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Consensus of expert professors of subfields of Nursing knowledge: objectives, contents and methods

Consensos de professores especialistas de subáreas de conhecimento de Enfermagem: objetivos, conteúdos e métodos

Consenso de profesores especialistas en subáreas de conocimiento de Enfermería sobre objetivos, contenidos y métodos

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Abstract

Aim: to describe the relationships among objectives, content, and teaching methods in subfields of Nursing knowledge from the consensus of expert professors. **Methods:** a Delphi study in four rounds. Participants were 112 professors from undergraduate courses at public Higher Education Institutions in Brazil divided into seven panels by subarea. The data were analyzed using the Content Analysis technique in light of Shulman's concepts of knowledge of objectives and pedagogical knowledge of content, transformed into the qualitative variables of interest, objectives, content and teaching methods, around which consensus was sought. **Results:** only the subareas of Collective Health Nursing and Nursing in Management and Administration agreed on objectives. Agreed contents were related to public policies and programs of the Unified Health System. Methods suggest the coexistence of tradition and innovation. **Conclusions and implications for practice**: the awareness of the relationships among the objectives, contents, and methods used by the professors impacts the promotion of dialogue and the integration among the subareas, implying, in practice, a potentiated or fragile professional formation in resolute quality of health problems.

Keywords: Faculty; Education in Nursing; Higher Education; Nursing; Teaching.

Resumo

Objetivo: descrever as relações entre objetivos, conteúdos e métodos de ensino em subáreas de conhecimento de Enfermagem a partir do consenso de professores especialistas. **Método**: estudo Delphi em quatro rodadas. Participaram 112 professores de cursos de graduação de Instituições de Ensino Superior públicas do Brasil divididos em sete painéis por subárea. Os dados foram analisados pela técnica de Análise de Conteúdo à luz dos conceitos de conhecimento dos objetivos e conhecimento pedagógico de conteúdo de Shulman, transformados nas variáveis qualitativas de interesse, objetivos, conteúdos e métodos de ensino em torno das quais foi buscado consenso. **Resultados:** somente as subáreas Enfermagem em Saúde Coletiva e Enfermagem na Gestão e Gerenciamento acordaram objetivos. Conteúdos acertados foram relacionados às políticas públicas e aos programas do Sistema Único de Saúde. Métodos sugerem a coexistência de tradição e inovação. **Conclusões e implicações para a prática:** a tomada de consciência das relações entre os objetivos, conteúdos e métodos utilizados pelos professores impacta a promoção do diálogo e a integração entre as subáreas, implicando, na prática, uma formação profissional potencializada ou frágil em qualidade resolutiva de problemas de saúde.

Palavras-chave: Docentes; Educação em Enfermagem; Educação Superior; Enfermagem; Ensino.

Resumen

Objetivo: describir las relaciones entre objetivos, contenidos y métodos de enseñanza en subáreas del conocimiento de Enfermería a partir del consenso de profesores especialistas. **Método:** estudio Delphi en cuatro rondas. Participaron 112 profesores de cursos de pregrado de instituciones públicas de educación superior de Brasil, divididos en siete paneles por subárea. Los datos fueron analizados mediante la técnica de Análisis de Contenido a la luz de los conceptos de conocimiento de los objetivos y conocimiento pedagógico del contenido de Shulman, transformados en variables cualitativas de interés, objetivos, contenidos y métodos de enseñanza en torno a los cuales se buscó el consenso. **Resultados:** solo las subáreas Enfermería en salud colectiva y Enfermería en gestión y Gerenciamiento acordaron objetivos. Los contenidos del consenso se relacionaron con las políticas públicas y los programas del Sistema Único de Salud. Los métodos sugieren la coexistencia de la tradición e innovación. **Conclusiones e implicaciones para la práctica**: la conciencia de la relación entre los objetivos, contenidos y métodos empleados por los docentes incide en la promoción del diálogo y la integración entre las subáreas, implicando en la práctica una formación profesional potencializada o frágil en términos de resolución de problemas de salud.

Palabras clave: Docentes; Educación en Enfermería; Educación Superior; Enfermería; Enseñanza.

INTRODUCTION

A professors' practice is underpinned by a set of sources and knowledge bases,[1] which are articulated together in an active and reflective movement that Shulman[2] has called the Model of Pedagogical Reasoning and Action (MPRA). Thus, four sources of knowledge (scholarship in content disciplines, educational materials and structure, formal educational scholarship, and wisdom acquired through teaching practice) subsidize seven categories of background knowledge: content knowledge; general pedagogical knowledge; pedagogical content knowledge; knowledge of the curriculum; knowledge about students and their characteristics; knowledge of the educational context, and knowledge of the objectives, purposes, educational values, and their historical-philosophical foundations.[2,3]

MPRArelies both on sources of background knowledge, which the professor accesses along the way,[4] and on the professor's reflective potential.[5] Thus, in its phases of understanding, transformation, teaching, evaluation, reflection, and new ways of understanding, it is distinct to each professor and can be analyzed through the manifestation of thinking and observation of acting.

The comprehension phase is the starting point. All categories of background knowledge may be involved, with an emphasis on goal knowledge, general pedagogical knowledge, and content knowledge.[4] Knowledge of the objectives, purposes, educational values and their historical-philosophical foundations characterizes the professors' understanding of why and for what purpose to train. It is a mixture of general aspects, such as the desired professional profile, and strict aspects, such as the objectives of a discipline or class[2] and can be observed in the teaching plans, in the lessons, in an explicit way, or even in the professors' discourse and methodological choices, in a tacit way.[6]

General pedagogical knowledge, on the other hand, characterizes the broad strategies used by professors that transcend the subject or discipline, while pedagogical content knowledge is observed in the understanding and teaching through the election of methods understood as the best way to teach and to learn on a specific theme, which, in the context of the training organized in the subareas of knowledge, will involve the particularities of the content in relation to the objectives.[7]

When analyzing this knowledge within the comprehension phase of Nursing professors, it is observed that in order to teach, professors support their practice in different sources, using evidence of practice and beliefs about the best ways to teach and learn.[8] There is a close relationship between what professors believe and know and what they do and master.[7] In addition to theoretical, technical, or scientific knowledge acquired in the course of academic training or through pedagogical frameworks and materials, knowledge and beliefs obtained from other sources of knowledge base for teaching,[8] such as wisdom acquired through teaching practice, can also influence the expansion of curricular objectives.

In the training of nurses, it is advocated in favor of a generalist, humanistic, critical-reflexive profile, with professionals able to transform the social reality and to be agents of change in the reorganization of practices - a profile described in the National Curriculum Guidelines (NCGs), which organize the training in the country.[9]

To this end, if the premise is considered that in the relationship between higher education and the production of knowledge through research, the latter exerts a more or less direct impact through the characteristics of the curriculum,[10] one can consider that the pedagogical work of schools and professors is also structured, to a greater or lesser extent, in the knowledge of Nursing, currently organized in the subareas: Fundamental Nursing (FN); Emerging, Reemerging and Neglected Diseases Nursing (ERNDN); Adult and Elderly Health Nursing (AEHN); Women's Health Nursing (WHN); Child and Adolescent Health Nursing (CAHN); Management and Administration Nursing (MAN); Mental Health Nursing (MHN); Collective Health Nursing (CHN).[11]

Since the publication of the NCDs, it has been observed, in the databases, the continuous publication of works that report difficulties for the reorientation of professional training in Nursing, such as the teaching-service integration[12] and the interdisciplinarity and cross-sectionality of the contents related to the Unified Health System (UHS).[13] It is possible that these and other issues are related to the fact that nursing education is intended to train generalists, trained, as a rule, by specialists who, in addition to the formal curriculum, have the autonomy to mediate objectives and content through teaching methods.

By assuming that it is ultimately intended to promote learning for the training of generalist nurses, and that learning is underpinned by the understanding of expert professors who translate expert knowledge from an individual MPRA to a peer-shared teaching context, the focus of this article was on the relationship between purpose, content, and teaching methods. Thus, the question is: "What are the relationships between objectives, content, and teaching methods agreed upon by expert professors in subfields of Nursing knowledge?".

This research therefore aims to identify the relationships between objectives, content and teaching methods in subfields of Nursing knowledge from the consensus of expert professors.

METHOD

The Delphi[14] study was chosen because of the possibility of considering expert professors from several regions in Brazil, without the need to gather them in a physical environment, developing the process through a virtual environment. The development of the method is systematically communicational. This is an interactive activity, controlled by the researcher, with the objective of obtaining the most reliable consensus of opinions from a group of experts, through a series of intensive questionnaires, interspersed with feedback through short answers concerning the exposed opinions.[15]

The identification of potential participants occurred from March to December 2017 and was divided into three stages: (1) survey, via e-MEC, of the public Higher Education Institutions (HEIs) that offered undergraduate Nursing courses in Brazil; (2) identification of the professors by subarea of knowledge

from the institutional websites of the courses or by email contact; (3) checking the compliance with the criteria established in the study and described below through the Lattes Curriculum.

A total of 79 HEIs were identified, offering 98 courses: 19 in the South; 24 in the Southeast; 17 in the Center-West; 26 in the Northeast and 12 in the North. For the consideration of the professor as a specialist, the inclusion criteria were: to teach subjects in nursing courses; to have an undergraduate degree in nursing, or a *Lato* or *Stricto sensu* post-graduate degree in a subarea of nursing knowledge; to have care, managerial or technical experience as a nurse of at least two years and to have worked as a professor of higher education in nursing for at least five years. The exclusion criteria were: being a temporary professor and/or teaching basic cycle subjects, such as anatomy, biology, etc.

A grand total of 2716 professors were identified, distributed by subfield: 171 in MHN; 225 in NAM; 254 in FN; 304 in CAHN; 335 in WHN; 563 in CHN and 731 in AEHN. At the time of the identification of the participants, the scientific dissemination of the subareas of knowledge was distinct. The study used the proposal of Oliveira,[16] which does not include ERNDN. A total of 133 professors, who taught subjects in more than one sub--area were identified, allocated as multi and then excluded. The professors were ranked to identify those who met the largest number of inclusion criteria, maintaining the regional proportion, with the intention of ensuring that all regions of the country were covered.

Ten percent of the professors in each sub-area made up the panel sample. Sub-areas with up to 200 professors constituted a panel with 20 specialist professors; up to 300, with 30, and so on, successively, with a maximum number per panel of 50 professors. In each sub-area, professors were invited by e-mail sent via SurveyMonkey®, an online research platform, according to the established ranking and, as they agreed, they received the consent form and the first round questionnaire. When they declined to participate, they were immediately replaced by the next ranked professor in the sub-area.

Upon invitation, 260 professors agreed to participate in the study. However, 112 responded to the questionnaire of the first round, becoming effective participants, representing a return of 56%. Data collection took place from January 2018 to April 2019, given the national scope of the study, and was developed in four independent rounds by subarea, the first qualitative and the following quantitative rounds, based on the immediately previous round.

The first round questionnaire contained four open-ended questions, based on Shulman's concepts.[2] The qualitative content from Round 1 was analyzed using the Content Analysis technique,[17] deductively, in light of Shulman's constructs.[2] The registration units were transformed into variables presented in the questionnaires of rounds 2, 3, and 4 as multiple choice or checkbox type questions with the intention of obtaining consensus above 70%,[18] calculated by arithmetic mean. At each round, the data were compiled and presented to the participants prior to the time of response in the following rounds. Consensus was obtained in the sub-areas in different rounds.

This manuscript is part of the research macro-project "Action and pedagogical reasoning of professors from public universities in subareas of knowledge in Nursing". The results of the three nominal qualitative variables highlighted in Chart 1, obtained in the quantitative rounds, are presented. The study was approved by the Research Ethics Committee under Opinion no. 2,106,483/2017.

Chart 1. Round, theoretical framework and variables of interest.

Question Round 1	Intention	Rounds 2, 3, 4
What do you base your teaching on?	Identify the sources of background knowledge.[2]	Search for consensus on the sources of background knowledge[2] mentioned by professors.
In your sub-area, what do you need to know in order to teach?	Identify the content knowledge[2] related to the subarea considered important to the teaching of generalist nurses.	Content variable: knowledge, skills, and attitudes that subarea professors must teach in order for students to achieve the goal.
How do you understand teaching in your area?	Identify knowledge of objectives,[2] within the comprehension phase,[2] for the search for consensus on teaching objectives in the subarea, with a view to training generalist nurses.	Teaching objective variable in the sub-area: explicit intention of what a student should develop in the scope of the sub-area of knowledge through one or more subjects.
How do you conduct your subject? From the moment you are preparing, structuring the teaching plan, choosing teaching methods and evaluation.	Identify general pedagogical[2] and content pedagogical knowledge in the transformation[2] and evaluation[2] phases.	Teaching methods variable: description or systematization of a particular way of teaching in order to achieve the objectives.

Source: the authors.

RESULTS

Brief characterization of the participants' knowledge sources

As for academic background, 100% (n=112) of the professors had a master's degree, 84% had a doctorate (n=94) and 30% (n=34) of the PhDs perpetuated the knowledge qualification in a post-doctoral internship; 78% (n=87) had professional experience as a nurse, and the sub-area of CAHN was the only one in which all met this criterion. Regarding teaching experience, 4.5% (n=5) had up to five years; 44% (n=49) up to 15 years; 40% (n=45) up to 30 years and 11.5% (n=13) up to 45 years.

Objectives, content and teaching methods

There was consensus, above all, on content and methods. Some contents were the consensus of more than one panel, such as the systematization of care, the Nursing Process, and the Nursing consultation. The same with the methods lecture dialog, simulation, and practices in health services.

Regarding the objectives, considering the seven panels, only NAM and CHN obtained consensus. Although the method chosen for this study aims to obtain consensus, we chose to present the objectives outlined in the panels of the other subareas for the understanding that they concern the understanding of part of the professors in the scope of MPRA and that their socialization allows initial relations with the contents and methods.

The sub-areas of MHN and NAM share the sense of training for teamwork, centered on the user and on his rights, this last characteristic also signaled in CHN. The MHN and CHN signalize public health policies and care networks. There are also signs of a nursing education that articulates the idea of integral training of nurses (care, education, management and research) in NAM and AEHN, when they point out that it should articulate the managerial and care work processes, and AEHN also highlights, in the goal, health education.

Chart 2 presents, by sub-area, the consensus obtained on the variables objective, contents, and teaching methods, organized in sequence, from the highest to the lowest percentage of consensus.

Chart 2. Results by sub-area, by variable.

Sub-area	Objectives	Contents	Methods
FN	One, no consensus.	1. Medication administration (100%).	1. Simulation (100%).
		2. Basic biosafety techniques (86%).	2. Case studies (86%).
	Provide the biological, social, care, and ethical-professional bases of Nursing (50%).	3. Theory of basic human needs (86%).	3. Problem Based Learning (71%).
		4. Nursing care in the needs of oxygenation, thermoregulation and blood circulation (86%).	
		5. Nursing care for safety needs (86%)	
		6. Systematization of Nursing Care (71%)	
CAHN	One, no consensus.	1. Child growth and development (100%).	1. Simulation (70%).
		2. Comprehensive care and Nursing interventions to the newborn, child and adolescent in primary care and hospital (93%).	
	Introduce the student, future professional, to the practice of child, adolescent, and family care.	3. Care and prevention of serious phenomena. E.g.: violence in adolescence, early pregnancy, drug use and abuse, bullying (93%).	
		4. Diseases and diseases prevalent in childhood and adolescence (93%).	
		5. Needs of the hospitalized child and its repercussions for the children/adolescents and families (93%).	
		6. Ethics and bioethics applied to the nursing care of children and adolescents (80%).	

Source: the authors.

Chart 2. Continued...

Sub-area	Objectives	Contents	Methods
MHN	Four, no consensus.	1. Acting as a nurse in the care of mental health and disease in the family and community context (100%).	1. Group discussion (100%).
		2. Single therapeutic project (100%).	2. Case studies (91%).
	1. Instrumentalize nursing students to work with the psychosocial care team, based on the policies and care of psychopathological conditions, with emphasis on understanding the Psychosocial Care Network (RAPS) (30%).	3. History of Psychiatry and mental health (100%).	3. Visit to health services (91%).
		4. Psychosocial care network (91%).	4. Expository lesson (82%).
	2. Sensitize and instrument students about the need for social reinsertion of individuals, through an approach centered on the person and not the disease, so that they can act exalting and strengthening the preserved abilities of patients, reducing losses, stimulating the re-signification of experiences and strengthening bonds (20%).	5. Mental health public policies (91%).	5. Film and video exhibition (73%).
		6. Mental disorders. E.g.: schizophrenia, bipolar disorder, etc.) (91%).	
	3. Present the historical panorama of Psychiatry, the Psychiatric Reform, the models of health care, the networked care, differentiating mental illness from mental health and emphasizing the role of nurses and the health team in the area (20%).	7. Therapeutic communication techniques (91%).	
		8. Psychiatric nursing consultation (82%).	
	4. Teach about Nursing, Psychiatry and Mental Health (10%).	9. Nursing care in psychopathological pictures (82%).	
		10. Psychiatric examination (73%).	
		11. Psychoactive drugs (73%).	

Source: the authors.

Chart 2. Continued...

Sub-area	Objectives	Contents	Methods
WHN	Three, no consensus.	1. Prevalent pathologies in women's health (100%).	1. Case studies (100%)
		2. Risk factors for women's health (100%).	2. Expository lesson (83%).
	Intervention in women's health care in order to identify problems, promote health and prevent diseases (50%).	3. Women's health policies (100%).	3. Simulation (83%).
		4. SISCOLO/SISMAMA (100%).	4. Problematization (83%).
	Develop competencies and skills for Comprehensive Attention to Women's Health in the context of the UHS (33%).	5. Prevention and early detection of cervicouterine and breast cancer (100%).	
		6. Prevention and early detection of sexually transmitted infections (100%).	
	Promote health care for women in their vital cycle (17%).	7. Sexuality and reproduction (100%).	
		8. Reproductive planning (100%).	
		9. Obstetric Violence (100%)¬.	
		10. Breastfeeding assistance (100%).	
		11. Abortion (100%).	
		12. Women care during labor, delivery, and puerperium (86%).	
AEHN	One, no consensus.	1. Pain management in adults and elderly (100%).	1. Service practices (86%).
		2. Nursing care to patients with oncohematologic, cardiovascular, respiratory, digestive and urinary system diseases (86%).	
	Teaching the process of caring in Nursing to adults and the elderly in outpatient and inpatient follow-up with acute and chronic conditions. Assistance to family and caregivers and the development of educational practices (67%).	3. Hypertension and Diabetes (86%).	
NAM	Managing global and Nursing care, articulating the multiprofessional team with the Nursing team in the process of caring for the user. The nurse is involved in solving general needs, not only those of his/her exclusive competence. When of his competence, he uses the articulation of the care and management work processes in favor of the "integrality of thinking and doing". When it transcends its competence, it involves and co-responsibilizes the other professionals in the care process, acting as an "advocate" for the person/user.	1. management models (100%).	1. Active methodologies (91%).
		2. Information systems (100%).	
		3. Administration theories (100%).	
		4. Decision making/decision making process (100%).	
		5. People management (100%).	
		6. Teamwork (100%).	
		7. Permanent Education (100%).	
		8. Service planning and organization (100%).	
		9. Work process (100%).	
		10. Nursing dimensioning (92%).	
		11. Leadership (92%).	
		12. Entrepreneurship (92%)	
		13. Interpersonal Relationship (92%).	
		14. Supervision (83%).	
		15. Communication (83%).	

Source: the authors.

Chart 2. Continued...

Sub-area	Objectives	Contents	Methods
CHN	To train nurses with knowledge of the theoretical and practical framework of the field of collective health applied to nursing, with an understanding of the health system and its social determinants, in order to ensure autonomy and insight to ensure the completeness of care provided to individuals, families and communities, with quality and humanization to intervene in the health/disease process.	1- Epidemiology (100%).	1. Visits to health services (100%)
		2. Health Services Planning and Org.	2. Practices in services (100%).
		3. Health Systems, Public Health Policies in force (100%).	
		4. Social Determinants of Health (100%).	
		5. Health Work Processes (93%).	
		6. Health/disease process (93%).	
		7. History of collective health (93%).	
		8. Health surveillance (93%).	
		9. Basic health care (93%).	
		10. Health needs (85%).	
		11. Health networks (85%).	
		12. Health indicators (85%).	
		13. Immunization and cold networks (85%).	
		14. Home visitation (85%).	
		15. Prevention levels (85%).	
		16. Programs of the Ministry of Health (77%).	

Source: the authors.

DISCUSSION

There is intentionality in teaching, as outlined by Shulman[2] in MPRA. Starting with a given content or discipline, this process begins with professor-driven movements of understanding and transformation in relation to goals, content, and teaching methods.

That being said, from the explanation of the professors' pedagogical reasoning, we sought to identify possible relationships between these elements, not only restricted to the scope of their discipline, but in a reflective exercise of extrapolating them to a broader context, that of the teaching of a specific subarea of nursing knowledge within the scope of a generalist education. Thus, throughout the research rounds, based on the compression they had about the training of nurses, considering their sources of knowledge, the professors agreed on objectives and chose contents and teaching methods they considered pertinent to achieve them.

This may be related to the fact that this may not be possible due to the multiplicity of competencies required of nurses, each one generating specific objectives, or due to the miscellany of understandings within the same subarea, reinforcing the idea that pedagogical reasoning, besides being individualized, may be poorly shared among peers and negotiated in the educational context.

In an attempt to think about nursing education in a broader way and not restricted to one or another discipline, the clarity of the objective of the sub-area, in the comprehension phase, seems dear to nursing education. A study on nursing education in Latin America and the Caribbean[19] proposed that undergraduate curricula in nursing should potentialize integrated and articulated activities in order to align universal competencies and provide students with the opportunity for innovative learning practices and transformative education, valuing the training of professionals who meet the needs of the population,[20] which implies that there should be discussion among professors of the same subarea and also among subareas.

Despite the difficulties of consensus, in the statement of objectives shared among some subareas, verbs compatible with content-centered approaches, which are generally also professor-centered,[21] such as provide (FN), introduce (CAHN), instrumentalize (MHN), and teach (MHN and AEHN), are observed. Approaches like these are characterized by the fact that the action in relation to the learning object (content, for example) is not the student's.

When the common content among the subareas is analyzed, a negotiation of understanding is observed between what would be specific content and content related to the UHS, its policies and programs. This may be the result of the strong movement inducing the reorientation of professional training in health for

the UHS, which focused significantly, in the first moments, on the change of structures and teaching materials, altering pedagogical projects and menus, with difficulty in reverberating in changes of practices.[9]

As for methods, there is a predominance of consensus around methods related to the idea of active learning, characteristic of student-centered approaches, such as practices, case studies and simulation, together with the method characterized as traditional: the lecture class. In this sense, it is possible that Nursing education is in a period of transition induced by the constant discourse promoting the use of active methodologies, even though Nursing education is seen as predominantly traditional.[22]

It is also possible that this is a reflection of a movement of technological orientation in professor education[5] in which, based on scientific literature, best practices or best methods[23] of teaching are suggested, creating canonical methods. This fact may suggest that pedagogical content knowledge is instrumental, generating models, standard forms.

Observa-se também que as subáreas que listaram maior número de objetivos (FN, WHN, MHN), although not agreed upon, they agreed on a greater number of methods, which may suggest more didactic diversity in the professors' practice, beneficial to student learning, as it contributes to a wider range of students, with different learning styles.[24,25]

Thus, if the interconnection between objectives, contents and methods is taken, one must pay attention to the presence of a distance between intention and action, since the writing of the objectives focuses on the professor and the method, and these require the active participation of the student. Again, the distancing in the relationship between goals and methods can be observed between and within subfields, in the use of verbs and nouns. *Educate, teach, train, sensitize, instrumentalize* and *intervene* carry with them different spectra, which can lead professors to choose more or less directive teaching methods to achieve these goals.[26]

Becoming aware of these aspects is relevant for Nursing education, especially if a consideration of evaluation is also added. Evaluation is pointed out as a challenge of the teaching work due to the potential theoretical conflicts of what to evaluate, how to evaluate, and who evaluates.[27]

From the perspective of assessment in MPRA, it is in this phase that professors evaluate the planned and executed and, in theory, is a phase in which student performance data are outputs of their own performance. Such a perspective confirms that it is necessary to define, in advance and clearly, the objectives and the teaching and evaluation process in order to be pursued and, progressively, achieved in the teaching actions, as well as constantly verified by the proposition of different evaluative activities.[28]

CONCLUSIONS AND IMPLICATIONS FOR PRACTICE

Since Nursing education follows the NCGs for Teaching, considering the local contexts of professor training, it is possible to analyze the relationships between objectives, content and teaching methods, and relate the 'doing' between and in the subareas of knowledge of Nursing. It was highlighted that there are content-centered objectives and teaching methods that suggest both maintenance and innovation through approaches with a focus that characterizes the student-centered approach.

The Delphi method allowed professors to discuss this intentionality and its unfoldings from their particular understandings, thus presenting difficulties in reaching consensus on the knowledge objectives. The clarity of the objectives helps professors to choose compatible contents and teaching methods, as well as can provide dialogue between professors of different subfields. This would be beneficial to the development of teaching in the subarea and to Nursing education, but, also, with the possible presence of conservatism, standardization and innovation coexisting.

Awareness of the interconnection between objectives, content and methods can collaborate with the learning outcomes of students and serve as a subsidy to professor training, since the wisdom acquired from the practice of professors is an important source of knowledge base for teaching. Given that the implications for practice reverberate in a professional training strengthened or weakened in quality resolution of health problems.

The limitations of the study include the losses in the first round and the fact that the analysis is based on the speeches of the professors and not on the observation of their practices and analysis of the lesson plans. The consensus among professors is discussed by panels, which do not necessarily represent what they do. On-site studies are recommended.

AUTHOR'S CONTRIBUTIONS

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