

O PROCESSO DE ENSINAR COMPETÊNCIAS PARA PROMOÇÃO DA SAÚDE

THE PROCESS OF TEACHING COMPETENCIES FOR HEALTH PROMOTION

EL PROCESO DE ENSEÑANZA DE COMPETENCIAS PARA PROMOCIÓN DE LA SALUD

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RESUMO

Objetivo: analisar as posturas pedagógicas e estratégias de ensino utilizadas para abordagem das competências para promoção da saúde na formação de enfermeiros. **Método:** Estudo de caso, ancorado na dialética. **Resultados:** O currículo apresenta estratégias pedagógicas diferenciadas que podem funcionar como dispositivo para o desenvolvimento de competências para a promoção da saúde mediante uma educação multidimensional transformadora. Foram citadas: aulas teórico-práticas, construção de perguntas ou questões sobre textos, estudos dirigidos, narrativa, plenária orientada, jogos e aplicativos para celular e computador, dramatização, oficinas, estudos de caso, seminário integrado, projetos de extensão e pesquisa, ligas acadêmicas. A imersão na prática favorece o aprender a fazer, fazendo, o contato com o contexto de saúde da população e com a realidade da vida profissional. A Prática de Integração Ensino-serviço-comunidade e o estágio supervisionado aproximam o estudante do professor, integram o conhecimento e facilitam a aprendizagem prática e reflexiva. **Conclusão:** Os dispositivos da articulação teoria-prática podem perder a sua função precípua se não houver um direcionamento adequado durante as atividades práticas. Não basta alterar o formato do plano pedagógico e dos mecanismos de ensino, é imperativo mudar a essência do processo de ensino-aprendizagem, aproximando-o da real integração com a prática profissional crítica, dinâmica e socialmente contextualizada.

Descritores: Promoção da saúde; Educação baseada em competências; Enfermagem.

ABSTRACT

Objective: to analyze the pedagogical attitudes and teaching strategies used to approach competencies for health promotion in the training of nurses. **Method:** Case study, grounded in the dialectic. **Results:** The curriculum presents pedagogical strategies that can be a device for the development of competences for health promotion through a transformative multidimensional education. They were: theoretical-practical classes, construction of questions or questions about texts, directed studies, narrative, oriented plenary, games and applications for mobile and computer, dramatization, workshops, case studies, integrated seminar, extension and research projects, academic leagues. The immersion in practice favors the learning to "do-it-yourself", the contact with the population's health context and the reality of professional life. The Teaching-service-community Integration Practice and the supervised internship bring the student closer to the teacher, integrate knowledge and facilitate practical and reflective learning. **Conclusion:** The theory-practice joint devices may lose their prime function if there is no proper targeting during practical activities. It is not enough to change the format of the pedagogical plan and the teaching mechanisms, it is imperative to change the essence of the teaching-learning process, bringing it closer to the real integration with the critical, dynamic and socially contextualized professional practice.

Keywords: Health promotion; Competency-based education; Nursing.

RESUMEN

Objetivos: analizar las posturas pedagógicas y estrategias de enseñanza utilizadas para abordaje de las competencias para promoción de la salud en la formación de enfermeros. **Método:** Estudio de caso, anclado en la dialéctica. **Resultados:** El currículo presenta estrategias pedagógicas diferenciadas que pueden actuar como dispositivo para desarrollo de competencias para promoción de la salud mediante una educación multidimensional transformadora. Se han citado: clases teórico-prácticas, construcción de preguntas o cuestiones sobre textos, estudios dirigidos, narrativa, plenaria orientada, juegos y aplicaciones para celulares y computadoras, dramatización, oficinas, estudios de caso, seminario integrado, proyectos de extensión e investigación, aleaciones de estudiantes. La inmersión en la práctica favorece el aprendizaje de un "hacer haciendo", el contacto con el contexto de la salud de la población y con la realidad de la vida profesional. La Práctica de Integración Enseñanza-Servicio-Comunidad y la práctica supervisada acercan al estudiante del profesor, integran el conocimiento y facilitan la práctica reflexiva. **Conclusión:** Los dispositivos de articulación teoría-práctica pueden perder su función principal si no hay dirección adecuada durante las actividades prácticas. No basta cambiar el formato del plano pedagógico y sistemas de enseñanza, es imperativo cambiar la esencia del proceso de enseñanza-aprendizaje, acercándolo a real integración con la práctica profesional crítica, dinámica y socialmente contextualizada.

Descriptores: Promoción de la salud; Educación basada en competencias; Enfermería.

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INTRODUCTION

The reorientation of health services as a strategy for the promotion of health demands an integral action, with an inter-sectoral and multidisciplinary approach that, in turn, results in changes in the professional formation to acquire specific competences. Thus, to disseminate knowledge about current health paradigms and health promotion, there is a broad expectation on the professional qualification process⁽¹⁻²⁾.

In the national and international scenario, there are different proposals for curricular reorganization for health courses. We highlight the proposals of curricular integration as a device to act, with pertinence, in the diversity and complexity of the present time (1,3). The literature indicates favorable evidence for differentiated curricular designs and their potential for change (1-2), but does not clarify that factors present in these curricula enhance the development of competencies to act in health promotion.

As in other countries, in Brazil, there is still insufficient preparation and training of human resources to act in health promotion (1), based on the framework of essential competences defined in international consensuses, especially the Consensus of Galway and the Pan-European CompHP Project⁽⁴⁾. These instruments define a set of eleven key competency domains for health promotion: ethical values, knowledge, health advocacy, change production, partnerships, leadership, communication, diagnosis, planning, implementation and evaluation⁽⁴⁾.

The development of competencies for health promotion in the academic training of nurses is a subject of incipient and heterogeneous incorporation regarding theoretical formulation. There are spaces for learning favorable to the approach to health promotion, but there is also a need to provide students with experiences that are not limited to insertion, but immersion in the reality of work life⁽⁵⁻⁶⁾.

Progress in the field of education and vocational training is evident; however, in the literature there is a diversity of conceptual approaches in relation to the aspects involved in the teaching-learning process.

Thus, for this study, it is considered an educational activity (didactic or teaching activity) the learning situation created by the teacher to increase the probability that the students live the experiences which are necessary to reach their

educational objectives⁽⁷⁾. Examples of teaching activities are: lecture, demonstration, seminar, field practice, directed study, simulation, didactic games, projects, visits, bibliographic research and others.

The teaching instrument (or teaching technique) includes the use of individual or group work techniques, which facilitates the approach of a theme during an educational activity, the active participation of the students and the achievement of the educational objective, such as: dramatization, seminar, panel, case study, workshop, among others⁽⁷⁾.

By teaching strategy (teaching method or pedagogical strategy) is meant the path chosen or created by the teacher, in his educational practice, to direct the student in order to motivate him to understand, to assimilate and to apply contents, to facilitate the process of learning. The following ideas are considered teaching methods: illustrated or discussed oral presentation, field and laboratory practices, use of audiovisual resources, excursion, among others⁽⁷⁾.

Teaching practice (or pedagogical practices) consists of a complex social practice, mediated by teacher-student-knowledge interaction, which takes place in different spaces/times in the daily life of pedagogical spaces⁽⁷⁾.

Teaching space (learning environment or pedagogical space) is the locus, culturally and socially constructed, designed to promote learning opportunities⁽⁷⁾.

To teach competencies for health promotion, educators should develop creative, meaningful and challenging educational actions that promote reflexivity and promote in the student their potential to think about solutions appropriate to the daily problems experienced in the different contexts of professional practice.

Evolution in the field of health promotion is undeniable; however, the relationship between training and professional practice in health promotion still presents gaps and challenges. It is believed that the traditional model of education, decontextualized, content and poorly articulated health practices, has not been able to enable the professional to act effectively in health promotion, one of the structuring axes of SUS⁽¹⁾.

From the foregoing, this study aims to analyze the pedagogical attitudes and teaching strategies used to approach the competencies for

health promotion in the academic training of nurses. It is assumed that the use of differentiated pedagogical strategies, taught in an integrated and contextualized way, throughout the academic formation, can favor the development of competences for the promotion of health.

METHOD

It is a case study, qualitative, based on the Marxist dialectic as a theoretical-methodological reference⁽⁸⁾. To obtain the data, two focus groups were carried out; there was discussion of the aspects related to the teaching strategies used to approach the competencies for the promotion of health in the training of nurses.

From the 45 professors, fifteen professors of a higher education institution, in Minas Gerais, Brazil, participated in the discussions, with 11 women and 4 men, representing all the curricular units and periods of the undergraduate nursing course. The professors were strategically distributed in order to maintain heterogeneity in both groups. The average working time in the institution of the participant professors was 3.7 years.

The focus groups had a total duration of 4h07min and 19s. The discussion had as a guiding question: "what are the strategies used to approach the competences for health promotion in the academic training of nurses in this institution?" The participants were provided with a summary of the areas of competence for health promotion agreed upon in CompHP as a basis for discussion⁽⁴⁾.

To avoid identification, each focal group was coded as GF (focal group) followed by sequential numbering. There was no identification of the statements of each professor, only of the group to which he participated.

The spoken and recorded discourse of the meetings was submitted to transcription, maintaining the characteristics of the speeches of the participants and their different degrees of detail such as intonation, emphasis, pause, changes in speech height and rhythm, following the model suggested by Kock⁽⁹⁾. The data were explored with the Critical Discourse Analysis (ACD), from the perspective of Norman Fairclough⁽¹⁰⁾.

In order to assess innovative curriculum strategies, to facilitate the consolidation of the large volume of empirical material and

management of all data to be analyzed, the webQDA software was used to support qualitative data analysis. The webQDA is a software/service that was developed in partnership between the company Esfera Crítica and the Center for Didactic Research and Technology in the Training of Trainers (CIDTFF) of the Department of Education of the University of Aveiro, Portugal, mainly used, but not exclusively, as a powerful and sophisticated tool in qualitative research or qualitative data analysis, through interactivity among the most diverse types of material to be analyzed⁽¹¹⁾.

The research project that led to this study (CAAE - 088863612.0.0000.5149) was approved by COEP/UFMG (Opinion No. 694,248), 06/24/2014, and all stages of this project are in accordance with Resolution 466/2012/MS, which regulates research involving humans.

The communication of the study results obeyed the guidelines for reports of qualitative research projects with use of focus groups available in the COREQ (*Consolidated criteria for reporting qualitative research*)⁽¹²⁾.

RESULTS AND DISCUSSION

The results indicate that the discourses incorporate the proposal of the differentiated curriculum and the use of active methodologies and problematizing teaching as the central axis of the educational process. Among the pedagogical activities they cited: question construction on specific texts, directed studies, narrative, oriented plenary, games and applications for mobile and computer. The use of some teaching tools was highlighted in the teachers' discourses, such as dramatization, workshops, case studies and the integrated seminar through real cases.

(1) "[...] expositive class is ... guided plenary, I have used it too much, it is very nice, nowadays there are some methodologies that the student has to apply and to be active [...] this is the great problem, moving and making the student to move, sometimes it is not only because of his characteristic, but because of our deficiency in making him to move ... "(GF 01)

(2) "[...] and the methodologies, [...] of learning, which is what you want to know what we use here: lectures, we use it a lot, I have, I have experience in 2nd period of using narrative/ because narrative is very interesting, especially at the time you know the scenario, where it is coming, [...] where they are, they come in and I say like this: - now you are going

to pick up the register, I want you to write freely what you observe, and then I want you write what you think of this/that this is the community that the people will be involved in the semester." (GF 01)

The findings reveal that the curricular proposal presents pedagogical strategies that can function as a device for the development of competencies for health promotion through a transformative multidimensional education. The participants report a set of activities and teaching instruments that they use in their teaching practice and that they consider favorable to the health promotion approach.

(3) "Why to develop those competencies which are essential for health promotion/ what strategies can I adopt? / I think that we just get something, because I work in BPPE (Psychosocial Basis of Nursing Practice) and work with basic SUS legislation. [cough]/ So, I started there/ before SUS, the Sanitary Reform, [...] the Constitution comes with all the legislation/ in the Health Promotion Policy/ and work / with the Ordinance 2.488 within the PIEESC (Practice of Integration Teaching-Service-Community) to work the Basic Health Care. At this moment I try to make a / relation, to everything that / I do when I teach, starting from this. / Firstly because the student has to understand that nowadays the actions are of health promotion, prevention of risks and injuries, [...] treatment, healing, health maintenance, rehabilitation, as needed Just because it is very distant for him. / Because our culture is medical [low voice], [...]. Everyone is thinking only of treatment and healing. / And promotion action / is more difficult to understand for the student than the prevention, [...] Because / the student understands very well when we work with prevention." (GF 02)

Practical activities, developed throughout the course, were cited as a strategy for the development of competencies for health promotion. The curricular unit that integrates teaching-service-community in a special way and the supervised internship, including the rural boarding school, in all levels of attention, is shown as a way to integrate knowledge and to facilitate practical and reflexive learning of the promotion health, in the nurses' training process, as explained in the excerpts:

(4) "Cases with a group of pregnant women, which we did last week / and in the week before the last, a group of pregnant women, we WORK with these promotion issues." Then I

realize that/ FOR THE STUDENT/ PIEESC gives this opportunity". (GF 02)

(5) "Our experiences, they are from PIEESC. / I think that where is the student more propitious to develop these competences? / Where does he materialize everything that he has learnt or what he has lived? This is our professional practice./ We materialize it in our PRACTICE / what we have received as an instrument, / be it theoretical, / or practical. In the university, the materialization of these practices, in my opinion, is very concentrated in PIEESC, [...] It is the moment of integration, it is the moment of clinical reasoning, it is time to make the management, it is time to lead, it is the moment to be led, it is time to form a team, it is time to destroy the team [laughs], [...] This also happens. [talking slowly]" (GF 02)

(6) "So, I think a lot of what we have discussed at PIEESC, I think / that is the link, it can rescue this issue of promotion. It is PIEESC, [...], which facilitate when asks the student to rescue what he have seen/ experienced there in practice, [...] that is, it makes it easier for the people who are there in theory. (GF 01)

The theoretical-practical classes taught throughout the course were also cited as an activity which stimulates the development of competencies for health promotion. Some curricular units and optional subjects were highlighted by the participants, given the importance of working on certain specific contents, mainly health education, public policies and health legislation, to promote practical activities among the population. A curricular unit is highlighted as a space for the development of knowledge and ethics domains, transversal to the competences for health promotion.

(7) "[...] I think all the curricular units are fantastic, but I think the psychosocial basis is the SPACE that we have to do this thought [...] the student's KNOW-HOW TO BE". (GF 01)

A distinction between the theory and practice, the chance to improve health care and the proximity to the professor are highlighted by them as the fundamental factors for the promotion of nursing, including the process of developing skills for health promotion.

(8) "I think / I see two things that our curriculum can do is/ is to promise to do this kind of thing, because [...] to promote / not to promote, [...] because to promote the promotion, / is difficult [low voice] / but it [asides between participants] can WALK in the direction / to ensure / I see two important things. / I think that

firstly: / it / breaks the basic cycle logic, [at that time another professor signals that agrees with the placement of the participant] about cycle/professional, [...] "(GF 02)

The participation in extension and research projects is a common activity for students; it is valued for the development of skills for health promotion. Extension projects, Academic Leagues and PET (Tutorial Education Program), despite the difficulties of implementation, an event, are aimed at student learning. They reinforce some skills and favor their autonomy. Emphasis is also given to scientific initiation and to the elaboration of the Course Completion Work.

The strategies that allow an approximation with the highest levels of health and professional life to the student are more likely to develop health for health, as the excerpts show:

(9) "Thus, when it becomes a research, I intend to pause and to avoid risks, [...] health promotion and risk and injury prevention. And in everyday teaching, I/ I try to do this/ this to happen." (GF 02)

(10) "We / also, in my area, I am in the area of the elderly people, / we work a lot with health promotion, [...] especially when we go to / to a REST HOME there, with the extension group, as well as with the PIESC group [...] PEOPLE MAKE A LITTLE MISTAKE here, / I think all the disciplines here, in my point of view, [...] That we do not PRESERVE, I cannot do / in other disciplines, in other activities, in the extension I have achieved more, / and there, until now, [...]" (GF 02)

(11) "But I think that other / that other / for example," communication ", [coughing] is /" planning ", we can do it in extension, [...]" (GF 02)

Participants' speeches indicate that learning to do, doing, is the best way to develop skills for health promotion. The early immersion of the student in the reality of health services happens in the scenario of the study, with direct contact with the population, which potentiates the development of competencies for health promotion in the training of nurses since the first period of the course.

(12) "I think when we show, [...], let's suppose / it is [...] / the right word is not to show, the right word is when people OPPORTUNIZE this scenario is / It is very conducive to the scenario of practice / [...] this favors a lot. / [...] This favors a lot because / the student, it shocks his reality. [...] I think this issue of IDA is important as long as it is tied to what we WILL DO [...]" (GF 01)

In textuality (microanalysis of discursive practice), the element of the ACD that stood out the most was the metaphor ⁽¹⁰⁾. Besides being a resource of oral speech, it is noted that the metaphor was used in the sources of empirical data.

The use of metaphor was used to express the difficulty of the professor and student in working with the "new", with a pedagogical proposal different from those that were formed by other generations of professionals. The speeches show that those involved in the process want to change the teaching model, but the discourses refer to the fact that, still, there are remnants of the model transmitter. The fact that we call the student a "boy" reveals this intrinsic value of the restriction of the student's leading role in the teaching-learning process, whose focus, apparently, should be centered on the professor, despite the awareness of the teaching focused on active student participation in the process. Other resources refer to the act of transmitting knowledge, such as teaching and lecturing.

(13) "[...] because what I talk to the boys all the time is because the student will always "cry", this is a RULE / And we will always say NO, and we're going to have to delimit that one there/ Then, the monitor turned to me: ah, the student went mad with you / [sound between tongue] I do not even care [laughs] / I do not really care. /" (GF 01)

(14) "Te/ teaching a potential action for a student, folks, this is a HERCULA effort, it takes you 50 minutes to explain to the boy that the membrane became more permeable, that one ion comes in and the other comes out, another is positive, another is outside, and even though he is different, the boy looks at it there / what the professor [...] said, it took us years to understand, [...] and he wants the boy understands fast/ [laughs] [simultaneous statements] [at that time other professors signal that they agree to the placement of the participant]./" (GF 01)

(15) "We try to diversify with the students, / but that family still continues with me, and the boys, ALL the boys know this family." (GF 02)

(16) "[...] The (colleague) said, [...] that in the end some students will graduate, they will take care of the message and will propose something of health promotion in the supervised training and the other ones will not get it, [...], and you said, [...] some professors / take this

curriculum well and go ahead and they do their best..."(GF 01)

In the analysis of the social practice, it was possible to show that hegemonic is the idea that the early insertion in the field of practice contributes to the development of competences from the first period, in a continuous process of acquisition of knowledge, skills and values for the practice towards the changing the care model. Contact with the population since the first period of the course, in order to favor the learning of humanized care and the experience of contents learned in theoretical activities is emphasized in the discourses as a preponderant factor for the training of nurses.

(17) "So, the students/ they are/ since the first period, they analyze the territory, know the environment,/ know the health situations, the iniquities that this population lives and, from that knowledge, he goes/ CHOOSE a family, and within that family, he will try to propose changes there, / to plan the assistance of this family, to BRING this family so that he recognizes his own problem and tries to empower/ empower this family so that it can be/ is, IN FACT, to change, or to join such assistance." (GF 02)

(18) "We, in the second period, worked very hard with healthy eating practices, [...] both in SCHOOL/ and [...] in home visits and in the direction of individual/ family actions, [...] adults and children. / And in school [...] we develop, [...] in addition to these health education practices [...] / we [...] develop/ [...] it is about SEXUALITY, contraceptive methods, / Often we DO visits, [...], there at CEMEI for evaluation in the children's language, [...] from 2 to 4 years-old, and then we work [...] WITH children, the prevention of accidents, both at school and at home." (GF 01)

The transformative multidimensional education is pointed out by the professors as a central strategy to stimulate, in the nurse, the development of essential competences necessary for the qualified exercise of the profession, for the full exercise of citizenship and personal well-being.

(19) "[...] then, we have a lot to go forward / [murmurs] / and I think that this ADVANCE we will only be able to get the moment we can get this theory [...], which is very / very well designed in the policies, and bring this NEXT theory to that scenario [...] but only that they are very distant / and we / this reflection that we do / have to do with the student, for this, by the following: on the

day that he graduates, he will be a different person./ "(GF 01)

In the search for critical-reflexive formation, several educational strategies have been presented as possibilities. Depending on the educational objective, other techniques are proposed, such as the use of conceptual maps, realistic simulation, extension and research activities, and others, but in the national and international literature it is difficult to find specific studies aimed at the development of competencies to act in health promotion.

These new pedagogical proposals that seek the integrated, dynamic and contextualized approach of knowledge are a bet in the increasing development of autonomy⁽¹⁴⁻¹⁵⁾, reflection and theorization through practice situations, systematic evaluations, solidarity, citizenship and social responsibility to generate internal changes and external, individual and collective⁽¹³⁾. These proposals also promote the interlocution between teaching-service and community, through integrative practices articulated to SUS principles towards new paradigms⁽¹⁾. These strategies are indicated as conducive to the development of competencies for health promotion.

Among the different strategies of the curriculum under analysis, the insertion of the students in the reality of the services and the community from the initial periods, the curricular integration between theory and practice and between the basic cycle and the professional cycle stand out. The PIESC curricular unit brings together these different strategies and is presented as the hallmark of the course in the development of competencies for health promotion.

The pedagogical postures and teaching strategies used to approach the competencies for health promotion in the academic training of nurses reflect transformative multidimensional education. This, in turn, seeks to prepare professionals to learn how to learn, act and react with pertinence to complex situations, combine knowledge and mobilize resources and become involved in different professional contexts, as promoted by Le Boterf⁽¹⁶⁾.

It is known that the pedagogical strategies that favor teaching-service-community integration and immersion in the context of professional practice contribute strongly to the development of competencies for health promotion. In an attempt to measure how these

strategies actually contribute to the development of competencies, the findings reveal that the curricular proposal focuses on transforming multidimensional education.

In the present case, in addition to providing conditions for the development of assistance, educational, administrative and investigative skills and abilities for individual and collective care, the aim is the integration with professionals, health services and the community, as well as to strengthen SUS. This expanded vision of health and the establishment of partnerships favor the planning and implementation of long-lasting health promotion actions.

It is imperative to invest in the training of health professionals, based on the demands and health needs of Brazilian society and SUS, which are extremely dynamic due to their historical and social determination⁽¹⁷⁻¹⁸⁾. The investment in innovative curricula favored by the teaching-service-management articulation can give answers to this reality^(1,19), which, consequently, would lead to the development of competencies for the promotion of health.

It is necessary to invest in teaching activities that stimulate in nurses the ability to be adapted to complex and changing situations. For this, it is necessary that the academic formation is the most integrated, dynamic and contextualized to the place where it is developed⁽¹⁷⁾.

This training favors the integral apprehension of knowledge, considering the interdisciplinarity, multidimensionality, diversity and complexity in its construction, making the integration emphasize the unity between the disciplines and forms of knowledge, leading to the flexible, critical, reflective, solidarity, democratic profile, global, citizen and transformer⁽¹⁾.

Studies also show that in an institution where the curriculum proposal is open to innovations, it increases the possibility of effective integration of teaching-service-management-community^(1,19), early insertion of the student in the world of work^(1, 20), critical and reflexive action, towards the overcoming of the content paradigm. In addition, the development of new pedagogical proposals, using active teaching-learning methodologies^(15,21) and methodologies for evaluating continuing education, should be encouraged in order to mediate the construction of knowledge and the

development of dialogic skills to promote health.

It should be emphasized that it is not enough to build a new perspective on the health-disease process, aiming at the promotion of health; it is necessary, in fact, to understand the whole person body-mind; to consider the social, economic, cultural and physical environment in which it lives, as well as its determinants and determinants of health and disease, strengthening strategies that favor autonomy, equality and justice.

Thus, sharing the path and the walking, moving from the liberal technicist-academicist tendency to the progressive liberating reflexive⁽²²⁾, will break with the paradigm of fragmentation, making the scenario conducive to the change of assistance model, open to health promotion.

FINAL THOUGHTS

The results of the study allow an analysis, according to the professor, of the pedagogical postures and teaching strategies used to approach the development of competencies for the promotion of health in the academic training of nurses.

In addition to the teaching strategies and didactic activities proposed, such as the PIESC practice, the integrated seminar, home visit and participation in extension and research projects, new experiences in teaching modalities should be encouraged to change the nursing teaching processes, especially those directed to the development of competencies for the promotion of health.

However, the theory-practice and teaching-service articulation devices can lose their primary function if there is not an adequate targeting during the field activities, since it is not enough to change the format of the pedagogical plan and the teaching mechanisms; it is imperative to change the essence of the teaching-learning process, bringing it closer to the real integration with the critical, dynamic and socially contextualized professional practice.

Despite the distance between what has been described theoretically and practiced, it is believed that the multi-faceted formation may favor reflexivity and, therefore, it is pointed out as responsible for the change in practices and the current assistance model, still focused on pseudo-curative actions.

These findings open spaces for future comparisons with similar studies developed in other national and international scenarios.

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