The preceptor in pediatric residency programs: main attributes

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Abstract

Objective: to analyze the profile of preceptors and the attributes they consider important for the exercise of that activity in two pediatric residency programs in Rio de Janeiro.

Methods: a questionnaire answered by the preceptors of two pediatric residency programs in Rio de Janeiro (one of them a university hospital) was used to collect information on gender, age, time since graduation, time working as preceptors, academic degrees, specific training in teaching, and on the attributes (up to five) that they believed a good preceptor should have.

Results: of the 90 participants, 70% were women; 74% were between 30 and 49 years of age; 87% had graduated between 10 and 29 years earlier. Half reported that they did not have any specific training in teaching. The other half had attended courses on medical pedagogy and special didactics as part of their graduate studies. The most frequently cited attributes were: mentorship, focus on ethics and humanism, command of the field, ability to continue learning, and didactic skills.

Conclusion: the preceptors interviewed underscored the challenges of preceptorship, an activity based on the practice of medicine and guided by professional responsibility, human relationships, organizational skills, assessment skills, and command of the field, in addition to ethical and humanistic principles and ability to continue learning. They felt, however, the need for further didactic training.


Introduction

If, on the one hand, the literature is rich in texts that discuss medical residency in several of its multiple aspects, on the other, there are no works that specifically focus on the preceptor, analyzing points that seem to be relevant and deserve to be studied. The present work, by discussing the attributes of preceptors in pediatric residency programs, intends propose a reflection on the subject, and to provide support for the development of posterior studies.

The concept of medical residency as it is currently known was implemented in the United States by Halsted, Osler, and Kelly when the Johns Hopkins University Hospital was founded, in 1889, in Baltimore.

In Brazil, the first medical residency programs began in 1945/1946 in the Orthopedics Service at Hospital de Clínicas, Universidade de São Paulo, and in 1947/1948, at Hospital dos Servidores do Estado, in Rio de Janeiro.¹
After an initial period of defining objectives, implementing, and consolidating the first programs, with high-quality courses – in which, according to Tavares Neto,2 dilettantism and the innovative mind of the first preceptors, as well as their interest in educating specialized human resources through well-structured contents, generated excellent medical residency programs, which were reproduced in other health institutions, especially universities –, a second period followed, in which the creation of pseudoresidencies and the search for low-cost medical work were present. This had a strong negative impact on most residency programs.3

In order to establish standards, the Brazilian Association of Medical Education (ABEM), during its second meeting (1964), defined medical residency as a form of graduate teaching in which recent medical graduates would go through a specific program in order to perfect professional skills in hospital services (university hospitals or not) under the guidance of a professor or of other competent physicians of recognized competence, professionally mature and highly regarded from an ethical point of view.4

The National Association of Resident Physicians, created in 1967, had a significant role in the establishment of basic standards for residency programs, taking part in debates that drew the attention of the federal government, so that in 1977, official guidelines regulating medical residency programs were established (Law 80.281 of September 5, 1977),5 and the National Committee on Medical Residency (NCMR) was created. Since then, the committee has ruled on this matter (Resolution 04/78).6 The specifications concerning pediatric programs are described in item III, Article 5, Resolution 05/79.7 The certificate of conclusion of a medical residency program in pediatrics confers the title of expert in the field.

Concerning the teaching-learning process, the education of pediatric residents follows what is established in resolution 05/79,7 and in some posterior amendments. The organization of residency programs, however, can be significantly different. Some of them depend, as we should expect, on the unequal possibilities and limitations of different teaching syllabi. Other differences, however, may result from the emphasis of each institution, since residency is seen as some as a graduate program, and by others as a complement to better prepare the work force.

Preceptors are not specifically addresed in the law, although NCRM tried to introduce some criteria for their selection (Resolution 4/78): permanent supervision of resident training must be performed by physicians who have completed a medical residency program in the field, or are specialists in the field, or who have a higher degree, or, still, whose qualification is equivalent, according to CNRM criteria.7

Even so, the choice of preceptors has its particular features. In medical residency programs at university hospitals, preceptors are usually (but not always) professors who have academic appointmentes. In non-teaching hospitals, on the other hand, they may or may not have an academic appointment, and a recognized level of professional knowledge is the basic criterion in the selection of preceptors. This criterion follows the tendency observed in undergraduate medical programs, in which, according to Batista,8 it is almost always implicit that professional and/or academic competence ensures didactic competence. Another important factor that contributes to the performance of preceptors is their education. The great masters of medical teaching have established standards that, as should be expected, still stand as models for today’s preceptors. Grigoli,9 writing about the pedagogical practice in universities, states that professors were, as a rule, intuitively and empirically building their own didactics based on models they had learned as students, as well as on common sense, which helped them filter the procedures that really worked. From this process, after some time, a “manner” of organizing the teaching process and putting it into practice arose, a manner which is not usually seen as an opportunity for reflection, either by the professor individually, or (and even less) by the staff of professors who teach at a given program.

Such a context raises some relevant questions:
1) Who is this professional who acts as preceptor in our pediatric residency programs?
2) Which are the qualities/attribute that these same preceptors consider important in order to be successful in their role?

Aiming to analyze the profile of preceptors and the qualities/attributes considered important by them for the performance of the function, we developed the present investigation in two pediatric residency programs in the city of Rio de Janeiro.

Methods
We selected two CNRM-accredited pediatric residency programs in the city of Rio de Janeiro. These are reference centers for the training of pediatricians, and represent the two main existing residency categories:
1) residency programs associated with a university hospital;
2) programs developed at non-academic institutions, associated with the Brazilian Unified Health System (SUS).

For data collection, we requested that all professional physicians who had some role in preceptorship fill a questionnaire with closed questions about sex, age, time since graduation, time working as preceptors, education and training, and specific preparation for teaching. An open question was also included, in which the interviewees were asked to list of up to five attributes that, according to them, are required in a good preceptor.
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The individuals and institutions included in the research were informed, verbally and in writing (following resolution 196/96, National Health Council),10 of the nature, objectives, and range of the work. The names and all other information about the individuals participating in this survey were kept secret. The research project was approved by the Ethics Committees of the institutions in which the work was carried out.

Results and discussion

Considering the object of the present project, its qualitative nature, and the findings based on the analysis of attributes cited by the preceptors, the results will be presented and discussed simultaneously. We must stress that the quantitative parameters refer only to this specific sample, and do not allow generalizations about the profile of preceptors.

Ninety preceptors participated in the study, constituting the universe of professionals involved in the pediatric residency programs of both institutions at the moment of the survey. The preceptors were divied into three different groups:

1) university professors (n=30);
2) assistant professionals related to a university (n=40);
3) assistant professionals of non-academic institutions (n=20).

Of the 90 participants, 63 were women, which reflects the growing presence and current predominance of female pediatricians, as previously described.11 Regarding age, 74% of the preceptors were between 30 and 49 years old; 40% were between 40 and 49 years old. The younger group was formed by assistants who worked in the university hospital - this is explained by the fact that a competitive search to hire medical professionals had been recently carried out, and several former residents had been admitted. Most of the preceptors (87%) had graduated between 10 and 29 years ago, and an expressive number of them (56%) had graduated 10 to 19 years ago. Almost half of them (49%) had been working as preceptors for more than 10 years. Table 1 summarizes the training of these professionals.

Practically all of the preceptors involved in both programs had completed at least a medical residency program (53.3% had this degree only). This is in accordance with CNRM guidelines (item “d”, Article 5, resolutions 4/78),6 which establishes the completion of a medical residency program as the minimal requirement for preceptor. In our sample, in which most individuals are related to a university, 45.55% had a master’s or doctoral degree, following the profile of professors in the medical schools of Brazilian universities, according to the National Inter-Institutional Committee for the Evaluation of Medical Teaching (CINAEM), which, in a national survey, found that 31% have a master’s degree, and 20% have a doctoral degree.12

Table 1 - Training of preceptors in two pediatric residency programs (Rio de Janeiro, Brazil, 1999)

<table>
<thead>
<tr>
<th>Training level</th>
<th>U professors* n (%)</th>
<th>U assistants† n (%)</th>
<th>NUI assistants‡ n (%)</th>
<th>Total n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undergraduate</td>
<td>-</td>
<td>1 (2.5%)</td>
<td>-</td>
<td>1 (1.1%)</td>
</tr>
<tr>
<td>Residency</td>
<td>3 (10.0%)</td>
<td>28 (70.0%)</td>
<td>17 (85.0%)</td>
<td>48 (53.3%)</td>
</tr>
<tr>
<td>Master’s degree</td>
<td>15 (50.0%)</td>
<td>10 (25.0%)</td>
<td>3 (15.0%)</td>
<td>28 (31.1%)</td>
</tr>
<tr>
<td>Doctoral degree</td>
<td>12 (40.0%)</td>
<td>1 (2.5%)</td>
<td>-</td>
<td>13 (14.4%)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>30 (33.3%)</td>
<td>40 (44.4%)</td>
<td>20 (22.2%)</td>
<td>90</td>
</tr>
</tbody>
</table>

* University professors
† University assistants
‡ Assistants at a non-academic institution
Concerning specific preparation for teaching, over half of the participants (54.44%) stated that they did not have the didactic training, while the other group (those with master’s and doctoral degrees) stated that they had to attend courses on medical pedagogy and special didactics as part of their graduate studies. These data confer visibility to the fact that the pedagogical preparation of preceptors in medical residency programs has not been privileged. Most of the preceptors in the future will originate from the current residency programs, and their most significant learning environment will have been medical residency itself, a fact that is apparently ignored.

The training of preceptors has been the object of analysis by several authors. Ferris, in the United States, reports that a large portion of the residents has no training in teaching, and that most have no information on adult education, which limits their performance. Several other authors, such as Stuart, Frisch, Gates, Sachdeva, and Bain, call attention to this matter in their publications, and systematically warn about the need for providing specific training for these professionals.

According to Batista, the absence of a teaching-oriented training program is also found among medical school professors: most of the times, medical school professors are employed only because of the quality of their performance as professionals and/or investigators. It is implied that their professional and/or academic competence translates into didactical competence. Contrarily to some other areas, a systematic training that helps them conceive and develop the teaching-learning process is not required.

In order to analyze the attributes of a good preceptor mentioned on the survey, we identified large categories that would include the largest possible number of aspects. It is important to emphasize that these categories reflect only the notions of residents about the preceptor’s attributes, which are certainly broader the understanding of the teaching-learning process in medical residency and the consequent role of the preceptor.

Presently, it is impossible not to remember what Rubens Maciel has been repeating for so long: the student is a complement of the verb “to teach,” but s/he is also the subject of the verb “to learn.” This is not about a simple syntax detail. Teaching is an action that the institution sets out to do over the contents and methods it determines. Learning is what is expected from the students. But the stimulus and support required so that learning can take place differ significantly between different programs. Therefore, students-physicians are not engaged to discuss with their colleagues-professors the teaching-learning process in which all are involved.

From the categories mentioned by the preceptors, the most commonly cited (expressed in several forms) regards the exercise of tutorship. First, directly concerning tutoring, as in the following statement: “discuss and examine on the bedside, appraise the discussion about assistance, appraise the diversification of the assistance.” Also in this category, professional responsibility is representative: “assiduity, commitment, availability, active participation, punctuality.”

In the preceptorship practice, other attributes were also emphasized as being necessary, such as preceptor-resident relationship: “being accessible, and offering encouragement, flexibility, stimulus to the resident.” The need for organization of their own work was recalled with words such as “management, organization, the establishment of routines.” Still in this category, the emphasis given to the practice of authority without being authoritarian denotes the preceptors’ concern with this matter: knowing how to make demands, knowing how to punish without excesses, knowing how to respect and impose respect. The characterization of this professional category, based on the attributes mentioned in the survey meets the description of Morrow, according to which the preceptor is a person who teaches, gives advice and inspires, serves as a model, and supports the growth and development of an individual during a fixed and limited period of time, with the specific purpose of promoting the acquaintance of the apprentice within his/her new role.

Ethics and humanism constitute the second most cited category. It is described with terms such as patience (the most often mentioned attribute in the general listing), humbleness, being ethical, being democratic, having a humanistic education, cordiality, being fair. In a time when these values are sometimes questioned by society itself, it is encouraging to find out that our preceptors consider these attributes to be fundamental for a professional who is going to guide young physicians who have just graduated.

Command of the field, the third most frequent category, denotes the great worry concerning knowledge - knowledge itself and its application in “practical life” - and know-how: knowledge, scientific, theoretical, and technical knowledge, experience, clinical experience, practical experience, medical practice. Preceptors must “know medicine,” but they should not be theorists; they must work day by day, master practical procedures, be a physician, not a database.

The category continued education capacity with its two subcategories - modernization and interest in research - occupies the fourth place in our investigation. In the general listing, “being up-to-date” was the second most recalled attribute. Some other attributes mentioned in this category were: enjoying continued learning, enjoying studying and learning, dedication and interest in research.

Awareness concerning the need for didactical training for preceptorship practice appears in the attributes belonging to our fifth category: didactics, knowing how to teach, pedagogical formation, ability to transmit knowledge, clarity, communication skills, didactical preparedness.
Preceptors resent the lack of a “pedagogical orientation,” which would give them more security concerning the job that many of them develop intuitively.

Associated with the attributes mentioned and grouped in the categories above, we still have enjoying teaching, enjoying their own work, willingness to teach, having empathy for the role.

**Conclusions**

The attributes cited by the preceptors reinforce the relevance of their role in the education of the residents. Regardless of the fact that over 50% of the sample did not have specific training in teaching, the categories emerging from the survey denote a commitment to the process and a concern with implicit pedagogical aspects. The preceptors underscored the challenges of a tutorship practice based on the practice of medicine and guided by professional responsibility, human relationships, organizational skills, assessment skills, and command of the field, in addition to ethical and humanistic principles and ability to continue learning. They felt, however, the need for further didactic training

The double role performed by preceptors in pediatric residency programs (physician and teacher) confers on the preceptor the responsibility of contributing decisively to the training of future pediatricians.

Discussing the didactic-pedagogic aspects involved in this role may contribute to improve the process of training humanist pediatricians and competent technicians, with knowledge, psychomotor skills, ethical attitudes and behaviors, as well as social commitment.

**References**


