

Higher Education external evaluation in the health area: concerns and the size of margins

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This is a reflective paper addressing the principles and values that precede or succeed evaluative processes at health-related educational institutions. It seeks to put the external evaluation processes conducted during undergraduate health-related programs up for debate. It addresses both objective and subjective issues relating to in-situ contact, which is fundamental to grasping what is “really” being taught. Independent of what can be indicated regarding precisely “how” or “what” to evaluate or which measures and standards to use, it is necessary to “reflect on” and “want” an evaluation that relates to what we are getting across through our pedagogical practices. This text sets out to show the strength that is in the dimension “of the margins”, a dimension that is not envisaged in the evaluation system.

Keywords: Evaluation. Higher education. Health-related undergraduate courses. Education. Institutional evaluation.

Introduction

This article addresses external evaluation in undergraduate teaching, a recent public policy that examines the quality and institutional regulation of basic education at the university. In Brazil, higher education is on a par with international movements that question the purposes and modes of evaluating, regulating and supervising professional education at the university level. It takes into account the economic, social and globalization transformations in the transfer and translation of knowledge in general and of the technological knowledge of labor. It also considers the international mobility of students, which has been increasingly stimulated by the Brazilian government, and of workers, through the configuration of continental blocks, international trade zones, transnational economic communities, etc. Global, continental and intercontinental agencies, international financing funds, continental and world banks, and financing, fostering and international cooperation agencies require standards and parameters of exchange, recognition and co-validation; therefore, there must be instruments that can be shared. On the other hand, public responsibilities require transparent, equitable and democratic parameters to protect the interests of citizenship. Developed societies demand instruments that can be universally accessed about performances, successes and the technical and intellectual capacities of their teaching institutions¹.

The evaluation of institutional quality and performance in the area of Education has spread worldwide and has become part of the demonstration of political responsibility by nations or international interference agencies and organs. Desired by informed societies or by politicized societies, the institutional evaluation of teaching provides the population with subsidies to choose programs and schools and favors public regulation to the advantage and in the interest of society, as well as models and strategies in international education scenarios. In the Americas, and also in Europe or Asia, regulatory actions regarding the evaluation of higher education are proposed, based on predominantly quantitative systems or on systems that join quantitative and qualitative dimensions. Brazil, since the first proposals to systematize the evaluation of higher education, in 1983, has been using quantitative or qualitative dimensions. More recently, the proposal to articulate quantitative

and qualitative dimensions has registered movements that mark the regulation of higher education in order to reveal the current historical moment and the conception of higher education regulation that this article discusses, despite a deliberate emphasis on the health agenda¹.

The evaluation of higher education was little discussed in the national scenario until the beginning of the 1980s. This theme started to be intensely approached in the redemocratization period, after the military dictatorship, when issues about the quality of teaching faced a multiverse system of education management: university autonomy; municipal, state and federal education systems; the significant presence of private institutions in higher education; and the increase in the population's level of schooling. The evaluation proposals, according to the indication of the National Higher Education Evaluation System, involve the following history¹:

- a) Programa de Avaliação da Reforma Universitária (Paru – University Reform Evaluation Program) – 1983: it basically dealt with aspects of management and production/dissemination of knowledge and was the first initiative of a systematic evaluation of university education;
- b) Grupo Executivo para a Reforma da Educação Superior (Geres – Executive Group for the Higher Education Reform) – 1985: it used a regulatory conception, and evaluation was the counterpoint to the autonomy of higher education institutions;
- c) Programa de Avaliação Institucional das Universidades Brasileiras (Paiub – Program for the Institutional Evaluation of Brazilian Universities) – 1993: its principle was the voluntary adhesion of higher education institutions. It established self-evaluation and enabled the beginning of an external evaluation culture;
- d) Exame Nacional de Cursos (ENC – National Examination of Programs): implemented after the formulation of the current Law of Guidelines and Bases for National Education², which considers students' socioeconomic conditions, their opinion about education conditions, an analysis of education conditions, an evaluation of supply conditions, and an evaluation of university centers;
- e) Organization of Higher Education Institutions: provisions of the Federal Decree no. 3860 of July 9, 2001³ about the organization of higher education and the evaluation of

programs and institutions. It defines items to be evaluated and correlates accreditation with evaluation.

In view of the challenges related to the debate about the evaluation of higher education, the need to create a proposal for the *authorization* and *regulation* of programs and institutions through *evaluation* was delimited. The Ministry of Education (MEC) delegated to the Instituto Nacional de Estudos e Pesquisas Educacionais Anísio Teixeira (INEP – National Institute of Educational Studies and Research Anísio Teixeira)^(a) the responsibility for organizing and conducting the evaluation of undergraduate programs and higher education institutions. The current evaluation system was born from this trajectory. The Sistema Nacional de Avaliação da Educação Superior (Sinaes – National System of Higher Education Evaluation) was instituted by Law no. 10861 of April 14, 2004. It aims to “ensure a national evaluation process of higher education institutions, undergraduate programs and their students’ academic performance”⁴.

Having Sinaes’ presuppositions and dimensions as the point-of-departure, the education system is evaluated: institutions, programs and students’ performance. The Exame Nacional de Desempenho de Estudantes (Enade – National Examination of Students’ Performance), related to the contents of each professional career, particularizes the evaluated areas, together with the External Evaluation, carried out in situ by teachers who have a curriculum of teaching and research in the same professional careers. The Enade examines freshmen and graduates of each career submitted to the evaluation. They answer a test that includes general and specific knowledge. The in situ evaluation, in turn, verifies the teaching conditions: didactic-pedagogical organization, teachers’ profile and characteristics of the premises. Self-evaluation is an obligatory requisite of permanent action. The external evaluation will take self-evaluation into account, as it will consult its evaluative and intervention documents, talk to its members and verify its effectiveness in the teaching conditions of the respective institution.

^(a) The *Instituto Nacional de Estudos e Pesquisas Educacionais Anísio Teixeira* (INEP), created in 1937 and restructured in 1995 as an educational information organ, is currently a federal agency linked to the Ministry of Education (MEC). Its mission is to promote studies, research and evaluations about the Brazilian Educational System with the aim of subsidizing the formulation and implementation of public policies to the educational area based on quality and equity standards, as well as to provide information for managers, researchers, educators and the general public⁵.

We propose to discuss, in this text, external evaluation issues, aiming at promoting changes in the area of health. The focus is the in situ visit of the External Evaluation Committee, in order to establish that it is possible to inquire about and verify what is *visible*, but what is *invisible* remains intangible: what we cannot see but operates realities or somehow generates innovative proposals in the field of education and health. When we mention the change in the area of health, we refer to the ethical-political project that is present in the National Curricular Guidelines to the field of health and its professional nuclei, and in the public initiatives to reorient the professional education in health, deriving from the National Health Policy. This ethical-political project implies “changes” – changes in the presuppositions of the teaching and health practices, changes in what is “inertial” to the practices, their “it is usually like this”, “it should be”, “it is like this”. A change of this kind happens through leaks, lines of escape, subtle fables that bear other realities (or original states).

The external evaluation

The evaluative dimensions of the *Comissão Própria de Avaliação* (CPA – Institution’s Evaluation Committee) and of the External Evaluation are the same. The members of the Institution’s Committee are chosen among their peers in each institution or by the academic managers. This will be appraised by the External Evaluation Committee (in situ), which is composed of external members selected from a national database of self-appointed evaluators belonging to the academic and scientific community, according to formal enrolment and selection criteria. The basic instrument is divided into three segments and is composed of qualitative and quantitative indicators.

Dimension 1: didactic-pedagogical organization

The didactic-pedagogical organization refers to the orientations described in the Program’s Pedagogical Project, ranging from the curricular organization form to the way in which the program complies with the institutional policies. The visit of an evaluation

committee appointed by INEP usually brings fears related to what the other will see, what should be shown, what the meetings with directors, teachers and students will reveal. Of what is seen, what will positively feed the evaluators' appraisal, what will disadvantage the local efforts, and what will represent a relevant contradiction between documental information and the daily routine? Inspection, verification and examination. Visiting the visible spaces, landing on the "forms" (what is placed) and apprehending objective information. An objective possibility of judgement and comparison. Collection of evidences. What is fair. However, what is not visible is also a proposal for health education. What if the evaluators or the evaluated want to share information about the lines of escape from bio-medicalization and about the oppositions to the instituted world of the hygienistic/bio-reductionist normativity, of knowledge centered on standardized procedures (curative and related to bio-surveillance), in an attempt to investigate *original* actions and search for disruptions of the moral world, of serialized subjectivity and of the capture of estrangements?

Deleuze and Guattari⁶ teach us that there is always an escape of micropolitical will in the fight for overthrowing or weakening what is determined by order, from outside and in a way that antecedes or precedes the current world in composition – its "lines of escape". Society establishes these lines to transgress norms and orders, to be able to re-singularize itself. This enables institutional survival, because – to a greater or lesser extent – norms and orders are translated, falsified, transcreated⁷. Extra-texts operate realities ("perform" current situations, translate texts into viabilities).

What is invisible is also what makes a teaching proposal be alive. It is what proliferates in it, even though it is somewhat unsystematic and undocumented, impossible to be found through documents and to be definitively inspected or verified. According to Deleuze and Guattari⁶ (p.94),

[...] from the point of view of micropolitics, a society is defined by its lines of escape, which are molecular. Something always leaks or escapes, evading binary organizations, the resonance device, the overcoding machine: that which is attributed to an "evolution of customs", to youths, women, mad people [...]

In the great majority of times, the aspects highlighted in the report deal with the pedagogical proposal, employed in a dynamic way by the faculty, but Kastrup⁸ says that learning always begins with the invention of problems and suggests a counterpoint: *inventing* problems does not deal with a process of *solving* problems. Therefore, the question that we take as a reflection in the dimension of the didactic-pedagogical organization is: To what extent do the pedagogical proposals formally described in a program project highlight the effective pedagogical act in itself? Invention, transcreation, re-singularization, re-regulation – live processes that occur only in actu and correspond to what is effectively taught and learned in institutions, in each one of them; that is, distinctly, distinctively.

Teaching in the area of health poses countless challenges to us. Challenges concerning teaching and learning how to “apprehend” the other and how to ally with him in the conquest of life creation. Sickness, his reactions towards sickness and the frailties imposed by the world of life and labor inform singular mottoes to the construction of unique life potencies. When we look at the formality of a teaching project, we see what is visible: disciplines formatted and organized in semesters/periods/hours/thematic axes. However, when we are willing to apprehend what is invisible, we must look and feel, we must see with our ears, listen with our eyes. It is hard to do this, but it is even harder to have a dialog like this, to evaluate, narrate and give back. We have realized that the institution’s intimacy cannot be the main object of the evaluation. It will only be it in a possible socio-analytical hiring, but in this case, it is completely outside the external evaluation (in fact, the word sounds fairer now: external, which entails an unescapable limit).

An avalanche of information is thrown over students so that they can, over a period, acquire certain competencies and skills that make them become professionals – with a generalist profile. All the orientations of the National Curricular Guidelines should be followed; however, in which moment, in which discipline, in which academic routine do we allow students to express their feelings, in a way that is similar to when they interpret a work of art in a singular way? How can we expect that healthcare technologies consider the other if, during the undergraduate program, we do not provide the practical experience of multiple

healthcare situations? Generally speaking, we do not enable students to feel and reflect on healthcare situations; rather, they must have accomplished an “x” amount of “x” procedures.

Therefore, if we want a problematizing pedagogy as the axis of the didactic-pedagogical organization, to be informed by the evaluated individuals and recognized by the evaluators, are we able to talk about problematization as estrangement, contact with what is original in us, invention of oneself? When we submit an undergraduate program in the area of health to an external evaluation, we can assume that the evaluation of the program was satisfactory and even met the pre-requisites of the higher education policy when certain pre-requisites were seen, analyzed and quantified. Do the inspection, analysis and quantification express something that was *studied* and *observed*? Was problematization studied and observed? Did the evaluators study and observe whether the teaching proposal allows students to experience possibilities of knowledge, estrangement, and reflection on their political positions in the world of health?

Dimension 2: faculty's profile

Teachers, students and the technical-administrative staff are the actors linked to the institution that act directly on the program. Today, academic production indicators are very strict and the demand for publication of articles and texts in national and international journals that are relevant in the area of knowledge has been increasingly present in the university environment. We have heard about a certain academic productivism⁹, that is, what publishing means and that we have become hostages of this need. In most cases, this need is not connected with the education of professionals; rather, it is connected with the education of researchers and locates scientific production niches, even though they lag behind what we do on a daily basis in undergraduate teaching.

Furthermore, a culture has emerged, in many programs, of admission into postgraduate programs right after the completion of the undergraduate program – a situation that creates a paradox. The quick admission into postgraduate programs moves the graduates away from the world of labor, from labor practice, from the experimentation/experience that is necessary for academic production grounded on

problems of the daily routine or of practical life, especially when we talk about healthcare. The precocity of research or the overvaluation of research can prevent the health professional from performing a dialogic encounter with people who demand hearing, care and treatment, not only diagnoses and prescriptions.

It is important to distinguish “writing” from researching and scientifically reporting research results. Deleuze¹⁰ argues that “writing is a case of becoming”. The author suggests that experiencing and experimenting are not enough to write. We must let the flow of writing come from singularization processes. “Writing is certainly different from imposing one form (of expression) to a lived matter”¹⁰(p.11). Therefore, how can one write about what will become in the professional arena if this encounter has not happened yet?

The efforts related to the expansion, consolidation and internationalization of postgraduate health programs in Brazil register scientific publication as a “fetish”⁹. In the area of health, differently from the human and social sciences, which are more conceptual and interpretive, or from the basic and exact sciences, which are linked to the laboratory or to technological discoveries, the health professions tend towards practical disciplines of higher knowledge. The spheres of care, of the caring encounter; of treatment, of the therapeutic encounter; or of hearing, of the receptive encounter, require professionals with a more caring or dedicated profile, rather than a technician. Thus, when we think about the constitution of a faculty, we necessarily think about academic production, but we need to think about professional experience targeted at users and at the problems of the clinic in daily routines that are alive and effervescent. We cannot view it as a “problem” when an undergraduate program searches for professionals with a specific education in these scopes. Postgraduate programs for university teachers or their scientific production in their area of knowledge, measured by dissemination products, are undoubtedly relevant. However, the presence of teachers who dedicate themselves to undergraduate teaching, opening scenarios and reinventing teaching on a daily basis are equally relevant.

Teachers involved in a teaching project who recognize their collective place and who are willing to reinvent and learn classroom practice can, to a great extent, come from the experiences of the labor world. Sharing experiences, revealing their anxieties and expectations regarding teaching are strategies that *intermediate*. We talk about the act of

becoming a teacher that happens in the act of teaching. Delimited by formal academic quality indicators, evaluation will need an in situ evaluation committee that considers the education “of professionals”, presence in the classroom and in the learning scenarios, dedication to teaching and to the lively learning of healthcare – aspects that are largely “measurable” in the invisible dimension, not by scientific production indicators. The undergraduate teacher is not the postgraduate teacher, although the same good teacher can teach well in both levels.

Dimension 3: physical premises/infrastructure

The organization of a program in the area of health requires the exercise of professional practice. As the National Curricular Guidelines indicate, health education assumes a generalist condition; therefore, the exercise of professional practice pervades many areas of expertise. Thus, academic education must subsidize students so that they can develop competencies and skills that are necessary to the exercise of professional practice and required by the supervisory bodies of professional practice and by employers. Enabling the student to learn techniques and procedures is fundamental; therefore, the academic institutions are required to have spaces, equipment and materials that are adequate for simulations of healthcare situations. However, laboratories are not a space that we might call *comprehensive care laboratory*, which aims to include the student in the reality of the labor world based on users in the territory. The Ministry of Health has strived to attract teachers and students to primary care, as well as to territories of collective life and circulation of the population and its social groups. The aim is that they have contact with health needs, conditionings and social determinants, not in theory, but during interactions, appropriations, and sensitive experiences^(b). Usually, the laboratories of health programs are employed for simulating users, practices and procedures, for training skills, for learning how to use instruments and devices or for learning about the human body. Admission into the

^(b) The Ministry of Health fosters programs for the reorientation of professional education (*Pró-Saúde*), for education through work in the area of health (*PET-Saúde*), for experiences and internships in the reality of Brazil's National Healthcare System (*VER-SUS*), and for integrated multi-professional residencies in the area of health (*Pró-Residências*), in view of the emphasis on working in multi-professional teams, in the territory.

laboratory is the reference to professional instrumentalization and labor simulation. Both students and teachers have an expectation concerning this moment. Scientific initiation and academic monitoring follow the same script, seducing students' mental imageries towards science and the laboratory. However, this is not the initiation into labor, as the student should be "seduced" into the labor world as the debate about care, the other, policies and the context advances. Even laboratories located within the university might be guided by healthcare situations – situations that required, from students, the "invention of themselves", the emergence of questions and, with this, the exploration of conducts, from the less formally to the more formally technological.

When Alvarez and Passos¹¹ refer to intervention research, they argue that "knowing and doing become inseparable, which prevents any claim to neutrality or even the supposition of a subject, of cognizant objects which are previous to the relationship that links them". The transposition to learning is direct: learning–knowing is the "acting of knowledge" or even the "acting of knowing"¹². Creating a reality of intervention means creating a reality of oneself and of the world, and this has political consequences regarding the professional being, the style of being and becoming. Similarly to what happens in the proposal of intervention research, one needs to assume a position politically; one needs to expose oneself, get involved. In a practical class of an undergraduate program, before learning how to perform a technique or procedure, one needs to assume a position politically.

The incapacity for perceiving the invisible aspects of a pedagogical proposal generates uneasiness or discomfort as, at the same time that learning how to see seems challenging, developing instruments that allow sharing, comparing and talking seems frail and superficial. This would require that the Institution's Evaluation Committee should develop resources for self–evaluation and sharing with the External Evaluation Committee. It would require that the External Evaluation Committee should want to have this conversation and should be interested in recomposing the evaluation instruments throughout the evaluative experience. The largest and most equipped laboratories for the simulation of practice do not have anything to say about sensitive life.

Obviously, when we talk and are willing to perceive and feel the invisible, we are

uncomfortable with what is instituted and we are available to the generation of original states. Based on Rolnik¹³, the visible (what can be seen) “is a relation between one self and many other separable and independent units”. It is not there, but rather in the invisible, that “original states” are generated. There is an “ontological texture”: uneasiness and commitment.

The political emergence of uneasiness and commitment

When we analyze the confrontation between visible and invisible and the emergence of original states, we conclude that the self-evaluative and external evaluation dimensions activate flows and movements of composition of realities. We have realized that, even with all the openness to novelty, the paths of undergraduate programs are not evaluated, regulated nor oriented towards the possibility of originality and disruption. No one invests in proposals that are open to the original; rather, readjustment, reorientation, and the inclusion of specific learning objects are desired. Nevertheless, institutional learning, resulting from a teaching project oriented by change, occurs with more intensity precisely in the flows, disruptions and lines of escape. This presence needs apprehension through external evaluation, and what occurs in the margins, in the border between what is placed and “what will come” or “will become” must be known. It is at this moment that we are fulfilled and vigorously open to learning. Guattari¹⁴ would say that opening the way to singularization means amplifying power coefficients. It is precisely in the resistance against given forms, in the discomfort concerning the imposition of borders and in the uneasiness with the limitations of what is possible that we find the combat apparatuses.

What we propose with this text is to value the uneasiness and commitment that are capable of resistance and combat, capable of the invention and re-singularization that sometimes teachers, sometimes students, sometimes managers reveal. The invisible production of original states in an undergraduate program lies in allowing, in a collective way, the production of subjectivity, which is individual resistance potentialized in a collective relation. To reflect on these questions, Guattari¹⁴ would say that we should not make “an apologia for singularization, as it can enter into any kind of modality of recovery systems, of

modelling systems” (p. 130). The evaluators also embark in new modellings.

We are talking about an education that can be recognized in the invisible, which understands and assumes the regulating orientations as a reference that presupposes autonomy, but does not impoverish the creative and inventive capacity. If the evaluative systems are sensitive to this consideration or stimulus is an instancy, but the daily routine is the territory of its installation.

Conclusion

If the pedagogical project of an undergraduate health program must comply with the national curricular guidelines from the point of view of its organization and regarding the fulfilment of the indicators that are necessary to external evaluation, it also needs to have a pedagogical proposal that fosters change or the difference from itself. Investments in technologies and in teachers’ development are of no use if a permanent uneasiness and the permanent analysis of commitments do not occur. Investments in teacher education are strategic when we understand that an undergraduate program is constructed by means of the articulation of many curricular components and in the transversal contents.

Teaching in the academia “specializes” teachers in certain areas of knowledge. This is certainly necessary for the theoretical study that we conduct in the undergraduate level, but an intertwining is necessary so that we can guarantee that a pedagogical proposal has flexibility. This article is a reflection. It investigates the principles and values that precede or succeed institutional processes that evaluate teaching, especially the in situ moment, as “action” lies precisely there. We are aware that we do not have precise instruments regarding “how” or “what” to evaluate, and we do not know for sure which measures and standards to use, but we understand that it is necessary to “reflect on” and “want” an evaluation that focuses on what we transmit with our pedagogical practices. By understanding that evaluative systems are necessary, especially when they include in situ moments, we believe in the possibility of contact with routines that are alive and challenging. The evaluation system brings the dimensions of didactic–pedagogical organization, faculty and infrastructure, but this text aimed to show the strength of what lies in “the dimension of the

margins”, a dimension that is not approached by the evaluation system.

In the “margins” would lie the questionings that teachers and students can make. There are multiple possibilities if we assume comprehensive care as the common project of the area, not of independent professions. The care, treatment and hearing projects belong to the health teams, not to professions; they belong to the measures offered by users and to the commitments to equity and human rights. The educational process is part of the labor process that occurs every day in the health services. An external evaluation system needs the parameter of the services and the parameter of the users, as well as the parameter of the managers of the health sector, potencies of access to information that can be found neither in documents, nor in published works, physical premises, equipment and laboratories.

When we submit a program to an external evaluation, to the evaluation indicators of Sinaes, it is evident that the program tries to comply with the orientations of the regulation policy for undergraduate education. Thus, we realize that an undergraduate program can assume its singular references and, at the same time, comply with the national policies for undergraduate education. What translates the undergraduate education proposal happens in the multiple constitutions that are built both in the formal and in the invisible dimensions. There is an emergency in health education that goes beyond compliance with education and health policies: the transgression of these policies when the orientation is teamwork, comprehensive care, appropriation of the National Healthcare System and the construction of its solutions in terms of maximum access and receptiveness to the population. This is the courage to invent daily routines in professional health teaching and in the evaluation of pedagogical practices in the area of health.

This written production aimed to be a route, a weaving of agonies or vulnerabilities. The text is confounded with its authors, but it had, as its “backdrop”, or “at the back”, an experimentation: the experience of organizing a program and receiving a successful evaluation¹⁵. The authors’ knowledge and research production collect their concerns and the challenge of commitments to change, invention, and the permanent re-singularization of the practices. Trails were collected in different texts about the matter under scrutiny, in a deliberate search for uneasiness and “intercession”. These were left here wandering about so that readers feel thrown to the margins of themselves and of their practices, urged to

conduct a self-evaluation and capable of promoting external evaluations. Openness to the invisible, from intangible to viable, depends on the questions we ask, on the collectives we weave and on the perspectives we adopt. The dimension of the margin is a challenge to thought and action.

Collaborators

The authors worked together in all the steps of the paper's production.

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