

Narratives on educational processes in health

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Abstract *The scope of this study was to analyze the narratives of health professionals about their experiences on courses aimed at the development of knowledge and practices in health education. Two analytical categories formed the basis of this study: experience and temporality. In the analysis, narratives constructed based upon the educational experiences of health professionals in postgraduate courses were used, in order to give substance to their reflections in relation to given learning trajectories. These courses are based on articulated activities that simulate practices and performances in realistic scenarios. In analytical terms, the focus is on the structural components of the narrative (contexts, scenarios, storylines and actors), as well as the articulation between these components and the theoretical principles of the study. Among the results obtained, the highlight is on the active methodologies that are the central players in the storylines, thereby providing an opportunity to consider health training in a way that is different from traditional approaches. Among other aspects, the conclusion reached is that these narratives provide new possibilities such that, in addition to the cognitive domain and theoretical understanding, this practice may be valued and exploited as a historical and social construction based on both words and actions.*

Key words *Narratives, Educational processes, Health*

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Foreword

The scope of this study was to analyze the narratives of health professionals about their experiences on courses aimed at the development of knowledge and practices in health education. Since health educational processes may be understood from different theoretical benchmarks, in this paper, these processes were considered on the basis of a socio-constructivist or interactionist theory of education. According to this theory, students are seen as subjects who construct knowledge in an active form, and the educator, as the person who serves as the facilitator and mediator between the subject and the object¹. From this perspective, it is understood that “men/women are constituted as such [through] their interactions and are seen, therefore, as those who transform and are transformed in relationships generated in a given culture”².

In this sense, the narrative is understood to be both the object and the method of study, as well as a way used to organize the experiences and memories of human events³. Narratives are constructions created from the standpoint of those who narrate them and are accepted by convention, rather than by empirical or logical findings³. By telling stories, narrative structures are built in the relationship between narrator-listener, with narrative strands that weave the universal, cultural and individual levels of the human experience⁴.

The ideas of Ricoeur⁵, Kristeva⁶, Burke⁷ and Schutz^{8,9} were explored as the theoretical/conceptual aspects of this study. The aim was to find elements that would reveal mediation between discussion and action, structure and events⁷, and memory and political action¹⁰ – that would indicate the displacement from theoretical knowledge representation (that which is known) to practical knowledge (that which is done)¹⁰.

This research study was based on two analytical categories: experience and temporality. The experience and the action – related actions – are the result of different minds that interact within the social process⁹. Individuals construct their experiences based on the relationships that they have established with other individuals, which form an intersubjective world that precedes the life of every person; based on stored experiences¹¹.

With regards to temporality, “time becomes human time when it is articulated in a narrative form, and that a narrative obtains its full meaning when it becomes a condition of temporal existence”⁵. In narrative time, the past, present and

future are linked together. Thus, in temporality, an ontological paradox may be established: “how can time be, if the past is no longer, if the future is yet to come and the present is not always present?”⁵.

Context of the study

The context of this study were two courses staged in training sessions¹²: *Educational processes in health: emphasis on active methodologies of learning* (Preceptor-EPES) involving the training of facilitators to form preceptors in the SUS¹³ – and *Educational processes in health: emphasis on meaningful learning experiences* (Regional-EPES) involving the training of facilitators for different specialization courses with a focus on health management, in different regions of the country¹⁴. These courses – with the same theoretical-methodological principles – were developed within the scope of the Institutional Development Support Program of the Unified Health System – SUS (PROADI-SUS) and carried out in partnership with the Ministry of Health (MS) and the Sírío-Libanês Hospital (HSL), in 2016.

Health professionals were trained by instructors as trainee-facilitators to go on to train other health professionals, providing qualifications in different educational initiatives^{13,14}. Both teachers and facilitators act as instructors, whereby the latter are called trainee-facilitators (Figure 1).

The actions of the teachers in the training process of the trainee-facilitators consists of simulated and real practical and reflexive actions. One of the strategies used to explore situations that have occurred in real life was the construction of narratives, which were used as one of the educational resources in the portfolio activities, such as “the trajectory of each person in the course, highlighting abilities and difficulties in learning and in the development of a competency profile”¹⁴.

The portfolio activity was developed during the interactions between teachers and trainee-facilitators and between these facilitators and other trainees, depending on the educational activity in which they were involved. Face-to-face meetings or distance meetings were focused on sharing experiences and encouraging reflections on the practice, in the light of the competency profile within the context of the Unified Health System (SUS).

One of the inputs of the narrative analysis was that it made it possible to gain a better understanding about the displacements experienced by

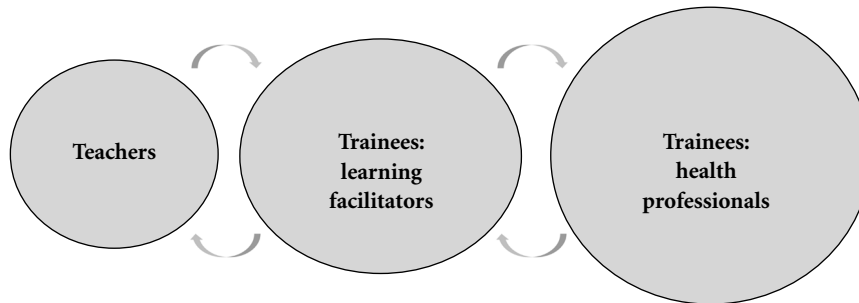


Figure 1. Schematic representation of training flow.

the facilitators during the course of the training process. What were their expectations when they arrived at the course? How did the process affect them? What were their feelings about the experience they had as a result of these courses?

Another possible input relates to the organization and development of the curriculum during the course. The courses are based on given intentions in mind and, in line with these, strategies are elaborated and implemented. By dint of understanding the narratives, a triangular perception of the narrators may be revealed about the dialogue established regarding what was expected, how this developed and what was achieved.

Since these are *lato sensu* specializations, those participating in these courses worked individually on their Course Conclusion Papers (TCCs), as one of the academic requirements for certification.

In the case of the EPES courses, one of the components of the TCCs consisted of a reflexive narrative that represented:

*(...) learning processes based on course participation, highlighting the achievements attained in the process and the facts related to the point of arrival. The evidence and reflections need to be well-grounded and highlight the enhancements and changes in professional practices, taking into account the competency profile of the facilitator of the teaching-learning process. This summary can contain up to 15 pages, including the reference section*¹³.

Using a reflexive narrative of the learning trajectory to compose the TCC was not an innovative idea introduced by the project in question, since it also appears in the 2006 educational project of the Brazilian federal university undergraduate course in medicine¹⁵.

Although the TCC could explore a theme related to the course content, for the purpose of this investigation, only a reflexive narrative was used as a study source. Reflexive narratives should include the following documents as an appendix: “a professional trajectory overview: a record of expectations formulated at the beginning of the course and a profile questionnaire for the admission duly filled out”¹³.

Method of analysis

In 2016, 320 facilitators were trained, approximately one-third being from the Preceptor-EPES course and two-thirds from the Regional-EPES course¹⁶. In order to guarantee a representative sampling of reflexive narratives, a selection was made of 10% of the certified works per course, rounding up the number to the next decimal point in the event of an incomplete percentile. In order to do this, lots were drawn using the www.random.org site, by selecting the “True Random Number Generator” function, which made it possible to obtain a sequence of randomly drawn numbers, with no interference from the researcher. During this drawing of lots, the only action

taken by the researcher was to include the interval of numbers to be drawn, for the purpose of maintaining the proportion of works drawn per course, as mentioned previously. Based on these guidelines, a random sampling of 30 TCCs were obtained, seven being from the Preceptor-EPES and 23 from the Regional-EPES.

Each TCC was evaluated by two coordinators from the specialization courses involved in the sample, taking the following aspects into consideration: (a) reflexive trajectory; (b) articulation of the narrative with the areas of competency; and (c) rationale and aspects related to the outline. Based on this evaluation, a convenience sample was formed for this study, based on the indication of the reflexive narratives that were awarded the highest scores by the two evaluators. Based on this inclusion criterion, the sample consisted of 14 TCCs, four being from the Preceptor-EPES and 10 from the Regional-EPES.

The 14 reflexive narratives were analyzed from the perspective of a qualitative research approach, herein understood to be a set of interpretative practices that seek to investigate meanings that the subjects attribute to the phenomena and the set of relationships in which they are included¹⁷.

The analysis that was used was based on the theoretical-methodological references systematized by Gomes and Mendonça¹⁸. After repeated readings of the narratives, an attempt was made to acquire a better understanding of both the narrators and the context of the narratives. After that, the following steps were taken: (a) identification of the excerpts of these accounts that are related to the components of the narratives (scenarios, personalities and story-lines); (b) identification of the central ideas present in each excerpt of the components of the narrative; (c) a comparison of the ideas of these accounts in each of their components, thus, establishing similarities and differences; (d) a description of the findings of each component of the narratives; (e) articulation between the findings and the results of other studies on the subject where applicable; and (f) preparation of the interpretative summary, describing components of the narratives and theoretical principles of the study.

About the narrators

The distribution of the 14 narrators in relation to: gender, age groups, geographic location of their area of work, graduation and *stricto sensu* post-graduation may be seen in Table 1.

All the professionals who took part in this sample worked for the public sector, mainly in the central administration of municipal and state health departments. Most had taken post-graduate courses with non-traditional methodologies. One worked at a Basic Health Unit and another was a university professor. This information was obtained from the appendix of the narratives. Since some of the narratives did not include an appendix, it was not possible to obtain all the information needed to characterize some of the narrators.

Context of the narratives

In order to understand the context of these narratives, it was necessary to use the two perspectives put forward by Thompson¹⁹: social institutions and the field of relationships. The institutions that served to frame these narratives – either implicitly or explicitly – were the Ministry of Health and the Sírío-Libanês Hospital. The courses that are focused on here, had specific rules to nominate participants for post-graduate projects.

In this respect, the texts herein analyzed were produced, to some extent, to heed these rules, which can be understood based on the ideas of Burke⁷ in relation to the narration of events. The author in question highlights the relationship between events and the structure of the narrative texts, seeing the structure as being a social and culturally constructed dimension. When considering some of the elements related to the structure, it should be stressed that the texts could also have been drafted taking into consideration the group of relationships into which the courses are inserted: teachers-facilitators; professional-facilitators; professional-members of the administration of their place of work, among other relationship pairings.

Some narratives could have been constructed to meet the criteria of the educational institutions, since the construction of a narrative takes into account the audiences to which they are directed²⁰. In addition to this, it should be highlighted that these narratives – even if these have been freely developed – were digitalized and not verbalized for an interviewer, and this can change the narration (style of narrative), since the code of the written language follows rules that oral language does not have. This narrative framework should be taken into consideration when interpreting this material. However, this does not necessarily represent an impediment to the use of these narratives for research purposes.

Table 1. Absolute distribution of the profile of individuals from the narratives.

Aspecto	N
Sex	
Male	12
Female	2
Age bracket:	
26-35	4
36-45	4
46-55	0
56-65	2
> 65	2
No information	2
Region:	
North	2
Northeast	5
Mid-West	1
Southeast	3
South	3
Qualification:	
Nursing	3
Medicine	3
Nutrition	1
Dental Health	2
Psychology	2
Social Services	1
No information	2
Stricto Sensu Post-Graduates	
Master's degree	3
Doctorate	1
No course	8
No information	2

The scenarios and story-lines of these experiences

The scenario can be understood as a space where the meanings of experiences were constructed by the narrators, being configured as the world of the narrated action.

Some narrators situated their experiences anchored in these groups. The two specializations, such as one of the methodological aspects, worked on the educational activities in two groups. One of these, known as “affinity” (GAF), included participants involved in the same type of service or reality intervention project; and another, called “diversity” (GD), was made up of professionals with different placements in the workplace. All trainees took part in both of these two groups, at different times.

The GD and GAF divisions (took me out of my) comfort zone. I was able to grow, give new meaning to my experiences, and look at education in a new way, which inspired me to continue in my career (NO3).

In the GAF division, (there was) fluency and consistency in the production process, since there was an affinity between the participants. In the GD division, (there was) the option of working with different people who, undoubtedly, brought different characteristics to those found in the workplace, which presented the potential for personal innovation and professional renewal (N06).

Some of the narrators considered that the experience of participating in these groups challenged them to understand other realities, in order to reach a collectively constructed experience. Here, inter-professionality may be considered as a common characteristic to both types of groups involved. Regarded as an educational strategy to boost the process to build knowledge and practices^{13,14}, the “inter” perspective proposed in the activities analyzed, is in line with the idea of constructing a meta-standpoint in the interaction between the participants²¹.

Health work has increasingly become organized into multi-professional teams and is thus connected to the new demands of the working environment. Campos²² stresses that the work of a health team requires a willingness and the freedom to share different views, values, knowledge and practices and points out that this is not the prevailing standard seen in interactions established in competitive organizational environments.

At the same time, in the educational field, an “inter” perspective is also not recognized as a predominant pattern. Morin²³ stresses that there was a period, particularly in the twentieth century, when a narrowly-focused approach was used, that placed emphasis on the storage of ever-increasing specialized knowledge, thereby making it difficult to contextualize and articulate disciplines in order to better face the problems of this practice.

In this way, interaction between people and between them and the world, represents the bedrock for the reconnection²³ of disciplinary knowledge, by means of sharing and reflecting on the events experienced. Maturana²⁴ points out that, in the interaction process with others, all those involved should be respected and seen as having their own legitimate points of view. As observed by Castro⁹, for Schutz, experience and action, as related acts, result from the connection that is

established between different minds that interact in the social process and are not the outcome of only one mind that produces meanings.

According to Gomes et al.²⁵, in courses that use learning based on problems, the group is paramount to enable previous knowledge to be discussed, thereby making it easier to develop critical reasoning, communication abilities and an understanding of the need for life-long learning.

The difficulties related to inter-professional work were not seen as an impediment to course participation. On the contrary, some statements said that the groupings created during the course was a factor that bolstered their ability to face the hardships of given municipal situations.

In view of the scenario that the municipality is experiencing, I was concerned that many people would drop out of the course. We had six. I believe that the number of those who dropped out was not higher due to the methodology employed. We learned that as a group we are stronger and more resolute. (N09)

The scenarios mentioned are not merely physical. These are meaningful spaces that remind us of “constructions of social niches where specific personal and inter-personal relationships are called into action”²⁶. These spaces began to have different meanings after the start of the course. Certainly, group participation had already occurred during the narrator’s training, but this activity, which followed their active methodology experiences, began to represent a space where new meanings were given to previous insights and where new knowledge and practices were constructed by means of interaction.

With regards to the storyline, here understood to be a sequence that gives order to the story, giving a certain meaningful direction and intention to the account²⁶, in general, represented processes interlaced with feelings and emotions. Some feelings became differentiated from those experienced prior to the course.

When I joined the course. I never imagined the discoveries that would occur. During the process, I was able to see the shifts, the individual transformations and the power of the group. (N01)

In other cases, part of the emotions that began with the course still persisted after the process.

At the beginning, fear and uncertainty gripped me, however I gradually managed to overcome these concerns. Nonetheless, at the end of this course, uncertainty again prevailed among my colleagues and I, since we did not know how we would move on to the next stage, nor how things would develop from there onwards. (N03)

While recognizing the value of the emotions that are interwoven into these storylines, it was noticed that emphasis was given to the organic basis in the concept of emotions and its constitutive presence in mental processes²⁷. Although several authors similarly consider reason-emotion integration as an intrinsic part of the learning process²⁸⁻³⁰, the positivist approach of education and science strives to neutralize aspects considered to be irrational in the production of knowledge. Based on objective procedures, positivism seeks “the truth” and does not value any experience that is groundless³¹.

The possibility of arousing and processing emotions during educational activities, raises the production of knowledge and practices to another level, reconnecting science and culture. The construction of rationalities as being logical that aim to negate or justify feelings and preferences²⁴, reveal, to a great extent, the parameters produced by the culture and history of society.

In the storylines studied, emotions impregnated the narrative texts, and in tandem with the traditional and innovative rationalities highlighted in the field of health education, gave direction and intentionality of the individuals to their accounts.

Active methodologies as central players in the experiences

Different characters have been mentioned, either tangentially or in greater depth. However, the so-called *active methodologies* were by far personified as the central players in the narratives. The construction of this character occurred far more often based on a dimension of affection rather than through the perceptions that conceptualized or characterized it.

I took my first steps in Active Methodology and fell in love with this method of teaching-learning. (N03)

Active methodologies were something that transformed me as a person. Today, I truly feel truly more independent. Introducing active methodologies into my daily work process brings a new insight into how this process has been transformed, becoming more vibrant and more my own. (N10)

The character in question summarized different feelings attributed by the narrators, such as “meaningful learning,” “problem-based learning,” “constructivist methodology,” “a process centered on the student,” and “autonomy and respect for individuals who construct their own story.” Active methodologies can be considered as

those “technologies that promote engagement on the part of the trainees in the educational process and which favor the development of their critical and reflexive capacity, in relation to what they are doing”³², in the sense that they promote commitment, ties, collaboration and cooperation between participants³³.

Active methodologies were also associated with educational strategies that are not inherently exclusive to them. However, to prepare a portfolio, carry out an evaluation and participate in a group task, within the framework of these methodologies, began to have different meanings from those constructed in the process experiences described by the narrators as “traditional teaching.”

Also, in the narratives, an antagonist was detected – repeatedly – as being opposed to active methodologies. This involves “traditional teaching.” It is interesting to observe that, while central players are always mentioned in the plural, the antagonist is always described in the singular. The construction of this antagonist, differs, in part, from aspects that are almost exclusively related to knowledge.

The (traditional) teaching-learning process is restricted to the reproduction of knowledge. (N01)

In traditional teaching, the individual is rooted in eternal and overall truth, where all is measured and defined; methodical, whereby studies and lessons supply this reality. They distance themselves from the moment, fantasies, diminished or ignored personal experiences. (N08)

The reports analyzed contrast prior experiences with those that occurred during the courses. In the confrontation between the antagonist (in the singular) and the central players (in the plural), it may be inferred that, in relation to the former, the experiences outside the courses were condensed, while the latter was seen as a summary of various possibilities of change in the educational training of health professionals.

Based on the benchmark of the propositions put forward by Bachelard³⁴ with regard to the training of the scientific spirit, it should be highlighted that, when faced with a new experience or new knowledge, “it is impossible to cancel out, in one fell swoop, all habitual knowledge” (...) “when the spirit is introduced to scientific culture, it is never young ... in fact, it is very old, because it is as old as its prejudices”³⁴. In this confrontation, receiving prior knowledge may be considered to be a critical factor in the construction of new meanings.

However, according to Bachelard³⁴, if epistemology is historic and has evolved by means of ruptures and discontinuities resulting from

the evolution of scientific thought, according to Fleck³⁵ – who likewise believes in the historical determination of the production of knowledge – some dimension of prior knowledge remains in the construction of new meanings. In this respect, Fleck³⁵ points to a less uneven scientific evolution and highlights how important it is to recognize the socio-cultural interactions that are involved in the production and dissemination of knowledge.

Notwithstanding the fact that experiences with traditional and active teaching-learning methods have primarily been exploited by means of the emotions that these provoke, the narratives reveal changes both in the store of knowledge⁸ in the educational processes, as well as in the sentiments of the individuals who have experienced these processes.

When considering the relationship between events and structure⁷, it is worth pointing out that, although the National Curriculum Guidelines for graduation in the area of health were published at the beginning of the twenty-first century and recommend the introduction of active and problematizing methodologies in education, for practically all the careers in this field³⁶, it is still not a hegemonic practice. The force of the inertia that maintains the conventional teaching tradition lies in the challenges resulting from (the):

*(...) loss of identity of the teacher as the main source of information; the alleged prerogative of methods in relation to content; the elitism of the school because of the investments needed for a teacher/student relationship, and for educational resources for small group activities and access to sources of information; the need for proactivity and commitment on the part of students; the “technification” in the selection of content, especially in activities directed to technical and professional training*³².

In this respect, the courses in question provided experiences that revealed tensions between hegemonic and counter-hegemonic knowledge. When describing what educational knowledge and practices experienced during the courses had crossed the boundaries of the interactions established therein, thereby invading the daily work processes as well as personal territory and their private lives, this trend may be considered to be on the increase. It may indeed be considered negligible in relation to what is expected and the structure of the work organizations to which the participants are linked and the schools from which they graduated.

According to Onocko Campos and Furtado¹⁰, the narratives may be considered methodologi-

cal tools that make it possible to permit in-depth “discourse-action relationships” and occasional events and structural questions relating to daily work in the health sector. These authors also stress the fact that this narrative opens itself up to:

(...) the interpretation, while simultaneously establishing conditions for its circulation, reception and production (...) articulates relationships of power, politics, identities, of context seen both diachronically as well as synchronically, which indicates the complex relationship between the narratives and social discourse¹⁰.

Interpretative synthesis

The narratives analyzed revolved around events experienced by health professionals based on their activity as facilitators of educational processes. The narrators had not taken a course on active methodologies, but rather experienced the latter in a course environment. Paraphrasing Schutz⁹, it may be seen that these methodologies only became meaningful because they were consciously learned and were cognitively constituted. They began to form part of a store of experiences that can define the situations of the authors of the narratives and guide their conduct. On the other hand, the fact that they appear repeatedly in the narratives may arise from the claim made by Schutz that the experience is not the result of an isolated mind, but the result of interaction. It was through the interaction of the authors of the narratives that active methodologies were constructed as experiences and not as information.

According to Schutz¹¹, reflection is translated by the change in an impression of a given moment, inscribed in the world of temporal-space by evoking prior experiences, since “it is only from a retrospective point of view that very distinct experiences exist⁹”. In addition, the author observes that, by means of this evocation, interferences are possible that complete or evaluate the current situation. In this respect, the active methodologies are located in the midst of the storylines as a construct that is the outcome of events experienced and as an option to think about health training in a way that differs from the traditional approach.

This tension between active methodologies (centered on the subjects who learn) and traditional teaching (centered on the reproduction of knowledge) occurs both as a break between a “before” and an “after” as an option to perceive counterpoints and displacements in the educational proposals and initiatives for health professionals.

If this tension were to be transformed into a paradox between the traditional teaching experienced and the active methodologies experienced during the course, or to be experienced after the course, the present of the elaboration of the narrative may dissipate them. As Ricoeur³⁷ observes, the paradox of temporality (the past that is not the present, the present that will be the past and the future that is not yet present) can be consolidated in the present (past-present, present-present and future-present). In this respect, in the confrontation between traditional teaching (already experienced) and active methodologies (experienced or to be experienced), the act of narration is the present that makes it possible to project a possible future (giving continuity to the active methodologies) by means of a redefinition of the past (traditional teaching).

It is possible to attribute certain innovation to the narratives focused on here. This innovation does not focus so much on active methodologies; because these, in a certain way, have already been the subject of discussion for years within the scope of health education. However, if one uses the analysis put forward by Fernandes³⁸, based on Ricoeur, innovation is involved in the act of the narrative itself with regards to the active methodologies that make it possible to create a (new fictional) world, that is very distinct from the hegemonic educational strategies and has the potential to alter the world of educational experiences and, in this way, transcend them and propose new models to act and exist educationally.

In addition to being reflexive, because they are textualized, the narratives revealed – as underlined by Ricoeur³⁷ – an understanding about the appropriation of a constructed work, since the text can be a mediation for self-understanding. What is adopted is an approach that it “is not found *behind* the text, like some sort of hidden intention, but that which comes *ahead* of it, such as what the work unveils, discovers, reveals³⁷”. And what it reveals is that it is possible to train health professionals, in which people coexist with or counter a way of teaching that has a vertical relationship between those who teach and those who learn.

Although explanations for choosing an emancipatory form of education instead of one that reproduces the *status quo*, have not been examined in depth, or densified, as claimed by Burke⁷, the narrators’ interest for such changes was strongly revealed.

It is in the field of interest that the emergence of feelings of passion and appreciation for life

and independence on the part of the narrators of this research stands out. This consequently harks back to the association established by Kristeva⁶ with respect to the work by Hannah Arendt that shows experience as action that articulates thought, sensorial emotions and affection. According to Arendt³⁹, these experiences are revealed in narratives written in the form of biographies:

In every action a person expresses him/herself in a way that does not exist in another activity. For this reason, the word is also a form of action. Therein lies the first risk. The second is as follows: we begin something, we cast our lot into a set of relationships, and we never know what the result will be (...) this risk is only possible if we trust in humankind, that is to say, if we put our faith in human beings – this is the most difficult to understand – namely in that which is most human in humankind³⁹.

With respect to the construction of biographies in a post-modern context, Fontes⁴⁰ highlights the work “Proust and the Sense of Time” by Kristeva, in which the author describes how much the psychic space is being reduced, subsumed by conditions that ultra-dimensionalize technology, images and speed.

When encountering narratives full of sentiments and emotions, it becomes possible to recognize the potential of narrated interactions for having provided the opportunity to construct new meanings and new sensations, as words that reveal sensorial acts of psychic significance and representation. In this sense, the potential for transformation of the subjects themselves, their knowledge and practices as narrated, express the experiences of agents of history, especially of those histories that represent biographies.

Final considerations

The use of reflexive narratives about the learning trajectory involved in educational projects as part of the TCC demonstrated a marked potential in the sense of providing visibility to the knowledge and practices constructed by the narrators. This opened up space so that, in addition to the cognitive dominion and theoretical knowledge, this practice – through events experienced – could be valued and explored as a historical and social

construction based on actions and on words. This, in a certain way, breaks away from the position held in the health area, which reduces education merely to the transmission of information.

Furthermore, it was found that the narratives, even though these reflect only a moment in the life of professionals, can influence the trajectory of these individuals, in the sense of perceiving management or care in the area of health as an educational space, which is open to transformation. Thus, when exploring the categories of experience and temporality in the narratives, the possibility of the emergence of emotions and rationalities becomes apparent, such that interests and values can be worked upon in conjunction for the production of new knowledge, in a dialogue between culture and science. However, the project undertaken here, which is to analyze the narratives of health professionals in relation to their experiences during courses on the development of educational capabilities, should be understood within given limitations. The first of these is that this analysis does not set out to evaluate the effectiveness of courses centered on active methodologies, even though the narratives have been produced as a course completion paper. In this respect, a secondary interpretation was proposed. In essence, an interpretation was constructed of the interpretations of the narrators who place active methodologies as the central player in their experiences, within the scope of the interactions experienced in the educational activities studied.

Another limitation is that the analysis conducted here did not focus on empirical elements to check the changes narrated in relation to the practices performed by the narrators; after all, as advised at the beginning of this article, the acceptability of a narrative is defined by convention, and not by verification. However, by means of these, it is possible to infer that – implicitly or explicitly – it was stated that there is a possibility of coexistence between movements of reproduction and of transformation of knowledge and practices of the individuals themselves and, therefore, of reality per se.

Lastly, it should be pointed out that while the narratives are seen as a creation of the imagination of narrators, that which is fictional has a concrete effect on the world of the narrators, even though on a possible plane yet to come.

Collaborations

R Gomes and VV Lima participated jointly in the drafting, critical revision and approval of the final version of this article. R Gomes was responsible for its methodological framework and analytical guidelines.

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