



The experience of a faculty mentor to indigenous nursing student*

A experiência do professor orientador de estudante indígena em enfermagem

La experiencia del profesor orientador del estudiante indígena en enfermería

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ABSTRACT

The Permanent Program for Monitoring of Indian Students (PPAEIND) aims to serve indigenous students in the State of Mato Grosso (MT) who join the Federal University of Mato Grosso (UFMT) in undergraduate courses, through special and differential selection process. The program provides a Faculty Mentor as a link between the university's indigenous and non-indigenous students. This is an experience report of a Faculty Mentor in the nursing course at the Campus Rondonópolis, where two vacancies were filled by indigenous students in 2007. The experience to work as Faculty Mentor brought a challenge of cultural diversity in relation to the knowledge of care. Therapeutic communication was an effective tool in the process.

Keywords: Indigenous population; Higher education; Nursing education

RESUMO

O Programa Permanente de Acompanhamento dos Estudantes Indígenas (PPAEIND) visa a atender estudantes indígenas do Estado de Mato Grosso (MT) que ingressarem na Universidade Federal de Mato Grosso (UFMT) em cursos de Graduação por meio de processo seletivo específico e diferenciado. O programa prevê o Professor Orientador como elo do indígena com a universidade e os alunos não indígenas. Este é um relato de experiência do Professor Orientador no Curso de Enfermagem no Campus de Rondonópolis onde foram preenchidas duas vagas por alunos indígenas em 2007. A experiência para atuar como Professor Orientador teve como desafio a diversidade cultural em relação aos saberes do cuidado. A comunicação terapêutica foi um instrumento efetivo no processo.

Descritores: População indígena; Educação superior; Educação em enfermagem

RESUMEN

El Programa Permanente de Acompañamiento de los Estudiantes Indígenas (PPAEIND) tiene por objetivo atender a estudiantes indígenas del Estado de Mato Grosso (MT) que ingresen a la Universidad Federal de Mato Grosso (UFMT) en cursos de Pregrado por medio de un proceso de selección específico y diferenciado. El programa considera al Profesor Orientador como el elo del indígena con la universidad y los alumnos no indígenas. Éste es un relato de experiencia del Profesor Orientador en el Curso de Enfermería en el Campus de Rondonópolis donde ocuparon dos vacantes alumnos indígenas en el 2007. La experiencia para actuar como Profesor Orientador tuvo como desafío la diversidad cultural en relación a los saberes del cuidado. La comunicación terapéutica fue un instrumento efectivo en el proceso.

Descriptor: Población indígena; Educación superior; Educación en enfermería

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INTRODUCTION

The Indigenous people Statute guarantees the preservation of the culture, the progressive and harmonic integration to the national community, with the protection of the national laws, and characterizes them as individuals with a pre-Colombian origin and ascendance belonging to an Ethnic group, with cultural characteristics that makes them different from the national society⁽¹⁾. The social organization, the costumes, the language, beliefs, traditions and rights of the Indigenous people are acknowledged, with the end of the tutelary regime⁽²⁾.

Professional education is among the rights of the Indigenous people, made available according to their level of acculturation⁽¹⁾, but not many actions have been seen with this regard. It is important that the actions neglected to a certain population or people have a room to grow and expand, based on the provisions for inclusion, especially of black and Indigenous people⁽³⁾.

One of these devices is the Law of Directives and Bases of the National Education/96 (LDB/96), which guarantees a different education for Indigenous people, the recovery and restatement of their specific knowledge as well as the access to knowledge of other people⁽⁴⁾.

In addition to recognizing the need for a different education for this ethnic group, the LDB is the start of the payment of the debt the Brazilian universities have with the Indigenous people. As an example of that, the Indian knowledge is the main source of information for ethno botanical and ethno pharmacological research⁽⁵⁻⁷⁾, generating several publications, to identify the active principle of medications and the production of new drugs.

Other measures to structure the relationship of Indians with the university go towards their inclusion in higher education which they have been historically deprived from. This is done through a political and technical means. The political occurs by ensuring policies for Affirmative Actions, defined as “reparatory/compensatory and/or preventive actions that try to correct a situation of discrimination and inequality inflicted to certain groups in the past, present or future”⁽⁸⁾. The technical means occurs by the actual dimension of the presence of Indians in Higher Education Institutions (HEI), ensured by institutional measures that reflect the maturation of the unit regarding the inclusion process.

Meeting the dimensions described above, in the national level, there are more village schools as well as courses to educate Indigenous professors, with the publication of bilingual textbooks or in Indigenous language, affirmative actions with the introduction of bilingual education that is intercultural, specific and

different⁽⁹⁾, as determined by the Federal Constitution (FC)^(2,4,10). The Brazilian higher education has adopted multicultural educational practices that result from the demands of the social movements, with an overvaluation of the system of quotas as an answer to the inclusion of populations considered on the fringes of society⁽¹¹⁾.

An example of the use of affirmative actions occurred at Universidade Federal de Mato Grosso (UFMT) with the creation and introduction of the Program to Include Indigenous Students “*Guerreiro da Caneta* (Warriors of the Pen)”, through the Resolution of the Teaching and Research Council (CONSEPE) # 82/07. This program allows indigenous students to be included in the undergraduate courses at UFMT through the Permanent Program to Follow Indigenous Students (PPAEIND), briefly PROIND.

This program is supported by specific agencies, such as the National Health Foundation (FUNASA) and the Ministry of Health (MS)⁽¹²⁾. The choice of the course is according to the demand of the Indigenous people and involved academic units. The courses in the health area were the first in the program, Nursing among them, with two students per year.

Thus, the process to introduce affirmative actions to include Indigenous people in nursing teaching is inherent to the pedagogical and anthropological preparation of professors on how to deal with this complex situation. Therefore, the present report is justified because of the limited experience and the limited number of scientific publication on the theme, because they refer to actions that have just started, especially in the education of nurses.

Furthermore, its purpose was to report the experience of one of the authors as an Advisor Professor at PROIND and to identify the relevance of this role with the main challenges to be faced.

PATH OF THE EXPERIENCE

This is an experience report whose subject was the Advisor Professor of the Indigenous student at PROIND, in a Nursing Undergraduate Course in the country side of Mato Grosso (MT). The experience occurred from 2007 to 2008. The setting was the University Campus of Rondonópolis (CUR/UFMT), specifically the Nursing Undergraduate Course which offers 60 annual places and two special places for indigenous students⁽¹³⁻¹⁴⁾.

As a source of information to support the discussions of the present article, documents from UFMT and from the Nursing Course CUR/UFMT have been used, they are open access documents such as Minutes of Meetings, Pedagogical Project of the Course (PPC), Laws, Judgments, Resolutions, among others. For the report

of this experience at IES, we were authorized by the Pro-Rector of Undergraduate Courses at UFMT.

PRESENTATION AND DISCUSSION OF THE EXPERIENCE

Racial and discriminatory inequality against afro descendents and Indigenous people in Latin America is extremely relevant⁽¹⁰⁾. A study showed this inequality, with white people being the majority in important positions such as professors and judges⁽³⁾. Therefore, discussing about the implementation of affirmative actions that enable indigenous people to take up positions they have never taken before, is a need for the Brazilian society.

PROIND at UFMT is indeed formed by affirmative actions that enabled the access of Indigenous students from the State of MT to University. The extra places ensure taking part especially in courses of the fields of health, agronomy and social sciences with an objective test, general knowledge and writing, as well as an oral test that values the tradition of orality and knowledge regarding the traditional commitments of the Indigenous people⁽¹⁴⁾.

As for the Nursing Course, the Advisor Professor of the Indigenous students met some requirements such as being a regular professor and being a Nursing Faculty member. The responsibility and attributions of the professor included: a) to follow and enforce the legislation of the UFMT; b) to follow the academic path of the Indigenous students thorough the course, c) to issue a periodical report to the course coordination; d) to subsidize the PROIND Commission on the care to Indigenous Students; e) to propose projects and actions that aim to minimize students' difficulties⁽¹²⁾.

However, what PROIND recommends as the role of the Advisor Professor does not reflect the magnitude of this practice. Following-up the teaching and learning process of Indigenous students demanded resources in different and unpredictable dimensions such as actions to help cope with the difficulties and questions experienced, a permanent bonding between Teaching Coordination, IES, professors and students. As well as fostering a mutual space to deal with the insecurity and aspirations in face of the new and different, suggestions and complaints about the socialization with the university, the use of therapeutic listening (psychological impact of the permanent contact) and discussion about the general information of the program.

However, the role of the Advisor Professor was not restricted to building technical knowledge, light technologies were also present so that this complex care could be articulated with the previous knowledge they had built. So that care that goes beyond the instrumental

is effective, leading to intersubjectivity, nursing education requires intersection between social, human, and biological knowledge, prioritizing the interpersonal relations⁽¹⁵⁾.

The Advisor Professor became a constant reference for the Indigenous student that kept a relationship that was challenging and that overcame sociocultural barriers. The difficulties were many, and interculturality stood out, because of the need to articulate the costumes of White people and Indigenous people, also taking into account the cultural diversity between the different ethnic groups, since they are diversified and there has been no previous preparation about the anthropological issues of being an Indian.

Apprehension and understanding of the behavior of the different ethnic groups that entered at IES, were determinant in the student-professor relationship. Each ethnic group has a social behavior with the performance of specific roles and concepts⁽¹⁶⁾. These are complex cultural processes not known in the overall education of nurses.

Interculturality also confronts the teaching paradigms in health. We know that in the Indigenous cultural universe, the millenary practices are performed by leaders and witchdoctors, and orally conveyed to generations⁽¹⁷⁾. This is contradictory to the biomedical model, most commonly spread in the Western world⁽¹⁸⁾. Thus, the cultural questions that involve the graduation process of Indigenous students should be respect by the Advisor Professor and used to favor the formation of technical and scientific knowledge.

When we face the intercultural relationship, this context made professional (dis)instrumentalization emerge, a moment in which it was necessary to articulate the instrumental scientific technique of being a nurse with the empirical practice, that is, the intercultural relationship represented one of the major challenges of the Advisor Professor during the follow-up of these students in the University.

Because we have an exclusively Western education, we searched for information about the Ethnic group involved and about Indigenous Health, as well as the support to carry out the emerging situation better because of the cultural conflict in the interaction of these students with the Higher Education Institution (IES).

Nursing education is based on the biomedical practice⁽¹⁹⁾, making it hard for us to understand previous health concepts Indigenous students have. Health and scientific knowledge will be introduced in the Indigenous culture by professionals when they return to the village.

This concern was based on a study carried out with ethnic groups in the State of Pará, where the therapeutic armory available in the villages covers the most common diseases presented by children and adults, however, many

times they used it without proper criteria, with an indiscriminate and abusive use of allopathic drugs, given in a dangerous way, since there is no appropriate medical and pharmaceutical support and there is also the gradual abandonment of the use of medicinal plants⁽²⁰⁾. We should preserve their costumes so that there is no cultural loss but rather an increase in the universal knowledge and sociocultural practices⁽¹⁷⁾.

Something that made conflicts of “interculturalization” less strong was that the Indigenous students already had a previous contact with the Western culture, because they were presented to non-Indigenous culture at school. The Indigenous education goes beyond the schools that are close to the villages; the Indigenous leaders reformulate and resize the content of the education program according to the way of being of the people using it as an instrument to make them interact with other people. The school is then a collective territory for the use of Indians and non-Indians where they meet and discuss several topics⁽¹⁷⁾.

Other actions of the Advisor Professor were to organize the routine practice of the other professors and students of the Nursing course with the insertion of the Indigenous student. In these situations, a significant help was to understand the moment as natural and expected to the setting of the new group, recognized as affiliation and belong in which each participant kept a certain distance to the other⁽²¹⁾ and, little by little, this distance was reduced and soon all had a dynamic similar to any other person in the Nursing Course.

In the role of Advisor Professor, an essential technology was to use therapeutic listening to understand the living dynamic of the student in the university and in nursing. Health professionals should consider the therapeutic communication as an effective instrument in the interpersonal relations, to obtain positive results, to manage conflicts, and to favor confidence, especially with special populations⁽²²⁾.

In the weekly meetings of the Advisor Professor with Indigenous students, the therapeutic listening became regular. Missing the family, the novelties of a different world in the academic sense were themes for the discussion. Therefore, when the Advisor Professor welcomes the needs of Indigenous people it represented a path for building a competent communication, having in mind that the objective of this skill is to see the other in their integrality as a two-way street, in the humanizing and transforming care⁽²³⁾.

REFERENCES

1. Brasil. Ministério da Justiça. Lei nº 6.001, de 19 de dezembro de 1973. Dispõe sobre o Estatuto do Índio. Diário Oficial da União, Brasília (DF) 1973. Disponível em: <http://www.planalto.gov.br/CCIVIL/leis/L6001.htm>
2. Brasil. Congresso Nacional. Constituição da República Federativa do Brasil - 1988. Brasília (DF): Senado; 1988.
3. Carvalho JJ. Inclusão étnica e racial no ensino superior: um desafio para as universidades brasileiras. Brasília: Editora

The ability to communicate is predicted in the general competences of the Nursing National Curricular Guidelines (DCN/ENF) in the orientations to build the Nursing PPC⁽²⁴⁾. Thus, to develop interpersonal relations and the use of communication technology should be the priorities in the education of nurses. Even when there are difficulties in the process, we cannot lose sight of the essence which is the communication to the human relations in the different contexts⁽²⁵⁻²⁶⁾.

All the difficulties and challenges experienced, if they have not been discussed in the light of the Academy, can jeopardize the real sense of inclusion and permanence of Indigenous people in the university. Corroborating that, we live in a contemporary society with a twisted view of the Brazilian Indian, “a mythical and romanticized figure that lives in the forest and respects nature, speaks only their own language and walk naked”⁽²⁷⁾. Certainly, only in the future, over years and years of affirmative actions, we will be able to build a triangle of races in Brazil⁽³⁾.

FINAL REMARKS

Although the concerns coexist (and will exist), PROIND represented and represents a concrete affirmative action experience for higher education. The appointment as Advisor Professor has been challenging, it required a domain of interpersonal relationship, knowledge on Anthropology, and extensive reading of the scientific studies regarding the Indigenous culture.

Among the challenges that have been found, the most imminent risk is for (de)constructing the culture of care to Indigenous people in their territory, since the biomedical model of health is more emphasized in the education of nurses, leading to a conflict of knowledge and a tendency to over-value what is technical-scientific. This concern has not been contextualized and discussed enough to continue the process of higher education of indigenous people or to find strategies that value both cultures.

The present article tried to contribute to disclose the incipient experience of the Advisor Professor regarding the education of Indigenous nurses and their relationship with the teaching and learning process. However, we recognize that this experience does not exhaust the topic, since it reflects a punctual approach of the PROIND. Thus, we can provide subsidies to design other studies connected with the indigenous issues or other affirmative actions.

- Universidade de Brasília; 2005. p. 251-72.
4. Brasil. Ministério da Educação. Lei nº 9.394, de 20 de dezembro de 1996. Estabelece as Diretrizes e Bases da Educação Nacional [Internet]. 1996 [citado 2009 Jan 25] Disponível em: http://www.planalto.gov.br/ccivil_03/Leis/L9394.htm
 5. Rodrigues E, Carlini ELA. Levantamento etnofarmacológico realizado entre um grupo de quilombolas do Brasil. *Arq Bras Fitomed Cient.* 2003; 1(2):80-7.
 6. Vendruscolo GS, Mentz LA. Levantamento etnobotânico das plantas utilizadas como medicinais por moradores do bairro Ponta Grossa, Porto Alegre, Rio Grande do Sul, Brasil. *Iheringia. Série Botânica [internet]* 2006 [citado 2009 set 30]; 61(1-2): 83-103. Disponível em: <http://www.fzbrs.gov.br/publicacoes/iheringia-botanica/Ih61-p83-103.pdf>
 7. Pasa MC, Soares JJ, Guarim Neto, G. Estudo etnobotânico na comunidade de Conceição-Açu (alto da bacia do rio Aricá Açu, MT, Brasil). *Acta Bot Bras.* 2005; 19(2): 195-207. :
 8. Moehlecke S. Ação afirmativa: História e debates no Brasil. *Cad Pesqui.* 2002; (117): 197-217.
 9. Franchetto B. Guerra dos alfabetos: os povos indígenas na fronteira entre o oral e o escrito. *MANA.* 2008; 14 (1): 31-59.
 10. Hooker J. Inclusão indígena e exclusão dos afro-descendentes na América Latina. *Tempo Social.* 2006; 18(2):89-111.
 11. Santos JT, Queiroz DM. Sistema de cotas: um multiculturalismo brasileiro? *Cienc Cult.* 2007; 59(2):41-5.
 12. Brasil. Universidade Federal de Mato Grosso. Conselho de Ensino, Pesquisa e Extensão. Resolução CONSEPE nº 82, de 12 de setembro de 2007. Dispõe sobre a criação do Programa de Inclusão de Estudantes Indígenas “Guerreiro da Caneta” no âmbito da UFMT por um período de cinco anos a partir de 2008 [Internet]. 2007 [citado 2009 Ago 23]; Disponível em: <http://sistemas.ufmt.br/ufmt.resolucao/files/2007/csp/82.doc>
 13. Brasil. Universidade Federal de Mato Grosso. Conselho de Ensino, Pesquisa e Extensão - CONSEPE. Resolução CONSEPE nº 81, de 12 de setembro de 2007. Dispõe sobre aprovação da estrutura curricular do curso de graduação em Enfermagem do Campus Universitário de Rondonópolis/CUR. [Internet] . 2007 [citado 2009 Ago 23]; Disponível em: <http://sistemas.ufmt.br/ufmt.resolucao/files/2007/csp/81.doc>
 14. Brasil. Universidade Federal de Mato Grosso. Conselho de Ensino, Pesquisa e Extensão - CONSEPE. Resolução CONSEPE nº 83, de 12 de setembro de 2007. Dispõe sobre a aprovação de sobrevagas nos Cursos de Engenharia Florestal, Engenharia Sanitária e Ambiental, Agronomia e Nutrição [Internet] . 2007 [citado 2009 Ago 23]; Disponível em: <http://sistemas.ufmt.br/ufmt.resolucao/files/2007/csp/83.doc>
 15. Almeida MCP, Mishima SM, Pereira MJB, Palha PF, Villa TCS, Fortuna CM, Matumoto S. Enfermagem enquanto disciplina: que campo de conhecimento identifica a profissão? *Rev Bras Enferm.* 2009; 62(5): 748-52.
 16. Grubits S, Darrault-Harris I, Pedroso M. Mulheres indígenas: poder e tradição. *Psicol Estud.* 2005; 10(3): 363-72.
 17. Isaac PA. Sociedades indígenas: perda ou ampliação cultural? *Rev APG.* 2002; 10(27): 149-61.
 18. Lucchese R, Barros S. Pedagogia das competências - um referencial para a transição paradigmática no ensino de enfermagem - uma revisão de literatura. *Acta Paul Enferm.* 2006; 19(1): 92-9.
 19. Moretti-Pires RO, Bueno SM. Relação docente-discente em Enfermagem e problemas na formação para o Sistema Único de Saúde. *Acta Paul Enferm.* 2009; 22(5): 645-51.
 20. Barbosa WLR, Pinto LN. Documentação e valorização da fitoterapia tradicional Kayapó nas aldeias A'Ukre e PyKanu – sudeste do Pará. *Rev Bras Farmacogn.* 2003; 13(Supl 1): 47-9.
 21. Lucchese R, Barros S. A utilização do grupo operativo como método de coleta de dados em pesquisa qualitativa. *Rev Eletrônica Enferm.* 2007; 9(3): 796-805.
 22. Roehrs H, Maftum MA, Stefanelli MC. A comunicação terapêutica sustentando a relação interpessoal entre adolescente e professor do ensino fundamental. *Online Braz J Nurs [Online].* 2007; 6(3).
 23. Braga EM, Silva MJ. Comunicação competente: visão de enfermeiros especialistas em comunicação. *Acta Paul Enferm.* 2007; 20(4): 410-4.
 24. Brasil. Ministério da Educação e Cultura. Conselho Nacional de Educação. Resolução CNE/CES nº 3 de 7 de Novembro de 2001. Institui Diretrizes Curriculares Nacionais do Curso de Graduação em Enfermagem. *Diário Oficial da União, Brasília (DF),* 7 de Nov de 2001.
 25. Pontes AC, Leitão IM, Ramos IC. Comunicação terapêutica em Enfermagem: instrumento essencial do cuidado. *Rev Bras Enferm.* 2008; 61(3): 312-8.
 26. Koepe GB, Araujo ST. Comunicação como temática de pesquisa na Nefrologia: subsídio para o cuidado de enfermagem. *Acta Paul Enferm.* 2009; 22(Spe1): 558-63.
 27. Paulino M. Povos indígenas e ações afirmativas: o caso do Paraná [dissertação]. Rio de Janeiro: Faculdade de Educação da Universidade Federal do Rio de Janeiro; 2008.