención terciaria a la salud.

INTRODUCTION

Health multiprofessional training is a recent topic that occupies a relevant space in the agenda of managers of public health and education policies, especially due to the discussion regarding its limits and possibilities for strengthening the Brazilian health system. It is in this space that the concept of Health Multiprofessional Residency Programs (HMRP) is inserted, as a significant means for the transformation of the professional training scenario and the qualification of the *Sistema Único de Saúde (SUS)* [Brazilian Unified Health System].¹

The HMRP are defined as a postgraduate program (*Lato Sensu*), whose theoretical and methodological structure corroborates the principles and guidelines of the *SUS*,

envisioning the teaching-service binomial with an emphasis on the humanization of care, in broadening the comprehension of comprehensiveness and in health care.^{1,2} Thus, the HMRP constitute strategic actions articulated between training institutions and the public health system with a view to (re) building the work process in the daily life of services, as well as the training process and the pedagogical practices in health.

In the scenario of health care practice and teaching-learning, the resident develops professional skills and abilities, mediated by the figure of the health preceptor, who is configured as the professional who directly accompanies the resident in the practice scenarios, articulates the technique with scientific knowledge, shares his work experiences, provides pedagogical support, being considered a facilitator of the teaching-learning process in the HMRP.^{3,4}

In this framework, authors suggest that preceptorship should be conducted by healthcare professionals with sufficient theoretical and pedagogical basis, which supports these actors residing in the practices of articulation between theoretical and practical knowledge, with a view to meaningful learning in health.⁵

It is noteworthy that, despite the variety of meanings given to the preceptor figure, what cannot be lost sight of is the consideration of its pedagogical component within the training process of health residents, either as a moderating instrument of their clinical practice³ or as facilitator of the theoretical-practical resolution of their demands.⁶ Therefore, qualifying the role of preceptors, mediated by communication and cooperation between health professionals is to favor a collective space for learning and satisfactory solutions to health issues.

Nevertheless, despite its relevance in the active integration of professionals in healthcare services, the challenges faced by HMRP preceptors are still poorly addressed. This research aims to ponder upon the preceptors' perception vis-à-vis the improvement of Health Multiprofessional Residency Programs at the hospital level.

METHODS

This exploratory study with a qualitative approach was performed with health professionals who practice preceptor functions at the hospital level, along with multiprofessional residency students from a university hospital in the *Paraná* State, Brazil. Preceptors from other levels of the health care network were not considered in this work.

The sample consisted of all professional hospital preceptors from the multiprofessional health residency programs (n=60), namely: Intensivist approach, Neonatology, Elderly Health, Urgency and Emergency and Rehabilitation. The sample exclusion criteria were preceptors with exercise in the function either less or equal for twelve months (n=26) and refusal to participate in the study (n=0).

Data collection took place in February and March 2018 by a trained researcher through an individualized questionnaire and were anchored in the guiding question, as follows: "In your opinion, what could be done to improve the quality of residency programs at this institution? Please, you may address all the aspects". The instrument was applied at a time and place of greatest convenience for the preceptors, and it was ensured that the research would not compromise its stability in the hospital, beyond the criterion of voluntariness and confidentiality. The time taken to complete the instrument was, on average, 15 minutes. The subjects were informed about the research objectives, their character of voluntariness and non-identification, as well as about the form of data collection, analysis, and destination. Those who acquiesced with their participation, did so by completing an Informed Consent Form.

The information collected was evaluated using the content analysis technique proposed by Bardin. This technique goes beyond the simple analysis of meanings, by making use of an objective, systematic and quantitative description of the content extracted from the communications and their respective interpretation.⁷ The categories and subcategories found in the analysis were exposed through tables, with absolute and relative frequencies, considering the total number of occasions that each answer was cited, since the interviewee could mention more than one answer. Responses that did not offer subsidies to the object of study were grouped into a category entitled 'answers that do not respond to the object of study' (n=4) and were not included in the discussion.

The Kappa coefficient was applied to measure the agreement (reliability and precision) between the two researchers who participated in the category classification process and the agreement rate between the gold standard and the other researchers were 91%. The division into categories, subcategories, their definitions and most significant expressions of the preceptors are exposed in the results section. In order to guarantee secrecy and confidentiality, the identity of the investigated was preserved through the encoding composed by the word preceptor, followed by a number that does not correspond to the sequence of participation in the research. The totality of citations by categories is found in the Appendix.

The research was approved by the Research Ethics Committees with human beings at the *Universidade Estadual de Ponta Grossa - UEPG* (Legal Opinion No. 2,461,494/2018), in accordance with the Resolution No. 466/12 from the National Health Council, and by the technical direction of the said teaching hospital.

RESULTS AND DISCUSSION

The final sample of preceptors was composed of 34 professionals, there was a predominance of women (n=27;

79%), married (n=22; 65%) with an average age of 38 years old (age group from 23 to 62 years old). The sample loss was due to either vacation or sick leave (n=26).

The responses were grouped into three categories: human capital, work management, and infrastructure. The excerpts related to the infrastructure category (n=10) were not considered in the subcategorization processes because they are not strict to the universe of residency programs, but rather point to perceptions related to the structure of the hospital (the comfort of the classrooms, expansion of workspaces, signage, and external lighting, material inputs and equipment). These excerpts were also not considered in the data discussion section.

Charts 1 and 2 show the division into categories according to points of convergence, as recommended by Bardin and the frequency of responses in each subcategory.⁷

Chart 1 – Human capital category – Ponta Grossa city, Paraná State, Brazil, 2018.

Answers' subcategories	N	%
Interpersonal relationship	5	19.2
Communication	10	38.5
TOTAL	15	57.7

SUBCATEGORY - Interpersonal relationship. This division contains answers that show the hospital preceptors' desire to strengthen interpersonal relationships developed during the interaction process with residents, tutors, teachers, and coordinators/managers of the HMRP. Interpersonal relationships here considered as the human behavior that generates teamwork, trust, and people's participation.⁸

Better interaction between the coordinators of the residency program and the preceptors, aiming to organize the residents' role. (Preceptor 7)

There is a need to developing a professional positive relationship with residents, looking for a more professional approach. (Preceptor 12)

Making residents understand and respect the hierarchy of preceptors. (Preceptor 14)

People management exposes professional development at its core, which includes qualification and training skills, intending to qualify production at work. Nowadays, the concepts of human capital and strategic management of human resources are very common in organizations, both in philosophical and technical terms, being considered key elements for improving the work process.⁹

Effectively in the field of HMRP, the strategic management of people and interpersonal relationships are extremely important, since, in the area of health, their developments directly impact on the daily practices of

services. Therefore, the joint performance of preceptors, residents, tutors, professors, and coordinators must incorporate mutual competences of knowledge and practices and become a differential health care strategy.

Nonetheless, the answers presented by the analyzed preceptors show that greater effectiveness in the integration between those who are responsible for the management of residences is essential, especially regarding the axis of resident professionals and the clarity regarding the competencies inherent to each function. In fact, the lack or inexistence of a pragmatic understanding regarding the hierarchy in force in health residency programs, as well as communication barriers, make professional relationships to be sustained under a thin and unclear line and might come up negatively in the work environment, which should be a pressing focus of attention.

SUBCATEGORY - Communication. This division contains answers that show the hospital preceptors' desire to strengthen communication skills with residents, tutors, teachers, and coordinators/managers of the HMRP, aiming at mutual understanding. Communication plays an important role in social interactions, as it helps to clarify problems, resolve conflicts and express feelings.¹⁰

I think more communication between the preceptors/tutors and coordinators of each area of the residency program is important, pursuing to outline more effective strategies for training residents. (Preceptor 17)

Improving coordination-tutoring-resident communication, as it sometimes seems that each person receives different information. (Preceptor 3)

The information needs to be better defined, and preferably maintained, so that we know how to better guide the residents. (Preceptor 21)

Disclosing the schedule of activities earlier and follow-up. Many extraordinary activities occur without the preceptor's knowledge, which ends up hindering activities that would have already been scheduled. (Preceptor 5)

With regard to communication between coordination, preceptorship, tutoring, and residency, the need to establish a schedule with an effective periodicity of formal communication is evident, that is, technical meetings with informative character and that indicate concise guidelines. Teamwork is characterized by a reciprocal, two-way relationship between work and interaction, since communication between professionals is part of the daily exercise of work and allows them to articulate the countless actions performed in the team, in the service, and in the health care network.¹¹

Therefore, through the improvement of communication between the different actors of the HMRP under analysis, the construction of the interprofessional collaborative practice will occur exponentially with more objectivity, making health care safer, more effective, and comprehensive, without conflicting information. affect the provision of regular hospital service. In this framework, assimilation will result from a lasting consonance of information, which will provide support for a solid base for the training of the resident.

Hence, important discussions between coordination and preceptorship become important, as well as the reflection on the materialization of express documents guiding the training of health multiprofessional residency students, equipping and giving autonomy to the preceptor as a facilitating agent of this process.

Chart 2 – Work management category. Ponta Grossa city, Paraná State, Brazil, 2018.

Answers' subcategories	N	%
Health service and education	5	19.2
Human resource training (residents)	2	7.7
Human resource training (preceptors)	4	15.4
TOTAL	11	42.3

SUBCATEGORY - Health service and education. In this division, the responses of the preceptors were gathered, which pointed to a better organization of the work management process of the residents in the hospital, considering the binomial teaching and service. Teaching-service integration is understood as the collective, agreed and integrated work of students and teachers from health training courses with workers who make up the teams of health services, including managers, aiming at the quality of care to the individual and collective health, the quality of professional training and the development/satisfaction of service workers.¹²

I consider the residency program to be very comprehensive and excellent quality, but the time spent by residents in some sectors makes learning difficult in these areas. (Preceptor 7)

Theoretical classes at the beginning of the shift and/or in the afternoon. The residents should be in practice every day. (Preceptor 13)

I believe that it is necessary to think of residency as service-provision training, therefore, avoiding as much as possible the excess of disconnected theoretical moments regarding the practice. (Preceptor 30)

The multiprofessional residency in health focuses, in large part, on their training, in practical actions that aim

to train professionals to defend the *SUS* principles, with an emphasis on serving the user. This understanding of the transformations of the work universe, in response to the implementation of public health education policies, brings with it new challenges for the exercise of health professionals, which strongly understands the teaching process at work.

The perceptions of the investigated preceptors point to the need to adapt teaching and service practices, with a more concrete insertion of residents in the experience of hospital work. Reflecting on training in the health service goes through collective resistances from managers, tutors, and preceptors, which are mutually strained on the bias of multiprofessional construction. On the one hand, it is important for resident professionals to experience all the daily expressions of work, which usually also brings the reproduction of mechanistic practices; and on the other, the ideal of the integrated vocational training system.

Hence, the interaction between the teams linked to the performance of the multiprofessional resident must be balanced and inserted in a differentiated condition, marked by the balanced and corresponding association between the demands of services and academic training.

SUBCATEGORY - Human resource training (residents).

This division presents the perceptions of preceptors about the technical capacity of resident professionals, aiming at the qualification of hospital health services. The training and qualification of people for working in the *SUS* has been a priority strategy for Multiprofessional Residency Programs.¹

Precisely in the Intensive Care Unit sector, residency students from other professions do not pay attention to the patient's current clinical condition, several times I followed up care practices that contributed to clinical instability. In my judgement, they should be trained before entering the hospital. (Preceptor 22)

Residents only complain about patient care, some are not interested in the practices, and when they go to assistance services, they do not know what to do. They need to be technically more qualified. (Preceptor 14)

Permanent Health Education corresponds to service-provision education from the moment that it involves the contents, resources, and instruments to allow technical training submitted to a project to change the political orientation of the actions provided.¹³ In this sense, the HMRP is consolidated through more flexible and participative training practices for health work, whose central intention is to train professionals to build knowledge, in order to make them capable of not

only questioning their daily activities, but also propose intervention alternatives.¹⁴

So, learning through residency in health is a dynamic process of acquiring knowledge, leading the resident to a level of training of excellence. Therefore, as evidenced by the statements of the preceptors, this process must coexist under solid bases of individual training, so that the potentialities of the HMRP can emerge in the training of the new health worker.

SUBCATEGORY - Human resource training (preceptors).

In this division, the desires of the preceptors toward their own professional training are exposed, aiming at the optimization of the academic formation turned to the health service. The training of *SUS* workers must take place in a decentralized, ascending and transdisciplinary manner, in other words, in all locations, based on each local reality/need, involving various experiences and articulating management and care services.¹⁵

Conducting postgraduate courses for preceptors, aiming at training residents. (Preceptor 4)

Encouragement of researches in partnership with sector teams intending to enhance professional training. (Preceptor 17)

The pedagogical projects of the HMRP ensure that it is up to the preceptor to develop the plan of theoretical and practical activities of the resident, through the integration and exchange of experiences in healthcare services.¹⁶ However, the training of preceptors is currently presented as one of the obstacles in the process of implementing health multiprofessional residency programs, since many professionals are disconnected from active teaching methodologies, which are closely related to multiprofessional work and the search for comprehensive health care.

In this pedagogical approach, the residency student then tends to position himself in a passive pole of the learning relationship, and this mismatch can cause profound commitment from the perspective of conducting the training process of these professionals.

As the preceptor is responsible for stimulating the resident's reasoning and ethical posture, as well as evaluating his learning process, in order to make it meaningful,¹⁷ the investment in his training, with emphasis on the characterization of knowledge and multiprofessional action, should pave the way scenario of discussions between managers and health policies.

In this sense of the training of professionals already inserted in health work, the Ministry of Health has been investing in some strategies for the construction of educational actions

synergistic to the proposals that induce changes in the training of preceptors, with emphasis on the 'Support Project for the SUS from the *Hospital SÍrio Libanês*'.¹⁸ This initiative aims to expand the potential of health professionals for the continuous qualification of educational initiatives in teaching-service integration and for the fulfillment of the learning needs of those involved in the educational process, thus forming a new profile of professional competence.¹⁸

The aforementioned strategies can significantly help in reducing the other criticisms raised by the preceptors of this study, by contributing to the construction of all the guiding axes of the training and constructive process of health multiprofessional residency programs.

This reflection is concluded considering that the analyzed HMRP are recent training means of the university hospital in question and that the actors involved are in a process of theoretical construction and shared practice, and objective and subjective evaluations must be used periodically and tirelessly in the search for excellence in health education.

Study's limitations

The study's limitation is the sample representativeness, coming from a single teaching hospital, its selectivity, for convenience, and the great loss of subjects, due to the refusal to participate. Nevertheless, the study does not lose its degree of reliability and importance, since qualitative studies take these sample characteristics as representative. It is worth noting that studies of a similar character also reveal low adherence of the subjects.

FINAL CONSIDERATIONS

Herein, it was found that hospital-level preceptors want a better qualification of the health multiprofessional residency programs, likewise the strengthening of strategies, with respect to human capital and work management. Concerning the first point, they target to consolidate interpersonal relationships and communication skills developed during the process of interaction with all the actors involved in the HMRP.

Furthermore, regarding the context of work management, they point to a better organization of the work process of residents in the hospital, considering the binomial teaching and service, and the opportunity for professional, intrinsic and residency training, aimed at training for preceptorship and the acquisition of technical skill, respectively.

Bearing in mind the aforementioned, hospital managers should invest in sharpening the skills of their training agents, as well as addressing the importance of the institutional evaluation process, targeting to raising and regulating the quality of residency programs.

REFERENCES

1. Brasil. Ministério da Saúde. Residência Multiprofissional em saúde: experiências, avanços e desafios. Brasília: Ministério da Saúde, 2006.
2. Bezerra TCA, Falcao MLP, Goes PSA, Felisberto E. Avaliação de programas de formação profissional em saúde: construção e validação de indicadores. *Trab. educ. saúde [internet]* 2016 [acesso em 18 dez 2018]; 14(2):445-472. Available at: <http://dx.doi.org/10.1590/1981-7746-sip00111>.
3. Autonomo FROM, Hortale VA, Santos GB, Botti SHO. A Preceptorial na formação médica e multiprofissional com ênfase na atenção primária – Análise das Publicações Brasileiras. *Rev Bras Educ Med [internet]* 2015 [Acesso em 18 jun. 2018]; 39(2):316-27. Available at: <http://www.scielo.br/pdf/rbem/v39n2/1981-5271-rbem-39-2-0316.pdf>
4. Ribeiro KRB, Prado ML. A prática educativa dos preceptores nas residências em saúde: um estudo de reflexão. *Rev Gaucha Enferm [internet]* 2013 [Acesso em 18 jun. 2018]; 34(4):161-5. Available at: <http://seer.ufrgs.br/index.php/RevistaGauchadeEnfermagem/article/view/43731>
5. Peixoto LS, Tavares CMM, Queiroz PP. Research about the knowledge and teaching practice of the preceptor: a test pilot. *J Nurs UFPE [internet]* 2014 [Acesso em 18 jun. 2018]; 8(7):2038-46. Available at: <http://dx.doi.org/10.5205/reuol.5963-51246-1-RV.0807201426>
6. Campos GWS. Saúde pública e saúde coletiva: campo e núcleo de saberes e práticas. *Cienc Saude Coletiva [internet]* 2000 [Acesso em 18 jun. 2018]; 5(2):219-30. Available at: http://www.scielo.br/scielo.php?pid=S1413-8123200000200002&script=sci_abstract&tlng=pt
7. Bardin, L. Análise de conteúdo. São Paulo: Edições 70, 2011, 229 p.
8. Chiavenato I. Iniciação à Teoria das organizações. 1ª ed. São Paulo: Manole; 2010.
9. Pasban M, Nojehdeh SH. A Review of the Role of Human Capital in the Organization. *Procedia- Social and Behavioral Sciences [internet]* 2016 [Acesso em 18 dez 2018]; 230:249-253. Available at: <https://doi.org/10.1016/j.sbspro.2016.09.032>
10. Carvalho MCN. Relacionamento Interpessoal: como preservar o sujeito coletivo. Rio de Janeiro: LTC; 2009.
11. Peduzzi M. Equipe multiprofissional de saúde: conceito e tipologia. *Rev Saúde Pública [internet]* 2001 [Acesso em 18 dez 2018]; 35(1):103-9. Available at: <http://www.scielo.br/pdf/rsp/v35n1/4144.pdf>
12. Albuquerque VS. A integração ensino-serviço no contexto dos processos de mudança na formação superior dos profissionais da saúde. *Rev. bras. educ. med [internet]* 2008 [Acesso em 18 dez 2018]; 32(3):356-362. Available at: <http://www.scielo.br/pdf/rbem/v32n3/v32n3a10>
13. Ceccim RB. Educação permanente em saúde: desafio ambicioso e necessário. *Interface-Comunic. Saúde Educ [internet]* 2005 [Acesso em 18 dez 2018]; 9(16):161-168. Available at: <http://www.scielo.br/pdf/icse/v9n16/v9n16a13.pdf>
14. Silva CT, et al. Residência Multiprofissional como espaço intercessor para a educação permanente em saúde. *Porto Alegre: Texto Contexto Enferm [internet]* 2015 [Acesso em 18 jun 2018]; 25(1). Available at: <http://www.scielo.br/pdf/tce/v25n1/0104-0707-tce-25-01-2760014.pdf>
15. Batista KBC, Goncalves OSJ. Formação dos profissionais de saúde para o SUS: significado e cuidado. *Saude soc [internet]* 2011 [Acesso em 18 jun 2018]; 20(4):884-9. Available at: http://www.scielo.br/scielo.php?pid=S0104-12902011000400007&script=sci_abstract&tlng=pt
16. Brasil. Ministério da Saúde. Portaria Interministerial nº 2.117, de 3 de novembro de 2005. Institui no âmbito dos Ministérios da Saúde e da Educação a Residência Multiprofissional em Saúde e dá outras providências. *Diário Oficial da União, Brasília, Ministério da Saúde, 2005.*
17. Botti SHO, Rego STA. Docente-clínico: o complexo papel do preceptor na residência médica. *Physis Revista de Saúde Coletiva [internet]* 2011 [Acesso em 18 jun 2018]; 21(1):65-85, 2011. Available at: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0103-73312011000100005
18. Lima VV. Projetos de Apoio ao SUS. Processos educacionais na saúde: aperfeiçoamento com ênfase na preceptorial de programas de residência em saúde. São Paulo: Ministério da Saúde; Instituto SÍrio-Libanês de Ensino e Pesquisa, 2017. 58p.

APPENDIX

CATEGORY I - HUMAN CAPITAL

Subcategory - Interpersonal relationship

1. Better interaction between the coordinators of the residency program and the preceptors, aiming to organize the residents' role.

2. Develop better integration between preceptors, tutors and teachers.

3. There is a need to developing a professional positive relationship with residents, looking for a more professional approach.

4. Making residents understand and respect the hierarchy of preceptors.

5. Residents do not respect the hierarchy of preceptors.

Subcategory - Communication

1. I think more communication between the preceptors/tutors and coordinators of each area of the residency program is important, pursuing to outline more effective strategies for training residents.

2. Improving coordination-tutoring-resident communication, as it sometimes seems that each person receives different information.

3. The information needs to be better defined, and preferably maintained, so that we know how to better guide the residents.

4. More information, providing guidance for preceptors during the performance of preceptorship aiming at the quality of nursing residency.

5. More information for preceptors, performing our activities.

6. Periodic meetings with tutors and residents, placing positive and negative points for possible interventions.

7. More frequent meetings with preceptors and tutors in the area named Coordination of the Multiprofessional Residency Program.

8. More information addressing the residents' workload and activities to be done.

9. Disclosing the schedule of activities earlier and follow-up. Many extraordinary activities occur without the preceptor's knowledge, which ends up hindering activities that would have already been scheduled.

10. They (residents) are asked "at the last minute" to carry out activities outside of the program, and it would be important for us to know.

CATEGORY 2 - WORK MANAGEMENT

Subcategory - Health service and education

1. Due to the different types of exams that we have at the hospital, the residents' time in the service is considered insufficient.

2. In our sector, the resident has few practical hours, making it impossible to be properly evaluated by the preceptors.

3. I consider the residency program to be very comprehensive and excellent quality, but the time spent by residents in some sectors makes learning difficult in these areas.

4. Theoretical classes at the beginning of the shift and/or in the afternoon. The residents should be in practice every day.

5. I believe that it is necessary to think of residency as service-provision training, therefore, avoiding as much as possible the excess of disconnected theoretical moments regarding the practice.

Subcategory - Human resource training (residents)

1. Precisely in the Intensive Care Unit sector, residency students from other professions do not pay attention to the patient's current clinical condition, several times I followed up care practices that contributed to clinical instability. In my judgement, they should be trained before entering the hospital.

2. Residents only complain about patient care, some are not interested in the practices, and when they go to assistance services, they do not know what to do. They need to be technically more qualified.

Subcategory - Human resource training (tutors)

1. Conducting postgraduate courses for preceptors, aiming at training residents.

2. Encouraging the development of preceptors through courses, specializations, and so forth.

3. I see no interest in providing preceptors with training opportunities, mainly because there is no financial return, but it would be important.

4. Encouragement of researches in partnership with sector teams intending to enhance professional training.

Answers that do not respond to the object of study

1. I believe that currently there has been a significant improvement both in structure and in the opening of new multiprofessional positions. So, in line with these two items, quality has also grown progressively.

2. As a former residency student, I believe that the hospital is excellent for residency programs and has improved a lot towards the residents' learning, both as its infrastructure and as preceptorship and classes. It is important to underline the excellent teaching staff and its governing personnel. Professors, excellent coordination.
3. I think the HURCG residency program is excellent, with pronounced commitment from the program coordinator, as well as everyone involved.
4. I believe that the multidisciplinary residency program is improving every year, with more areas of knowledge, as well as improvements with physical structure and equipment for use in practices, also the simulation center and all the offered causes.

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Corresponding author:

Danielle Bordin

Address: Departamento de Enfermagem e Saúde Pública,

Universidade Estadual de Ponta Grossa.

Av. Carlos Cavalcante 4748, Bloco M, Campus de

Uvaranas, Ponta Grossa, Brazil

Zip code: 84.030-000

E-mail: daniellebordin@hotmail.com

Telephone number: +55 (42) 3220-3104

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