



CURRICULAR INTERNSHIP IN NURSING AT THE BAHIAN FAMILY HEALTH UNIT: AN EXPERIENCE REPORT

ESTÁGIO CURRICULAR EM ENFERMAGEM NA UNIDADE DE SAÚDE DA FAMÍLIA BAIANA:
RELATO DE EXPERIÊNCIA

LA PASANTÍA CURRICULAR EN ENFERMERÍA EN LA UNIDAD DE SALUD DE LA FAMILIA BAHIANA: UN
INFORME DE EXPERIENCIA

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ABSTRACT

Objective: to describe the experience of entering the Supervised Curricular Internship (ECS-in Portuguese) in Nursing in the routine of the Family Health Unit (FHU). **Method:** this is a descriptive study of experience report type lived by the students, lecturer and governess with ECS in a FHU located in Santo Antônio de Jesus/Bahia. **Results:** the internship provides to students greater knowledge and deepening of nurses' activities in their field of work and leads to apply in practice the theories treated in the classroom. It allowed recognizing the functioning of the FHUs, experiencing the operation of the SUS and understanding better its principles. **Conclusion:** the ESC has contributed to the training of interns and favored experiences of multidisciplinary and interdisciplinary character, where one capacitates the other with the knowledge sharing. **Descriptors:** Health System; Teaching; Nursing.

RESUMO

Objetivo: descrever a experiência da inserção do Estágio Curricular Supervisionado (ECS) em Enfermagem na rotina da Unidade de Saúde da Família (USF). **Método:** estudo descritivo, tipo relato da experiência vivenciado pelos discentes, docente e preceptora com ECS em uma USF localizada no município de Santo Antônio de Jesus/BA. **Resultados:** o estágio fornece ao aluno maior conhecimento e aprofundamento das atividades do enfermeiro no seu campo de trabalho e o leva a aplicar na prática as teorias assimiladas em sala de aula. Permitiu-se conhecer o funcionamento das USF, vivenciar a operacionalidade do SUS e compreender melhor os seus princípios. **Conclusão:** o ESC tem contribuído na formação profissional dos estagiários e favorecido experiências de caráter multiprofissional e interdisciplinar, onde um capacita o outro com o compartilhamento de saberes. **Descritores:** Sistema Único de Saúde; Ensino; Enfermagem.

RESUMEN

Objetivo: describir la experiencia de la inserción a la Pasantía Curricular Supervisada (ECS) en Enfermería en la rutina de la Unidad de Salud de la Familia (USF). **Método:** un estudio descriptivo del tipo reporte de experiencia vivida por alumnos, profesor y preceptora con ECS en una USF en el municipio de Santo Antônio de Jesús/Bahia. **Resultados:** la pasantía proporciona al estudiante conocimiento y profundización de actividades del enfermero en su área de trabajo y lo lleva a aplicar en la práctica las teorías aprendidas en el aula. Permitido conocer el funcionamiento de la USF, probar la funcionalidad del SUS y entender mejor sus principios. **Conclusión:** el ESC ha contribuido en la formación profesional de pasantes y favorecido experiencias de carácter multiprofesional e interdisciplinario, donde un permite otro con intercambio de conocimientos. **Descritores:** Sistema Único de Salud; Enseñanza; Enfermería.

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INTRODUCTION

Historically the health care model in Brazilian society was facing the hospital-centered care, where it received highlight from the biologicist vision of health and disease. However, with the implementation process of the Unified Health System (SUS) and the Health Reform, came the challenge of redirecting nursing practices for comprehensive care to public health for the population.

SUS, established by the 1988 Federal Constitution and regulated by the Law nº 8080 of 1990, is configured as a single model of health care, which from its inception has generated significant changes in health practices and the training process and development of professionals. In addition, it is characterized by being playing field and practical improvement for teaching and research in order to articulate the interests of higher education institutions (HEIs) to improve the quality of services.¹

Regarding the organizational structure it is a universal, comprehensive and equitable care, and understanding that health is a process that is socially constructed within a network of services, SUS provides learning spaces for nursing students and other various areas through everyday experiences in different scenarios, among which are: hospital network and primary health care network.²⁻³

This study highlights the SUS as a school, with a view to the possibility of direct action in its various contexts, nurtured by Nursing Graduation. For since reformulated the perspective of health care, educational institutions tended to conform to the current model, providing a differentiated academic training. In this space, the student can experience the daily life in the public system and consequently increase his interest in a more humane and not privatizing practice.

The scenarios of SUS as a school are many, among them, has been the Hospital Service of Urgency and Emergency, Units and Emergency Department, center of STD references/AIDS, cancer institutes, heart, kidneys, hospitals, services health surveillance, health units of the family, among others.

With the advancement of the implementation of the Family Health Program in municipalities, the character of the Family Health as a strategy for reorienting the care model, was strengthened, and was renamed in 1998, the Family Health Strategy (FHS) which presents itself as a new way of working health, with the family as the center of

attention and the territory as an important element for the health-disease process.⁴

The FHS enters this scenario to reorganize the provision of health services, as well as care practice centered in hospitals, focusing on its no longer shares in the disease and the individual in isolation, but in the collective and family in their physical and social environment, and the latter the object of work of professionals inserted in this context.⁴⁻⁵

Given this organizational model of primary care (AB) and front articulation with health services are the Family Health Unit consisting of a public health unit designed to perform continuous attention in the basic specialties, with a multidisciplinary team enabled to develop promotion activities, protection and recovery, the primary level of care characteristics.⁶

It is in this sphere that consolidates the integration between teaching and service, assuming that uses scenarios of SUS as a learning environment, one should not detail the subjects inserted in this context. It must be an interrelation of exchange of knowledge among both parties: students, teachers, tutors and other workers of health services.

"Public policies have been created to promote the link between teaching and service, it is necessary to build a privileged space for reflection on the reality of the production of care and the need for transformation of the current health care model. Transforming this presupposes teamwork, that is, the collective work of students and teachers training courses in the field of health workers (public administrators, doctors, nurses, health workers and community leaders) that make up the teams of services of health; so that there might be greater solving the health problems detected. (Ceccim and Feuerwerker 2004)."

From this perspective, the curricular arise, which according to the law nº 11.788, of September 25th, 2008, it should promote the completion of teaching and learning to be planned, executed, monitored and evaluated in accordance with the curricula, programs and schedules.⁷ School is a step of application of knowledge and skills enhancement in a real situation, it is time to join the knowledge to do so, leading a professional action more critical and creative.

The stage is a practical activity for the purpose of deepening the relations of the training process with the work process in health. Provides students with a greater understanding and deepening of nursing activities in their field of work and also leads

to apply in practice the theories assimilated in classroom.⁸

The National Curriculum Guidelines for Graduate Courses of Nursing establish and develop the theoretical and practical content, the ECS as a mandatory component, which should be performed in general hospitals and specialized clinics, basic network services health and community, totaling a minimum course load equivalent to 20% of the total course hours. In the preparation of their programming and student supervision process, the teacher must be ensured effective participation of nurses in the health service which develops the said stage. Also, they recommend exercise the following powers and general skills: health care, decision making, communication, leadership, administration and management and continuing education.⁹⁻¹⁰

Depending on the characteristics described, the ECS is presented as an important academic activity for professional nursing education as put the graduate student of nursing who runs the ECS - in direct contact with the routine work, enabling his conceptual and technical development, the consolidation of knowledge gained in the course and directly contributes to the construction of professional egress profile.³

At this time also, there are provided ambivalent feelings: they feel inserted in the profession and at the same time share a sense of anguish facing the challenges of this new stage, as the receptivity of professional training place, safety for the conduct of technical procedures, unsafety as the criteria of evaluation which will, among other factors.¹⁰

In Nursing Graduation at the Federal University of Recôncavo of Bahia (UFRB) ECS is in conformity with the recommendations of national guidelines that govern the course, configured as stratified discipline in two fields: hospital and family health unit, emphasizing that the experience in question took place at USF.

About the framework of curricular experiences in the SUS that beckons importance of integration between teaching and service aimed at different training, this article aims to describe the experience of entering the ECS in Nursing and in the routine of the Family Health Unit (USF).

METHOD

This is a descriptive study of type experience report, taken by stakeholders (students, teacher and governess) with ECS at USF called Andaiá I, located in Santo Antônio

de Jesus, which is located in the Recôncavo of Bahia.

The methodological technique enables direct observation, as well as participation in the care and management activities at the university and the health unit was used in the period from May to October 2014. The adopted scientific method is the acquisition of knowledge with participation or not, but without the interference of the researcher in the study of the object.¹¹

Starting from the experience during the internship, data deemed relevant in relation to routine and processes within the unit were recorded in a field diary. This is an instrument that allows the systematization of information collected. The diary expresses the data for the physical, cultural, social and emotional contexts that are studying: all that is seen and practiced in the environment, together with all verbal and nonverbal occurring.¹² After the records in diary and reflections developed by students, teacher and governess, the ECS insertion process in the routine of the FHU, described the experience.

RESULTS

The experience presented here is disposed as the dynamics of planning and organization of ECS Nursing Graduation at UFRB is divided into three stages, they are: pre-field, field and post-field. As a fundamental step to understanding the experience, describes each step as moments of teaching-service training for SUS.

• The pre-field techniques insertion experience of internship.

The city of Santo Antônio de Jesus has about 90,985 inhabitants, which gives a quantitative ranking of 13th Bahian municipality and population extension. With regard to the structure of municipal primary care, this consists of a total of twenty-three (23) health facilities of the family, of these, nineteen (19) are located in urban areas and four (04) in rural areas.¹³

By understanding the SUS as school and have the local primary care as the setting for practical action for the undergraduate courses of the Federal University of Recôncavo of Bahia were selected as training field in the first semester of 2014, ten Family Health Units.

The ESC in half 2014.1 presents as a discipline composed of four teachers, 30 students and 10 mentors (the health service nurses), structured as follows: the students enrolled in this curriculum component were divided into trios or pairs selected at the discretion thereof; each trio or duo was

allocated to the Family Health Unit by lottery, these units had already been pre-set by the teachers of the discipline in dialogue with the coordination of educational integration service of the Municipal Secretary of Santo Antônio de Jesus. Each group was under the responsibility of a supervisor/teacher of ECS and a supervisor/governess, nurse active in the FHU.

Initially, in June 2014, there were held general meetings with all members of the ECS (students, mentors and supervisors). During these meetings, the student manual was presented ESC guiding device consisting of supervised training standards, duties of supervisors-students-supervisors, course plan, trainee business plan, qualitative assessment tool, training schedule, script monitoring for guiding and supervising health education worksheets, educational service, management, trainee productivity planning stage of commitment term intervention project.

Following the guidelines for the training activities, also it happened to theoretical approach with experienced themes in everyday health services through a course of study, where the groups presented seminars on various topics related to the professional nurses' performance in perspective basic health care, with the aim of rescuing the learning acquired throughout graduation and mobilize students to knowledge.

Even at this stage, with the aim of integrating the teaching service and appropriating than SUS scenario were carried out technical visits to some sectors that make up the Care Network Health of the municipality, such as: Testing and Counseling Center, Polyclinic, comprising specialized services.

As articulator strategy ESC, there was a previous visit each group to their health unit family so that students could have an initial approach with the team and know the geographic location of the FHU.

• **The insertion experience in the field of internship.**

The insertion in the field took place from June to September 2014, in which the trainees immersed in the daily service through the recognition of the geographical and dynamic territory in partnership with community health workers. From the reading of reality in the territory and health unit with family ownership of the work processes of each team develops the space of encounter and reflection between student teacher for the construction of collective knowledge; then, comes the process of planning of actions and

interventions of ECS members in a unique way for each FHU.

In this teaching-learning process a striking fact was the receptivity of the family health team professionals for the students. A friendly smile, a hug, phrases like 'good morning', 'are welcome,' 'we were waiting for you', was the way health workers in their understanding of SUS as a school, accustomed to receiving trainees in service affected trainees and left to be affected by the subjects that make up the ECS. Everyone recognized the ECS as a timely tool for the expansion of knowledge, theoretical and practical improvement for skills development and integration of knowledge.

It is assumed that part of this positive and motivating approach was from the nurse's leadership profile of USF and stage supervisor, since, as manager against the team met prior to the start of activities to inform about the arrival of the trainees, and on the stage objectives.

The receptivity while feeling for the team was not restricted to the time of arrival of the trainees, but continued during the experience and helped strengthen the professional and personal bond established between the working staff of the service and students.

Corroborating the favorable reception of atmosphere, there were moments of integration with the team. On the occasion, were reiterated the objectives and rules of ECS, clarified the duties of trainees and teaching, made reflections on the theory-practice dichotomy in the routine of the FHU, education spaces in service and health education with ongoing process of continuing education for all the SUS actors. The strategies used to integrate with the team were: breakfast, break for lunch in the pantry, work activities with core physical educator to Support Health, group dynamics and exchange of experiences in the work processes of the various professionals who make up family health, among others.

In the field, the experience with ESC was composed of three (03) phases: Diagnostic Phase (appropriation of reality); Formative phase (characterized by the development of technical skills and maturing concepts for vocational training) and summative phase (characterized by intervention in unit labor dynamics, allowing the recognition of the trainee as a processing agent). In each of these stages there are encouraging the development of autonomy, investigative thinking, forming new habits and understanding of the world. About the understanding that the assessment should be

procedural, constructive, motivating and experienced by different formats were held direct and indirect supervision by supervising and guiding teacher, procedural guidelines, and evaluation methods of qualitative and quantitative.

In the field were also carried out research activities and scientific sessions (courses of study, writing assessment, scientific paper, oral reports, etc.) and teaching/education (continuing education of health workers and health education/community).

During follow-up, the activities of ECS were subdivided into assistance activities (nursing consultations), management activities (management and coordination of the process and tools at USF) and activities in vaccine room (management with biopharmaceuticals, vaccine administration and operation of the national immunization program routine and campaigns, with activities in the unit and extra-wall), each week, a trainee was responsible for the operation of one or more of these activities. In each of these activities grouped a series of activities inherent to it, to fit student develop and improve skills and abilities during the internship.

At the end of the activities in the field, there was a festive close with the whole team, a time of thanksgiving and relaxation, in which it showed a mixture of feelings, sometimes the satisfying feeling of accomplishment, sometimes the void that the closing of this cycle provided, since it created an emotional link not only to the employees of the service, but also with the community.

● **The insertion post-field internship experience.**

There was the post-field period, during the end of September 2014, corresponding to the completion and delivery of scientific materials of evaluative nature, and dissemination of results and closure. At this stage, there is a consolidation of reflections, buildings and reconstructions developed to the stage soon; for the students, time to completion for a fresh start. Ended up the Supervised Internship and establishes the transition student to nurse newly formed seeking vacancy in the labor market. Questions like: Am I ready? Where I will work? What SUS scenario as employer health care network? What should I do: continue to study and/or work?

For teaching, it emerges as the self-assessment stage advisor supervised. Rethink: his assertions or impractical; his teaching activities as an agent of transformation and training for the SUS; its pedagogical management; reflect on strengths and areas

for improvement as a teacher-apprentice-worker graduated for SUS. Reflections on materiality and immateriality of teaching in health education were made. It materializes the student as an agent able to work for the SUS and do not materialize the teacher-student relationship, faculty members, teachers and workers of health services that are school for all actors involved in the health of the family.

The preceptor for the Health System favors spaces of learning, arguably enriching. In this context, not only the trainees enjoy, in their training, what the SUS, as a school, can provide, but also to those who carry out its professional activities in this environment. Health workers have been undeniably impacted positively with the teaching-learning processes that unfold in the/through the SUS. It is essential caveat thus that teaching and learning are inextricably linked and are needed throughout the process of formation.

SUS, as school model on primary care, assured the diverse experiences for trainees, since "the Family Health Centers are distinct, facing environments not only for assistance, but especially for teaching, not reproduce exactly a Family Health Unit, because they have continuous supervision of a University".¹⁴

It is noticed that the organization of the team and the variety of opportunities for learning were facilitators reasons this process, where it was possible to reflect on the practice, learn how to create link, be responsible, ethical, committed and understand teamwork, enabling a differentiated training and critical attitude towards their practice.¹⁵

Being a student in the school SUS means to approach the daily lives of health professionals, providing a relationship to the process of training of students, but also favors the workers reflect on their practices and knowledge. Allowed to know the functioning of FHU and experience the operation of the SUS, better understand their principles are guided by the universality, equity and integrity, where the promotion, protection and recovery of health form an indivisible whole and cannot be compartmentalized.

CONCLUSION

During the training period at the FHU, it was found that the partnership between the university and the City Health Department has contributed to the training of interns and favored multidisciplinary and interdisciplinary experiences, where one enables the other in their daily activities with the knowledge sharing.

Regarding the interpersonal harmonious relationship among students and the health staff, it is possible to develop activities with more peace of mind and ensure a pleasant workspace, bringing benefits for care, research and professional training.

From the understanding of SUS as a school, it was possible to put into practice the cluster of ideas and knowledge stored with the life experiences that once outside the ECS activities, there was created in a fictitious way as a result of the lack of opportunities in the field. We counted from the beginning with the responsiveness and availability of the health team, professionals from various sectors. Thus, the theoretical and practical teaching relationship became much more enjoyable, enabling trainees to carry out their activities with ease and efficiency, contributing to the strengthening of the training process.

The internship is a moment of acquisition and improvement of knowledge and skills essential to professional practice. This is an experiment with forming and socio-political dimensions, which provides the student participation in real life situations and work, consolidates its professionalization and explores the basic skills necessary for professional training and ethical-responsible for human development and improving the quality of life.

It could observe that the importance of exchange of knowledge contributes to the strengthening and expansion of knowledge and professional skills, a partnership that must transcend the boundaries of the university.

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