



THE CONTRIBUTION OF PRECEPTORS IN RELATION TO SOCIAL CONTROL IN THE TRAINING OF STUDENTS IN PRIMARY CARE

A CONTRIBUIÇÃO DOS PRECEPTORES RELACIONADA AO CONTROLE SOCIAL NA FORMAÇÃO DOS DISCENTES NA ATENÇÃO BÁSICA

LA CONTRIBUCIÓN DE LOS CONTROLADORES SOCIALES A LA FORMACIÓN DE ESTUDIANTES EN ATENCIÓN BÁSICA

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RESUMO

Objetivo: este artigo tem o objetivo de identificar os estudos publicados no Brasil sobre as contribuições da preceptoría para a formação de estudantes na área da saúde com foco no controle social. **Método:** trata-se de uma pesquisa quantitativa. Os dados foram coletados nas bases de dados da Biblioteca Virtual em Saúde (BVS) onde foram identificadas as publicações do período entre os anos de 2009 a 2018, sendo selecionados dez arquivos de acordo com o objetivo do estudo e a utilização dos critérios de inclusão definidos previamente. A parte quantitativa é apresentada sob a forma de valores absolutos e relativos. Para a tabulação das frequências simples, foi usado o EpiInfo 7.2.2. Os intervalos de confiança exatos (ICE) foram construídos pelo programa Epidat, versão 3.1. **Resultados:** os estudos apontam fragilidade no planejamento e na integração entre serviço e instituições de ensino e o controle social tem sido pouco trabalhado com os estudantes da graduação, embora os estudos com residentes tenham apontado uma aproximação com o tema. Identificou-se, também, que o preceptor é visto como fundamental nessa formação, mesmo sem incentivo para exercer a preceptoría. **Conclusão:** o controle social é pouco discutido na formação. É importante salientar que o tema é recente no Brasil, porém, importante para o fortalecimento da política de saúde.

Palavras-chave: Saúde; Controle Social Formal; Preceptoría; Atenção Primária à Saúde.

ABSTRACT

Objective: This article aims to identify studies published in Brazil on the contributions of preceptorship to the training of health students with a focus on social control. **Method:** This is a quantitative and qualitative research. Data were collected from the Virtual Health Library (VHL) databases, where publications from 2009 to 2018 were identified, and ten files were selected according to the study objective and the use of the defined

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inclusion criteria. previously. The quantitative part is presented as absolute and relative values. For simple frequency tabulation, EpiInfo 7.2.2 was used. The exact confidence intervals (ECI) were constructed by Epidat version 3.1 software. **Results:** Studies indicate weakness in the planning and integration between service and educational institutions and social control has been little worked with undergraduate students, although studies with residents have shown an approximation with the theme. It was also identified that the preceptor is seen as fundamental in this training, even without incentive to exercise preceptorship. **Conclusion:** social control is little discussed in training. It is important to note that the topic is recent in Brazil, but important for strengthening health policy.

Keywords: Health; Social Control Formal; Preceptorship; Primary Health Care.

RESUMEN

Objetivo: este artículo tiene el objetivo de identificar los estudios publicados en Brasil que aportan a la formación de estudiantes universitarios de cursos de salud sobre las contribuciones de la preceptoría con énfasis en el control social. **Método:** se trata de una investigación cuantitativa y cualitativa. Los datos se recopilaron de las bases de datos de la Biblioteca Virtual en Salud (BVS), identificando las publicaciones producidas desde 2009 hasta 2018, seleccionando diez archivos de acuerdo con el propósito del estudio y el uso de criterios de inclusión previamente definidos. La parte cuantitativa se presenta como valores absolutos y relativos. Para la tabulación de frecuencia simple, se usó EpiInfo 7.2.2. Los intervalos de confianza exactos (ICE) fueron desarrollados por el programa Epidat, versión 3.1. **Resultados:** los estudios indican debilidad en la planificación y la integración entre el servicio y las instituciones educativas, y que el control social ha sido poco trabajado con estudiantes universitarios, aunque los estudios con residentes han mostrado una aproximación al tema. Además, identificó que el preceptor es fundamental en esta formación, incluso sin remuneración para el ejercicio de la preceptoría. **Conclusión:** el control social es poco discutido en la formación de los estudiantes. Considerase que eso es un tema nuevo en Brasil, pero que mucho puede aportar para el fortalecimiento de la política de salud.

Palabras clave: Salud; Control Social Formal; Preceptoría; Atención Primaria de Salud.

INTRODUCTION

In the 1980s, Brazil experienced one of its most significant struggles for democracy and for universal and equal access to health. Social movements, academies, students, health professionals, intellectuals and other actors took to the streets, demanding a health that surpassed the curative and biomedical vision and provided access to all without distinction of race, creed and income. Such claims took force at the VIII National Health Conference (NHC) with the theme: "*Quality public health to take good care of people: Brazilian people's right*". On this platform of struggle and distinct interests was organized civil society, materializing the ideals of the Health Reform Movement (HRM).¹⁻²

With the Federal Constitution (FC) of 1988, the Brazilian population began to have some rights guaranteed, especially articles 196 to 200, health section,

which mention some rights related to health. Before the creation of the Unified Health System (UHS), to have access to health services, the population would have to be inserted in the formal labor market, otherwise it would depend on the actions of philanthropic institutions. With the Federal Constitution, health has become the right of everyone regardless of income, social class, color, ethnicity, and the state must ensure such universal and equal access.³

After its birth, the UHS materialized through the regulation of the Organic Health Laws (OHL) nº 8.080 / 90 and nº 8.142 / 90. Law No. 8080/90 deals with what belongs to the UHS and the federal, state and municipal levels; scope of the UHS from the procedures, ordering of Primary Care (PC) and the formation of human resources to work in the UHS.⁴

Law 8,142 / 90 provides for the financing and guideline of community participation as a sine qua non for the social control of the population over state actions, which is expressed through social control institutions such as conferences and the Health Councils (HC), whether at the federal, state and municipal levels, as a legitimate space for social participation. Social participation appears as something essential for the functioning of health policy, an area of collective construction with the presence of users, managers and workers.

UHS workers have their importance in the implementation of social control, as they are daily in the services in their care, experiencing situations that deserve greater involvement. Therefore, thinking about the health education of students who go through the various services, especially PC, is paramount. A formation that is based on the quadrangle of training, which works on the dimension of management, health care, teaching and social control in this process. However, the social control theme needs to be further fostered with students.⁵⁻⁶

It is in PC, during the internship, that students know the UHS better and can experience how their guidelines and principles are given in practice, creating a bond with the territory and service users. During the internship, opportunities are built based on a pedagogical learning that allows students to experience and understand the applicability of health policy and the involvement of various subjects in strengthening the UHS.¹⁻⁷

With a fundamental role in this process of critical, purposeful and pedagogical formation, there is the presence of the preceptor, whose function is to bring the student closer to the service, inserting him into professional

practice⁹. In this process, student and preceptor are encouraged to study and learn together, especially when relating skills to professional practice.^{1,8-9} As a result, this health education in PC needs the preceptor to be able to provide practices that prioritize the development of activities involving teaching, service, management and social control; the latter, very fragile.⁵

Therefore, the objective of this study is to identify, through a systematic literature review, how preceptors approach the guideline of social control during the internships with students in PC services.

METHOD

This systematic review was performed at the Virtual Health Library (VHL), which integrates important national and international databases of scientific publications on health.¹⁰ To search for studies, the following descriptors were used in isolation and integrated: "Social Control"; "Social Participation"; "Preceptoria"; "Preceptor"; "Primary Care"; "Primary Health Care"; "Health Education" and "Health Training".

According to the objective of the study, publications were included in the sample, considering the following inclusion criteria: studies published in the period from 2009 to 2018, in Portuguese; full texts available from the VHL; studies conducted with preceptors, students and residents in PC that addressed the issue of social control in health education.

Through the search using the integrated descriptors, 477 studies were identified. After reading the titles and abstracts of the studies, ten files were selected for analysis, five articles and five professional master dissertations.

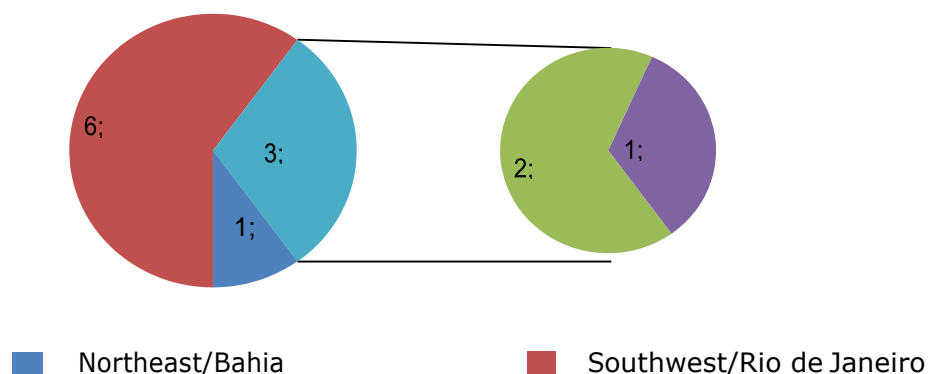
RESULTS

The search identified these studies, 70% of which correspond to the integrated descriptors "Primary Care" AND "Preceptor" AND "Preceptor" AND "Social Control" AND "Primary Care"; 20% to "Social Control" AND "Primary Care" and 10% to studies with the descriptors "Social Control" AND "Primary Health Care". The analyzed documents show a higher prevalence of publications in 2013, 2014, 2016 and 2017, corresponding to 80% of the studies.

Among the publications analyzed, 60% were articles and 40%, professional master dissertations. The Southeast region presented 60% of the publications,

especially the city of Rio de Janeiro, with six publications, followed by the Northeast, with 30% of the publications (Figure 1). The qualitative approach was used in 100% of the analyzed studies.

Figure 1. Distribution of Studies Analyzed by Region and Federated Unit of publications.



Regarding the technique used for data collection, there was a predominance of semi-structured interviews, which appeared in 60% of publications. The other techniques identified were focus group (20%), document analysis (20%), questionnaire (20%) and workshop (10%). It can be observed that in three studies.^{5,11-12} More than one data collection technique was used. Regarding the data analysis technique that appeared in the studies, were listed: Content Analysis^{5,7-8,13-14} (50%) and Thematic Analysis^{1,9,11-12,15}(50%).

Regarding the distribution of the documents analyzed according to the research participants, the preceptors appeared in 60% of the studies; the students, in 30%, followed by the residents, who appeared in 20% and, finally, the teachers, in 10% of the studies. Please note that a study has been identified¹³ which was attended by students, teachers and preceptors.

About the formation of preceptors who participated in the research, there is a predominance of Nursing (40%), followed by Dentistry (10%) and Medicine (10%). All preceptors were tied to the service. However, the nature of their employment was not mentioned in the documents.

As for the students, all were linked to Public Higher Education Institutions (HEIs). Regarding residents, only one study mentions the formation in Psychology. In another study, only mentions that the survey was conducted with residents of the Multiprofessional Residency Program (MRP), without mentioning the courses involved.

Data was presented as absolute and relative values. For simple frequency tabulation, EpiInfo 7.2.2 was used. The exact confidence intervals (ECI) were constructed by Epidat version 3.1 software. The graphical and tabular presentation was performed by Microsoft Excel®, version 2010.

By analyzing the publications, we identified the types of studies and the main results obtained on the contribution of preceptorship in the education of health students in PC.

1 Study by Garcia and Fagundes¹¹

This is an exploratory study with a qualitative approach, published in 2009, conducted with students of the Nursing course, pointing, among its results, the existence of fragility in the integration teaching and service, the valorization of clinical and individual practice and learning significant for professional practice in PC.

2 Study by Souza, Maia, Jorge, Berlink and Ramos¹⁵

Exploratory study with a qualitative approach, published in 2011, conducted with dental students. This study identified, in its results, that there is recognition of the importance of the preceptor for the professional formation of students, the existence of much fragility of the integration teaching and service, which hinders the shared planning, and the recognition of the importance of the internship for to know SUS and for the formation of students.

3 Study by Cosme⁸

Descriptive and exploratory study with a qualitative approach, published in 2013, conducted with preceptors nurses, having identified, in its results, the need for professional updating for the exercise of preceptorship, the absence of planning between service and gym regarding internship activities, besides pointing out that the preceptor has the function of guiding and presenting the UHS to the students.

4 Study by Aguiar¹

Descriptive and exploratory field study with a qualitative approach, published in 2013, also conducted with preceptors nurses. Among its results, this study pointed to the need to foster continuing education and to strengthen the integration of teaching and service to improve dialogue between student, preceptor and teacher. It also identified that the preceptors were unaware of a student receiving protocol and little theoretical training of the students, making them prioritize the technique in their actions.

5 Study by Chagas¹²

An exploratory study with a qualitative approach, published in 2014, also conducted with nurse preceptors, whose main results were the identification that the pedagogical performance of the investigated preceptors is close to Paulo Freire's ideals, and the Family Health Strategy (FHS). It is recognized as a multiprofessional and student learning workspace. Inadequate infrastructure, lack of management support and scarcity of material resources in the units were also pointed as critical points for the exercise of preceptorship.

6 Study by Ferreira⁷

Exploratory study with a qualitative approach, published in 2014, conducted with preceptors nurses. In his results, he pointed out that there is a need for training for preceptors to exercise preceptorship, that the preceptor's performance is still very technical, that there is a lack of planning between the preceptor and the student, besides indicating the importance of continuing education and research as essential for qualifying preceptorship.

7 Study by Luz and Toassi¹³

Exploratory study with a qualitative approach, published in 2016, conducted with students, teachers and preceptors linked to the course of Dentistry. Among his results, he identified that the university's approach to the service contributes to the preceptor's performance, emphasizing that PC allows students to experience what they have learned in college, making them articulate theory and

practice. the preceptor the link between students and the health team, for having a didactic-pedagogical formation, transmitting confidence to the students during the internship moment.

8 Study by Paiz and Dallegrave⁵

Cross-sectional and descriptive study with a qualitative approach, published in 2016, conducted with residents. In their results, it was identified that there is little participation of residents in local HC due to the weakening of these spaces and that there is a lack of knowledge of professionals about social control, although it was observed that there was encouragement by professionals for residents participate in other spaces, pointing out gaps available as: Municipal Council (MC) and the Health Conferences. According to those surveyed, the activities in the internship field were not in accordance with the curriculum matrix regarding social control, besides pointing out the existence of difficulty in the implementation of the reception by the Health team and Understanding Health of Surveillance.

9 Study by Oliveira, Cunha, Trajman, Teixeira, Gomes and Halfoun⁹

An exploratory case study with a qualitative approach, published in 2017, conducted with preceptors. They presented, in their results, that the preceptors are motivated by the presence of the students and that the students recognize the importance of the preceptor in their formation. It also identified that neither training courses nor incentives for preceptorship are offered by management and educational institutions.

10 Gomes, Heberle, Maximo and Manske Study¹⁴

Exploratory study with a qualitative approach, published in 2017, conducted with psychologists of a MRP. This study noted that participation in management should be seen as a way to improve the services offered to the population and is considered important for the education of residents. It also identified that inefficient communication has hindered joint planning between management, service and residence, although the pedagogical project of residence points to a

training that takes into account learning in management, teaching, health care and social control. Regarding teaching, he observed that undergraduate training was biomedical and that, at home, there is the possibility of multiprofessional learning. Regarding social control, he identified that it is seen as a space for change and participation of users, residents, strengthening the territorial bond and the health unit. That participating in the spaces of social control helps to understand and solve the problems of the unit and, especially, helps in the formation and commitment to the UHS.

Chart 1. Main Approaches Identified on Social Control by Preceptorship in PC in the Health Education Process.

No reference to social control theme identified	Article ¹ , Article ⁵ , Article ⁶ , Article ⁷ , Article ⁸ , Article ¹⁰ , Article ¹¹ , Article ¹⁵
Weakening of social control spaces	Article ⁵
Reductionist conception of team and user about social control	Article ⁵
Little incentive to participate in different spaces of social control	Article ⁵
Little appreciation of users in social control spaces	Article ¹⁴
There is appreciation of social control by residents	Article ⁵ , Article ¹⁴

Source: Elaborated by the authors (2019).

Through this review, few studies addressing social control in the education of students were identified, indicating that this theme has been neglected both in academia and in the health services where students go through. It is observed, in the studies, a distancing from the theme social control, the sectorial management and the great challenge to bring this discussion to the students and the preceptors involved in the process of health education, which needs to include teaching, attention, management and control. which corresponds to the training quadrilateral to meet the care needs presented by the population.⁶

Studies that make some mention address the weakening of spaces for social participation, the poor involvement of users, professionals and management in these places, as well as the reductionist understanding of society's participation,⁵⁻¹⁴ despite pointing to the existence of incentives for residents to participate in the Health Conferences and the Municipal Council.¹¹⁻¹⁴

In the studies,^{1,11-12} fragility in teaching-service integration was pointed out. This fragility compromises dialogue, the sharing of real experience and experience among community, students, students, preceptors and management.

In this sense, it is necessary to identify strategies to reduce this gap between the actors responsible for health education.¹⁶ However, inserting students into services helps to experience them in practice, employing the theoretical teachings obtained in academia, critically relating theory and practice.¹⁵

Planning, also cited in the studies^{7-9,14} as fragile and absent, it compromises the collective construction of activities in a democratic manner and in accordance with the reality of the health system and the need of the community. The integration between services and educational institutions should bring gains for both and allow a clearer definition of their role in the training process.

Given the limitations presented, there is the preceptor, who is seen as a professional who is not from the academy, but from the care network, having an important role in presenting the service to students, being the link to resolve the dichotomy between theory and practice.⁹⁻¹³ However, the lack of training to act as a preceptor; the lack of pedagogical qualification and the non-recognition of educational institutions and management contribute to the devaluation and demotivation to exercise preceptorship. Therefore, in the relationship with the student, it is necessary to develop the critical reflection of reality, distancing itself from the vertical formation.¹⁷

CONCLUSION

According to the studies selected for this review on the theme social control, it was observed that it is hardly worked by preceptorship with students and residents in their experiences in PC. When quoted, it is superficially approached, not allowing a thorough discussion on the topic. With regard to publications, there is a small number of studies that address and focus on this discussion, which demonstrates that the topic is still neglected and needs to be studied further. Thinking about a formation that involves the students' experience in the social control spaces allows an approach and the co-responsibility of future professionals with the health policy in which they will act as professionals.

Everything presented above allows us to reflect on academic education, the extent to which social control is discussed and how this theme is addressed during the disciplines that address health policy in the country. How were and are the preceptors' training done in services to enhance social control. What incentives are promoted to foster continuing education in these environments and to strengthen the integration between teaching-service-community.

Moreover, one cannot exclude from this reflection how new is the right to social participation in Brazilian society. How recent is it and how important it is to talk about social control, especially considering that culturally people have always been driven by a paternalistic, clientelistic policy that, unfortunately, still permeates society and that transforms law in favor.

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