ABSTRACT

Objective: to know what health professionals think about the Teaching-Service Integration (TSI). Method: descriptive exploratory study, with a qualitative approach, conducted with 16 top-level professionals who participate in the Pro-Health programs and/or PET-Health in the Basic Health Units, Eastern Health District of Florianópolis / SC, Brazil. Data were analyzed by the Operating Model. The research project was approved by the Ethics in Research Committee, CAAE 03339712.2.1001.0121. Results: the teaching-service integration actions represent: challenge, growth and work burden; for academics meaning: approximation to reality, critical and reflective stance and expanded vision of health and reveals that for teachers, this process reveals the distance of the TSI health service, lack of harmony between academia and service and awakens in the teachers a greater interest in primary care. Conclusion: the teaching-service integration is critical to the formation of critical and professionals reflective, which the integration favors the process of permanent education for professionals and teachers. Descriptors: Education; Public Health Policy; Unified Health System; Human Resources Training.

RESUMO

Objetivo: conhecer o que pensam os profissionais de saúde acerca da Integração Ensino-Serviço (IES). Método: estudo exploratório descritivo, de abordagem qualitativa, realizado com 16 profissionais de nível superior que participam dos programas Pró-Saúde e/ou PET-Saúde nas Unidades Básicas de Saúde, do Distrito Sanitário Leste de Florianópolis/SC. Os dados foram analisados pelo Modelo Operativo. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, CAAE 03339712.2.1001.0121. Resultados: as ações de integração ensino-serviço representam: desafio, crescimento e sobrecarga de trabalho; para os acadêmicos significa: aproximação com a realidade, postura crítico-reflexiva e visão ampliada de saúde e revelam que para os docentes, tal processo desvenda o distanciamento da IES ao serviço de saúde, a falta de sintonia entre academia e serviço e desperta nos docentes maior interesse pela atenção básica. Conclusão: a integração ensino-serviço é fundamental para a formação de profissionais críticos, reflexivos e que a integração favorece ao processo de educação permanente, para os profissionais e docentes. Descriptores: Educação; Políticas Públicas de Saúde; Sistema Único de Saúde; Formação de Recursos Humanos.

RESUMEN

Objetivo: conocer lo que piensan los profesionales de salud acerca de la Integración Enseñanza-Servicio (IES). Método: estudio exploratorio descriptivo, de abordaje cualitativo fue realizado con 16 profesionales de nivel superior de participantes, el Distrito de Salud del Este de Florianópolis / SC, Brasil, Pro-Salud y/o PET-Salud en las Unidades Básicas de Salud. Los datos fueron analizados por el Modelo Operativo. El proyecto de investigación fue aprobado por el Comité de Ética en Investigación, CAAE 03339712.2.1001.0121. Resultados: las acciones de integración de enseñanza-servicio representan: desafío, el crecimiento y la sobrecarga de trabajo; para académicos significan: aproximación a la realidad, postura crítica-reflexiva y visión ampliada de salud y revelan que para los docentes, este proceso revela la distancia de las IES a los servicios de salud, la falta de armonía entre la academia y despierta un mayor interés por los profesores en la atención primaria. Conclusión: la integración enseñanza-servicio es esencial para la formación de profesionales críticos, reflexivos y que la integración favorece el proceso de educación permanente para los profesionales y docentes. Descriptores: Educación; Políticas de Salud Pública; Sistema de Salud; Formación de Recursos Humanos.
relationship process was potentiated by inducing ministerial policies through the National Program of Reorientation of Vocational Training in Health - Pro-Health and the Program of Education through Work for Healthcare - PET -Health, deployed from 2006. Such programs aim to foster reorganization in training in healthcare, with the objective of integrating education-health work, strengthening the perspective of the teaching-service integration.

Considering this context, this study aims at learning about what healthcare professionals think about the teaching service integration.

**METHOD**

An exploratory and descriptive study of a qualitative nature, with 16 higher education professionals who work at the Basic Health Units (BHU), the Eastern Health District, in Florianópolis/SC Brazil. The invitation to the participants was conducted personally by the researchers. The inclusion criterion was; being professional higher level in the field of healthcare and has participated in the Pro-Health and / or PET-Health programs, from 2006 to 2013. The exclusion criterion was not having participated in at least one of these programs.

The analysis was performed of the official documents in the months of October to November 2012 by the data systematized through the SMS of Florianópolis. The interviews were conducted by the researchers at the interviewees’ work place, in accordance with the limits of their abilities, in the months of April and May 2013, individually. These were recorded as a digital file, transcribed and validated. The number of participants was defined from the data saturation. To ensure anonymity, the interviewees were identified by alphanumeric number in the order of the interviews (E1, E2…).

Data analysis was performed according to the operating model proposed by Minayo3, following steps: 1. Pre-analysis: reading and re-reading the material and transcripts of the interviews in which the researchers had direct and intense contact with the collected material. 2. Exploration of the material: consisted in a classificatory operation to achieve the essence of understanding the text. It was sought to create categories for organizing the data. There was a cutout of the text in the record units, classification and aggregation of the data. 3. Treatment of results and interpretation: The already categorized data were related to the theoretical referential, aiming to respond to the survey question.
Through ordination and classification of the data obtained, emerged from the following categories: (a) Challenge, growth and workload for practitioners; (b) Approximation with reality, critical-reflexive posture and expanded vision of health for students; and (c) Unveiling the distancing of service, lack of harmony between academia and service and increased interest in primary care, for teachers.

This study was the research project approved by the UFSC Ethics Committee on Research, registered under the number 95.543/2012, as recommended by Resolution 196/96 of the National Health Council. Participants were presented the Term of Free and Informed Consent Form (ICF), which was signed by them after clarification of the methodological implications and risks of the research procedures.

**RESULTS AND DISCUSSION**

The partnership for the teaching-service integration established by UFSC and the SMS of Florianópolis involves students, teachers and professionals who work in the fields of practice. Those involved in this partnership to develop community health actions, and the results produce knowledge and research in primary care in the SUS.

The professionals in the primary healthcare network in the city of Florianópolis showed that the teaching-service integration actions represent: challenge, growth and work burden; for academics meaning: approximation to reality, critical and reflective stance and expanded vision of health and reveals that for teachers, this process reveals the distance of the TSI health service, lack of harmony between academia and service and awakens in the teachers a greater interest in primary care.

The teaching-service integration represents, for professionals, challenge and growth, but also work burden

The relationship between the TSI and SMS enhanced by PET and PRO-HEALTH projects intensified the presence of academics at public health care, resulting in greater participation of professionals in the training process. However, the professionals reported that they were not prepared to act as preceptors and/or supervisors of a field intern and that there is the need of the institutions involved in this partnership, recognizing that it requires a permanent training process, physical space and restructuring of the organization of work to ensure that periods reserved for act with the student.

The big question we have discussed in the course of preceptorship is precisely this, that there is this recognition of the role of the preceptor, or internship supervisor. This is what we have to try to build and move forward in this direction. Recognition in all directions, not only of the city as part of the university also. Recognize that this supervisor has an extremely important role, which must have permanent training, which needs to have space and time to work with the student. […] It is necessary to have a scheduled time to work, plan and perform actions with the students. There can be only one more activity within the already exhausting routine. The demand is already giant, already burdening everyone all of the time. (E, 14)

The teaching-service integration covers a collective work, contracted and integrated between teachers and students in courses from the healthcare area together with the healthcare workers and managers, having as objective the qualification of attention for individual and collective health, vocational training and the satisfaction of the healthcare workers. In this sense, the educational scope expands and therefore, becomes composed by the classroom and practice fields. This is because, for the teaching-learning process is driven by practical needs of the population, it is necessary to link these spaces, being that this construction needs to be shared by teachers, professionals and academics. 6, 7 This harmony between the parties involved still seems to be fragile, because the professional who is in the service of health expresses desire/need for a specific pedagogical training (and here comes the role of the academic tutor), as well as about guidelines directed to the research and production of knowledge fundamental to the health service. 7

The art. 27 of Law No 8080/90 refers to the fact that the public services that are part of the SUS composes a practice field toward the teaching and research, articulating interests of TIS and the SUS, aiming at improving the quality of care to the population. However, for this to occur it is necessary that the professionals who work in these institutions are qualified and permanently prepared. 8 The permanent education represents the learning on the basis of the work process, where learning and teaching are part of the daily actions of organizations and healthcare work. 9

Concerning the professional's necessity of having a scheduled time to work, plan and perform actions with the academics, the Interministerial Ordinance no. 1,802, August 26, 2008, determines that the preceptor should dedicate 8 hours a week to educational activities with 6 undergraduate students from

---

English/Portuguese

J Nurs UFPE on line., Recife, 8(6):1678-86, June., 2014

1680
health courses. In addition, there is a need for adequate materials and an appropriate environment in the unit such as offices and meeting rooms so that they can develop their activities in conjunction with the student, so that both achieve the proposed goals. During this research, it was found that the healthcare units have insufficient physical spaces or sometimes improvised for the development of educational activities, affecting both the service users as well as student learning.

It is evident, the need to qualify the healthcare network professionals for the teaching exercise with a pedagogical training design for the professional in service, because it is necessary to consider this qualification in the structuring of the work process to receive, monitor and evaluate the student. [...] to take more seriously the role of teachers and educators of health professionals and qualify them to be teachers. [...] In practice, being a teacher, advisor, educator requires great preparation and the health professional may have this or cannot have and usually do not have it. (E, 13)

To this day, we never had any kind of specific preparation when we are chosen to be the PET preceptor. When I started being the intern supervisor I had no guidance, had no course, nothing. I just received the students. (E, 14)

Another aspect pointed out by the participants in the study, with regard to the non-participation of the professional assistance of responsible to receive the student, the acting supervisor and/or preceptor, in preparing the intern plan, their goals and methods of evaluation, along with the teachers.

As the intern supervisor, I am not present at the university, when they are planning the discipline and the intern's educational plan. Then the teachers are there at the university thinking what students will do in the field, what are the intern's objectives. I believe that the field should be present in these discussions to see what would be the intern's objective, which would be the assessment methods, but this conversation does not exist. (E, 14)

This seems to be a conflict in the relationship between teaching and service: the fragility of the academy to promote opportunities for dialogue with the health care provider and be present in clinical and pedagogical discussions with the academic. This fact generates anguish and loneliness in the health professionals. They also emphasize criticism involving the logical organization of the institutions involved, on one side the health institutions centered on productivity and procedures across the university centered on the production of theoretical and methodological knowledge.

Nevertheless, the professional understands the importance of their participation in the academic and training is part of this construction. With this, they feel the need to seek new knowledge.

The preceptor is important because they will contribute to the training of that student. Therefore, you'll have that same look of teacher, trying to improve, to do a formative evaluation with them and try to exchange an idea, give feedback. (E, 6)

On the other hand, professionals highlighted that with the implementation of the Education Program through Work for Health (PET-Health) they felt motivated to enter the research in their daily practice, despite the lack of experience in conducting research and even the little motivation in performing it.

What has changed with the PET was the question of the extension, to extracurricular activities; sometimes we have guidance and participate in research. Based on what we are seeing in the real scenario research, and it changed a bit my training, I actually had the habit, I had no personal interest to be working with research, I think it was only because of the PET I just inserted myself in this part. (E, 8)

The Program PET-Health has as one of its goals: to promote the teacher training of professionals working in the services, encourage the inclusion of the needs of the service as a source of knowledge production and research in the university; and encourage the entry of service professionals in the teaching career.

In teaching-service integration, scenario practice becomes key part of learning, because it allows new experiences with the world of work and instigates the interdisciplinary and intersectoral approach. The practices of professionals and teachers become a process of action-reflection-action, where learning becomes mutual. In addition, the academics to be caused by the realities on the service, become subjects-citizens-professionals and this is critical-reflexive education of broad importance for health and for consolidating the SUS.

To receive daily academics, the professional understands the changes that occur in their daily work routine, because they in their discourse they bring academic updates and questions the skills in practice. This exchange of knowledge results in the renewal of professional knowledge, stimulating the search for new information and become a moment of mutual learning.
Receiving a student always changes us, because all the time you are being stimulated to seek knowledge, to take on new activities, study, be able to offer and provide the student a learning moment. Certainly the practice changes, you do not settle, you seek and try to create an environment conducive to student learning. (E, 12)

The graduate student is a fertile mind. He questions much more, stimulates you to search for more, forces you to learn, to seek and learn more. (E, 1)

The professional also perceives the exchange between the institutions responsible for the teaching-service, because the coexistence with the academics and interns enables the understanding of how the university structures and guides them in the context of healthcare practice.

In my practice, I see that there is more exchange between the university and the network [...] living with the students and interns; it well serves for the practicing professional as a "thermometer" of how things are going within the university. We have observed, for example, that several tutors at the university, professors of the university, are not keeping up with the healthcare pace and have noticed much difference in the practices that were guided by some older teachers and the healthcare reality. (E, 13)

The rapprochement between teachers and professionals also appears as a positive point in this process. This is because what is observed; in general, more schools are involved in research activities, leaving the background in health care practice, making them far from routine practice of healthcare services. On the other hand, service professionals, often become involved with the routine work and obfuscate the quest for permanent education, becoming an outdated professional. 4

One of the general guidelines of the arrangement between UFSC and SMS is that the teaching-service integration, you work on an interdisciplinary multi-professional team aiding the integration of didactic and pedagogical healthcare actions and activities that happen in practice scenario and make possible the coexistence of academics and professionals from different courses. 4 The professionals report that the presence of academics is positive and that they are already part of their professional practice, and that this coexistence provides a broader view of other areas.

Upon receiving students the professional interacts with other areas, in addition to the field view of their area they expands a bit with each other and get to have a broader vision, expanding the service, not seeing the patient only in their optical, but in that of other professions as well. (E, 7)

The teaching-service integration is paramount and this stimulates the professionals. [...] I believe that the partnership should be expanded to other professionals to update and motivate them. [...] I think that it is of the utmost assistance in service as far as education and encourages the professional. It is super valid. (E, 10)

I am totally in favor of teaching-service integration and I believe that other universities could also be participating. (E, 15)

Some professionals visualize the supervision of interns as an extra activity in their professional routine, and have reported the importance of discussion, for which there is a special bonus paid to professionals who exercise this function.

It is a job for the professional, because he signs a contract where he is responsible for the field supervision. (E, 5)

Similar difficulties have been identified in another study, especially linked to the resistance of the professionals, since they do not receive financial incentives to teach, afraid that any weakness in the service that is identified or even resistance of the population to have students in the BHU assistance. 1

We noticed, according to the interviewees, that they consider the teaching-service integration important in their professional practice and the actions developed in the community, yet they perceive weaknesses and conflicts to be overcome.

*The teaching-service integration allows the academic an approximation with the reality, the development of a critical posture, reflexive, and a broader view of healthcare*

The implementation of NCGs of graduate courses in the area of health, in 2001, generated a movement for the restructuring of curricula, directing that the academic have contact with the reality of health practices from the early stages of their course. The professionals recognize the importance of early contact, because, for them, it allows the academic a closer relationship with the reality of health of the population, which contributes to their training. It is through this contact that they can learn the reality of various communities.

I think it is great, because the student is immersed in service since the first phase, being that in my schooling, I interned in a
The participation of the students is progressive, they observe, start to participate a little in the exercise session, home visits, service and will increase this until they are able to do so on their own, but under my supervision. (E, 15)

The idea is that the student is in the unit’s routine, which they dynamically and actively participate, and that they are not just an attachment. At the time that he is here on the unit, they are part of the team. (E, 12)

According to the professionals who receive the academics, their participation is positive, because they contribute to the systematization of the practice and are able to care of the community, interfering with the technical care model, resulting in a unit more welcoming, more humanized and which is open to the community.

The participation of students is positive; the students are updated and ready for the consultations. They are prepared to meet and evaluate both children and adults […]. (E, 10)

The student magnifies the unit and I believe that the unit that receives the student is differentiated because it is more human, more welcoming, becomes a unit with ‘open doors’: I think the university is present when the service they broaden them. (E, 1)

This approximation of the academics will be reality through the curricular activities of graduation, but also the Program PET-Health. Academics who receive the PET scholarship participating in activities in the research field and have a weekly workload to meet, in order to provide services to the community, namely, developing activities in the field of practice.

The arrival of the students from PET-Health ends up expanding service offerings in the unit […]. I realize that students come with learning that is not exactly how it works within the unit, but end up adapting to the operation of the unit and providing opportunities to users more service offerings. (E, 15)

In accordance with Article 3, the Interministerial Ordinance no. 1,802 /2008, PET-Health offers scholarships for initiation to work, reserved for undergraduate students enrolled in TIS members of PET-Health, having as objective the production of relevant expertise in the area of primary healthcare. In Article 4, it determines that the student will receive a monthly grant conditional on production of relevant knowledge in primary health care and related to the initiation activity with work.

For the professionals, the insertion of the academic landscape in the practice of health services is a source of knowledge and experience, being closer to the reality, allowing the reflection of knowledge acquired at the school.

I think that integrating teaching and service is quite valid. It is an important step especially for the student to leave with more contact on the reality and begin to acquire a more critical and reflective posture in relation to the knowledge that they are acquiring at it he school, which they will actually be able to use, and that it would be more appropriate they are learning. Having contact from an early age with the community, with the patients and know focus more in the care of the person and not in the care of the disease, I think that is very important. (E, 8)

The combination of theory and practice implies pedagogical actions that go beyond the walls of the school and show the necessity of the integration of the academic into concrete realities, these being the community, the family health team, schools, daycares, health services in the basic network and the hospital network, bringing the world of education with the world of service in interdisciplinary perspective. This process aims at the education of critical, creative and reflective professionals able to confront the complex problems that arise in society, particularly in healthcare.12

Through the experiences in the practice scenario, the academic expands its vision on the SUS and the professions involved in this system, becoming a professional with ability to act in Primary Health Care.

When they leave, there they come out with a good notion of public health and capable of facing the service in the basic unit, and I think for us it is great, this is very productive exchange of experiences, and we end up learning a lot with them. (E, 9)

The changes in health practices required by SUS require profound changes in the training.
of professionals in the area. It is necessary to transform the training model to overcome the biologicist / curative care model still hegemonic in the practices of health care. Thus, training with direct contact with the reality of public health and the working world enables personal and professional growth.\(^{13}\)

The teaching-service integration for teachers, unveils the distance of the service and the lack of harmony between academia and service, and arouses greater interest in primary care. For the professionals who work in the BHU there is a gap between the health units and the university. This separation occurs because of unawareness by teachers, the organization of work within BHU, and the lack of a closer relationship between both institutions eventually generates an extra responsibility for the field professional.

It is very complicated in relation to the teaching-service integration, that is very good students, but have the issue of the academia. For example, UFSC has internships here, sometimes complicates matters a little bit, because It does not go with what we do here with the curriculum from there. At the school, the academics study something and arrive here and everyone deconstructs everything and does something else. (E, 3)

The Pro-Health and PET-Health collaborate in much closer ties between the university and the service, although there are many difficulties for teachers to understand and act on services. [...] There should be a project for the training of teachers in service, because only these teachers will continue with difficulties in making this transition from academic teaching to teaching in service. This ends up being more about the responsibility of professionals and students who have willingness to make this dive in practice. (E, 2)

Another issue raised is the insulation of the university in relation to nursing practice. For the professionals, the teachers should be regularly accompanying the academics in this practice, because some participate only in a timely manner in the unit, leaving to the professional field of the responsibility to teach and supervise students. To overcome this it is necessary to strengthen the ties between academia and service, promoting purposeful meetings and dialogues between them.

The greatest difficulty is when university isolation occurs in relation to nursing practice. If you are teacher tutor, you should come here, to learn our service so that we can think together. Sometimes we stay too at the office, theoretically thinking about what we have to do. (E, 11)

The changes search of standards in healthcare that values integrity, humanized care and health promotion demonstrate the differences between the training of new health professionals and the desired care model. In this disharmony, we can cite the difficulty of finding teachers involved with training in health in the SUS for this new perspective of teaching-learning.\(^{14}\)

Some practitioners report that teachers are becoming interested in the service in primary care, to learn the existence of programs like Pro-Health and PET-Health this is in line with these that induce the Ministerial policies, which aims to reorient education for health professionals, focusing on primary care.

In a stronger way, we perceive that teachers are a bit longer in service because they know there is a big project. (E, 2)

[…] One of the things that are central in this type of program is the financial incentive. Induced by financial incentive, the professional is interested both in the university to receive and manage a project of this, because they also has an incentive. (E, 13)

The Pro-Health and PET-Health aim to encourage changes in the process of training of undergraduate courses in the health area and the financial resources are available to achieve advisements that should prioritize aspects of teacher-assistance integration, through links with the services and the expansion of service units incorporated into the SUS.\(^{10}\) This policy provided an increase in the number of teachers involved in this theme and an increase in the number of academics in practice scenarios. Many health professionals as faculty members recognize the importance of this financial contribution, including stating that it is essential to the process for the induction of changes.

**FINAL CONSIDERATIONS**

The implementation of the NCG raised modification of curriculum in healthcare, with the objective of building a responsible professional, skilled and competent to be active and resolve in the SUS, with implications for the development of quality services to the population and strengthening the SUS. In this context, the political forces contribute in the development of these changes to classrooms, also, the teaching-service integration.

Knowing what health professionals think about the teaching-service integration developed by SMS and UFSC Florianópolis
revealed that this partnership is essential for the formation of critical-reflective professionals. This is because, early insertion of the academic into the daily healthcare work, incites reflection on their professional practice, allows the approximation between the theory and the practice in services and allows the experiences of interdisciplinary cooperation. This reflection and awareness contribute to the curiosity of the academic - fundamental condition for learning, and in this way become triggers for changes in their way of thinking and acting. The teaching-service integration is an opportunity to advance, also, in the process of continuing education, both for professionals and for the teachers, because it fosters lifelong learning for both workers.

The transformation of practice scenarios in learning spaces requires the participation of all involved, teachers, professionals and academics, shared, so if realized asserted by the teaching-service relationship. However, this study demonstrated that the service professionals still do not participate actively in teaching-service integration, this results in resistance of some given this relationship. For this reason, it becomes necessary to promote moments of discussion between all involved for each individual realize their responsibility in the process of training of health professionals.

In this sense, the subject of thoughts emerged in the context of focused experience of this study serving as an indicator to assess inducting policies are contributing the strengthening of the relationship between teaching and service, so that they can contribute to proposals for the improvement of professional teaching-service partnership education in healthcare.

REFERENCES

Teaching-service integration in the voice of...

Gonçalves CNS, Corrêa AB, Simon G et al.


Submission: 2013/12/26
Accepted: 2013/04/19
Publishing: 2014/06/01

Corresponding Address
Chaiane Natividade de Souza Gonçalves
Rua da Ilha, 38
Bairro Tapera
CEP 88049-250 – Florianópolis(SC), Brazil