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MASTER THESIS

“The process of implementation of the integrated curriculum in a health technical school in light of the representations of teachers and student evaluation”

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ABSTRACT

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This paper examines the development of key activities that reflect the perspective of teachers and students about the integrated curriculum adopted by the ETESB's nursing technical course, using bibliographical and documentary research and qualitative and quantitative approaches as well, correlating historical and institutional context with concepts related to curriculum theories and education of professional technical level in Brazil. Predominantly qualitative in nature, this research works with content analysis of interviews with teachers and posterior triangulation of this information with quantitative data obtained by processing the responses of students in a semi-structured questionnaire. The result of this analysis provided the definition of three categories: place of the subjects of the learning, the link between theory and practice and evaluation practices. From the analysis of these categories was observed that teachers do not see themselves as individuals who share responsibility for planning activities and other duties provided by the curriculum, as well as keeping their school practices in accordance with the social representations provided by the traditional method, which means neither they nor students work with the problematization, being clear also the absence of an institutional project of evaluation. By exposing an overview of current curriculum practices in this course, this study proposes the construction of new pathways starting from the subjects's participation in the planning of activities and also the teaching qualification through the building of courses that use active methods compatible with those that teachers must apply in the School.

Key Words: Integrated Curriculum, Nursing, Professional education of technical level, Problematization, Teacher Development

Presentation

This study is based on educational research in health technical teaching developed at the Technical School of Health in Brasilia.

While performing the tasks of Nursing Technical Course Coordinator at Health Technical School of Brasilia [ETESB], I have been steady and deeply mobilized, since the activities that I do require and also enable the expansion of my theoretical horizons regarding the processes teaching and learning and, in particular, involving the mission that the institution has to work in formation to perform in the health field.

By working with other teachers, I had and still have the opportunity to realize certain level of discomfort when issues related to the collective construction of the integrated curriculum are addressed. In spaces such as class councils, meetings with teachers and during the weeks of teaching at the beginning of each semester, this issue arises indirectly or as a focus for discussion and questions, in short, as a challenge to be faced. So when writing this dissertation, I glimpsed the opportunity to deepen my knowledge in various dimensions of Integrated Curriculum and the implication of the same in the pedagogical processes of the School.

The curriculum of nursing technical course was changed in 2007 and since then there has been no formal study on the impact generated by this new curriculum in the practice of teachers and students. Although this proposal has to be considered as established, I have observed questioning by teachers and even lack of knowledge about the same, and I realize the lack of motivation for the use of active methodologies in practice in the classroom.

The group of teachers of this course is mostly composed of nurses, but with the collaboration of a multidisciplinary team, among these, a nutritionist and a psychologist. Although the theoretical referential of the integrated curriculum adopted in the School provide the teaching-service-community integration, the professionals [that work in health facilities] and users are not the focus of this study. The lens with which I will focus this work will lead to a look at the various areas that compose the integrated curriculum of the school and intends to support future discussions questioning whether what was proposed is being experienced in the school.

1.1. Historical context of the Institution

The Health Technical School of Brasilia [ETESB] constitutes organ of the professional education at technical level in various types in the health area. It was created in November 1960 by the Executive Council of the Federal District Hospital Foundation [FHDF] with the name of School of Nursing Assistants of Brasilia [EAEB].

The school had a significant role in the nursing field in early 70s, in part because of the school's participation in the working group on technical nursing education of Latin America in Washington, USA, at the invitation of the Pan American Health Organization [PAHO / WHO], at which time the activities in ETESB became, in fact, reference to several countries, **placing the school as a standard model for Latin America** (Silva & Carvalho, 1991).

Currently, ETESB is directly subordinated to its sponsor, the Foundation for Research and Education in Health Sciences [FEPECS], linked to the State Department of Health (Opinion no220 CEDF, 2002) and develops work according to national curriculum guidelines for professional education at technical level in the health system of the Federal District [DF]. The School works with formation of people in technical level and continuing education courses for health workers, such as refresher courses in medication administration, technical level of expertise in the Family Health Strategy, among others.

According to experience report of Farinasso (2003) it was constituted in the year 1999, in compliance with teaching legislation prevailing [Law 9394/96- new LDB 2208/97- Decree regulating the Vocational Education and Resolution - CEDF in 02/98], a committee for the development of new organizational documents of ETESB, including the School Regiment, the Pedagogical Proposal and Curricular Matrix of courses, including the course Practical Nursing.

From the work of construction of these documents by the committee and relying on participatory discussion of the school community, the author recounts the approval of their deployment in classes scheduled for the second half of 1999. With the amendment of the School Regiment was possible to expand the goals and mission of ETESB, which allowed the school to work not only with the provision of formation courses, but also courses of qualification, requalification and professional reinsertion of youth and adults to the labor market in health.

Regarding Curriculum Matrix, the group structured making an option for modularization of courses, that first time in two distinct modules, and still tied to a grouping of disciplines. It is worth noting, in Module I, the Core Basic Health, later called Common Core of Health Area , which allowed

the operation of mixed classes with students of all ETESB's courses at the time, with disciplines that develop in the student the common basic competences to all health professionals at the technical level (Farinasso, 2003). The historical significance of this fact is that currently, even after all the changes of the school curriculum, with the separation of the classes, the structure of the module I School remains common to all courses.

In 2001, ETESB presented to the Board of Education of the Education Department of the Federal District a new draft of School Regiment. The aim was to initiate the adaptation of documents of this School to the Law of Guidelines and Bases [LDB] and the National Curriculum Guidelines [DCNs] for the technical professional education level. With the redesign, we sought to include new proposals for the teaching-learning practices and, consequently, were mounted training courses for teachers of the school in order to understand this new proposal.

The current Pedagogical Proposal [PP] results from the 2006 formulation approved by the Board of Education of the Federal District [CE-DF] in 2007. We adopted a new curriculum, which sought to integrate teaching-service-community as an expression of cultural identity of the school and should be operationalized by adopting active methods of teaching and learning. It was a "learn to solve and resolve to learn" whose main purpose would be to enable meaningful learning, which would contribute to the development of general and specific skills of a student-professional embedded in their social reality and subject to its transformation, or in other words, the development of competences would transcend the technician approach to seek the formation of a professional more reflective (ETESB, 2007a).

1.2. The professional education in Brazil and teacher formation for this area

The Brazilian educational system is regulated by the Law of Guidelines and Bases of National Education [LDB], Law 9394/96. In this context, the term was introduced mid-level professional education considering the integration of this "different forms of education, labor, science and technology [...]" (Brazil, 1996, ch. III, art. 39).

Ten years later, in 2006, a symposium was sponsored by the National Institute of Educational Studies [INEP / MEC] and the Department of Professional and Technical Education of the Ministry of Education [SETEC / MEC] that supported, among other discussions, recovery the discussion on the training of teachers for professional and technological education (Technical School Network of Unified Health System [RET-SUS], 2011). In this context is highlighted an impasse generated by Article 63 of the LDB on ways of enabling teachers to this area, leading to the interpretation that "teacher formation programs for people with advanced degrees can qualify for teaching" (RET-SUS,

2011 , p.14). The direct consequence of this is the fact that professional graduates in various areas, including health, work in the formation of a technical level without being prepared for this task:

[...] Nurses, doctors, biologists, who have dominated the field level scientific degree, but will act in an course technical level. And besides, they do not have the pedagogical approach to be teachers. (RET-SUS, 2011, p.18)

Whereas the training of middle level technicians in health is a critical component of an effective national health policy that meets the demands of the population, we must highlight among several factors, the importance of a formation plan for teachers who will work in this context. A project created by the government in 1999 which required a lot of teachers in the nursing area was the Project for professionalization of Nursing Workers [PROFAE] (RET-SUS, 2011); despite the many important developments of PROFAE to brazilian health, a brief mention in this text aims to expose a weakness of the processes of teacher formation in the area of professional education that remains today:

The fact is that there has never been a policy for teacher formation and then the emergency solutions predominated. Today, there is not enough teachers to give sustainability to the educational boom of professional education provided by PRONATEC [National Program for Access to Technical Education and Employment] and PNE [National Education Plan 2011-2020] (RET-SUS, 2011, p. 15)

Each school must seek alternatives to improve the quality of education, including the qualifications of its faculty. Given that these teachers are also subjects of pedagogical action, we can understand how these, steeped in the institutional and pedagogical culture of the school, build their professional identity (Santos, 1997). Moreover, if we understand the development of a team as a wide range of activities that institutions use to renew or assist teachers in their roles, we can assume how much knowledge and teacher involvement with the school curriculum can interfere with the processes of teaching and student learning (Steinert, 2008).

In general, this discussion about the changes in the process of training in health came under some Brazilian universities and Latin America from the UNI program [A New Initiative in Health Professional Education: Union with the Community], adopted in 1992 by universities, health services and community organizations from 11 countries in Latin America, supported by the Kellogg Foundation (Feuerwerker and Sena, 2002). This program had the intention in through these changes, incorporate knowledge and technology to adult education, which resulted in the introduction of methodologies that would promote active learning, student-centered and the adoption of flexible curricula (Bordenave and Pereira, 1993). From experiments in undergraduate courses in Nursing, among them, Marilia [FAMEMA] and Londrina [UEL] Feuerwerker and Sena (2002) reported the adoption of integrated curricula, organized into interdisciplinary modules with the predominant use of active methodologies for teaching and learning.

1.3. From the Declared Curriculum to the Taught Curriculum

1.3.1. Theoretical referential about curricula

In general we can say that a curriculum is a pedagogical and institutional plan to guide student learning in a systematic way (Davini, 1983). This view is quite generic and can cover a multitude of learning concepts that guide the curriculum.

Still referring to the author, a way to synthesize and organize the main forms of curriculum organization would subdivide them into Formal Curriculum, Curriculum for Subjects [or Interdisciplinary Curriculum] and the Integrated Curriculum. There will be a brief mention of the first two, but the main focus will be given to integrated curriculum, since the nursing technical course of ETESB works with this modality.

In the proposal of a formal curriculum, school education basically consists of an institutional process of transmitting knowledge and inclusion of socially accepted values, where the main feature is the formalism in this case can be defined by: (a) a transmission of knowledge once they have been divided in disciplines, (b) an isolated study of the problems and processes of concrete social context in which they occur, (c) learning by accumulating information obtained in books or processed by other.

Given the limitations and criticisms related to this curriculum model, especially due to the distance between the educational institutions and professional practice, a new model, the interdisciplinary curriculum was incorporated in the reality of some institutions (Davini, 1983), representing a significant contribution in pedagogical terms, for bringing the first concepts related to active teaching methods, where what is encouraged in students is not passive memorization of data but the research and understanding of the issues.

Davini (1983) argued at the time a new model that would in the future be defended by several researchers in the area of education, to the mention that the problems and their possible solutions should always be associated with the socio-cultural environment in which this process develops; this model, so called integrated curriculum emerged as a pedagogical plan that articulates dynamically work and teaching, theory and practice, teaching and community.

The Davini's position is consistent with the context of the new sociology of education in the 1980s, in which the curriculum is understood as "the mechanism through which knowledge is socially distributed" (Sacristan, 2000, p.19), more than therefore, the curriculum includes "the ways in which society selects, classifies, distributes, transmits and evaluates the educational knowledge that will greatly influence the distribution of power and the principles of social control" (Bernstein, 1980, p.47).

By addressing the functions of compulsory education and professional education, Sacristan (2000) emphasizes the social dimension of the curriculum which emphasize that this involves

peculiarities and differences of the social and pedagogical reality created around these functions throughout history.

Exposing multiple perspectives in education, Posner (2004) went beyond a search for a unique and real meaning to the word curriculum, he took into account that there is not only one type of curriculum to be considered, but in fact five types: the official, the operational, the hidden, the null and the extra; in this study will be contemplated a brief discussion of the first three types mentioned.

The official curriculum covers the basic guidelines and the curriculum matrix that it will serve as a guideline for teachers and other actors involved in the educational process, directing them, for example, in lesson planning.

The operational curriculum is directly related to what is actually taught by teachers in the classroom, in practice, it takes into account two main aspects: the content and emphasis given by the teacher in the classroom and the learning outcomes for which students are accountable.

But the hidden curriculum is not usually documented in an official manner by the Schools - nevertheless Giroux and Purpel (1983) argue that it may have a more profound and durable impact on students for bringing up issues related to socio-institutional habits, such as: gender, power relations in the workplace or even who has the right to make decisions and what types of knowledge that are considered legitimate.

Complementing this line of debate, Sacristan (2000) explains the stages in the objectification of the meaning of curriculum: the prescribed curriculum, the curriculum presented to teachers, curriculum shaped by the teachers, the curriculum in action, the curriculum undertaken and assessed curriculum.

It is worth noting the phase in which the curriculum is shaped by teachers, because according to the author these act as "translators" who intervene in the configuration of meanings of the curriculum proposals; another important event happens during the curriculum in action, when it becomes evident how the practice goes beyond the purposes of the curriculum for a variety of interactions that occur therein.

Besides the type of curricula already mentioned, we can mention another classification brought by Harden & Dent (2009) in order to complement what has been exposed here. According to the authors, the declared curriculum is that it was planned and documented in the institution, while the taught curriculum is what happens in practice, in other words, this concept corroborates with what we discussed in the last paragraphs; as well as Posner (2004), they also mention the hidden curriculum, encompassing the informal learning that is not related to what is taught, but that is generally widely

incorporated by students, especially in times of Professional Practice in Service [PPS]. For didactic purposes, this study will adopt the classification proposed by Harden and Dent.

One of the key points of this discussion is that we can conclude that all characterizations defended by these authors have in common the fact that there is always a curriculum that is planned and prescribed and another that takes place in practice. Taking this point into consideration, this study will seek to establish a link between the proposed curriculum for nursing technical course and what is currently in progress.

1.3.2. Curricular structure of the nursing technical course of ETESB

Regarding the methodological referential of the curriculum adopted in the courses of ETESB, it is possible to tell from reading the Pedagogical Proposal (ETESB, 2007a), it is clear that this institution would adopt active teaching methods aiming at the problematization as well the teaching-service-community integration as an "expression of intentions and representations of the school in the production of its cultural identity." In this new context:

The teaching methodology adopted must therefore contextualize and put into action the learning, through theoretical-practical activities, developed in the school environment and in different educational and practical spaces, developed under the supervision of teachers in the health facilities at SES-DF, in different institutions and in the community. (ETESB, 2007a, p.8)

In consonance with the guidelines for high school and professional formation set by the Ministry of Education (ETESB, 2007a, p.9), the curriculum of the courses offered by ETESB is modularized. The modules correspond to the priorities of the professions in the health technical area into the labor market and were organized keeping in view the general and specific professional competences of the qualifications offered.

The modules consist of thematic areas, which are collections of educational units (Appendix E) that compile the various topics on which pedagogical activities are based on. There are two phases of work within these educational units in each area: the concentration and dispersion. The first consists mainly of theoretical-practical activities and the second, the educational practices and professional practice in service equivalent to supervised curricular training, as explained later in this chapter.

According to information from the Nursing Technical Plan Course of ETESB (2007b), the curriculum adopted by ETESB was organized into modules that correspond to the respective professions in the labor market. The first module, as already mentioned, consists a common core of the area of health, in other words, it worked the same way in all the courses at school and has no terminality, nor certification, its main purpose is to provide conditions for that subsequent modules are better availed.

The modules II and III have terminality, giving the student the certification of nursing assistant and nursing technician respectively. These modules seek to contemplate "the theories and practices specific to the profession, general knowledge related to them and the attitudes and skills common to the area of nursing and the world of work" (ETESB, 2007b, p.7). Based on this concept we sought to integrate in each of the curriculum components of this course, three dimensions: competence, skills and technological bases.

Concerning the declared curriculum of the School, the understanding of professional competence is exhibited in their pedagogical proposal (ETESB, 2007a, p.6) as "the ability to articulate, mobilize and put into action values, knowledge and skills necessary for the efficient and effective performance activities required by the nature of the work. "In this same proposal, knowledge is understood as knowledge and from that point, the concept of what will be the skills is related to know-how "that transcends the merely motor action" and, moreover, it also allocated a value for the attitudes that are expressed in the form of know-being that is guided in judging the relevance of the action, in work quality, in the ethics of behavior, in the participatory and supportive living and in other human attributes such as initiative and creativity. (ETESB, 2007a)

The technological bases were set to support the skills and abilities required of the health professional and organized into guiding themes [content] of the activities developed in the technical nursing course. For Ramos (2002) the designation of the technological bases occurs when the subject content are no longer an end in themselves and constitute inputs for the development of skills, adding concepts, principles and processes.

According to Machado, L. (2009) it is necessary to ask the prospect of an integrated curriculum what it integrates. Initially, according to the author, this curriculum incorporates the goals and objectives of the school teaching practices effectively making them concrete.

The choice of integrated curriculum follows this way, the principle of coordination required among teaching, service and community, and has the following objectives: (i.) to enable the interaction between teaching and professional practice (ii.) integrate theory and practice; (iii). advance the construction of theory from practice exercise; (iv.) seek specific and unique solutions for different situations; (v.) to integrate teacher-student in investigating and in the search for clarifications and proposals; (vi.) adapt the curriculum to the local reality and to the cultural standards of the DF's [Federal District] community (CNE / CEB no16/99, 1999).

In order to achieve these goals, we adopted some teaching strategies that emphasize the principles of interdisciplinarity and contextualization. "The first seeks an integration of different disciplines or areas of knowledge in activities and study projects , research and action;, the second concerns the problematization of various situations encountered in the workplace." (ETESB, 2007b).

More than that, the contextualization within the teaching-learning process is compared to literacy, because provides or teach the conditions for people to read the world as a whole and not only the words (Freire, 1975). Corroborating with this idea, Machado, L. (2009) argues that you should consider the various dimensions of student's life and social practices that are inserted when working with a contextualized pedagogical practice; the aim would be to understand these students as subjects of their own formation process, thereby contributing for their release and their transformation into critical subject. According to the author, the contextualization would give centrality to the theory-practice relationship, integrating diverse areas of knowledge and developing the skills of observation, experimentation and reasoning.

Knowledge is not anything other than the general result of internalization of the various information which subjects articulate, integrate and synthesize from its interchange with the environment and social practices which they live. Contextualize therefore means linking educational processes to social processes, school and life, school curriculum and local reality, theory and practice, education and work. (Machado, L., 2009, p.9)

Based on these concepts has been proposed in the Course Plan (ETESB, 2007b, p.8) that the nursing technical course would be operationalized through:

Theoretical-practical activities: are developed in the classroom and laboratories, during moments of concentration, always seeking the development of skills and abilities. "The classes are based on active methods, using problematization and encouraging the implementation of activities which are dynamic, participatives and integrated at the service."

Educational practices: can be performed both in moments of concentration as in dispersion. Aiming awakening of "capacity for socialize and communicate in a teamwork, the preparation and execution of projects and the exercise of responsibility and solidarity", it would be selected the necessary resources in an environment previously prepared (or even in a work environment) were provided students a greater learning in real work situations, in other words, the "learning by doing" can favor within the scope of professional practice, the acquisition of skills and abilities.

Professional practice in service [PPS]: in the context of the Integrated Curriculum adopted by the School, it is equivalent to the supervised curricular internship and is developed exclusively in times of dispersion. The sites for the development of this practice are the facilities of SES-DF.

The educational concept of integrated curriculum for the operationalization of the ETESB courses as a way to effectively link education to work, makes the service environment is both a learning ground as practical exercise, adopting an educational process that emphasizes learning by discovery, through the methodological action of problematization. (ETESB, 2007b, p.39)

Bringing more details about the teaching strategies used in the modules provided by the structure of the curriculum, they are organized as follows:

- ❖ Module I: worked not only for technical nursing course; has a content organization and propositions common to other courses of the School. There is no professional terminality in this module [no certification], minimum conditions are provided for harnessing in subsequent modules. Covers the context, approach and sizing the social profile of the health technician and their assignments within the multidisciplinary team of basic network of the Unified Health System [SUS].
- ❖ Module II and Module III: basically consist in developing areas and educational units that seek to develop skills in forming, respectively, the nurse and the nurse technician "in the promotion, education, restoration of health, prevention and disease control. "Beyond what has already been described, it is observed an important difference between the two modules in the sense that the module II, the student works only in the organization of the work process in nursing, while the third and final module, he is awarded the construction capacity planning of public health and management of nursing work.

Having exposed the Declared Curriculum of the ETESB, we can get an understanding of how is the taught curriculum in this school. The knowledge of the curriculum by teachers and students allows the pedagogical project is questioned, improved and executed in the best conditions possible, which allows the learning both individual and institutional maturity. The study of ETESB is of importance for the uniqueness of it is a school within a health department with curriculum guidelines aimed at the use of active methodologies.

The aim of this study is to analyze the correspondence between the declared curriculum and the taught curriculum through the study of the development of key activities from the perspective of students and teachers at ETESB.

Chapter 2 – Methodology

This chapter on description of methodological route contains some basic elements that Rudestam and Newton (2007) define as three subsections: subjects or participants of the research, instruments or measures used, and procedures.

To reach the goal in this study, it was conducted a documentary research related to theoretical and institutional framework in which is based the Nursing Technical Course. In addition were used qualitative and quantitative methods with subsequent triangulation of data. I highlight the fact this work have a descriptive character predominantly qualitative with a complementary step with quantitative data.

In order to verifying the level of knowledge about the Integrated Curriculum and know the factors that may affect adherence of teachers as to its use, were asked six teachers who work in nursing technical course, subdivided into four nurses, a male nurse and a nutritionist. The inclusion criteria of these teachers were the fact that they constitute the totality of faculty members currently and know all the students participating in this research. There were other teachers working in this course until the beginning of the year 2012, especially in the graduating class, however, these teachers were transferred to other service units of the SES-DF or drifted away for health reasons, which characterized this condition as a criterion for exclusion of the sample.

The instrument used for the qualitative research with teachers was the interview, each of the six teachers was voluntarily submitted to an interview after the signing of a Statement of Free and Informed Consent (Appendix B), which contemplates the ethical dimension of this study. According Lüdke and Andre (1988) is important to be mindful to the character of interaction that permeates the interview, because there is a reciprocal influence between the questioner and the respondent, especially in interviews that are not fully structured.

For the script of this interview, we designed a semi-structured questionnaire (Appendix A) composed for five categories: (1) Joint planning of curricular activities, (2) education-service articulation, (3) Collective construction of knowledge through the problematization; (4) The relationship between theory and practice, (5) Evaluation. In order to verify the clarity and understanding of the instrument, the questionnaire was submitted [to criterion for pretest] for reading by three teachers in the area of professional education that would not be included among the subjects.

After defining the format of the final series of interviews, these were conducted with six teachers and then each of them was transcribed by the interviewer. To Lüdke and André (1988), when speaking in an interview should be recognized as something that surpasses the limits of technique and depends heavily of the qualities and skills of the interviewer.

The interviewer needs to be aware not only (and not rigidly, especially) to the pre-established script and the verbal responses what will obtain during the interaction. There is a whole range of gestures, expressions, intonations, nonverbal cues, hesitations, changes of pace, finally, all nonverbal communication whose capture is very important for understanding and validation of what was actually said. (Lüdke & André, 1988, p.36)

To analyze the texts produced by the transcripts of the interviews, was chosen content analysis [CA] that according Caregnato and Mutti (2006) is one of the main methods for working with this type of text resulting from education research, the authors argue, also that the CA is usually done by the method of deduction or frequential analysis by thematic categories: the first "consists of enumerating the occurrence of the same linguistic sign (word) that is repeated frequently [...] not worrying about the meaning contained in the text, nor the difference in meaning between a text and another "(Caregnato & Mutti, 2006, p. 683). The analysis by thematic categories "tries to find a number of

meanings that the encoder detects by indicators connected to it [...]" (Pecheux, 1993, p.65). Whereas in this study the focus of qualitative research will not focus in the statistical treatment will be used only the last aspect mentioned.

Laurence Bardin, the author who will be the main theoretical referential of the qualitative part of this research, says that the CA "is a set of techniques for analysis of communications in order to obtain, for systematic and objective procedures to describe the content of the messages, indicators [quantitative or not] that allow the inference of knowledge concerning the conditions of production / reception [inferred variables] of these messages "(Bardin, 2004, p.37).

In describing the technique of CA, Bardin lists three major steps within the Organization of the Analysis: (i) Pre-analysis, (ii) Exploration of Material, (iii) Treatment and Interpretation of Results Obtained. In this study, the first step was accomplished using procedures such as immersion in the text [by reading floating]. In the second stage, the raw data text were coded by clipping and aggregation allowing to achieve a representation of the content; usually these exploration procedures "[...] operate according to the deductive process and facilitate the construction of new hypotheses" (Bardin, 2004 , p.93); At the time of analysis, themes emerged, meaning units that the author states "which are released naturally from a text analyzed according to criteria relating to the theory that serves as a guide for reading" (idem, 2004, p. 99). After conducting the thematic analysis, were built the cores of meaning. In the third and final step were made some inferences which led the development of some categories that consist "in the classification of the elements according to their similarities and by differentiation, with subsequent reunification, due to common characteristics" (Caregnato & Mutti, 2006, pag.683).

The group of students was divided between a group of newly graduated that we call egresses [25 students] and another of beginners [36 students who started the course in 2012]. The methodological approach was quantitative research. After developing structured questionnaire (Appendix C) using the Likert scale [1-5] and total of 28 questions based on the same five domains used in the teacher interview script and performing a pretest with students from other courses, the instrument was applied to students along with the intention of identifying the problems experienced by those in their learning process and contribute to the effective implementation of the integrated curriculum at the school.

The application of questionnaires took place in two stages: one in the egressed students class and in other class of beginners; at the end were answered 20 and 35 questionnaires respectively, due to the absence of some students in both classes, which configured the exclusion of these students of the sample. All ethical dimensions were respected, students have previously received the Statement of

Free and Informed Consent (Appendix D) and responded to the questionnaire within the time they thought necessary.

The next step was to tabulate the data obtained in these surveys with the help of SPSS statistical program that generated twenty-eight graphs and tables related. For discussion were prioritized 12 graphics with higher significance being an analysis of data based on the percentile of students concordance observed in each of five variables.

Chapter 3 - Results

3.1. Students

In quantitative research, the results arising from the research were obtained after processing the data obtained from the questionnaires students using SPSS 18. These data were organized according to the five domains used. Whereas the group of beginners have not yet participated in the PPS [internship], the statements of the questionnaire answered by this group and that were related to the internships were not analyzed, there was a predominance of the marker number 3 [Likert Scale]: "Undecided / Does not matter."

3.1.1. Joint planning of the activities

Most students disagreed when asked if fully participate in the planning of curricular activities of technical nursing course. From the data collected it was evident that this disagreement became more marked in the group of egresses, although the group of beginners also follows this pattern.

Approximately 70% of graduates disagreed with the statement that they were informed about the participation in the planning, while group students who entered the course in 2012 reported receiving information more than 60% of cases.

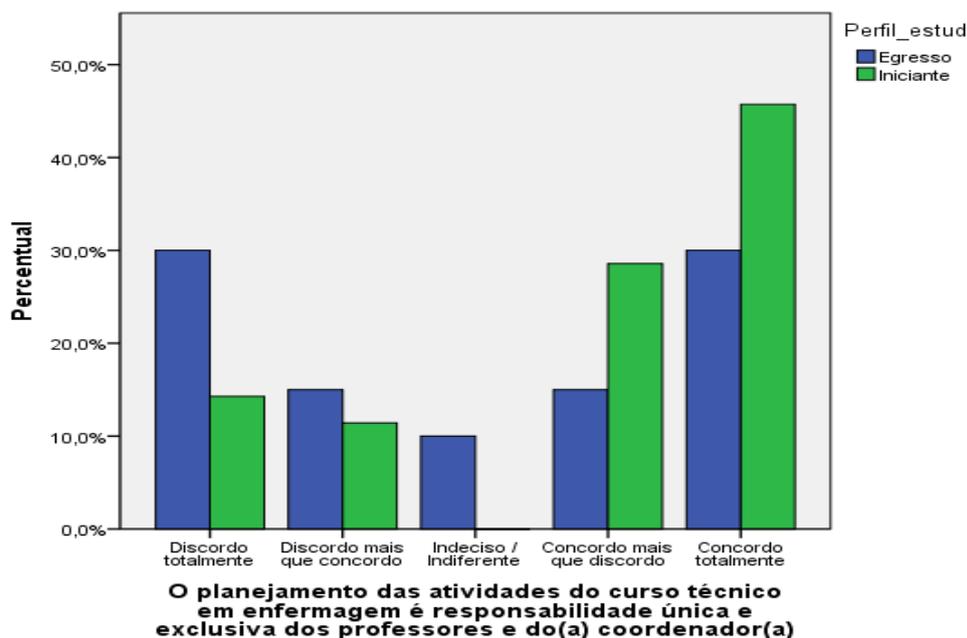
The planning activities for the technical nursing course were seen as the sole responsibility of teachers and coordinator by more than 70% of students beginners (Chart 1).

3.1.2. Education-service articulation

All egresses and most beginners believe that the fields of internship is to apply the techniques learned in school. Despite not having lived the experience of PPS, just over half of the course beginners believe that, on stage, the student puts into practice everything learned in the classroom and laboratories. As for the egresses, about 95% partially or totally agree with this assertion. Claim, too, almost entirely, what the experience in the fields of internship is useful for finding solutions to

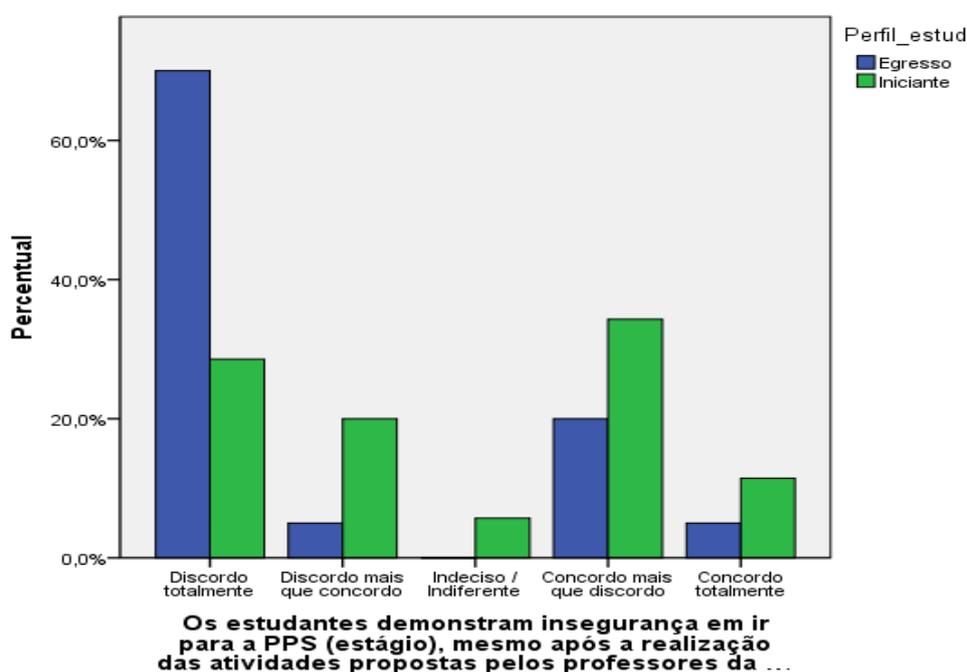
improve health services. Furthermore, most of egresses [almost 80%] agree somehow that teachers promote during the internship, discussion with students about how students can improve health services.

Chart 1: Level of agreement on the responsibility of planning activities



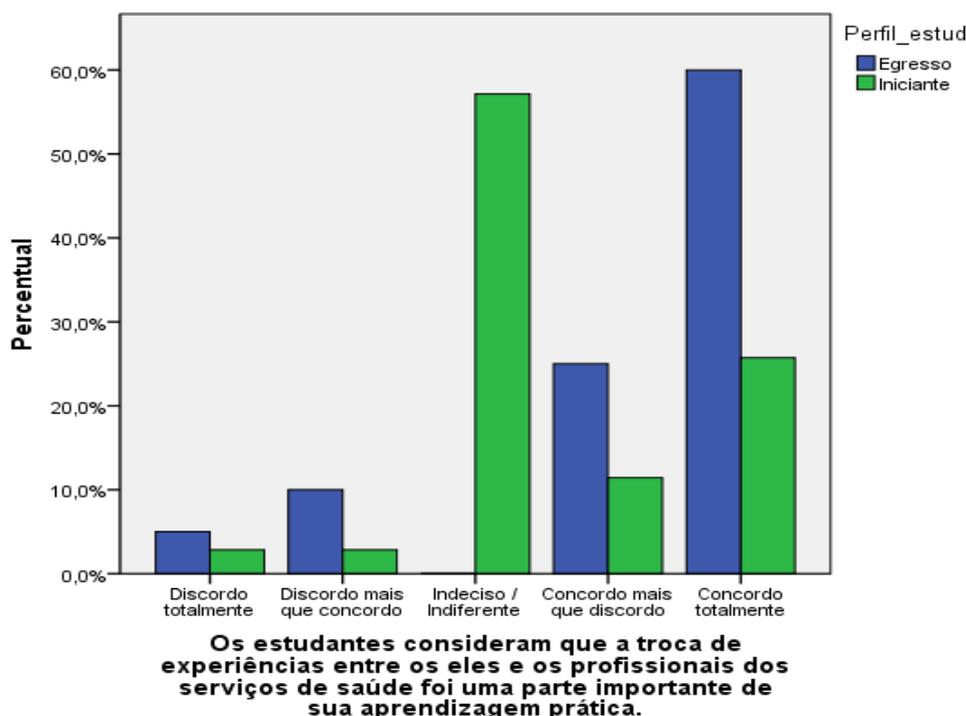
A significant number of egresses [over 60%] feel safe to go to the stage after performing activities proposed by school teachers (Chart 2). However, it was observed that more than half of egresses agree more than disagree on the proposition that there is a difference between what they learn in school and what is done in reality of health services.

Chart 2: Comparison of the degree of insecurity in the realization of the PPS



By addressing the issue of exchanging experiences occurring in health care between professionals and students, we will consider only the responses of egresses that in this statement, showed high agreement rates, in other words, most of these students believe that this exchange of experiences was one important part of their learning practice (Chart 3).

Chart 3: The importance of exchanging experiences between students and professionals



3.1.3. Collective construction of knowledge through the problematization

Most students, both egresses as beginners disagree with the assertion that study only the content that teachers address classroom. Nevertheless, a significant number of egresses [30%] agreed that studying only what teachers prepare and teach, trusting that it will be enough for their good formation in the course. (Chart 4).

A large quantity of egresses and beginners, 50% and 40% respectively disagree completely using only the textbooks received in the school to study the contents learned in the classroom; draws attention, however, that a significant part of beginners [about 40%] admitted that they do so. The majority of egresses and almost all beginners were categorically agree with the statement that they research other materials in the library and / or internet to supplement your learning.

The responses were quite heterogeneous when students were asked about their use in small group activities in the classroom. Although the level of agreement diverse, most of them, especially egressed students, believed to be useful.

Chart 4: Degree of confidence of students as the value of the content given in the classroom.

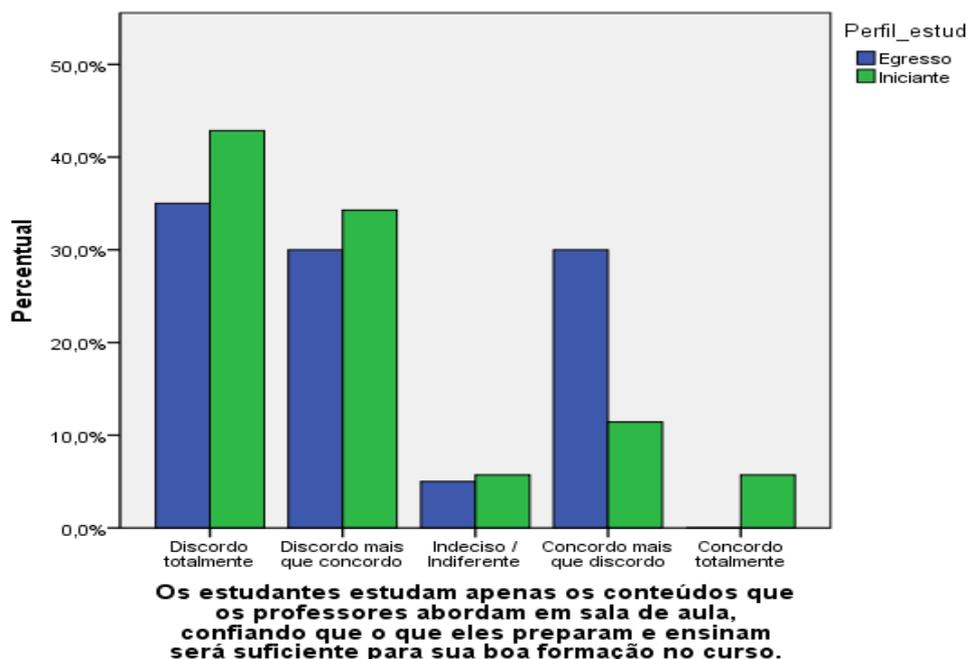
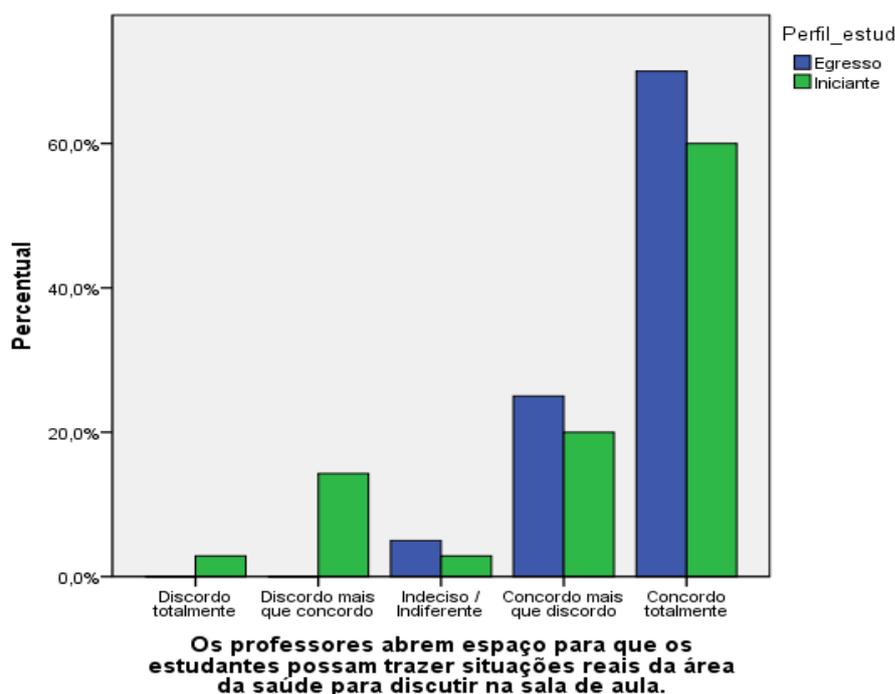


Chart 5: High level of agreement on the space provided by teachers in the classroom to discuss real situations of health brought by students

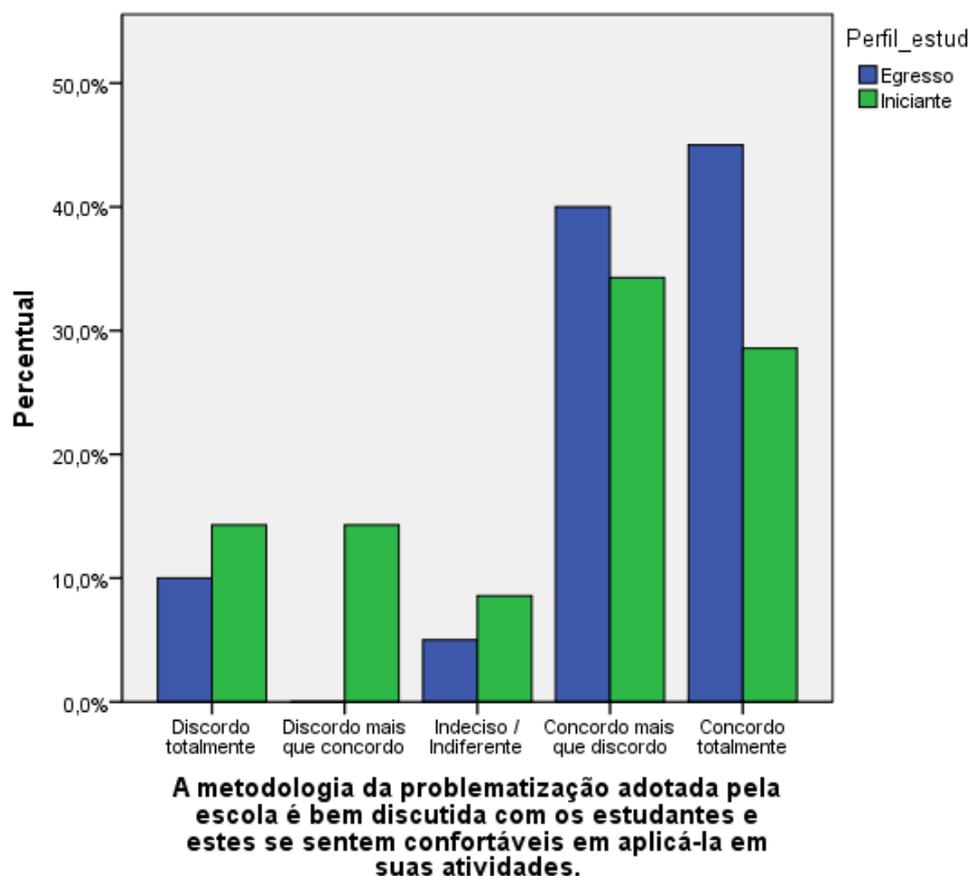


Most students agree that teachers make room for them to bring real situations in the health field for discussion in the classroom. However, a small quantity of the group of beginners [almost 20%] disagrees, either partially or completely (Chart 5).

In the opinion of most of the former students and beginners, teachers can link the new content that they teach the knowledge that students already possess.

The vast majority of students, both egresses [about 85%] as beginners [about 65%], believe they know well the problem methodology adopted by the school and feel comfortable in applying it in their activities (Chart 6). However, most of the students surveyed believe that learning is to apply the knowledge that the teacher transmits in class (Chart 7).

Chart 6: Using the methodology of problematization according students's vision.



When asked about the participation of ETESB students in building a problem to be discussed, it were observed results rather divergent in both groups. A significant portion of egresses and beginners [approximately 30% each group] proved undecided / indifferent to this issue. However, an important difference between the responses of beginners and egresses was observed: more than half the starters are in variables "Strongly Disagree" and "Disagree more than agree" while the responses of 50% of the other group are the variables "I agree more than disagree" and "Strongly Agree" (Chart 8).

Large part of egresses strongly disagree that arguing the problems they face instead of the teacher to teach is a waste of time, in other words, they value the possibility of participation in the classroom. On the other hand, the group of beginners, despite the levels of agreement and diverse, mostly agree [nearly 60%] that the teacher should teach instead of discussing with students about these issues.

Chart 7: Level of student agreement regarding the application of knowledge transmitted

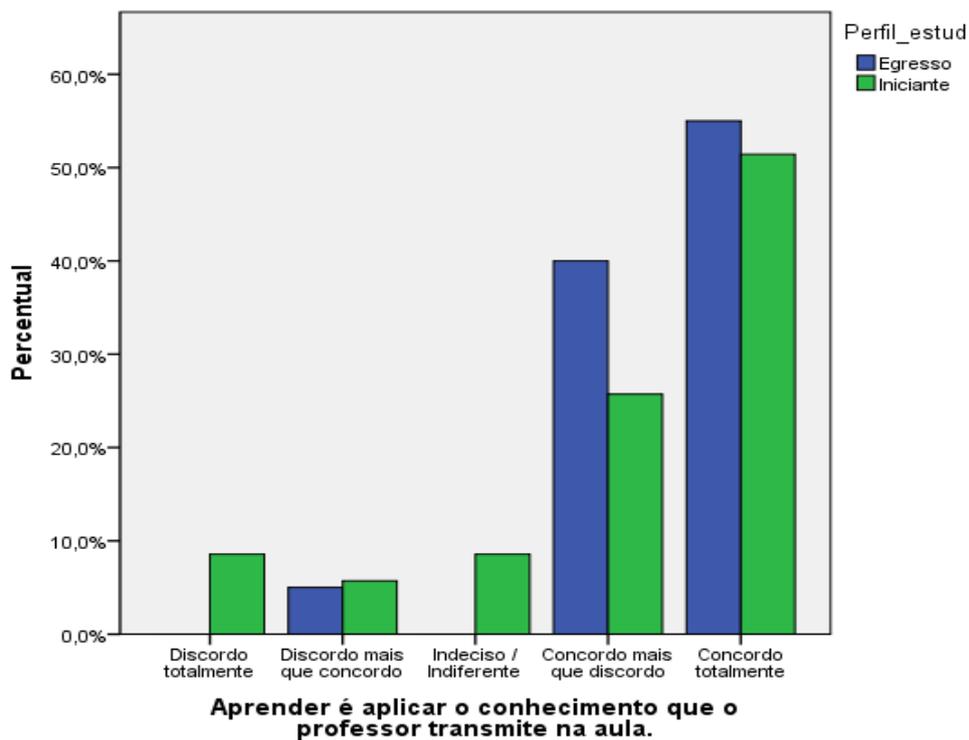
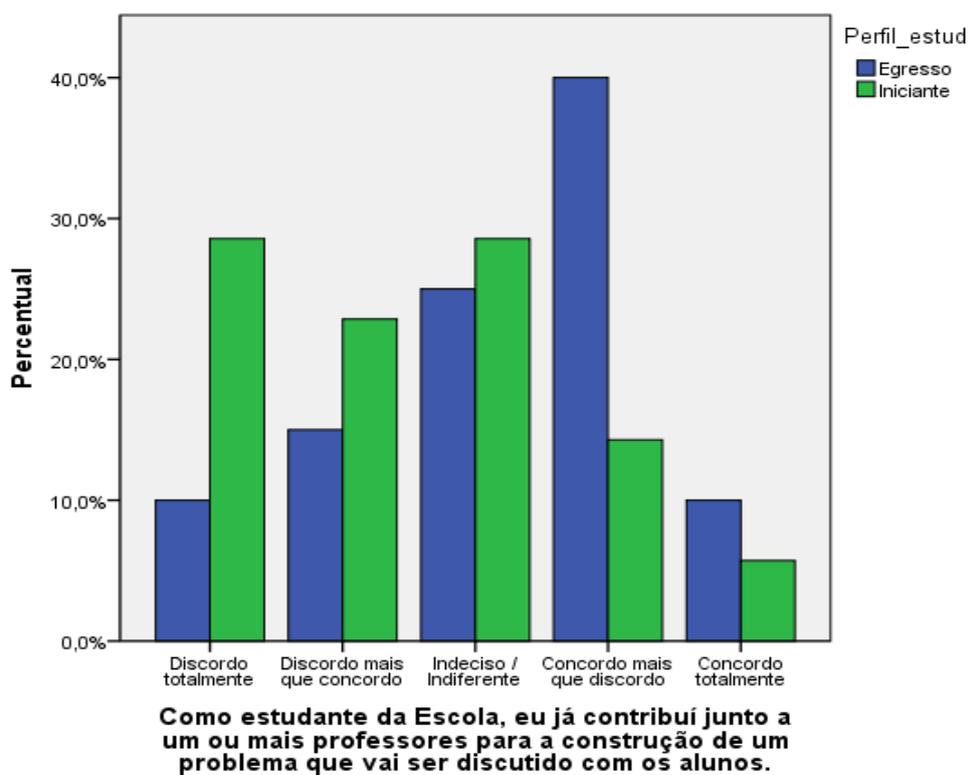


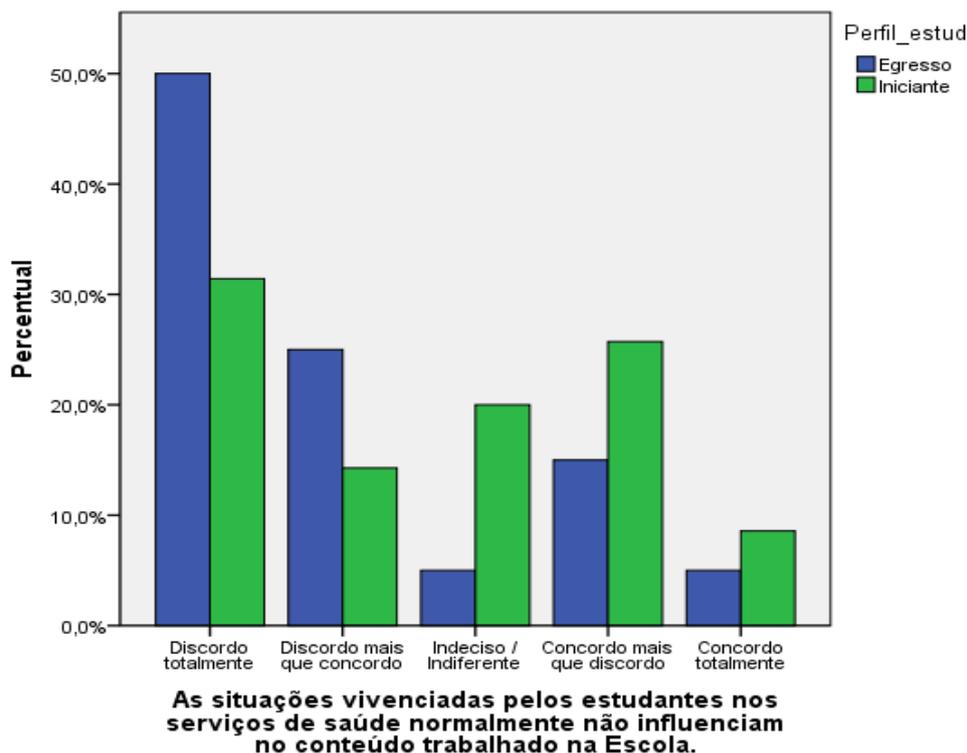
Chart 8: Level of agreement on the student contribution in the building of problems



3.1.4. Relation between theory and practice

It is evident that most of the students participating in the survey agreed that teachers of ETESB correlate the theoretical content shared in the classroom with the needs of health services in the city, and the vast majority, especially of egresses, disagrees that situations experienced by them in these services do not influence the content worked in the School (Chart 9).

Chart 9: Level of agreement regarding the influence of the situations experienced in services in the content worked at the school.



A significant number of egresses and beginners believe that the experiences lived by them during the execution of the activities proposed by the School contribute in the improvement of the course curriculum.

3.1.5. Assessment

About 90% of egresses and 75% of beginners agree that are evaluated during the development of educational units and not just at the end of them. The overwhelming majority of students agreed, partially or completely, as the assessment is made in the School is a teachable moment for them. (Charts 10 and 11).

Chart 10: Level of agreement on the conception of the assessment as learning

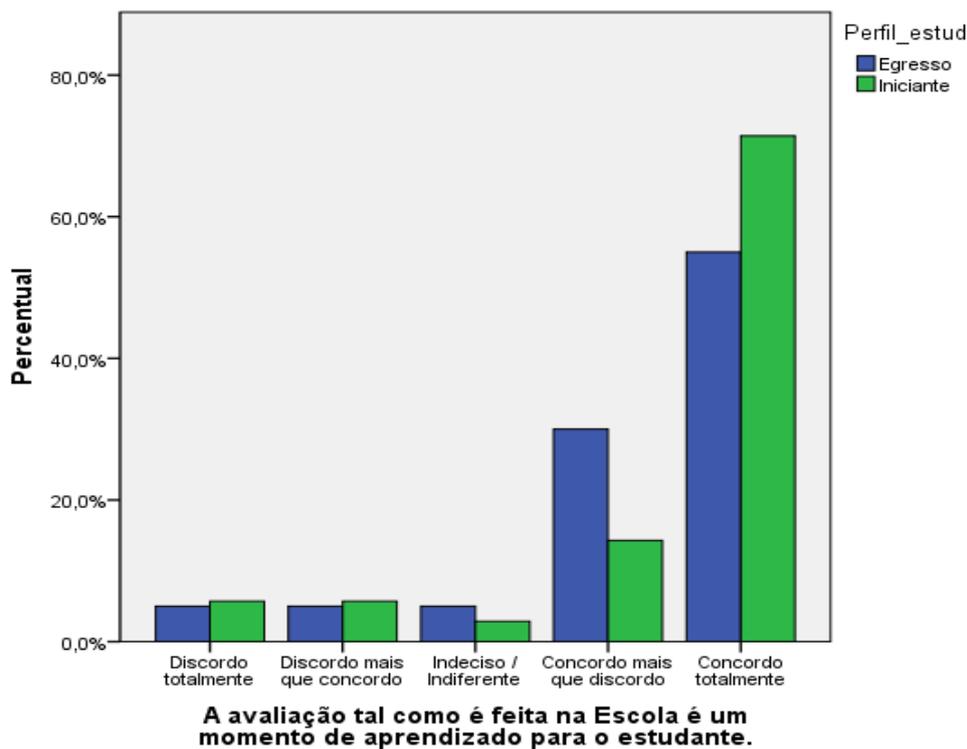
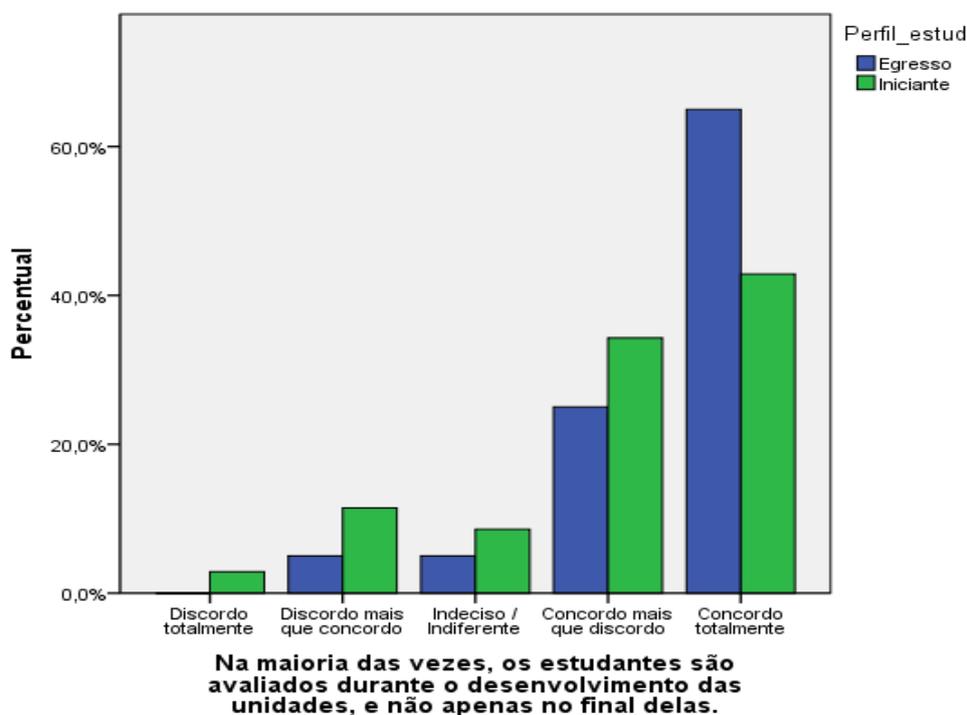


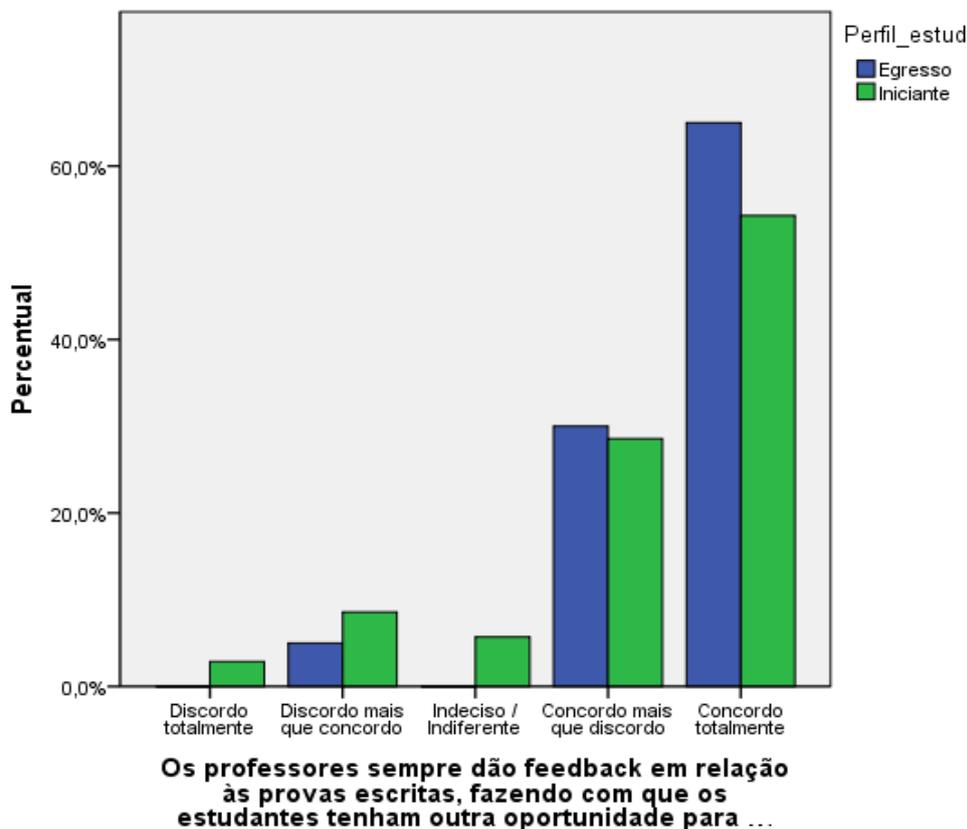
Chart 11: Level of agreement regarding the existence of formative assessment



The vast majority of students from both groups stated that the written assessments made throughout the Nursing Technical Course include all content provided by technological bases and worked by teachers in the classroom.

Less than 10% of each group of students [egresses and beginners] disagree that teachers always give feedback in relation to the written assessments, the vast majority agree that there is this feedback and it provides another opportunity for learning (Chart 12).

Chart 12: Level of agreement regarding the student feedback given by teachers



3.2. Teaching Staff

From the lighting of the themes that emerged from the speech of teachers, it was possible the elaboration of cores of meaning which subsequently led to the categories of this study. I chose to cite these cores descriptively, field by field, according to the interview guide used with teachers (Appendix A). A discussion of these results is described in Chapter 4.

3.2.1. Joint planning of activities

Question 1 - Do not participate in the planning / Lack of planning / Passivity.

Question 2 - Disputes Regarding the responsibility for planning / allocation centered course coordinator / Participation of more than an actor in the process of planning.

Question 3 - Attribution-centered in the course Coordinator / Assignment centered on the Management Courses / Planning activities considered strenuous activity or optional / Responsibility collegiate faculty.

3.2.2. Teaching-service articulation

Question 1 - Solidification / crystallization / consolidation of theoretical knowledge in practice; fields stages are essential for training, instruction / training before the student (in theory) / Entering service in early (stage) / Development of knowledge in various fields of practice.

Question 2 - The teacher should have interaction with service staff / faculty's responsibility for guiding the student and maintaining the quality of care provided to patients / Preparation of the student within the profile of SUS / Teachers should charge what they teach / Advantages and disadvantages of having the teacher acting in theory and in practice. / Administrative problem related to the fact that the same teacher work in theory and in practice. / Utility of the service as a place to develop practices.

Question 3 - Opportunity to use a more problematical in practice scenario / Training professional profile student through contact with other professionals.

3.2.3. Collective construction of knowledge through questioning

Question 1 - Difficulty in working with active methodologies due to conceptual deficit / verbalize using traditional methodologies / Teacher concerns knowledge about the questioning, but uses the traditional / The construction of health problems is made by teachers / Teacher unaware of the subject / Teachers unaware of the Pedagogical School / Lack of conceptual distinction between methodology and technical education.

Question 2 - Lack of theoretical knowledge on active methodologies and integrated curriculum / teachers admit they do not use the problematic / exchange knowledge incipient / Teachers demand for more meetings of collegial discussion about the curriculum / Teachers confirm that there is an exchange of knowledge between them / ignorance about what other teachers working in the classroom.

Question 3 - No exchange of knowledge between teachers and students, or there is so reduced prevalence of the traditional model / Teachers encourage students to pursue their knowledge / Teacher takes into account previous experience of training of students.

Question 4 - Affirm that various experiences of the students, not necessarily arising from the questioning, may contribute to the School / Teacher conceptualized as dynamic curriculum / student

participation by assessing procedural / Understanding the real question, he described the current situation of Course / Curriculum from an example offered in a public contest.

3.2.4. Relation between theory and practice

Question 1 - The experience in health services provides practical examples that help in the planning of the theoretical contents / The teacher must be aware of new practices in health in order to meet the needs of the services / Current Model School is centered largely in teaching content / Inclusion of service managers in planning lessons / The School is in a time of transition methodology.

Question 2 - Most teachers would agree that content changes as outlined / One of the teachers think that the course is a little "cast" methodologically / Teachers cited examples of situations in which changed the content due to external demand, coming a need for service at the time recalls that this initiative is not institutional, depends on the teacher / School is not properly connected to the reality of services.

3.2.5. Assessment/Evaluation

Question 1 - All teachers mentioned the theoretical evaluations written / Use of practical assessments, diagnostic purposes or skills assessment / Little reference is made to the assessment made by teachers in the PPS / The tutorial system is used as an assessment tool by some teachers, but there is no pre-defined criteria concerning this modality / dimensions ethical attitudes are considered at some point, but I think there is an idea that is not clear how to balance all the dimensions involved in the evaluation, apparently lacking criteria agreed / Question X objectivity of subjectivity. Is there any assessment that does not involve subjectivity?

Question 2 - Feeling of frustration against the teachers of underperforming students / Use of different types of assessment from laboratory to places such as in the fields of internship / Preference for the use of case studies in written assessment rather than issues of a more content/ Need to balance the assessments theoretical and practical / Greater ownership over other forms of assessment, not only the domain that are active methodologies adopted by the School.

Question 3 - Teacher never heard of summative assessment / Teachers find it difficult to apply this type of assessment due to lack of knowledge about the subject / Summative assessment used as a criterion of progress in the course / Summative assessment made at the end of the modules, but the concept is still very open / summative assessment as a result of the evaluation at all stages, all places of learning, so will be assessed if students achieved the goals and skills / summative assessment would

be that the student be able to absorb the theory to use in practice would be the accumulated knowledge.

Question 4 - About the concepts related to formative assessment was also observed very different definitions of a group of teachers to another. More general, few respondents mentioned that this assessment is made over the course modules, taking into consideration not only the theoretical evaluations and practices, while providing for the inclusion of other criteria such as student participation, their posture in the classroom with colleagues, teachers, patients, and others, which means, giving visibility to issues that go beyond the mere technicality student training and encompass a more human dimension of the training provided by the axis of the Know-being.

Question 5 - Using the PPP and Plan of course the external evaluation / Respondents mentioned issues related to external evaluation, based on what is currently in school and in their professional experiences / Regarding the composition of this group of external evaluators, the answers of respondents were the most varied possible. Some defended the inclusion of representatives of all segments of the school community.

Chapter 4: Discussion of Results

After a successive grouping of cores of meaning found in the analysis of all dimensions contained in the interviews with teachers, three categories were defined: the place of the subject of learning, theory-practice relation and assessment practices. Complementing the discussion within these categories, we conducted a content analysis of triangulation with quantitative data generated by the questionnaires applied to students.

4.1. The place of the subject

4.1.1. The place of teachers in curriculum planning

It was observed that the majority of teachers reported not having participated in curriculum planning, some being more emphatic in deny participation without even explain the reason for their absence, while others justified it by having a lower workload at school. In one of the reports, there was even the perception of apparent lack of clarity about what would be this planning because the respondent answered haltingly who had participated without completing his answer. In a broader context, it can be said that the most of teachers demonstrated certain passivity in this process.

A common point quoted by them was the importance of the participation of the coordinator of the course, having had, however, great divergence regarding to who has the responsibility for this

process. Some teachers have cited the need for the participation of the pedagogical and courses managers, even if one docent has qualified as indirect the participation of these managers and has addressed that the teachers participate together with the coordinator.

The statement between the lines of a teacher that there is **not** an effective planning of the activities: "... I cannot visualize a planning, I can see the thing going on and you executing ..." (dD) allows relating the participation of teachers in planning to the opinion they have about the planning process. In the same line, I highlight another opinion that despite the coordinator to be responsible, there were no significant changes in planning activities, only minor adaptations: "... there is a tendency to copy the previous one, because it is a course that already has its format ..." (dE).

Regarding the allocation of teacher responsibility for curricular activities planning, it was also observed a well-differentiated pattern of responses of teachers. Although the integrated curriculum formally adopted by the School has theoretically as a premise the joint planning of these activities and collegial responsibility on this process, only one of interviews had a story consistent with what is expected of this curriculum, dividing responsibility between coordinator, teachers, managers and including, in an ideal context, the participation of students, users of health services and health professionals. There was more than one case in which the teacher has restricted the responsibility to the coordination of the course bringing a centralizer point of view about the process; in these cases, the participation of other actors would be merely optional or in order to assist the coordination in a laborious and exhausting work, and not as a core activity of teaching and learning. There were also those who blamed the Management of Courses for this process, referring discontent due to disorganization in planning activities for the Nursing Technical Course, which means, in this case, the teacher not even sees himself as co-responsible for this activity.

By analyzing the strategies for implementation of the ETESB's courses, provided by the Pedagogical Proposal [PP] (ETESB, 2007a), we find in the description about the teaching staff only the formation required to work in the school and the effective link in the framework of SES-DF; in no time is mentioned the responsibility of these teachers in a strategic planning. In this proposal, the pedagogical supervision and guidance are described as allocation of the Manager of Courses, technical coordinators of each course and a member of the Center for Educational Guidance, while the coordination of the curricular preparation/reform and monitoring the operation of curricula is a Pedagogical Manager responsibility. Sacristan (2000, p.31) suggests that "the role of teachers is conditioned by the role assigned to them in curriculum development." Thus it is possible to understand that the responsibility of the teacher in planning curricular activities and in the administrative and educational management is not explicit in the PP School, just suggested:

The ETESB adopts the principle of participatory management, promoting discussion of new work proposals among faculty, students and administrative staff. These privileged moments of

discussion occur in workshops held during the planning of the administrative and pedagogical actions. (ETESB, 2007a, p.16)

4.1.2. The place of teachers among their peers

Within the understanding of the research subjects [qualitative] about the existence of the exchange of knowledge among teachers, the majority admits that there is this exchange of ideas, learning materials, lessons, albeit in reduced form, but paradoxically to this, one of the respondents brought an important issue: the lack of knowledge about what the other does in the classroom, which means, teachers recognize that there is communication between them, however they are unaware of what the others do in the classroom - and the relevance of this question lies in the fact that planning activities really must not be being done jointly.

It is necessary to clarify the communication process in a work environment. Peduzzi in her work with health teams, relies on the concept of Habermas of communicative acting as "interactions in which the people involved agree themselves to coordinate their action plans" (Peduzzi, 2001, p. 105); within this perspective, the author assumes a reciprocal relation between the concepts of work and interaction, which means, in our case, a possible communication problem among teachers of the Nursing Technical Course of ETESB would interfere directly in the context of their activities [or technical interventions] and their relations of intersubjectivity, understood here as a dialogic interaction plan in the health work related to communication between the agents (Peduzzi, 2001).

Having the understanding that the teachers's knowledge does not exist before being told, Nóvoa (1991) reinforces the idea that the recognition of this knowledge depends on the effort of explanation and communication with other people:

Teachers possess an experienced knowledge [practical], that each is able to transfer from one situation to another, **but that is hardly transmitted to others.** Now, to the extent that the educational knowledge does not pre-exist to the word [spoken or written], the knowledge that teachers carry tend to be socially and scientifically undervalued. (Nóvoa, 1991, p.36, emphasis added)

Given the difficulties experienced, many teachers demanded, during the interview, the realization of more faculty meetings in nursing course in order to discuss curricular issues on topics ranging from the **module evaluation** to issues such as the **standardization of nursing techniques worked in the laboratory, revision of textbooks and re-discussion of the Pedagogical Proposal of the School.**

Seeking an understanding about the articulation of these various work situations, we make use of a typology of work teams developed by Peduzzi (2001): the team grouping and team integration. In the first occurs a juxtaposition of the actions and a mere grouping of agents [in this case, the teachers], while in the second occurs the articulation of the actions and interactions of these agents.

By analyzing the speech of teachers, there was a need to define more clearly what they mean by communication: talk about what? Personal life, students, or planning activities? Besides reinforcing that the relation between work and interaction is a common denominator of teamwork, Peduzzi mentions three different ways in which communication can manifest: first, communication is not exercised or is exercised only as instrumentalization of techniques; in the second, communication between agents is limited "to the extent of personal relationships are based on a sense of friendship and camaraderie, and operate overlap of the personal and technological dimensions" (Peduzzi, 2001, p.106), whereas the third and last, the whole process communication is seen as intrinsic to teamwork - in this case, the teaching staff would have proposals and a common culture and the communicative-acting would occur inside the technique leading to possible tensions with the instrumental-acting normally predominant in the health practice.

The possible division or tension between work and communication among agents results in distinct character of instrumental-acting and communicative-acting, because the first aims to reach a certain end while the other seeks understanding and mutual recognition. [...] the communicative practice is a situation in which the mediation is an end in itself, which means the purpose is to interact and, in this case, to build consensus pertaining to each context, while in the instrumental-acting is searched a certain outcome regardless of the vicissitudes of the route. (Peduzzi, 2001 p.106-107)

4.1.3. The places of teachers and students in the teaching-learning relation

One of the teachers argued that in the nursing technical course at ETESB there are advantages and disadvantages in the fact that teachers who work in theoretical modules are the same who supervise the fields of professional practice in service [PPS] - the negative point would be the difficulty in developing other school activities during the period in which the teachers are with students in internship, while the positive side is based on prior knowledge that teachers have about each student's progress.

Based on this prior knowledge, an emerging theme of the speech of another teacher strengthened even the issue of the charging that the teacher has over the student [at the time of the practice] in relation to the content taught during the theoretical modules, which implies the permanence of the traditional teaching paradigm and vertical power relationship between teacher and student. In order to become horizontal, and not imposed, it is necessary that this teacher, as an educator, becomes a learner and vice versa (Mizukami, 1986). As seen in Chart 7 (p.23), the majority of students surveyed believe that learning is to apply the knowledge that the teacher transmits in class, in other words, they demonstrate a clear reproduction of the logic proposed by traditional education, believing that the teacher is the holder of knowledge, and as students, they only learn if they apply what this teacher transmits.

When extending the discussion on knowledge exchange among students and teachers, it is clear the lack of knowledge about the problematization; even assuming a model where the lectures are prevalent, some teachers believe that the dialogue is present, **being mostly caused by them and never by students**; if the debate is not usually started by students, it seems a lack of horizontality in the teacher-student relationship and a possible impediment to learning meaningfully. Mizukami (1986, p.101) reveals that the dialogue implies the horizontal relationship of person to person, and is related to something, some issue - at this point, the author sees the word in two dimensions: action and reflection - "to word without action becomes verbiage. When, however, it emphasizes action without reflection, the word becomes activism".

Other teachers of the sample admitted that there is not an exchange between teacher and student and when happens it is greatly reduced due to the particular role that each actor [teacher or student] assumes in the context of lectures. Despite the fact that the discourses strongly focus on the prevalence of the traditional method, one of the teachers claimed there is an effort of the group of teachers to change their approach in the classroom; even so, these teachers recognize the mistake of not valuing the students' prior knowledge, since that many of them even have degrees in other professional fields. Many teachers end, thus treating the adult student as a teenager. Perissé (2008) points out, in this sense, the teacher must not do it, but understand that this student, in many cases older than the teacher, requires new challenges and needs to manage his/her learning and professional development.

According to the analysis, more than half of the respondents stated explicitly that they use the traditional methodology in most of their time in the classroom. In one case, the teacher verbalized that follows the model of banking education: "I feel like using the methodology of banking education, you know [laughs], I'm in that methodology in which the teacher uses [PowerPoint] slides,..". (dA). Freire (1975) argued that true education is the problematization because goes to the opposite side of banking education, because aims to develop critical awareness by students. The author did this comparison with the understanding of the banking education like a passive transmission of content from the teacher [who supposedly knows everything] to the student [has the conception that it knows nothing]. In this context, the teacher puts the content in the student's head the same way that a person deposits money in the bank.

One reason for the persistence of this traditional model would be the conceptual unknowledge about what is the adopted curriculum at ETESB and also what are and which are the active teaching methods, as stated by one of the teachers: "I think it's one of weaknesses of the school right ... We work with the integrated curriculum, but I think we still have a conceptual difficulty, I think we need to be more open, discuss more ... 'What is this integrated curriculum?' [...]" (dE). Only one of the teachers mentioned that due to its knowledge of problematization, he tries to incorporate it into his

practice in the classroom, but admits that keeps the bias of traditional education prevalent in the school.

"[...] Because I know the methodology of problematization, I try to transform the environment in the classroom, bringing more discussions, more problematization, trying to know the prior knowledge of the students, to know what they know about that subject, what's right, what's wrong, what can be used, so it is not a very imposing, but rather a time to build [...] but here school I generally use the traditional model with lectures "(dB).

The lack of knowledge about problematization and the lack of use of this methodology in the course were evident in the speech of all respondents either for not mention who build health problems or for not demonstrate knowledge on this subject: *"Who builds the...? What about health problems? I do not understand ... "(dF)* or claim that those responsible for this construction are teachers themselves: *"[...] in the case of problems of class discussion, [...] who builds are the teachers themselves, that is my perception"(dB).*

A nonsense that should be noted is that the large number of students in class [35-40 on average] refers to the traditional method of lectures. Harden and Dent (2009) claim that working in small groups facilitate interaction among students and enable collaborative learning between them.

Focusing on a more positive side of teaching and learning, students of technical nursing course at ETESB give teachers good feedbacks about the methods used in the classroom, however, bring with them a history of years of learning within the traditional paradigm of teaching and it interferes enough in what Ormrod (2007) defines as capacity of metacognition. In other words, this suggests that they fail to realize how certain content [placed here as a synonym for technological base], skill or competence may be useful in clinical practice and in your professional life in general.

In addition to the points already mentioned regarding the teacher-student relation, I identified two other issues of great importance to the address the use of active methodologies in the Nursing Technical Course: the non-differentiation among methodology and teaching technique - most of the respondents, due to conceptual limitations, speak of active methodologies as synonymous of teaching techniques, as this statement: *"we work with active methods of case study, seminars, panels, workshops..." (dC).* Another relevant observation was that some teachers are unaware that the teaching methodology adopted is provided in Pedagogical Proposal approved by the School Board in 2007, it was evident in more than one interview, but I highlight this excerpt:

"[...] There is not a defined methodological option to the school, but well, we use visual aids, conversation circles, texts, so I think we do a bit of a blend of methodologies, there is no methodology ... in a way, is another option to the professional, the teacher ... I really like to use some active methods, and sometimes traditional..." (dE)

The first reference to the problematization methodology is the Arch of Magueres method (Berbel, 1998). The Observation of the Reality [problem], which is the first stage of this method, was indirectly mentioned in the speech of one of the teachers:

"[...] I really like the discussion of scientific articles [...] instead of staying in front of the class just talking, I work with problem-situations with which, based on the articles, we can argue [...] I have also used critical review, then take a certain subject and they have to write about this subject, and to put their opinion about an issue to be favoring the student to write, learn to write and read more."(dF)

In this case, the respondent considered important the student preparing something related to a presented topic, but still restricted to that the teacher brings and not about what the students have brought or have built. Nevertheless, most of the students agreed with the statement that teachers open space for students to bring cases for discussion in the classroom, as shown in Chart 5 (p.21).

The lack of Knowledge about the active methodology adopted at ETESB was evidenced in statements such as: "*[...] regarding problematization [pause ...] we do not do it, we need to do, but...*" (dC) further corroborates with the idea of reduced use of problematization in the Nursing Technical Course or its use is still incipient:

"[...] I find it interesting that we talk about an integrated curriculum, an active methodology, a problematization, so we go there, try to do something with the student in the classroom, but we know that most of times we can not, we start a lecture trying to convey that knowledge [...] This problematization I think does not exist [...]"(dA)

"[...] Many times they [teachers] bring the issues already ready, they are still very attached to audiovisual resources as datashow, that very traditional laboratory class where techniques are replayed without bringing the technique by technique, [...] I think we problematize just a little bit." (dE)

Corroborating with the idea that the concept of problematization is not clear to teachers, most of them said that the various experiences of the students can contribute to improvements in nursing course, although these experiences were not necessarily stemming from the problematization; many teachers not even mentioned that word in their responses. In contrast, a smaller part of the respondents openly declared, again, that there is no problematization in the school and brought a reflection on the current situation:

"[...] I think we do not use problematization here, so this question, in a way, it presupposes that the school uses problematization, I do not see... [...] in isolated contents we perceive it [problematization], but not as pedagogical proposal. [...] I think we value the experiences, the examples given in the classroom ... [...] but they come as a complement to what we proposed, than we [teachers] are leading and not otherwise."(dE)

From this result it was possible to associate the reason why students were contradictory in their answers in the questionnaire, by stating in its majority [85% of egresses and 65% of beginners] that they know the problematization methodology, however believe to learn is to apply the knowledge that the teacher transmits in class.

Despite this conceptual bias, considerations of most teachers were very significant for stress the importance of valuing the reality of the students as a factor that contributes to the learning, or even their suggestions considering that the vivid experience in the classroom using traditional model; they also reinforce the possible contributions of egresses after finishing the third and final module of the course.

One of the teachers of the sample reported clearly the curriculum as a dynamic process, approaching to the concepts related to Integrated Curriculum predicted in the Course Plan and Pedagogical Proposal of the School:

"[...] In my perception, the curriculum will never be ready, and he is eternally under construction. Each year we will realize that it will need a change and this change it is influenced by the student, the teacher, the director, the politics, which is also expected by the health programs."(dB)

In addition, another teacher exalted "the democratization of the knowledge" in the school, through the recognition of students's opinions expressed in procedural evaluations performed at the end of each module, although this instrument is provided in the Pedagogical Proposal, the respondent has not detailed his answer in order to exemplify how are [and if they are] used the forms and reports of these evaluations.

4.2. The relationship between theory and practice in training

According to the respondents, the formation of the professional profile of the student will inevitably occur in all learning scenarios during the Nursing Technical Course, both in theoretical and practical modules.

The prevailing view of the docents at the contact between students and health professionals in practice settings is that this interaction is very positive due to four elements: recognition of the importance of living with other health professionals [competent or not] to the formation of the professional profile of the student, appreciation of difference at various times between the reality of the service and what is covered in the theoretical modules at school, the emphasis in a more problematized approach during the internships and the importance of familiarization with the future work in the scope of SUS.

(...) He [the student] will find excellent professionals, which is an excellent example to be followed, it will find bad professionals, in which examples are not to be followed, [I think] it is the moment he has to make a reflection about what he wants as his/her future professional attitude. (dD)

Teachers ratify, thus the importance of this experience for the student formation, making clear that they are aware of the possible influence of the staff in the attitudes of these students:

[...] I think it is important for the student experiencing meet bad professionals, but also the good ones, so they often observe the same conduct [...] I think it's important he have this conviviality, to see different attitudes of various nursing professionals and even other professions to build his own, and if it is what he wants for it or not."(dF)

There was also another element mentioned in the story of a teacher where he praised the work done by ETESB, considering this school with a broader view on the brazilian health system, which

provides students during the experience in internships, aptitude to familiarize himself with any service or field work within the SUS.

From the questioning about the importance of practical internship fields, it was possible to detect pedagogical trends well-differentiated within the faculty. All docents recognizes the importance of internship field for training the student, some more emphatic than others. An interesting point raised by some teachers and that differs from the theory related to problematization is the claim that the student uses the practice to solidify / crystallize the knowledge acquired in theory.

Another element observed on the relation between theory and practice emerged from the interview of a teacher who mentioned the importance of not "make up" scenarios practice during internships and instead adopt a more problematical:

"We had a very wrong perception of the health service, we had to go to an ideal place, make everything in a perfect way... so the student would not have contact with the reality, actually we changed the scenario, but we're not experiencing that scenario because you set the place to bring this student; in my opinion he must enter the same scenario, experience the reality because then it will create, it will develop their skills, their creativity, will bring their thoughts [...] at some point he will feel part of the service, whether as a student, whether already seeing as a professional or as a user himself, so I think it has to be inserted into service, it is very important for formation, for the development of critical thinking, to develop the skills [...]"
 "(dE)

Regarding the prior instrumentalization [developing technical skills] of students during the theory, most teachers ratified the importance of such training beyond the classroom, in the laboratory using simulated practice with a more technical approach. The nursing techniques developed in the laboratories at ETESB are, in the view of these teachers and under their control, programmed sequentially, step by step, in order of students to develop the expected skills. The approach in this case would be what Mizukami (1986) refers to behaviorist, because it does not presupposes the participation of students in the teaching-learning process, they are consider as mere recipients of knowledge taught by docents. Pettengill et al. (1998) corroborate this author, suggesting that operant conditioning proposed by this behaviorist model is present in the teaching of nursing techniques and procedures. Strengthening the presence of this model at the school, it was observed in the data generated by the responses by students that all egresses and most beginners believe that the fields of internship are useful to apply the techniques learned in the school.

Only one of the interviewees brought a more expanded view on the issue, including the development of communication and skills during the internships, and advocating the need of these students go to the health services precociously to develop critical thinking and make learning more meaningful.

For Campos (2005), students need a internship structure that facilitates interaction between theory and practice, with teachers as mediators in this relation, which means, these should be eligible for this type of education. The author argues that the prolonged contact of students with the same teacher should be encouraged, since the impact of the reality in the health services has a strong influence in these; with a curriculum matrix organized to allow longer courses with internships in the same service [field], the group of students could follow cases for a longer period and would feel more motivated to read, reflect and search information from the issues experienced in practice.

Besides these practical experiences, authors as Koifman (2001) argue that the early introduction of the students in the fields of internship contributes to the transformation of the ethical posture of these future professionals, in other words, knowing a community since the beginning of the course, increasing the possibility of assimilation of theoretical content from the understanding of the human being in its entirety.

No teacher addressed the issue of the field development internship from the school's interventions in the practice of service - almost all reproduced the vision of service as a place for students to learn, but they do not talked about the need for a return to this scenario. Only one teacher advocated flexibility in carrying out activities in the order to meet the demands of the place of internship.

During the formation is necessary for students to engage in more complex problems in the order to understand how the sector action in health has limitations while intervention and does not solve all the problems. For this kind of experience is experienced, it is essential an efficient articulation among teaching, service and community, and also the planning and execution of these activities have to be done together (Marins, 2004).

[...] the degree of success of an action goes beyond the use of techniques or methods and consolidates as a result of the possibility of forming webs and channels that will support the most diverse ways of seeing and being in the world, detecting epistemological, psychological, cultural and sociopolitical barriers that are opposed to them. (Marins, 2004, p. 102)

The learning scenarios, according to the author, should be propitious to this type of learning; in this sense, a possible change in these scenarios would allow the development of cores of will, bond and accountability and would act as an educational process inserted continuously.

One of the main points raised by the teachers regarding the relationship between the content shared in the classroom and the needs of health services in the Federal District was that the experience in health services provides practical examples that help in the planning of the theoretical contents; one of the teachers said that in order to meet the demands of these services, teachers should be aware of new technologies and health conduits in general.

There were two very relevant collocations within what is being discussed. One brought the need to include the managers of the units [where students go for internship] in class planning, which means, considering a possible redesign of the technological bases of the nursing technical course, would be extremely important content suggestions made by these managers. The other collocation explained the current moment lived by the School:

"[...] I think we're in a time of transition methodology, we are not traditional, but also do not have as an option active methodology determined such as: problematization, PBL [Problem-based learning] [...] (dE)

Most of the nursing teachers said they would seek to make substantive changes if there was a demand arising in health services; they considered it to be very important, but in spite of approaching the question of the formation of critical and reflective professionals, they remained the traditional teaching in which teachers teach, prepare and enable these students.

A significant number of respondents also mentioned examples of moments where it was necessary to introduce new content according a demand of service that emerged; one of them was a little beyond the dominant discourse and argued that normally the initiative for these changes is not institutional, but come from the own teachers as exemplified in this excerpt:

"[...] There have been even a time we did this, for example: we were in another totally different content and we had an outbreak of the [virus] H1N1 and the School ... turned a little to it, [...] but not at the initiative of the coordinator [of the course] or on the initiative of pedagogical coordinating [management] , but I see it as an initiative of the teacher [...]" (dE)

It is also worth mentioning the example given by another teacher on the experience of students in public contests in related areas [that the students are studying] due to the possibility of contribution to curricular changes in nursing technical course, since currently these contests have sought to bring contextualized questions and also explained certain demands of the labor market and public health services. Thus, according to the teacher, the school would be free of the aforementioned content-based standard that does not allow changes in the curriculum, seeking to adjust to external demands.

On the other hand, some teachers back to criticize the dominance of a content-base model in this course, where there is no room for a real evaluation of the importance of what is being taught, nor a reflection on the skills to be developed by the students, as reported in the sections:

"[...] At times we're being very content-based, we are launching lots of content and we have to start making a reasoning about what is important for the student [...] Does this content is meaningful to the execution of the work on it? [...] Because otherwise we start to shed as much content as much content, so much theory, theory, theory, that in the execution time of the day to day it disappears, they are lost, as time is thrown away [. ..] believe we will work it out so that we can realize: 'What is competence for the student? ', 'What's he going to do? ', 'What are the skills that he needs to acquire?' [...]" (dB)

This speech remind us of the complexity of the teaching-learning process, as should show how this presents a dynamic character and does not occur as a sum of content - the act of teaching-learning must overcome the banking concept, "in which one makes the deposit content, while the other is

forced to memorize them ... "(Mitre et al. 2008, p.2137). By mentioning the *contitudismo*, these discourses point to social or individualistic conceptions about teaching, and at times recognizes the breadth of knowledge and teachers need to take into account a practical rationality (Schön, 1983, 1987 and 1997). Remember that in general teachers reflect on action and on the action, but not necessarily become reflective practitioners, to Perrenoud (2001) "it is necessary to distinguish between the reflexive stance of professional reflection and episodic us all about what we do. "

Another important theme that emerged from this analysis was the fact that at ETESB is not properly informed about the new conduits and health protocols adopted by different levels of complexity in health services of DF as mentioned by one of the teachers:

"[...] Our participation in congresses, symposia, or debates about what is happening within the Department [of Health] in terms of policy change in terms of new behaviors, I see us away ... sometimes one hears because a colleague said, or because you have seen in the media, "Now it came out ...", "The vaccine schedule has changed ..." [...] (dF)

These lines indicate the distance that remains between the practices of care and teaching activities. Davini thus expressed the implications of this dissociation:

La percepción del contexto de trabajo como contexto de aprendizaje tiene consecuencias importantes em la concepción de programas educativos y em la administración de instituciones de salud. [...] (Davini, 1994, p.114).

The capacitation and formation of health staff should be aligned to the adequacy of the methods of health care. Following this line of thought, Marins (2006, p.101) characterizes the new scenarios of learning as "a space of constant clashes among the various choices, assuming great importance in determining the possible paths to be adopted by health policy and training personnel ". The same author points out that the processes of transformation needed in the relation between health and education should recognize the public policies as guiding socially relevant processes, among them professional formation.

4.3. Assessment and evaluation practices

4.3.1 The forms of student assessment

All teachers were emphatic in mentioning that the form of student assessment most widely used is the cognitive assessment; the practical assessments of skills, both in laboratory and in the professional practices in service [PPS], were also mentioned, but on a smaller scale and without more specifications about. Some felt that the tutorial system used by the school can be used as an assessment tool, however there is no pre-defined criteria on this modality. Although the interviewees' statements refer to cognitive assessment as the main assessment tool in this course, it is also evident in some speeches, the discontentment in how this has been happening:

"It is still very traditional [...] cognitive assessment, it does not count the ethical posture, it does not count the skills developed in the laboratory, perhaps we are still not prepared for this, we have enormous difficulty in assessing because we're still very conservative[...] nowadays the active methodologies offer many other ways of assessing, such as portfolio, development of projects in schools, there is an own laboratory [where] you can work differently [...]"(dE)

This feeling, referred by some teachers working in the nursing course, once again reflects what is expected in the Prescribed [Declared] Curriculum differs from the reality experienced by teachers. The conceptual difficulty of applying the assessment system provided in the Integrated Curriculum School is observed, as in the speech below:

"[...] To assess the student in some way by the concept, satisfactory or unsatisfactory, often gives us insecurity... What is satisfactory? What is unsatisfactory? "I [the student] missed only one item, but that item was how to administer a medication ..." [another example] "He hit 99% of the test, but he told me that the human rotavirus vaccine, because it is a small syringe should be intramuscular...[the correct place would be subcutaneous] "[...] how to assess still leaves us very uptight and insecure, we still can not judge so firmly, precisely because we lost what we had more concrete that was the number 1, 2, 3, 4, [...] the student can arrive early, dress well, communicate well, have a great attitude, but if he can not make an intramuscular injection as I hoped he did, he is not fit, so are all aspects relevant considering the other axes of the assessment? "(dE)

When asked about what forms of assessment are used effectively for them in the school, the teachers brought so different visions about this subject that has been difficult to establish a common sense in their speeches. Despite the efforts of the pedagogical manager to assist in the assessment, especially in the written tests, we can extract the meaning of this diversity of views is the absence of an institutional project of assessment and evaluation: how to assess [and evaluate], it seems, is defined almost solely on preconceived concepts of each teacher how to assess students appropriately and not as a result of a joint planning of activities.

Some teachers extol their way to assess positively, citing that prefer to use case studies on questions of a more content-based, or even referring that accompany the development of students in all areas from simulated practices in the laboratory to the preference for subjective questions [discursive] written tests - in the latter case, the justification for this preference lies in the fact that this type of question, the student is encouraged to write about a particular situation presented, which would require some cognitive abilities.

On the other hand, there were also very important reports where is evident a frank sense of frustration and insecurity over the poor performance of students, first of all we could imagine that these reports come from teachers with little experience in the methodology adopted by the school, but this study showed that even teachers who demonstrate a broad knowledge of integrated curriculum and active methodologies admitted they are not bringing significant contributions to the course.

"[...] I'm even question myself that sometimes I think it is the teacher's fault, I feel like crap ... My God, I don't know how to teach these students, but I believe they have a huge disability[...]"(dA).

Pettengill et al. (1998) states that in schools where the traditional approach is more present, is frequently encountered complaints by docents that the results were unsatisfactory and they do not know why students are not learning the content effectively.

One issue that became clear during this analysis was that teachers realize the need both to balance the realization of theoretical and practical assessments [even not doing effectively], but also to have greater domain over other forms of assessment, not only the domain about what are the active methodologies adopted by the School.

“[...] about the issue of the assessment of theory and practice, I think the same way we should know how to work the use of these new teaching methodologies, there is a lack of knowledge about other forms of assessment work.” (dF)

By entering into concepts regarding the types of assessment used in active methods, there was a considerable difference in the responses due to the fact that teachers have different professional backgrounds. One part of the teachers interviewed both teaches in the Technical School as in the undergraduate course in nursing at the Superior School of Health Sciences [ESCS], in which these concepts have been worked more clearly. Others teachers interviewed teach exclusively on Technical School and have little experience in formative and summative assessment practices. Having said that, I can infer that about issue of assessment in particular, the vision of those who already work at ESCS was more faithful to what is proposed, which means, most of these correctly defines summative assessment, associating it with a achievement of the expected results in terms of objectives and competences.

The other teachers explain clearly their lack of knowledge about the concept "*[...] the first time I listen, I'm sorry, I will not answer you know ...*" (dA), or characterize the summative assessment as the accumulated knowledge absorbed by the student in the theory in order to use in practice.

"I may be wrong, but I think in the summative assessment you see the evolution of the student [...] he was adding knowledge, and to me it is a thing particularly difficult to be done exactly because we work various contents, so I feel like difficulty in the integrated curriculum because of that (...) I think it is hard to apply this kind of assessment."(dF)

Concerning the concepts related to formative assessment, were also observed definitions very different of a group of teachers to another. In general, few respondents mentioned that this assessment is made over the course modules, taking into consideration not only the theoretical and practical assessments, but providing the inclusion of other criteria such as student participation, their posture in the classroom with colleagues, teachers, patients, and others, which means, giving visibility to issues that go beyond the mere technicality formation of the student and encompass a more human dimension of the formation, provided by the axis of the Know-being. Complementing this idea, the quantitative results obtained by the responses of students are compatible with this statement of the teachers, considering that in the view of most students, both egresses [90%] as beginners [75%], they are assessed during the development of educational units and not just at the end of them (Chart 10, p.25).

Some teachers also mentioned that formative assessment allows interventions in the short and medium term, it evaluates the performance, skills and behavior of students daily and not only at the end of the teaching-learning module:

"It is that assessment which somehow is a feedback to the student, how is he going, what he needs to improve, what was the day he was assessed, what about his perception in a specific day[...], how was the development of activities, how was his commitment, how was his performance [...]"(dB)

Luckesi (2006) reaffirms the assessment as a component of teaching and learning situations, and as a subject to debate within the various areas of knowledge; as part of the educational process can also be considered as a relevant element in the reorganization of the pedagogical practice. It is important for the teacher, because serves "as a diagnosis for the situation and recommend ways to intervene in the process, for the acquisition of knowledge, learning and reflection on their own practice." (C. Machado, 2009, p.39)

4.3.2. The external evaluation

Besides the student assessment, it is important to mention another type of evaluation that should be performed periodically at the institutional, the external evaluation. The importance of discussing the role of this type of evaluation in building an integrated curriculum lies in the fact that it complement the work done in conjunction with an institution by the actors who express the institutional commitment to improving the health conditions through the close link between teaching-work and theory and practice. Perim et al. (2008) argue that this assessment "should be carried out from its consolidation with the internal community, listening to peers from other institutions, leaders, organizations and other representatives of organized society on the set of information that represent the entire course." The teachers' answers concerning this issue, reveal, above all, a vision that departs from this approach by emphasizing that they give to the content of the assessment, more accustomed to checking the suitability of modules and didactic approaches. The specific answers about who should participate in the process show a diversity of opinions. Few teachers defended the participation of managers of the three spheres of the Brazilian health system, in the case of DF, district and federal levels, also including representatives of all segments of the school community. Others were more specific when stating that as it is a technical course in nursing, there had to be a nurse with specialization in teaching in this commission and with practical experience, as well as an educator with experience in technical and professional formation. The concern with the technical qualifications of evaluators reinforces the finding of an excessive appreciation towards evaluate the implementation of activities in ETESB, as if they could be separated from the political pedagogical project that guides these activities.

Chapter 5 - Conclusion

The analysis of emerging categories of qualitative research with teachers along with the data obtained by the responses of students allowed unveiling several questions regarding the practices of both groups in the context of the integrated curriculum adopted at ETESB.

The discussion about the place of the subjects revealed that teachers, by excluding themselves from the planning are not subject of the school, they act as executors of something that another planned. Despite the plan to provide the joint planning of curricular activities, the curriculum experienced by the teachers is not seen as an experience/responsibility of all actors in the teaching-learning process, and there are clear divergences of representation of the place of that subject-teacher in planning. By identifying the own Pedagogical Proposal [PP] does not clearly state the place of subject teachers in planning, there was a clear contradiction between what is expected of these teachers and what is expected in the documents that guide the school practice.

In addition, there is not a faculty in the broad sense of that expression, because there is little debate among these teachers, and the collective construction of curricular activities and of the knowledge is way behind of what is proposed by the Integrated Curriculum. Students, in turn, are not subjects of learning, whereas active methods do not guide the pedagogical doing; the methodological characteristics observed refer to the prevalence of a traditional education with his concept of banking education.

Although part of the teachers assume greater involvement of students in activities that are beyond the standard lecture, this pattern still governs the relationship between the faculty and the student, which means most of the time the teacher presents the content and ideas and the students, passively, receive information.

By analyzing the category of the theory-practice relation, it was explained that the theory precedes practice and the experimentation in laboratories is merely instrumental. As the practice is not the driving force of learning, the place of problematization in this context is questionable, this teaching methodology was not properly implemented in the Nursing Technical Course. Another important consideration in this category was that the practice scenarios [PPS] boil down to a place for students to learn and not as space for transformation of care practices. For this, it is necessary to approach with the services allowing a more effective relation between theory and practice.

Regarding assessment practices, it was observed that tend to reproduce the traditional model centered on theoretical content. The institutional assessment, whether the evaluation of the educational program or external evaluation is not adequate, which leads us to the conclusion that for while there is

not a dynamic project of assessment/evaluation to the ongoing development of the Nursing Technical Course at ETESB.

I consider valid rethink methods of assessing students when we have as reference, the use of active teaching methods. We believe that the punctual written assessments [cognitive assessments] do not provide an approach to various aspects of teaching and learning. If we have an evaluation process based on competences, which means, considering the know-know, know-how and know-being, we will contemplate the various aspects of the assessment/evaluation process.

Nevertheless, the incorporation of a model of active methodology must not necessarily represent a break with the traditional. In the context of implementing real changes, the two models can not only walk together during a transition period methodology, as they correlated their practices. Whereas the teachers were educated in a more traditional teaching methodology, we assume that would require a longer period of time for them to adapt to an active methodology.

Considering the teachers' own demand for greater participation in planning activities, we propose that the School streamline their processes promoting educational curriculum development through reflection of their practices. One of the possible tools would be the revision of PP and Course Plan as well as the process of building a teaching qualification process that is in itself an exercise in active methodologies, which means, the realization of this process would promote the use of problematization and involve teachers at all stages [from conception to participation] is not restricted to the planning group manager of the School.

In general, this work allowed a first approximation on the "doing" of the School within the scope of the Nursing Technical Course after the implementation of the integrated curriculum. We hope that the study of the various categories that compose this curriculum systematically contribute to the educational processes of the course and serve as a reference for interventions in educational programs related. Finally, we express the desire that the reflections discussed here positively mobilize all actors subjects of this process since the managers and teachers to students, so that all debate about the meaning of the School and to see themselves as members of an integrated team .

REFERENCES

1. Bardin, L. (2004). *Análise de Conteúdo*. 3^a Ed. Lisboa: Edições 70.
2. Berbel, N.A.N. (1998). *A problematização e a aprendizagem baseada em problemas: diferentes termos ou diferentes caminhos?*. Interface: Comunicação, Educação, Saúde 2, 139-154. Londrina.
3. Bernstein, B. (1980). *On the classification and framing of educational knowledge*. In: Young, M. (Ed.), Knowledge and control. (6th Ed., pp. 47-69). Londres: Collier Macmillan.
4. Biskeira, R.; Sarriera, J.C. & Martinez, F. (2004). *Introdução à Estatística: Enfoque informático com o pacote estatístico SPSS*. (F. Murad, Trad.). Porto Alegre, Artmed.
5. Bordenave, J.D. & Pereira, A.M. (1993). *Estratégias de ensino- aprendizagem*. 13.^a ed. Petrópolis: Vozes.
6. Brasil (1996). *Resolução CNS nº 196/96*. Aprova as diretrizes e normas regulamentadoras de pesquisas envolvendo seres humanos [resolução na internet]. Conselho Nacional de Saúde. [acesso em 02 de novembro de 2012]. Disponível em: http://conselho.saude.gov.br/web_comissoes/conep/arquivos/resolucoes/23_out_versao_final_196_ENENC2012.pdf
7. Brasil (1996). *Lei nº 9.394, de 20 de dezembro de 1996*. Estabelece as Diretrizes e Bases da Educação Nacional [lei na internet]. Portal Ministério da Educação [acesso em 13 de dezembro de 2012]. Disponível em <http://portal.mec.gov.br/seed/arquivos/pdf/tvescola/leis/lein9394.pdf>
8. Brasil (1999). *Parecer CNE/CEB nº 16/99*. Trata das Diretrizes Curriculares Nacionais para a

- Educação Profissional de Nível Técnico. [Parecer na internet]. Conselho Nacional de Educação [acesso em 13 de dezembro de 2012]. Disponível em http://portal.mec.gov.br/setec/arquivos/pdf_legislacao/tecnico/legisla_tecnico_parecer1699.pdf
9. Brasil (2001). Ministério da Educação. Conselho Nacional de Educação. Câmara de Educação Superior. *Diretrizes curriculares nacionais dos cursos de graduação em enfermagem, medicina e nutrição*. (pp. 10-20). Brasília: Ministério da Educação.
 10. Brasil (2002). *Parecer no 220/2002*. [Parecer na internet]. Governo do Distrito Federal. Conselho de Educação do Distrito Federal. Diário Oficial do Distrito Federal. [acesso em 13 de dezembro de 2012]. Disponível em http://www.buriti.df.gov.br/ftp/diariooficial/2002/11_Novembro/DODF%20-%20228%20-%2027-11-2002/Se%C3%A7%C3%A3o1.pdf
 11. Brasil (2011). Ministério da Saúde. Rede de Escolas Técnicas do Sistema Único de Saúde. Quem é o docente da educação profissional? Revista RET-SUS, ano V, 46, 14-20
 12. Caregnato, R.C.A. & Mutti, R. (2006). *Pesquisa Qualitativa: Análise de Discurso versus Análise de Conteúdo*. Texto, Contexto, Enfermagem, 679-84. Florianópolis.
 13. Carvalho, J., Carvalho, M.P., Barreto, M.A. & Alves, F.A. (2010). *Andragogia: considerações sobre a aprendizagem do adulto*. REMPEC – Ensino, Saúde e Ambiente, 3(1), 78-90.
 14. Cyrino, E.G & Toralles-Pereira, M.L. (2004). *Trabalhando com estratégias de ensino-aprendizado por descoberta na área da saúde: a problematização e a aprendizagem baseada em problemas*. Cad. Saúde Pública, 780-788. Rio de Janeiro.
 15. Davini, M. C. (1983). *Currículo Integrado*. In: Capacitação pedagógica do programa de formação de pessoal de nível médio em saúde (Projeto Larga Escala). Brasília: OPAS.

16. Davini, M.C. (1994). *Praticas Laborales en los servicios de salud: las condiciones del aprendizaje*. In: Haddad, J.;Roschke, M.A.; Davini, M.C. (org.). Educación Permanente del Personal de Salud. Washington: OPAS/OMS.
17. Escola Técnica de Saúde de Brasília – ETESB (2007a). *Proposta Pedagógica*. Brasília, s.n.
18. Escola Técnica de Saúde de Brasília – ETESB (2007b). *Plano de Curso Técnico de Enfermagem*. Brasília, s.n.
19. Farinasso, A.T.M. (2003). *A formação do profissional de saúde de nível técnico pela Escola Técnica de Saúde de Brasília – Relato de experiência*. Brasília: ETESB.
20. Feuerwerker, L.C.M. & Sena, R.R. (2002). *Contribuição ao movimento de mudança na formação profissional em saúde: uma avaliação das experiências UNI*. Interface: Comunicação, Saúde, Educação, 6(10), 37-50.
21. Flick, U. (2009). *Introdução à pesquisa qualitativa*. (J.E. Costa, Trad.). [obra original publicada em 1995, 2002, 2007]. Porto Alegre: Artmed.
22. Giroux, H. & Purpel, D. (1983). *The Hidden Curriculum and Moral Education: deception or discovery?* Berkeley, California: McCutchan.
23. Goldie, J. (2006). AMEE Education Guide n°. 29: *Evaluating educational programmes*. Medical Teacher, 210-224.
24. Harden, R.M. (2001). AMEE Guide N° 21: *Curriculum mapping: a tool for transparent and authentic teaching and learning*. Medical Teacher, 123-137.

25. Harden, R.M. (2009). *Curriculum planning and development*. In: Dent, J.A., Harden, R.M. (Ed.). *A practical guide for medical teachers*. (3rd ed., pp.10-16). Edinburgh: Elsevier.
26. Koifman, L. (2001). *O modelo biomédico e a reformulação do currículo médico da Universidade Federal Fluminense*. *Histórias, Ciências, Saúde – Manguinhos*, 8(1), 149-170. Rio de Janeiro: ENSP/Fiocruz.
27. Langui, R. & Nardi, R..(2011). *Interpretando reflexões de futuros professores de física sobre sua prática profissional durante a formação inicial: A busca pela construção da autonomia docente*. *Investigações em Ensino de Ciências*. (pp. 403-424). Campo Grande: UFMS.
28. Luckesi C.C. (2006). *Avaliação da aprendizagem escolar*. 18^a ed. São Paulo: Cortez.
29. Luckesi, C. C. (2011). *Avaliação da aprendizagem componente do ato pedagógico*. 1^a Ed. São Paulo: Cortez.
30. Ludke, M. & André, M.E.D.A. (1986). *Pesquisa em Educação: Abordagens Qualitativas* (pp.25-52). São Paulo: EPU.
31. Machado, C. M. F (2009). *Avaliação do processo de ensino-aprendizagem: um estudo em um curso para Técnico em Saúde Bucal*. Dissertação de Mestrado, Escola Nacional de Saúde Pública Sérgio Arouca. Rio de Janeiro: s.n.
32. Machado, L. (2008). *Diferenciais inovadores na formação de professores para a educação profissional*. Recuperado em portal.mec.gov.br em outubro de 2012
33. Machado, L. (2009). *Ensino Médio e Técnico com currículos integrados: propostas de ação didática para uma relação não fantasiosa*. In: Jaqueline Moll et al. (Ed.). *Educação*

- profissional e tecnológica no Brasil contemporâneo: Desafios, tensões e possibilidades. 1ª Ed. Porto Alegre, RS: Artmed.
34. Marins, J. J. N. (2004). *Os cenários de aprendizagem e o processo de cuidado em saúde*. In: Marins, J. J. N., Rego, S.; Lampert, J.B; Araújo, J.G.C.(org). Educação Médica em Transformação. (pp.97-107). Rio de Janeiro:ABEM, Hucitec.
35. Mitre, S.M. ; Batista, R.S.; Mendonça, J.M.G.; Pinto, N.M.M.; Meirelles, C.A.B.; Porto, C.P. et al (2008). *Metodologias ativas de ensino-aprendizagem na formação profissional em saúde: debates atuais*. Ciência & Saúde Coletiva, 2133-2144.
36. Mizukami, M.G.N. (1986). Ensino: as abordagens do processo. (pp.85-103).São Paulo: EPU.
37. Moreira, M.A. (1995). *A teoria da aprendizagem significativa de Ausubel*. In: Monografia no 10 da Série Enfoques Teóricos. Porto Alegre, s.n.
38. Nóvoa, A. (1991). *Diz-me como ensinas, dir-te-ei quem és e vice-versa*. In I. Fazenda (Ed.) (1997), A pesquisa em educação e as transformações do conhecimento. (2ª Ed., pp. 29-41). Campinas, SP: Papirus.
39. Ormrod, J. E. (2007). *Motivation and affect*. In: Education psychology. (5th Ed., pp. 451-489). Columbus: Upper Sidle River, Pearson Education International.
40. Pêcheux M. (1993). *Análise automática do discurso*. In: Gadet F., Hak T. (org.). Por uma análise automática do discurso: uma introdução à obra de Michel Pêcheux. (2ª Ed., pp.61-105). Campinas, SP: UNICAMP.
41. Peduzzi, M. (2001). *Equipe multiprofissional de saúde: conceito e tipologia*. Rev. Saúde Pública, 35(1), 103-109. São Paulo.

42. Perrenoud, P. (2002). *A Prática reflexiva no ofício de professor: profissionalização e razão pedagógica*. São Paulo: Artmed.
43. Pettengill, M.A.M.; Silva, L.M.G.; Basso, M.; Savonitti, B.H.R.A & Soares, I.C.V. (1998). *O professor de enfermagem frente às tendências pedagógicas: uma breve reflexão*. Rev.Esc.Enf. USP, 32 (1), 16-26. São Paulo: USP.
44. Pintrich, P. A. (2003). *A motivational science perspective on the role of student motivation in learning and teaching contexts*. Journal of Educational Psychology, 667-686.
45. Posner, G.J. (2004). Concepts of curriculum and purposes of curriculum study. In: *Analyzing the curriculum*. (3rd ed., pp.3-32). New York: McGraw-Hill
46. Prideax, D.(2009). *Integrated learning*. In: Dent, J. A; Harden, R. M. A practical guide for medical teachers. (3rd ed., pp.181-186). Edinburgh, UK: Elsevier.
47. Richardson, R.J. et al. (1999). *Pesquisa Social: métodos e técnicas*. 3^aed. São Paulo: Atlas.
48. Rudestam, K.E. & Newton, R.R. (2007). *Surviving your dissertation: a comprehensive guide to content and process*. (pp.87-115). London, UK: Sage
49. Sacristán, G. (1999). *Poderes instáveis em Educação*. (B. A. Neves, Trad.) Porto Alegre: Artes Médicas.
50. Sacristán, J.G. (2000). *O currículo: Uma reflexão sobre a prática*. 3^a Ed.(E.F.F. Rosa, Trad.). (Obra original publicada em 1991). São Paulo: Artmed.

51. Santos, L. L. C. P. *Formação do professor e pedagogia crítica*. In: I. Fazenda (org.) *A pesquisa em educação e as transformações do conhecimento*. 2^a ed. Campinas, SP: Papirus, 1997.

52. Silva, C.P. & Carvalho, M. (1991). *Escola de Auxiliares de Enfermagem de Brasília: Um trabalho que não deve parar*. *Revista de Saúde do Distrito Federal*, 2(2), 79-84. Brasília, CEDRHUS.

53. Schön, D. A. (1983) *The reflective practitioner*. In: *How professionals think in action*. New York: Jossey-Bass.

54. Schön, D. A. (1987). *Educating the reflective practitioner*. In: *Toward a new design for teaching and learning in the professions*. San Francisco: Jossey-Bass.

55. Schön, D. A. *Formar professores como profissionais reflexivos*. In: Nóvoa, A. (Org.) *Os professores e a sua formação*. 3^a ed. Lisboa: Dom Quixote.

56. Steinert, Y.(2009). *Staff Development*. In Dent, J. A.; Harden, R. M. *A practical guide for medical teachers* (pp. 391-397). Toronto: Churchill Livingstone, Elsevier.

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APPENDIX A

Questions for the interviews – Teachers

Category 1 – Joint planning of activities

- 1- Did you take part on the curricular activities planning of the nursing technical course for the year 2012?
- 2- Who was involved on the curricular activities planning of the nursing technical course for the year 2012?
- 3- In your opinion, whose is the responsibility for the curricular activities planning of the nursing technical course for the year 2012?

Category 2 – Teaching and service articulation

- 1- In your opinion, from the educational point of view, what is the relevance of the internship fields?
- 2- What is the role of the professors in the reality of DF's health service when they monitor the students in the service professional practices (internship)?
- 3- What value do you attribute, on the professional education process, for the contact between the nursing technical course students and the service professionals in our DF reality?

Category 3 – Collective knowledge construction through Problematization

- 1- Which methodologies do you use in your docent practices here at school? Who constructs the health problems to be worked out by the students?
- 2- In your opinion, what do the lecturers problematize at school? Is there knowledge exchange among then?
- 3- And between these and the students during the teaching-learning process at School?
- 4- How do you think the experiences lived by the student during the problematization can contribute on the modification of the school curriculum?

Category 4 – Relation between theory and practice

- 1- What is the relation between the theory content shared in classrooms and the necessities of the health services in DF?
- 2- Would you make any suggestion of modification on the theory content to be worked out in classrooms here at school starting from a service demand? Have you ever seen it happening here? (ex: a surge of Hantavirus)

Category 5 – Assessment and evaluation

- 1- What are the assessment form used in ETESB's nursing technical course?
- 2- How do you assess your students?
- 3- What do you understand by summative assessment?
- 4- And by formative assessment?
- 5- Suppose that the school and the course were passing by an external evaluation; what should assessed by the evaluators? (what types of tools do you think that should be used by the evaluators?) Who do you consider important to be included as an evaluator of the school and the course?

APPENDIX B

STATEMENT OF FREE AND INFORMED CONSENT - Docents

(According to the norms of the CNS 196/96 Resolution)

You are being invited to participate in a study about the implementation process of the integrated curriculum at the Health Technical School of Brasília and its implications to the practices of students and professors of the nursing technical course.

Your participation in this project is **voluntary**. Agreeing on participating in this study, you are going to pass through a recorded interview – the estimated time for answering all the questions is fifteen to thirty minutes. If any question causes you embarrassment, you will not need to answer it. The data collected on the interviews will be confidentially processed and will not identify the person who gave it. Any information about the study can be obtained at any time. To contact the researcher responsible for it, Luciano de Paula Camilo, just call (61) 33254967 during business hour; the telephone number of FEPECS Committee on Ethics in Research, in which this study was approved (n. 127.309/2012) is: (61)33254955. This term was written in two copies, one being handed to you and the other will stay with the main researcher, who will also be responsible for the safekeeping of the questionnaires..

I, _____, have read and understood all the information contained on this Statement of Free and Clear Consent and I agree on participating in this study project.

Participant / Identity Number

Luciano de Paula Camilo (main researcher)

Brasília, ___ / ___ / 2012

APPENDIX C

MHPE Questions – Students

You are invited to indicate how each statement is regarded with your experience until the current moment of your course at this School; Bear in mind that when you read the word “School” in all the statements, It is referred to the Health Technical School of Brasília (ETESB).

Bear in mind that this questionnaire is **not** about right or wrong answers. Each person has his/her own ideas, opinions and study habits. You are NOT going to be identified, so you may answer it without the worry of being evaluated.

The scale used in the second column goes from 1(one) to 5(five), and it is related to the statement in the first column. These are the significances for each number:

(1) Totally disagree [Discordo totalmente]; (2) Disagree more than agree [Discordo mais que concordo]; (3) Undecided/Indifferent [Indeciso/Indiferente]; (4) Agree more than disagree [Concordo mais que discordo]; and (5) Totally agree [Concordo totalmente]

Statements	1-5 Scale
1. The students participate on the curricular activities planning of the School's nursing	1 2 3 4 5

technical course.	
2. As a School student, I was informed of who is able to participate on the curricular activities planning of the nursing technical course.	1 2 3 4 5
3. At the school, the activities planning of the nursing technical course is a unique and exclusive responsibility of the professors and the coordinator.	1 2 3 4 5
4. In our course, the internship fields are the moments to perform in practice the techniques learned at the School.	1 2 3 4 5
5. The experience had in the internship fields has been making the student, by interacting with that reality, able to find solutions for the improvement of health services.	1 2 3 4 5
6. During the professional practice in service (PPS), the student practices everything they have learned in classroom and laboratories.	1 2 3 4 5
7. When I start a practice in an internship field, I feel that what I have learned in the classroom and laboratories is very different to what is really done in the health services.	1 2 3 4 5
8. Even after the completion of the activities proposed by the School's professors, I do not feel myself ready to go to the professional practice in service (internship).	1 2 3 4 5
9. The exchange of experiences among the students of the nursing technical course and the health service professionals was an important part of my practical learning	1 2 3 4 5
10. During the PPS the docents promote a discussion with the students about how we could improve the health services.	1 2 3 4 5
11. I study only the contents exposed by the professors in the classroom, trusting that what they prepare and teach to us will be sufficient for a good instruction during the course.	1 2 3 4 5
12. I study the contents worked out in the classroom using exclusively the textbooks that I receive at school.	1 2 3 4 5
13. I do not see any usage on the activities in small groups in the classroom.	1 2 3 4 5
14. I always search other didactic materials in the library and/or the internet to complement my learning.	1 2 3 4 5
15. Professors give space for us to bring real situations in the health area to discuss in the classroom.	1 2 3 4 5
16. Professors associate new contents they teach to the knowledge that I already have.	1 2 3 4 5
17. The problematization methodology adopted by the school is well discussed with the students and we feel comfortable to apply them in our activities	1 2 3 4 5
18. As a student of the School, I have already contributed beside one or more professors for the construction of a problem to be discussed by the students.	1 2 3 4 5
19. Learning is applying the knowledge transmitted by the professor in the class.	1 2 3 4 5
20. It is a waste of time to make the student discuss the problems they face instead the professor makes an expositive class.	1 2 3 4 5
21. Docents correlate the theoretical content shared in the classroom with the necessities of DF's health services	1 2 3 4 5
22. The situations experienced by us, students, in the health services usually do not influence in the content worked out in the School.	1 2 3 4 5

23. The experiences that the students have during the execution of activities proposed by the School in the theoretical part, as much as in the practical part, contribute for the improvement of the School's curriculum.	1 2 3 4 5
24. The way how the evaluation is carried out is a moment of learning for the student.	1 2 3 4 5
25. In most cases, I was evaluated during the development of the units, and not only at the end of them.	1 2 3 4 5
26. The written evaluations I have made along the nursing technical course contemplate everything that was worked out by the professors in the classroom	1 2 3 4 5
27. Professors always provide feedbacks regarding the written tests, making the student have another learning opportunity.	1 2 3 4 5
28. Professors are used to promote evaluations of the practical activities in the laboratory as much as in the internship fields.	1 2 3 4 5

APPENDIX D

STATEMENT OF FREE AND CLEAR CONSENT - Students

(According to the norms of the CNS 196/96 Resolution)

You are being invited to participate in a study about the implementation process of the integrated curriculum at the Health Technical School of Brasília and its implications to the practices of students and professors of the nursing technical course.

Your participation in this project is **voluntary**. Agreeing on participating in this study, you are going to answer a questionnaire – the estimated time for answering all the questions is twenty to thirty minutes. If any question causes you embarrassment, you will not need to answer it. The data collected on the questionnaires will be confidentially processed and will not identify the person who gave it. Any information about the study can be obtained at any time. To contact the researcher responsible for it, Luciano de Paula Camilo, just call (61) 33254967 during business hour; the telephone number of FEPECS Committee on Ethics in Research, in which this study was approved (n. 127.309/2012) is: (61)33254955. This term was written in two copies, one being handed to you and the other will stay with the main researcher, who will also be responsible for the safekeeping of the questionnaires.

I, _____, have read and understood all the information contained on this Statement of Free and Clear Consent and I agree on participating in this study project.

Participant / Identity Number

Luciano de Paula Camilo (main researcher)

Brasília, ___ / ___ / 2012

APPENDIX E

CURRICULAR MATRIX

GDF – SES – FEPECS			
HEALTH TECHNICAL SCHOOL OF BRASÍLIA			
COURSE: NURSING TECHNICAL			
MODULAR SYSTEM			
SHIFT: DAYTIME			
MODUL ES	THEMATICAL AREAS	EDUCATIONAL UNITS	WORKLOAD
I	EDUCATING FOR HEALTH	<ul style="list-style-type: none"> • Education for health • Safety and Biosecurity in Health Actions • Working Process in Collective Health • First Aid 	250
II	ACTING IN THE PROCESS OF ORGANIZATION, HEALTH PROMOTION AND PREVENTION OF AGGRAVATIONS	<ul style="list-style-type: none"> • Working Process in Nursing • Biosecurity in Nursing 	650
	ACTING IN HEALTH CARE OF CHILDREN, TEENAGERS, WOMEN AND PSYCHIATRIC COSTUMERS	<ul style="list-style-type: none"> • Nursing Actions in Collective Health • Nursing Actions in Health Care of Children, Teenagers and Women • Nursing Actions in mental health 	
	ACTING IN THE HEALTH OF INSTITUTIONALIZED COSTUMERS	<ul style="list-style-type: none"> • Nursing Actions to Children, Adults and Seniors in Clinical Treatment • Nursing Actions to Children, Adults and Seniors in Surgical Treatment 	
III	ACTING IN THE MANAGEMENT, EDUCATION AND HEALTH RECOVERY PROCESS	<ul style="list-style-type: none"> • Work Management in Nursing • Nursing Educational Actions in Collective Health • Nursing Actions in Costumers under Urgency / Emergency Situations and in Serious Condition. 	300
PROFESSIONAL PRACTICE IN SERVICE			600
TOTAL WORKLOAD			1.800
<p>Observations:</p> <p>The workload is defined in clock hours.</p> <p>The conclusion of Modules I and II grants the Certification of Technical Level Professional Qualification in Nursing Auxiliary and the conclusion of modules I, II and III grants the Nursing Technician Diploma.</p> <p>The workload of the Professional Practice in Service, corresponding to the Curricular Supervised Internship, is distributed in the Modules II and III.</p>			

