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Lima, Cássio de Almeida; Rocha, Jucimere Fagundes Durães; Leite, Maisa Tavares de Souza; Santos, Amanda Gesiele Pereira; Rodrigues, Bianca Gonçalves; Lafetá, Amanda Fonseca Moura

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RESEARCH

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A teoria em prática: interlocução ensino-serviço no contexto da atenção primária à saúde na formação do(a) enfermeiro(a)

The theory into practice: teaching-service dialogue in the context of primary healthcare in the training of nurses

La teoría a la práctica: interlocución docencia-servicio en el contexto de la atención primaria de salud en la formación de la enfermera

Cássio de Almeida Lima¹, Jucimere Fagundes Durães Rocha², Maisa Tavares de Souza Leite³, Amanda Gesiele Pereira Santos⁴, Bianca Gonçalves Rodrigues⁵, Amanda Fonseca Moura Lafeta⁶

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ABSTRACT

Objective: To understand the perceptions of the students of the Undergraduate Nursing Course about their insertion in practice the services of Primary Health Care. **Methods:** A descriptive study, using a qualitative approach and phenomenological approach, carried out in the Undergraduate Nursing Course at a public university state of Brazil. The analysis of interviews occurred by means of methodological steps of phenomenology: description, reduction, understanding, ideographic analysis and nomothetic. **Results:** The understanding of the essence of the phenomenon revealed category interlocution teaching-service in the context of Primary Health Care: meanings for the graduate student in nursing. It has been contemplated in a positive way the interlocution between education and primary health care, with the immersion of the academic experience of the reality of SUS. **Conclusion:** The immersion in care and services primary health has promoted an effective dialog teaching-service, corroborates the assumptions of National Curricular Guidelines.

Descriptors: Students Nursing, Education Nursing, Nursing Care, Primary Health Care.

¹ Master in Healthcare, Society and Environment by the Universidade Federal dos Vales do Jequitinhonha e Mucuri (UFVJM). Diamantina (MG), Brazil. E-mail: cassioenf2014@gmail.com.

² Nurse. Specialist in Family Healthcare, Master in Teaching in Healthcare. Professor in the Nursing Department at Montes Claros State University (Unimontes) and the Brazilian Educational Association (SOEBRAS). Montes Claros (MG), Brazil. E-mail: jucimerefdr@yahoo.com.br.

³ Nurse. Doctor in Sciences. Professor of the Nursing Department and of the in Healthcare Sciences Post-Graduation Program (PPGCS) at Unimontes. Montes Claros (MG), Brazil. E-mail: mtsiv@terra.com.br.

⁴ Nurse. Graduated by Unimontes. Montes Claros (MG), Brazil. E-mail: nandagesiele@yahoo.com.br.

⁵ Nurse. Graduated by Unimontes. Montes Claros (MG), Brazil. E-mail: akira_lp_shinoda@hotmail.com.

⁶ Nurse. Graduated by Unimontes. Montes Claros (MG), Brazil. E-mail: mandinhaf.z@gmail.com.

RESUMO

Objetivo: Compreender as percepções dos estudantes do Curso de Graduação em Enfermagem acerca da sua inserção na prática dos serviços da Atenção Primária à Saúde. **Métodos:** Estudo descritivo, com abordagem qualitativa e enfoque fenomenológico, realizado no Curso de Graduação em Enfermagem em uma universidade pública estadual do Brasil. A análise das entrevistas realizadas ocorreu por meio das etapas metodológicas da fenomenologia: descrição, redução, compreensão, análise ideográfica e nomotética. **Resultados:** A compreensão da essência do fenômeno desvelou a categoria interlocução ensino-serviço no contexto da Atenção Primária à Saúde: significados para o graduando em enfermagem. Tem-se contemplado de maneira positiva a interlocução entre o ensino e os cuidados primários de saúde, com a imersão do acadêmico na vivência da realidade do SUS. **Conclusão:** A imersão nos cuidados e serviços primários de saúde tem promovido uma efetiva interlocução ensino-serviço, corrobora os pressupostos das Diretrizes Curriculares Nacionais.

Descriptores: Estudantes de Enfermagem, Educação em Enfermagem, Cuidados de Enfermagem, Atenção Primária à Saúde.

RESUMEN

Objetivo: Comprender las percepciones de los estudiantes del Pregrado en Enfermería sobre su inserción en la práctica los servicios de Atención Primaria de Salud. **Métodos:** Estudio descriptivo, utilizando un enfoque cualitativo y enfoque fenomenológico, llevado a cabo en la formación de pregrado Curso de Enfermería en una universidad pública de Brasil. El análisis de las entrevistas se produjo por medio de etapas metodológicas de la fenomenología: descripción, reducción, comprensión, análisis ideográfico y a través de un nomothetic. **Resultados:** La comprensión de la esencia del fenómeno revelado categoría interlocución docencia-servicio en el contexto de la Atención Primaria de Salud: significados para el estudiante de posgrado en el campo de la enfermería. Lo que se ha contemplado de manera positiva la interlocución entre la educación y la atención primaria de la salud, con la inmersión de la experiencia académica de la realidad de SUS. **Conclusión:** La inmersión en atención primaria de la salud y servicios ha promovido un diálogo efectivo docencia-servicio, corrobora la hipótesis de Directrices Curriculares Nacionales.

Descriptores: Estudiantes de Enfermería, Educación en Enfermería, Atención de Enfermería, Atención Primaria de Salud.

INTRODUCTION

In Brazil, the healthcare and nursing area courses have gone through a period of considerable changes in the search for the consolidation of the Brazil's Unified Health System (SUS) and the Primary Healthcare (PHC), where there is also an attempt to reverse the biomedical model of healthcare. This reality has permeated the Nursing Graduation Courses and their National Curricular Directives anticipate the general training oriented to the new care practices. They also emphasize the early insertion of the students in the healthcare services, as a tool to construct new paradigms in healthcare provision and training. It is believed that the insertion of the nursing graduating student in the services and in the healthcare practice in the primary level of the

public healthcare system, through the teaching-service dialogue, has the potential to contribute with the training of professionals anchored in the user's bio psychosocial view and the PHC as the paramount field for the realization of health promotion.

It is undeniable that the SUS construction, the implementation of the Law of Directives and Bases (LDB) and the changes in the work world have improved the education and healthcare services with collective processes of discussion, the redefinition of roles, the creation of a new legal framework, changes in curriculum and pedagogical projects, in order to improve the quality of human resources training. This change requires operational sustainability, political will and new technological arrangements for its constitution and governance, and also deserves intense academic discussion in the healthcare and education areas, because the training of the new nurses must be focused on the demands of the society itself.¹

From the theoretical considerations on training, it is clear that, in this new century, it is no longer possible to train professional oriented only to the technical rationality, currently not disputed. This situation often takes place in the Nursing Graduation and healthcare courses, which requires adjustments in their pedagogical project and in teaching practice, in order to provide better training conditions for the students and of work market insertion for the graduates, allowing to respond to the current challenges.^{2,3}

In order for the in the Nursing/Education/Healthcare area become creative praxis, the discussion should be started by the theory-practice question. It is from the dialectics in the critical-reflexive-creative teaching practice, by adopting active methodologies, that the theory-practice relationship reaches the highest expected degree: interdisciplinary and cross-sectional praxis. The theory-practice articulation in the training of the nurses show the need to strengthen the several practice fields, such as the learning scenario, reviewing the hour load separated into theory and practice, favoring the support to libraries, among others, and the teaching-service-community integration to the realize the Course Pedagogic Program (CPP).⁴

The integration between teaching-service-community is a parameter for the re-articulation of theory-practice. However, the possibility of this strategy coming true in the university scenario, in the learning spaces and teaching practice are a complex and challenging matter. Although there are proposals and policies, such as the National Program of Reorientation of Healthcare Professional Training (Pro-health), the implementation of theoretically innovative pedagogic projects becomes innocuous, while, in practice, the pedagogic action is non-susceptible to changes.⁴

The re-organization of the healthcare network with PHC as entrance port and coordinator of the network through the Family Healthcare Strategy (FHS) calls for changes in the nurse professional training, because it constitutes, along with the other healthcare professional, the basis for the viability

and implementation of actions and projects oriented to the SUS proposals. The nurses' qualification decisively contributes for the realization of the national primary healthcare policy.⁵

In this situation, assessment studies of the training processes allow to identify the factors to be improved in the Nursing Graduation Courses for the training of new professional with unique skills, who know how to act, make decisions and use creativity to solve the population healthcare problems with the challenges posed by contemporaneity. Investments in the qualification of these human resources are still needed to fulfill the SUS demands, once the lack of preparation to act in PHC after graduating is still one of the major aspects that make it difficult.⁵

The qualification of the SUS workers is directly associated with the realization of the PHC work policy, to guide training so that the professional nurses acquire innovative practices, know how to act, make creative and reflexive decisions in community healthcare. The practice scenarios must favor the training of a professional who is more aware of his/her social role, and incentives and measures that are capable of changing reality oriented to larger actions in healthcare, suited to the nursing education situation and to the Brazilian public healthcare policies are necessary^{6,7}.

Even if the advances of the guidance in the National Curriculum Directives of the Nursing Graduation Course (DCN/ENF) and in the discussions about the needs for change are recognized, in Nursing Graduation difficulties are often experienced to overcome the conservative teaching methods, which makes it difficult to advance to pedagogic practices with capacity to promote changes in the current training and which consider the academic as an active participant, to whom an opportunity must be given to comprehend reality.^{3,8,9}

Also, there is a figure forgotten by most people on the training of the nurse to act in PHC, but critical for the actual sense of the participative teaching-learning process: the graduating individual. It is necessary to be aware of the commitment that the students make in their professional training, because unveiling their participating experience in the construction of knowledge and in the conduction of their training trajectory is to make effective the critical-reflexive teaching premises¹⁰.

In this scenario, this study is justified by the need to conduct researches that can contribute in the construction of the profile of the future nursing professionals able to act in the context of primary healthcare, such as in the planning and implementation of training and insertion policies for this professional, constructed based on the SUS principles and directives,¹¹ so that it is possible to subsidize and foster the PHC consolidation and implementation. This study has the purpose to understand the students' perception of the Nursing Graduation Course in its insertion in the practice of Primary Healthcare Services.

METHODS

The study has a descriptive line, with qualitative approach and phenomenological focus. The choice to focus on the phenomenological approach was based on the consideration that it is a philosophy and research method, a path to comprehend the life experience of the individuals and unveil the meaning that they attribute to their experiences¹², according to the objective proposed. The research was conducted in the Nursing Graduation Course at Universidade Estadual de Montes Claros (Unimontes). The scenario of this investigation is located at Montes Claros, a town north of the State of Minas Gerais (MG) – with a population of 361,915 inhabitants, the main regional center, also I higher education and healthcare for the regional population.¹³

The study subjects were graduating students from the 9th period and those completing the course, considered able for having experienced the phenomenon of insertion in the PHC practice through the Graduation teaching "Practical Activities in Primary Healthcare", developed between the 1st and 6th periods of the course. The inclusion criteria to the students were: being a regularly enrolled student, present from the 1st period, with the purpose to have the participation only of students framed in the PPC in force in the institution; and being able to freely participate, by Reading and signing the Informed Consent Form (ICF).

The philosophical inquiry region, consisted in interrogating the practical activities in the PHC experienced in the family healthcare units by the students. Open interviews were conducted, framed by the guiding question: "How was it, to you, to experience the insertion in the Family Primary Healthcare services during the Practical Activities Teaching Unit?" A pre-test was performed with a student from the 7th period of Nursing Graduation at Unimontes, to minimize the limitations of the interview, which was submitted to a few changes.

The interviews were conducted between October 2013 and February 2014. A recorder was used to record the answers, to provide an attentive listening, allowing approaching and comprehending the phenomenon experienced and investigated, and the interviews were fully transcribed. The interviews were closed upon the verification of the saturation of data, when the information was no longer significant to understand the essence of the phenomenon.

Following, they were submitted to the methodological steps of analysis proposed in the phenomenological approach: description, reduction and comprehension. Through these steps, the testimonies were understood with the perception of the insertion in the PHC services during the Practical Activities Teaching Unit, the critical parts were chosen and the meaning of what was really essential was unveiled, which made it possible to construct theme categories.¹⁴

Then, the ideographic analysis and the momothetic analysis were performed. In the first, the speeches were individually analysed, numbered and coded from student 1

to student 9 (ST1 to ST9). These speeches were transcribed, exhaustively read and the significance units were unveiled to understand the essence of each testimony. The momothetic analysis approached the generality to apprehend and unveil the phenomenon through themes and subthemes. This way, the interpretation of the speeches was included, in the search for convergences, divergencies and idiosyncrasies, at the light of the literature considered the theoretical reference. At the finishing analysis step, a synthesis was performed, which contemplated the comprehension of the study phenomenon structure and essence.¹⁴ From these steps, the category "teaching-service dialogue in the context of Primary Healthcare: significances for the nursing graduating student" category emerged.

This investigation followed the ethical principles of research involving humans, as per Resolution Nº 466/2012 of the National Health Council. The Research Ethics Committee of the Universidade Estadual de Montes Claros through the Substantiated Report 343.951/2013 and Certificate of Submittal approved the research project that originated the study for Ethical Appreciation (CAAE) 19480513.9.0000.5146.

RESULTS AND DISCUSSION

Teaching-service dialogue in the context of Primary Healthcare: significances for the nursing graduating student

To contemplate the reality experience in the healthcare system, one of the pedagogical strategies adopted is the Nursing Graduation student's immersion in the healthcare practice. The dialogue between theory and practice must be promoted in the nursing training process. And, as regards the experience in the context of primary healthcare, such strategy has been efficient and positive, as shown in the students' reports:

It was very interesting for us to have contact with this service from the first period. (ST3)

[...] it is a unique experience, you reaffirm that this is really what you want, with those experiences, that is the kind of service you want to develop. (GR4)

[...] it really enriches the training, you learn how to make a consultation, do the best for your client according to your reality. [...] the basic unit enriches the academic training. (GR7)

The basic field activities in the primary healthcare unit, as the first contact with our client, were very interesting. It is the first contact and it is something new, to be in practical activities in the first period. (GR8)

Also, the modelling of the curriculum organization of the practical activities in the PHC optimizes the learning experienced through the theory and the actual space of the primary healthcare services, where the care practice is experienced.

So, if you observe the school program, it has been going through all the health family sectors. It starts with the area knowledge, until the start of the practices that can be exercised in Primary Healthcare: semiology and semiotechnique, to each individual inserted: the woman, the child, the elderly. (ST1)

You really start to put theory into practice, learn what the teachers say and visualize in a clearer way from the moment you start to work with the community. (ST3)

[...] as periods are completed, the autonomy grows, you can get to know the service more, apply your knowledge [...] (ST8)

[...] theory increases, so you have more possibilities and are able to approach your client with greater confidence, as time goes by. (ST8)

These findings reveal the gradual surpassing of a challenge, because, although the primary healthcare policies have been consolidating more and more, there are still difficulties as regards the training of the professionals who will work in the PHC field. In this sense, the curriculums of the universities are a reflex of the conception of the professionals who will be working to consolidate SUS in Brazil. Teachers and students must be committed with the transformations that are crucial to reduce the dichotomy between theory and practice during the academic training, between speech and concrete action in reality. A continuous debate is necessary within SUS, within the Brazilian civil society and within the universities, so that the Brazilian healthcare social construction process fragility can be recognized and reduced.¹⁵

The nursing students' presence in PHC daily services represents the living link between service and school, an assurance of the re-significance of knowledge and (re)construction of conducts in harmony with the users' demands.¹⁶ This reality is an advance towards the DCN/ENF premises, conceives an innovative proposal to consolidate the SUS reorganization of the healthcare model by ESF. This, it shows potential to transform the local and the SUS reality, since there is a possibility to overcome the challenges presented.¹ It is understood that the teaching-service approach is critical for the realization of effective transformations in the training of nursing human resources in the Brazilian healthcare field, and for the knowledge production to cause a significant impact in the healthcare indexes and in the quality of the healthcare provided by SUS.¹⁷

The professional education in the nursing area is a dynamic and permanent process, which goes beyond graduation and extends throughout the career. In this conception, the professional training must incorporate theoretical and practical strategies that integrates teaching and service with the purpose to develop a critical-reflexive perspective about the social and political and regional context in the professionals.⁵

In accordance with this, in a study about the topic, the relevance of the experiences acquired in professional practice for the student's training was also emphasized, because it provides an exchange of experiences that contributes with the learning and make the student stronger to face the complexities of professional life. Therefore, the theory-practice articulation becomes relevant in its interaction with the teaching-learning process.¹⁸

The reality experienced also allows breaking the links with old strategies, such as the dichotomy between the basic cycle and the professional cycle, in which subjects and knowledge were isolated. In the new learning model, the subjects are approached in such a way that the basic areas work as an efficient basis and reference for the search of knowledge oriented to problem-solving.¹⁵

In this perspective, the practical experience in the PHC context, similar to the one found in this study, was considered the most proper strategy during graduation in another study, because it provides the student with conditions to integrate theoretical and practical knowledge. Also, it was observed that it prepares the student through the practical experience in the service, providing him/her not only with knowledge about the clinic, but also about the service organization and management. It also becomes possible to integrate with the cross-sectional team and the community, to manage healthcare services and work with ethical responsibility. This manner of insertion in the work world makes it possible for the students to develop the necessary skills and competencies to intervene in the health-disease process before the communities, according to the SUS principles.⁵

The pedagogic, to assume a significant role, cannot be reduced and/or dedicated only to the teaching of means and mechanisms through which the teaching-learning process were developed, and yes, it shall be a critical way to develop an educational practice that frees from a traditional process, not to be done only by the educator, but by him/her together with the student and the other society members.¹⁹

The care practice experiences by the nursing student in the social and work context, where he/she faces actual and different situations, pushes him/her to perform and mature the professional role with more quality, skill and confidence, when articulating theoretical knowledge with the fact experienced. The praxis is transformative for the student and for the healthcare organization work context, because, when performing an action, the nursing student is based on updated theoretical means that contribute to change and innovate the healthcare services facility. Therefore, the

student develops skills according to his/her individuality, the collective and the organization of the primary healthcare service in which he/she is inserted.²⁰

The students recognize the relevance and the impact of the practical activities in PHC on the training, during the teaching-learning process that they experience throughout the graduation course, which also gives an opportunity for the link, the user's holistic vision as a bio psychosocial being and of the space in which they exist, as a set of reports shows:

[...] we have contact with the people, the link is greater because of the SUS principles. (ST2)

[...] I learned a lot and not only like this, about content, but also with the people, or relate with the people, to search for study, to search for new strategies, I grew up in every way. (ST4)

[...] we basic start with territorialization, you get to know that community, you draw a map, identify all factors, all the negative and positive points of the neighborhood. (ST1)

[...] you get to know your community, and it's important to know it to know how to act within a Family Healthcare Strategy. And we can do this from the first period, with the start of territorialization. (ST6)

Similarly to these findings, according to a research about the implications of the teaching-service integration in the perspective of nursing students, this way to develop the practices has stood out to the students, teachers and professionals, because it makes sense in the services daily leaving. They are not choices disconnected from reality and implemented only to fulfill the curriculum requirements. The development of social and epidemiological research such as territorialization, the smart maps used in situation class rooms and the diagnoses and situation planning were strengthened to support the contextualized practices.¹⁰ The territorialization actions are the basis to reach the community orientation principle and to understand the territory concept, risk area and microarea.²¹

And another study, on the assessment by the users of the presence of students in the family healthcare unit, made a similar finding. The clients indicated that most of the students recognize the importance of valuing the community's knowledge. Through dialogue and exchange of knowledge, the users' recognition is favored as subjects with knowledge on the health-disease-care process and concrete conditions of life.²²

The humanized professional training, in agreement with the students' reports, is comprised of the development of a critical citizen, who questions, thinks and is able to act on the change of the reality in which he/she is inserted, exercising his/her citizenship and contributing with the construction of other citizens, acting in agreement with the perspectives of the PHC practices reorganization.²³ In the PHC and ESF,

the human resources are the essence of productive capacity, constitute a higher technological density made available in the service of the population needs. This scenario has as work object the living and moving community, which shall use the most constructive and shared Technologies in the caring process.²⁴

The PHC must consider the subject in his/her uniqueness, complexity, completeness and sociocultural insertion, and search for the promotion of his/her health, the prevention, disease treatment and reduction of worsening that compromise the possibilities of living in health. In this sense, the university recognizes its mission and its role as a training institution committed with the social transformation when developing projects that integrate the teaching-service-care triad.¹

The significances attributed by the students to their experience in the primary care reality fulfills the DNC/ENF principles that say that the nurse's training has the purpose to provide the professional with the required knowledge to perform his/her competencies and general skills. Among these is healthcare, in which this professional must be able to develop health prevention, promotion, protection and rehabilitation actions, at the collective and individual levels. Each professional must make sure that his/her practice is performed in an integrated and continuous manner with the other levels in the healthcare system, being able to think critically, analyzing the society's problems the searching solutions for them. The nurses must perform their services in the highest quality standards and within the ethical and bioethical principles, especially when considering that the healthcare responsibility does not end with the technical act, but with the solution of the healthcare problem, at individual and collective level.²⁵

When unveiling the experiences of the students participating in this study, an experience that permeates the plurality of the contexts and scenarios of family healthcare and the determinants of the health-disease process are revealed.

We used those instruments like genogram, eco-map, [...] it's an interesting way to visualize the disease issue, the pathology in the family according to these instruments [...] I knew the reason for the conflicts in the relationships, the friendship relationships. (ST3)

[...] I went through visits and they were very rich, we knew the reality of each person [...] and you can intervene in a better way, you have a different vision and the learning only increases. (ST7)

[...] something very interesting is the healthcare education in which you see a change in meaning, in behavior. (ST2)

[...] in a home visit, you start to know, actually understand the reality of that individual, then your vision amplifies. (ST2)

[...] there's child healthcare [...] and then we focus on the practices oriented to the women's health, such as PCCU, [...] self-examinations of breasts. And also the puerperal consultations. (GR1)

And the consultations were very rich too, we have difficulties, but, when you start to deal with it, with the responsibility of seeing the patient, you get better at it, at the skill which is the supervised training objective. (GR7)

The reports are similar to the results observed in the investigation, in which the family healthcare experiences were also revealed as important experiences. It was emphasized that the conviviality with the local community made it possible for the students to develop the relationship between the theoretical knowledge developed in the university with the daily practices of the public healthcare system, which makes it possible to contextualize the activities and try to solve the problems that may arise. The experiences provided contact between the university and the PHC reality, by creating an integration space with the healthcare service and the development of a link with the community.²⁶

The teaching-PHC dialogue experience at Universidade Federal de Alagoas (UFAL) also agrees with these findings: it has contributed with the training of future nurses, because it makes it possible for the students to be inserted and to act effectively in ESF, to create links, to develop different competencies and to know about planning in healthcare, in agreement with problematizing education methodologies. The students, in this reality, break with the traditional training and healthcare model, guided by the critical and reflexive learning of reality, with the purpose to realize SUS by promoting health.²⁷

The realization of these activities, that surpass the technique limits, show principles and directives that search to make it possible to replace the biological hegemonic, individual model, centered in the physician and in the disease, with a healthcare model of inclusive nature, universal, equitable and full; a healthcare model with health promotion, prevention, recovery and rehabilitation actions and with the active social participation and control. This models implies in the challenge of redirecting the service provision and nurses training practices to serve the individual and collective healthcare needs of the community.¹¹

However, in contrast with this work, in the investigation that showed opportunities experienced and activities performed during the practical classes and supervised training in PHC throughout the nurse's training, many technical procedures performed by the students were observed, which shows the valorization of acquiring technical skill. We expect that these activities are approached beyond the technical focus in training and associated to the programming of healthcare actions, such as the National Immunization Program.²¹

As regards the home visits, the students enlarge their knowledge about home care and understand the bases on which it is made. It is clear, therefore, that home care must be part of the Nursing Graduation, area that represents a wide action field in growing process, but that requires skilled professionals to perform it. And, in order for this to happen, the teachers must turn their attention to the teaching in use, in order to increase the number of professionals skilled to work at home.²⁸

To serve the current demands of the healthcare area, it must be considered that the individual must be holistically assisted, not only as a biological individual. It should be noted that, in the healthcare/nursing work, the care is produced and consumed as it is produced, which makes the professional nurse an extremely important agent to offer a full care in health. The immersion in the healthcare practice within the ESF field makes it possible for the student to understand this dimension of healthcare and places him/her as a participating agent in the healthcare process. Consequently, he/she feels the need to develop knowledge and the knowledge to live with, i.e., general skills, to be able to act in the different situations in the healthcare work context, many of them offered as opportunities in the several family healthcare scenarios.²⁰

Thus, it becomes necessary to recognize the importance and the need of this experiential process by the student, because it prepares him/her to face a reality that is not molded, but open for a new mold or shape, according to the healthcare team and the context in which it acts.^{17,20}

CONCLUSION

This research allowed understanding the meaning of the teaching-service dialogue experienced in the care context in the PHC, from experiences, situations and perceptions of nursing students, considered active subjects in the teaching-learning process. However, the study has restricted and particular findings to the scenario of this investigation. Although this is not a concern in the qualitative approach research, the generalization to other realities is difficult.

The Nursing Graduation Course in which this study was conducted has positively contemplated the integration between the academy and the healthcare service, between teaching and the primary healthcare, promoting the student's immersion in the SUS reality experience. The learning and caring experience in the PHC context was shown to the students as an effective and positive strategy. The manner in which the curricular organization of the practical activities in PHC potentiates the learning promoted in the interface between theory and actual space of the primary healthcare services where the care practices are experienced.

The findings in this investigation show the impact that the practical activities promote to the training of the nurse, which also provides the opportunity to realize the PHC attributes and ESF principles, such as the attention to the

family's vital cycles, the recognition of the determinants in the disease-health process, the link, the holistic vision of the family healthcare user as a bio psychosocial individual, towards innovative actions that extend beyond the technique and that may contribute with subsidies to reverse the hospital-centered healthcare model still in use.

The study indicates a harmony with the principles in the National Curriculum Directives of the Nursing Graduation Course and the healthcare training policies, which establish the early insertion of the student in the healthcare services, revealing that there are still substantial progresses with new practices, with transforming potential of the reality studied.

However, the dynamics nature of this permanent changing process must be considered, in which difficulties and marks of the Cartesian model can still be seen, making it difficult to fully train nurses for PHC. The need for deeper discussions is emphasized, especially in the universities and in the public healthcare system, as well as the performance of more specific studies on the nursing training in PHC, which are scarce. Thus, we suggest that other researches on this subject are performed in the institution of this investigation and in other study scenarios that are able to understand other concealed aspects, because the subject is shaped in a plural scenario.

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Mailling address:

Cássio de Almeida Lima
Universidade Estadual de Montes Claros
Av. Rui Braga, S/N
Montes Claros, MG, Brasil
ZIP Code: 39401-089