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PRACTICE SETTINGS IN PRIMARY HEALTH CARE: TYPOLOGY FOR TEACHING-CARE UNITS

Cenários de prática na atenção básica: tipologia para unidades docente-assistenciais

Escenarios de práctica en la atención básica: tipología para las unidades docente-asistenciales

José Francisco Gontan Albiero
Regional University of Blumenau (*Universidade Regional de Blumenau - FURB*) - Blumenau (SC) - Brazil.

Sergio Fernando Torres de Freitas
Federal University of Santa Catarina (*Universidade Federal de Santa Catarina - UFSC*) - Florianópolis (SC) - Brazil.

ABSTRACT

Objective: To analyze the teaching-service integration through typologies of teaching- care units (TCUs) in primary health care. **Methods**: Qualitative study performed in six primary care units of two municipalities in the state of Santa Catarina, Brazil, which have an agreement and partnership with public and private higher education institutions, in the period from August to November 2015. The research was conducted by means of three instruments: documentary analysis, field observations and semi-structured interviews, with subsequent triangulation. The interviewees were teachers, students and health professionals working in primary care, totaling 18 interviews, 9 in each municipality. All the teachers and students participating in the research belonged to the nursing and medicine courses, as these were the only courses present in all the units selected for the research. The interviews were analyzed through the content analysis technique. **Results:** Four types of TCUs were identified: (1) supervision and shared schedule; (2) preceptorship and shared schedule; (3) preceptorship and own schedule and (4) supervision and own schedule. Documentary analysis revealed longevity in the partnerships between the public and private educational institutions with practice scenarios and pedagogical objectives based on the National Curricular Guidelines of the courses. **Final considerations:** With regard to favoring the teaching-service integration, types 1 and 2 are those assumed as more powerful, followed by types 3 and 4. This typology can contribute to the understanding of teaching-service relationships, the integration of teaching-care activities and their effectiveness.

Descriptors: Teaching Care Integration Services; Staff Development; Public Health.

RESUMO

Objetivo: *Analisar a integração ensino-serviço através de tipologias de unidades docente-assistenciais (UDAs) na atenção básica.* ***Métodos:*** *Estudo qualitativo realizado em seis unidades básicas de saúde, de dois municípios do estado de Santa Catarina, Brasil, que possuem convênio e parceria com instituições de ensino superior públicas e privadas, no período de agosto a novembro de 2015. A pesquisa foi realizada por meio de três instrumentos: análise documental, observações no campo e entrevistas semi-estruturadas com posterior triangulação. Entrevistaram-se docentes, discentes e profissionais do serviço com atuação na atenção básica, totalizando 18 entrevistas, sendo 9 em cada município. Todos os docentes e estudantes participantes da pesquisa pertenciam aos cursos de enfermagem e medicina, por serem os únicos cursos presentes em todas as unidades selecionadas para a pesquisa. As entrevistas foram analisadas pela técnica de análise de conteúdo.* ***Resultados:*** *Identificaram-se 4 tipos de unidades docente-assistenciais: (1) supervisão e agenda compartilhada; (2) preceptoria e agenda compartilhada; (3) preceptoria e agenda própria e (4) supervisão e agenda própria. A análise documental revelou longevidade nas parcerias entre as instituições de ensino pública e privada com os cenários de prática e objetivos pedagógicos baseados nas Diretrizes Curriculares Nacionais dos cursos.* ***Considerações Finais:*** *Quanto ao favorecimento à integração ensino-serviço, o tipo 1 e 2 são os que se pressupõe possuir maior força, seguido pelo tipo 3 e 4. Esta tipologia pode contribuir para o entendimento das relações ensino serviço, integração das atividades docente-assistenciais e efetividade.*

Descritores: *Serviços de Integração Docente-Assistencial; Desenvolvimento de Pessoal; Saúde Pública.*

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RESUMEN

Objetivo: *Analizar la integración educación-servicio a través de tipologías de unidades docente-asistenciales (UDAs) de la atención básica.* ***Métodos:*** *Estudio cualitativo realizado en seis unidades básicas de salud de dos municipios del estado de Santa Catarina, Brasil, que tienen convenio y sociedad con instituciones de educación superior públicas y privadas en el periodo entre agosto y noviembre de 2015. La investigación fue realizada con tres instrumentos: el análisis documental, la observación de campo y las entrevistas semi-estructuradas con triangulación a posteriori. Se entrevistaron a los docentes, los discentes y profesionales del servicio que actúan en la atención básica en un total de 18 entrevistas siendo 9 en cada municipio. Todos los docentes y estudiantes participantes de la investigación eran de los cursos de enfermería y medicina ya que eran los únicos cursos presentes en todas las unidades elegidas para la investigación. Las entrevistas fueron analizadas a través del análisis de contenido.* ***Resultados:*** *Se identificaron a 4 tipos de unidades docente-asistenciales: (1) supervisión y agenda compartida; (2) preceptoría y agenda compartida; (3) preceptoría y agenda propia e (4) supervisión y agenda propia. El análisis documental reveló la longevidad de las sociedades entre las instituciones de educación pública y privada con los escenarios de práctica y objetivos pedagógicos basados en las Directrices Curriculares Nacionales de los cursos.* ***Conclusión:*** *Los tipos 1 y 2 favorecen la integración educación-servicio y son los que se supone tener más fuerza siendo seguidos de los tipos 3 y 4. Esa tipología puede contribuir para la comprensión de las relaciones de educación y servicio, la integración de las actividades docente-asistenciales y la efectividad.*

Descriptores: *Servicios de Integración Docente Asistencial; Desarrollo de Personal; Salud Pública.*

INTRODUCTION

There is a historical relationship between higher education institutions and health services in Brazil as practice settings. In brief retrospect, both the institutional approaches as the obstacles and challenges to its effectiveness are identified[1]. In the last years, a movement of expansion and strengthening of the education process in health is perceptible, inducing changes from the approximation of the education towards the health system[2].

Studies indicate that the teaching-service integration can contribute to reduce the distance between college education, local reality, and the needs presented by the Brazilian Unified Health System (SUS), broadening the commitment to its principles, in addition to developing actions and projects that bring pedagogical objectives and local priorities closer to each other, also creating synergies between courses and disciplines that work in the services[3-5]. Other research studies, however, highlight difficulties in this process: different perceptions by the actors involved; lack of role definition and the tendency for domination of one group over another[6-8], different institutional interests[9,10], methodological difficulties, and integration based on particular negotiations[5, 11-13].

It is possible to notice a considerable increase in research studies, publications and experiences along the last 15 years on the teaching-service integration in the country. A number of factors that contribute to the explanation of such situation can be mentioned: (i) the publication of the National Curricular Guidelines (NCG) for health courses, which distictively point to meaningful learning within and for the SUS, with integration of professionals and community in a variety of practice settings[5,7,11]; (ii) the conception of public policies that are intended to and encourage in-service education, a process that provides feedback to the reflection, updating and reformulation of the political-pedagogical projects of the educational institutions[2,6]; (iii) the identification of the teaching-service integration as a collaboration 'strategy' in continuing education. The Health Pact (2006), specifically the Pact for SUS Management, highlights 'Health Education' among its guidelines, with cooperative actions between the three spheres of government, educational institutions, services, and the social control, aiming at the development of the network staff and the academic education for SUS[4,7] and (iv) the need for investigation and understanding of the repercussions of the process on those involved, in order to support the decision-making process for the extension and continuing qualification of the work[14,15].

Form this perspective, one can realize that the teaching-service integration in the country undergoes a process of expansion and qualification, and cases of its institutionalization, such as in Porto Alegre, Florianópolis, Fortaleza and Sobral, are found in the literature[16-18]. In those experiments, the practice settings are similar to that of the Primary Care, but the work models and the relationship between the university and the service and the community present variations.

The objective of the present study is to analyze the teaching-service integration through typologies of teaching-care units in primary care.

METHODS

A descriptive study, using qualitative techniques and instruments[19,20], was carried out in two municipalities in the state of Santa Catarina from August to November 2015. The selected municipalities have an articulated health services network and a long history of agreement and partnership with higher education institutions.

The selection of these cases was performed in order to address research participants from both public and private higher education institutions, and to analyze whether there is any noticeable difference between them, with regard to the teaching-service integration.

With the support of the health education sector of the municipal health secretariats of the municipalities and the coordination of the medical and nursing courses, three coordinators of basic health units and three teachers were intentionally selected to participate. In addition, each of the teachers pointed out a student who was acting in the community during the semester of data collection. The total group was then composed of eighteen individuals (nine from each case / municipality).

The inclusion criteria were defined, for the coordinators of the selected units, by means of the experience with teaching-service integration; and, for teachers, the existence of teaching, research and extension activities in the network, for a minimum period of 5 years in both cases.

The option for medical and nursing courses occurred because these were the only ones present in the six units selected for the research. With regard to the health units, their selection considered the operation of the Family Health Strategy (FHS), since this is understood as the benchmark for primary care in the country.

The research was carried out with three instruments: semi-structured interview, documentary analysis and direct field observations by the researcher.

The script of these interviews was the same for all participants (unit coordinators, teachers and students) and comprised issues related to the routine in the teaching-care units (TCUs), such as the participation in planning, construction of the agenda and work processes, description of activities carried out in the health units, as well as evaluation processes and actions for monitoring of the joint routines. The interviews were transcribed verbatim and submitted to content analysis[21] for identification of elements that could characterize the relationship and routine within the selected TCUs.

Documentary analysis was carried out based on three documents: (i) binding agreement between the participating institutions; (ii) political-pedagogical projects of the medical and nursing courses of the institutions involved, with special attention to the chapters related to practical classes and internships and (iii) internship regulations.

In these documents, its main format and content elements were assessed, but mainly the elements that characterize the forms of relationship between the university and the health service.

Two observations were made in each setting (three health units with teachers and students of public institutions, and three of private institutions), totaling 12 observations in the field.

The observations were focused on the routine of the unit, work processes, distribution of tasks, conferences and meetings for adjustments and planning, and especially the teaching-service work relationships. Observations were followed up with use of fieldnotes.

The data collected in the three sources of information (interviews, documentary analysis and observation reports) were submitted to triangulation, in the perspective that this combination evidences convergences between the findings and minimizes the risk of bias[22].

On the one hand, the elements identified in the analysis of the three documents selected in the research were cited both in the the interview reports and in the fieldnotes. On the other hand, the description of the work processes and integration routines experienced by the subjects were easily identified through the field observations and appear in multiple moments of the records. By the end of this process, the elements that compose the proposed typology had been characterized, and they are presented and discussed in the results of this work.

This research was analyzed and approved by the Ethics Committee for Research with Human Beings under Opinion no. 9888.520, dated 12/03/2015.

RESULTS AND DISCUSSION

The terms of the agreement binding public and private universities and the municipal health secretariats present similarities concerning their format and content: they describe the responsibilities and duties of each institution with respect to deadlines, timetables, compulsory insurance collection, and release of follow-up and evaluation reports.

Moreover, in both cases, longevity is identified in these partnerships. The first agreements with the public institution are from the beginning of the 1980s and, with the private sector, from the second half of the 1990s.

Similarities were also identified in the pedagogical projects and internship regulations of the courses of both institutions, regarding the last reformulations, implemented between 2010 and 2012, with no specification of expiration date, but suggesting a revision within four years. Particularly with respect to the four internship regulations that were assessed, it was identified that their conception was carried out by the teachers and managers of the course, without the participation of the services where they take place.

In the pedagogical projects of the courses, specifically in the chapters addressing practical classes and internships, convergent points are also perceptible. The pedagogical objectives of these activities based on the NCG stand out, emphasizing the importance of teamwork in different scenarios, and aiming at the community co-participation in the health actions that are carried out.

The internship regulations define issues that are more operational, such as norms, evaluation mechanisms and instruments, workload distribution, full-time teacher presence before the students (known as supervisor), or reception of the student by a health professional (called the preceptor), as well as the proportion of the number of students for each professional, and a variety of measures.

In the field observations, the accomplishment of the activities conducted by a teacher or preceptor was easily identified. In some cases, the teacher (supervisor) remains full-time in the unit, guiding the students, arranging the operational and logistical issues for the actions, and serving as a 'link' with the staff and users. In other cases, as the students arrived at the unit, they referred directly to the responsible professional (preceptor) in order to organize the daily routine, their activities and insertion in the practical activities of the unit.

Some distinctions regarding the activities performed were observed. In cases with the presence of a supervisor, even if unintentionally, the activities are more 'traditional/academic', with specific moments for planning the actions of the day, for discussion of the cases and the work process, and for monitoring each activity fulfilled. In cases with the presence of a preceptor, it was possible to perceive a more autonomous action of the group of students in front of the work routine. In many situations, the students had a brief initial contact with the preceptor for agreements on the demands of the day, and then inserted themselves into the activities of the staff.

In this sense, the first element composing the typology was identified: the link between the university and the service, in the forms of supervision or preceptory. This component was included in the model because of two characteristics: a) it summarizes the forms of pedagogical relationship between service and university; b) it is essential for the integration of knowledge and experience between the institutions.

In the transcripts of the interviews, specifically in the reports of the unit routine, similar points were perceived among the study participants, be they of the academic intitutions (teachers and students) of both courses or professionals working in the network, such as: cordial relationship among those involved, the difficulties in planning time for work and studies together, the great demands of the health care, which are amplified by incomplete health teams, and the deficient structure.

Simultaneously, different situations were observed in the reports of work routines, especially in the management and organization of work agendas. It is important to detail what is called 'agenda management' in the present study. This was the term used to characterize the relationship and organization of work processes between the service health team and the university group.

In some units, the agenda is shared, that is, the activities planned for the day, whether they be home visits, by some educational group, or actions outside the unit, were incorporated by the university group and the work was done by all. While in others, the health unit provided them with physical space and its own agenda for community assistance, and the group of academics performed their care activities independently.

In the field observations, there were cases in which the very room assigned to the university had a door sign with the name of the institution, characterizing exclusivity in its use. In such cases, scheduling the appointments, calling the users in and making their referrals were also performed separately from the unit. In other cases, however, the group of students and teachers were included in the very activities of the team for the actions of a particular day (community actions, home visits, individual visits etc.), also sharing tasks and physical space.

From this analysis, the second element for the typology proposal was chosen: the form of organization of the work processes and distribution of activities, here called shared agenda when the activities carried out by the students are defined by the needs of the unit, within its routine and integrating the teaching-care activity; and called their own agenda, when the activities carried out by the students are defined outside the routine and needs pre-defined by the unit, without the natural integration of the student.

From these components, it was possible to organize the typology proposal, summarized in Chart 1, which proposes four types of TCUs in Primary Care, with two elements of analysis.

Chart I - Typology of Teaching-Care Units in Primary Health Care according to the type of agenda and guidance. Florianópolis, Santa Catarina, Brazil, 2015.

Type	Agenda	Guidance
01	Shared	Supervision
02	Shared	Preceptory
03	Own	Preceptory
04	Own	Supervision

Regarding which types of TCUs are most conducive to teaching-service integration, the collection and analysis of all the material accumulated through this research, in addition to reflections and readings from literature on the subject, evidenced two hypotheses for reflection:

(i) as for the 'agenda management': it is assumed that the TCUs which do it in a 'shared' way are more favorable to integration, while those with their 'own agenda' conduct it as practical classes attended in another setting, different from the university outpatient clinic, which weakens the teaching-service integration;

(ii) with respect to the element 'guidance': a certain similarity is presumed in the encouragement of the teaching-service integration, regardless of the role played and guidance provided - by the preceptor or supervisor. The support to the teaching-service integration may vary according to issues such as the commitment of those involved (teaching – service – management – community) to the principles and guidelines of SUS, and the advocacy of health protection as a right, where our welfare, citizenship and social justice policy is a universal, comprehensive and equitable perspective. Therefore, the commitment with continuing education and in-service training is also strengthened, with adjustment of the pedagogical objectives and local demand in favor of the effectiveness of the process for all.

In this sense, the present study proposes a typology and a classification on the favoring of the teaching-service integration in SUS Primary Care (Chart 2) and points to the need for assessments that seek, in the empirical data, elements that can answer to these questions and contribute to the process.

Chart II - Typology of Teaching-Care Units in Primary Health Care according to type of agenda, type of guidance and classification of the strength favoring the teaching-service integration. Florianópolis, Santa Catarina, Brazil, 2015.

Type	Agenda	Guidance	Classification
01	Shared	Supervision	Very strong
02	Shared	Preceptory	Strong
03	Own	Preceptory	Weak
04	Own	Supervision	Very weak

There is no consensus as to the roles and functions in the guidance of the activities in the TCUs. A study[23] conceptually presents the terms supervisor, preceptor, mentor and tutor, as well as their functions and activities related to the education in health, due to the semantic proximity and the confusions they might give rise to. Based on an extensive theoretical research, it proposes a framework to differentiate these terms and explains that preceptor is that professional of the service, whose role is to teach with a focus on objectives and technical instructions, acting in their very work environment and in real clinical situations. The supervisor is a teacher, , whose role is to observing the activities performed and ensure the quality of the actions, acting in real clinical situations, but also aiming at pedagogical issues, proposing reflections and evaluations of the practices performed.

These concepts were adopted, but it is clear that, by itself, being a preceptor or supervisor is not enough to ensure the integrated practice. There are factors that interfere in these roles, such as the bonding and the commitment to qualify for the SUS, together with the community and in a team. In a supervisor's speech, with internship practices in the same unit for little longer than five years, his relationship with the health team is perceptible and, consequently, so are the effects on his group of students:

> *"I've been here for a long time, right, I'm part of the team. To the point that my name is on the birthday calendar [laughs] and it makes it easier to conduct planning, negotiations, for us to do things together, and the movement of my students" (Teacher 03).*

The bonding allows for commitment and co-responsibility connections between the ones involved, and this is achieved through a longitudinal approach, in which a continuous source of attention reflects intense interpersonal relations and is expressed in mutual identification[24-26]. This supervisor, in addition to working in the clinical-theoretical perspective, plays the role of a link between the students and the health team, thus becoming essential for the joint trajectory[27].

In the interview of two preceptors, variations were identified according to the perception that their action contributes to the qualification for the SUS, but also that the presence of the university contributes to the motivation and improvement of the professionals.

> *"This is indeed an additional work for us, but they are the ones who will come here in the future and continue the work, aren't they? Besides that, I'm studying this, right? I put them all together with us, [in] meetings, visits, organization of the campaigns" (Preceptor 02).*
>
> *"There is one more thing: we get excited about their ideas [talking about the students] and, when we discuss cases, we retrain some things and learn some new ones" (Preceptor 01).*

Nevertheless, the extensive assistance demand renders their responsibility often operational:

> *"It's not feasible, we've got a lot of people to attend to. I know it's important, but I can't handle that. At most, to arrange schedules, rooms etc., and let them work. They have their doubts clarified later on by their university teachers" (Preceptor 03).*

Investment in the training of preceptors has been part of the inducing policies of the Ministries of Health and Education for at least a decade, by means of programs and projects. The articulation of these large areas is key for the construction of new knowledge and health care practices, both of the professionals that make up the services and of the new workforce that is being qualified in all health courses[2,28]. Furthermore, the interest in understanding thoroughly the role of the preceptor in the primary care has already been studied and has pointed out the need for investment through continuing education focused on interdisciplinarity[29].

Recent research with preceptors reveals challenges for their work along with the university: lack of specific pedagogical training for planning and follow-up of activities, and the intense demand for care with a deficient physical structure; on the other hand, their action is fundamental, given that they know the service deeply, have a facility for the approach of the academic community to the health team and users, and mainly because of the knowledge exchanged during the daily routine and through interprofessional work[30-31].

According to the teachers (supervisors), their dilemmas lie in their ability to equate the pedagogical objectives and the demands of local reality – services, workers and users – their flexibility to make adjustments, their readiness for teamwork and collective agreements. The supervisor who performs their activities – integrative, clinical and pedagogical – in the quotidian of concrete and real actions existing in the health units has the potential to favor the teaching-service integration and, with this, to impact on the education of the students, the continuing training of the professionals involved, and on the quality of care provided to the community[32-33].

Regardless of the form of guidance, either under supervision or in the preceptory, favoring the teaching-service integration and the effectiveness of the process requires professionals trained in the pedagogical aspects, while maintaining their updating and clinical quality, aspects that have not always been observed in Brazil.

Regarding the management of agendas, the results show that, in the TCUs with their own agenda, supervisors and preceptors describe predominantly operational and objective activities, emphasizing the autonomy in the provision of services and the learning opportunity with so many different clinical cases.

> *"We are super adapted. The group arrives, picks up the schedule, settles down in the office and immediatly starts bringing the patients in. With this, we have decreased the demand for the unit and we are granted the opportunity to see lots of interesting and different things. For them, this is great [...] "(Teacher 01).*
>
> *"Sometimes I don't even see them (students under preceptory). They already know what to do on each day and, as soon as they arrive, they begin to see the patients." (Preceptor 03).*

One can perceive that having their own agenda leads to a dissociation between the objectives of the groups involved and shows a mismatch. While the university goes to this practice setting with eminently pedagogical objectives, whether clinical or not, the service has different expectations, such as[34]: qualification of its human resources, improved resolvability, greater social legitimacy, resolution of repressed or specialized demands.

Both have legitimate objectives, but, if work processes, agendas and planning are not shared, the teaching-service integration is not fully effective, or otherwise in part.

One study[35] sees an advance in the improvement of interinstitutional relations and in the valorization of the roles of both in the training of new professionals, but it considers that sharing the pedagogical objectives and the demand for care in the TCUs still poses a challenge, with repercussions for all those involved: management, university, service professionals and community.

In the TCUs where planning, work processes and agendas are shared, despite the identification of difficulties related to great demands for care and the need for fulfilment of the proposed pedagogical objectives, the identification of bonding and the accomplishment of integrated work are noticeable:

> *"[...] you know, I've been here since the beginning of the year. They already know me here, I made friends, so I arrive and I already know it's the visiting day. The visitation list has been discussed during the team meeting held on Thursday, and I'm already acquainted with the family. I go out with the people here and, when there's time available, when we return we even discuss the case and the things to be registered in the medical record..." (Student 02).*
>
> *"[...] I look forward to getting my hands dirty. I really want to serve. I've experienced such a long time of classroom theory and I want to see the patients. Another cool thing here is being able to do things along with the team, the group of pregnant women, really, is the apple of my eyes. We do everything together. We (referring to the team) and they (referring to the pregnant women)... from the things to be done up to how to get them organized [...] "(Student 03).*

A recent integrative review of the literature addressing the subject highlights the advancements in the teaching-service integration, seen through the documents analyzed, and the student's approach to the reality of the system and to the care settings is with a recurrently identified as something that contributes not only to their training, but also to the reorganization of the work processes, and to motivating the professionals, thus impacting on the quality of health care of the population[35].

Despite the knowledge of many existing factors that influence the effectiveness of teaching-service integration, as shown in the body of the present study, the proposed typology allows for reflection and recommends further studies. The management of agendas is presumed to be the main responsible for favoring the teaching-service integration. Conducting the activities with

their own agenda ends up isolating the actions into two distinct groups (pedagogical and assistance) and, in most cases, in different physical spaces (rooms and clinics); while the shared agenda favors both working in the same routine, activities, and community.

It is also important to emphasize that, with a shared agenda, the two agents – university and service – are forced to make their primary objectives less rigid, in favour of a new shared objective: the demand for care in the unit and the pedagogical objective cannot overlap, which forces the discussion and the adjustment of common and integrated activities.

As to the second element (type of guidance), a similarity is observed, though there is a variation related to the type of agenda.

In the TCUs with their own agenda and guidance by preceptory, there is at least the possibility of teaching-service integration with the preceptor; conversely, when guidance is conducted by supervisors, there is a tendency for total isolation of both groups, in which the university ends up performing its traditional practices in another setting, without integration with the service.

FINAL CONSIDERATIONS

The study points to a typology of TCU taking into account two key points for the process of teaching-service integration: the characteristic of the guidance, by means of supervision or preceptory; and the work process in the unit, whether with shared agenda (with the routine of the service team) or with an specific agenda for the university group.

The study highlights that the main element of this typology is the management of the agenda, being responsible for favoring or hindering the teaching-service integration, even if the conduction of the work process, whether by supervisor or preceptor, can make a difference.

Moreover, it reflects on the strength of this favoring and assumes the hypothesis that the TCUs type 1 and 2 are the ones that have the greatest integration strength, followed by type 3, while type 4 does not achieve integration, but merely modifies the students' practice scenario.

This typology can contribute to the understanding of teaching-service relationships and to studies related to the integration of teaching-care activities, their effectiveness and other evaluation processes.

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Mailing address:
José Francisco Gontan Albiero
Programa de Pós-Graduação em Saúde Coletiva da Universidade Federal de Santa Catarina
Rua Delfino Conti, s/n - Bloco H
CEP: 88040-900 - Florianópolis - SC - Brasil
E-mail: chicoalbiero@gmail.com