Referência
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ARTIGO DE INVESTIGAÇÃO (ORIGINAL)

Practices in clinical teaching: sharing actions for teaching in primary health care

Prática docente assistencial: compartilhamento de ações para o ensino na atenção primária em saúde

Práctica asistencial docente: compartir acciones para la enseñanza en la atención primaria de la salud

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Abstract

Background: Teaching in primary health care is complex, and the community of practice (COP) can be a place of pedagogical training for nurse tutors and nurse teachers.

Objective: To describe the actions identified by nurse tutors and nurse teachers of a COP in primary care teaching.

Methodology: Qualitative participatory action research carried out with 13 primary care nurse tutors and nurse teachers using focus groups. Data analysis used the Atlas Ti 8 software program, following Bardin's content analysis approach.

Results: Three categories emerged: Nurse teachers' actions for the qualification of nursing education in Primary Health Care; Nurse tutors' actions for the qualification of nursing education in Primary Health Care; and Education and Health Institutions' actions for the qualification of teaching practices in Primary Health Care.

Conclusion: The participants established a COP because they shared common interests, which led to the commitment to defining actions in primary health care teaching.

Keywords: education, higher; education, nursing; primary health care; community of practice

Resumo

Enquadramento: A prática docente na atenção primária é complexa, podendo a comunidade de prática servir como espaço de formação pedagógica para os enfermeiros supervisores e enfermeiros docentes.

Objetivo: Descrever as ações identificadas por enfermeiros supervisores e enfermeiros docentes em comunidade de prática docente assistencial no ensino na atenção primária em saúde.

Metodologia: Pesquisa-ação, qualitativa, realizada com grupos focais com 13 enfermeiros supervisores da atenção primária e enfermeiros docentes. Utilizou-se o *software* de análise de dados AtlasTi 8, e análise de conteúdo de Bardin.

Resultados: Obtiveram-se três categorias: Ações dos enfermeiros docentes para a qualificação da formação em enfermagem na atenção primária em saúde; Ações dos enfermeiros supervisores para a qualificação da formação em enfermagem na atenção primária em saúde; Ações das Instituições de Ensino e de Saúde para a qualificação da prática docente na atenção primária em saúde.

Conclusão: Os membros constituíram-se enquanto uma comunidade de prática, pois compartilharam interesses comuns, levando ao engajamento sobre definição de ações no exercício docente com especificidade na atenção primária.

Palavras-chave: ensino superior; educação em enfermagem; atenção primária à saúde; comunidade de prática

Resumen

Marco contextual: La práctica docente en atención primaria es compleja, y la comunidad de práctica puede servir como espacio de formación pedagógica para los enfermeros supervisores y enfermeros docentes.

Objetivo: Describir las acciones identificadas por los enfermeros supervisores y enfermeros docentes en la comunidad de práctica docente asistencial en la enseñanza de la atención primaria de la salud.

Metodología: Investigación-acción cualitativa realizada mediante grupos focales con 13 enfermeros supervisores de atención primaria y enfermeros docentes. Se utilizó el software de análisis de datos AtlasTi 8 y el análisis de contenido de Bardin.

Resultados: Se obtuvieron tres categorías, Acciones de los enfermeros docentes para la cualificación de la enseñanza de la enfermería en la atención primaria de la salud; Acciones de los enfermeros supervisores para la cualificación de la formación en enfermería en la atención primaria de la salud; Acciones de las instituciones de Enseñanza y salud para la cualificación de la práctica docente en la atención primaria de la salud.

Conclusión: Los miembros se constituyeron como una comunidad de práctica, ya que compartían intereses comunes, lo que los llevó a comprometerse en la definición de acciones en el ejercicio docente, con especificidad en la atención primaria.

Palabras clave: educación superior; educación en enfermería; atención primaria de salud; comunidad de práctica

Introduction

The integration between teaching and practice promotes changes in health professionals' education. Teaching health professionals to work in the *Sistema Único de Saúde* [Unified Health System] (SUS) is fundamental because it brings their training closer to people's and communities' real lives. According to its regulations, SUS is responsible for organizing training in the health area (Ministério da Saúde, Secretaria de Gestão do Trabalho e da Educação na Saúde, Departamento de Gestão da Educação na Saúde, 2004), through the promotion of programs and policies, such as the National Permanent Health Education Policy (Ministério da Saúde, 2004), among others.

However, measures for the integration between teaching, services, and community were not taken in proportion to the agreements established between education and health institutions for the structured development of this educational strategy (Silva et al., 2018).

There is a dichotomy of objectives between both types of institutions, which promotes unilateral movements as health services do not collaborate with education institutions, thus contributing to scarce experiences of integration between their managers and disrupting the incorporation of curricula in the health services' routine (Zarpelon et al., 2018).

Additionally, according to Pinto and Cyrino (2015), other issues may emerge, particularly regarding the development of clinical teaching activities in, sometimes, poor conditions that are not prepared to receive the students and respond to the pedagogical needs. Thus, the learning process lacks important actions, especially in primary health care (PHC) training, which is the object of this study, such as developing groups and educational activities for disease prevention and health promotion.

The commitment of those co-responsible for developing training activities in the health institutions is also an issue because they are integrated into the system as secondary activities, thus delegitimizing the educator role of SUS (Pinto & Cyrino, 2015).

In this context, the formalization of education-health public action organizational contracts (COAPES) was an important strategy to regulate the relationships between these institutions for the process of change (Silva et al., 2018). This reflects the existence of an awareness of the weaknesses of the policies and guidelines on clinical teaching. However, challenges remain, demonstrating the need to promote actions that will further qualify this activity. Hence, this study aims to describe the actions identified by nurse tutors and nurse teachers of a COP in PHC clinical teaching.

Background

Teachers play a key role in implementing innovations and effectively transforming higher education (Silva et al., 2018). For this purpose, actions that promote teacher training are necessary, considering the challenges of reorganizing health professionals' training to strengthen the teaching-service-community triad.

According to Wenger (2011), the COP is a group of people who share responsibilities or a passion for a topic, enhancing the articulation between the actors in teaching PHC. Thus, Wenger (2011) believes the constitution of a community of practice is a path to learning and change, where meanings are negotiated, and commitments are taken on.

Wenger (2011) also states that a COP is formed by individuals who engage in a common interest. It is developed as its members interact to define meaning. It focuses on practice, considering that doing in a social context combined with historical, political, and economic issues, and on the identification of the different ways of being in this context. This concept is based on the interaction of groups of people who focus on a specific type of knowledge.

The everyday work of professionals implies beliefs, values, attitudes, and knowledge, and a process of reflection is necessary to understand it. This process brings new meanings to the action and promotes the redefinition of meanings.

In this sense, Wenger (2011) believes that the association between practice and community does not imply that anything can be a COP. To associate both terms, some dimensions are necessary to provide coherence to a community. Thus, Wenger (2011) highlights three dimensions that define a COP: mutual engagement, including each participant's skills, what they do to achieve what they do not know yet; joint enterprise, that is, a common goal, originated from the mutual commitment between the members; and shared repertoire, meaning the resources acquired by the group throughout the integration process, such as jargons, documents created, concepts.

Research question

What are the actions identified by nurse tutors and nurse teachers of a COP in PHC clinical teaching?

Methodology

A qualitative action research study was conducted with five focus groups lasting, on average, 2 to 3 hours each and approved by the Research Ethics Committee, under opinion no. 83737518.0.0000.0121.

It was developed in a municipality of southern Brazil, in the state of Santa Catarina, by a consortium between a higher education institution (HEI) and the PHC services of a public institution. Thus, this study was carried out in basic health units (BHU) linked to the municipal health department in conjunction with the HEI.

Six BHU were previously selected for the conduction of this study.

Units with more than one Family Health Strategy team were considered large units. The sample consisted of nurses/nurse teachers who participated in PHC clinical teaching activities linked to a private HEI whose theoretical-practical classes were carried out at the BHU of the

municipality. The study also included the nurses linked to the municipal health institution and the municipal health department who guide the nursing students undergoing clinical training in PHC in these BHU. For this study, it was agreed that the first group of participants was to be referred to as nurse teachers and the second, professionals linked to the health institution, as nurse tutors.

The inclusion criteria for the HEI teachers were being graduated nurses who worked as nursing teachers in HEI in the area of PHC theoretical-practical activities, with an employment contract with the selected HEI, and who worked in PHC education for at least six months. The exclusion criteria included nurse teachers on leave, vacation, or away from work during the period of data collection.

A total of 13 participants participated in this study, seven teachers linked to the private HEI and six nurses from the Family Health Strategy team working at the BHU selected to implement the study. The data were collected from June to October 2018.

The participants were individually contacted by email to participate in the study. The day, location, and time of the first focus group were later determined. The five focus groups were conducted using guiding questions based on Wenger's concept (2011) and about the dimensions of the community of practice to achieve the study's objective. The following questions were asked: How did I become a nurse teacher or nurse tutor at the BHU? Which are the problems/requirements that I believe are essential in the initial and permanent training of a nurse teacher and a nurse tutor that supervises nursing students? What do I know about training in clinical teaching? What are the grounds of my practice in clinical teaching at the BHU? Based on the theoretical approaches studied, which actions do I propose to change my current practice? Which commitments do I take on (individually) about the collective work developed?

The qualitative data were audio-recorded, transcribed, and analyzed according to Bardin's content analysis method (2011). The AtlasTi8 data analysis software was used to code and categorize the transcripts of the five focus groups. This study used eight codes containing 23 significant excerpts, organized into three categories demonstrating each actor's actions in this teaching scenario. The letter T was used to refer to the nurse teachers and N to the nurse tutors to preserve the participants' anonymity. These letters, followed by a number, were generated in a coding sequence by the AtlasTi8 program for each significant excerpt (quotation).

Results

Three categories emerged regarding the actions of the community members: Nurse teachers' actions for the qualification of nursing education in Primary Health Care (PHC); Nurse tutors' actions for the qualification of nursing education in PHC; and Education and Health Institutions' actions for the qualification of teaching in PHC.

Regarding actions for the qualification of nursing education in PHC, nurse teachers reported the need to define their roles as nurse teachers in the teaching process.

> I was a teacher for many years in Areias, and the coordinator said that I was the unit's fourth nurse, patients called wanting to talk to me when I wasn't there. I used to say, "I'm here as a teacher." We always have to settle things and assert our place . . . there were times when I was the only nurse there . . . one had gone to a meeting and "the other said you'd be here" No! Wait a minute?! (T01)

"I realize the importance of preparing the internship because we respect care delivery by specialty, each one with its head nurse. I'm a nurse too, but I'm here as a teacher" (T03).

The nurse teachers also reported the articulation between nurse teachers and nurse tutors of that health unit regarding the actions and contents to be implemented in teaching PHC:

> I think this articulation with the unit's nurses is important to organize the actions we will carry out during the internship . . . I spend two months with the same group of students, making it possible to observe Primary Care in all its complexity and magnitude. Therefore, this articulation with the nurse about what we can accomplish is very important for the teacher and the student. (T04)
> I was placed in units where I studied a lot together with the nurse and the student too. So, we have to learn, which requires much more preparation than in the hospital because that is my "comfort zone" and I hardly ever have any problem there . . . In Primary Care, every day, there is a different thing, a different situation. So, the teacher's preparation is fundamental. (T02)

The nurse teachers recognized that not only the nurse tutor but also the other health team members contribute to the teaching and play an important role in it: "The teacher is there to guide, teach, support, mediate, but the Unit's nurse and others who work there also contribute to the student's learning" (T02).

Considering the definition of the necessary actions for PHC teaching, the COP allowed revealing the nurse teachers' didactic choices according to each student's curricular stage:

> I cover all the nurses' schedules because I work in the 9th phase with students who are, in theory, almost graduating and should have more in-depth knowledge, so I work the consultations, with the patients, I handle everything and make sure the student experiences exactly that. So: "now you have to finish the consultation and do everything" because that is what a nurse should do. (T03)

Regarding the qualification of nursing education in PHC, the nurse tutors recognized that the team's performance influences the future nurse in a way that demonstrates the need for them to be role models for nursing students:

> I always tell my team: which kind of professionals would you want to find if you were interns? So, try to be for them what you would like to find

here if you were interns. When we are interns, we have expectations, we get there, and everything is completely different, it is so frustrating! (N06)

In this sense, nurse tutors recognized the importance of encouraging students to collaborate with them in the activities and also mentioned the importance of the nurse teachers' involvement:

> Communicating with the BHU nurse about their participation in the health care activities, trying to involve. We know time is short, but motivating is good . . . involving the student in all activities and also consultations . . . and that the teacher is available too, to do schedules, preventive care, prenatal care. So that they can also understand what the nurse's work is. (N02)

Both nurse teachers and nurse tutors mentioned the need to anticipate the HEI's contact with the BHU where the clinical placements will be:

> As professionals working in clinical training, we need to participate in a Unit meeting to promote empathy between all the professionals before the activities start. I believe that this would be an important moment because when we arrive with the students, we have to look at the students... sometimes we don't have the opportunity to explain what our work is; what we expect from them, and what they can expect from us in the internship. (T03)
> The physical space to welcome the student is important, the team needs to be structured, we need to check where we can fit the student and check the days with the education institution and try to arrange them, check the schedules to find a room available, check the available hours to meet the students; the BHU team is responsible for all of this. (N01)

They also reported the importance of recognizing the health unit as a teaching space and increasing awareness among the team members and the health institution's managers. The following excerpts demonstrate the understanding that integrating the group in the units goes beyond the student's teaching-learning process because it contributes to the quality of the unit's work:

> The unit's dynamics ends up getting in the way . . . But I think our job is to create a partnership, and I believe we work together with the unit's team. Our major goal is to integrate the students into the Units to contribute to the unit's work. (T02)
> The need to raise the student's awareness regarding their theoretical knowledge of SUS policies. So, we thought about promoting moments for discussion and exchange about Primary Care, not only with students but also with all the professionals of the PHC team, assistants, and managers of the PHC unit, for example. (T04)

Discussion

The teaching-learning process in health care institutions is a topic much discussed. One concern is how to improve its implementation, particularly in PHC, a service with many specificities that responds to a significant part of public health problems (Ministério da Saúde, 2017).

PHC is characterized by bringing the health care team closer to the user, providing the opportunity to know the person, family, and community, ensuring treatment and intervention adherence, and achieving a more effective resolution of health care problems (Ministério da Saúde, 2017), thus decreasing more expensive care interventions, like those of medium and high complexity.

As these actions are strengthened, there is a need to guarantee the training of qualified professionals, which corroborates the findings by Sales et al. (2015), who also highlight that, being health care delivery a human activity, professionals' training is a *sine qua non* in the advanced technological and scientific context. Thus, meeting areas to discuss the integration between education and health institutions are essential to effectively establish the relationships between the actors in this scenario.

Therefore, by focusing on the exchange of best practices and the creation of new knowledge for an improved professional activity, the COP (Wenger, 2011) supports the continuous training of professionals who every day participate in clinical teaching and, consequently, recognize aspects for improvement. This perspective of advancement justifies developing a COP in clinical teaching integrating all actors involved to implement actions corresponding to the specificity of PHC.

The relevance of the COP lies particularly in the three dimensions necessary for its development (mutual engagement; joint enterprise, and shared repertoire), in which mutual engagement occurs through each participant's competencies, that is, what they do, their skills, what they do to achieve what they do not know yet. Moreover, this dimension transforms an abstract community into something more concrete because practice comes into existence as people participate in actions whose meaning they negotiate mutually. Thus, practice is the result of a community of people and the mutual relationships that they build. This participation in the community becomes a mutual commitment. Although it may seem that close contact is necessary for this commitment to occur, it does not determine a practice. The practice is determined by the maintenance of solid relationships, organized around a topic of common interest, as it was found in the results of the study that included nurses and teachers engaged in a common perspective (Wenger, 2011).

Considering that in health education, particularly in PHC, there is a set of needs related to users, service requirements, health system, or curricula, the coming together of nurse teachers and nurse tutors, according to the particularities of mutual involvement, becomes a strategic action for joint decisions to solve problems (Hita et al., 2018). Thus, considering how this community presents itself, its development may elevate the experience of discussion to an attitude of leadership, as its members collaborate between themselves and expand reflections on teaching practice demands. More effective and elaborated solutions

are developed as a result of the community's exchanges, and this is probably one of the breakthroughs of this experience.

As individuals develop projects and engage collectively in them, they begin to adapt to their colleagues. Together, people learn to collaborate, producing new ways of working and new knowledge. The consolidation of these practices within a population that adheres to the topic of interest of the community, whatever it may be, greatly enhances the development of a collective enterprise. Hence, Wenger (2011) concluded that the term "community of practice" is the most appropriate to describe the relationship established among this group of individuals. Thus, Wenger (2011) defined the term of common goal, joint enterprise, as a dimension that helps to understand the context because it is a joint construction among individuals interested in a given topic or area of knowledge. It is possible to negotiate commitments based on the choice of what will or will not be ignored, what will or will not be done. Thus, this dimension should not be treated as a mere goal since it originates from a collective negotiation process resulting from the members' mutual commitment. Hence, to develop more effective and real actions in the discussed scenario, the participants highlighted the need to define the role of the nurse teacher coming from a HEI. A study (Sales et al., 2015) on the difficulties of integration between education and health institutions revealed that one of the reasons behind the confusion of roles is the work overload of the team's nurse, who delegates tasks that they are responsible for to nurse teachers. These tasks are not compatible with the central objective of the nurse teacher's work (Sales et al., 2015).

This situation hinders the nurse teacher's planning due to their use as staff, motivated by the lack of human resources to respond to the health units' demands, hence the need to clarify the nurse teachers' role in clinical placements. On the other hand, the nurse teachers consider that, because they have the same nursing training as nurse tutors, their everyday interaction promotes a positive exchange of knowledge, considered a two-way street, which benefits both care delivery and student education.

Possibly due to the complexity of the Family Health Strategy nurse's work, characterized by the delivery of integral care to individuals and families in all life stages, from childhood to old age, through nursing consultations, the supervision of community health agents and teams' work, and health unit management, the nurse teachers suggest, before internships start, the preparation and exchange of information with nurse tutors to consolidate organizational processes and prepare contents (Ministério da Saúde, 2017).

The shared repertoire, the third dimension of the COP, takes shape during this process. It involves the group's behaviors acquired throughout the integration process in a verbal construction based on looks, gestures, symbols, and incorporated characteristics. Wenger (2011) considers that, while members interact and reflect on a topic that brings them together, this joint action creates resources to negotiate meanings, and, thus, a community's repertoire can include the routines, words, tools, concepts adopted or produced throughout its development, contents, which become part of the practice of its members.

Shulman (2005) states that content knowledge is essential to being a teacher. It derives from accumulated literature and studies, related to ideas and skills relevant for a specific domain, which demands that teachers further their knowledge in their area of teaching. Shing et al. (2015) describe that Lee Shulman's content knowledge relates to what is being taught, associated with the author's pedagogical content knowledge, which is how it should be taught. Backes et al. (2017) highlight that to master content knowledge is to expand the possibilities of teaching interventions.

Considering that PHC is a multiprofessional area of activity (Ministério da Saúde, 2017), nurse teachers recognized that the relationship with the teams' other professionals influences student learning. Hence, it is necessary to improve curricula in the initial education in other health professions, besides nursing, to include didactic-pedagogical aspects and awareness-raising activities about the importance of staff training in SUS services.

Thus, PHC learning would take place in a dimension that ranges from the individual component of nursing practice to involving other components of interdisciplinary teamwork. Rostelatto and Dallacosta (2018) observed that when undergoing supervised internships, students feel the need to be supported, hence the need for sharing in the team so that students feel integrated into the group and perform their activities with more resourcefulness. The same study demonstrated that the positive and negative situations that students experience with the team impact their learning, as they reflect the difficulties faced in everyday work. Therefore, the practical experiences of the labor world, particularly in nursing education, can be regarded as influences on the profession's future and the consolidation of the PHC area (Brehmer & Ramos, 2017). On the same note as the nurse teachers, the nurse tutors also reported that the way the team behaves sets the example for the future professional's education.

Regarding the teaching-learning process in PHC, nurse teachers reported attitudes, such as taking on all the team nurse's scheduled activities without forgetting the training moment when students promote the synergy between the educational activities chosen and the course objectives. This formalization process should be incorporated into curricula because it provides teachers with meaning schemes and operation rules that allow teaching with some minimum guarantees (Moya et al., 2018). Although the reports found in this study indicate that students in an advanced curricular stage would be able to perform all types of nursing activities, it is necessary to consider the relevance of other issues that are part of this process because the mission of teaching demands the integration of the pedagogical content knowledge with other aspects of knowledge, including the curriculum, the students' knowledge, and other areas of knowledge (Herold, 2019). Nurse tutors show that they are aware of the influence their actions and choices have on how clinical teaching is carried out within the unit's area.

A study of the University of Lisbon, conducted with 168

nursing students, on the influence of nurse tutors' role in nurses' education observed that students have expectations about their nurse tutors, particularly referring to their support to students' actions and responses, such as helping in the emotional work, the holistic understanding of the human being, and their affective interaction (Diogo et al., 2016).

When nurse tutors adopt these attitudes, students can develop key skills of emotional management in the face of situations occurring during nursing practice (Diogo et al., 2016).

Although nurse tutors, with the nurse teachers' mediation, act directly in the students' teaching-learning process, measures should be taken regarding the aspects that, even indirectly, influence PHC teaching. The HEI and the health institution collaborate in this scenario.

Their roles regarding the policies on the organization and management of supervised internships imply the planning of relevant details, which left unattended would profoundly impact the teaching process.

In a municipality close to where this study was implemented, articulation and negotiation initiatives, occurring before clinical placements in PHC start, are carried out every month and prove effective in assessing previous semesters to better plan the following one. Previous meetings that have included the managers of the institutions have resulted in the management's empowerment, meaning that these sectors already discuss the selection of health units and tutors and evaluate relationships' problems and conflicts. Thus, timetables are defined in collaboration with the health units about which activities will take place according to each discipline (Andrade et al., 2014). In this sense, the engagement of all actors that compose this area of teaching is important to developing the sense of being involved in the organization of PHC teaching. Due to the lack of a common guideline for preliminary organizations, inconsistencies are expected to emerge in the locations of clinical placements, reflected in the individual operationalization of each institution.

In the face of this problematic scenario and aiming at proposing actions that promote better planning, this study aims to advance the promotion of policies and guidelines for better management practices in PHC clinical teaching, with greater involvement between sectors.

A limitation of this study was the lack of inclusion of the students' perception of the actions necessary for teaching in PHC.

Conclusion

With the development of the COP and its dimensions of mutual engagement, shared repertoire, and common goal, nurse teachers suggested the need to define their role as teachers within the teaching environment and for nurse teachers and nurse tutors to prepare and share ideas early on regarding the contents and topics necessary for teaching in PHC, according to the health units' characteristics. The nurse teachers reported that teamwork is also a factor that influences the nursing student's education, where decisions

made regarding the choice of educational activities should bear in mind the curricula and the student's educational stage at a given time.

The nurse tutors support the team's role in nurses' education, highlighting the need to set the example for nursing students; they recognize the importance of encouraging students to participate in the activities and engaging the HEI teachers.

Regarding collective initiatives, all the participants mentioned the need to anticipate the articulation between the HEI and the BHU before clinical placements start and that the awareness about health policies and the importance of this space for SUS training should be raised among the team and also among the health institution's managers. These statements demonstrate a certain awareness that group integration goes beyond the student's teaching-learning process because it contributes to the health care units' work.

This study's findings may serve as a reference for public policies on permanent training for nurse teachers and nurse tutors regarding the potential of spaces similar to the groups of this COP, whose format can be successfully considered a COP. This study allows understanding the COP as an alternative for professional development and an opportunity to anticipate actions that improve the quality of teaching in PHC.

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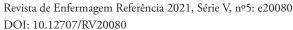Validation: Silva, G. T., Oliveira, M. L.
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