ABSTRACT

Objective: to report on the perception of professors involved in the teaching-service integration process experienced during the implementation of the discipline Supervised Curricular Internship I in Nursing for Family Health Teams. Method: this was a descriptive case report study including five professors from the Undergraduate Nursing School at the Bahia Southwestern State University developed in five Family Health Teams, from February to October of 2011. Results: the integration between academics and workers in Family Health Teams made it possible to meet the social determinants of health that interfere in the health-disease process and guide the production of care; however, we observed the fragility in the efficaciousness of the users' health needs, in reference and counter-reference effectiveness, and inter-sector articulation. Conclusion: this experience contributed to the approximation of the theory-practice in the training of nursing academics and skills development that meet the demands of an integral production of care.

Descriptors: Nursing; Family Health; Teaching.

RESUMO


RESUMEN

Objetivo: presentar el estudio sobre la percepción de las docentes envueltas en el proceso de integración enseñanza-servicio, ocurrida en la implementación de la asignatura Pasantía Curricular Supervisada I de Enfermería en Equipos de Salud Familiar. Metodología: estudio descriptivo, con relato de experiencia de las cinco docentes del Curso de Grado en Enfermería de la Universidad Estadual do Sudoeste da Bahia, desarrollado en cinco Equipos de Salud Familiar, en el período entre febrero y octubre de 2011. Resultados: la integración entre académicos y trabajadores de los Equipos de Salud Familiar hizo posible conocer los determinantes sociales de salud que intervienen en el proceso salud-enfermedad y guían la producción de la atención. Sin embargo, observamos la debilidad en la resolutividad de necesidades de salud de los usuarios, de la eficacia de referencia y contrarreferencia y de la articulación intersectorial. Conclusión: la experiencia contribuyó para la aproximación de la teoría-práctica a la formación de los académicos de enfermería y al desarrollo de las habilidades que atiendan las demandas de la producción integral del cuidado. Descriptores: Enfermería; Salud Familiar; Enseñanza.

1RN, Professor, Master degree in Nursing and Health, Undergraduate Program at the Nursing School, UESB / Jequié Campus. Jequié (BA), Brazil. E-mail: fpsantos@uesb.edu.br; 2RN, Professor, Master degree in Collective Health, Undergraduate Program at the Nursing School, UESB / Jequié Campus. Jequié (BA), Brazil. E-mail: maristellamenezes@hotmail.com; 3RN, Professor, Master degree in Nursing and Health, Undergraduate Program at the Nursing School, UESB / Jequié Campus. Jequié (BA), Brazil. E-mail: avsimoes@uesb.edu.br; 4RN, Professor, Master degree in Nursing and Health, Undergraduate Program at the Nursing School, UESB / Jequié Campus. Jequié (BA), Brazil. E-mail: dmnsampaio@hotmail.com; 5RN, Professor, Master degree in Collective Health, Undergraduate Program at the Nursing School, UESB / Jequié Campus. Jequié (BA), Brazil. E-mail: vprodrigues@uesb.edu.br
INTRODUCTION

The teaching-service integration comprises the collective work between academics and professors from training courses in healthcare with healthcare workers, including managers, with the purpose of ensuring quality in health care, professional training, and development/satisfaction of workers in health teams. Therefore, there is a need to encourage reflection and transformation of relations between education and health services through changes in the training of health professionals seeking to articulate different real-life scenarios and production of care service.¹

The National Curriculum Guidelines for the undergraduate education in Nursing define that the formation of a nurse must meet the social needs for health, with emphasis on SUS, ensuring the integrality of attention, quality, and humanization of care.² Corroborating with the Ministry of Education, Sampaio and Cadete³ bring the need of a generalist, humanist, critical, and reflective formation that meet the four philosophical pillars in the guidelines. They are: learning to know, learning to do, learning to live together, and learning to be.

The training in the health sector aims to meet the demands of SUS, therefore, it must seek the transformation of professional practices and organization of work and structure from the problematization of the work process and its ability to accommodate and provide care considering the various dimensions and health needs of users from the integrality in health care and management of services and systems.⁴ With that, health services become privileged spaces for dialogue between work and education to help academics understand the interfaces present in the production of care based on the model of health care, centered in the user, encouraging community participation and social control, in a perspective of Teaching-work and citizenship.¹

Thus, universities play an important role in reformulating the process of training and professional practice in health, which contributes to the formation of new professionals who are in line with the health policies and reorganization of health services as well as contribute supporting the cultural-political project of the Health Reform.⁵ Consequently, the Undergraduate Nursing School from the Bahia Southwestern State University (UESB) aims to form the professional nurse with an emphasis on technical, epidemiological, bioethics, and politics skills in the perspective of supporting the health demands and needs of the population.⁶

The construction of the acting, learning, and doing in Nursing goes beyond the theoretical and practical knowledge and considers the interaction of knowledge between professors, academics, and health workers; thus, the teaching and learning have meaning for all involved in the process of teaching-doing in nursing in the different scenarios of the nursing practice.⁷ Therefore, the articulated work between the health system and training institutions evidencing the training in the health sector as the construction of education in service/permanent education in health, is configured as a strategic action proposal to transform the organization of services, training processes, and health and pedagogical practices, which implies in quality of care produced for users from the theory/practice integration.⁸

This study aims to report on the perception of professors involved in the teaching-service integration process experienced during the implementation of the discipline Supervised Curricular Internship I in Nursing in Family Health Teams.

METHOD

This was a descriptive case report study including five professors of the discipline Supervised Curricular Internship I, taught in the eighth semester of the Undergraduate Program of the Nursing School at the Bahia Southwestern State University (UESB). This Higher Education Institution (IES), in partnership with the Municipal Health Secretary of Jequié-BA, establishes a cooperation program that is conducive to the integration between the teaching-service with the involvement of nurses in the unit as a possibility of construction of knowledge from a concrete reality of health services.

The internships for this discipline are conducted semi-annually over 315 hours of work load in the ESFs. The monitoring and supervision are developed by five professors from UESB, who act as advisors, and are allocated in five ESF, respectively.

The groups are formed of five or six academics with one nurse; they participate in the recognition activities and cartography preparation as well as nursing consultations to various population groups, educational activities through the waiting room, workshops in groups of pregnant women, the elderly, mothers, and teenagers, and
pedagogical workshops for nursing assistants, members of the Local Health Boards and Community Health Agents (ACS).

CASE STUDY

The discipline Supervised Curricular Internship I provides the development of skills and competencies based on a critical and reflexive conception of health care. Thus, the teaching-service integration presents itself as a strategy of refocusing on the academic training providing meaningful learning for an effective articulation between theory and practice, enhancing the curriculum development and enabling a space for reflection on solutions for the real health problems found in the services. Under this perspective, we present this case report in two main themes:

- The insertion of the nursing academic in the dynamics of health services
- The integration between nursing academics and Family Health workers.

Theme I - The insertion of the nursing academic in the dynamics of health services

The reality experienced in the health services becomes a reference for learning and the construction of knowledge pervades the experience and critical observation of reality, which enhances the production of 'senses' capable of generating 'the uncomfortable', and consequently, producing changes and transformations. With this, it was possible to notice that the insertion of nursing academics in the Family Health Units (USF) allowed them to experience in practice the dynamics of the health services in the context of SUS, which contributed to their professional training seizing skills and managerial, assistential, policy, and educational competencies.

The daily experienced and shared experiments in the health units contributed to boost the critical reflection of the actors involved in the process of work with a view to enhancing the technical-scientific and subjective aspects that permeate the health care. Thereby, we believe that the professional involvement with academics develops a perception about their insertion in the context of SUS that is pertinent, from a critical, reflective, and dialogic stance of the different situations that happen in the everyday life of health services, with a view to achieving production of integral care.

Regarding the managerial skills, the academics sought to develop an integral and its epidemiological profile. This period was important for the adaptation to the unit’s routine, organization and operation of services, enabling them to identify problems to be discussed in the Intervention Plan, drawn up at the beginning of the internship and implemented in the course of it, aimed at the optimization of actions and services provided at the unit. In addition, the academics consolidated the data from the SSA2 and PMA2 reports that are part of the Basic Attention Information System (SIAB), which are valuable instruments for the evaluation of productivity and health conditions of communities enrolled in each Family Health Team.

The SIAB is a valuable surveillance instrument for providing a glimpse into the individual within his context by identifying his needs/health problems; but also by providing a glimpse into the social corpus in which the emphasis is in the collective/community. The academics also performed Internal Communications (IC) to the Municipal Health Secretary, assistance in the reception area sorting charts, scheduling medical and nursing consultations, and participating in team meetings.

Regarding assistance skills, the nursing academics sought to develop an integral assistance (health promotion and protection, prevention of diseases, treatment, rehabilitation, and maintenance of health) to different population groups such as the Adult and Elderly Health Care in registration and monitoring hypertension and diabetes (HIPERDIA), in the services of Attention to Children’s Health, and Attention to Women’s Health with Prenatal care, Family Planning and Prevention. The outreach activity of home visits also consists in assistential activity, which is implemented by the academics in the presence of the ACS, as a device for an extended health vision allowing the production of an integral care in the family context. This activity is planned in advance by the interns along with the Community Health Agents (ACS), selecting care priorities in general to bedridden users, pregnant women, puerperae, newborns, and absentee users. This represents an opportunity for exercising political actions in order to visualize the existing equipment in the community that could be used to resolve health needs.

Health professionals need to be alert to identify problems and/or health needs that emerge from the reality, in order to discuss, talk, and analyze the possible social determinants of health and capture social, political, economic, and spiritual relations...
that are related, from technical and scientific knowledge that will subsidize the elaboration of strategies that contemplate the concrete resolution of the identified reality.  

Aiming at the integrity of the population health care, the academics elaborated and carried out educational activities and workshops, both in the Health Unit and neighborhood schools where users and health workers were the target audience for relevant themes. However, Sampaio and Cadete\(^3\) draw attention to the use of educational practices that help in the subject’s autonomy formation.

The observation that the theoretical and scientific knowledge was related to the practice occurred during the internship through the developed actions recognizing the limitations and potentials that nurses might come across in their performance in the Family Health Strategy in which we witness the dynamics, the needs of the enrolled population, difficulties imposed by the system, and all its variables.

Since the decade of 1960, the need to position education as a tool for awareness, liberation, and transformation have been emphasized. Therefore, in the delineation of the learning process, the pedagogical relationship must be designed as a social practice\(^4\), which establishes relations between academics, professors, health workers, and users of health services to promote an interface between education and health services.

- **Theme II - The integration between nursing academics and Family Health workers**

The SUS has been built permeating bases of multiplicities of knowledge, actions, techniques, and policies while building various scenarios that are also rich in references that constitute viable fields for the formation of certain technical-assistential model \(^5\) that will influence the process of training health workers.

Thus, during the internship, we realized that the integration between nursing academics and ESF workers allowed the knowledge of the social health determinants that interfere in the health-disease process and guide the production of care. However, we observed the fragility in the efficaciousness of the users' health needs, in reference and counter-reference effectiveness, and inter-sector articulation. In addition, the discipline Supervised Curricular Internship I allowed the academics to have a close relationship with the community and provided an experience of teamwork. We understand that the health service is not hostage to one area of professional activity but goes further and runs by a multidisciplinary performance in which it encompasses various levels of knowledge for the implementation of inter-disciplinarity in health services.

The academics have also contributed with the reorganization of some sectors and with permanent education initiatives with the professional teams through workshops, trainings, and courses as a way to value their work and ensure an improvement in the quality of assistance provided to users.

In the context of the teaching-service integration, the articulation between theory and practice unifying professors, academics, and health workers with the central focus on the user allows this integration to happen effectively decreasing the dichotomy between teaching and health care production. Thus, the need of service professionals to feel a co-responsibility for the training of future professionals emerges at the same time that professors should be considered part of health services building learning spaces with the incorporation of professors and academics into the process of production of services, without mischaracterizing the nature of these real scenarios.\(^6\)

The spaces where dialogue is established between work and education are a privileged place for the perception that the student develops about the other in the everyday life of care. These are spaces of citizenship, in which service professionals and professors, users and students, are establishing their social roles at the confluence of their knowledge, ways of being, and views of the world.\(^7\)

**CONCLUSION**

The completion of this study allowed the perception that the teaching-service integration can either offer guiding subsidies to the working process of family health teams or become an important tool for the training of nurses to promote strategies for changes in health services with an emphasis on integral care production closer to the health needs of users.

With this experience, we realized that the exchange of knowledge was permanent during this internship because the teaching-service integration was consolidated from the academic interaction with the concrete experience from the world of work and attention to the demands of health services.
users. With that, through a critical and reflective stance, we are driven to fight for a humanized health service that responds to the needs of their community, as well as quality education and commitment to society.

In addition, we realized that professors should encourage and facilitate the search process to discuss, question, listen, help each other to express themselves, and satisfy their aspirations, not establishing mechanized relationships without interaction, but based on dialogue and real approximation.

Hence, the teaching-service integration proposes articulations that involve training institutions and health services, which requires significant changes in the training of health professionals beginning with the need to change teaching models adopted in the process of formation. In this perspective, even in the face of limitations, it was possible to perceive that the academics were articulated together with workers from the Family Health Strategy (FHS) developing health actions aimed at health promotion, prevention, recovery, and rehabilitation of more frequent diseases and in the community, with an integral perspective, determined, continuous, and with quality.

References


12. Cavalcante RB, Pinheiro MMK, Guimarães EAA. Sistema de Informação da Atenção Básica...


