

CASE REPORT ARTICLE

CURRICULAR REFORMULATION PROCESS IN A NURSING CYCLES REGIME
PROCESSO DE REFORMULAÇÃO CURRICULAR EM REGIME DE CICLOS NA ENFERMAGEM
PROCESO DE REFORMULACIÓN CURRICULAR EN EL RÉGIMEN DE CICLOS DE ENFERMERÍA

Urbanir Santana Rodrigues¹, Eder Pereira Rodrigues²

ABSTRACT

Objective: to report the experience of the curriculum reformulation process of the Nursing course in the format of training cycles. **Method:** this is a descriptive study, type of experience report, which shares the experience in the curricular reform as a member of the Structuring Teaching Nucleus of the Nursing course in the period from 2010 to 2019. **Results:** it was defined that the Nursing course should be offered in two cycles, namely: the first the training in the Interdisciplinary Bachelor in Health, which consists of modules of general and basic training, and the second cycle the specific training in Nursing, with modules of professional content. **Conclusion:** it is pointed out that the curricular reformulation is not an easy task, since, along this path, many were actors and the ideological, epistemological, market and political-institutional debates / clashes, intending and driving decisions. **Descriptors:** Nursing Education; College Education; Curriculum; University; Professional Qualification; Nursing.

RESUMO

Objetivo: relatar a experiência do processo de reformulação curricular do curso de Enfermagem no formato de ciclos formativos. **Método:** trata-se de estudo descritivo, tipo relato de experiência, que compartilha a vivência na reformulação curricular enquanto integrante do Núcleo Docente Estruturante do curso de Enfermagem no período de 2010 até 2019. **Resultados:** definiu-se que o curso de Enfermagem deve ser ofertado em dois ciclos, a saber: o primeiro a formação no Bacharelado Interdisciplinar em Saúde, que é composto por módulos de formação geral e básica, e o segundo ciclo a formação específica em Enfermagem, com módulos de conteúdo profissionalizante. **Conclusão:** pontua-se que a reformulação curricular não é tarefa fácil, uma vez que, nesse percurso, muitos foram atores e os debates/embates ideológicos, epistemológicos, mercadológicos e político-institucionais, tencionando e impulsionando as decisões. **Descritores:** Educação em Enfermagem; Educação Superior; Currículo; Universidade; Formação Profissional; Enfermagem.

RESUMEN

Objetivo: informar la experiencia del proceso de reformulación curricular del curso de Enfermería en el formato de ciclos de capacitación. **Método:** este es un estudio descriptivo, tipo informe de experiencia, que comparte la experiencia en la reformulación curricular como miembro del curso de Estructuración Docente del curso de Enfermería en el período de 2010 a 2019. **Resultados:** se definió que el curso de Enfermería debería ser ofertado en dos ciclos, a saber: el primero la formación en el Bachillerato Interdisciplinario en Salud, que consta de módulos de formación general y básica, y el segundo ciclo la formación específica en Enfermería, con módulos de contenido profesional. **Conclusión:** se señala que la reformulación curricular no es una tarea fácil, ya que, en este camino, muchos fueron actores y los debates / enfrentamientos ideológicos, epistemológicos, de mercado y político-institucionales, con la intención y la conducción de decisiones. **Descriptores:** Educación en Enfermería; Educación Universitaria; Plan de Estudios; Universidad; Formación Profesional; Enfermería.

^{1,2}Federal University of Recôncavo da Bahia (UFBA). Santo Antônio de Jesus (BA), ¹<https://orcid.org/0000-0003-0614-9183>
²<https://orcid.org/0000-0002-5972-2871>

How to cite this article

Rodrigues US, Rodrigues EP. Curricular reformulation process in cycles in nursing. J Nurs UFPE on line. 2020;14:e242765 DOI: <https://doi.org/10.5205/1981-8963.2020.242765>

INTRODUCTION

It is understood that the model of training in cycles is one of the alternatives to respond to the curricular guidelines of Nursing¹ with a student profile capable of articulating knowledge from different fields of knowledge through teaching, research and extension, able to continuously learn, understand and critically analyze scientific knowledge with a sense of responsibility, citizenship, commitment and ethics for health work. It is revealed that, in this context, the Structuring Teaching Nucleus (STN) of the Nursing Undergraduate Course at the Federal University of Recôncavo da Bahia (UFRB) has been experiencing the curriculum reform process since 2010, when the action of thinking about a new cycle-oriented training logic.

It is noted that the first group of Nursing joined UFRB in the second semester of 2006, with the curricular matrix of the Federal University of Bahia (UFBA), after the public examination and the possession of teachers for the Nursing course and, in 2008, the curriculum matrix was reformulated.² In 2009, in a movement to restructure the Health Sciences Center (HSC), the Interdisciplinary Bachelor of Health (IBH) course was the result of a commitment assumed by UFRB when it joined the Program of Health in 2007 Support for Federal Universities Restructuring and Expansion Plans (Reuni),³ whose primary objective was to expand access to and stay in higher education.

It is clarified that the course structure in the 1st cycle is developed through the Interdisciplinary Bachelor of Health course, with 1,343 hours / class of mandatory subjects, 1,088 hours/class of optional subjects and 100 hours of complementary activities. It is detailed that, for the 2nd cycle, which is the professional, referring to the Bachelor of Nursing, the course will have 1,428 hours/class of mandatory subjects, 68 hours/class of optional subjects and 50 hours of complementary activities and 1020h of mandatory internship, totaling the total course load in the 1st and 2nd cycles of 5,097 hours/class, with the curricular integration between the 1st and 2nd cycles computing the minimum time of 5.5 years; average time of seven years; maximum time of nine years, and the graduate student will have two degrees: Bachelor of Health and Bachelor of Nursing.⁴

It is noteworthy that the differential in the cycle model adopted by the Health Sciences Center (HSC) of UFRB for the Nursing course is not only in the curricular architecture, but also in the admission, because, after opting for the Nursing course via the Unified Selection System (Sisu), the student must necessarily take the first training cycle during the first three years, which is the Interdisciplinary Bachelor of Health (IBH).

During the first cycle, the student is offered the

opportunity to learn about a university format that is not reduced to preparing for a profession, as students have the opportunity to immerse themselves in the field of health in the cities that make up the recôncavo Baiano and actively contribute to the implementation of social policies through the extension and research activities that are inherent to the IBH modules. In addition to the general training, it is set out in the 1st training cycle,⁵ by UFRB, its presence in the region, fulfilling its integrating mission between academic knowledge/practice with the communities where it is circumscribed. International experiences in health education corroborate this model.⁶

It is noteworthy that the health field is standardized and regulated by public policies that are advancing in order to guarantee collective and integral processes, however, it is up to the academic sector to understand these regulatory impositions and translate these policies into pedagogical processes that allow new practices caregivers.^{7:329,8}

As a pedagogical option, in the 1st and 2nd cycles, a curricular architecture that provides the student with a dialogue between the university and social life, which stimulates the processes of knowledge construction through the adoption of an investigative behavior that favors reflection, associating theory and practice in operationalized teaching through Pedagogical Production Units that interrelate the modules of each semester through integrative seminars.

Overcoming a conception of the biomedical and technician model was gained in the work of curricular restructuring, "historically, professional training in health in Brazil is fragmented, hospitalocentric and biologist",⁹ therefore, "it is necessary to disentangle from principles rooted in the teaching model that, for many years, was based on the traditional method, centered on fragmented principles, focused on biological aspects and disease".¹⁰

When adopting the curriculum in the cycle regime, the aim is to provide the student with training that allows contact and reflection, since the first semester of the 1st cycle, with scientific, artistic, political and social issues, expanding his understanding of his role before contemporary society and his participation as a citizen.

It is known that it is a bold, innovative and entrepreneurial proposal because, in the UFRB curriculum, when entering the 2nd cycle, the Nursing student already has another training in health, and this imposed a transformation in the way of thinking about teaching in Nursing and sensitized the faculty to discuss and seek new teaching methodologies. In this way, a new training model is inaugurated by training in cycles with the entry mode via IBH, unprecedented in Brazilian Nursing.

It proved to be a challenging situation in the field of the training process. For this reason, the STN took a look at the principles that support and guide the training of nurses and bachelor in Health and sought to build a curricular architecture in line with social and health needs where graduates are able to respond to the demands of the Unified Health System (UHS), always respecting the principles of ethics and legality in the exercise of the profession. It is noteworthy that educators have the mission and commitment to never forget, on behalf of those who graduate, a nursing professional: “we trained for UHS. What professional to train? What place to occupy? What alliances to enter into? We need to preserve what was already dear to us: training focused on the UHS, to meet social health needs”.¹¹

It is revealed that, before switching to training in cycles, the curriculum of the Nursing course at UFRB was structured in curricular components that, in the first three semesters, concentrated the disciplines of the basic cycle and the humanities area without contact with the nursing professors. and professional components; thus, only after the subsequent periods, students performed activities in practice scenarios linked to the disciplines of the professional cycle; such formatting in the curriculum design ratified a fragmented teaching between knowledge with the dissociation between the theoretical and practical fields of Nursing.

It is stated that the importance of student interaction with the population and with health professionals must occur from the beginning of the training process, providing work on real problems and assuming growing responsibilities.¹²⁻³

OBJECTIVE

- To report the experience of the curriculum reformulation process of the Nursing course in the format of training cycles.

METHOD

It is a qualitative, descriptive study, type of experience report, in which the experience in the curricular reformulation is shared as a member of the Structuring Teaching Nucleus of the Nursing course in the period from 2010 to 2019.

At first, a detailed study was carried out to understand the dynamics of the course's training cycle. For this, it was challenged to understand the IBH course in terms of functioning, modular dynamics, form of assessment and teaching methodology. Subsequently, a framework for the convergence of the components offered in Nursing was elaborated and that the IBH course already included in its curricular proposal. A study was also started on the contents worked in each semester of the Nursing course in order to detect overlaps, shading and the dynamics of the workload destined to each content. It was

concluded, at the end, that components such as Health Education, Public Health, Biostatistics, Anthropology, Sociology, Research Methodology, Epidemiology, Health Policies and components of the basic area were already worked on in the IBH in an integrated modular format.

In the second moment, the survey, appropriation and discussion of documents on training models in Higher Education were carried out by means of all the institutional regulations referring to the Nursing and IBH courses, both within the scope of UFRB and the Ministry of Education.

In a third moment, a survey was started in search of articulations in the Knowledge Areas, specifically Humanities, Basic Health Sciences and Collective Health, led by the HSC Teaching Management, to characterize all the curricular components allocated in the respective areas as to the purpose, objectives and content. This work was carried out through internal workshops in the areas, with the goal of verifying shadows, overlaps, gaps and, also, the possibility of a restructuring of the offer of curricular components as a way to improve the relationship of time of completion after joining the terminality in the Nursing course. These workshops also promoted a fundamental movement regarding the thinking of the curriculum in the sense of the teachers' reflection on the components taught in view of the whole curriculum of HSC courses. At the end of the workshops, a document entitled “Detailed Report of the Knowledge Areas” was produced, containing the results of the analysis and suggestions of curricular components common to the HSC, Nursing, Psychology, Nutrition and Medicine courses.

It is noteworthy that the studies carried out by the areas of knowledge (Public Health Area, Health Care Practices Area, Humanities Area and Basic Health Sciences Area) were the pillars that outlined and guided the entire process of reformulation and restructuring curriculum. In addition, it became possible to adopt a modular structure based on training cycles.

It was found, in a fourth moment, that it would be possible, from the IBH curriculum matrix, not only to opt for a new training model, but also to enter the HSC courses, because there was similarity in the general and basic training of nurses with the IBH curriculum proposal. That said, the STN of Nursing turned to reconnect with the IBH to understand how to take a training course in cycles in an unprecedented logic for Brazilian Nursing.

A path of internal discussions and documentary analysis was traced, including with the IBH STN and the areas of knowledge, and in the end, in a fifth moment, the Nursing STN outlined the formative itinerary that the student must follow in

the first cycle and that has content directly related to the profession. The modules are made up of components from the basic area concerning Morphofunctional Sciences and Biointeraction, in addition to themes related in a module on the Historical Foundations of Nursing, Ethics and Professional Practice and, finally, on the specific axis corresponding to the last semester of the IBH, the Theoretical and Technical Foundations module for Nursing Care I.

The training itinerary was built and, subsequently, in a sixth moment, he dedicated himself to the organization of the components for the 2nd cycle, taking care to follow the logic of the IBH curriculum architecture, which is the articulation of different integrative axes in modules and knowledge nuclei and it was decided to organize them based on the life cycle divided into Pedagogical Production Units (PPU), integrated by guiding axes and based on Nursing Theories.

1st PPU Human Being and Reality	2nd PPU Health, Culture and Society	3rd PPU Health and its Determinants	4th PPU Health and Quality of Life	5th PPU Health Systems and Policies	6th PPU Specific	
Reality appropriation processes I (68h)	Reality appropriation processes II (68h)	Reality appropriation processes III (119h)	Reality appropriation processes IV (68h)	Reality appropriation processes V (68h)	Optional Theoretical and technical foundations for nursing care I (153h)	09
Diversities, culture and ethnic-racial relations (68h)	Culture and Society (68h)	Health Situation (68h)	Health, Care and Quality of Life (68h)	State and Health Policies (68h)	Optional Morphofunctional Sciences IV (102h)	10
Knowledge science and reality (102h)	Studies in collective health (85h)	Optional 02 Morphofunctional sciences I (119h)	Optional 04 Morphofunctional sciences II (102h)	Communication and health (68h)	Optional Biointeraction III (119h)	11
University, society and environment (68h)	Biociências (85h)		Optional 05 Biointeraction I (51h)	Optional 07 Morphofunctional sciences III (102h)		
Laboratory for reading and producing academic texts (68h)	Optional 01	Optional 03 (68h)	Optional 06 Historical foundations and the professional practice of Nursing (68h)	Optional 08 Biointeraction II (136h)		
	English language laboratory I (34h)	English language laboratory II (34h)	English language laboratory III (34h)	English language laboratory IV (34h)		
374 h	408h	408h	391h	476h	374h	
901h Basic	442h General training	136h Optional	952h Formative Itinerary	100h Additional activities	1st Cycle Hours = 2.531h	=
Curricular components - NUVEM		IBH curriculum components		Curricular components of the Specific Training Itinerary for Nursing		

Figure 1. Curricular matrix of the Interdisciplinary Bachelor of Health, Health Sciences Center, Federal University of Recôncavo da Bahia. Santo Antônio de Jesus (BA), Brazil, 2019.

RESULTS

It was possible to verify the feasibility of changing the PPC to offer modules and training cycles. In 2012, it was approved by the Directing Council of the Health Sciences Center (HSC), of which the nursing collegiate is part, the cycle regime, the first cycle being offered in the Interdisciplinary Bachelor of Health (IBH) modality, and the second cycle aimed at offering vacancies in specific training in the following professional areas: Nursing, Nutrition, Medicine and Psychology, with admission through the Unified Selection System (SISU).

The offer of vacancies began in the format of training cycles and the student, after completing

the IBH, submitted to an internal selection process to enter the 2nd cycle course, however, the option adopted caused the emptying by not looking for students for the 2nd cycle courses because students opted for the medical course. It was decided, after discussions in the Center Council and the academic community, that the candidate should choose the 2nd cycle course via SISU. This culminated, after ten years of intense debates and work, in the approval of the Nursing PPC in 2018 in the form of training cycles.⁴

It was defined that the Nursing course should be offered in two cycles, the first being training at IBH, which consists of general and basic training modules, and the second cycle, specific training in Nursing with modules with professional content.

Please be informed that in order for the student to graduate from the 1st cycle to be admitted to the 2nd cycle for the Nursing Course, it is mandatory to complete the IBH course.

In the 1st cycle, in addition to the training itineraries, there is a workload for elective components, freely chosen by the regular student, for the purposes of cultural enrichment, deepening and / or updating specific knowledge, in order to complement academic training and provide a range of possibilities to allow knowledge in different areas and obtain a diversified university education.

It is based, in the curricular reformulation, the teaching-learning process in the training of nurses in guiding axes and each axis is formed by Integrated Content Modules with emphasis on the life cycle in the form of Interdisciplinary Modules (set of multidisciplinary information with a multifocal approach of themes) where each module works with the life cycle and at all levels of health care.

It is then described how the Pedagogical Production Units (PPU) were organized per semester in the second training cycle. The 7th Pedagogical Production Unit (PPU) corresponds to the 1st semester of the 2nd cycle, which has, as the guiding axis, integrating policies and practices and includes the modular components: Theoretical and technical foundations for nursing care II; Nursing in mental health care I and Nursing in public health care; Nursing in health care for women and newborns and Health care policies for adults / elderly people, in addition to the integrative seminar and an optional component. It should be added that, in this PPU, the student will have the opportunity to learn about nursing care practices and the multidisciplinary team in primary care, in hospital units and in specialized care. It should be noted that, in the 1st training cycle, the student worked in primary care, but did not focus on specific Nursing practice.

It is pointed out that, in the 8th PPU, there is the 2nd Guiding Axis, called Clinical-Surgical Approach in the Vital Cycle I, composed of the modules: Planning and administration in health services I; Nursing in adult / elderly health care I: clinical approach; Nursing in mental health care II; Nursing in child and adolescent health care; Nursing in women's health care and the integrative seminar. It is described that, in this axis, the student has the opportunity to carry out care practices at all levels of health care in the area of children, adolescents, adults / elderly and women (collection of preventive, family planning, prenatal care, childbirth, joint accommodation, violence against women), completing the entire cycle of care for women at all levels of health care, in addition to the process of administering health services and clinical nursing care. Thus, the

practice settings were defined as basic health units, schools and hospital networks that have the service offered to the population in the care of pregnant women, joint accommodation and a human milk bank.

It should be noted that, in the Nursing module in child and adolescent health care, the student studies in the area and has the opportunity to take care, through the practice of Nursing consultation, of growth and development in basic health units, in the school environment, and can develop health education activities where he works with themes such as violence, vulnerabilities and risk situations to which children and adolescents are exposed, among others.

In the 9th PPU, there is the 3rd Guiding Axis, Clinical-Surgical Approach in the Vital Cycle II, composed of the module Planning and Administration in Health Services II, Nursing in Health Care for the Adult / Elderly Person II: Surgical approach, which has a focus on adult / elderly care hospitalized in surgical units, in addition to specific patient care during the perioperative period. An optional component and an integrative seminar are also included in this PPU.

Nursing was integrated in the care of urgencies and emergencies in the 9th PPU, referring to Nursing actions in the care of adults in serious situations, therefore, it is predominantly specialized care in hospital units in the emergency and Therapy Units Intensive, in addition to the pre-hospital care provided by the Mobile Emergency Service (MES) and the Emergency Care Unit (ECU). It is pointed out that, although it has a character of assistance to the patient in a serious situation, the module also develops health promotion and disease prevention actions, in addition to developing extension actions for first aid guidelines in schools, basic health units and in the community.

The integrative seminars at PPU 7 and 9 are identified. These must be planned throughout the academic semester by the teachers who make up the PPU and the students enrolled in the modules.

Students must conclude an Undergraduate Thesis (UC), in three stages, at PPU 9th, 10th and 11th. The UC is characterized by an academic activity developed autonomously and its format is provided in the form of a scientific article whose product should represent the unfolding of a scientific reflection about an object in the field of Nursing Sciences and its interfaces.

Supervised Curricular Internships with an emphasis on Primary Care and Hospital Care were allocated to the 10th and 11th PPUs, respectively. At the internship opportunity, the student should perform the necessary skills for nursing actions in both fields, considering the knowledge acquired during the course; thus, it should plan, develop

and evaluate nursing actions based on the profession's technical-scientific, ethical and legal

standards in the areas of management and health care of individuals and groups in inpatient clinics.

7th PPU / 1st Guiding Axis Integrating Policies and Practices	8th PPU / 2nd Guiding Axis Clinical-surgical approach in the Vital Cycle I	9th PPU / 3rd Axis of Guiding Clinical-surgical approach in the Vital Cycle II	10th PPU / 4th Guiding Axis internship - Community Area	11th PPU / 5th Guiding Axis internship - Hospital Area
Theoretical and technical foundations for nursing care II (136h)	Planning and administration in health services I (85h)	Planning and administration in health services II (85h)	Supervised internship with emphasis on primary care (510h)	Supervised internship with emphasis on hospital care (510h)
Nursing in public health care (153h)	Nursing in adult / elderly health care I: clinical approach (153h)	Nursing in health care for the adult / elderly person II: surgical approach (153h)	UT II (17 h)	UT III (17 h)
Nursing in mental health care I (68h)	Nursing in mental health care II (85h)	Nursing in urgencies and emergencies (136h)		
Nursing in health care for women and newborns (68h)	Nursing in child and adolescent health care (102h)			
Health care policies for adults and the elderly (34h)	Nursing in women's health care (85h)	Integrative seminar II (17h)		
Integrative seminar I (17h)		UT I (17h)		
Optional 01 (34h)		Optional 02 (34h)		
510h	510h	442h	527h	527h
1.377h Specific training	51h Undergraduate Thesis	68h Optional	50h Additional activities	1.020h Mandatory Curricular Internship
Required Components		Optional Components		Internship
Total Hours of the 1st + 2nd cycle:				5.097h

Figure 2. Curricular matrix of the Interdisciplinary Bachelor of Health, Health Sciences Center, Federal University of Recôncavo da Bahia. Santo Antônio de Jesus (BA), Brazil, 2019.

DISCUSSION

Interdisciplinary Bachelor's (IB) configurations are configured as "training programs at a general level of graduation, leading to a diploma, organized by large areas of knowledge".¹³ These courses are characterized by the first cycle of university education in which "skills and attitudes, transversal to technical competences, combined with general training with strong conceptual, ethical and cultural bases would assume the academic centrality of the programs".

In the second cycle of university education, in the case of Nursing, it focuses on professional training in specific areas of knowledge. Thus, in the organization of the integrative axes of the course, actions and studies, as well as current data and knowledge are integrated into a coherent whole. In addition, by educating, through the selection and implementation of teaching strategies that integrate the axis, an expanded view is allowed.

The modular system for offering curricular components was adopted, assuming the Pedagogical Production Unit (PPU) nomenclature, to represent the dynamic articulation between thematic axes articulating curricular modules /

components in each PPU that makes up the second professional training cycle in Nursing. This whole process is analyzed and evaluated every semester, in its suitability, relevance and adaptability, which allow the ratification or rejection of proposals and the elaboration of solutions to problems identified through analysis of the results.

In the PPC, a strategy for organizing knowledge and building modules is assumed, which are proposed to students at the beginning of each learning stage, in addition to defining actions, commitments and ways of facing the challenges present in the process of apprehending proposed knowledge.

In the integrative seminar, actions and studies are proposed that will be systematized based on the modules that make up each PPU and that aim to integrate and systematize knowledge related to the themes of the modules; in addition, the selection and implementation of teaching strategies that integrate the axis will allow, to the student, an expanded view with the possibility of working with extension and research integrated with teaching activities.

At the beginning of each semester, topics to be worked on collectively and in a way that integrates

the modules are discussed between teachers and students who are part of the PPU. Actions, commitments and ways of facing the challenges present in the process of apprehending the proposed knowledge are also defined and, in order to achieve the objectives, multiple methodologies are used.

Operacionalizam-se, no decorrer dos semestres, atividades conjuntas para que haja a efetivação da integralidade curricular. Podem-se priorizar, para tal, a cada semestre, temas que envolvam os professores e estudantes para um trabalho em comum que poderá ser apresentado ao final de cada período letivo em formatos variados (simpósios, seminários, jornadas, dentre outras modalidades de comunicação).

It is noteworthy that the modular integration work has as its basic principle to attend the process of curricularization of the extension in the Nursing course, the payment of, at least, 10% of the total curricular credits required in undergraduate courses, through programs and extension projects in the area of social relevance.

Complementary course activities (CCA) are encouraged, which are mandatory and aim to expand students' knowledge of their professional training through the search for new learning opportunities, in addition to the components of the curriculum structure established by the course.

Complementary activities are considered as a mechanism for taking advantage of studies and experiences carried out by the academic with a view to complementing the curricular integration, and must be paid over the course of the course, provided that the rules and deadlines of the institution are complied with for the fulfillment of such activity. Provision should be made for the inclusion of activities of a scientific, cultural and academic nature, enriching the educational process of the student as a whole, with a view to expanding his cultural universe and diversifying educational spaces.

It is believed that the curricular restructuring process is in line with the Higher Education restructuring movement and the UFRB Institutional Development Plan, which established as principles that guide teaching actions: commitments to the environment, to the cultural of Recôncavo, with a humanistic training of its students, with flexible curricula, autonomy to learn, articulation between the fields of knowledge and updating.

CONCLUSION

It is said that experiencing a curriculum reformulation process is not an easy task, since, along this path, many were actors and the ideological, epistemological, market and political-institutional debates / clashes that marked the

work, intending and driving decisions.

It is pointed out that the curriculum reformulation process took place in a climate of internal and external pressure, generating doubts and uncertainties that were, in a way, taken up as challenges in order to propose more updated and innovative curricular configurations that insert the Nursing course of the CCS / UFRB at the forefront of health training on a cycle basis. It is now necessary to integrate the 2nd cycle courses (Nursing, Nutrition, Psychology, Medicine) in a transdisciplinary logic.

The paradigmatic rupture of the health model centered on disease is confronted by adopting the cycle regime, the first cycle being represented by a general formation in Health, IBH, as a political-educational pillar in health to advance in the promotion and guarantee of a training capable of meeting the expansion of social health needs; that it is human and technically competent, in the sense of forming a new profile of care professionals based on renewed principles, values, methods and practices; prepared for the contemporary and future conjuncture; engaged in strengthening the UHS and sensitive to building a world in which the principles of ethics and solidarity prevail.¹⁴ It is added, therefore, that "The curricular structure must lead the student to understand health beyond the health-disease process so that he undertakes to build it as a social project".¹⁵

In the second cycle, professional aspects of the Nursing course are contemplated, in the wake of innovative training, envisioning technical-scientific training and ethical-political commitment with aspects related to the valorization and defense of life. Thus, it is possible for the future professional to develop their work process in a critical and reflective way, valuing interdisciplinarity and humanistic aspects, in addition to providing resolute health services aimed at the population's health needs. Through various teaching methodologies, the active methodology is sought, so that the nurse from UFRB contributes to the repositioning of the professional in face of their own practice, using, in their daily work, Nursing theories and process to guide the care provided to human beings.

REFERENCES

1. Ministério da Educação (BR), Conselho Nacional de Educação, Câmara de Educação Superior. Resolução CNE/CES nº. 3, de 7/11/2001. Institui Diretrizes curriculares nacionais do curso de graduação em enfermagem [Internet]. Brasília: Ministério da Educação; 2001 [cited 2019 June 15]. Available from: <http://portal.mec.gov.br/cne/arquivos/pdf/CES03.pdf>

2. Ministério da Educação (BR), Universidade Federal do Recôncavo da Bahia. Projeto Político Pedagógico do curso de Enfermagem [Internet]. Santo Antônio de Jesus: Ministério da Educação; 2008 [cited 2018 Aug 10]. Available from: <https://www.ufrb.edu.br/ccs/images/AscomCCS/DOCS/PPCEnfermagem.pdf>

3. Presidência da República (BR), Casa Civil, Subchefia para Assuntos Jurídicos. Decreto nº 6.096, de 24 de abril de 2007. Institui o Programa de Apoio ao Plano de Reestruturação e Expansão das Universidades Federais - REUNI [Internet]. Brasília: Ministério da Educação; 2007 [cited 2018 Aug 10]. Available from: http://www.planalto.gov.br/ccivil_03/_Ato2007-2010/2007/Decreto/D6096.htm

4. Ministério da Educação (BR), Universidade Federal do Recôncavo da Bahia, Conselho Acadêmico. Resolução nº 12/2019. Aprova reformulação curricular do Projeto Político Pedagógico de Criação do curso de Bacharelado em Enfermagem da Universidade Federal do Recôncavo da Bahia (UFRB) [Internet]. Cruz das Almas: Ministério da Educação; 2019 [cited 2019 Aug 10]. Available from: https://ufrb.edu.br/soc/components/com_chronoforms5/chronofoms/uploads/documento/20190710152307_140900.PDF

5. Universidade Federal do Recôncavo da Bahia. Projeto Pedagógico do Bacharelado Interdisciplinar em Saúde [Internet]. Cruz das Almas: UFRB; 2016 [cited 2018 AUG 10]. <https://www.ufrb.edu.br/ccs/images/AscomCCS/BIS/PPC/2019/PPC-BIS---2017.pdf>

6. McDermott-Levy R, Leffers J, Mayaka J. Ethical Principles and Guidelines of Global Health Nursing Practice. *Nurs Outlook*. 2018 Sept; 66(5):473-81. DOI: [10.1016/j.outlook.2018.06.013](https://doi.org/10.1016/j.outlook.2018.06.013)

7. Chaves SE. Macropolitical and micropolitical movements in the undergraduate teaching on nursing. *Interface comun saúde educ*. 2014 Apr/June;18(49):325-36. DOI: [10.1590/1807-57622013.0715](https://doi.org/10.1590/1807-57622013.0715)

8. Besley T. Theorizing Teacher Responsibility in an Age of Neoliberal Accountability. *Beijing Int Rev Educ*. 2019 Mar; 1(1): 179-95. DOI: [10.1163/25902547-00101013](https://doi.org/10.1163/25902547-00101013)

9. Moraes BA, Costa NMS. Understanding the curriculum the light of training guiding health in Brazil. *Rev esc enferm USP*. 2016 June;50(Spe):9-16. DOI: [10.1590/S0080-623420160000300002](https://doi.org/10.1590/S0080-623420160000300002)

10. Peres CRFB, Marin MJS, Soriano ECI, Ferreira MLSM. A dialectical view of curriculum changes in nursing training. *Rev Esc Enferm USP*. 2018 Oct/June;52:e03397. DOI: [10.1590/s1980-220x2017038003397](https://doi.org/10.1590/s1980-220x2017038003397)

11. Santos JC, Sordi MRL. The professional training in nursing between profitability and quality: strategies of resistanc. *R Enferm UFJF*.

2018 July/Dec;4(2):157-62. DOI: [10.34019/2446-5739.2018.v4.14029](https://doi.org/10.34019/2446-5739.2018.v4.14029)

12. Mattia BJ, Kleba ME, Prado ML. Nursing training and professional practice: an integrative review of literature. *Rev Bras Enferm*. 2018 July/Aug;71(4):2039-49. DOI: [10.1590/0034-7167-2016-0504](https://doi.org/10.1590/0034-7167-2016-0504)

13. Vila V, Zhuang J, Tan E, Thorne S. Reflections on Nursing Educational Advancement Within Diverse and Evolving National Cultural Contexts. *Int J Nurs Educ Schol*. 2018 Apr;15(1). DOI: [10.1515/ijnes-2018-0017](https://doi.org/10.1515/ijnes-2018-0017)

14. Ministério da Educação (BR), Secretaria de Educação Superior. Referenciais orientadores para os Bacharelados Interdisciplinares e Similares das Universidades Federais [Internet]. Brasília: Ministério da Educação; 2010 [cited 2018 Aug 10]. Available from: <http://reuni.mec.gov.br/images/stories/pdf/novo%20-%20bacharelados%20interdisciplinares%20-%20referenciais%20orientadores%20-%20novembro%2010%20brasilia.pdf>

15. Barbosa LR, Cavalcante MBG, Pereira LL. Challenges experienced by teachers in teaching management skill. *Rev Cubana Enferm* [Internet]. 2018 [cited 2018 Sept 20];34(1). Available from: <http://revenfermeria.sld.cu/index.php/enf/articloe/view/1267>

Corresponding author

Urbanir Santana Rodrigues
Email: urbanir@gmail.com

Submission: 2019/09/22

Accepted: 2020/12/12

Copyright© 2019 Journal of Nursing UFPE on line/JNUOL.

 This is an Open Access article distributed under the terms of the [Creative Commons Attribution-ShareAlike 4.0 International License](https://creativecommons.org/licenses/by-sa/4.0/). This license lets others distribute, remix, tweak, and build upon your work, even commercially, as long as they credit you for the original creation. Recommended for maximum dissemination and use of licensed materials.