



TEACHING-SERVICE INTEGRATION IN THE CONTEXT OF THE POLITICAL-PEDAGOGICAL PROJECT OF NURSING COURSES

INTEGRAÇÃO ENSINO-SERVIÇO NO CONTEXTO DO PROJETO POLÍTICO-PEDAGÓGICO DE CURSOS DE ENFERMAGEM

INTEGRACIÓN ENSEÑANZA-SERVICIO EN EL CONTEXTO DEL PROYECTO POLÍTICO-PEDAGÓGICO DE CURSOS DE ENFERMERÍA

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ABSTRACT

Objective: to identify how the teaching-service integration is advocated in the Political-Pedagogical Project of Nursing courses contemplated with the Pró-Saúde Program. **Method:** a quantitative, documental study carried out in Political-Pedagogical Projects of two Nursing schools in the southern region of Brazil and in publications made by teachers of the schools about the political and pedagogical proposal of the course. Data analysis guided by the theoretical reference of Donald Schön and the Guide of Analysis of the Political-Pedagogical Project. **Results:** the first category << Design of the Political-Pedagogical Project of the Nursing Courses >> presents the general organization of the courses. The second category "Teaching-Service Integration: Political and Pedagogical Dimension in the Political-Pedagogical Project" shows the intentionality of the courses in approaching health services. **Conclusion:** there are political and pedagogical intentions of schools to develop teaching-service integration. It is recommended that the courses explain the strategies used for the development and the gradual strengthening of the teaching-service integration. **Descriptors:** Education, Nursing; Curriculum; Teaching Care Integration Services; Qualitative Research; Education, Higher; Unified Health System.

RESUMO

Objetivo: identificar como a integração ensino-serviço está preconizada no Projeto Político-Pedagógico de cursos de Enfermagem contemplados com o Programa Pró-Saúde. **Método:** estudo quantitativo, documental, realizado em Projetos Político-Pedagógicos de duas escolas de Enfermagem da região Sul do Brasil e em publicações realizadas por docentes das escolas sobre a proposta política e pedagógica do curso. Análise de dados guiada pelo referencial teórico de Donald Schön e pelo Guia de Análise do Projeto Político-Pedagógico. **Resultados:** a primeira categoria <<Design do Projeto Político-Pedagógico dos Cursos de Enfermagem>> apresenta a organização geral dos cursos. A segunda categoria <<Integração Ensino-Serviço: dimensão política e pedagógica no Projeto Político-Pedagógico>> exhibe a intencionalidade dos cursos em aproximar-se dos serviços de saúde. **Conclusão:** há intencionalidade política e pedagógica das escolas em desenvolverem a integração ensino-serviço. Recomenda-se que os cursos explicitem as estratégias utilizadas para o desenvolvimento e o fortalecimento gradativo da integração ensino-serviço. **Descritores:** Educação em Enfermagem; Currículo; Serviços de Integração Docente-Assistencial; Pesquisa Qualitativa; Educação Superior; Sistema Único de Saúde.

RESUMEN

Objetivo: identificar como la integración enseñanza-servicio está preconizada en el Proyecto Político-Pedagógico de cursos de Enfermería contemplados con el Programa Pro-Salud. **Método:** estudio cuantitativo, documental, realizado en Proyectos Político-Pedagógicos de dos escuelas de Enfermería de la región Sur de Brasil y en publicaciones realizadas por docentes de las escuelas sobre la propuesta política y pedagógica del curso. Análisis de datos guiado por el referencial teórico de Donald Schön y por el Guía de Análisis del Proyecto Político-Pedagógico. **Resultados:** la primera categoría << Design del Proyecto Político-Pedagógico de los Cursos de Enfermería >> presenta la organización general de los cursos. La segunda categoría << Integración Enseñanza-Servicio: dimensión política y pedagógica en el Proyecto Político-Pedagógico >> exhibe la intencionalidad de los cursos en acercarse a los servicios de salud. **Conclusión:** hay intencionalidad política y pedagógica de las escuelas en desarrollar la integración enseñanza-servicio. Se recomienda que los cursos expliciten las estrategias utilizadas para el desarrollo y lo fortalecimiento gradual de la integración enseñanza-servicio. **Descritores:** Educación en Enfermería; Currículum; Servicios de Integración Docente Asistencial; Investigación Cualitativa; Educación Superior; Sistema Único de Salud.

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INTRODUCTION

Based on the National Education Guidelines and Bases (LDB / 96) and National Curricular Guidelines (NCG), undergraduate Nursing and health courses in Brazil (DCN-Enf) have acquired autonomy to organize education according to the needs of their regions. Likewise, they are committed to breaking the traditionalism of minimum curricula, organizing and incorporating into their Political-Pedagogical Project (PPP) the theoretical-philosophical framework of the Unified Health System (UHS).¹

For at least 30 years, the Brazilian government has implemented professional qualification programs² aimed at overcoming the dichotomies between care and health training. One of the most recent strategies is the Health Reorientation Program (Pró-Saúde), whose purpose is the incentive to integrate teaching and assistance, strengthening the perspective of teaching-service integration.³

The teaching-service integration is considered as one of the fundamental strategies to think about professional training in health, the consolidation of SUS and DCN-Enf,⁴ because it strengthens the teaching-learning process, by raising the quality of teaching and the process of offered by the health service.⁵

The authors of this study include teaching-service integration in health as learning-teaching practices carried out inside services or in the community with health professionals. It is a two-way relationship, a deep interaction between teachers, students, community and health professionals, that leads to a permanent education and reflective practice in health permeated by dialogue. Thus, teaching-service integration is an indispensable element to renew the way of thinking about training and a true approximation with the real scenarios of practice in health and Nursing.

The PPP is a reference, a guide, for the profile to be formed, is the intentionality of the educational act,⁶ representing, thus, the political and pedagogical commitment assumed and agreed upon by all the protagonists of a school. In this way, it is considered necessary that the teaching-service integration is recommended in the PPP of the health schools, expressing the

intentionality of formation directed to the UHS, articulating theory and practice, thus dissociating itself from a curriculum composed of islands of isolated disciplines between yes and the real world.⁷

OBJECTIVE

- To identify how the teaching-service integration is advocated in the Political-Pedagogical Project of Nursing courses contemplated with the Pró-Saúde Program.

METHOD

Qualitative, documentary study, guided by the following guiding question: how is it recommended the teaching-service integration in the PPP of the courses studied? The documents studied were the PPPs of two Nursing undergraduate courses in the Southern region of Brazil, which were included in the Pró-Saúde Program. To complement the information, we also analyzed publications in scientific journals and books written by the teachers of both schools.

In order to remain anonymous, schools were identified as Course A (CA) and Course B (CB). The selection of courses was based on the following inclusion criteria: older courses from two States in the southern region of Brazil; to have been included in the Pro-Health Program announcement in 2005 or 2007, thus, having the necessary time to carry out PPP changes in order to meet the program's priorities.

The CA was considered with the Pro-Health Program and its extensions to other health courses in the years 2005, 2007 and 2012. It also participates in strategies such as Experiences and Stages in the Reality of the Unified Health System (VER-SUS). The CB was contemplated with the Project UNI (A New Initiative in the Training of Health Professionals), whose focus was the evaluation of Assistent Teaching Integration (ATI) in Latin America. In 2007 and 2012, the CB was contemplated with the Pró-Saúde Program.

The CA provided, in full, the PPP, along with the teaching plans. The CB information was obtained online, through a synthesis of the PPP in the site of the school's Nursing course, together with the teaching plans, curriculum reformatory orders, books and articles published by the course teachers reporting the curricular transformations and the current course structure.

Data collection was carried out between September and December 2015. The data were organized using the Guide of Analysis of Political-Pedagogical Project (GAP), modified from the one proposed by Kloh,⁸ composed of topics based on the national curricular guidelines, the reference philosophical theorist of Donald Allan Schön⁷ and in the integrality of care.

In this way, the guide provided a subsidy for the researcher to collect PPP data and organize them into categories. After the organization and the appreciation of the data, we proceeded to the analysis, focusing on the teaching-service integration process based on the theoretical framework presented by Donald Allan Schön.

This research was approved by the Ethics Committee in Research with Human Subjects (CEPSH) of the Federal University of Santa Catarina (UFSC), under the Certificate of Presentation for Ethical Appreciation number 45354115.8.0000.0121 and consubstantiated opinion number 045931/2015.

RESULTS

From the systematization and analysis of the documents through the GAP, emerged the following categories: Design of the Political-Pedagogical Project of the Nursing Courses; Teaching-Service Integration: political and pedagogical dimension in the Political-Pedagogical Project.

♦ Design of the Political-Pedagogical Project of Nursing Courses

The philosophical and conceptual conception presented by the courses turns to the following similarities: both have the conception of man as a historical-social being; the search for a balance between technical, scientific and humanistic knowledge; interdisciplinarity and meaningful learning. The intentionality of training for the UHS involving actions to promote health, the formation of a generalist, critical and reflective professional are also clearly present in the PPP of the courses.

Nursing care considers the human being in its entirety and, therefore, requires interdisciplinary intervention in its planning, coordination, execution and evaluation, promoting autonomy and solidary relationships in the community. (PPP CA)

The profile of the egress defended by the schools is aimed at meeting the competencies stipulated by the DCN / Enf.9 It should be noted that the CA includes, in the description of the desired profile, the word “creative”, while the CB includes the word “reflexive”.

[...] general, ethical, humanistic, critical and reflexive education, focused on the development of general skills and competences covering health care, decision making, communication, teamwork, leadership, administration, management and lifelong education. (PPP CB)

The competencies to be acquired by the students in the training process are presented by the courses in a broad way, having, as similar the organization and planning of activities of permanent education in health, ethical care and recognition of the work process in all areas of their work. The formation of a professional citizen, immersed in the health reality of the population, is also present in the PPP of the schools.

Health education appears in both PPPs with the same intentionality, but, in a different way:

[...] planning, implementation and evaluation of health education actions, considering the specificity of different social groups and their socio-cultural values”. (PPP CB)

Develop actions and health care and individuals, families and social groups at the levels of health promotion, maintenance and recovery, considering the regional health specificities, different social groups and different life processes, health, work and illness. (PPP CA)

In relation to the curricular organization, the courses broke with the configuration of curriculum by disciplines for an organization by nuclei and thematic modules that articulate and complement each other in order to foster the integration of contents and theoretical-practical activities. This structure is presented as a strategy focused on the integration of contents and theoretical-practical activities. This integration favors the development of interdisciplinary activities and a greater integration of teaching-service-community. As a reflex, according to PPP CA, the student ends up benefiting from the early insertion in the practice fields.

It is noteworthy that the CA adopted the integrated curriculum from 2005 and the CB, in the year 2000. Both courses defend

the problematizing methodology and refer to the Brazilian educator Paulo Freire.

The cases adopt different curricular axes, in order to guarantee coherence between the profile of the egress who wish, to attend the NCDs approved in 2001 and the recognition of demands of the health services of the region. The CA presents three basic components that form the curricular axis of the course: "health promotion, holistic care and management and management" (PPP CA)

The CB presents as guiding axes of the teaching-learning process:

[...] health and disease process; construction of citizenship; changing the care model; integration between teaching, service and community; ethics and humanism; association between theory and practice; evaluation as a process of action and reflection; transformation of practices; quality of care; investigative reasoning; study of man from the family nucleus; structured teaching and learning experience from the adult to the child; health work process. (PPP CB)

In relation to student evaluation, schools share the same philosophical proposal, in which evaluation must be gradual, summative and formative. According to the CA PPP, "[...] evaluation is another opportunity to learn and guide the choice of learning experiences ... it is present throughout the process and is not restricted to the final results". (PPP CA). However, they differ in the presentation of the evaluation, being one by notes and another by concept - apt not fit.

♦ Teaching-service integration: political and pedagogical dimension

The teaching-service-community integration is clearly assumed in the PPP of the courses as one of the guiding axes of the teaching-learning process, frequently mentioned in the development of the final stages of the course and in the development of research and extension as professional and institutional commitment that, as exposed, "it has as one of its objectives, to stimulate students and teachers to undertake activities that promote teaching-service integration, articulating practice scenarios and training as a proposal to strengthen UHS principles." (PPP CA)

The formative process is marked by strategies that enable interdisciplinary, multidisciplinary and teaching-service-community interaction. They are practices

of experiences in the community and in the services that make it possible to discuss contents aimed at health promotion, the health-disease process and the observation of reality. Through the insertion in the territory, in real situations to be problematized - as early as the first year of the course -, the student, is provided, with the group work, analysis and experience in the network of basic care services available to the community.

This is the result of the discussion of the teaching staff that "[...] understands the need for interaction between health courses, learning to carry out joint actions, observing, acting, discussing and elaborating proposals for the consolidation of the Unified Health System [...] ". (PPP CA)

There are three modalities of practical activities in both courses: clinical practice in the laboratory; clinical practice with direct supervision of the teacher, in different fields of action of the nurse; and supervised curricular internship.

The student's early insertion into the service is gradual, facilitating the integration of content and interdisciplinary activities. In the practical activities, with direct supervision of the teacher, the contents are worked according to the human life cycle. In this way, in the modules, such as Children's and Adolescents' Health, contents aimed at this public were worked on:

Concepts of child and adolescent health from birth to 19 years of age. Epidemiology. Immunology / immunization. Parasitology. Biochemistry. Embryology. Nutrition. Bioethics. Breastfeeding. Drugs related to infections of upper airways, parasitoses, anemias and corticosteroids [...] (PPE CB)

In the last year of the course, the knowledge joining, supervised curricular stage, with the direct supervision of the health professional and indirect teacher, in different levels of health care occurs:

Assessment of health needs. Application of Nursing care methodology. Performance in the management of Nursing services. Strategic planning in Health. Management of human resources, materials and financing of Nursing and health services. Supervised internship in Nursing services at different levels of health care. Health and Service Education. (PPE CB Paper)

In both cases, the concern with early and interdisciplinary insertion in the reality of services and the community appears from the first year of the course. The reality is

posed as a motivating challenge of a professional practice that aims to participate in the process of modification of reality in healthier relations, conditions and spaces:

The proposed course is composed of nine phases (semesters), constituted by integrative and thematic nuclei that are articulated and complement each other to foster the integration of contents and theoretical-practical activities, which enable interdisciplinary activities and a greater articulation between teaching and service- community, favoring the early insertion of students in the fields of practice. (PPP CA)

The diversification of practice scenarios is presented in the PPP of the two courses, using spaces in basic health care, secondary level, tertiary level and schools, kindergartens, among others, in the municipality where the school is geographically inserted, as well as in adjacent municipalities.

In CB, the teaching-service-community integration is adopted as a transversal theme. The school presents its definition in relation to the term using references that signal teaching-service-community integration focused on the needs of people and the community, in the logic of SUS and as a new pedagogy, "the pedagogy of interaction." The operationalization occurs through several strategies: territorialization; incorporation of service professionals as a teaching resource; use of notebooks expressing the objectives of each module, among other forms. It should be emphasized that the course clearly presents the teaching-service integration as a "political and pedagogical guideline". (PPP CB)

In CA, teaching-service integration is present in the pedagogical proposal as a mutual exchange and contribution in the process of redefinition of care practice, for example, participation of the protagonists - service and class entity - in the re-evaluation of teaching. Also, the following fragment is highlighted:

Educational practice and health care need to be promoters of innovative actions, since the articulation between the world of the school and the world of work makes it possible to highlight the pedagogical potential of the work, providing a continuous and participative learning, articulating the doing, the educate, or know. (PPP CA)

The teaching-service integration is also present in the specific objective of the courses, according to fragments:

Articulate teaching-service contributing to the holistic care of the individual, family and community, in the perspective of the construction of healthy spaces, conditions and relationships, and the instrumentalization of the subjects, promoting their autonomy and emancipation. (PPP CA)

[...] seek the development of academic activities integrating teaching, health service and community and reflect on the work process in health and Nursing, seeking ethical action and aiming at the transformation of the health care model. (PPP CB)

DISCUSSION

When identifying the political and pedagogical proposal of the analyzed courses, one observes the structural and philosophical convergence with the DCN / Enf. and the principles and guidelines of UHS. The courses structured their projects in tune with the activities carried out in the community health services and with the profile of a generalist, critical and reflective nurse. They rely on pedagogical practices and innovative curricular structures - problem-solving methodology and integrated curriculum - that go beyond knowing and doing technical.

In this sense, it is highlighted that a PPP, that seeks to overcome the existing gap between theory and practice, will help students develop clinical judgment and prepare them to provide assistance to the user and their relatives, of high quality, considering the principles and UHS guidelines.¹⁰

The participation of the schools in the project UNI - CB - and Pró - Saúde - CA and CB - stimulated the courses to reformulate their curricula. Thus, both adopt the integrated curriculum. The alignment of the PPPs can also be a reflection of the participation in the programs, adopting the axes advocated by Pró-Saúde: the theoretical axis articulating basic cycle with the professional, through the integrated curriculum; the scenarios of practice with the diversification of spaces and the pedagogical axis with the use of problematizing methodology and the teacher as facilitator.¹¹

Schools are taking up the challenge of educational reform imposed by the

globalized world to all countries, ensuring new knowledge and new ways of developing Nursing education. The challenge of educational reform occurs in times of rapid access to information, promoting, beyond cultural change in people, a better understanding of human diseases, new drug discoveries, changing the trend in disease patterns, as well as the need for care in health.¹²

Regarding the competencies established by the courses, it is observed that they used the DCN as a guide to guide the practical performance of what is expected of the future nurse. However, they turn to the local reality to determine them.

The notion of competences is related to the capacity to articulate knowledge and to apply in certain situations.¹³ The orientation of the teaching by competences, presented by the PPPs, and according to the reference of Schön, demand of the courses methodologies that articulate theory and clinical practice, as well as the early insertion of students in the scenarios of professional practice in health through the accomplishment of activities, promoting the development of these competences.¹⁴

The health service institutions and the community are workshops for the development of the competencies proposed in the PPP of the courses, that is, the scope of the competences is in the learning by doing, in which the students begin to practice, before even rationally understanding what they are doing. Schön calls this movement of schools one of the characteristics of reflexive practice.⁷

Practices in health and community services are mentioned in both PPPs as a way of articulating with contemporary needs. It is understood, therefore, that there is intentionality of teaching-service integration as a strategy of unification between theory and practice, doing and thinking, reinforcing the inclination of the courses for the development of a reflective practice.

The unification of theory with practice is strengthened by the integrated curriculum and pointed out, in both PPPs as one of the strategies to facilitate integration between the university, the service and the community. That is, it brings the islands of knowledge closer together, creating spaces similar to workshops for the development of professional practice, which, according to

the egress profile, must be critical and reflective. Thus, the integrated curriculum opens spaces for the training of health professionals that respond to the needs of the health system, in addition to the needs of the labor market.¹⁵

Another favorable aspect of the integrated curriculum is its understanding as a process, something that is open to discussion, critical and in transformation, and may need to be constantly improved. However, for the implementation of this project, it is necessary that the subjects involved assume the philosophy that supports it.¹⁶

The diversification of the practice scenarios, present in the CA and CB PPP, entails the participation of teachers, students, health service professionals and health managers, in order to be effective in the teaching-service articulation that cooperates not only for professional training but, in addition the changes in the context of services. The diversification of the scenarios allows us to experience real problems, being a substratum for understanding the multiple determinants of living conditions and health of the population.¹⁷

It is understood that the precocious insertion in the services recommended by the courses, knowing and problematizing the reality, distance the courses of a traditional teaching, limited to the confines of the school walls, to a process of appropriation of the real world. Thus, the service becomes a privileged locus for the epistemology of reflexive practice proposed by Schön.⁷

For the development of a reflective practice, it is necessary that the academic formation allows the interaction of theoretical and practical contents, experiencing new problems that are not even defined as problems, so that the student can develop, in their actions, the process of reflection-in-action.⁷

The reflection-in-action is aimed at questioning, through test and hypothesis, raising the conduct to be adopted in the face of a problem. It favors spaces of student interaction with the practice of professional practice through questioning and dialogue between all the protagonists involved in the process. Thus, teaching-service integration can be considered a space for reflection-in-action, given that it

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Teaching-service integration in the context...

is a rich space for the teaching-learning process and improvement of the work process.

The interdisciplinarity sought by the courses, from the beginning of the training of nurses, can be characterized by collective work, preserving the specific disciplinary bases of each profession in search of answers to the problems that permeate people and institutions. It is an investment for the consolidation of the health actions in full.¹⁸

It is necessary for schools to better detail how they operationalize interdisciplinarity not only between the institution's health courses, but with service professionals. In the CB case, it was possible to visualize, in the PPP, some strategies, such as the incorporation of the service as a teaching resource. In CA, the mutual exchange between teaching-service became vague.

As pointed out in the study,¹⁹ it is necessary to detail the organization and intermediation of the service teaching integration, since this gap in the PPP makes the integration questioned. This organization needs to be built in partnership between teaching and service, with dialogue and shared common goals. It should be emphasized that mutual exchange can be limited by the understanding of the purpose that the two institutions can have, that is to say - the university is turned to "knowing" and service to "doing".²⁰

It is necessary to create conditions for working in partnership with health professionals during the educational process, as well as the valorization of interdisciplinary work, and a decomposition of the "corporate-centered, axis-plural and complex - user-centered" axis.²¹

Interdisciplinarity refers to the sharing of information and solutions for cases that appear in the daily life of services and are beyond manuals and protocols. Thus, the use of scenarios that leave interdisciplinarity below, even though they are real situations, referring to patients and clinical cases, not always the conditions of care performed by teachers are what the nurse of the service lives and performs in their daily life of work.¹⁶

The integration with the service must be linked to the professionals who work there. Otherwise, there is a risk of using the space as a mere annex of the school, even if active methodologies are used and the

teacher is a facilitator of the teaching-learning process. It is necessary to integrate with health professionals, users and health managers.

CONCLUSION

The PPPs analyzed favor teaching-service integration as a fundamental space for the development of the egress profile they aim for. Thus, it is possible to affirm that there is a political and pedagogical intentionality of the schools in developing the teaching-service integration. Politics, because the proposal of the PPPs is intimately focused on the socio-political commitment with the real and collective interests of those who enjoy the health system of Brazil. Pedagogical, because it structures its curricula with the adoption of an integrated organization of contents and active methodologies to effect the political intentionality.

PPPs are considered to be able to exploit the strategies used with the services and community for the implementation of the teaching-service integration. These strategies must permeate the constant dialogue and presence of the service, health managers and community / class entities in the spaces destined to the debate of the formation process.

The diversification of the scenarios is also another strategy used by the schools to know the real needs of the population and the nurse's various fields of action. In this way, the teaching-service integration is inserted in all the years of the course.

The study is limited because it is a documentary analysis. It can not be forgotten that the idealized curriculum, is not always a curriculum carried out by questions that go beyond the ideal of the course and the commitment of the protagonists, being a limitation of this study. Thus, it is necessary to identify the perception of the protagonists involved with the teaching-learning process on the teaching-service integration.

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