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HISTORICAL TRAJECTORY OF CURRICULAR TRAINING IN BRAZILIAN UNDERGRADUATE NURSING PROGRAMS: DILEMMAS AND TENSIONS*

Larissa Sapucaia Ferreira Esteves¹, Isabel Cristina Kowal Olm Cunha², Elena Bohomol³, Vanessa Ribeiro Neves⁴

ABSTRACT: Objective: describe and analyze the historical trajectory of the legislation underlying undergraduate Nursing education in Brazil, focusing on the development of the Curricular Training from the start of vocational education until today. Method: qualitative and historical study using documentary analysis. The data were collected between February and April 2017. The primary data sources were laws, decrees, resolutions and official opinions of federal and professional entities issued between 1890 and 2017. Results: twenty-one official documents were identified that regulated the historical trajectory of higher Nursing education and curricular training. The intentionality of the traineeships underwent profound changes in the course of history, from the supply of workforce to professional competency building. Conclusion: despite disputes between the educational sphere and the job world, it should be weighted that these are not contrary but complementary systems.

DESCRIPTORS: Traineeships; Education, Higher; Nursing; Education, Nursing; History of Nursing.

TRAJETÓRIA HISTÓRICA DO ESTÁGIO CURRICULAR NA GRADUAÇÃO EM ENFERMAGEM NO BRASIL: DILEMAS E TENSÕES

RESUMO: Objetivo: descrever e analisar a trajetória histórica da legislação que sustenta o ensino de graduação em Enfermagem no Brasil, com foco no desenvolvimento do Estágio Curricular desde o princípio da formação profissional até os dias atuais. Método: estudo qualitativo, de natureza histórica, que utilizou a análise documental como abordagem. Os dados foram coletados entre fevereiro e abril de 2017. As fontes primárias dos dados foram leis, decretos, resoluções e pareceres oficiais de órgãos federais e da profissão, no período de 1890 a 2017. Resultados: foram identificados 21 documentos oficiais que regulamentaram a trajetória histórica do ensino superior em Enfermagem e do estágio curricular. A intencionalidade dos estágios passou por profundas modificações ao longo da história, partindo da oferta de mão de obra para momento de edificação de competências profissionais. Conclusão: embora haja disputas entre o campo da formação e o mundo do trabalho, há que se ponderar que não se trata de forças contrárias, mas de sistemas que se complementam.

DESCRIPTORES: Estágios; Educação superior; Enfermagem; Educação em enfermagem; História da enfermagem.

TRAYECTORIA HISTÓRICA DE LA PASANTÍA CURRICULAR EN LA EDUCACIÓN DE PREGRADO EN ENFERMERÍA EN BRASIL: DILEMAS Y TENSIONES

RESUMEN: Objetivo: describir y analizar la trayectoria histórica de la legislación que soporta la enseñanza de pregrado en Enfermería en Brasil, con foco en el desarrollo de la Pasantía Curricular desde el principio de la formación profesional hasta los días actuales. Método: estudio cualitativo, del tipo histórico, que utilizó el análisis documental como aproximación. Los datos fueron recolectados entre febrero y abril del 2017. Las fuentes primarias de los datos fueron leyes, decretos, resoluciones y opiniones oficiales de entidades federales y profesionales, en el período desde 1890 hasta 2017. Resultados: fueron identificados 21 documentos oficiales que regularon la trayectoria histórica de la educación superior en Enfermería y de la pasantía curricular. La intencionalidad de las pasantías pasó por modificaciones profundas a lo largo de la historia, avanzando desde la oferta de mano de obra hacia la construcción de competencias profesionales. Conclusión: a pesar de disputas entre el campo de la formación y el mundo del trabajo, se debe ponderar que no se trata de fuerzas contrarias, pero de sistemas complementarios.

DESCRIPTORES: Pasantías; Educación Superior; Enfermería; Educación en Enfermería; Historia de la enfermería.

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● INTRODUCTION

For a long time, nursing care was not thought of as based on a set of theoretical knowledge, but only as a set of practical experiences, and often completely disjointed from theory. Other non-nurse practitioners were often responsible for the supervision. Many schools were set up in Brazil only to cheapen hospital care by exploring students' practical and unpaid work⁽¹⁻³⁾.

Since 1988, the Brazilian population has witnessed the strengthening of health policies, programs and actions proposed by the Unified Health System (SUS) through the ongoing implementation of innovative strategies. The practical consolidation of the doctrinal and organizational principles that guide the SUS has provoked a series of transformations in the way health care is offered, generating concerns at the training establishments⁽⁴⁾.

The training of a professional critical mass capable of understanding the principles and guidelines of the SUS is a condition to guarantee the solid health actions and progress in the practice of healthcare comprehensiveness, humanization, promotion and surveillance⁽¹⁾. To that end, the alignment between the health and education sectors was indicated by the Federal Constitution, Art. 200, which defines that it is the responsibility of the SUS to "organize human resource training in the health area"⁽⁵⁾.

In this perspective, there is no way to ensure the construction of the Unified Health System without considering the nature of the training process in depth. The teaching-learning means and methods that seek to approach and insert the future professional in the concrete world of health work constitute strategies to ensure the implementation and effectiveness of the health policies as they were idealized⁽²⁾ and this moment of insertion in the professional practice has different concepts and meanings throughout history.

The clinical activities developed in health services do not have the same category of Supervised Curricular Training (SCT). The misinterpretation that includes any clinical practice as SCT sustains the continuation of old teaching models, in an apparent adaptation to the new guidelines⁽⁶⁾.

The SCT is characterized by the termination of the education process and can bring important educational contribution to the nurses, being a strategy that truly impacts the professional education, being part of a curricular structure that guarantees in advance both clinical practices of specific disciplines and activities intended to bring the student closer to the professional practice in diversified settings^(3,6).

In view of the articulation and training potential of the SCT, the Brazilian Curricular Guidelines (BCGs) for Undergraduate Health Programs present this phase as a mandatory component of the final year of education and determine that, in Nursing, the length of this phase should correspond to, at least, 20% of the total course hours⁽⁷⁾.

In order to perform the SCT, the BCGs ensure the effective participation of the nurses working in health services⁽⁷⁾ as a communication and cooperation link between education and the world of work. The conception of SCT as a pedagogical resource based on action-reflection-action on the situations the student experiences is relatively new, and earlier experiences were marked by countless tensions throughout history.

Originally, the trainee was considered more as a provider of labor than a pedagogical step in the education of the future professional. Over time, the academic community started to question this, through debates and struggles, considering the training as a strategic moment of transformation of labor practices and thus being a part of the methodological arsenal of the educational process, in the search for new worker profiles⁽³⁾.

Although it is clear in the BCGs that the SCT should be one of the fundamental elements for academic training and the idea of developing health service education has been present in the curricula since the founding of the first nursing schools, there is no consensus in the curricular organizations on the concep of SCT, nor in the debates promoted by class entities, producing negative reflexes for the training of nurses⁽²⁾.

Thus, the purpose of this study is to describe and analyze the historical trajectory of the law that

underpins undergraduate nursing education in Brazil, focusing on the development of the Curricular Training (CT) from the beginning of vocational training until receiving the denomination and the current intentionality of Supervised Curricular Training (SCT).

METHOD

Qualitative study, using historical research as the method, aiming to analyze the origins, fundamentals and historical trajectory of CT in the vocational training of nurses in Brazil⁽⁸⁾.

Documentary research was used because the proposal was to analyze textual documents that could show the historical trajectory of the different conceptions of CT in the vocational training of nurses. To do so, the following steps were undertaken: locating the official documents that have regulated Nursing teaching in Brazil since 1890; detailed reading of the findings, joining those documents with information about the forms of traineeships during undergraduate Nursing education; and finally, the analysis of the documents found to identify the true intentions of the undergraduate nursing traineeship until the implementation of the SCT⁽⁸⁾.

Data collection was carried out between February and April 2017 in the official databases of the Brazilian government, including: Civil Office, Ministry of Education, Ministry of Health, Ministry of Labor, and databases of the Federal Nursing Council (COFEN) and the Brazilian Nursing Association (ABEn). For the documentary search, the keywords laws, legislation, resolution, concierge, opinion were used in combination with the descriptor nursing. We excluded the documents that did not deal with nursing education in Brazil, that did not discuss the theme Curricular Traineeship and that were not available in full. The documents chosen for inclusion in the review were laws, decrees, resolutions, ordinances and opinions as from 1890, considered the initial year of Nursing education in Brazil.

In order to organize the data, the authors constructed an instrument that contained the year of publication, type of legislation, focus statement, determination about the CT, intentionality of the training in the document and the entity responsible for the publication. The documents were arranged in chronological order. The content of the documents was compiled and the findings were then discussed in the light of the historical context of each curriculum and the scientific literature available on the theme.

RESULTS

In the 127-year period (1890-2017), 21 official documents were identified that describe the history of Nursing education in Brazil: seven laws, five decrees, three National Education Council resolutions, four COFEN resolutions, and an opinion by ABEn. After surveying the legislative arsenal, six different curricular proposals could be identified for the undergraduate Nursing programs in Brazil, as presented in Table 1.

Table 1 – Legislative framework that guided the vocational training of nurses in Brazil and the CT between 1890 and 2017. São Paulo, SP, Brazil, 2017

YEAR	LEGISLATION	FOCUS STATEMENT
1890	Decree No. 791, from September 27 th 1890 ⁽⁹⁾ .	Creates a vocational school for male and female nurses at the Hospício Nacional de Alienados: 1st model curriculum .
1923	Decree No. 16.300, from December 31 st 1923 ⁽¹⁰⁾ .	Approves the regulations of the National Public Health Department: 2nd model curriculum .
1931	Decree No. 20.109, from June 15 th 1931 ⁽¹¹⁾ .	Regulates the practice of nursing in Brazil and sets the conditions for the leveling of Nursing schools.
1932	Decree No. 21.141, from March 10 th 1932 ⁽¹²⁾ .	Approves the regulations for the organization of the Army nursing staff.
1948	Decree No. 24.768, from April 6 th 1948 ⁽¹³⁾ .	Grants equalization to the Nursing school of the Brazilian Red Cross.

1949	Law No. 775, from August 06 th 1949 ⁽¹⁴⁾ .	Introduces Nursing teaching in the country and other measures.
1961	Law No. 4.024, from December 20 th 1961 ⁽¹⁵⁾ .	Sets the Guidelines and Foundations of National Education.
1962	Opinion No. 271, from October 19 th 1962 ⁽¹⁶⁾ .	Sets the minimum curriculum for undergraduate Nursing programs in Brazil: 3rd model curriculum .
1968	Law No. 5.540, from November 28 th 1968 ⁽¹⁷⁾ .	Sets standards for the organization and functioning of higher education and its articulation with medical school and establishes other measures.
1972	Federal Education Council Resolution No. 4, from February 25 th 1972 ⁽¹⁸⁾ .	Establishes a new minimum curriculum for undergraduate Nursing programs in Brazil: 4th model curriculum .
1977	Law No. 6.494, from December 7 th 1977 ⁽¹⁹⁾ .	Introduces the traineeships of students from higher vocational education and other measures.
1988	Law No. 8080, from September 19 th 1990 ⁽²⁰⁾ .	Introduces the conditions for the promotion, protection and recovery of health, the organization and functioning of the corresponding services and other measures.
1994	Education and Sports Department Decree No. 1721, from 1994 ⁽²¹⁾ .	Sets the minimum content and length of the undergraduate Nursing program: 5th model curriculum .
1996	Law No. 9.394, from December 20 th 1996 ⁽²²⁾ .	Sets the Guidelines and Foundations of National Education.
2001	Federal Education Council Resolution No. 3, from November 07 th 2001 ⁽⁷⁾ .	Establishes the National Curricular Guidelines for Undergraduate Nursing Programs: 6th model curriculum .
2004	National Education Council Resolution No. 1, from January 21 st 2004 ⁽²³⁾ .	Sets National Guidelines for the organization and execution of Traineeships by Vocational and Secondary students, including Special Education and Youth and Adult Education.
2005	Federal Nursing Council Resolution No. 299, from March 16 th 2005 ⁽²⁴⁾ .	Introduces indications for supervised curricular traineeships by undergraduate and technical Nursing students.
2008	Law No. 11788, from September 25 th 2008 ⁽²⁵⁾ .	Introduces student traineeships.
2010	Federal Nursing Council Resolution No. 371, from September 8 th 2010 ⁽²⁶⁾ .	Introduces nurse supervision during traineeships or any practical activities.
2013	Federal Nursing Council Resolution No. 441, from May 15 th 2013 ⁽²⁷⁾ .	Introduces the nurse's participation in the supervision of practical activities and supervised training of students at different vocational Nursing education levels.
2017	Federal Education Council Resolution No. 539, from April 07 th 2017 ⁽²⁸⁾ .	Introduces paragraph II of article 1 in Cofen Resolution No. 441/2013.

Source: the authors

● DISCUSSION

Decree No. 791, which creates a vocational school for male and female nurses at the *Hospício Nacional de Alienados* in Rio de Janeiro, presents the **first model curriculum** for nursing schools in Brazil. That curriculum contained the essential disciplines for the education of nurses, without determining the hour load of each. It established that the theoretical course, developed in two years, should take place three times a week, after the inspector's visit to the nursing wards where the trainee was. The students would receive financial gratification and should assist the establishment's employees in the work⁽⁹⁾.

The teaching was basically carried out through the training, which also guaranteed workforce for the health establishment⁽⁹⁾. In many locations, when the group of teachers and students entered the health institution, the employees were moved to other tasks, leaving the school in charge of the nursing care⁽²⁹⁾.

In 1923, Decree No. 16.300 approved the regulation of the National Public Health Department (DNSP),

which created the School of Nursing of the DNSP, with the aim of educating nurse practitioners for the public health services and the general or specialized work of private hospitals and clinics. This decree presented the **2nd model curriculum** for Nursing schools in Brazil. The course was held in two years and four months and the theoretical and practical classes were to be taken concomitantly. During the training, then called the “test stage”, the students worked in the hospital for eight hours a day and were responsible for the entire hospital care⁽¹⁰⁾.

Next, through Decree No. 20.109, the Nursing School Anna Nery, now an educational model to be followed in the country, establishes that only nurse practitioners whose degree has been registered in the DNSP, the entity responsible for supervising the curricula, are entitled to the title of registered nurse. Registered nurses carry out the teaching, excluding those without official education. The document does not clearly determine the time spent on training⁽¹¹⁾.

In 1932, Decree No. 21.141 recognized the education of male and female military nurses trained by the Brazilian Red Cross. The document presented a curriculum in which the education should take place in two parts: the first through theoretical and practical classes; and the second, called “application teaching”, carried out by successive traineeships in clinical and laboratory services, granting the traineeship a fundamental role in vocational training. That curriculum was restricted to the training of military nurses⁽¹²⁾. Sixteen years later, in 1948, the Nursing education of the Red Cross was equated with the Anna Nery standard, through Decree No. 24.768⁽¹³⁾.

Until that time, there was no official distinction between technical and higher nursing education. In 1949, Law No. 775 separated the higher education course in Nursing from the Nursing Assistant Course, and the education of nurses started to take 36 months, including traineeships. Undergraduate programs in Nursing went to the university. At that moment, the undergraduate nursing programs need authorization from the Federal Government for their operation⁽¹⁴⁾.

The first Law of Basic Guidelines for National Education was established through Law No. 4.024. The Federal Government started to regulate the professional training of nurses by establishing that the minimum curricula for undergraduate courses would come from the Federal Council of Education, but did not present, at that time, the curricular proposal to be followed⁽¹⁵⁾.

In the following year, Opinion No. 271 determined that vocational Nursing education would no longer have the Anna Nery School as the standard, passing to the Federal Council of Education the competence to establish the minimum curriculum, which is the **3rd official model curriculum** in Brazil⁽¹⁶⁾.

In this curriculum, the undergraduate course in Nursing was divided into two parts, the first being called the General Course, which took three years, with a strong cure and hospital-centered nature. Following this, the student could choose either the Public Health Nursing Course or the Obstetric Nursing Course, each taking one year. In relation to the traineeships, the workload was reduced from 40 hours a week⁽¹¹⁾ to 20 hours a week and teachers were expected to stay in the field only during the traineeship period⁽¹⁶⁾.

In 1968, the Federal Government set standards for the organization and functioning of higher education in general, and determined that it would also respond to changes in the labor market, fostering the link between teaching and health services⁽¹⁷⁾. As the teaching-learning process was systematized by nurse teachers, the participation of service professionals in the organization and implementation of curricular activities was reduced, which contributed to stress the distance between health and teaching institutions⁽²⁾.

In 1972, Resolution No. 4 of the Federal Education Council established a new minimum curriculum, corresponding to the **4th model curriculum** for nursing education in Brazil. According to art. 9 of this proposal, in general nurse practitioner education and in all the qualifications, the Supervised Curricular Training (SCT) would be required. This name appeared for the first time. That activity should take place in hospitals and other medical-health services, with an hour load higher than one-third of that corresponding to the vocational part of the curriculum, and distributed throughout the education period⁽¹⁸⁾.

To officially safeguard the students from being used as cheap labor, in 1977, Law No. 6.494, the 1st traineeship law was enacted. This law presented the clear concept of the intentionality of the

traineeships in secondary and higher education. These should provide for the complementation of teaching and learning and be planned, implemented, monitored and evaluated in accordance with the curricula, programs and school calendars, in order to be integrated into practical training, cultural, scientific and human relations⁽¹⁹⁾.

Although there were tensions about the role of the traineeship in the vocational education, the undergraduate Nursing programs were focused on meeting the needs of the job market, being strongly organized for tertiary care at the time, without a direct relation with the public health policies adopted in the country at that time. The lack of approximation between the vocational education and the health system's objectives contributed to the lack of preparation of future nurses to meet emerging health needs⁽³⁰⁾.

It was only with the enactment of Law 8080, from 1990, that the organization of professional health education was guaranteed, aligning the Education System and the Health System⁽²⁰⁾.

To meet the new health logic, a new curriculum became necessary. The **5th model curriculum** was established in 1994 and, in this proposal, the SCT was reaffirmed as a fundamental strategy of articulation between theory and practice and approximation between teaching and health services. According to Ordinance No. 1721 of the Federal Education and Sport Department, in addition to theoretical and practical content, Nursing courses would be obliged to include in the curriculum SCT in hospitals, outpatient clinics and the basic network of health services. The SCT would be developed under teacher supervision with the actual participation of the nurse practitioner from the health services where the traineeships would be developed. The document emphasized that the SCT should be carried out in two academic semesters without mentioning the total hour load⁽²¹⁾.

In 1996, the Federal Government opened the secondary and higher level academic education to the private sector, through the new Law of Guidelines and Bases of National Education⁽²²⁾. That measure stimulated the unbridled creation of undergraduate courses, which granted the population greater access to higher education by increasing the number of places, but at the same time contributed to the reduction in the quality of education.

The **6th and last model curriculum** was established in 2001, when the National Council of Education (CNE) established the National Curricular Guidelines (DCN) for undergraduate courses in Nursing⁽⁷⁾. In this proposal, the implementation and development of the SCT in the undergraduate courses became official. The effective participation of nurse practitioners in the planning, organization and supervision of students has brought new demands to the deliberative entities of the profession though. The establishment of the DCN triggered a series of debates within COFEN and ABEn, mainly concerning the responsibility and the intentionality of the nurse practitioner concerning the undergraduate students.

To guarantee this experience and, once again, to protect students from the anticipated practice of actual professional work, the CNE enacted Resolution No. 1, stating that any and all training activities would always be of a curricular and supervised nature, under the responsibility of the Higher Education Institution (HEI) and representing an educational act⁽²³⁾. Unlike the previous models, when the students were responsible for nursing care, executed during long work journeys, paid or not, this resolution determined that the workload of the supervised professional traineeship could not exceed a daily workload of six hours, totaling 30 hours a week.

For COFEN, according to Resolution No. 299, the planning, execution, supervision and evaluation of the activities would be the responsibility of the HEI, with the participation of the nurse practitioner from the training area. The units selected for the training actions should have the conditions to provide practical experience in the training field, and the student should be able to complete the traineeship. The entity representing the class determines that the nurse from the services granting SCT cannot perform the job functions and those of training supervisor at the same time⁽²⁴⁾.

The Ministry of Labor also declared its position on the subject of SCT through Law No. 11788, stating that the traineeship was a supervised school education act and should therefore be effectively monitored by the HEI monitoring professor and by a field supervisor of the granting institution, respecting the proportion of up to 10 trainees per professional⁽²⁵⁾.

Discussions on the subject continued. In 2010, COFEN issued Resolution No. 371⁽²⁶⁾, clarifying the

role of the nurse practitioner in relation to Law No. 11888/2008⁽²⁵⁾. This professional should guide and supervise students during the internship and in any practical activities, participating in the formalization and planning of the internship.

These documents served as a guide to foster discussions at the 13th National Seminar on Guidelines for Nursing Education, which resulted in the publication of the Belém Charter in 2012⁽³¹⁾. In response to this initiative, COFEN established a commission to discuss the SCT theme and, in 2013, issued Resolution No. 441. This regulation returned to the matter of the nurse practitioner's participation in the supervision of practical activities and supervised training, defining what this entity understood by practical activity and SCT. According to the document, the nurse teacher should deal with the activities; in turn, the HEI's monitoring professor and the supervisory nurse practitioner from the granting institution should effectively and continuously monitor the SCT⁽²⁷⁾.

The last published document on the subject of SCT was COFEN Resolution 539(28), which revoked Art. 1, item II of COFEN Resolution No. 441/2013⁽²⁷⁾, which defined what was understood by SCT. Currently, there is no concept of what SCT means to that entity.

Throughout this trajectory, we have observed an advance in the reflection movement about the educational objectives in the vocational training of nurses, and that this process unfolded in regulations, both for teaching and professional practice, sometimes protecting the students, and sometimes protecting the nurse practitioners in the field from deviations from their educational and work functions. What is observed today, however, is the existence of an often divergent legislative arsenal, which has contributed to the distance between Nursing teaching and the reality of the job world.

The purpose of this study was to list historical facts that demarcated the implementation of the SCT as a final pedagogical activity of nurses' education and its importance for the development of the future professional. It should be emphasized that this is not a final study, in which the aim was to exhaust all existing legislation, but merely to collaborate with future debates.

● FINAL CONSIDERATIONS

Although there are disputes between the educational sphere and the job world, it is not about opposing forces, but about mutually complementary systems. Vocational training in Nursing aims to prepare nurses to defend the key concepts of the profession and perform their profession autonomously and with its particular characteristics, based on the logic of interdisciplinarity. The latter will only be possible if the student experiences the actual job world, under the guidance of a nurse practitioner working in the field of training, the tutorship of a teacher and the advice of other professionals engaged in the healthcare production processes.

The SCT should be characterized as an opportune space for the student's immersion in the field of work, through the socialization of experiences, with a scientific background, ethical action and practical performance experienced among already graduated professionals.

The disputes and tensions surrounding the implementation and development of the SCT in undergraduate nursing courses show the existing and natural movement the social actors involved provoke and thus build the history. These movements provoke and foment the processes of changes in the ways of teaching and learning nursing. History highlights tensions and obstacles and helps in the process of evolution, stimulating the permanent overcoming of difficulties and barriers found in the improvement of teaching processes.

It is believed that these historical reflections can serve as support to foster discussions among the social actors in nursing education, mobilizing professionals who participate in the elaboration of educational policies and even those who put them into practice. The lack of a clear understanding of the concepts and intentionalities in the activities performed in the health services, whether clinical practices or SCT, can compromise the quality of nurses' vocational education and, consequently, the effectiveness of the Brazilian Health System itself.

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