

## **Implementing the educational units of the nursing course of FAFEMA: an experience report<sup>1</sup>**

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### **ABSTRACT**

The study aims at reporting the curriculum development along the four grades of the Nursing Course of Marília Medical School (FAMEMA) in 2003. The method used was the reflection about the pedagogical practice, from the documental analysis of the teaching-learning programs in each grade. The results show some points to be worked in the political-pedagogical project, such as: redefinition of the professors' and the nurse's roles from the health services; different understanding about the reference of the methodology of problematization and competence; professors' insecurity working with uncertainty in the teaching-learning process. It's also possible to identify changes that contributed to the implementation of the project, which are: the strengthening of the partnership between teaching and service; the relation between the medical and nursing courses; the use of the principles of the meaningful learning; introduction of the continuous education process, enabling the evaluation of the curriculum processes and strategies.

**Key-words:** nursing; education in nursing; curriculum.

### **The beginning of the changing of the process in the nurses graduation**

The Brazilian nursing has been discussing the changes in the graduation of its work force since

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1970's, at that time the Sanitary Reform movement was being organized, which gave great contribution to the reformation of the National Constitution related to the health chapter and its Organic Bill (BRAZIL, 1990). In the new Constitution (BRAZIL, 1988), it determines that the health sector must be organized through a Unique Health System (SUS), so that there is its implementation, one of the necessary strategies to the reorganization of the attention model, it must be the reformulation of the process of the professional graduation.

The Nursing Course of Faculdade de Medicina de Marília (FAMEMA), created in 1981, has been developing a curricular change process since 1993, when it started an implementation of UNI Project<sup>2</sup> (A new initiative in the education of the health professionals: union to the community) in the institution, financed by Kellogg Foundation (FOUNDATION, 1992). This change, according to Laluna (2002), passed through three phases: sensitization of the docents about the curriculum revision process; reconstruction of the teaching program in the problematical perspective and in the elaboration of the integrated curriculum.

During the first phase a program of pedagogical ability was performed, which was supported by various advisory staffs, among them the "Pedagogical ability for instructors/supervisors in health area", in which Problematical Methodology was emphasized, according to what was suggested by Diaz-Bordenave and Pereira (1991) and Freire (2003), because it is already being applied in the education of nursing professionals of intermediate level, by means of High Scale Project, proposed by Ministério da Saúde (BRAZIL, 1997) as well as in the program of postgraduation in Public Health Nursing of Universidade Federal de Minas Gerais (UFMG). Those ones influenced our methodological choice, because of the intention to change the practices in health and nursing, answering the policy project of the sanitary reform.

During the second phase, after the performance of planning for construction of the strategies of the curriculum change, groups were installed for the development of the topics: the nurse profile, curriculum revision, assistant model and pedagogical ability. For this phase, we counted on advisory staffs of the Program of Development in Nursing (PRODEn) of UFMG, which helped with the construction of the teaching programs applying the Problematical Methodology, which made the students think about the need for the discussion of the philosophical reference. For this activity we counted on the participation of the Educational Group São Paulo Team that contributed for the construction of the understanding that the pedagogical change does not restrict to the alteration of the didactic strategies, but it is supported by a philosophical reference of the graduation process.

These processes determine the elaboration of the Policy Pedagogical Project (PPP) (FAMEMA, 1997), which was constituted during the third phase of the curriculum change. By means of the installation of groups of work formed by the docents of the Nursing Course<sup>3</sup> and by professionals of services, we elaborated the PPP with the development of the course history, the philosophical, psychological and social cultural objectives, the nurse's

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<sup>2</sup> The W.K. Kellogg financed and supported the projects of higher learning institutions in the health area, which intended to provoke changes in the model of attention to care and Education of the health professionals. Among the contemplated institutions in Brazil, FAMEMA is found.

<sup>3</sup> Docents of the areas: basic (physiology, bio-chemistry, pharmacology, anatomy, pathology, parasitology, immunology, histology, genetics, micro-biology), clinic and collective health.

profile, the educational objectives, the problematical methodology and the topic areas. The inclusion of these topic areas happened due to the structure of the minimum curriculum in effect from 1994 to 1997, established by “Ministério da Educação”, as follows: human and biological bases of nursing; basis of nursing; nursing assistance; nursing administration; supervised training (BRAZIL, 1994). This document oriented the construction of the integrated curriculum with the elaboration of the explanatory web of the contents, the delimitation of the educational units and the expected performance in each one of them.

Considering the context of the process of implementation of PPP, the evaluations and researches that have been done (REZENDE, 1998; BRACCIALLI, 2000; CHIRELLI, 2002; VILELA, 2002; LALUNA, 2002) as well as the changes that have been happening, the present work aims to report the development of the curriculum during the four grades of the Nursing Course of FAMEMA in the year of 2003 appointing reflexions about the pedagogical practice.

The work presented is about an experience report which applied a documentary analysis of the teaching-learning programs from each series, referred to the year of 2003, with posterior reflection by the authors on the proposed and developed pedagogical practice. The analyses showed aspects that needed to be approached in order to reach the basis of PPP and changes which contribute for the implementation of the integrated curriculum and oriented by competence.

During the present work we requested the manager group of the Nursing Course institutional authorization, so that the information about the organization of the curriculum could be made public.

### **Pedagogical structure of the grades of the nursing course of Famema in the year of 2003**

The Nursing Course of FAMEMA developed considering the following guidelines: the nurse's performance in the management, assistance, education and investigation areas; interaction with the community and services; nursing assistants' participation as well as the docents' in the assistance process and the medicine and nursing students' integration.

Since 1988 we have been implementing the new PPP, in a construction and reconstruction process of the educational units. The curriculum organization of the Nursing Course (Figure 1) is performed by means of Educational Units (UE) which are specific for nursing and an Educational Unit that integrates the Nursing and Medicine students, named Community Interaction (IC).

**Figure 1 - Curriculum Organization of the Nursing Course – FAMEMA, 1998**

<b>First Grade</b>					
* UE 1 Health and Society 110 h	UE 2 Work and Health 110 h	UE 3 Reality and Health 440 h		UE 4 Social Production in Health 120 h	UE 5 Urgency/ Emergenc y pre- hosp. 95 h
UE6 - Community Interaction 1 - 120 h					
Physical Education 30h					
<b>Second Grade</b>					
UE 7 Evaluation of Health Condition 480 h		UE 8 Child's Health 110 h	UE 9 Adoles cent's Health 60 h	UE 10 Adult's Health 110 h	UE 11 Woman 's Health in the cycle pregnan cy/child birth 80 h
UE 12 Ancient 's Health 80 h					
UE 13 - Community Interaction 2 - 120 h					
Physical Education - 30 h					
<b>Third Grade</b>					
UE 14 Org. and proc. of work in the hosp. 75 h	UE 15 Adult Hospitalized Care 410 h		UE 16 Urgency Emergency Intra-Hospital 160 h	UE 17 Woman Hospitalized Care gynecological- obstetric situations 160 h	UE 18 Child/Adolescent hospitalized Care 160 h
UE 19 - Community Interaction 3 - 120 h					
<b>Fourth Grade</b>					
UE 20 - Supervised Training in non-hospital services - 470 h			UE 21 - Supervised Training in hospital services - 470 h		
Community Interaction 4 - 120 h					

UE – Educational Unit

\*Educational Unit Introduction to the Nursing Course - 40 h

Davini (1994, p. 47) defines the educational unit as:

a dynamic pedagogical structure oriented by determined teaching-learning objectives, in relation to an articulated assemblage of contents and systematized by a didactic methodology. Each unit keeps a certain autonomy related to the others, but, at the same time, they are articulated with the others to aim the totality of the attribution areas and the professional profile.

The process of evaluation was constructed in the educational units and it is based on a dialogue conception which focuses the somatic and educational evaluation considering three axes: the students' performance evaluation, the teacher's evaluation and the educational unit.

In 2003, a change in the unit of integration in the two first grade courses was made which was named Professional Practice Unit (UPP), which is described in figure 2 and the specific units of the Nursing Course were implemented in an articulated way, forming a unique UE – Nursing, Health and Society, it is presented in figure 3.

## **Reflections about the development of the pedagogical practice in the first grade**

In 2003 it was necessary to overcome the fragmentation that the units presented in the beginning; it is verified while comparing the figure 1 to figure 2. This way, the “old didactic units that formed the curriculum in each grade were articulated in educational units and will be presented in the subsequent grades.

Despite the effort to use teaching-learning strategies related to the professional practice, we identified the difficulty to articulate theory and practice, since the students were not inserted in the world of work, and therefore it committed the reflection of a certain practice which did exist so far. This fact made the curriculum emphasize the content once more. Furthermore, despite the various abilities that happened there was still some difficulty to implement the problematical methodology as it was proposed by Rego (1995) and Duarte (2000) ; and also it was due to a short time to perform the work in small groups; lack of the nursing teachers’ articulation with the others from the basic and clinical disciplines.

Referring to Professional Practice Unit the following salient points were identified: interaction with the community: strengthening of the learning-service partnership; articulation between the nursing and medicine courses; the student’s graduation from the reflexive practice; and some difficulties, as follows: to recognize that there was not distinction between the nursing and medicine students; to work in semi-structured situations; not to be sure of the moments of the pedagogical cycles; integration in the team of health units; lack of understanding about the elaboration of the reflexive portfolio and lack of articulation with the educational unit – “Nursing, Health and Society”.

## **Reflections about the development of the pedagogical practice in the second grade**

Since 1998 the second grade was constituted by the Educational Units 7,8,9,10,11,12, and 13 and, from 2003, all the UES, except for the last one, they were integrated to a unit named “Family Nursing Assistance at Primary Level of Attention to Health”, in the perspective of integration of performances (Figure 4).

During the year of 2003, it was noted that there were advances, mainly related to the articulation between the teachers of the basic and clinical disciplines and continuation of the activities in the same scenery of professional practice of the first grade of the anterior year. Therefore, some difficulties were identified: the traditional model fulfillment, emphasizing the biological aspects and in the individual dimension; implementation of the problematical method (action – reflection – action); primacy of the content; performance of the integrated evaluation and in the theory-practice articulation.

**Figure 2 – Professional Practice Unit 1, FAMEMA, 2003**

<b>Elements of planning of the Educational Unit</b>	<b>Characterization</b>
Purpose	To develop the cognition, ideomotor and affection abilities that instrumentate the identification of the people’s necessity for care, as well as families’ and community’s, problems formulation and elaboration and perform action plans, applying for the clinical and epidemic methods.
Performances	The student identifies necessity for health; The student formulates health problems and The student elaborates care plans.
Organization	<p><u>Scenery</u>: 10 USFs (Family’s Health Unit) each unit receives a group of 12 students (4 from the Nursing Course and 8 from de Medicine Course) followed by a docent nurse and a docent doctor.</p> <p><u>Week – pattern</u>: 3 periods destined to action/reflection/action</p> <p><u>Dynamic of the Unit Development</u>: Experimental confront; Provisory synthesis in group/ elaboration of learning questions; Search for information and New synthesis in group.</p>
Evaluation	The student’s evaluation (Performance evaluation, Reflexive portfolio and Learning exercise of Professional Practice); Evaluation of the Educational Unit and The teacher’s evaluation.

**Figure 3 – Educational Unit “Nursing, Health and Society”, FAMEMA, 2003.**

<b>Elements of planning of the Educational Unit</b>	<b>Characterization</b>
Purpose	To assist the individual, family and community, aiming the health promotion and diseases prevention, understand that the life and work conditions determine the living, sickening and dying process, articulating the epidemical, clinic, administrative and pedagogical axes, in the primary attention to health.
Performances	The student understands the work in health and nursing; The student knows the social organization of the community and the Health Unit; The student gives nursing assistance to individuals and families, applying to clinic method; The student gives nursing assistance to the community, by examining the health and nursing work, correlating them with the economical, social and health policy and The student establishes interpersonal relationship with co-workers, professionals, users and families.
Organization	<p><u>Scenery</u>: Classroom, Anatomy and Morpho-Functional Laboratory.</p> <p><u>Docent staff</u>: 03 docents of the Administration Applied to Nursing and Nursing in Collective Health disciplines, 02 of the Clinical Nursing and 01 of Nursing in Psychiatric/Mental Health.</p> <p><u>Week – Pattern</u>: Theoretical activities: 5 periods* distributed in individual study and/or in group, plenary meetings, conferences, and visits in service helpings related to health.</p> <p><u>Dynamic of the themes development</u>: in the beginning the following movements were purposed: action/reflection/action for the development of the study themes. Afterwards, the dynamic limited to the theoretical study of themes, following the movements, study orientation, search for information/study, plenary meeting.</p>
Evaluation	The strategies used were: self-evaluation, practical exercises, seminary performances, reports and cognitive evaluation.

\* period is considered a 3 or 4 hour schedule.

**Figure 4 - Educational Unit “Nursing Assistance for Families in the Primary Level of Attention to Health”, FAMEMA, 2003**

<b>Elements of the planning of the Educational Unit</b>	<b>Characterization</b>
Purpose	To assist the individual, family and the community at the primary level of attention to health, using the systematization of Nursing Assistance (SAE).
Performances	The student uses the teaching/learning resources in the development of the activities; The student works in groups; The student promotes work with group; The student performs home visit (VD); The student works in inter-discipline and multi-professional team; The student develops the capacity of observation, communication and critical analyses based on ethical and citizenship principles; The student uses pattern precautions; The student assists the individual, family and community; using the Systematization of Nursing Assistance (SAE), at the primary level of attention the health, focusing the necessity of oxygenation, feeding, elimination, circulation, reproduction, sexuality and the measures of specific protection and The student understands the fundamentals of urgency assistance and pre hospital emergency.
Organization	<p><u>Scenery</u>: six Health Basic Units, each unit receives a group of 6 or 7 students, followed by a docent nurse.</p> <p><u>Docent Staff</u>: 02 docents of the Nursing in Collective Health discipline, 01 of the Clinical Nursing, 01 of the Pediatric Nursing, 01 of the Gynecology-Obstetric and 01 of the Administration Applied to Nursing and Collective Health.</p> <p><u>Week-pattern</u>: Practical activities: 3 periods. Theory activities: 4 periods distributed in individual study an/or in group. Plenary meetings and conferences. Community Interaction: 1 period.</p> <p><u>Dynamic of development of the themes</u>: Performance of a practical activity; Discussion for obtaining previous knowledge and elaboration of learning questions; Search for theory fundamentals; Discussion in plenary meeting, with a specialist of the basic and clinical discipline and Return to reality in the moments of practical activities.</p>
Evaluation	The student evaluation: Study of the case, exercises, performance of seminaries and practical activities; The teacher evaluation and Educational Unit Evaluation.

### **Reflections about the development of the pedagogical practice in the third grade**

The reconstruction and the re-adaptation of the third grade came up with the interaction of the educational units 14, 15, 16, 17 and 18 in an unique unit – “Care with the hospitalized individual” (Figure 5). The grade characterized by the introduction of the students in the hospital unit to develop care to the hospitalized individual.

The process of change was permeated by conflicts related to the pedagogical reference and difficulties in the interpersonal relationship, because since then the docents worked in educational units separately. Furthermore, so far the nurses responsible for the hospital service in each one of the specialization were the same who responded by the didactic units. Due to the re-structuring of the grade, these professionals were responsible

for the docent activity so it created a separation between the practical activities of the hospitalization units and the students' activities. There were also difficulties to establish the outline of knowledge relating to the care of the hospitalized individual. To overcome these difficulties there was a supervision of a docent of the psychology discipline related to the docents' group work, as well as the institution of the permanent education process which permitted the process evaluation, revision of the concepts and strategies that reflected the presupposition of PPP of the Nursing Course.

**Figure 5 - Educational Unit "Care to the Hospitalized Individual", FAMEMA, 2003.**

<b>Elements of the planning of the Educational Unit</b>	<b>Characterization</b>
Purpose	To provide the students with technical-scientific knowledge the systematized nursing care to the hospitalized individual, in clinic-surgical and obstetric situations, considering his insertion in family and society, the public policy and hospital organization for this practice.
Performance	<p>The student participates in the work process of nursing in the unit of hospital admission:</p> <ul style="list-style-type: none"> <li>- the student gives nursing assistance to the individual, using the clinical and epidemiological method and the systematization of nursing assistance;</li> <li>- the student gives nursing cares in a humanized way;</li> <li>- the student works in multi-professional and inter-discipline nursing team;</li> <li>- the student applies bio-security measures and applies principles ethical and bioethical;</li> </ul> <p>The student works in group and The student applies the principles of problematical methodology.</p>
Organization	<p><u>Scenery</u>: Hospital de Clínicas de Marília (HC) – Units I and II, developing activities in the units of clinical and surgical admission, infectious diseases, surgical center, gynecology, obstetrics, obstetric center, pediatrics and nursery for intermediate cares.</p> <p><u>Docent staff</u>: 03 docents of the Clinical Nursing discipline, 03 of Gynecology-Obstetrics Nursing, 02 of Pediatric Nursing.</p> <p><u>Collaborator Docents</u>: 02 docents of Clinical Nursing and 01 of Nursing in Mental/Psychiatric Health.</p> <p><u>Week-pattern</u>: Practical activities: 4 periods. There is also a weekly meeting with the docent of the Nursing in Mental/Psychiatric Health discipline and the groups, in the field of practical activity to discuss the learning questions about the group/interpersonal relationship process and care help. Theory Activities: 3 periods distributed in individual and/or in group study, plenary meetings and conferences. In the theory-practical activities the students take turn during the year in the adult, child and woman areas. Community Interaction: 1 period.</p> <p><u>Dynamic of the themes development</u>: Performance of a practical activity; Discussion to obtain previous knowledge and elaboration of learning questions; Search for theory fundamentals Discussion in plenary meeting, with the specialist of basic and clinical discipline and Return to the reality in the moments of practical activities. Sequences of activities were developed together approaching the following key concepts: systematization of nursing assistance, bio-security, hygiene and comfort administration of medicines advanced support of life, ethics and bio-ethics, hospital as health care helper unit and the process of nursing work. The other key concepts were approached in the Educational Units apart with each group of teachers (adult, child and woman) establishing the sequences of teaching-learning strategies.</p>
Evaluation	The student evaluation: Study of the case, exercises, performance of seminars and practical activities; The teacher evaluation and Educational Unit Evaluation.

## Reflections about the development of the pedagogical practice in the fourth grade

This series develops a teaching-learning process by means of the modality of the supervised training aiming the students' living in the world of work and the nurse's participation in the service in this process (Figure 6).

Since 2001 the schedule of Educational Unit Community Interaction 4 has been used for the Elective Training, which consists of the student's choice for the local where to perform, favoring the active participation in the curriculum construction, choosing and defining areas of interest, fragility and development of knowledge as well as abilities and attitudes.

During the development of the activities in the hospital area there was not participation of the nurses related to the services in the process of reconstruction of the grade, even though many attempts of teaching - service have been made. The decision of the nurses to participate in the process of supervision was made by the service managers.

**Figure 6 - Educational Unit "Supervised and Elective Training", FAMEMA, 2003.**

Elements of planning of Educational Unit	Characterization
Purpose	It intends that the student analyses the problems of the real context of the work as well as he purposes interventions which aims the transformation of health reality.
Performances	The student participates in the organization of the nursing work; The student participates in the prevision of material resources and equipments and The student gives assistance in the two levels of assistance to health: he plans the assistance in health service and plans the assistance to the individual/family.
Organization	<p><u>Sceneries:</u> 08 fields of training distributed at Hospital de Clínicas de Marília (HC) –Units I and II : units of clinical and surgery admission, first-aid clinic, obstetrics and pediatrics; 10 Units of Family Health; Many sceneries for the student's choice to perform the Elective Training, which can be in the health services inside or outside the municipality.</p> <p><u>Docent Staff:</u> 05 docents of the Clinic Nursing discipline, 01 of Administration Applied to Nursing/Collective Health, 01 of Administration Applied to Nursing/Clinic Nursing and 03 of Psychiatric/Mental Health Nursing.</p> <p><u>Week – pattern:</u> Training activities: 6 periods; Supervision activities: 1 period; Theorization activities: a fortnight period for discussion of themes defined by the health services together with the academy. Activity for the Course Conclusion Work (TCC) : 1 period Obs.: For the student live the work in the hospital during all periods it was necessary to set up 4 turns with periods of 12 hours, divided between two daily turns and two nightly turns, being performed once a month. For not to exceed the time schedule, each turn substituted two periods of training in the week.</p> <p><u>Dynamic of the training development:</u> The students took turns during the year in many sceneries (Hospital das Clínicas and Units of Family Health) and also trained in the scenery chosen for the Elective. The students' activities in the various sceneries of teaching-learning were directed by performances, with direct supervision of the service nurse. The docent participated in the meetings every fifteen days, which objective was to reflect about the work process of the student and the service nurse's.</p>
Evaluation	The student's evaluation: performance evaluation and TCC; The teacher's and the assistant nurse's evaluation and Educational Unit evaluation.

In this scenery, only the student and sometimes the nursing team participated in the discussion to elaborate the planning in health together with the docent. However, in the basic health net, we can notice a major involvement of the team. In every meeting the field nurse, the docent and the student(s) organized themselves so that the supervision activity could be performed all together; however it was not always possible due to the professionals schedule incompatibility. There was difficulty to perform the students' supervision from the reflection about the practice, showing lack of clearness about the reference of health planning, the conception of supervised training, the docent's role as well as the health service nurse's , the students' performance and the evaluation in this curriculum logic.

However, the advancement is obvious when inserting the students in the sceneries of teaching-learning of the Family Health Unities. This fact consolidates the participation of the nurses of the basic attention unities in the process of graduation of the students and it strengthens the teaching-service partnership.

### **Final considerations**

The possibility to describe and analyze the grades that composes the Nursing Course in 2003 favored the recognition the change process that has been developing both in the graduation of these professionals and in the transformation which has been happening in this category (nursing), in the ambit of this institution it will surely contribute for a deeper reflection about the nursing practice in the Brazilian scenery.

In this reflection movement , we verified the points that need to be worked related to reach the fundamentals of PPP as: disarticulation of theory and practice in the beginning of the course, mainly between the educational unit that substituted the didactic units and the educational unit of professional practice of first grade; redefinition of the docents' roles and the health service nurse in this new conception of curricular and pedagogical organization; different understanding about the reference of problematical methodology, health planning and supervised training; disintegration between the basis and clinical disciplines; lack of clearness of distinction between the performance of the medicine and nursing students; insecurity of the teachers to work with the uncertainty in the teaching – learning process, which made real in the scenery of professional practice; different conceptions about the competence reference, creating difficulties to work in a new logic of content outline (knowledge, abilities and attitudes).

On the other hand, we also identified changes that happened to contribute for the implementation of the integrated curriculum and oriented by competence, standing out: the strengthening of the teaching service partnership: the articulation between the nursing and medicine courses; the strengthening of the application of

the principles of significant learning; institution of the permanent education process permitting the evaluation of the strategies and PPP processes.

At present, the experiments accumulated during the years of the PPP implementation have been enabling other changes in the pedagogical practice as well as the curriculum organization of the grades, which are centered in the PPP implementation in the second, third and fourth grades, evidencing the dynamic process of permanent reflection and reconstruction of this practice as it is proposed by Gadotti e Romão (1995).

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