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Macropolitical and micropolitical movements in undergraduate teaching in nursing

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This study deals with higher education in the field of nursing in the light of the Brazilian National Curriculum Guidelines, adaptation of professional education to the needs of the Brasilian Health System, and construction of care practices for comprehensive healthcare. This reflection is undertaken within the scope of university pedagogy relating to education for any of the professions regulated in Brazil regarding their orientation towards care. Care is seen as production of comprehensive healthcare; identification with the users of professional healthcare; understanding of the health system as a network response to social health needs; and education as a bold process of subjectivation that challenges autonomy that invents itself and the world.
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Introduction

This essay derives from a reflection on nursing education. Its point-of-departure are the micropolitical forces, seen as having potential for change in undergraduate programs, in opposition to the macropolitical forms, which establish "parameters" and determine "paths" for proposals of undergraduate teaching projects aiming to change care practices in the field of health and nursing. This text is part of a doctoral research in which I aim to understand the potential of micropolitical intermediation – what we live, on a daily basis, in the encounters promoted by educational processes.

Brazilian education in the area of health has advanced, over time, in order to comply with the political guidelines of the health sector, mainly if we think of the needs imposed by the implementation of the *Sistema Único de Saúde* (SUS - Brazil's National Health System). However, the political imposition, even though derived from social movements that have strongly marked the field of public policies in the sector, does not guarantee the movement of changes in education.

When we propose an undergraduate program in the area of health, we assume that its orientation, provided that rules, norms and protocols are obeyed, guarantees the education of

professionals to meet the sector's needs. The imposed forms are its macropolitics and, generally speaking, they govern the pedagogical propositions. The fact is that the forces that compose this proposition of an undergraduate health program operate in another dimension, which contains forces with other flows and connections, components of micropolitics that cross, intersect, traverse macropolitics.

Theoretical framework

Macropolitics: government of the forms

In the field of public health policies, the movement of the Sanitary Reform, which in the middle of the 1980s held the 8th National Health Conference (1986), delimited an important political moment in the sector, as the rupture of the thought that people's health is affected by political and social relations was joined to the urgency of our entering into another political moment (democratic) that inaugurated a participatory phase of social listening. If, on the one hand, the struggle for the Sanitary Reform brought a component of social mobilization in the structural order and in the State economy, on the other hand it brought the component of the population's participation in health care services and the change in the logic of care provision for users, in a struggle to overthrow dictatorship[1].

Popular and social movements have assumed a leading role in the field of health that has placed daily life situations on the center of the debate. Daily life, seen as something immanent and singular, had never been considered in the proposition of public polices in the area of health. The implementation of Brazil's National Health System, expressed in the 1988 Federal Constitution, determines, in its Art. 200, that the National Health System is responsible for organizing the education of human resources in the area of health – a way of putting work and education on the agenda, in a field that refers to the "order of life"[1].

With the constitution of the SUS, the sector's set of public policies begins to focus on the need to adequate the education of *human resources* to meet social needs in the health field, and also on management problems of the health system. In this sense, teaching-service integration is amplified, and the academic institutions for health education, mainly public universities (due to the presence of postgraduate programs in public health), assume the conduction of important research and the formulation of concepts about health practices. Particularly in the case of health, popular education fosters debates, builds its potential to promote social struggles for health, and confronts those who, in a certain way, had the stipulation of comprehensive health care in their hands. Political agenda, popular education and social movement have been important devices for health's change in orientation in Brazil. The movement of Sanitary Reform and its developments have imposed another way of thinking about health and, consequently, of thinking about education.

It is important to highlight that, with the Sanitary Reform, mainly in the 1980s, several events were constituted in a rhizomatic way[b] – a tangle of possibilities influenced the health scenarios. In Brazil, the 1988 Constitution rescued health as a right and a citizenship process, specifying, in Article 196, that health is "a right of all and a duty of the State", which may seem obvious, but it is not like this in many countries to this day, it was not like this before and it has not been consummated yet, 20 years later. Federal Law no. 8080/90 detailed this concept and ensured that the determining and conditioning factors of health are food, housing, work, income, education, transport, leisure and access to essential goods and services, among others[1,2].

The guarantee of health to the entire population, established in the Federal Constitution, is directly related to the implementation of the SUS. Compliance with its principles (universalization, decentralization of management, participation of the population and comprehensiveness of care) and with its objective - equitable access - demands professionals who have this appropriation and educators of workers who have this aim. The constitution of the SUS also determines that councils and conferences must be implemented for debates, evaluation and decision-making together with the population. Moreover, users and their popular and union movements must participate (with deliberative power) in public health policies, through the organization of civil society to give its opinion about the health it wants.

These realities have started to require that health workers commit to comprehensiveness[c]. Diagnosis and prescription resources are no longer sufficient; it is necessary to work in a team in an interdisciplinary way, to work closer to popular cultures, to constitute care networks among health care services, and to establish organic relations between service structures and teaching/education structures, and also among other political conducts and technical strategies.

In this sense, Foucault's thought[d] emerges in a micropolitical way: a "weapon" to popular movements and an argument to politics. The author writes that medicine, in the 19th century, started to be incorporated into the way in which society is organized, that is, diseases are political and economic problems that must be analyzed and solved together. From the teachings of Foucault, among other thinkers, we can highlight that health acts not only prevent or treat, but they also influence the disease processes of people and populations. Health understood in this way makes us consider that, through the education of health professionals, it is possible to assume new ways of preventing and treating (providing care), and also, of educating[3,5].

Undoubtedly, the implementation of health policies in the SUS has inaugurated a singular way of thinking about processes and actions that guarantees the possibility of meeting the needs

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[b] Deleuze and Guattari[3] use the concept of rhizome, the image of the network, to describe a tangle that potentializes the multiple, possible connections of existence. This concept helps to understand rhizomatic networks as a process of "social life", a flow and a tangle that, in the health sector, place citizenship as the criterion.

[c] The concept of Comprehensiveness has gained in importance because it includes, in the scope of health care, not only the understanding of the individual as *a whole* – without fragments -, but also the dimension of integral body, the affective dimension and relational thought. To Ceccim[4], we need to develop treatment technologies that respond to the condition of comprehensiveness, to the problem-solving capacity of care practices and to health problems, as they are experimented in life situations.

[d] When we consulted Foucault and his studies about the birth of social medicine, we realized, after a brief reflection, that the structuring of medicine earned, in 18th- century Europe, a certain position for being managed as a system of thought. The beginning of the institutionalization of medicine considered the body as a political and social instrument. Foucault[5] (p. 80) shows that "the capitalist society invested, above all, in the biological, somatic, corporal dimension".

imposed by the moment. An important and urgent delimitation for the population's health emerges from the scientific concepts and debates that significantly reveal this moment: we have started to talk about comprehensiveness, organized collectives, health care teams, care network and line of care, among other concepts. Consequently, the definitions that have been adopted with the implementation of the SUS, despite all their complex interfaces, determine a way of being in view of the situations of disease and health care.

Acting according to this (supposed) orientation has become "fashionable". Undoubtedly necessary, this orientation is not a game of words and it cannot be implemented as a "program". By itself, it is not enough, or to put it another way, it is not limited to rules, norms and modeling protocols. The implementation of policies does not generate, necessarily, a micropolitical change[e]; we can appropriate liberating and disrupting discourses, we can adopt new words, we can "discourse" about new practices without effectively causing or fostering the production of novelties in the practice of health care.

The political delimitations in the field of health and in the field of education represent fundamental movements to life, health, politics and education, and the advances achieved in this sense will not be discussed here. Rather, the aim is to recover to what extent we have subjected ourselves to modelizations and to what extent we have converted agendas, struggles and movements into macropolitics of identity, nullifying disruptive potentials and innovation potentials. People have started talking and acting according to the new guidelines without the inauguration of thoughts: subjection without singularization[6-8].

To help in this reflection or provocation, Guattari and Rolnik approaches the productive machines, which can come from a macropolitical orientation. He argues that, "if politics is everywhere, it is nowhere", that is, the health policies, expressed by the regulation of the SUS, give margin to freedom and to the opportunity of creation, but their exercise is a production in action. The political and social movements were the ones that started to guide health care practices, with the indication that we should account for the numerous problems that we analyzed here and we should have autonomy to think about and propose ways of working and educating[7].

According to Guattari and Rolnik, particularly in his work, *Micropolítica – cartografias do desejo* (Micropolitics – cartographies of desire), micropolitical actions occur even within a scenario of depoliticization, such as the one that we undergo when everything is converted, through norms, regulations and protocols, into models. The expression used by Guattari, Integrated World Capitalism (IWC)[f], induces us to think that the disruptive movements, which, theoretically, are

[e] The word "micropolitics", according to Guattari and Rolnik, refers to the way in which we re(produce) subjectivity. To the author, micropolitics is not situated in the level of representation; rather, it is in the level of production of subjectivity[7].

[f] The Integrated World Capitalism (IWC), created by Félix Guattari and Suely Rolnik, proposes the idea of appropriation of the totality of subjectivation modes based on the capitalistic trends that act in the world. Generally speaking, the IWC serves as a collective social control of subjectivities, regardless if it is in a capitalist or in a socialist bureaucratic world[7].

potentialized by political actions, are no more than social capture. We are gradually "serialized"; it is possible to see an attempt at social control by means of "production of subjectivity in a planetary scale"[7].

The reflection on micropolitics based on this author leads us to the recognition that we have great political actions that tend to control everything on behalf of a hegemony that standardizes our acts: "individuals are reduced to nothing more than gears concentrated on the value of their acts, a value that responds to the capitalist market and its general equivalents"[6-8].

I think about the boldness of singularizing that is present in the political, popular and social movements that culminated in the constitution of the SUS; however, in spite of the advance that such a proposal may mean, we still do not have an effective change in the health care practices. We are still stuck in a model that is essentially curative and the health care practices continue to be the same, even though coated with new indicators.

The great political actions, by themselves, do not have potential for intermediating the micropolitical dimension, understanding micropolitics as part of the singularization processes. Only when the constituted territories are weakened do we have potential for "micropoliticizing"[7].

In addition, we agree with Guattari when he discusses a way of refusing "all these pre-established coding modes", or when he argues that we should refuse all "the modes of manipulation and telecommand" in order to "build, so to speak, modes of sensitivity, modes of relationship with the other, modes of production, modes of creativity that produce a singular subjectivity"[7].

In this sense, when we think about a teaching proposal in health, especially in the area of nursing – the art and science of care -, we must reflect on the extent to which macropolitical movements have acted in the field of education; however, it is necessary, so that we effectively have some novelties in the field of health teaching, to pay close attention to the micropolitical sphere: the possibility of perceiving the world based on other references. For example, perceiving that, in the sphere of health care, it is more important to devise a therapeutic plan based on what we can offer to the other; realizing that closeness or the construction of bonds is useless if, in fact, the limitations of the health field will not meet people's needs. To achieve this, it is necessary to weaken the "professional identity" and open up to becoming[(g)]: becoming a nurse, a psychologist, a doorman, a postman, a teacher; in short, the care process should act over oneself in some way.

The field of health, standardized and regulated by public policies, has been advancing towards guaranteeing collective and integral processes; however, the academic sector must understand these regulatory impositions and translate these policies into pedagogical processes that allow new care practices.

Undergraduate teaching in the area of nursing has undergone many "crises" deriving from the "crisis" that the profession has experienced in recent years. Initially to break with the essentially

[(g)] "Becoming" is a potential for what is not in ourselves as form, only an appeal to sensations. To Guattari and Deleuze, becoming is production of subjectivity – which allows us to transgress, disrupt: the potential of the machinic processes[9].

technicist focus of nursing, undergraduate teaching invests strongly in processes of nursing management and administration. The practice of nursing care and the contact with users are eliminated; with this, the aim is a professional practice targeted at the management field, at the general organization of assistance, and at the preservation of the conditions of possibility of care provision. This process has ended in the opposite direction of the health policies, in which multiprofessionality demands the constitution of teams that think of and act in the construction of common care plans or therapeutic plans. Therefore, it is urgent to rethink undergraduate teaching in the area of nursing: it is necessary to change the professional profile in order to meet the new requirements of the labor world, considering the importance that nursing has in health care and the need to conquer a political role in the health scenario.

In the field of education, the implementation of the *Diretrizes Curriculares Nacionais* (DCN – National Curriculum Guidelines) has also delimited an important advance in the way of viewing academic education in the field of health. The implementation of the DCN has imposed a different way of thinking about undergraduate programs. The health education processes have started to focus on local and regional realities, considering cultural, political and social diversities (demographic, epidemiological and socio-economic profiles), and limiting the curricula's autonomy to the preservation of three guiding axes: teamwork, appropriation of the health system in force and comprehensive care. To Ceccim and Pinheiro (2005), the DCN[(h)] in the health area have been "an important step towards the production of changes in the education process". To the authors, the DCN indicate a path: "flexibilizing rules" and, furthermore, "favoring the construction of stronger commitments of higher education institutions to the SUS"[10,11].

These aspects are important so that we can delimit the interlocutions that have taken place in the fields of health and education from 2000 onwards. It is important to highlight this issue because when we discuss the implementation of the DCN and the Brazilian educational law - *Lei de Diretrizes e Bases da Educação Nacional* (LDB – Law of Guidelines to the National Education) –, we recognize important considerations that justify a deeper analysis and certainly further academic research, which is not the aim of this paper[11].

Changes in the field of education policies have contributed to (re)design the health care practices and an advance has been fostered by the DCN regarding education in the area. Especially in the case of nursing, this has helped the profession to authorize itself to play another role in meeting the population's health needs[11].

The implementation of the DCN needs to be considered in light of several aspects. The possibility of autonomy and academic flexibilization in all senses, and not only in curriculum organization, points to the possibility of thinking about undergraduate teaching beyond the

(h) In the field of the National Curriculum Guidelines for nursing education, it is important to mention that intense debates have characterized the regional and national meetings of the *Seminário Nacional de Diretrizes para a Educação em Enfermagem* (Senaden – National Seminar of Nursing Education Guidelines), which, since 1994, has had the objective of discussing teaching processes in nursing and, since 2002, has raised the need to delve deeply into this theme so that the proposal of the DCN is not limited to new words coating old proposals; rather, it should contribute to the pedagogic debate in higher education institutions, promoting original teaching in the field of nursing[11].

programs' planned curriculum, that is, the pedagogical proposals should be open and the education paths should be able to generate singularities, provided that teachers and students are effectively involved in the complexity of teaching and learning. According to many scholars, to think that the educational law proposes to be broad and to generate autonomy has been masking its neoliberal rules and determinations.

Ceccim and Feuerwerker[12] argue that both the SUS and the DCN discuss the perspective of "social relevance to higher education institutions". To the authors, the schools must be able to "educate for comprehensive care", to educate according to health needs; the schools must be committed to the construction of the SUS, and must be able to produce knowledge that is relevant to the reality of health in its different areas; finally, they must participate actively in permanent education processes.

In the undergraduate teaching in the area of nursing, from 1997 onwards, the Brazilian Nursing Association has coordinated the debate about the construction of the DCN and has delimited the needs of change in the scope of academic education in nursing. It has conducted this movement together with the Teaching Associations of the other professions in the area of health and with the National Health Council, listening to the recommendations of the *Fórum de Entidades Nacionais de Trabalhadores da Área da Saúde* (Fentas – Forum of National Entities of Health Workers) and the *Comissão Intersetorial de Recursos Humanos da Saúde* (Cirh – Intersectoral Committee of Human Health Resources).

The DCN were promulgated by means of Directive CES/CNE nº 1518, in August 2001. Subsequently, in November of the same year, Resolution CES/CNE no. 03/2001 was published – National Curriculum Guidelines for Undergraduate Programs in Nursing. In this period, a race towards curricular changes fostered intense debate in the academic scenarios of the majority of the undergraduate programs in nursing[11].

A political movement performed by higher education has proposed an autonomy that has yet to be experienced in the scope of undergraduate health teaching (via a passage to singularization), but it has not been accompanied by actions demanded by a process of cultural change, as it is desired. A movement that breaks with the previous orientations has occurred; thus, a micropolitical change that focuses on the movement of implication – desire and singularization – can eventually sprout in us.

Even with such "movements", few novelties have emerged in the undergraduate nursing programs. We are stuck in a way of thinking about university teaching, especially nursing teaching, in which teaching based on techniques, on the corporation and on the hospital is still in force. It is important to highlight that the imposition made by the DCN of breaking with the medicalizing, biologist, technicist and hospital-centered perspective has not been fulfilled, as the DCN themselves do not innovate much when they list common "competences and skills"[(i)] in the area of health.

[(i)] The DCN, especially in the area of health, indicate competences and skills that are common to health education and competences and skills that are specific to the professional nucleus, centered on the technical knowledge of each profession. This logic should be inverted, or only the

There is no indication that skills and competences that require deep knowledge in the field of anthropology, philosophy, literature and art – human and social sciences – are being developed. The proposition of a generalist education indicates the constitution of a "superprofessional", as he/she must be competent and skillful, without delving deeply into any knowledge areas due to lack of time, like, for example, the need to change the practice: the study of comprehensiveness, progressive care network, lines of care and sensitive listening, among others, and the development of ways to manage the health sector (care, management, education and participation) deriving from a lively and creative contact with local cultures. The autonomy that has been given to universities after the DCN does not favor the construction of innovative curricula, as there is concern about guaranteeing a high-quality, generalist education, not to mention employability and the place of the higher capacity of the Nursing Technician, a distinction that reflects "hierarchized" procedures. In this sense, the universities, mainly the private ones, which need to guarantee the student's access and permanence, mask their curricula, giving a different name to curriculum components or disciplines while reproducing old ways of teaching. Teachers have difficulty in formulating the disciplines' teaching plans, as they still deal with old concepts and practices.

In view of these situations, we have, on the one hand, the field of education making universities rethink their role as the place that must open itself to the commitment to diverse realities and, due to this, the exercise of autonomy and creativity must be present. On the other hand, we have the field of health showing the countless challenges so that the scenario and the indicators of the health-disease process become more favorable, enabling that the population's needs are met. It is in this national context that the teaching of nursing faces a possible challenge: to prepare workers who are able to respond to the quick technological, but also political, changes of the health sector, and who can penetrate the labor world with a technical-scientific, and above all, critical and humanistic insertion, as active actors who build social and political places.

The educational sector has undergone several crises, expressed mainly by the opposition between hegemonic conceptions, which present themselves as a pedagogy of transmission of contents or critical-social pedagogy of contents, and constructionist-interactionist conceptions, supported by the problematization of reality, the articulation between theory and practice, interdisciplinarity, the student's active participation in the teaching and learning process, the valuation of cultural diversity, the individual's historicity and his inclusion in daily life.

Therefore, when we think about an undergraduate nursing program, we revisit these theoretical, historical and conceptual marks. They are important elements from the political point of view that place us, undoubtedly, in a new scenario in the field of health education, but which do not guarantee the solution to the countless problems we still have in the educational practices. Again, the inclusion of other ways demands a disposition and openness to a "temporary lack of

"macro" competences and skills (general competences and skills to the area of health) should be approached; thus, the institutions could effectively flexibilize their teaching proposals based on the profile of the professional they desire to educate, included in the regional context in which the programs take place.

knowledge", and a proposal of undergraduate teaching that is open to originality.

To reflect on the proposal for a program can give rise to and enable academic education in another esthetic paradigm. According to Guattari, the possibility is involved in a different logic (field of possible virtualities). In this opportunity, the logic of intensities allows originality and novelty in an educational health project[8].

This opportunity is inevitably full of possibilities, not only to undergraduate programs in nursing, but to the nursing profession, which needs to be challenged to play a leading role in its way of making science.

However, this text intends to reveal other possible ways of making education in the field of nursing, locating the potential of originality, the construction of a third margin and the recognition that miscegenation is possible among projects of self, institutional projects and legal support. Invention is not hindered even when we are intertwined with the institution and its norms. Invention is not a subjectivistic project that results in an analytical project of the self; rather, it is the political, ethic and esthetic ascension of the practices of teaching, managing education and evaluating learning.

After having adapted to the DCN and to the SUS, nursing teaching is experiencing an intense debate in the search for strategies that enable to foster the professionals' production of novelty and inventive capacity. Viewing the management of health teaching as being exposed to all the needs of the health sector suggests that it is necessary to analyze what has been proposed in the academic scenario and also what has been possible to carry out concerning work and social participation in the sector. When the health care process is approached, it is expected that students learns to take the other into account, and that scientific knowledge serves mainly to account for the singularity that the moment of the care encounter presupposes (recognizing that the clinical health act reflects a therapy that is materialized in the individuals' encounter). The construction of appropriate technologies to give struggling conditions to the affirmation of life is expected. Guattari withdraws us from any romanticism regarding micropolitics:

> [...] the relations with the most favorable forms will have, sooner or later, an appointment with an experience of bureaucratization as an experience of power. And, inversely, if the molecular revolution processes are not resumed in the level of real force relations (social, economic and material force relations), they may start to spin around themselves like subjectivation processes that are imploding, causing such despair that this may even lead to suicide, madness or something of the kind.[7] (p. 132)

This text reflects on a context of change and "movement". It shows the possibilities of construction of a proposal for academic teaching in the area of nursing, and its criticism to the teaching and health policies concerns the susceptibility of social actors, life within these policies and

the implication in proposals that are, on one side, normative, and on the other, disruptive.

In recent times - times during which we should experience these disruptions -, we have not focused on preparing the social actors so that they could undergo this process. The literature approaches indicators, texts, guidelines, routines, rules, but little is taught about how to mobilize teachers, how to intermediate the teaching-learning process, how to involve teachers and students, and how to open ourselves to the originality of the "work in action" of health teaching.

Micropolitics: curricular structure and composition of forces

Even though the DCN have meant an important advance in the educational processes in the area of health, we cannot forget that the didactic-pedagogical debate is still preliminary and it has not been mobilized intensely by the organs that regulate education. In the reflection on the pedagogical dimension, I gradually realize that *singularity*[j] is an important category to be analyzed and, in this text, it is a concept based on Guattari and Rolnik. Singularization can represent the production of life, the production of pedagogical practices that run away from routine and repetition. We are subordinated to regulations and we are gradually captured, but there is always the possibility of singularization, the potential freedom of action that "dribbles", leaks, even in bureaucratized teaching situations[7].

When we propose to view pedagogical "acts" in a possibility of singularization, in which the experience of education is in the dimension of sensitiveness, it is interesting to think that *experience* is something that happens to us or touches us, according to Larrosa. The author proposes that pedagogical acts should activate the possibility of feeling what is not seen. According to him, "what just happens or just touches us does not generate a singularity movement; singularization is an experience of the self concerning what happens to us or touches us". [13] (p. 154)

The exercise of thought proposed in the articulation between curriculum and pedagogical practices of the curriculum stimulates what is not seen and which is in the field of the senses, in an attempt to perceive education and, in this case, the pedagogical act, in another dimension that focuses on what is not formal, regulated and visible. Sensitivity lies in considering an education that allows to experience what happens to us, what touches us or, rather, what involves/affects us.

Based on Larrosa's thoughts and concepts, it is important to ask what society expects from school, in this case, from university: a pedagogical proposal with intentionalities, which pours information all the time, as if the possibility of learning were fulfilled through a technological tool or an integrated cycle of information-experience-cognition-learning? Larrosa[13] argues that

[j] Guattari argues that the singularization of subjectivity occurs by borrowing, associating, clustering dimensions of different kinds. What the author means is that the transformation process is not an individual change, but just the opposite: there is a permanent intertwining [7].

[...] after attending a class or a conference, after reading a book or a piece of information, after making a trip or visiting a school, we can say that we know things that we hadn't known before, that we have more information than we had before about something, but, at the same time, we can also say that nothing has happened to us, nothing has touched us. With everything that we learned, nothing has occurred to us.[13] (p. 154)

The opposition that this author indicates to us is that the educational process still needs to recognize that learning is much more than processing information. Furthermore, learning, which he argues that is the possibility of experience, lies in what effectively touches us and happens to us, that is, there is something that is not seen, not framed, not regulated that pervades the proposal for academic education, and it has the potential for producing a kind of learning that transforms the instituted knowledge.

The intention, at this moment, is to draw a comparison between what is explicitly written/proposed and what is not written and is only felt in the academic processes; moreover, it is important to revisit what is present in the regulating mechanism of higher education – the National Curriculum Guidelines – so that it is possible to reflect on what, many times, is not visibly present, but reveals, in a very special way, the educational proposal that we have assumed.

To follow the orientation of the regulating instruments, in this case the DCN, we have extracted from the document what is expected from a professional in the area of nursing, starting from what Resolution CNE/CES nº 03/2001 defines regarding the graduate's profile:

[...] nurse with a generalist, humanistic, critical and reflective education, characterizing a professional who is qualified to the exercise of nursing, based on scientific and intellectual rigor and on ethical principles; a professional who is able to learn about and intervene in the health-disease problems/situations that are most prevalent in the national epidemiological profile, with emphasis on his/her region, identifying the biopsychosocial dimensions of their determinants; a professional who has capacity to act, with a sense of social responsibility and commitment to citizenship, as a promoter of the human being's integral health.[11] (p. 1)

This document, in its article 4, presents the description of the general competences and skills that need to be explored in all the education proposals in the area of health and, therefore, in the area of nursing. Article 4 is the same for the set of undergraduate programs of the professions that are regulated by and compose the area of knowledge of the Health Sciences, except for Physical Education. I present them in full because, below, I revisit their designations. They are general competences and skills of the health professional: **I – Health care; II – Decision-making; III – Communication; IV – Leadership; V – Administration and management; VI – Permanent education**[11].

The description of general competences in the DCN document explains the paths that an

undergraduate program in the area of health is expected to take so that professional education is adequate to the country's health needs, aiming at the strengthening of public policies[11].

It is important to highlight that general competences indicate a type of health work that respects social and cultural diversities and also focuses on actions of health promotion and prevention. With this, we open the possibility and the necessity that the path for academic education provides the student with knowledge of social sciences and humanities, that is, a proposal that allows the teaching of literature, art, music, anthropology, sociology, philosophy.

With regard to specific competences and skills, in this case the competences and skills that are specific to nursing professionals, Article 5 of the DCN provides references to subsidize academic education projects, also with emphasis on issues that focus on integral assistance, teamwork, and knowledge of the health system that is in force in the country[11].

Throughout the whole text of the DCN, we notice the intention of educating a professional who meets the needs of the health field with initiative, reflection, motivation, leadership and who acts with competence and professionalism in all the areas of health care. The professionals are expected to be able to face the complexity, the surprises and the novelties that the real world presents on a daily basis; thus, we need to bet on learning proposals that go beyond training and formality and we must generate conditions for Permanent Education at the workplace, in continuing education, in the life of relations, in the exercise of care and in citizen behavior[11].

When Meyer and Kruse (2002) discuss the National Curriculum Guidelines for undergraduate programs in nursing, they argue that the text of the document gives rise to different readings. For example, they highlight the expression "nurse with generalist education". What is the meaning of this expression? What is the difference from general education? The expression "generalist" has multiple interpretations, and this, by itself, determines the freedom to indicate the type of professional that the institution desires to form. The graduate's profile expressed in the pedagogical project should be agreed with the students and collectively with the practice scenarios[14].

We need to explore, in the reference and regulating documents of higher education – especially in the document of the National Curriculum Guidelines for undergraduate programs –, the breaches or gaps that enable innovative pedagogical proposals, that is, something that indicates that it is in estrangement, in non-disciplined thought, that learning has its greatest potential: the possibility of producing singularity in professional knowledge and action. Regulating documents do not need to have this character; it is understandable that they are normative. What we propose here as a reflection exercise is to be able to notice the potential for freedom that enables us to make something original emerge, not only in the level of forms, but mainly in the "ways" of becoming a professional[11,14].

Conclusion

When we need to think about a teaching proposal in the area of health - what is possible from the standpoint of macropolitics and what produces singularity (micropolitics) -, it is necessary to recognize and realize that, both in a pedagogical project of an undergraduate program and in a regulating document - *the teaching policy* -, there is one possibility among many possible scenarios. The question is to perceive that there are *breaches* which, according to Foucault (2002), are the *empty spaces*, or *empty programs*, referring to the unpredictability and the procedural nature of relations. That is, an open space that enables new forms and creation, in which there is potential for freedom, which allows both students and teachers to think, feel and experience the delicacy of learning[5].

In the confrontation between macropolitics and micropolitics, we can also approach Larrosa's thought in relation to such issues, when he argues that we need to preserve silence. To Larrosa, lack of silence is what prevents us from undergoing experience. Larrosa discusses the "logic of generalized destruction of experience" and says that he is "convinced that the educational apparatuses have also been increasingly functioning towards preventing that something happens to us". Thus, in this relation between micropolitics and macropolitics, we need to create possibilities to allow us to hear the silence, to give opportunity for people to feel what is done, studied, proposed. The accumulation of contents and disciplines – thus guaranteeing the macropolitical indications - is useless if we do not give time, opportunity or space to silence, so that we can feel, think about and reflect on what we teach and learn. This, according to Larrosa, means thinking that the "curriculum is almost always organized in packages, which are increasingly numerous and shorter". Furthermore, in the field of education, we are always accelerated and nothing happens to us [13] (p. 158).

The constant acceleration in which we experience the necessary scientific or technological updates, the role that is expected from the university concerning research and development, and all the norms that a formal program requires us to comply with lead us to a routine and speed that capture any possibility of creation. In the scenario of rush and confusion, we are usually prevented from savoring, exploring, revising, acknowledging the repercussions… And thus, we neither detect potentials, recognize possible paths, nor appropriate the invisible spaces of the educational processes.

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