

## Reorientation of nurses' training: analysis of the protagonists

*Reorientação da formação do enfermeiro: análise a partir dos seus protagonistas*

*Reorientación de la educación de enfermería: análisis a partir de sus actores*



Kenya Schmidt Reibnitz<sup>a</sup>  
Daiana Kloh<sup>a</sup>  
Aline Bússolo Corrêa<sup>a</sup>  
Margarete Maria de Lima<sup>a</sup>

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### ABSTRACT

**Objective:** To analyse the changes that occur in nursing education from the perspective of the Pro-Health programme and its impact on the professional practice of the graduate students of this programme.

**Methods:** This is a collective study conducted in southern Brazil. The cases were nursing courses contemplated with the Pro-Health programme. Interviews were conducted with health workers, professors, students, and graduates of the cases, followed by observation of the theory and practice activities of the basic care units, and document analysis of the political-educational project of the courses, in 2015. The data were organised and analysed using analytical questions.

**Results:** The programme reflects on the reorientation of the curriculum, on the encouragement and strengthening of permanent education, and on the integration of teaching and service.

**Conclusions:** The programme is recognised for its effects on the education and work process of the graduates. However, local policies should be created to ensure the sustainability of teaching and service integration.

**Keywords:** Education, higher. Curriculum. Teaching care integration services.

### RESUMO

**Objetivo:** Analisar as mudanças que ocorreram na formação do enfermeiro a partir do programa Pró-Saúde e as suas repercussões na prática profissional de egressos destes cursos.

**Método:** Estudo de caso coletivo realizado na região Sul do Brasil. Os casos foram cursos de enfermagem contemplados com o programa Pró-Saúde. Foram realizadas entrevistas com profissionais de saúde, docentes, alunos e egressos dos casos, observação das atividades teórico-práticas em unidades básicas de saúde e análise documental do Projeto Político-Pedagógico dos cursos no ano de 2015. A organização e análise dos dados foram guiadas por perguntas analíticas.

**Resultados:** Os reflexos do programa estão presentes na reorientação curricular dos cursos, estímulo e fortalecimento da educação permanente e integração ensino-serviço.

**Conclusões:** O programa é reconhecido pelo seu impacto na formação e processo de trabalhos dos egressos. Contudo, é necessário criar políticas locais para garantir a sustentabilidade das ações de integração ensino-serviço.

**Palavras-chave:** Ensino superior. Currículo. Serviços de integração docente-assistencial.

### RESUMEN

**Objetivo:** Analizar los cambios que han ocurrido en la formación de enfermería del programa Prosalud y su impacto en la práctica profesional de los graduados de estos cursos.

**Métodos:** Estudio de caso colectivo. Los casos fueron cursos de enfermería que tiene el Programa Prosalud. Se realizaron entrevistas con profesionales de la salud, maestros, estudiantes y graduados, observación de la teórica y la práctica en las actividades básicas de salud y unidades de análisis documental del proyecto político-pedagógico, en el año 2015. El análisis de la organización y los datos se basó en preguntas analíticas.

**Resultados:** Los reflejos del programa están presentes en la reorientación del plan de estudios, estímulo y fortalecimiento de la educación continua y la integración enseñanza-servicio.

**Conclusiones:** El programa es reconocido por su impacto en la formación y el proceso de trabajo de los graduados. Sin embargo, es necesario crear políticas locales para garantizar la sostenibilidad de las acciones de integración enseñanza-servicio.

**Palabras clave:** Educación superior. Currículo. Servicios de integración docente asistencial.

<sup>a</sup> Universidade Federal de Santa Catarina (UFSC), Programa de Pós-Graduação em Enfermagem, Florianópolis, Santa Catarina, Brasil.

## ■ INTRODUCTION

The integration of teaching and service is a process of transformation that the meeting of teaching with service promotes in one another. This meeting has been strongly encouraged in programmes that reorient education, such as the National Programme of Reorientation of Professional Training in Health (Pro-Health)<sup>(1)</sup> that aims to approach institutions of higher education to health-care services.

The Pro-Health programme seeks to transform teaching and promote comprehensive care in the health-sickness process by offering concrete answers to the current healthcare needs of the population and prepare professionals for work in the Unified Health System (SUS)<sup>(2)</sup>.

The manner in which we encounter a situation is related to the “discipline background, organisational roles, history, interests, and political and economic perspectives”, and the solution to certain problems is not found in manuals or ready-made scripts<sup>(3)</sup>.

In this sense, “learning by doing”, with retrospective pauses of activities to allow room for learning from reflections, has an impact on the teaching-learning process because it helps to coordinate the world of work with academia, and bridges the gap between nursing education and real service demands.

Thus, the differences between the requirements of the nursing practices in the labour market and those implemented in the training of nurses have created difficulties in nursing work in the various healthcare settings<sup>(4)</sup>. These difficulties may be related to the gap that exists between what is taught in the classroom and what nurses experience in their daily healthcare routines.

Programmes that reorient ministerial training have a questionable effect on healthcare education and the professional practice of graduate students that attend these programmes. Therefore, the aim of this paper was to analyse changes in nurses’ training based on the Pro-Health programme and its impact on the professional practice of graduates of these courses.

## ■ METHODOLOGY

This is a collective case study with a qualitative approach. The cases were graduate degree courses in nursing in southern Brazil and their graduates.

This research is linked to the macroproject entitled, “*Reorientação da formação do enfermeiro na região Sul do Brasil: uma análise do programa Pró-Saúde*”, funded by the CNPq, universal notice 14/2013 – Track B<sup>(5)</sup>.

The schools were selected according to the following inclusion criteria: contemplated with notice I of the Pro-Health programme, thus gaining time to make the changes proposed by the programme; and the oldest courses of nursing in the states of Paraná, Rio Grande do Sul, and Santa Catarina.

Data were collected between April and December 2015, in two steps, to identify changes in the Political Pedagogical Projects (“PPP”) from the Pro-Health programme, and to identify the impact of the programme in the perception of Pro-Health graduates.

For the research stage related to the changes in the PPP, we counted the schools according to the criteria mentioned above; however, only two schools, one in the state of Paraná and one in the state of Santa Catarina, agreed to participate in the research. Three nursing schools contemplated with the Pro-Health programme in Rio Grande do Sul were contacted via e-mail, letter and phone call, but we did not get positive feedback from the schools. Since we did not have more time to invite the other schools and possibly collect data, this state was excluded from this research stage.

Regarding analysis of the PPP, we used methodological triangulation as a strategy to validate the collected material and search for convergence of data. Data were collected using the following strategies: documentary research of the Political-Pedagogical Project (“PPP”) of the courses; semi-structured interviews with 31 participating students in the last years of the course (12), faculty members (09), and health professionals (10); and participant observation in seven basic health units (“UBS”) where the theory and practice activities were being carried out.

The PPP was obtained at the websites of the schools to extract information regarding course structure, such as course organization, presence of learning-service integration, and profile of former students.

The participants were contacted through the course coordinator or the coordinator of the nursing department, who indicated the professors linked to the Pro-Health programme and who were currently on supervised internship with the students of the last year of the nursing course. From these participants, we used the snowball strategy, where one participant indicates another that may contribute with the research. At the time of the interviews, we simultaneously observed the participants during their professional practice. The participants were observed at the UBS, where teaching-service integration is the focal point of the Pro-Health programme. The activities of the students in the last year of

the nursing course included in the observations were home visits; meeting of hypertensive patient groups in a community gymnasium; user consultations with the team and individually; and orientation of the supervisor in the field of training.

The interviews were conducted using a guide form, face-to-face, for an average of 45 minutes, in different locations chosen by the subjects. With the professors, they were conducted in the department of nursing. With the healthcare workers and students, they were conducted at the UBS of professional practice or internship.

To achieve the second objective, which was to analyse the effect of these courses on the professional practice of the graduates, another research stage was created to interview 22 former students of three of the oldest nursing graduation schools in each state of southern Brazil.

Sampling was random; we invited all the graduate students who had regularly attended the nursing course and graduated from 2011, and who had worked and/or were working in the primary health care network for at least three months. The contact list of graduates was supplied by the coordinators of each course. The graduates were contacted through the social networking website Facebook and forwarded message explaining the research project and inviting them to participate in the research. The total number of graduates was 109.

The 22 graduates who agreed to participate and met the prerequisite were between the ages of 22 and 50, and graduated in 2011 (nine students) and 2013 (13 students).

The graduates were interviewed using a questionnaire built from the guiding principles of the Pro-Health programme, forwarded to their personal email. The graduates had seven days to return the questionnaire via e-mail. In case of queries regarding the answers, the researchers contacted the participants again by email.

The data of the two stages of research were organised separately by following the guidelines proposed by the operational analysis<sup>(6)</sup>. Thus, all the interviews were grouped by degree of similarity of responses, together with the observations and document analysis. To identify the core of meaning, we launched the following analytical questions: What were the repercussions of the Pro-Health programme according to the graduates? And what were the changes in the education process after the Pro-Health programme? The analytical questions gave rise to two categories of analysis: notable points and limitations of the Pro-Health programme: curricular structure and teaching-service integration; and the Pro-Health programme to stimulate change in the work process of the professional practice of nursing graduates.

The research was approved by the Ethics Committee of the UFSC, under CAAE 45354115.8.0000.0121. The participants who accepted to participate in the study signed an informed consent statement. Their anonymity was guaranteed by means of alphanumeric identification, as follows: "E" for graduate students, followed by a numerical order from 1 to 22; "D" for professors; "PS" for healthcare workers; and "A" for students.

## ■ RESULTS

### **Notable points and limitations of the Pro-Health programme: curricular structure and teaching-service integration**

It became evident that the schools have the political and educational intent to integrate teaching and service in their PPP. This intent is observed in the PPP and made effective with the use of practice scenarios to bridge the gap between the world of school and the world of healthcare and community services. However, the planning of the teaching-service integration activities should be further detailed.

In the schools created from 2000, some members mention the Pro-Health programme as a milestone in education since they were able to redirect and include the guiding principles of the programme in the curriculum.

*The Pro-Health was a milestone; it was there in two important moments or two milestones. One was when the PPC was revised, we included the Pro-Health actions in every moment of the PPC, so it was an inductor for us to change some things and I'm sure it brought us a lot closer to the network (D1).*

The Pro-Health and Pet-Health programmes were also highlighted by students and health professionals as a strategy that enabled both interdisciplinary work and a more effective approximation of teaching with the service.

*Pro-Health is a milestone in the teaching-service integration process [...] as an organised process, more methodologically (D1).*

The curricular structure of the course and the Pro-Health and Pet-Health programmes were recognised as being the facilitators of the learning process.

*I see that the PET gave me a better multidisciplinary and multiprofessional relationship basis (A1).*

In the course created in the 1970s, teaching-service integration was also observed in the PPP of the course as a transversal theme, considered a curricular innovation, because it was present even before the course was contemplated with the Pro-Health programme. The Pro-Health programme encouraged approximation between teaching and service and, especially, permanent education.

*[...] we wanted to innovate bringing concepts that we believed to be inherent in the formation of a professional nurse, among these themes we wanted to bring more evidence of teaching-service integration in the community (D2).*

Teaching-service integration is formed by the protagonists as a fundamental process that is considered a potentiality for both sides, and proposes local policies that ensure the effective integration of these two contexts and the responsibility that the professionals of the field must also assume in this process. However, the challenges are to plan and oversee the actions in conjunction with the service, ensure that academia understands what is expected of the Pro-Health programme, and introduce the PPP of the course.

*[...] understanding the teaching modules, the knowledge students are expected to have within each module, although I have it through acquired knowledge, I have no contact with the political pedagogical project of the school, but we end up understanding because of the dynamics of teaching and both of them are here in the basic health unit (PS 1).*

Additionally, the pedagogical proposal and the curricular structure must be shared with the service. Some service professionals do not know how the curriculum is organised and have no access to the portfolios produced by students where they report the activities carried out on site.

Evidently, the Pro-Health programme in nursing education is recognised, although in different ways. In the older schools and with other education reorientation projects, the programme served as a stimulus for permanent education and strengthened teaching-service and integration with various projects in different municipalities. The curriculum already included the guidelines proposed by the Pro-Health. In these same schools, other courses in the field of healthcare that did not have the same curricular configuration were benefited by this programme.

*Even the Pro-Health, even the Pets gave some return to our partners [...] but I think it's a weaker contributory effort, we*

*always had this discussion, for example we argued that the notice was short, because we were already in the units, we were aware, there are lots of internships and practices [...], but it certainly reinforced our actions, reinforced our partnerships (D3).*

The Pro-Pet-Health had a significant effect on the more recent courses, with alterations to the curriculum, greater teaching-service integration, and investments in the permanent education of the protagonists. However, the fact that it is often a project thought by academia to integrate the service is often presented as one of the possible limitations. Therefore, some of the protagonists hope for new proposals to redirect education that stimulate the service to enter academia.

*[...] initially we went to the service, professor and academia at the service to discuss training. Not now, the service will come and discuss from the Pet/Gradua/SUS programme [...] so it is a new very interesting projection, is a new moment of return, rekindling that little light of integration (D4).*

### **Pro-Health programme to stimulate change in the work process of the professional practice of nursing graduates**

The graduates recognised their training process, and mentioned that the incorporation of three axes recommended by the Pro-Health programme – theoretical orientation; practice scenarios and pedagogical guidance – and the curricular structure of the course facilitate the learning process, with effects on their professional practice.

*In my graduation, the disciplines were integrated because the course was already built differently without disciplines, but with cores with all the integrated subjects. So, we can study the whole and also through the project of interdisciplinary experiences and Pro-Health (E2).*

They also identified the pedagogical proposal of the nursing course and the existence of the teaching-service integration as facilitators of the teaching and learning process.

*In my training, there were some experiences of the use of active methodologies. I believe that this occurred in most disciplines that I had in the nursing department (in basic disciplines this did not happen). The tools that the professors used the most were group questioning and the group dynamics (E3)*

Teaching-service integration also puts the graduates in contact with the service routine, and helps them identify the gap between theory in the classroom and the practice in the services.

*My graduation course was based on the new recommendations of the Ministry of Education, per core and no longer by subject, always oriented toward the holistic outlook. But I believe you need more hours in the theory practice field (E4).*

The reflection of the graduates in relation to their professional practice shows that they seek to “learn to learn”, permanent education, and that their insertion in the real work scenarios added a reflexive sense of practice and helped them prepare for their professional practice in the various scenarios of the Unified Health System.

*It was the graduation that inspired me to continue, both the post-graduation and master's degree. [...] if I go back to care itself in the ESF, the baggage that I'll return will be huge, and I believe I'm going to make a big difference in my work [...] (E5).*

*I take and bring that with me, the research as fundamental to be able to analyse life and analyse reality and be able to contribute to increasingly improve our health conditions, to increasingly improve the care [...] (E6).*

Many challenges still need to be overcome, although contributory policies like the Pro-Health programme seek to break away from the process of specialised, disease-oriented training that is disconnected from the professional performance required by the existing public system. This punctual stimulus of the Pro-Health in nursing is not enough, because, when the nurses encounter the reality of the service, there is still a willingness to prioritise technical rationality.

*I'm always an advocate of the SUS and as I worked at this hospital that services the SUS and plans, I noticed some differences in the way from professionals provided care. [...] Then I began to understand that perhaps it is related to the training of the people who were there [...] there were exceptions, of course [...] (E7).*

The content is fragmented within a single core or learning module. In addition, the field of action has its restrictions, and some of these restrictions may be caused by the activities of the actual nurses.

*[...] The contents they are fragmented in the sense that there are several teachers, the disciplines have a pretty big workload, some disciplines have seven, eight professors, and picks a subject and it gets fragmented (E8).*

## ■ DISCUSSION

One of the challenges for the implementation of the SUS lies in the professional training that is coherent with this complex field of work<sup>(7)</sup>. In this sense, the studied cases seek to overcome this challenge by presenting the political and educational intent to integrate teaching and service in the PPP, and demonstrate that the schools pursue constant approximation between teaching and service, and with the other guiding axes of the Pro-Health programme.

The presupposition of teaching-service integration ranges from the transformation of educational practices in healthcare, striving to quality professionals that are the subjects of their own education, to changes in the professional practices and the organisation of work itself<sup>(8)</sup>. By reviewing or strengthening their PPP according to guiding axes of the Pro-Health programme, the studied cases are gradually moving toward a paradigm shift in healthcare and nursing education.

The effects of the transformation of pedagogical practices in healthcare can be better analysed in the long term. However, we noted that this curricular restructuring is identified by the course graduates, and it tentatively starts to affect the healthcare practice of nurses in multiple healthcare scenarios.

As pointed out in a study<sup>(9)</sup>, the statements subtly revealed the notion of the protagonists that teaching seeks to integrate services in a unilateral movement, which compromises this process of rapprochement between the worlds of education and work. Nevertheless, there are initiatives to transform this reality, including PET-Health/GraduaSUS, and the project coordinator of this initiative must be appointed by the local administration of the SUS<sup>(10)</sup>.

The perception of teaching-service integration as a permanent healthcare education policy between the school and the department of health ensures the perpetuation of healthcare training at the services, and prevents ideological changes derived from different political parties. Beyond the conservatism that permeates academia, with the fragile communication between teaching and the central and administrative bodies<sup>(11)</sup>, teaching-service integration is understood as a space of “being together” to a place of “doing together”, as also detected in the study<sup>(12)</sup>.

The notion of doing together creates what we call an educational workshop in healthcare. The workshop is a place for the initial and permanent education of healthcare workers, a doing together, where the goal is to share knowledge and build new knowledge. It is a mixture between professional experience and the curiosity of young people who are starting their professional career. However, the feasibility of the workshop is closely related to the understanding and implementation of teaching-service integration<sup>(13)</sup>.

The success or failure of the educational workshop in healthcare health does not depend on the protagonist, but on the commitment and responsibility of everyone. The positive effects of this shared responsibility are visible in the statements, both for teaching and for care, which gives us a glimpse of the ideal health care system.

The studied cases have movements of internal approximation between students of nursing course with other courses and vice versa. These movements are found in modules or interdisciplinary cores and extracurricular experiences. The Pet and Pro-Health programmes were mentioned by participants as being an extremely relevant “plus” for their interdisciplinarity that strengthens the professional performance of graduates.

It is difficult for the professor to know the students have actually learned<sup>(3)</sup>. However, by experiencing interdisciplinary work and the reality of the services, teachers can witness the learning process of their students since, now, they can view the moment that students enter other scenarios with other knowledge. In addition to allowing room for discussion on the actions taken, sharing knowledge preserves the specific disciplinary bases of each profession.

The impact of interdisciplinary work, which is strengthened with the mentoring, on the training of nurses in the multiple healthcare scenarios reaches beyond the pursuit of answers to the problems experienced by people and by institutions. It encompasses the quest for consolidating comprehensiveness in healthcare actions<sup>(14)</sup>.

Being on duty, and experiencing reality and interdisciplinary work create an excellent opportunity to know and recognise how the SUS works. In addition to contributing to the improvement of health professionals, it enables the preceptors extend their competencies for interprofessional work, for collaborative practices, and to exercise their preceptorship<sup>(15)</sup>.

The approach with the reality of services strengthens integration between theory and practice, although there is some criticism regarding the workload to discuss this integration. Despite the criticism and the need for schools to assess theory and practice activities in the curriculum,

the performance of these activities in different scenarios creates enriching moments that help students understand the acquired theoretical knowledge, and subsequently apply them to practice<sup>(4)</sup>.

The graduates feel encouraged to transform the reality of health services, which is contrary to the SUS guidelines, because they received a solid basis that return to this fusion between theory, practice, permanent education, and the SUS. Furthermore, performing actions in and with the service provides a fertile space for reflection on the actions taken. This corroborates the idea that reflection “should assume that the *habitus* of care is created and/or acquired during training and is, subsequently, the professional space<sup>(7,2)</sup>”.

The use of active methodologies in education was another recurring point in the statements of the graduates and regular students of the courses, and one that was thought to facilitate the teaching-learning process that reflects on their current practices.

Moreover, these methodologies are considered potentially favourable for the qualification of critical and reflective professionals that can distance themselves from the technical rationality and move toward a practice that is based on comprehensiveness and social transformation. Lastly, active methodologies allow students to establish educational relationships based on dialogue, thus favouring the teaching-learning process<sup>(16)</sup> and the provision of care.

The reflection of the Pro-Health programme on the strengthening of teaching-service integration, on interdisciplinarity, and on permanent education in health is a fortresses built between different protagonists for the reorientation of training in healthcare. However, it was noted that some actors are still lost in this process of reorienting training, and they need special attention to understand the process that the schools are experiencing. The nursing schools are faced with the challenge of clarifying the intentions of the education process to the services that are receiving students.

The Pro-Pet-Health programmes are undeniably building a significant story of encouragement in relation to curricular changes in several schools, and they are being configured as an important public policy that foment the expansion of institutional support around central themes in the reorientation of training in healthcare<sup>(17)</sup>. Moreover, they are being increasingly recognised by the protagonists of this process.

It is understandable that the students in the basic health system seek to drive permanent education in the service since it is through this education that professionals

feel motivated or challenged to train on a daily basis, rearrange the dynamics of care for the population, and pursue effective means of organising work that comply with the guidelines and principles of the SUS. At the same time, the diversification of basic healthcare scenarios provides students with experiences in different settings where the professionals work, especially primary care, considering the region where this work takes place, and the historical, social, cultural and political contexts.

This process of integrating teaching and services brings us back to critical awareness since it causes the professors, students, and health workers who receive these students to reflect on the world and be able to transform it, allowing the appropriation of knowledge, which leads<sup>(18)</sup> to social, political, and personal transformation. In this sense, reflection gains the status of “being” instead of simply “thinking” or “doing”<sup>(19)</sup>, and draws closer to a humanist approach to healthcare and nursing.

The fact that these schools and protagonists have experienced the healthcare reorientation process with contributory policies is considered a limitation of this study; a review of schools that were not contemplated with the Pro-Pet-Health programmes would reveal whether these schools are undergoing some form of curricular or paradigmatic transformation.

## ■ CONCLUSIONS

This research highlights the significant role of contributory policies in healthcare and nursing education and reveals the transformations in the work process of professors and the health workers who receive students, and in the performance of the graduates of the studied courses. It also shows greater approximation between theory and practice, the establishment of integrated disciplines, and a more profound diagnosis of healthcare and the environment of the territory, according to the guidelines proposed by the Pro-Health programme.

We conclude that the implementation of the Pro-Health programme had a positive impact on the training process by helping to prepare nurses to practice in various levels of care. We also believe this study provided an overview of the functioning, potential and challenges of the SUS.

New research is required to assess the schools and graduates who did not participate in the Pro-Health programme, in order to identify how the education of nurses and other health professionals is being reoriented in Brazil. The cases analysed in this study need to be accompanied in the long term so that we can reassess the paradigmatic transformation of teaching and nursing care.

This research, although limited to the specific reality of some nursing schools in Brazil, can stimulate other courses at national and international level to review their training processes and focus on teaching-service integration and structuring the curriculum.

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■ **Corresponding author:**

Daiana Kloh  
E-mail: daianakloh@gmail.com

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