The Importance of the Preceptor's Qualification in the Oncology Training Scenarios of Residencies Programs in the Professional Health Area

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A Importância da Qualificação do Preceptor nos Cenários de Formação em Oncologia dos Programas de Residências em Área Profissional da Saúde

La Importancia de la Calificación del Preceptor en los Escenarios de Capacitación en Oncología de los Programas de Residencias en el Área de Salud Profesional

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INTRODUCTION

In the last decade, education in health witnessed the increase of the number of Residency Programs in Professional Health Area in multiprofessional and uniprofessional modalities[1-4], being considered a type of post-graduation *lato sensu*[5], with minimum duration of two years; they are responsible for the bachelor degree through work, integrating teaching-service-community in exclusive dedication and docent-assistance supervision contextualized and committed to the National Health System (SUS) and priority areas[3,6]. The residency is a model of Permanent Education in Health (PEH)[5], defined as learning in work where learning and teaching incorporate to the daily life of the organizations and to the work. PEH is guided by the National Policy of Permanent Education in Health[7], created by the Administrative Rule GM/MS number198/2004, that determined the necessity of reorienting the professional qualification and integration of the University Courses, health services and community to strengthen SUS[8], and currently regulated by Administrative Rule of Consolidation number 2, dated September 28, 2017[9].

Residencies in Professional Health Areas cover every health professions, excepting medicine: Biomedicine, Biological Sciences, Physical Education, Nursing, Pharmacy, Physiotherapy, Phonoaudiology, Veterinary Medicine, Nutrition, Odontology, Psychology, Social Work and Occupational Therapy, including Medical Physics and Collective Health in 2014, according to the Interministerial Administrative Rule MEC/MS number 16, December 22, 2014[10]. The multiprofessional (MRH) Residency Programs of Professional Health Area must be established for at least three of these professions. The uniprofessional modality Programs cover only one health profession as disposed in the Resolution CNRMS number 2, dated April 13, 2012[6]. The expansion of the Residency Programs demonstrates the necessity of specialization for the labor market[3], considering the epidemiologic scenario, the process health-disease and priority areas in the health attention network in Brazil with the objective of ensuring the integrality of the care[1].

Neoplasms are the main public health problem in the world, responsible for the increase of the rates of premature death (before 70 years old), which warns for the necessity of actions of cancer control at the several levels of attention (promotion of health, prevention, early detection, treatment and palliative care)[11]. This, further to other issues, have stimulated the widening of the Residency Programs with emphasis in oncology and slots in the already existing programs. According to a survey conducted in 2015, there were approximately 15 multi-professional Programs in cancerology, mainly concentrated in the country's Southeast region[12]. In 2018, the Brazilian Association of Teaching and Research in Social Work residencies mapping report in professional area and social work identified 23 oncology Residency Program in Brazil[13], showing growth in the last three years of Residency Programs in this area. Furthermore, in the uniprofessional Residencies of Professional Health Areas, oncology sectors are included as scenarios of practice for residents[14]. The intention is to qualify professionals having in mind the inter-professionality and guidelines for working in SUS[3].

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In the Residency Programs, several actors contribute for the qualification as coordinators, tutors and preceptors[15-17], the latter directly involved in the process of teaching-learning because of the challenging role of articulating practice with scientific knowledge, mastering the clinical area of action and its pedagogic aspects[3,18]. The preceptor has the following attributions among others: integrate the resident to the service and to the work team, support and help the professional in the qualification process to acquire skills in clinical practice until it is safe and confident in its activities[15]. It is essential that a pedagogic relation preceptor-resident is established and not only the transference of activities and instruction of techniques, acknowledging the teaching process as something inherent to the practice[3,19] and for this the preceptor needs planning, competence and creativity. In this case, the misperception as educator can create gaps in the resident[3] qualification.

DEVELOPMENT

The preceptor and its qualification

The preceptor is the professional who will guide the resident during the qualification, utilizing its knowledge and experiences, helping to adapt to the practice of the profession, develop clinical competence[16], deal with the working environment and actual clinical situations and solve the issues identified in the daily life of attention to health with its own strategies[15]. When the preceptor takes over the teaching activity, it needs to deepen its knowledge to support its conduct, mirroring the own formation, since the profession related knowledge evolves, and continued education and improvement are necessary. Technical skill cannot be dissociated from pedagogic competence but integrated to ensure the construction of a meaningful knowledge[18], mainly in Oncology, an area demanding specialized health actions and services, requiring skilled professionals for excellency in care[14].

It is believed that the residency is an important experience in the professional qualification and even offers a base for the residents to work as future preceptors. However, the engagement of the residents specialized in oncology and skilled for SUS health attention is not yet a reality and continues as object of discussion in the National Forums of Health Residents[12]. Health teaching is a strategy to widen the capacity of coping with cancer and a proper qualification must be in conformance with the demographic and epidemiologic changes so the work force holds the necessary competences to meet the population demands[17].

The curriculum structure of the Oncology Multiprofessional Residency Program as of the National Cancer Institute José Alencar Gomes da Silva (INCA)[17] and of the A.C. Camargo *Cancer Center*[20], proposes the training in different phases of the treatment, which requires an experienced preceptor in oncology attention network and mastership on the theoretical presuppositions related to professional practice for the supervision of the resident. This is essential either in the residencies majoring in cancerology or in any programs that incorporate the scenarios of attention to the cancer patient in order to prepare qualified professionals and with differentiated humanistic vision to manage the oncologic patient[14].

The preceptor is considered docent-clinician, but is not an academic professional and needs didactic-pedagogic qualification that barely is addressed in the Residencies Programs and this is a problem in these programs[16,21,22]. The articulation among the formative institutions and those that conduct the programs, creating partnerships among the Universities and the Health Units can favor the pedagogic formation of the preceptors. As an example of this, the Commission of Multiprofessional Residency (COREMU) of the Federal University of Pernambuco (UFPE), responsible for 11 Residency Programs have been mobilizing to create courses of pedagogic-didactic qualification focused to preceptors training together with the programs coordinators[23]. In addition, the programs coordinators can articulate with the continuous education sector within the institution itself in order to put forward workshops and pedagogic meetings *in loco* as part of the work shift with the objective of promoting the reflection about what preceptorship practice means.

Trainings within the work environment can minimize the overload of healthcare professionals, which is a limiting aspect for the pedagogic qualification[22], together with the elevated turnover of professionals, the dismantling of the working conditions and sub-funding of the Residencies Programs for the qualification of preceptors since sub-funding is restricted only to the payment of scholarships to residents, hampering the creation of courses with their respective costs and actual training of preceptors[5]. To know the content deeply and succeed in the career are not exclusive conditions for the practice of preceptorship, which presupposes continuous stimuli of reflection and alternatives to conduct the teaching-learning process. Some professionals still have a hierarchical view within this process, where the docent is seen as "the source of knowledge", not allowing himself to establish new methods of teaching-learning, integrality and interdisciplinarity. In general, preceptors that were residents have a different attitude[24], showing that the origin formation and the experience in the area they work can impact the quality of the orientation/supervision practiced by the professionals within the Residency Programs.

Thinking in that formation of the resident as future preceptor would be relevant to review the curricular guidelines of the Residency Programs aiming a holistic qualification of professional preceptors for SUS, being necessary the inclusion of theoretical-practical disciplines that help the development of pedagogic competences along the Residency Program, qualifying the residents to work as preceptors in addition to contributing for the preparation of the institution own professionals who would need to address such theme as "docents" of the residents.

Considering still the reality of some services, the financial compensation of professionals who are preceptors is not differentiated which may cause overlapping of teaching and caring activities because the work-shift remains the same, leaving but little time for qualification and technical update[5]. The lack of public policies of qualification and the formal implementation of the preceptorship practice in the Programs can hamper the worth of the preceptor and even discourage the performance of this activity, damaging the qualification and quality of the Residencies Program[5,16], although the Ordinance that rules PHE recommends that it must have its space secured within the work shift of the employees to ensure the qualification of every multiprofessional team member as well as of the managers[9]. In counterpart, there are Brazilian municipal[25] and state[26] laws that created an additional financial bonus and ruled the activity of preceptorship in the multiprofessional and uniprofessional residencies of health professional areas, strengthening the continuous education and qualification of professionals for SUS.

CONCLUSION

Preceptorship requires planning, self-evaluation and interdisciplinarity of the educator professional. It is noticed that the ideal preceptor must hold technical and pedagogical skills that can be acquired through specific qualification and training similar to the professional-related knowledge involving the academy, specialization and practice. The education of professionals for SUS oncologic attention network must be seen as strategy for disease control with the objective of graduation of highly skilled professionals under the technical-pedagogical perspective of the Residencies Programs and with holistic education to work as future preceptors. For such, the Programs need to count with skilled preceptors in the area they belong to or in the practice scenario, since cancer is a clinical course disease, slow, prolonged and permanent, mostly, demanding hospitalization and outpatient follow up, requiring highly experienced multiprofessional team.

CONTRIBUTIONS

All the authors contributed substantially for the conception and/or design of the study, collection, analysis and/or interpretation of the data, wording and/or critical review and approved the final version to be published.

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There is no conflict of interests to declare.

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