

Challenges and potentialities of reorientation programs in health care training

Desafios e potencialidades de programas de reorientação da formação em saúde

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RESUMO | A formação em saúde no Brasil é norteada pelas Diretrizes Curriculares Nacionais e amparada pelos programas de reorientação da formação. Este trabalho objetivou identificar os desafios e potencialidades no processo de implementação dos programas Pró-Saúde e PET-Saúde em uma Instituição de Ensino Superior (IES) do Brasil. Foi realizado uma pesquisa social exploratória estratégica de abordagem qualitativa. Participaram deste estudo os cursos de Enfermagem, Farmácia, Medicina, Nutrição e Odontologia e, suas respectivas coordenadoras de curso de uma IES pública da região Centro-Oeste do Brasil. Aplicaram-se entrevistas semiestruturadas, que foram submetidas à análise de conteúdo na modalidade temática. A partir da análise surgiram duas categorias, desafios e potencialidades do processo de implementação de programas de reorientação da formação em saúde. Os resultados mostraram a necessidade de avançar no quesito articulação ensino/serviço/áreas de conhecimento e formação docente, mas em contrapartida foi positivo o apoio institucional, a boa relação professor/aluno, as possibilidades para melhorar a formação docente, entre outras características. Concluiu-se que estes aspectos coexistem durante a implementação e desenvolvimento de programas que buscam pela reforma curricular e melhora na formação em saúde.

PALAVRA-CHAVE: Pesquisa qualitativa. Ensino superior. Recursos humanos em saúde.

ABSTRACT | Health education in Brazil follows the National Curricular Guidelines, and is supported by reorientation training programs. This study aimed to identify the challenges and potentialities in the process of implementation of the Pró-Saúde and PET-Saúde programs in an institution of higher education (IHE) in Brazil. This was a qualitative and strategic exploratory social research study. Participants in this study included Nursing, Pharmacy, Medicine, Nutrition and Dentistry courses, and their respective course coordinators in a public IHE in the Central-West region of Brazil. Semi-structured interviews were used and subjected to content analysis in the thematic modality. From this analysis, two categories emerged, challenges and potentialities of the process of implementation of reorientation programs in health care training. The results showed a need to improve in the articulation question regarding teaching / service / areas of knowledge and teacher training, but also demonstrated positive institutional support, good teacher / student relationships, possibilities for improving teacher education, among other characteristics. In conclusion, these aspects coexist during the implementation and development of programs that seek curricular reform and improvement in health care training.

KEYWORDS: Qualitative research. Higher education. Human resources in health.

Introduction

The Ministry of Health (MOH) and the Ministry of Education (MOE), with the goal of implementing an improvement process supported by the National Curricular Guidelines in Brazil, created policies to train health professionals to facilitate the curricular reform process at Institutions of Higher Education (IHE). Among them, the National Program of Health Training Reorientation (Pró-Saúde) and the Program of Education through Work (PET-Saúde) (Brazil, 2007, Brazil, 2008) stand out.

Pro-Saúde proposes that IHEs diagnose their difficulties and evolve towards the desired aspect of the reorientation of health education through three axes: theoretical orientation, practice scenarios, and pedagogical orientation. Each of the axes is arranged in three vectors that characterize the state in which each educational institution is inserted at the given moment, and how aggressively it must be revised in order to improve the current situation (Brazil, 2007, Brazil, 2008).

PET-Saúde has the goal of supporting programs for the improvement and specialization of professionals, as well as orientation of students in health careers, through experiences and internships according to the needs of Brazilian public health (SUS) (Brazil, 2008). It is focused on scenarios in which work is performed in the area, and uses SUS as a coordinator for health training, in conjunction with IHEs. PET-Saúde also offers scholarships to preceptors, tutors and academics, as an incentive for continuing education, research in basic patient care, and practical experiences (Brazil, 2008).

The implementation of curricular reforms through state intercession is an arduous task, since each IHE presents its individual reality, context, historical condition, and other factors that make it difficult to reformulate the curriculum in practice. Therefore, this study aimed to identify the limitations and possibilities in the implementation process of the Pró-Saúde and PET-Saúde programs in an IHE in Brazil.

Method

This is a strategic exploratory social research study with a qualitative approach, which sought to reveal relevant aspects in the process of implementing programs of health education reorientation, with the goal of improving health education (Minayo, 2014).

The field of study in qualitative research is considered a spatial cross-section, which refers to its theoretical support, planned from the object of investigation (Minayo, 2014). The object of this study was a federal public university located in the state of Goiás, Brazil. The participating courses were Nursing, Pharmacy, Medicine, Nutrition and Dentistry, included for being participants in the Pro-Saúde, PET-Saúde and ProPet-Saúde programs.

Field work should cover all data collection paths, from theoretical references to operational and analytical aspects (Bodgan & Biklen, 1994; Minayo, 2013). Immersion into the field of study took place within the institution at appropriate times such as meetings, courses and / or disciplines, getting close to key participants, enabling the researcher to immerse themselves in the field, and as a consequence, understand the phenomenon to be studied (Minayo, 2014; Prado, Del vale, Ortiz & González, 2008).

For data collection, semi-structured interviews were carried out with the five coordinators of the courses studied, who participated in the process of implementation of the development of policies on health education at the IHE. The interviews were carried out with the purpose of documenting their individual experience as well as the experience of the realities of this process (Gil, 2008; Minayo, 2013).

The course coordinators were previously invited to participate in the study, with the necessary clarifications and objectives of the research and, after acceptance, a convenient time was scheduled for the participant to be interviewed, which occurred following the signing of informed consent.

The semi-structured interview script was prepared to meet the objectives of the study in a broad and flexible context, in order to allow the inclusion of new questions, if pertinent, considering the subjectivity of the topics (Minayo, 2014).

Each interview was recorded and later transcribed for analysis, concomitantly with data collection. The content analysis in the thematic modality was adopted, as adapted by Minayo (2014).

The thematic analysis refers to how the qualitative material behaves in a bundle of relationships, which can be understood through a word or phrase that designates a certain theme, which composes a communication expressed through a core of meaning that a posteriori becomes the analytical object. The operationalization of the thematic analysis presented three stages: pre-analysis (floating reading, constitution of the corpus, and formulation and reformulation of hypotheses and objectives), exploration of the material, treatment of results obtained, and interpretation (Minayo, 2014).

This research is part of the project "Evaluation of the impact of the Pró-Saúde and PET-Saúde Programs in the undergraduate courses in the health area of the Federal University of Goiás", approved by the Research Ethics Committee of the Hospital das Clínicas of UFG, under the protocol No. 497.548 / 2013 (CAAE / Ethics Committee Certificate: 23076213.6.0000.5083) and

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Ethical standards were followed in order to avoid any possible risk and / or embarrassment to the participant, in accordance with CNS Resolution 466/2012 (Brazil, 2012).

Results and discussion

All course coordinators agreed to participate in the research. They were female, had been working in the IHE for seven years or more, and participated in the implementation and development of the reorientation programs of health education at IHE.

When analyzing the interviews with the coordinators, two categories emerged: 1) challenges and 2) potentialities of the implementation and development process of the Pró-Saúde and PET-Saúde programs, which were presented in Chart 1, with their respective subcategories:

Chart 1. Categories of analysis of the interviews conducted with the course coordinators

N°	Categories	
	Challenges	Potentialities
1	Insufficiency of time / workload of teachers and students	Opportunities for teacher training
2	Unsatisfactory institutional mobilization	Participation of scholarship students
3	Lack of interdisciplinary experiences	Teaching / service coordination
4	Lack of teaching / service coordination	Good student / teacher relationship
5	Lack of integration of policies / courses / areas of knowledge	Institutional support
6	Lack of teacher training	
7	Lack of diversity of practice scenarios	

Challenges of the implementation of reorientation programs in health training

It was observed when analyzing the interviews of the course coordinators, some difficulties emerged during the process of implementation and development of the Pro-Saúde and PET-Saúde programs, such as: indicating problems with or lack of time / workload of teachers and students; institutional mobilization; interdisciplinary experiences; teaching / service articulation; integration of policies, courses and areas of knowledge; and diversity of practice scenarios.

- Insufficient / time workload of teachers and students

The lack of time and appropriateness of the workload were reported as detrimental to the curriculum reform process, both for teachers to meet to discuss curricular issues in integrated activities between university and health services and / or in tutors meetings with fellow scholars:

"[...] it is a matter of time to actually devote to this restructuring." (E1)

"In that last PET, I had meetings at my house on Saturday, because it was impossible to do during regular hours." (E5)

Curricular restructuring and / or changes in health education require important discussions, meetings, and scheduled times for the courses, in addition to the time for teachers and / or students to articulate them. However, the large number of activities and the incompatibility of schedules compromise the process of implementation of Pro-Saúde / PET-Saúde and curricular reform (Costa, 2007; Fonseca & Junqueira, 2014; Mendonça, Cotta, Lelis & Carvalho Junior, 2015).

- Inadequate institutional mobilization

Unsatisfactory institutional mobilization undermined the process of change in health training and Pro-Health and PET-Health have not been adopted as a government training policy:

"[...] we have many advances in this training process, but not in the speed and ease that we wanted." (E2)

"Pro-Health was not adopted as a training policy, a change in the training process." (E2)

"At times, the municipal secretariat itself did not quite understand its role as a manager of continuing education." (E2)

"The tutor is compensated and the trainee supervisor isn't. Then in some ways this ends up creating a problem, because they question why one gets paid and the other does not." (E1)

"[...] up to now, there is little understanding on the part of teachers about what the Curricular Guidelines describe". (E2)

"Most people (teachers) do not know what is written in the [Propet] project." (E5)

The lack of institutional mobilization hampers the process of curricular reform and change in professional training in health because without institutional support, the courses do not have the necessary availability to achieve the set goals, and the poor articulation between the courses and with patient service makes theory-to-practice processes impossible, along with integration between courses and teaching / service (FRENK et al., 2010).

The studies of Bomfim, Goulart & Oliveira (2015) and Toassi, Souza, Baumgarten & Rossing (2012) demonstrated that the students and teachers did not know about the institution's own curricular framework or that the document was not made available by the institution. The question is asked: how is it possible to train health professionals based on the precepts of SUS / public health and according to the national curricular guidelines, if the teachers, students and / or health services do not have the guiding documents of the training that governs them?

The observed mismatch can be reversed within the health training institutions when they recognize the policies that promote health education as an incentive to meet the objectives of the curricular guidelines and SUS, and the support of the academic community regarding related legislation.

The health education teacher needs to think outside the box and become a change agent. Therefore, attitudes such as knowing the curriculum, legislation governing health education, different approaches to education, raising awareness about Lifelong Learning, engaging in the teaching-research-extension triad, and adopting innovative assessment tools are

necessary to develop critical and reflective students (Bravo, Cyrino & Azevedo, 2014).

The process of educational reform is slow to change, since changing requires procedural steps and time so that advances can be assimilated and understood by the people in the system so that the necessary changes can take place. So recognizing the importance of constant curricular evaluation is a relevant precursor to the need to change (Toassi, Souza, Baumgarten & Rossing, 2012).

- Lack of interdisciplinary experience

Promoting the integration of content across disciplines was identified as a limitation to be overcome:

"It is difficult for the teacher to do what is on paper, promote interdisciplinarity, promote content integration, more effective integration." (E3)

There is a hypothesis that organizing the curriculum in disciplines prevents and / or hinders the process of interdisciplinarity, since the areas of knowledge are separated. And this disposition of knowledge in a fragmented state tends to apply the same fragmentation to technical, curative and biological training (Rodrigues, Rocha, Anjos, Cavalcante & Rozendo, 2013; Silveira & Garcia, 2015).

The student is conditioned to traditional teaching, which presents difficulties in the interdisciplinary and multidisciplinary relationship required for health training. Normally, there is a preference for theoretical and specific subjects throughout their undergraduate course, with little acceptability of activities involving diverse knowledge or social-political issues (Leite, Rodrigues, Mendes, Veloso, Andrade & Rios, 2012; And Moraes & Costa, 2016).

- Lack of teaching/service coordination

The teaching / service interaction in some moments was impaired, because there is not always a supervisor in the practical field and / or a teacher who can implement a lesson plan in that context:

"... it is a little difficulty, the student has, to get a supervisor there in the practice, to receive the student, that they attend. Places of practice that really give people what they plan in the field." (E4)

Teaching / patient service articulation assists in the process of knowledge construction, without which it would not be possible to understand the practice and the dynamics of the work (Albuquerque et al. 2013).

Sobral (2014) carried out an analysis of the first innovative proposals of medical education at three IHEs in Brazil, in order to confirm if they were training doctors focused on health needs and the community scenario. It was noted that with regard to teaching-service articulation and community involvement in program planning and implementation, there was minimal or no community orientation in the three IHEs, denoting the difficulty of community and service interaction with the student's training process.

Fadel & Baldani (2013) analyzed the perception of graduates of the dentistry course as satisfactory and / or ideal (around 50%): integration among the course subjects, interrelation between basic and clinical subject knowledge, and articulation between theory and practice. From these results, it is possible to reflect that the health curriculum gradually shifts from a fragmented biological posture to an integrated and articulated curriculum. In this study, however, the result is still far from desirable.

- Lack of integration of policies / courses / knowledge areas

There was a difficulty in balancing the proposals of the policies that lead to reorientation of health education and of the curricular guidelines, with the actions, activities and / or disciplines of the courses, and with their areas of teaching / knowledge, even when these are included in the curriculum. Undergraduate courses and projects for changes in health education are still carried out in isolation:

"[...] the disciplines today have proposals for integration, but the teacher of that specialty still continues [the same]. We can not get this from the teacher." (E2)

"[...] each PET worked in isolation, although we had a meeting to give an account, to discuss, I do not know what, there was not an integration." (E5)

"[...] one realizes a little, the management part of the student is an objective that we have there. And we have evaluated that maybe we have to reinforce this a little more." (E4)

Leal, Melo, Veloso & Juliano (2015) and Fadel & Baldani (2013) also pointed to competency / health management skills as a gap in the training of IHEs. The justification for this deficit can be explained by the fact that curricula lack disciplines that recognize health professionals as managers.

Although the curricular proposals are based on policies that support health education and propose the integration of courses / knowledge, curricula in the institution's guiding curriculum document contain inclusive and shared proposals, but in practice they present a closed, specialized and alienated curriculum, which makes interaction between professionals and teamwork difficult (Almeida Filho, 2013, Pereira, 2017).

Almeida Filho (2013) pointed out several difficulties to be overcome in higher education in health in Brazil such as: little knowledge and commitment on the part of SUS; understanding of multiprofessional teamwork, integration of interdisciplinary knowledge, weak humanistic training, little maturity for professional practice, resistance to change, among many other difficulties, which makes possible the pre-existing status quo of care of the current health system (Almeida Filho, 2013).

- Lack of teacher training

In the question of teacher training, respondents mentioned the difficulty of dealing with active teaching methodologies and of operating methods of distance learning:

"[...] teachers and students have difficulty accessing the platform (moodle)". (E3)

Although the use of computers and the internet is well established, there is still little familiarity with teaching methods and information technology. It is difficult to operationalize the virtual environments as learning tools under the prism of a reflexive movement, being still a challenge to be overcome (Lima, Feuerwerker, Padilha, Gomes & Hortale, 2015).

Most of the teachers were trained with a technicist Cartesian context, which makes it difficult for teachers to respond to the demand of the national guidelines and the reorientation policies of health education:

"Although he had followed the guidelines, it was a curriculum that caused estrangement in the teacher, because the teacher did not see it, he had knowledge that was very fragmented, he was very specialized and he did not know how to integrate this knowledge [...]. Teachers have a lot of curativist view of practice." (E2)

"[...] transforming a curriculum that is ongoing is not easy, for the training of the faculty". (E4)

Health courses in Brazil are historically marked by the flexnerian concept, in which there is a focus on the hospital-centric, curativist, and biological performance. This historical root is found in some places embedded in the training model that teachers and students still use, they present difficulties to accept a training model that is based on an interdisciplinary and multidisciplinary learning process (Mendonça, Cotta, Lelis & Carvalho Junior, 2015; Silveira & Garcia, 2015). Initiatives of teacher training seek a paradigmatic rupture of new teachers, trainers, and academic community.

- Lack of diversity in practical training scenarios

The diversification of practical scenarios does not happen as desired because of the course load:

"One of the main weaknesses we have is the diversification of practice scenarios, because there aren't enough hours in the course." (E2)

The academic community, in constructing health curricula, should adjust the hours of practical activities and seek to diversify practice scenarios, since these help in the student's theoretical / practical understanding and resourcefulness in future professional activities. Subsequently, it can carry out permanent education in areas of greater relevance or that were not sufficiently exhausted during undergraduate (Nóbrega-Therrien, Souza, Pinheiro & Castro, 2015).

Potentialities in the development of reorientation programs in health education

When implementing the programs of reorientation of health education in the IHE studied, it was also possible to verify potentialities during this process, such as teacher training, student participation, teaching / patient service articulation, good teacher /

student relationships and institutional support. Some of these also presented under certain characteristics as a limitation and / or a possibility in the development of the programs.

- Facilitation of teacher training

The financial aid provided by these training programs was an important benefit for activities such as workshops, consultancies and training:

"The issue of the financial support of the program has helped us, in relation to providing workshops and some kind of consultancy." (E1)

The teacher training was presented as a facilitator of the process of change in health education, through stimulating leaders who stimulate others:

"[...] a lot of the actions of Pró-Saúde were made by teachers, who believed in this very process of change." (E2)

"Ease is always the issue of leading a group of teachers who believe these changes were necessary." (E3)

The purpose of Pró-Saúde was to financially subsidize teacher education, through workshops, consultancies, courses, among others, so that teachers have a mastery of pedagogical approaches such as innovative teaching methodologies and evaluation methods. This is done with the goal of redefining the teacher's preconceived way of teaching, becoming the facilitator of the teaching-learning process and no longer the holder of knowledge (Brazil, 2005).

Ferreira, Fiorini & Crivelaro (2010) obtained reports similar to those found in this research, in which the teacher emerged as a facilitator of the training process for the public health system. The authors identify the importance of the search for teachers who stimulate their students to build knowledge from the search for information, readings, reflections and criticisms that lead the student to remedy problems in situations found in reality, that is, the teacher will act as a facilitator in the construction of teaching-learning process.

- Participation of scholarship students

The programs of reorientation of health education were shown as an incentive to the training of students, therefore, as they offer projects with fewer hours:

"[...] are scholarship programs ... which require a shorter student load in relation to a scientific initiation or extension." (E1)

The students linked to the programs of reorientation of health training obtained new practical opportunities for knowledge and the required workload was enough to contribute to the formative development of the student, without cutting into other curricular activities (Brazil, 2005, Brazil, 2008).

- Teaching/service coordination

The IHE studied always had good articulation with health services and this movement for change in health education brought gains for both. The institution inserted PET-Health students into patient service and the teachers were able to get closer to the health care system. The service received more students to help with work, and training courses were given to the professionals in the field, increasing the articulation of teaching / patient service:

"We trained our students together with the service practitioners. The students go there, help with the work, learn from the practitioners." (E5)

"I think that several teachers have been able to articulate better within the health system." (E5)

"I think that at that first moment, it was even a lack of understanding of the dimension of what a SUS (public health) educator is... Today, this is more established, now there's a public health school." (E2)

The national guidelines focus professionals on the reality of the current health system, and this objective is only possible when professionals know the functioning, policies, professionals and community present in the public health context (Brazil, 2001).

The effectiveness of learning is mediated by the action and execution of the practice. The opportunity to work within the health service from the start of health careers education stimulates the learning built in the classroom and gives room to the students to learn, observing patient service and the performance of the professionals and, as they gain skills, begin to perform activities in the service with degrees of complexity according to the skills developed, a fact that contributes to the development of autonomy

throughout the training (Brazil, 2001; Leal, Melo, Veloso & Juliano, 2015).

The Municipal Health Secretariat, with policies that support the reorientation of health education, set up a public health school in order to promote continuing education for its own health professionals, as reported by the coordinator of the course, which demonstrated the institution's concern to adjust the care provided according to the needs of the current health system.

The teaching-service interaction is fundamental, since technical competence alone does not guarantee the specificity necessary for social issues and the integral approach of the subject. And the health service provides the student with opportunities to effect the theory / practice relationship in addition to the specifics of working in the field (Silveira & Garcia, 2015).

- Good student / teacher relationships

The student / teacher relationship was a facilitator of the process, because it contributes to learning:

"The relationship with the students is very good overall, we are close, that I think helps. This informal learning is very important. " (E5)

The establishment of the student / teacher relationship assists in learning, with pleasant spaces, respect, and with good dialogue, they form bonds and academics feel open to discuss not only learning issues, but to position themselves as change agents in training, with suggestions for improvement and development for the course (Toassi, Souza, Baumgarten & Rossing, 2012).

The process of reformulation of the training is composed of a group of people who believe that changes in teaching strategies are necessary. It is not possible to effect the reorientation of training without the interaction of individuals, groups, and / or social actors within the process, so good involvement among them, interpersonal relationships are of great relevance for overcoming the fragmentation of teaching (Lima, Feuerwerker, Padilha, Gomes & Hortale, 2015).

- Institutional Support

In dealing with institutional support, the first Pro-Saúde rule was the one that brought the greatest incentive, and provided articulated activities:

"The first Pro-Health edict [...] had greater institutional support. We have had much more strength in the sense of doing joint activities. " (E2)

According to the interviewees' reports, the policies that led to the reorientation of health education obtained greater institutional support at the outset, and later the leadership suffered a loss of strength and / or lack of motivation on the part of social actors. It is essential to the role of leaders and the academic community to support IHEs in the process of curricular reform and / or changes in this area, in order to motivate its leadership, characterized in its majority by members of the academic community (Pereira, 2017; Moraes & Costa, 2016).

Moraes et al. (2019) found, when they realized the perception of the actors involved in the ProPet-Saúde on the curricular restructuring of undergraduate courses in health careers at the Federal University of Goiás, health training demonstrated its multifactorial character, pointing to aspects of infrastructure, respect for the time to change, actors stimulated to improve, and appropriation of existing policies with translation into current curricula, these programs being important for reformulation of health education and support for the continuity thereof in IHEs.

Conclusion

When analyzing the interviews with the course coordinators, two major categories: challenges and potentialities, emerged from the development of the Pró-Saúde and PET-Saúde programs in the IHEs studied.

Challenges involved insufficient time / workload of teachers and students, insufficient institutional mobilization, lack of interdisciplinary experience, articulation of teaching / patient service, and integration of policies / courses / areas of knowledge and teacher training. And there was potential for teacher training, academic scholarship participation, teaching / service articulation, good student / teacher relationships and institutional support.

It can be seen that the articulation of teaching / service and teacher training appeared in both categories, both as a limitation and as a potentiality. It is possible to infer that these factors go through an implementation process and that in some situations,

they presented as a limitation to be overcome or a potentiality that aided in curricular reform anchored in health training reorientation.

When reflecting on the aspects found as challenges and potentialities of the execution of Pro-Health and PET-Health in the IHE studied from the perspective of the course coordinators, we can see that while the aspects found are of local relevance, they also coexist in other institutional realities, since many of these characteristics are described in literature, and in other IHEs in Brazil.

It was verified that the implementation of these training programs is still in development and could not meet all the requirements detailed in its foundational documents. The values, historicity, assimilation, socio-political issues, among other reasons not yet clarified, must be considered, and it is necessary to perform further studies of this nature, with a view to health education that is closer to reality by the national guidelines and SUS / public health principles.

And from the potentialities found, it is necessary to support the continuity of these programs through institutional and governmental involvement, for these proposals to continue and contribute to the improvement of health training.

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Author Contributions

Moraes, B.A. was responsible for the theoretical structuring, collection and analysis of the research data. This article in question was written by her and this article is one of the products of her master's thesis. Costa, N. M. S. C. was a master's degree instructor, responsible for the general writing of the project, and assisted in the treatment and analysis of the data. He assisted both in writing the article and in his review.

Conflicts of Interest

No financial, legal, or political conflict involving third parties (government, business and private foundations, etc.) was declared for any aspect of the work submitted (including but not limited to grants and funding, participation in advisory council, study design, manuscript preparation, statistical analysis, etc.).

References

- Albuquerque, G. S. C., Torres, A. A. R., Nascimento, B., Martin, B. M., Gracia, D. F. K., Orlando, J. M. M., ... Perna, P. O. (2013). Educação pelo trabalho para a formação do médico. *Trabalho, educação e Saúde*, 11(2), 411-430. Recuperado de <http://www.scielo.br/pdf/tes/v11n2/a09v11n2.pdf>. doi: [10.1590/S1981-77462013000200009](https://doi.org/10.1590/S1981-77462013000200009)
- Almeida Filho, M. N. (2013). Contexts, impasses and challenges for training Public Health workers in Brazil. *Ciência e saúde coletiva*, 18(6), 1677-1682. Recuperado de <http://www.scielo.br/pdf/csc/v18n6/19.pdf>. doi: [10.1590/S1413-81232013000600019](https://doi.org/10.1590/S1413-81232013000600019)
- Bodgan, R. C., & Biklen, S. K. (1994). *Investigação qualitativa em educação: uma introdução à teoria e aos métodos*. Porto: Porto Editora.
- Bomfim, M. I., Goulart, V. M. P., & Oliveira, L. Z. (2014). Teacher education in health: assessment, issues and tensions. *Interface: comunicação, saúde e educação*, 18(51), 749-758. Recuperado de <http://www.scielo.br/pdf/icse/v18n51/1807-5762-icse-18-51-0749.pdf>. doi: [10.1590/1807-57622013.0974](https://doi.org/10.1590/1807-57622013.0974)
- Costa, N. M. S. C. (2007). Docência no ensino médico: porque é tão difícil mudar? *Revista Brasileira de Educação Médica*, 31(1), 21-30. Recuperado de <http://www.scielo.br/pdf/rbem/v31n1/04.pdf>. doi: [10.1590/S0100-55022007000100004](https://doi.org/10.1590/S0100-55022007000100004)
- Fadel, C. B., & Baldani, M. H. (2013). Percepções de formandos do curso de odontologia sobre as Diretrizes Curriculares Nacionais. *Trabalho, educação e saúde*, 11(2), 339-354. Recuperado de <http://www.scielo.br/pdf/tes/v11n2/a05v11n2.pdf>. doi: [10.1590/S1981-77462013000200005](https://doi.org/10.1590/S1981-77462013000200005)
- Ferreira, R. C., Fiorini, V. M. L., & Crivelaro, E. (2010). Formação profissional no SUS: o papel da atenção básica em saúde na perspectiva docente. *Revista Brasileira de Educação Médica*, 34(2), 207-215. Recuperado de <http://www.scielo.br/pdf/rbem/v34n2/a04v34n2.pdf>. doi: [10.1590/S0100-55022010000200004](https://doi.org/10.1590/S0100-55022010000200004)
- Fonseca, G. S., & Junqueira, S. R. (2014). Programa de Educação pelo Trabalho para a Saúde da Universidade de São Paulo (Campus Capital): o olhar dos tutores. *Revista Ciência e Saúde Coletiva*, 19(4), 1151-1162. Recuperado de <http://www.scielo.br/pdf/csc/v19n4/1413-8123-csc-19-04-01151.pdf>. doi: [10.1590/1413-81232014194.00192013](https://doi.org/10.1590/1413-81232014194.00192013)

- Gil, A. C. (2008). *Métodos e técnicas de pesquisa social*. São Paulo: Atlas.
- Leal, J. A. L., Melo, C. M. M., Veloso, R. B. P., & Juliano, I. A. (2015). New reorientation spaces for healthcare education: students' experiences. *Interface: comunicação, saúde e educação*, 19(53), 361-371. Recuperado de <http://www.scielo.br/pdf/icse/v19n53/1807-5762-icse-19-53-0361.pdf>. doi: [10.1590/1807-57622014.0107](https://doi.org/10.1590/1807-57622014.0107)
- Leite, M. T. S., Rodrigues, C. A. Q., Mendes, D. C., Veloso, N. S., Andrade, J. M. O., & Rios, L. R. (2012). O Programa de Educação pelo Trabalho para a Saúde na formação profissional. *Revista Brasileira de Educação Médica*, 36(Suppl.1), 111-118. Recuperado de <http://www.scielo.br/pdf/rbem/v36n1s1/v36n1s1a15.pdf>. doi: [10.1590/S0100-55022012000200015](https://doi.org/10.1590/S0100-55022012000200015)
- Lima, V. V., Feuerwerker, L. C. M., Padilha, R. Q., Gomes, R., & Hortale, V. A. (2015). Ativadores de processos de mudança: uma proposta orientada à transformação das práticas educacionais e da formação de profissionais de saúde. *Ciência e saúde coletiva*, 20(1), 279-288. Recuperado de http://www.scielo.br/pdf/csc/v20n1/pt_1413-8123-csc-20-01-00279.pdf. doi: [10.1590/1413-81232014201.21992013](https://doi.org/10.1590/1413-81232014201.21992013)
- Mendonça, E. T., Cotta, R. M. M., Lelis, V. P., & Carvalho Junior, P. M. (2015). Paradigms and trends in higher education: the action research methodology as a teacher education strategy. *Interface: comunicação, saúde e educação*, 19(53), 373-386. Recuperado de <http://www.scielo.br/pdf/icse/v19n53/1807-5762-icse-19-53-0373.pdf>. doi: [10.1590/1807-57622013.1024](https://doi.org/10.1590/1807-57622013.1024)
- Minayo, M. C. S. (2013). Trabalho de campo: contexto de observação, interação e descoberta. In M. C. S. Minayo, S. F. Deslandes, & R. Gomes. *Pesquisa social: teoria, método e criatividade* (pp. 61-78). Petrópolis: Vozes.
- Minayo, M. C. S. (2014). *O desafio do conhecimento: pesquisa qualitativa em saúde*. São Paulo: Hucitec.
- Ministério da Saúde. Ministério da Educação. (2007). *Programa Nacional de Reorientação da Formação Profissional em Saúde – Pró-Saúde: objetivos, implementação e desenvolvimento potencial*. Brasília: Autor. Recuperado de http://bvsm.s.saude.gov.br/bvs/publicacoes/07_0323_M.pdf
- Moraes, B. A., & Costa, N. M. S. C. (2016). Compreendendo os currículos à luz dos norteadores da formação em saúde no Brasil. *Revista da Escola de Enfermagem da Universidade*, 50(n. esp.), 9-16. Recuperado de http://www.scielo.br/pdf/reeusp/v50nspe/pt_0080-6234-reeusp-50-esp-0009.pdf. doi: [10.1590/S0080-623420160000300002](https://doi.org/10.1590/S0080-623420160000300002)
- Moraes, B. A., & Costa, N. M. S. C. (2018). A implementação de programas de reorientação da formação em saúde em uma instituição de ensino superior no Brasil. *Atas Congresso Ibero-Americano em Investigação Qualitativa*. Fortaleza, CE, Brasil, 7. Recuperado de <https://proceedings.ciaiq.org/index.php/ciaiq2018/article/view/1832/1783>
- Moraes, B. A., Sousa, L. M., Menezes, I. H. C. F., Queiroz, M. G., Costa, N. M. S. C., Guimarães, M. M., ... Ferreira, B. J. (2019). Avaliação do Impacto dos Programas de Reorientação Profissional em Cursos da Área da Saúde. *Revista Brasileira de Educação Médica*, 43(2) 122-129. Recuperado de <http://www.scielo.br/pdf/rbem/v43n2/1981-5271-rbem-43-2-0122.pdf>. doi: [10.1590/1981-52712015v43n2rb20180162](https://doi.org/10.1590/1981-52712015v43n2rb20180162)
- Nóbrega-Therrien, S. M., Souza, P. M. M., Pinheiro, F. M. C., & Castro, V. S. (2015). Profissional no SUS: o papel da atenção básica em saúde na perspectiva docente. *Revista Brasileira de Educação Médica*, 39(1) 112-118.
- Parecer nº 1.133, de 7 de outubro de 2001*. Dispõe as Diretrizes Curriculares para os cursos de graduação de Enfermagem, Medicina e Nutrição.
- Pereira, A. (2017). Avaliação e reformulação de currículo: relações que se (des)encontram na prática. *E-curriculum*, 15(2), 293-324. Recuperado de <https://revistas.pucsp.br/curriculum/article/view/13597/23097>. doi: [10.23925/1809-3876.2017v15i2p293-324](https://doi.org/10.23925/1809-3876.2017v15i2p293-324)
- Portaria interministerial nº 1.802, de 26 de agosto de 2008*. Institui o Programa de Educação pelo Trabalho para a Saúde – PET-saúde. Recuperado de http://bvsm.s.saude.gov.br/bvs/saudelegis/gm/2008/pri1802_26_08_2008.html
- Prado, M. L., Del vale, A. M. Q., Ortiz, L. G. C., & González, E. L. (2008). El diseño en la investigación cualitativa. In M. L. Prado, M. L. Souza, & T. E. Carraro. *Investigación cualitativa en enfermeira: contexto y bases conceptuales*. Washington: Organización Panamericana de La Salud, 1-20.
- Resolução nº 466, de 12 de dezembro de 2012*. Aprova as diretrizes e normas regulamentadoras de pesquisas envolvendo seres humanos. Recuperado de http://bvsm.s.saude.gov.br/bvs/saudelegis/cns/2013/res0466_12_12_2012.html
- Rodrigues, J. A., Rocha, L. S., Anjos, D. S., Cavalcante, L. P. F., & Rozendo, C. A. (2013). Tendências Pedagógicas: conflitos, desafios e perspectivas de docentes de enfermagem. *Revista Brasileira de Educação Médica*, 37(3), 333-349. Recuperado de <http://www.scielo.br/pdf/rbem/v37n3/05.pdf>. doi: [10.1590/S0100-55022013000300005](https://doi.org/10.1590/S0100-55022013000300005)

- Silveira, J. L. G. C., & Garcia, V. L. (2015). Curricular change within dentistry: meanings according to the subjects of the learning. *Interface*, 19(52), 145-158. Recuperado de <http://www.scielo.br/pdf/icse/v19n52/1807-5762-icse-19-52-0145.pdf>. doi: [10.1590/1807-57622014.0530](https://doi.org/10.1590/1807-57622014.0530)
- Toassi, R. F. C., Souza, J. M., Baumgarten, A., & Rosing, C. K. (2012). Avaliação curricular na educação superior em odontologia: discutindo as mudanças curriculares na formação em saúde no Brasil. *Revista da ABENO*, 12(2), 170-177. Recuperado de <https://revabeno.emnuvens.com.br/revabeno/article/view/120/111>. doi: [10.30979/rev.abeno.v12i2.120](https://doi.org/10.30979/rev.abeno.v12i2.120)