

The competencies of health professionals and the ministerial policies*

AS COMPETÊNCIAS PROFISSIONAIS EM SAÚDE E AS POLÍTICAS MINISTERIAIS

LAS COMPETENCIAS PROFESIONALES EN SALUD Y LAS POLÍTICAS MINISTERIALES

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ABSTRACT

In Brazil, nursing professionals are trained based on the perspective of professional competencies. The objective of this exploratory, descriptive study was to identify the critical-emancipator potential of the competency, as described by the Brazilian Ministries of Education and of Health. The sources used for data collection were the regulating documents of technical professional education of the referred Ministries regarding the years 1996 and 2006. Results showed that, for the Ministry of Education, the guiding principles of professional education are the demands of the working market; the idea of competency is supported on the constructivist perspective, highlighting personal features over their social dimension. For the Ministry of Health, professional education is an instrument of citizenship, guided by the political health care paradigm of the national public health system, referred to as the Unique Health System; the idea of competency is founded on the critical-emancipatory perspective. In conclusion, the two Ministries, despite having regulations regarding professional education, are contradictory in terms of their conceptual foundations.

KEY WORDS

Competency-based education.
Professional competence.
Health personnel.
Education, professional.
Nursing.

RESUMO

No Brasil, a formação dos trabalhadores de enfermagem adota a perspectiva das competências profissionais. O presente estudo, exploratório e descritivo, teve por objetivo conhecer a potencialidade crítico-emancipatória da competência, conforme descrita pelos Ministérios da Educação e da Saúde (MEC e MS). As fontes de dados foram os documentos reguladores da educação profissional técnica oriundos desses Ministérios entre 1996 e 2006. Os resultados mostraram que, para o MEC, os princípios norteadores da educação profissional são as exigências do mercado; a noção de competência se apóia na perspectiva construtivista, enfatizando atributos pessoais em detrimento à sua dimensão social. Para o MS, a educação profissional é um instrumento da cidadania, orientada pelo paradigma político assistencial do SUS; a noção de competência funda-se na perspectiva crítico-emancipatória. Concluiu-se que os dois Ministérios, mesmo tendo ações reguladoras sobre a educação profissional, são contraditórios em suas bases conceituais.

DESCRITORES

Educação baseada em competências.
Competência profissional.
Pessoal de saúde.
Educação profissionalizante.
Enfermagem.

RESUMEN

La formación de los trabajadores de enfermería en Brasil adopta la perspectiva de las competencias profesionales. El presente estudio, exploratorio y descriptivo, tuvo por objetivo conocer la potencialidad crítico-emancipatoria de la competencia, conforme a su descripción por los Ministerios de Educación y de Salud (MEC y MS). Las fuentes de datos fueron los documentos que regulan la educación profesional técnica originados en esos Ministerios, entre 1996 y 2006. Los resultados mostraron que, para el MEC, los principios orientadores de la educación profesional son las exigencias del mercado; la noción de competencia se apoya en la perspectiva constructivista, enfatizando atributos personales en detrimento de su dimensión social. Para el MS, la educación profesional es un instrumento de la ciudadanía, orientado por el paradigma político asistencial del SUS; la noción de competencia se funda en la perspectiva crítico-emancipatoria. Se concluyó en que los dos Ministerios, aún generando acciones regulatorias sobre la educación profesional, son contradictorios en sus bases conceptuales.

DESCRIPTORES

Educación basada en competencias.
Competencias profesional.
Personal de salud.
Educación profesional.
Enfermería.

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INTRODUCTION

The 8th National Health Conference (CNS) held in 1986 not only represents a historical landmark for the confirmation of the Unified Health System - SUS, but also presented an articulated set of formulations for human resources in health⁽¹⁾. Thus, in 1988, the same Constitution that consecrated universal Access to health granted the SUS the responsibility for education and regulating on health workers⁽²⁾.

The approval of Law No 9.394, on 20/12/96⁽³⁾ started the reformation of Brazilian education in legal terms. This process, among other goals, aims for the curricular reforms to redirect pedagogical practical organized in subject areas to practice aimed at competency building. This orientation legally remits to important reflections, such as: the need not to lose sight of the historical perspective of the work and education process, as competencies vary over time, according to the social, economic and cultural contexts, and depend on the collisions between the world-views of different social actors; and that education spaces should make efforts to change teaching methods and develop new teacher preparation proposals⁽⁴⁾.

The idea of competency, in these terms, as opposing to being related to an individual and abstract characteristic only, evidences its historical and dialectical dimensions⁽⁴⁾.

The study on the critical emancipatory competencies and technical professional nursing education: a focus on ministerial policies⁽⁵⁾ aimed to clarify how the Brazilian Ministries of Education and Health incorporated the notion of competency and the routes through which this conceptual and structuring reference for technical education could induce (or not) transformations in professional education practices for technical nursing workers.

The starting point was the legal base provided by the Ministry of Education which, as from the publication of Law 9.394/96⁽³⁾, regulates professional education in Brazil. In this legal base, the researchers attempted to understand the view of the world and education underlying the implicit and explicitly referred conceptions and pedagogical practices.

Likewise, in view of the specificity of health work and the role of sorting human resource training for the sector, which the Federal Constitution of 1988⁽⁶⁾ (Article 200) attributed to the Ministry of Health, documents, reports and legal determinations originating in this Ministry were used.

Thus, this study is part of the theme technical professional education in health, which faces the challenges of incorporating and organizing education based on the competency model, without losing the historical and dialectic dimensions of work and education processes out of sight⁽⁵⁾.

OBJECTIVES

- Get to know the critical emancipatory potential of the competency notion contained in the official discourse of the Ministries of Education and Health about technical professional education in health.
- Characterize the focus federal health and education managers attribute to the competency notion.
- Evidence dialectic contradictions in the official discourse of the Ministries of Education and Health about the competency notion and the proposals to structure technical professional education in health/nursing.

LITERATURE REVIEW

According to the International Labour Organization (OIT, 2002), the professional competency concept emerged in the United States in the 1960's, while the concept of competency-based education and qualification emerged in the United States (1960's) and England (1980's)⁽⁷⁾.

The discussion on the competency-based model starts in the business world as from the 1980's, in a structural crisis context of capitalism in central countries. The competency focus invades the world of education based on the questions the education system was confronted with in view of the requirements of the production system⁽⁴⁾. The author highlights that the competency notion is *strongly polysemic, in the job world as well as in the education context* and that this polysemy devices from different theoretical views, sustained by different epistemological matrices.

In view of this polysemy, for this paper, six distinguished view on the competency notion were selected.

In the first view addressed, the competency concept is expressed as the individual's basic characteristics, with a causal relation with actual or better performance in the function. In this case, actual performance is a central element in competency; it is defined as the way to achieve specific results through specific actions, in a given context of organizational policies, procedures and conditions⁽⁸⁾.

A second view considers competency as the articulation between knowledge, know-how and action in a given, complex and changing context; it is the individual's true capacity to face and adapt to concrete work situations. In this view, competency cannot exist if the knowledge cannot be transferred to another work situation, permitting function performance in different situations⁽⁹⁾.

Another form of perception considers that the nature of the competency concept is correlative because it attempts to join attributes and tasks (which are different things) in the same conceptual system. For that author, the competency concept comprises two other elements: the holistic need and the need to take into account context and culture. The combination of attributes, tasks and context produces the integrated meaning of competency and permits, among others, the incorporation of ethics and values as elements of competent performance⁽¹⁰⁾.

Another author highlights that, in educational literature, there are three relevant conceptual approaches to competency: one considers it as a collection of personal attributes; another links it with observed/obtained results (accomplished tasks); and yet another proposes a dialogical competency notion, originating in the combination of personal attributes to perform actions, in specific contexts, with a view to achieving certain results⁽¹¹⁾.

That author considers that the dialogical approach to competency

... acknowledges and considers the history of people and societies in their reproduction or transformation processes of the knowledge and values that legitimize the attributes and expected results in a given professional area

and that this

approach is related with the interactionist understanding of the relation between school and society, in which the school is potentially able to influence society, and is constituted by the latter⁽¹¹⁾.

In another approach, the competency concept is considered as the ability to face - with initiative and responsibility, guided by a practical intelligence on what is occurring and able to coordinate with other actors so as to mobilize one's abilities - situations and events characteristic of a professional area⁽¹²⁾.

This same author considers that the competency model constitutes a new qualification form, as it specifies a new way to construct the qualification. According to that author, the emergence of the competency model is a long-term transformation, which entails the challenge of replacing two main dominant models - the profession model, constructed based on handicraft corporations; and the function model, widely implanted under the auspices of Taylorism⁽¹²⁾.

The final view presented here considers that the competency notion designates an ability to mobilize cognitive resources through schemes and in problem situations, highlighting 04 aspects: competencies are not cognitive resources, but mobilize, integrate and orchestrate them; the mobilization of cognitive resources only occurs in situations, and each situation is unique; the exercise of competencies involves complex mental operations; professional competencies are constructed during the education process, which is why teaching is fundamental⁽¹³⁾.

METHOD

As the research involved human beings, the project was forwarded to the Institutional Review Board at the University of São Paulo School of Nursing and approved on February 15th 2007: process No 607/2007/CEP-EEUSP.

A descriptive and exploratory qualitative study was carried out. The Theory of Praxic Intervention in Collective Health Nursing - TIPESC was chosen for theoretical-methodological support, as it permits objective knowledge on the essence of objects in the outer world, considering social phenomena as historical and susceptible to transformation by human action⁽¹⁴⁾.

The following analytic categories were used: the competency notion; the reference matrices guiding this notion: and its operational nature, as described in the documents under analyzed and data collected during the interviews.

Empirical data sources included documents, laws, decrees, bills and standards related to the regulation and ordering of technical professional education in health and nursing, produced by the Ministries of Education and Health between 1996 and 2006.

Data were analyzed according to hermeneutics-dialectics, which consists in the explanation and interpretation of a thought or of the search for the meaning of expressions through linguistic analysis in a literal way; or in a thematic way, where the symbolic understanding of a reality is more important than the verbal expression⁽¹⁵⁾. The analysis was based on exploratory and critical reading of the selected documents, so as to evidence specific concepts, data and information with a view to reaching the research aims. Each document was systemized according to the defined analytic categories.

RESULTS

The documents elaborated by the Ministry of Education and analyzed in this study show the incorporation and operational nature of the competency notion in the context of the professional education policy, based on a positioning about the importance and meaning of this education in view of the demands of the job world.

With regard to the Ministry of Health, documents were used which not only present the discussion about the professional competency in health concept and the operational nature of this concept, but show the strategic importance of professional education for putting in practice and consolidating the national health policy.

The table below presents the list of documents analyzed, their origin and publication year.

Table 1- Documents analyzed, institution of origin and publication date - Brazil - 1996-2006

Document	Institution	Publication year
1. Law No 9.394/96 – Brazilian National Education Law	Ministry of Education	1996
2. Opinion CNE/CEB No 16	Ministry of Education	1999
3. Resolution CNE/CEB No 04	Ministry of Education	1999
4. National Curricular Reference Frameworks for Technical Professional Education	Ministry of Education	2000
5. Federal Constitution	Federal Senate	1988
6. Conceptual reference frameworks for the organization of the competency certification system/Profcae	Ministry of Health	2000
7. Professional competency profile of nursing auxiliaries	Ministry of Health	2003
8. Curricular reference framework for the technical course for community health agent	Ministry of Education Ministry of Health	2005
9. Report from the III National Conference on Human Resources for Health	Ministry of Health	2006

Competency according to the Ministry of Education's professional education policy

The Brazilian educational reform, put in practice through Law No 9.394, issued in December 1996 (Brazilian National Education Law - LDB) incorporated the competency notion and defined professional education as a strategic factor of competitiveness and human development in the new global economic order⁽³⁾.

In the Brazilian educational policy, for schools, the competency notion indicated the need to redirect pedagogical practice, which had been organized based on subject areas until then, towards a competency-based organization.

The educational reforms accomplished with the advice and financial support of international entities (Inter-American Development Bank - IDB; International Bank for Reconstruction and Development - IBRD; International Labour Organization - ILO; United Nations Organization for Education, Science and Culture - UNESCO) started to take form in Brazil in the 1990's, in response to the need to *articulate and subordinate educational production to the needs established by the job market [...]*⁽⁴⁾.

Hence, Opinion No 16/99 by the National Education Council/Primary Education Chamber (CNE/CEB) defines that professional skills

should be reorganized by professional areas, demanding that courses, programs and curricula be permanently structured, renewed and updated, according to the emerging and changeable demands of the job world, so as to attend to workers' need in the construction of individual itineraries towards higher competency levels for work⁽¹⁶⁾.

According to the Ministry of Education - ME - competency is:

ability to mobilize, articulate and put in practice values, knowledge and skills needed for the efficient and effective performance of activities required by the nature of the work⁽¹⁶⁾.

In the attempt to express the operational nature of this concept in professional education, Opinion 16/99(16) and Resolution 04/99⁽¹⁷⁾, which established the National Curricular Guidelines for Technical Professional Education, establish an articulated set of principles, criteria, definition of technicians' general professional competencies per professional area and procedures teaching systems and schools need to observe in the organization and planning of technical professional education. The Opinion contains some principles, including: flexibility, interdisciplinary and contextualization in curricular organization; identity of professional profiles upon course conclusion; permanent updating of courses and curricula, schools' autonomy in their pedagogical project.

Resolution 04/99, on the other hand, setting guidelines for the organization of competency-based curricula, defines that a professional profile comprises three competency classes: basic (developed in primary education); general professional (related to common activities in the same professional area); specific professional (characteristic of each career)⁽¹⁷⁾.

The competencies described in the National Curricular Guidelines are defined as general professional competencies. The different technical qualifications related to a same area should comprise the same general professional competencies, to which the specific professional competencies of the qualification should be added⁽¹⁷⁾.

In the National Curricular Reference Frameworks of Technical Professional Education - Professional Area: Health, the general competencies of secondary-level technicians were grouped in five sub-functions that constitute the core of the health area, with two goals: provide a common initial profile for all technicians and make it easier for students to construct educational itineraries that respond to their expectations and perspectives of *workability*⁽¹⁸⁾.

Competency according to Ministry of Health documents

The legal bases that legitimize the Ministry of Health - MS' action in the construction of the human resource training policy are expressed in article 200, clause III of the 1988 Federal Constitution⁽⁷⁾, which sets the sorting of human resource training for the System as one of the responsibilities of the SUS. Thus, it creates the possibility the prepare workers whose profile complies with the technical and social needs, local and regional realities and, mainly, acknowledges that a workers policy is essential to put the Unified Health System in practice⁽²⁾.

In this sense, the Constitution provides fundamental indications to formulate Human Resource Policies for Health, starting with the recognition of health as a right for all, whose guarantee is the responsibility of the State, through social and economic policies aimed at reducing the risk of illnesses and other problems and at universal and equalitarian access to actions and services for its promotion, protection and recovery⁽¹⁹⁾.

The central idea disseminated in the 1980's and 1990's is that the Health sector could no longer be limited to training and introductory or recycling courses, but should develop its education processes accompanied by a degree, with a view to legitimate contracting in the job market⁽⁵⁾.

Hence, in 2000, through the Professionalization Project of Nursing Workers - Profae - the MS proposed a re-signification of the legal bases of Brazilian professional education (CNE/CEB Resolution No 04/99 and CNE/CEB Opinion No 16/99), in view of educational needs in the health area. Thus, a professional competency concept was elaborated, based on human competency for care delivery in health-nursing, restricted neither to the technical-instrumental dimension nor to a simple adaptation strategy to the needs of the production process⁽¹⁹⁾.

For the MS, the competency notion is related to care, in its ethical dimension, as the fundamental characteristics of health service production and delivery are precaution with risks and protection of the right to high-quality life⁽¹⁹⁾.

Professional competencies were perceived as conditioned by the economic, social and political context, expressing social relations and resulting from negotiations between the interests of the different stakeholders. It was also perceived that professional competency building is not restricted to an individualistic perspective, as they are constructed across the worker's professional life, who shares experiences and collective practices; and that competencies are not limited to task description in functions⁽¹⁹⁾.

This same document appoints that the specificity of competency for health work is expressed in a human being's ability to take care of the other, as a *social attitude more than a set of professional knowledge*, which can be translated as *assuming responsibilities*⁽¹⁹⁾.

DISCUSSION

In view of the three analysis categories defined for this study, similar concerns and intentions were perceived between the documents and discourse under analysis, such as the need to overcome the technicist view on professional education, to grant workers greater autonomy for decision making and management of their professional life and to offer conditions for them to be able to take responsibility in view of complex situations.

The concepts, methods and proposals they contained, however, expressed quite different views on the world and education.

The Ministry of Education considers that professional education should focus on the new market demands, as a strategic factor of competitiveness and human development in the new global economic order. This view supports the idea that the most important goal of education is exactly that of adapting man to a given model of society.

The views of the MEC and companies (producing goods) coincide with regard to the understanding that the knowledge and skills gained in the educational process (either in schools or companies) should be of practical and immediate use and that the quality of education should be assessed by its end product: workers equipped to respond to the needs of the production system.

The MS' view on professional education, on the opposite, departs from the premise that it should be guided by the SUS' political-care paradigm. It is acknowledged and valued as one of the components of the workforce readjustment process, so as to contribute to the qualification and practice of the national health policy⁽¹⁹⁾.

According to this perception, professional education should develop formal and political competencies necessary for health care; it should also be articulated with work, assumed as a pedagogical principle and educational space⁽⁵⁾.

This Ministry also sees professional education as the equipment of citizenship and, in this perspective, there is greater proximity with the goal of transformation, of attempting to build new values for educative practice and for work, of being education with emancipatory perspectives⁽⁵⁾.

As for the competency notion, the MEC departs from the premise that competencies should be developed to permit *agility in response to the demands of a professional area*⁽¹⁶⁾. In that Ministry's view, this polyvalence results from general competency development in the area.

The analysis of general competencies for the health area, listed in Resolution 04/99⁽¹⁷⁾, reveals that they are similar to activities or behaviors students should learn. Their development, detached from the actual and specific spaces and contexts of each professional practice, is at risk of being

reduced to the cognitive and, hence, to a mere dimension of competency, compromising the comprehensiveness of education.

This arouses reflections on the extent to which competency-based education permits (or not) the development of significant learning in health work, with a view to facing the problems of the work process and promoting improvements in the quality of life of care clients and populations⁽⁵⁾.

It should also be highlighting that the MEC's competency notion strongly relates to individual attributes, in a cognitivist perspective, minimizing the collective and social competency dimension⁽⁵⁾.

The Ministry of Health, on the opposite, considers the context and conception of health, in the framework of the Health Reform and the Unified Health System, as the premises of the competency notion for technical professional education. It also considers the expanded concept of health, with quality of life as a parameter.

Competency building also demands the global understanding of the work process in health as a premise, whose organizational and power division characteristics, among others, limit this development. Hence, for the MS, the competency concept should be located in the actual complexity of work, in the structuring projects of the reorientation of the care model and in the health paradigm of the SUS, expressing the skills used to accomplish certain activities in a given technical-professional and sociocultural context⁽¹⁹⁻²⁰⁾.

The Ministry of Health defends the notion of multidimensional competency, which covers the individual, socio-cultural, situational and processual, assuming that they are constructed across professionals' life and work trajectory, who share experiences and collective practices. Therefore, the MS proposed expanding these competencies, not restricting them to the technical-instrumental dimension and even less as a mere adaptation strategy to the needs of the production process⁽¹⁹⁻²¹⁾.

In this respect, one important difference should be highlighted between the concepts defended in each Ministry: by proposing general competency development, based on scientific and technological bases and personal attributes, as a way to expand the possibilities of moving between functions in a professional area (polyvalence), the Ministry of Education reinforces the individualistic idea of competency; the Ministry of Health, in turn, by proposing the construction of broader competencies, reinforces the multidimensional construction of competency and appoints a possibility to overcome the technicist view on professional education⁽⁵⁾.

With regard to the reference matrix to analyze the work processes and identify the competency profile used by the

Ministry of Education - the functional matrix - its close connection with the market perspective should be underlined, limited to the description of functions and tasks in production processes⁽⁵⁾. Thus, it is observed that the competencies identified through this method actually turned into lists of tasks, described in detail in the National Curricular Reference Frameworks for Technical Professional Education - Health Area⁽¹⁸⁾.

Putting these competencies in practice in the construction of educational curricula takes the risk of reducing learning to the listed activities or tasks, to formulating teaching objectives based on observable conducts or performances, oriented at goal achievement. Another important risk is that of a linear transfer of competencies to the curriculum, turning them into lists of activities and competencies and limiting know-how to specific task performance^(4-5,22).

CONCLUSION

In conclusion, the MEC, by adopting the competency notion as a structuring element of professional education, maintains its economic, individualizing and non-historical perspective, underlining the non-critical view of reality in the curriculum and going against the emancipatory perspective of professional education.

In the MS, the competency notion moved towards the critical emancipatory perspective, which considered the range of aspects related to workers' professional practice, considering their particularities with respect to the different health care production units, the forms of insertion and work organization and attendance to individual, group and collective demands. The way competencies were identified was noteworthy - based on the integrating and structuring axes of professional practice.

The quantitative-qualitative method adopted in the Professionalization Project of Nursing Work - Profae - MS permitted considering, in the definition of competencies, the nature of the health work process, the relations professionals establish with other components and actors in this process, the limits to their autonomy and their interdependences, their work conditions and, mainly, the relations between what is legitimized by the standards that regulate the profession and actual professional practice.

Thus, the operability of the competency notion, considering the Ministry of Health's view, can favor the dialogue between disciplinary knowledge and work experience. This view can promote transformations in the education process in a critical and emancipatory way, as it appoints principles for the organization of expanded professional education.

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