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BEST PRACTICES IN INTEGRATED MULTI-PROFESSIONAL RESIDENCE IN HEALTHCARE: AN APPRECIATIVE STUDY

MELHORES PRÁTICAS NA RESIDÊNCIA MULTIPROFISSIONAL INTEGRADA EM SAÚDE: UMA PESQUISA APRECIATIVA

BUENAS PRÁCTICAS EN LA RESIDENCIA MULTIPROFESIONAL INTEGRADA EN EL ÁMBITO SANITARIO: UN ESTUDIO APRECIATIVO

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ABSTRACT

Objective: Learn about the best practices developed by preceptors in integrated multidisciplinary health residency.

Method: Qualitative appreciative research, whose phases were called Discovery, Dream, Planning and Destiny. The setting was a hospital in the South of Brazil with three Multidisciplinary Integrated Health Residency Programs. The sample consisted of nine preceptors working in the residency programs. Due to the COVID-19 pandemic, data collection took place online, from November/2020 to May/2021, in three meetings in a discussion group format, guided by a question guide. Content analysis was carried out.

Results: Three thematic categories emerged called: best practices; pillars of the residence; and residence growth. In the Discovery phase, the "best practices" category emerged, highlighting the approach of teaching/service to the interdisciplinary work process. In the Dream phase, the category "pillars of residency" emerged, identifying the need for training for preceptorship and the desire for recognition of the preceptor as an educator. In Planning and Destination, the last category emerged, "growth of the residence", with reflections on the preceptor and the future of the residence.

Conclusion: The best practices highlighted by preceptors in relation to the multidisciplinary integrated health residency were: rapprochement between the preceptor and the university; stimulation and appreciation of interdisciplinarity; and development of teaching in daily hospital care.

Keywords: Education; Mentor; Preceptorship; Professional Practice; Qualitative Research.

RESUMO

Objetivo: Conhecer as melhores práticas desenvolvidas pelos preceptores na residência multiprofissional integrada em saúde.

Método: Pesquisa apreciativa qualitativa, cujas fases foram denominadas Descoberta, Sonho, Planejamento e Destino. O cenário foi um hospital do Sul do Brasil com três Programas de Residência Multiprofissional Integrada em Saúde. Amostra constituída por nove preceptores atuantes nos programas de residências. Devido à pandemia de COVID-19, a coleta de dados ocorreu on-line, de novembro/2020 a maio/2021, em três encontros no formato de grupo de discussão, guiados por roteiro de perguntas. Realizou-se análise de conteúdo.

Resultados: Emergiram três categorias temáticas denominadas: melhores práticas; pilares da residência; e crescimento da residência. Na fase da Descoberta, emergiu a categoria

"melhores práticas", destacando a aproximação do ensino/serviço ao processo de trabalho interdisciplinar. Na fase do Sonho, surgiu a categoria "pilares da residência", identificando a necessidade da formação para a preceptoria e o desejo do reconhecimento do preceptor como educador. Em Planejamento e Destino, despontou a última categoria, "crescimento da residência", com reflexões sobre o preceptor e futuro da residência.

Conclusão: As melhores práticas apontadas pelos preceptores em relação à residência multiprofissional integrada em saúde foram: aproximação do preceptor com a universidade; estímulo e valorização da interdisciplinaridade; e desenvolvimento do ensino no cotidiano da assistência hospitalar.

Palavras-chave: Educação; Mentor; Pesquisa Qualitativa; Prática Profissional; Preceptoria.

RESUMEN

Objetivo: Conocer las mejores prácticas desarrolladas por preceptores en residencias sanitarias multiprofesionales integradas.

Método: Investigación cualitativa apreciativa, cuyas fases se denominaron Descubrimiento, Sueño, Planificación y Destino. El escenario fue un hospital del sur de Brasil con tres Programas Integrados de Residencia Multiprofesional en Salud. La muestra consistió en nueve preceptores que trabajaban en los programas de residencia. Debido a la pandemia de COVID-19, la recolección de datos se realizó en línea, de noviembre de 2020 a mayo de 2021, en tres reuniones en formato de grupo de discusión, guiadas por un cuestionario. Se realizó un análisis de contenido.

Resultados: Surgieron tres categorías temáticas: mejores prácticas; pilares de la residencia; y crecimiento de la residencia. En la fase de Descubrimiento, surgió la categoría "mejores prácticas", destacando la unión de la enseñanza/servicio y el proceso de trabajo interdisciplinar. En la fase de Sueño, surgió la categoría "pilares de la residencia", identificando la necesidad de formación en preceptoría y el deseo de reconocer al preceptor como educador. En Planificación y Destino, surgió la última categoría, "crecimiento de la residencia", con reflexiones sobre el preceptor y el futuro de la residencia.

Conclusión: Las mejores prácticas señaladas por los preceptores en relación con la residencia sanitaria multiprofesional integrada fueron: aproximación del preceptor a la universidad; fomento y valoración de la interdisciplinariedad; y desarrollo de la docencia en el día a día de la asistencia hospitalaria.

Descriptores: Educación; Investigación Cualitativa; Mentor; Práctica Profesional; Preceptoría.

INTRODUCTION

The evolution of Brazil's history was marked by the creation of the Unified Health System (SUS), which guarantees the right to health for everyone through its doctrinal principles of universal access, comprehensiveness, and equity. In this context, the multidisciplinary integrated health residency (REMIS) emerged as a lato sensu postgraduate teaching strategy with the aim of training professionals from different areas, aligning their practices with the demands and needs of the SUS, involving unique complexities and challenges, especially in teaching hospital environments, where the training of health professionals takes place in multidisciplinary and highly complex scenarios. REMIS was born as a strategy to train these professionals and align their practices with the demands of the SUS[1].

The Integrated Multi-professional Residency Programs in Health were constituted as a proposal for interinstitutional cooperation to favor the qualified insertion of young professionals in the health job market, favoring comprehensive care and multidisciplinary action in work teams[2-3].

The Resolution of the National Commission for Integrated Multi-professional Residency in Health (CNRMS) No. 5 of 2014 defines that 80% of the program's total workload of 5,760 hours, as it is in-service training, be developed in the form of educational strategies practical and theoretical-practical, to be supervised by the care teaching staff; Thus, the essential role of the preceptor in resident training is evident, encouraging interdisciplinarity, bringing the multidisciplinary team closer together and optimizing comprehensive care[4-5].

The preceptor, as a care teacher, is the health service professional who supervises the practical and theoretical-practical activities developed by the resident, collaborating in the teaching-learning process and in the training of new professionals in complex, sometimes stressful, environments, such as health work[6-7]. This professional brings the student closer to their professional practice and, sometimes, finds teaching a greater challenge than assisting, as they perform this role without specialized training or minimum didactic-pedagogical qualifications[4,8].

The exercise of preceptorship can be a space of ongoing education for the professional who exercises it, as changes in practices and work processes do not only occur in the training of the resident professional, but also in the service in which the residency is inserted[9].

Although REMIS has gained prominence as a training approach, there is still a gap in understanding best practices in preceptorship for these programs. The lack of clear guidelines for preceptors and the absence of detailed research on strategies for effective and comprehensive training highlight the need to explore the contribution of preceptors and identify prac-

tices that can improve multidisciplinary training. In this context, the guiding question of this research emerged: What are the best practices developed by preceptors of Integrated Multi-disciplinary Health Residency Programs at a teaching hospital?

Given this scenario, the present study aims to identify and analyze the best practices developed by preceptors of Integrated Multi-disciplinary Health Residency Programs at a teaching hospital. These practices will be explored from various perspectives, including interdisciplinarity, the training of new professionals and the impact on changes in work processes. The research will allow to promote a space for discussion and appreciation among professional preceptors and point out the product developed to contribute to the Integrated Multiprofessional Residency in Health aimed at the preceptor and the institution.

The article is organized as follows: the methodology used to collect and analyze data on preceptors' practices was presented. The results obtained and the main findings related to the best practices identified were discussed. The implications of these practices for multidisciplinary training were explored and how they can be applied in other contexts were discussed. Finally, the conclusions of the study were presented and possible future directions for research and improvement of preceptorship practices were highlighted.

METHOD

This is a qualitative study of the appreciative research type, known in English as Appreciative Inquiry. This typology was developed by David Cooperrider, in his thesis presented in 1986, at Case Western Reserve University in Cleveland, United States. It is based on the theories of action research, organizational change and innovation, therefore it presents similarities with Action Research and Participatory Research, allowing understanding the knowledge constructed participatively to carry out social transformation[10]. It is elaborated through the identification of practices developed that promote positive transformations[11], following these cycles: **Discovery**, **Dream**, **Design** and **Destiny**[12]. In the **Discovery** phase, we investigate what are the organizational successes and positive experiences of people who have had achievements, what are their main values and best qualities. In the **Dream** phase, the best future is discussed with the group; The best of an organization, the participants and the system being worked on is also extracted from this moment, as from all others. In the **Planning** phase, after identifying the ideal future in the previous stage, it is time to plan how to achieve it. Change planning actions are considered (sometimes at an organizational, process, team level) that make it possible to reach this future. In the **Destiny** phase, definitions begin, that is, the first actions to begin to realize this ideal future.

The field of action was a philanthropic teaching hospital complex made up of seven hospitals, which has a partnership with a federal university to offer Residency Programs to health professionals, all financed by the Ministry of Education. Both health and educational institutions are located in the Southern Region of Brazil and, together, offer Medical, Multi-professional and Uni-professional Health Residency Programs. The Multi-professional Residency Programs offered are three: Intensive Care therapy; Onco-hematology; and Childhood Cancer Care. These Programs offer vacancies for professionals trained in the areas of nursing, pharmacy, physiotherapy, speech therapy, nutrition, and psychology. The relevance of this partnership lies in the teaching-service combination, through the financing of Residency Programs, to train highly qualified health professionals, who will provide assistance to the population in compliance with the principles of the SUS.

The research population was chosen intentionally, consisting of health professionals who work as preceptors at the teaching hospital. All preceptors working in the Multi-professional Residency Programs existing at the hospital institution were invited, a total of 22 professionals from different areas. Invitations were sent by email to the email addresses provided by the hospital's Education Department. The inclusion criterion was accepting the invitation to participate in the period scheduled for the start of research data collection. The exclusion criterion was being on leave or vacation during the period. The sample consisted of nine preceptors who expressed interest in participating in the research. The number of participants varied in the three meetings held with the discussion group: the first had nine members; in the second, eight; and in the last, six participants. It is believed that this number has decreased because this research was carried out during the COVID-19 pandemic, when preceptors were on the front line of patient care, highlighting the workload of these professionals.

The research began after approval by the university and hospital Ethics Committee under CAAE opinion no. 34314520.9.0000.5345. After participants registered their consent to participate by signing the Free and Informed Consent Form (FICF), data collection began in November 2020 and ended in May 2021. To conduct group discussions, an instrument was created (Chart 1[a]) with questions related to the aforementioned phases, adapted and explored according to the demands that arose during the course of the meetings.

Usually, discussion groups for qualitative health research are carried out in person[13]. However, due to the COVID-19 pandemic, the meetings took place online and with authorization for recording. The confidentiality of the discussions was guaranteed, with only two researchers who carried out the transcriptions having access to the recordings. The recordings were later stored on the drive until the end of the research, when they were deleted. In groups, the speech and behavior of the participants are considered more broadly, and this production brings them more empowerment[11].

Therefore, an email was sent one week before each meeting; and the date of the event was kept on the participants' professional calendar as a way of improving adherence. The group met in three meetings through Microsoft Teams®, a platform used by the hospital.

Initially, the meetings were supposed to take place once every week, but unlike this planning, it was necessary to adapt the dates, considering the care involvement of preceptors in the issues imposed by the pandemic. It is believed that these adaptations allowed the research to continue, without compromising the dynamics of the discussions, as the researchers ensured that all phases of the appreciative research were adequately addressed, even with the adjustments made.

At the beginning of each meeting, recording was started to optimize speech transcriptions and data analysis.

In the first meeting, the Discovery phase was discussed; and participants were asked to share positive experiences as REMIS preceptors. The second meeting discussed the Dream phase, allowing them to bring to the group the opportunity they desire for the future of the residence. At the last meeting, the Planning and Destination phases were discussed, in order to give them the opportunity to think about planning any action that could be implemented to strengthen the residence.

In the transcription of the text, each of the participants' statements was identified with the letter "P" followed by the number from 1 to 9, corresponding to the total number of participants. Initially, a mapping of registration units with meanings related to the research objectives was carried out. For this, Bardin's content analysis[12] was followed. The thematic content analysis process was conducted as recommended by the author; Different colors were used to highlight the recording units identified in the excerpts of the transcription, using the Microsoft Word® shading tool. Based on the clippings of the recording units, repeated and with similar meaning, they were highlighted with the same color and, to facilitate the construction of the categories, grouped in a schematic table, allowing, after analysis, to generate the thematic categories and subcategories of the search.

RESULTS

The areas of knowledge of the preceptors participating in the research were: nursing (five), pharmacy (one), nutrition (one), physiotherapy (one) and speech therapy (one). Regarding the highest degree of preceptors, 55.56% had specialization; 33.33%, master's degree; and 11.11%, doctorate. The lengths of professional experience varied as shown in Figure 1↗.

The average duration of the discussion groups was one hour and seven minutes. From the content analysis, three categories emerged. For better understanding, from the perspective of appreciative research, the categories were distributed according to the discussion in the three meetings and their correlation with the phases of Discovery, Dream, Planning and Destiny (Chart 2↗).

Discovery Phase – Best Practices

The Discovery phase aimed to discover facts that worked, and therefore can be classified as best practices in multidisciplinary residency. From the group's discussions, three subcategories emerged: Approaching Teaching and Service, Work Processes and Interdisciplinarity.

In the first subcategory, called "Approximation of Teaching and Service", preceptors consider the possibility of professional development when they are linked to a residency program, governed by a university, as one of the positive points and one of the best practices to be encouraged. The speeches bring a feeling of welcome, professional development; and, for some, contact with the university awakens the interest in pursuing improvement in the stricto sensu postgraduate program.

One of the activities that I remember the preceptors doing was participating in their TCCs at the end of the year, so it was the enriching moment and it was the moment that we were on the bench, that this goes on the curriculum, so many are doing a master's degree, or did [...] this title is also interesting to some people, these proofs of participation in this panel and the knowledge that we acquire through work. (P1)

In my opinion, the strong point of the residency is the opportunity that health professionals must carry out specialized learning based on practice and scientific exchange between the university and the teaching hospital. (P8)

Preceptors understand that, in the preceptorship process, there is a movement towards getting closer to the university, and this integration favors the service and also has an impact on their learning as a professional, as the residency offers a diversity of stimuli and opportunities.

Because residents sometimes have excellent final coursework, and sometimes they are very good proposals, we know [...] I have no doubt that this contact brings us enrichment [...] (P1)

That constant education of discussing cases, we cannot forget that they come with this different potential, with more scientific knowledge [...] (P4)

It is clear, in the preceptors' statements, that they are satisfied with being linked to the program, as this approach to academia is a differentiator for some who have been trained for a longer period of time.

In the second subcategory, "Work process", the qualification of work processes emerged. Furthermore, it is worth highlighting that residents work to support the care provided at the hospital.

[...] the resident who is here with us like this: the girl is super committed, the girl is very good and then, in a month, she was taking on scale, she was taking it along with everyone, she is a powerhouse. (P7)

During discussion groups, preceptors understand that the resident is still in training and analyze the importance of the work carried out. They also perceive the connection between residence and education as legitimate, in addition to recognizing the resident as a mix of worker and student.

[...] They are inside the gym; they can bring what is new, they are in full activity, in full function to play this role as well as an educator who can help us a lot. (P8)

The health residency process is seen positively in this aspect, expanding empowerment for transformations in daily practice and also guaranteeing the assistance that residents provide in a significant way in the different areas of this hospital.

I know that we really need them in terms of assistance, in our routine, because they really make a lot of difference [...] (P8)

I think this is really good, it's really interesting; they are empowered with more knowledge and are able to bring us new things for us to discuss, to improve processes and protocols, these demands that we have [...] (P2)

A positive experience shared with the group was a course held by one of the areas of knowledge, understanding that the work process within the preceptorship needed this perspective. The experience demonstrated great participation from participants and a high degree of satisfaction among participants and organizers.

It was the only move we made in all these years to try to train preceptors [...] anyway, this course was very useful in this sense. I think we did it... I think it would be very valid... I think the reception is very good. They feel the need for it; and it was very, very well accepted by the team [...] (P3)

Another positive practice brought by the group was the invitation to participate in the residency's theoretical classes, remembered as a situation that, in addition to being a form of recognition, adds knowledge, due to all the methodological preparation required for the class.

I also remember that question that the preceptor is going to teach the residents [...] it really puts us in the challenge of putting together a class that serves the residents, that serves the university and is already inserting us, placing us in this environment [...] (P1)

Analyzing the statements, the potential for transformation and organization that the residency can bring to work processes becomes evident: it can qualify and improve health practices. It is clear, in this movement, that the preceptor becomes uncomfortable and becomes equipped for the teaching process. A learning environment is created that provides an opportunity for improvement in assistance.

The last subcategory that emerged in the Discovery phase was "Interdisciplinarity", in which preceptors understand that the residency is a powerful space to encourage the practice of interdisciplinarity. They also reflect on weaknesses but highlight as a strong point the contribution that integration between professionals brings to health services.

At some points in the discussion, doubts about those involved in the residency come to the surface, with no clarity as to who their peers are and how they could work with them:

[...] Even to be able to integrate professionals. Today, by chance, I gave a class to the physiotherapy people [...] and there were many there who didn't even know, for example, what speech therapy did, and they are two areas that work closely together [...], so from we can really understand the unity, but understand what each one's role is, what each one can offer here. (P4)

Interdisciplinarity is a potentiality of the residency, which offers programs comprehensive actions in patient care, contributing to the innovation of health practices and work developed in a more collaborative way.

[...] A multidisciplinary roundtable began: our residents get together at least once a week and discuss this... it's important for us to know how our colleague is working. This is what differentiates work within the residence; It's being able to come together and see what everyone can do for the patient. (P1)

Yes, the round we started in the ICU also includes all residents, and this values and includes the professions to give space; and everyone can think about this thing, this thing of interdisciplinarity, of everyone being able to contribute to patients' behaviors. (P8)

The preceptors demonstrate that the multidisciplinary residency has the potential for integration between actors in health services, but they realize that there is still a vast path of maturity to develop interdisciplinarity in health environments.

Dream Phase – Pillars of the Residence

At this stage, questions arise about improvements in the program and important aspects for preceptorship, with two subcategories: Training for preceptorship and Recognition in the role of educator.

In the subcategory "Training for preceptorship", it is possible to notice a concern on the part of preceptors as they understand that their way of working and their attitudes reflect, in a decisive way, on the development of residents within the programs.

Analyzing the narratives, it was noticed that preceptors understand and value the need for specific training for the development of preceptorship.

All professionals are preceptors because at some point a student will fall into their lap and sometimes it's out of the blue [...] that many of them, the preceptors, need to know what need this student has: whether they need to be closer, I need to give more guidance; not this one, I can release this resident, as he is already flying, anyway [...] (P3)

I don't feel that prepared [...] (P2)

I also agree with colleagues [...] (P6)

Although it seems to be an activity that is naturally added to the duties of professionals in a teaching hospital, some may not be sufficiently confident and prepared to perform this activity.

The educational experience in residency can be a great challenge for preceptors. The lack of pedagogical preparation to carry out this activity shows how much they can fail to benefit from having a resident in their service.

Very often, preceptors are not prepared for this, such as approaching the resident for feedback [...] at some point, he finds himself being a residency preceptor. Sometimes, we have this within our areas... when we enter the teaching hospital, we know that there will be a student there, often we don't take advantage of it and we can't take it away from the student because we don't either have these skills, these skills to work with them. (P3)

Yes, thinking that we need something, something aimed at training preceptors, something, some interaction, [...] (P5)

The path to the master's degree proved to be stimulated for the development of pedagogical skills in the performance of preceptorship.

In the subcategory "Recognition in the role of educator", the Dream phase, some relevant questions arise about what your role is in the multidisciplinary residency: Who can be considered a preceptor? What does he get in recognition? How does understanding your role have a positive outcome for resident learning?

[...] because the university welcomes residents very much, but who is watching the preceptor? [...] maybe we should think about some return: yes, a financial return or return, some course for us, because we know how stressful it is to train and organize the residency. (P8)

Well, that's the idea: if the preceptor knows what he wants, we'll give it to them, okay? But what do I see, for example, us, what do we want from them? What is our role? And finally, what do you expect from him? (P3)

Knowing that you are the preceptor, valuing this professional who is here doing a thousand things at the same time here and is still the preceptor; I think we need to have this work, like this, to value ourselves. (P2)

The statements point to investment in the role of the preceptor. Professional appreciation is desired by them, as, in addition to participating in educational and assistance activities with residents, they need to fulfill their work demands. The need for a better understanding of the role played by the resident is also demonstrated, so that their full potential within the program can be utilized.

Planning and Destination Phases – Growth of the residence

At this stage, the results show statements about an ideal future and reflections on the positioning of preceptors in relation to teams, their residents, and the way in which these preceptors think about their responsibility within the program. Two subcategories were formed: Reflections of the preceptor and Reflections on the future of the residency.

In "Reflections of the preceptor", discussions emerged about the reception of residents, communication with tutors and the impact of the lack of clarity of their role as gaps in the role of trainer, bringing consideration about the change and the need to articulate communication.

Yes, people deliver what we asked for, not what we didn't agree on, what we didn't define... it's underused [...] (P5)

Preceptors highlight that lack of communication can affect engagement between them. In addition to communication with the resident, they understand that they need to improve this aspect among their peers and with the teams that receive this resident, as this can be a differentiator for the student and be considered as a best practice to be further explored.

I have a resident, she is developing. I've been talking to her a lot. I think because it's another generation, sometimes we clash, we want them to have the same behavior, the same maturity as us, but they are 20 years apart [...] I think that, as a preceptor, we will also have to realize that we have to understand this new side, this new way of being. (P9)

Another important consideration concerns your role in guiding and defining the role of this resident within the team. The preceptor's role with the resident in relation to the team is considered a significant step towards transforming the perspective as a preceptor, demonstrating that the resident should not just be a follower of someone more experienced, but should take advantage of their potential, and the responsibilities need to be divided.

And I think it's important. They are not just here for me, but to improve to graduate. Sometimes, colleagues who are preceptors don't realize it, if we're not very clear, like this, and explain the resident's role, they don't realize it, so, a resident is not meant to be just an extra. But he is about to develop. They can't think that they are the workforce, that they didn't just come to spend five, six months here sharing shifts, right? And we need to make this clear. (P7)

Preceptors express the great responsibility exercised in residency scenarios and their relevance for the construction of care practices.

Finally, regarding the subcategory "Reflections on the future of residency", the need to standardize residency processes and the desire to interact with other professionals, to propose and further explore this potential of dialogue, brought about a better future. to the residence. These are statements that emerge from preceptors during the research; they realize they need time to discuss and exchange information about what is working well and learn about positive examples.

[...] but I think the main thing, besides the training [...] I think we have some meeting, some systematic meeting so that we, preceptors, can precisely discuss the difficulties of this routine, because... even to be able to integrate more. (P4)

Preceptors understand that health residencies bring the opportunity to share work, bringing together different knowledge and practices within the hospital environment. Given this, they evaluate their lack of interaction and realize that it would be interesting to have a periodic meeting in order to reduce this fragmentation within the programs.

What I see, for example: we, not even us preceptors, have our own meeting, just ours, for us to discuss. (P3)

They also consider retaining the professionals trained by them in that service to be an important future investment, and this can be the daily motivation for building a more qualified residence and service.

Today what would really be a benefit, there are a lot of good people, I had a lot of good residents, is that we can take advantage of them. (P3)

They consider that the research initiates a reflection on the future of preceptorship regarding its potential and opportunities, which are still little explored as a process of strengthening among professionals who play such an important role within the institution.

I think our dream can be thought of, that we have a more prepared preceptor, and we have a resident who can help us, who can give us the support we need. (P8)

I hope for greater commitment, that the residency is seen as a learning opportunity and a possibility for professional prominence. (P8)

From this perspective of action, preceptors reveal that there are still gaps, potential and room for improvement in their actions; and demonstrate, in addition to the desire for meetings and exchanges, a desire for greater publicity and visibility, making the residence stronger and more recognized within the institution.

DISCUSSION

It is evident that the findings of this study align with existing theories related to teaching-service integration and preceptorship. Teaching-service integration favors dialogue and cooperation between academia and the care environment; In this way, the actions that the university promotes and the insertion of the professor in the fields of practice, during tutoring, provide assistance based on the best evidence[14]. The practical implications of multidisciplinary residency for educational institutions, health services and preceptors can be considered a path towards innovation in care contexts, allowing university science to expand to the bedside, forming new connections between health models[15].

Preceptors recognize the resident as a mix of worker and student, so they need to provide a favorable training environment to develop this student's professional skills[16]. Authors[3,17] highlight interdisciplinarity as a fundamental axis in the path to professional qualification through the integration of knowledge and practice in search of more qualified and comprehensive health care.

The health residency is the opportunity to insert professionals into the reality of the work in progress, bringing them to this challenge of pluralism of knowledge in the care process[11]. From this perspective, many professionals, inserted in this context, face challenges related to understanding their duties and articulating interdisciplinarity, which is still fragile and incipient in the curricular bases of undergraduate courses in the health area and even within hospital institutions[18].

Brazilian studies point out that higher education institutions (HEIs) may be responsible for improving permanent education, as they provide greater appropriation of knowledge in the role of the preceptor, encouraging him to achieve this improvement[19]. Furthermore, it is important to understand that an interdisciplinary approach can encourage the multiplication of knowledge and improve the integration of each specialty in terms of work knowledge, with quality of care and comprehensive care as a common factor[18].

The training of preceptors also has opportunities for improvement, for which a permanent education policy is needed in order to enable and refine the teaching role within the daily work routine[19]. In this context, strategies to expand the understanding of the role of preceptors and residents in the daily life of the service are considered relevant, so that this is implemented as a process of ongoing education for the integral parts[20].

Often, the preceptor does not have the necessary preparation to work in the program: the lack of didactic-pedagogical training necessary for the development of activities can generate negative impacts on the resident's teaching process[21]. The lack of educational experience in residency is a challenge for preceptors, as many were trained only considering work in the technical sphere, which is why they have difficulty finding pedagogical mechanisms to share their knowledge with residents in order to awaken critical and reflective behavior in them and not just the mere fulfillment of routines[22].

Some authors state that even more experienced professionals have no guarantee of success in developing preceptorship activities and, often, they need to learn to have a reflective practice about their knowledge and skills, so that they know how to share them, establishing an exchange process and self-learning[8]. A recent Brazilian study points out, as one of the biggest weaknesses in residency programs, the lack of training for the pedagogical practice of the actors involved, which, added to the little appreciation, leads to a lack in the function of developing skills and sharing knowledge within care environments[23]. The lack of clarity regarding the role of the preceptor in the training process and the difficulty in dealing with the pedagogical demand have an impact on the development of preceptorship, as well as on the training of professionals, and can generate unfavorable disparities within health residency programs[24].

The teaching-learning process assigned to the preceptor must be carried out in a conscious and critical manner, and may be linked to the preceptor's feeling of devaluation and unpreparedness for this role as a transformative agent[25]. Valuation is something desired by preceptors and concerns the financial value and workload (non-specific to carry out such activities), which can cause work overload, discourage participation in programs and harm the quality of care provided by them[11,18-19].

Reflections on the reception of residents, communication with tutors and the impact that the lack of clarity of their role generates on processes and people are discussed among preceptors as gaps in their role as trainers, leading to thinking about change and the need to articulate communication as part of daily professional practice[21].

The preceptor is one of the main characters in conducting teaching in everyday care environments. Its actions must go beyond the mere transmission of information to residents. However, it is known that teaching during the moment of care makes this process more complex, generating changes in doing and thinking within health systems, in a collaborative learning relationship that is constantly reinvented based on these reflections[22-23]. Such considerations suggest movements towards change and are potentialities to be developed, but they require time and dedication from the preceptor, which is often a challenge

in residency and cannot be achieved without the encouragement of both the HEI and the services[24].

The preceptors reflect on the possibility of the service "absorbing", retaining the residency graduate as a way of returning the investment made, as the two-year period within an Institution allows for professional training with great experience, generating quality of care and a relationship win-win for everyone involved[25].

In the Northern Region of Brazil, a similar study also showed that participants recognize the need to strengthen exchanges and sharing of plans and discussions in residency programs, through moments that promote and encourage dialogue and interaction between those co-responsible for this process. The article points out that this action does not yet have defined standardization, but it plays a fundamental role in this context of in-service teaching[14].

Preceptorship can be a unique experience of professional development, in which critical reflection on professional practice is promoted, permeated not only by great responsibilities and challenges, but also by possibilities, enabling the application of theoretical knowledge to the reality of care praxis; In this, collective work takes place between all actors, with the purpose of sharing experiences and providing relevant opportunities for the construction of knowledge[14,19].

Valuing the activities carried out by preceptors and greater recognition, whether financial or investment in training, are notorious ways of providing more prominence and visibility for residency programs[18].

The meetings in the discussion groups allowed the preceptors to experience moments of interaction and exchanges, starting a process of understanding their potential and bringing about the reflection that this could be the beginning of a stage towards their qualification and appreciation. Health education can be considered a learning cycle, as it promotes critical reflection by the preceptor in relation to the development of their activities, since, when teaching the resident, they have the opportunity to reevaluate their own work method.

It is believed that the barriers and challenges highlighted in this research can be overcome with simple and concrete strategies. Offering pedagogical training to improve the training of preceptors and promoting interdisciplinary rounds in the care environment, allowing the sharing of knowledge from different professions, and enabling the participatory care decision-making process, are some strategies that can be adopted. These exchanges will improve communication between actors involved in residency programs.

Study Limitations

It is recognized that holding the online discussion group, due to the COVID-19 pandemic, may have influenced the dynamics and depth of interactions. However, despite this limitation, it is difficult to determine whether such a change in data collection format impacted the observation of the group's general behavior and the dynamics of interactions between participants. As the main researcher was part of this special collective of preceptors, it was noticed that the participants had freedom and were actively involved in the discussions. It is inferred that the online approach did not harm the spontaneity of the interactions or the depth of the responses, as the participants interacted daily with the researcher in the preceptorship practice and had freedom of communication as they were not strangers in the group.

The importance of carefully considering data collection methods in future research is highlighted to ensure a more comprehensive understanding.

CONCLUSION

The results of this study consistently reveal preceptors' perceptions of best practices in multidisciplinary residency. The following positive practices emerged: teaching-service integration and rapprochement with the university; the importance of interdisciplinarity brought by residents; the opportunity to learn in the context of assistance; and the valuable relationship between teaching and learning. These findings have direct implications for practice in the area of multidisciplinary residency. By understanding best practices, residency programs can be adapted to maximize residents' learning experience, improving the quality of training for future healthcare professionals.

In line with the objectives of this study, the results reinforced the importance of understanding the perspective of preceptors to provide the information necessary for the continuous evolution of residency practices. In doing so, it is hoped that this study will contribute to a significant improvement in the quality of training of healthcare professionals across the multidisciplinary setting.

Furthermore, this research provides a solid foundation for future research. These are promising directions for studies to explore the topic of interdisciplinarity in more depth, aiming to assist in the effective incorporation of this practice into residency programs, as well as investigating the way in which teaching within the care environment can be optimized.

It is worth noting that the results not only enrich the understanding of preceptorship practices, but also offer concrete opportunities for preceptors to enhance their own professional development. By reflecting on their teaching methodologies when mentoring residents, preceptors can also improve their own approach to care and promote a more enriching learning environment.

It is recommended to implement educational practices in daily care, encouraging the search for an integrated and holistic approach to teaching. Through the exchange of knowledge and experiences between professionals from different areas, it is possible to promote richer and more meaningful learning for residents. The importance of expanding dialogue and collaboration between education professionals is highlighted, encouraging the creation of interdisciplinary projects and activities that can address different aspects of knowledge in a complementary way. Interdisciplinarity can contribute to more contextualized teaching, providing a broader and more integrated view of care practice.

Readers are invited to consider how preceptors' insights might be applied to their own institutions. Reflecting on the way in which interdisciplinarity is promoted and how teaching in daily care is encouraged can lead to significant improvements in residency programs and professional development.

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LS: Study design, data analysis, review and discussion of results.
RC: Study design, data analysis, review and discussion of results.
All authors have approved the final version to be published and are responsible for all aspects of the work, including ensuring its accuracy and integrity as well as confidentiality of the data.

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Chart 1 – Script for the Discussion Group.

1) In your opinion, what are the positive aspects of REMIS?
2) In your opinion, what needs to be improved in REMIS?
3) In your opinion, what do you consider to be important for preceptorship?
4) What do you expect for the future of REMIS in the hospital institution?
5) In your opinion, what could be done to strengthen REMIS and preceptorship in this institution and how could it be done?

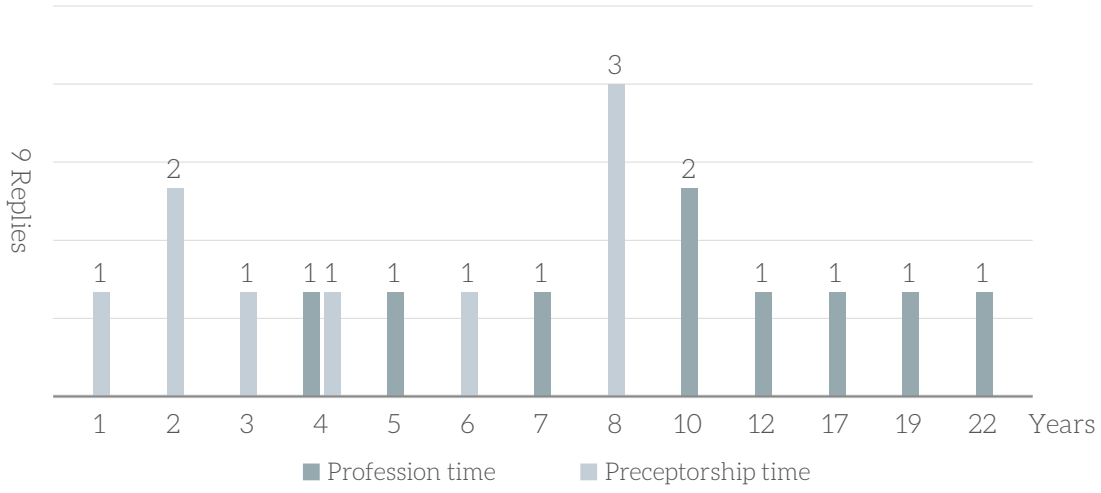

Figure 1 – Profession and preceptorship time.

Chart 2 – Presentation of categories/subcategories grouped and distributed across the research phases, 2021.[↖]

Category	Subcategories
Discovery Phase	
Best practices	Approaching Teaching and Service
	Work process
	Interdisciplinarity
Dream Phase	
Pillars of the residence	Training for preceptorship
	Recognition in the role of educator
Planning and Destination Phases	
Residence growth	Reflections on preceptor
	Reflections on the future of the residence