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Original Article

ENTRE O VELHO E O NOVO: AVANÇOS E DESAFIOS NA CONSTRUÇÃO/RECONSTRUÇÃO DE CURRÍCULO DE ENFERMAGEM

BETWEEN THE OLD AND NEW: ADVANCES AND CHALLENGES IN THE CONSTRUCTION/RECONSTRUCTION OF THE NURSING COURSE CURRICULUM

ENTRE EL VIEJO Y NUEVO: VICTORIAS Y DESAFÍOS EN LA CONSTRUCCIÓN/RECONSTRUCCIÓN DEL CURRÍCULO DE ENFERMERÍA

Luciana Netto[1], Kênia Lara Silva[2]

RESUMO

Objetivos: Este estudo descreve a construção e a implementação de uma proposta curricular baseada em um projeto pedagógico inovador, apresentando os avanços e os desafios deste processo no contexto de um curso de graduação em Enfermagem. **Método:** Para alcançar o objetivo, foram utilizadas entrevistas com membros da equipe responsável pela elaboração da proposta e consulta a documentos, com destaque ao Projeto Político Pedagógico do curso. **Resultados:** Os resultados mostram que há avanços na proposta implementada. Identifica-se notável tendência à ruptura com o modelo biológico, contudo o contexto do curso refere, ainda, situações pontuais que remetem a permanências de estratégias típicas dos modelos tradicionais e fragmentados de ensino. **Conclusão**: Acredita-se que, para um novo modelo assistencial e de ensino, é necessário mobilizar a prática reflexiva para favorecer a aprendizagem ea prática de ações assistenciais integradas em contextos complexos.
Descritores: Filosofia em enfermagem; Promoção da saúde; Currículo; Aprendizagem Baseada em Problemas; Enfermagem.

ABSTRACT

Objectives: This study describes the process of construction and implementation of a curricular proposal based on an innovative pedagogical project, presenting the advances and the challenges of this process in the context of an undergraduate Nursing course. **Method:** In order to reach the objective, interviews with members of the team responsible for the preparation of the proposal and consultation of documents were used, with emphasis on the Political Pedagogical Project of the course. **Results:** The results show that there are advances in the implemented proposal. There is a remarkable tendency to break with the biological model, but the context of the course also refers to specific situations that refer to the permanence of strategies typical of traditional and fragmented models of teaching. **Conclusion:** It is believed that for a new care and teaching model, it is necessary to mobilize the reflexive practice to favor the learning and practice of assistance actions integrated in complex contexts.
Descriptors: Philosophy in nursing; Health promotion; *Curriculum*; Problem-based learning; Nursing.

RESUMEN

Objetivos: Este estudio describe el proceso de construcción e implementación de una propuesta curricular basada en un proyecto pedagógico innovador, presentando los avances y desafíos de este proceso en el contexto de un curso de graduación en Enfermería. **Métodos:** Para lograr el objetivo, fueron utilizadas entrevistas con los miembros del equipo responsable de la preparación de la propuesta y consulta de documentos, en particular el Proyecto Político Pedagógico del curso. **Resultados:** Los resultados muestran que hay un progreso en la propuesta práctica. A pesar de la notable tendencia a romper con el modelo biológico, pero el contexto del curso también se refiere a situaciones específicas que se remiten a la permanencia de estrategias típicas de los modelos tradicionales y fragmentados de la enseñanza. **Conclusión**: Se cree que para un nuevo modelo asistencial y de la enseñanza, es necesario movilizar la práctica reflexiva para promover el aprendizaje y la práctica de las acciones asistenciales integradas en contextos complejos.
Descriptores: Filosofía en enfermería; Promoción de la salud; *Curriculum*; Aprendizaje basado en problemas; Enfermería.

[1]Graduada em Enfermagem. Doutora em Enfermagem pela Universidade Federal de Minas Gerais. Docente na Universidade Federal de São João del-Rei.[2]Graduada em Enfermagem. Doutora em Enfermagem pela Universidade Federal de Minas Gerais. Docente na Escola de Enfermagem da Universidade Federal de Minas Gerais.

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INTRODUCTION

With a proposal for a paradigm shift and a reformulation of the health care model, as for the implementation of the Unified Health System (SUS), there have been, at present, reorientation measures in the training process of health professionals and proposals for curricular reforms, with emphasis on promotion and monitoring of health[1,2].

The main guiding measure regarding the professional qualification process is the implementation of the National Curricular Guidelines of the 2001 health courses[3], in the search for a lot of training according to the SUS and as current demands[4,5].

In this sense, scholars point out that innovative curricular proposals, which stimulate as partnerships, a transdisciplinarity, teaching-research-practice integration, with prior insertion of students in the reality of health services, tend to favor a professional profile to deal with the conditions and determinants of the health-disease process in the current realities and needs whose humanized and integral approach comes to break with the preventive biological paradigm[6-8].

According to the pedagogical plan, it is expected for the student, with the support and guidance of the professor, to be responsible for the integral apprehension of knowledge, from the construction of knowledge and values, through successive approximations and advances in the domain of the object of study, leading to the ethical, critical, reflexive, flexible, solidarity, democratic, dynamic, creative and transformative profile[7].

The construction of innovative pedagogical proposals incorporates elements such as the student's early insertion in the world of work, teaching-service-management-community integration and shared knowledge production. Likewise, the use of active teaching-learning methodologies and evaluation methodologies of lifelong education, often used in innovative pedagogical modalities, stimulates the formation of dialogic skills, favoring more options for solutions to the daily problems of the social environment where the profession is developed[7].

This assertion applies to training for health promotion, which is considered as an innovative approach to health practices, which requires changes in training processes aligned with national health and education policies and geared to social needs[4].

In view of this contextualization, this study seeks to unveil how the construction and reconstruction of a curriculum takes place, pointing out the advances and challenges to incorporate innovative proposals in its configuration.

The study is justified by the need to highlight experiences that indicate the possibilities and challenges of a concrete, contemporary and complex process of formation, which can contribute to the change of care model by incorporating health promotion as a guiding principle of the curriculum.

METHOD

It is a study of a qualitative approach, based on the theoretical-methodological framework of the Marxist dialectic[9]. For the data collection, a nursing undergraduate course was included intentionally, which adopts a differentiated curricular proposal for the constitution of a case study[10]. The framework of the Marxist dialectic allowed us to explore the construction and reconstruction of the curriculum through the general categories of the method: Historicism, Contradiction, Transformation and Totality. It is important to highlight that these categories are articulated in the text, based on the discursive elements identified in the analysis.

The analysis of the Pedagogical Project of the Nursing Course (PPC) of a federal university located in the state of Minas Gerais was used as the initial source. Other data were collected from interviews with key informants, characters who worked in management positions played an important role and dictated the rules of the formal text, in the context of the pedagogical design of the course. The interview with each key informant started with the guiding question: "Tell me about the creation and the process of implanting the nursing course of this institution". To avoid identification, each interview was coded as the letters IC (key informant) followed by sequential numbering.

The speeches of the interviews maintained oral recordings, considering the transcription convention suggested by Kock[11] and Fairclough et al.[12]. The data were explored with the Critical Discourse Analysis (ACD), from the perspective of Fairclough et al.[12], as a method to investigate the social changes proposed by this study. It is an

approach that is based on social theory and considers discourse as a reflex social practice in the medium in which it is produced, subject to social, political, historical, cultural and economic influences. Based on the ACD, it was possible to evaluate the ideational functions (experiences, reality), interpersonal (relations, social interaction) and textual (semantic, grammatical and structural aspects) present in the speech language, identify the problems, considering the social order, critically, by expanding the explanatory framework for the problem at hand and identifying ways of overcoming obstacles[12].

The research project that gave rise to this study (CAAE - 088863612.0.0000.5149) was approved by COEP /UFMG (Opinion No. 694,248), on 06/24/2014, in accordance with Resolution 466/2012/MS.

RESULTS AND DISCUSSION

The analysis of the data revealed the presence of three aspects, considering the construction of a curriculum with incorporation of innovative proposals in its configuration, namely: the context of the course, the challenges and constraints of the construction of a course and the elements that indicate innovation in health promotion training. The interpretation of the results and the discussion of each thematic category are presented below.

Context of the course: analysis of the pedagogical project

Since 2008, the Institution of choice has hosted the Undergraduate Nursing Course. It formed nine classes until 2016, with the selection processes to fill 50 vacancies (2008) and 40 vacancies (since 2009), held once a year, with semester entries.

The current PPC document has 105 pages, including the introduction, social need of the course in the local and regional context, characterization of the course (legal aspects, course designation, course design), purposes (general competences, specific competencies), professional profile of the graduate/professional, academic system, curricular guidelines of the course (pedagogical and methodological principles, pedagogical conception, teaching-learning strategies, evaluation of the teaching-learning process), modular structure of the course, physical infrastructure and logistics - laboratories, bibliographical references and annexes (integrating modules, course completion work, morpho-functional laboratory, laboratory of techniques and medical and nursing procedures)[13].

The curricular contents of the Pedagogical Project are organized helically in nine periods and 4081 hours, and the disciplines, denominated curricular units, are paid in a semi-annual series of 18 weeks, in full day shifts, from Monday to Saturday, for the bachelors. The structure of the course provides six curricular units that progressively progress through the seventh period and ends with two periods of supervised internship and the completion of course work[13].

It should be emphasized that in the study scenario institution, through a pedagogical project consonant with the current National Curricular Guidelines[3], the student is encouraged to act as a subject of the learning process[7]. For this, it has the opportunity to study several thematic areas relevant to its formation in an articulated way, related, for example, to the biological (biological bases), social and psychological dimensions (psychosocial bases of the human being), to nursing practice, besides complementary academic activities and / or continuity of the professional practices. For each theoretical integrated activity a practical class is available, except in the unit of psychosocial bases of the nursing practice that is offered in an essentially theoretical way[13].

From the first period of the course, in the scenario institution, the student's approach to the practical context of health begins, through the Teaching-Service-Community Integration (PIESC) Practice. In the two final periods, the student develops the supervised curricular internship at agreed health institutions. For the practical activities, it is recommended the presence of one facilitator teacher for every ten students in primary care and supervised internship, and one teacher for every seven students in practice, in hospital care, taught by a nurse in the health service[13].

In the context of the study, the simulation laboratories, the Basic Health Units, the Early Childhood Centers, a Regional Hospital, the Early Care Services, the long-term institutions, the mental health institutions, the squares, churches, health academies and spaces occupied by community support groups, as well as state and municipal schools. For supervised internships, primary care and hospital units are used in municipalities in the region where they are

enrolled. In addition, reference institutions of the State are visited[13].

The construction of a course: challenges and constraints

In the analysis of the Pedagogical Project, there were repeated direct and indirect citations of other documents, mainly the National Curricular Guidelines of the Undergraduate Nursing Course (CNNs), regulated by Resolution CNE / CES nº3 / 2001[3], demonstrating that the intertextuality is constant in the analyzed document. The DCNs were also cited by key informants, referring to the use of the document in the elaboration of the PPC, as the excerpt shows:

"The Rectory of the [Institution], when implementing the Health Campus [in the municipality], sought to attend to the DCNs, with an emphasis on breaking the dichotomy theory and practice, based on teaching-service integration and critical pedagogies. (IC 01)."

It is verified that the documents articulated in the construction of the text and the constitution of the speech in the PPC were structured following an evolutionary time line, from the historical point of view.

The Pedagogical Project of the Nursing Course[13] was elaborated in 2008 and published in 2009, by a commission composed of seven professors of the course, all with a master's degree, as well as a consultant of the medical course contracted by the Institution. From these, three were key informants of the study, who clarified some points about the process of creating the course, not referenced in the documents analyzed. With the exception of the consultant, all the professors who elaborated the pedagogical proposal have been in the study scenario.

Key informants begin the report by addressing the proposal of curriculum and problem-based teaching as the central axis of the educational process, which, by the very dynamics of the method, justifies the student's early insertion in the daily practice of health services:

"At the beginning of the nursing course, the pedagogical project had been elaborated by the professors of the medical course - from an Institution of another State, reference in the proposal of the integrated curriculum - that counted on teaching nurses. The project provided the medical and nursing course with the same curricular units and the students, together, for four periods and it was based on the Problem Based Learning (PBL). It also envisaged the insertion of students in health services, from the first period, with a workload of sixteen hours per week (IC 01)."

"So... in the beginning, the curriculum question and everything, I do not know why, when we got there we had a competition for the four courses: nursing, pharmacy, medicine and biochemistry. There we were twelve professors. Then, when we arrived, a curricular proposal was already made that was elaborated by a team (from the Institution of another State). There the proposal was in the PBL methodology - it had a very large workload in public health - and medicine and nursing (the course until the 3rd period was common, it was together). And there we were twelve professors for all four courses. Pharmacy and biochemistry had a traditional curriculum and nursing and medicine had this curriculum that was innovative [...] with PBL [...] (IC 02).

The speeches point out the difficulties that have arisen due to the lack of systematization of the implementation of the original proposal due to the inherent issues in the implementation process of a health campus:

"As the campus was in the implementation phase, there were only fourteen professors to teach in all four courses and the laboratories and other physical structures were in the assembly and construction phase. Professors had great difficulty in operating the PPC using the PBL. The professors had some meetings with the professors (of the Institution of reference), aiming at the qualification to use the methodology, but they felt insecure and distressed by the difficulties of the phase of implantation of the campus (IC 01)."

"So some professors, like the others, had never even heard of it [the PBL]. And, in fact, the contest was very close to the beginning of the activities, so we did not have much time to learn. So, everybody were together, professorand student, with everything [...] Also, we did not have physical structure yet, [...] So, they did not have the LABORATORIES and we only had the first floor here of block A and a common room for the twelve professors. We also did not have the structure ready, a restroom, water, nothing, none of this. So it was all kind of run down (IC 02). "

The initial challenges were amplified with the difficulty of infrastructure and the insertion of students in the local health service with the

preceptory model. The students eventually started a strike in an attempt to improve the proposal and make it more feasible and appropriate to the local scenario:

"After several delays in the release of professors and funds by the federal government, with eight months of attempts to operationalize the pedagogical project, the students decided to go on strike, with the support of some professors, with a view to modifying the PPC and improving infrastructure and quantity of professors (IC 01)."

"[Hesitation] Firstly, we were FEW, and secondly, we did not know this proposal, nor had worked in this way. Everyone came from a traditional model. Then we had the strike [...] and this strike had great repercussions, it was even [hesitation] heard in Brasilia, a representative came from there, so it was very tumultuous (IC 02)."

In this scenario of strike, the figure of a professor with experience in curriculum reformulation appears to support the demand rose, becoming a main axis in the elaboration of the current proposal in force, together with part of the faculty in activity at the time:

"During this phase of implementation and difficulties, the rectory (of the Institution) sought (along with the other Reference Institution in the State) a professor who had coordinated a proposal for curricular change in medicine and that met the assumptions set forth in the DCNs. Thus, the (mentioned teacher) was hired, initially as a consultant, to make the changes in the PPC of medicine and to support the nursing professors to change the PPC itself. Thus, a small group of nursing professors, who represented the professors, met with the nurses of the services, students, with the support of the (colleague) and elaborated the new PPC, with approximations to the PPC of medicine, but attending to the DCNs of nursing (IC 01)."

"So with the strike, there (hesitation) we began to seek partners to guide us, to make a proposal closer to our reality, [...] and without being logical, we were not able to follow. Then VARIOUS people had come and finally the invited professor, [...] who came, who was hired even as a consultant, for us to build a new proposal [...]. To be presented and everything and there it was. [...] So, in fact, this curriculum that we have currently (hesitation) was the second proposal, with the supervision, and the consulting of (the colleague), who studies medicine, but had experience (of curriculum), also in nursing, and we were building the curriculum, TOGETHER (IC 02).

In spite of following some pre-established general lines in the DCNs, the curricular proposal did not come ready and it was thought by a group of people, linked or not to the Institution, selected by the approach with the subject of the modules to be constructed or to be part of the social network of the team of elaboration, in an arduous and urgent process of creation, before the circumstances:

"[...] we were building this curriculum, but since we did not have all the areas yet, [...] then there were more professors of collective health, we were able to build a PART of it, because those professors had knowledge, but for the more specific areas, we had no professor yet because the contests were happening, little by little. So we asked for help (hesitation) from colleagues, [...] from outside, who were not here at the university, from outside, colleagues to build the modules. In fact, then, it was a construction (hesitation), FAST,[...] with the participation of professors of nursing and medicine (IC 02)."

For the preparation of the new proposal, the experiences of two other institutions in the country that adopt innovative curriculum proposals were used as references in a more flexible, context-appropriate modality. The creators of the current PPC and other professors elaborated a new document, presenting as main changes the suppression of the PBL as teaching method, but maintaining other advances of the initial proposal, such as the early insertion in the field of practice, "learning to do it, doing it", initial periods of jointly developed nursing and medical courses and the teaching-service integration:

"The new PPC sought to maintain the initial proposals of teaching-service integration and breaking the theory / practice dichotomy. Several small adjustments were made during this trajectory (IC 01)."

"Some things were kept, for example: keeping the student of nursing and medicine until the 3rd period (together), which was the original proposal. So, we kept it and [...] So we did a lot of things together and building the curriculum that we have nowadays, right, is [...] (hesitation) and then we built it so much, that the modules are similar, because the 1st, 2nd and 3rdsemester is used to be together, they were, [...] and then they were separated, but in the beginning, it was along with medicine... But, the original curriculum maintains it, because it did not have the change,

until the third period of nursing and medicine, together [...]. We summed up too much ... in fact it was a LONG story, [...] a long story ... (IC 02). "

The participants' discourse goes back to the construction movement of the SUS and to the desire that the course contribute to the change of the care model, despite recognizing the challenges to achieve the necessary transformation. In this sense, the discourses are permeated with expressions that refer to the attempt, to the insistence and, sometimes, to the setbacks and paths not yet reached in the process of change:

"[...] the initial proposal of the curriculum was this, and I think [...] many of the current professors [...] think this way still and would like to see this, right? And they excel ... they are so important, even if this desire is founded with ... with the reality that the SUS wants to change or at least to try to change the current care model that is a curativist model, assistencialist [...], huh? MEDICATIVE [...] hospital-centric, for this care that we want AT THE PRESENT, that is the promotion, [...] So that's what I think, but that it was always thought, that is in the resume all the time, you know? You look at it and it's there, right? And we, professors, with all the skill that we think we have and the skills we have, because we are competent at something, right? And we know, we cannot do that yet because we got there in the last period and we come across professionals who want to practice curativism, you know? Who has difficulty making a group that has difficulty going to a home visit, who has difficulty understanding the citizen and does not allow access to them, in what they are needing [...] (IC 03)."

In this sense, dialectically, the speeches have demonstrated the desire that the PPC is really put into practice, but being able to implement it, to the satisfaction, seems a true "war", due to the innumerable difficulties inherent in the local and institutional scenario. Terms such as "to strike, to fight, to hit, to destroy, to rescue, to aim, to frighten / frighten, to chop, to risk, to take the risk, bomb" are found in speeches to express this process, but the desire to make PPC happen still exceeds memories of the problems experienced in the recent past:

"And then it was all kind of run down, but the course started and who gave this support, right, that orientation ... was the staff of [Institution of another State] (IC 02)."

"[...] the part that depends on the health of the adult, I think it was what most people had difficulty, is what we are reaping the fruits now, because the (colleague) who arrived first [...]. In fact, they arrived and already fell from parachutes to do the 6th and 7th, because [...] we were in the end, and they had to build, like this, in time REMEMBER, the modules, because the people he had almost no adult health or surgical doctor, right? So it turned out that we put a lot, a lot of time, because we did not have experience, nor [...] there was no way [...] how, (you understand?) [...] then it was a VERY DIFFICULT URBAN construction.] (IC 02). "

"It's one thing for you to work on a curriculum change, it's one thing for you to build a curriculum, to implement a curriculum in an unfavorable scenario, with a strike, with PROCESSES, with a syndication, because we had [...] , [...] among professors, because this was for the media, it was [...] a knot ... [was] that way ... it was a lot ... TOGETHER, a lot together [...] and beyond the structure (IC 02). "

In the speeches, the metaphor is used mainly during the reports about the process of implementation of the PPC, indicating that this is similar to war movements, when trying to express the group's efforts to achieve a certain purpose.

The Health Promotion and the elements that indicate the curricular innovation

The results indicate that the focus of the curriculum is to train for primary care, aiming to prepare nurses to favor the transformation of reality by changing the health care model, where health promotion finds a privileged space:

"In fact, the curriculum was thought to focus on primary care. So, if it was being thought of as primary care, then a BIG axis of the curriculum was for health promotion. IT ALWAYS WAS, and so much so that it was so, with the proposal (hesitation) of the curriculum is INTEGRATED and from the problematization (IC 03)."

In attempting to clarify how the health promotion was inserted in the curricular proposal, it is verified that there was no highlight for this or another cross-cutting theme within the curriculum, except for ethics and health education:

"Oh, my dear... So, I do not know how to speak to you ... I know that when we started, we punctuated, traced some things that would be the transverse axis, [...] So, I remember that we

worked on the question of ETHICS, [...] but I do not know the details, how was it because [...] it was many... many things, you see? It was many [...] MANY THINGS at the same time. [...] Thus, each item, separately, I do not remember [...] (IC 02)."

"So it's the curriculum, it was thought at the time that we had advice (from the Institution of reference in integrated curriculum) and the staff there,"he" brings to us very strongly the issue of curriculum to be ruled in ... in promotion, in the focus of care is really a care focused on a concept, / which was the expanded concept of health and, from this extension of the concept of health, right, of all this focus of the concept of health comes behind it, all practices related to nursing, among them: health education, prevention of diseases, treatment, if necessary, and rehabilitation, if necessary, that is nothing more than what is put there today in our legislation: from the basic legislation of SUS until today, the great theoreticians and the great books. That was the proposal and "this" (proposal) was the very desire of the people (IC 03)."

It is noted that the term health promotion, in the course of the pedagogical project, is not seen as a highlight of a paradigm shift, but as an integral part of integrated care, considering joint prevention, diagnosis, treatment, recovery and promotion of health [13]. In an attempt to clarify this point, the key informant was asked about this approach to health promotion always tied to prevention, treatment and recovery in PPC:

"So when... when we put it down, we wrote it down, we put it on people, for example, we wanted to focus on the issue of... promotion and prevention, but without losing focus / rehabilitation, of the curative part, because we cannot see only prevention and promotion, understood? / So, we need, in fact, that, it focus on people, we have the issue of promotion, but without losing sight of we also need the curative part of rehabilitation, you know? In this sense (IC 02)."

"So, actually, we wanted it. I wanted that the student emphasizes care, but more concerned with HEALTH and not with illness, not that care for the disease is not necessary, [interviewer], because we know this, a sick person I need to take care of him in the best way. So it was raised like this, in this proposal to work on family health with the aim of reducing diseases (IC 03)."

The challenges of the competency approach for health promotion in nurses' education point to the transposition of the obstacles presented in the text of the CFP, in the justification for the creation and implementation of the course in the region, mostly focused on political issues and organizational aspects of health care:

"Despite the progress made with decentralization, the health services ... of the Macro-region [...] are facing a crisis of governance, efficiency and resoluteness (PPC, p.05)."

"[...] Inexistence of training policies, education, permanent information and quality, humanization and expansion of the resolubility in the production of health services; Services with inadequate structure to the teaching-learning processes of the professional, student and user and community; [...] Absence of a proposal for participatory and integrated planning, guided by health problems and needs, with the constitution of actions for the promotion, protection, recovery and rehabilitation in health (PPC, p.05). "

The search for the term "health promotion" in the DCNs reveals that health promotion is observed only once, in article 5, when the document addresses the knowledge required for the exercise of specific skills and abilities of nurses:

"XXV - Planning and implementing health education and promotion programs, considering the specificity of different social groups and different life, health, work and illness processes (DCN 2001, Art. 5)."

When looking for the term "health promotion" in the documents, it is noted that in PPP, this is commonly linked to the terms prevention, treatment and recovery, individual, collective actions and health surveillance, alluding to the proposal for integral care[13]. Only in one excerpt, the term is used according to the definition of the Ottawa Charter:

"The curriculum has as presupposition the adequate selection of contents and educational activities, aiming at the development and construction of skills and abilities aimed at health promotion and disease prevention, without prejudice to the specific care and treatment (PPC, p.4)."

"The Proceedings of the 8th National Health Conference of 1986 indicate that health work

must be based on a new conception of health, no longer focused solely on health care, especially on promoting quality of life and intervention in factors which put it at risk, through the incorporation of programmatic actions in a more comprehensive way and the development of inter-sectoral actions according to the proposal of SUS (National Health Conference, 1987) (PPC, p.5).”

"In the organization of primary care, the Strategy for the implementation of the Family Health Strategy (ESF) has been adopted in actions aimed at the promotion, prevention and protection of individuals and families in places of residence, without, however, disregarding the cure and rehabilitation (PPC, p.7)."

"No proposal for participatory and integrated planning, guided by health problems and needs, with the constitution of actions for the promotion, protection, recovery and rehabilitation in health (PPC, p.10)."

"Nursing is a social, political and historically determined practice that has its own body of knowledge that aims to care for the human being in all life cycles, contributing to the promotion, prevention, recovery and rehabilitation of health (PPC, p.12)."

"Responding to regional health specificities through strategically planned interventions at the levels of health promotion, prevention and rehabilitation of individuals, families and communities (PPC, p.14)."

"[General Learning Objectives:] Development of skills and attitudes required in clinical practice and at community level, at levels of promotion, prevention, care and rehabilitation (PPC, p.26)."

It is worth noting the textual construction in the past, by the key informants, indicating the temporal intentionality of the construction of the PPC. Through the discourse, it is possible to identify that the paradigmatic shift from the assistance model, from reductionist to health promoter, from biomedical to focus on the individual under the care of the team, is still in the process of being replaced:

"This process results in, among other things, a profound redefinition of the functions and competencies of the various service and teaching institutions. The implementation of new care models, seeking to prioritize intervention on determinants of the health situation, risk groups and specific damages linked to living conditions, should rationalize the medical-outpatient and hospital care according to the profile of the needs and demands of the population and to expand inter-sectoral action in health (PPC, pp. 4-5)."

Reflexivity can also be verified in the PPC, specifically addressing health promotion, pointing to some assumptions of the theory, such as reflexive practice, promotion of community autonomy and resolubility, in an attempt to find a solution to the problems detected in the community or in the individual, under the care of the nurse. Principles that lead to reflexivity.

"In view of the construction of the SUS and the institution of the National Curricular Guidelines for Nursing undergraduate course (2001), it is identified that the training of nurses must meet the health needs of the individual, family and community at different levels of health care, with the aim of promoting, protecting and recovering health with quality and resolution in an integral and equitable way (PPC, p.14)."

"Contributing to the formation of a professional with characteristics of contemporaneity, generalist, with social responsibility capable of acting in an interdisciplinary team, at the various levels of health care, being a nurse and activator of a process of change in the promotion, protection and recovery of health the individual, the family and the community; based on theoretical, technical and scientific knowledge, on ethical / bioethical principles and on the design of the Unified Health System (PPC, p.12-13). "

"The activities include collective action with the community, individual action with the users, monitoring of the elderly, children, adults and pregnant women with the objective of promotion, prevention and assistance at the primary care level (PPC, p.26)."

The results reveal the current discourses in the study scenario and indicate an evaluation of the role of the egress in the health care setting, whose training process was based on the curricular proposal being analyzed, with a special emphasis on the comparison with egresses of other institutions:

"[...] no, and today, and now, (interviewer). Now, experiencing the reality of the supervised internship field and we have a student from the first class, let me tell you this [IC 03]: I CLEARLY realize the difference between her and the students that we are forming, what she is. So much so that she is praised and how much she is different, so she, the question of care, promotion, everything of group she has, so much of home

visit that this girl does, understood, so much she knows of the area of comprehension, understood? (IC 02). "

The integrality of nurses' actions was addressed as an important factor in the process of overcoming the model, reinforcing the ideal of the qualified, ethical professional with scientific rigor to act, considering the principles of humanization, continuity and integrality of the assistance, recommended by SUS:

"Considering that collective health work is a set of activities ethically committed to social health needs, fully permeated by values of solidarity, equity, justice and democracy, and considering the complexity of the teaching-learning process in the health area, the the need for collective construction of possibilities and strategies that guide nursing teaching and the context inserted in a perspective of transition of "paradigms", the Nursing Course of the University [...], in its guidelines and curricular references, proposes to overcome the interpretation classical technician and neo-technicism, seeking the re-contextualization of nursing education based on the concept of human competence to care (PPC, p.06)."

Specifically, the pedagogical proposal of the scenario institution highlights the elements that indicate that the goal is to train health professionals to work in primary care, with emphasis on SUS. As examples, professors cite teaching activities focused on practical experiences, use of case studies, text studies and directed studies that allow students to search for information in an active knowledge construction process and report on the maintenance of the problematizing proposal, even if it is not the PBL in the molds advocated by the proponents of the proposal:

"And ... so much that it was, that it is so ... with the proposal of the [...] of [...] of the curriculum to be INTEGRATED and to be from the problematization. What happened? The ... the ... cases would start from ... the experience of student practice, and this student would bring people, and everything would be contextualized and traced, the part of theorizing, practice, with a focus on care (IC 03). "

"[...] then, because a lot of people HELD from the original proposal ... and there are some things that we ... we wanted to keep, that was the question since the first period the student went for practice, right? The part of... is... to have the most problematizing methodologies, not in PBL mode, not so, but more problematizing [...]. So, we wanted to build so that, IN A FUTURE, when you have this, right, all the professors, we RETURN to the PBL. So, I think, actually, that module build that if you go check it, it is POSSIBLE to go back, to create the problem situation, right? Andworkthisway[...], youunderstand? (IC 02)."

Despite the challenges, the current pedagogical proposal is praised by the faculty, who are honored to participate in the course implementation and follow-up process. The possibility of giving students feedback on the activities developed in the curricular units, through formative and summative evaluation, among others, is also highlighted as differential factors of the curricular proposal.

In spite of being well evaluated, the renewal of the pedagogical proposal of the course comes back to the fore and brings new perspectives, with expectations of greater advances to the current proposal and reports to the process experienced during the trajectory of the PPC changes, from the first to the second version, with the intention of starting a new process of curricular change nowadays, aiming to adapt the proposal more and more to the reality of the local health services, sometimes rescuing strategies foreseen in the PPC, but which were lost during the implementation process.

"And there was a moment when we ... we got a few curricula, because we got a resume that was being (deleted), a curriculum of adequacy, a curriculum (new). [...] the curriculum that is the current one, some things also did not work, [...], for example: we had to make modifications of MODULES, then CREDIT HOUR, because we thought / is, when we think, ... of the last periods, as the student was already in the first period in practice, we imagined the following: when he arrived in the 6th, in the 7th, he would not need the professor [...]. Then, but he would spend some time in practice with the preceptor. But this did not work, because the service was not prepared to receive this student, to accompany, so we ended up making some modifications, which is what we have been doing yet, [...] to try to adapt the reality (IC 02)."

"Now, after six years of implementation, with the whole faculty and infrastructure set up, a new discussion of the PPC is being carried out, aiming for improvements and advances mainly towards interdisciplinarity (IC 01)."

The historical context contemporary to the elaboration of the Pedagogical Project of the

course under analysis coincides with the discourse of integrality and humanization of the assistance, besides the increase in the creation of new courses in the health area, mainly in private institutions, but also with the expansion of public vacancies in higher education, considering the Policies of Expansion of Higher Education in Brazil with strategies such as PROUNI (University for All Program) and REUNI (Restructuring and Expansion of Federal Universities).

The analysis of the professional profile of the trainee expressed in the PPC reveals clear intertextualities regarding the general and specific competencies of the nurse, of the National Curricular Guidelines, referring to the material disclosed in Art.2º, 3º, 4º and 5º of the CNE Resolution/CES No 3/2001[3], with little or no change to the original document. This analysis reveals an appropriation of the content of the Resolution without the necessary adaptations to the local context and the institution, allowing understanding the normative legal discourse present in the PPC and the force of law that the Guidelines assumed in its conception and implementation.

What has been added to the original text of the DCNs in the PPC sometimes enrich the information in more detail how the process of implementing the proposal provided for in the legislation will take place. On the other hand, health-related excerpts such as law and dignified living conditions, the promotion of healthy lifestyles for themselves and for the population, the planning and implementation of educational and promotional actions were deleted from the original text the identification of health needs of the population and the provision of compatible care, the use of communication, coordination of team work, multi-professional action, the social and political role of nurses, among others. It is noted that several of the suppressed themes are related directly to the competencies for health promotion, reinforcing the unintentionality of the course focus in this area.

It should be emphasized that the discourse presents itself with normative-regulatory character, where the DCNs, that should be beacon, present themselves with force of law. Dialectically, the desire to move forward in the pedagogical proposal is idealized, but there is little expression of the local context in the text of the CFP. This gives the PPC discourse legal-normalizing characteristics. It is also noted that several of the themes suppressed are directly related to health promotion competencies.

The presence of intertextualities in the PPC reveals the transformation and the restructuring of current textual traditions and orders of discourse. Intertextualities indicate implications of central interest in the constitution of subjects in texts and the contribution of discursive practices in the process of transformation to changes in social identity. For the author, intertextuality and intertextual relations, constantly changeable in discourse, are central to the understanding of the processes of constitution of the subject[12].

The course proposal advocates training using active methodology, based on the successive approximations of the subject with the knowledge and practice of nursing and health, according to the literature of the area. Even though the use of active methodologies alone does not guarantee problematization, the discourses reflect the proposal of the differentiated curriculum and the use of active teaching methodologies as the central axis of the educational process. This approach is defended by other researchers[5,7,14,15].

The course began in 2008, aiming at "... the development and construction of skills and abilities aimed at health promotion and disease prevention, without prejudice to specific care and treatment"[13]. In the PPC analysis, mention should be made of the terms "health promotion" and "change in care model".

The contradiction between what was proposed and the effected is noticed, since the specific approach of knowledge on health promotion and processes of change is incipient in the integrating modules of the periods. The majority of the knowledge of these subjects is worked in practical activities, in the curricular unit "Practice of Integration Teaching-Service-Community (PIESC)", in theoretical practical activities with realistic simulations and in supervised curricular stages.

It is believed that the use of the term health promotion linked to prevention, treatment and recovery may weaken each of the areas of professional performance, since in this fusion, there is loss of the specificity of each of the dimensions. At the same time, it is verified that this union reinforces, dialectically, the importance of constructing integrality, as an important principle of health in the current conjuncture.

Professional training with a focus on collective health is in line with the health decentralization policy implemented through the Health Reform movement and with the creation of the SUS in 1988. The perspective of the new assistance model activates processes of change in the formation of human resources in the area of health, to act as subjects of the process of transformation of reality and current health practices. The findings of the study refer to the process of constructing a new teaching model that, when reflecting on the care model, intends to replace the biologicist model, centered doctor, focused on the illness and the individual attention, still current at the present time.

In terms of training, the Pedagogical Project is in line with Resolution CNE / CES No. 3/2001, which establishes DCNs[3]. The PPC advocates the development of professional skills centered on the student as a subject of learning, supported in the teacher as facilitator of the teaching-learning process and in the multidimensionality of the health-disease process, experienced individually and collectively, seeking to overcome the classical technical view through of the critical construction of human competences for integral care.

To effectively construct the teaching-service integration, the current health practices were considered to elaborate critical reflections on health care models. The PPC raises an important issue for effective integration and change of the care model: the lack of connection between the actions developed in the private network, agreed to the SUS and public and lack of effective participation of the municipal health council as an instance of social representation. All of these obstacles impact the nurses competence training process, since the emphasis on reflective practice, on "learning to do doing", is compromised because of the unfavorable issues in the municipality, a practice scenario of the course. The discourse also points to the need for the student to spend more time in the field of practice, to exercise critical reflexivity and to advance in the development of skills.

Consistent with the dialectical thinking that everything is constantly changing, curricula must also seek to overcome the dichotomous tendency by investing in the organizational and teaching-learning dimensions, linking students (learning), professors (didactics), and academic organization (management). Conscious of the strength of knowledge that emerges from the collective, educators believe that, by working on critical reflexivity on these three fronts, it is possible to break with the model of technical, instrumental and uncritical reproduction rationality. Thus, there are bets in the improvement of educational effectiveness in the face of new realities and the yearnings of transformation of social contexts in a constant process of change, whose new rationality focuses on the person and the reflexive paradigm[16].

To change the care model, it is necessary to invest in the development of competencies for health promotion. It should be emphasized that health and education institutions themselves must be articulated in order to foster the reception of emerging educational and assistance trends. They should also focus on contextualization, flexibility, balance and rigor in terms of innovation and transformation processes in an attempt to follow socioeconomic, cultural, scientific and technological developments. In addition, consideration should be given to the complexity, ambiguity, heterogeneity and unpredictability of health care settings[16].

In this sense, the Institution of choice seeks to develop and build the skills and competences inherent in critical and reflexive formation, contextualized to the current public policies, indispensable to the full exercise of the profession and citizenship. It is based on the commitment to the training of professionals with a new understanding of the health-disease process, capable of acting in the expanded conception of health as agents of social transformation and health practices for SUS consolidation.

It is, therefore, a socio-educational project capable of bringing about profound changes in the life of the population, based on a new logic, with emphasis on the social production of health. Thus, it is necessary the dialogue of Nursing with Health Promotion for the acquisition of theoretical-operational knowledge and the discovery of interfaces between these areas[13].

Beyond the dialectical relation of social practice to social structure, where it can be understood as a condition or effect of the former, showing that discourse can be shaped by social organization as a reflection of this reality (social determination) or source of social (social construction), it is noted that the change in discourse reflects social and cultural change with regard to health promotion.

Although the space of resistance is present, indicating the difficulties in critically overcoming the mechanisms of reproduction and maintenance of the individual to the status quo, the descriptions of the discursive practices in the scenario of the innovative curriculum show how the discourse is shaped by relations of power and ideologies, but also how this same discourse favors the construction of social identities, social relations, and reflects on the systems of knowledge and belief, normally not detectable at first sight by discourse participants, as reported by Fairclough et al.[12].

In this study, it can be inferred that social practice indicates an explicit attempt of ideas that refer to the overcoming of the hegemonic model that although within a critical, historical and transforming perspective, is for the time being insufficient by the very dynamics of historical reality, with their ideological and political values and positions. As Cury states[17], it is a struggle between the new that imposes itself and the old one that seeks its permanence.

FINAL THOUGHTS

The study shows that the discourse in the setting institution comes loaded with norms and conventions, going from the pedagogical conception to the normative-regulatory, reinforcing the determination of the discourse by the convention structures and real events. Despite the conjuncture and political and ideological influence, it is possible to perceive the dimensions of the dialectic in the discourse produced by people and by the institution itself over time.

A contradiction is explained in the analysis of the pedagogical proposal of the PPC with the defense of health promotion as a model change, as opposed to the evidence that the theme is not explicitly explained / worked in the curricular units, allowing affirming that there are mechanisms to maintain the model hegemonic orientation of the PPC.

Besides the division of knowledge in specific territorial units, another problem that still resists in the university is the paradigm of the transmission of knowledge by the professor and the obligation to make this part of the process of formation and understanding of the content to be worked. It should be noted here that the pedagogical structure of the course, despite pointing to the change of the assistance paradigm, does not allow this structural change, which conditions to the change of the social order, only derived changes, superficial, without, however, fundamentally change its biological character while maintaining the *status quo*.

The suppression of issues directly related to health promotion competencies may respond to this maintenance of the *status quo*, since health promotion is one of the pillars of the proposal of change in the training process to change the care model. The absence of this approach weakens the paradigm shift and results in acts of teaching the student to do more of the same, reinforcing current care practices.

The movement of acceptance of the innovative curriculum modality is resumed to show the dimension of the dialectical totality. This shows that this acceptance is happening throughout the population of the study scenario, where students and professors have walked towards the proposal, which favors the development of what is recommended in the PPC, including the proposal of improvement in the current one project.

The use of metaphors in the discourse portrays the difficulty of implementing the innovative curricular proposal. However, temporality highlights contradictions in this process, which point to a real change in nurses' education, evidencing the permanence and difficulties of opening up a new teaching model with a direct impact on care change.

Despite the remarkable tendency to break with the biologicist model, the context of the course also refers to specific situations that refer to the permanence of strategies typical of traditional and fragmented models of teaching. It is believed that for a new model of care and teaching, it is necessary to mobilize reflexive practice to favor the learning and practice of integrated assistance actions in complex contexts.

The historical specificity reveals that the scenario is conducive to the changes in the care model, since the ongoing movements, in reality studied, constituted by comings and goings that signal the acceptance of the new. As history passes through the individual, this advance may actually occur in the study scenario.

This reflection shows that the themes worked throughout the text are important and serve to mark future works in an attempt to deepen their practical applicability in the current contexts. It is necessary to remember that it is important to continue and deepen the discussion of these themes in the Brazilian context, especially in the field of nursing.

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Mailing address
Name: Luciana Netto
Rua Sebastião Gonçalves Coelho – 400
Sala 301.4 - Bloco D Bairro Chanadour
ZIP CODE: 35501-296 Divinópolis/MG - Brazil
E-mail: lucianannetto@ufsj.edu.br