

EXPERIENCE REPORT

CONTINUING EDUCATION IN NURSING PRACTICE: INTEGRATION BETWEEN EDUCATION AND SERVICE

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ABSTRACT

Objective: to report the experience of continuing education in health in the training of nursing undergraduate students focused on integrating nursing education and nursing service.

Development: experience report on the educational practice carried out at a hospital in the capital of the state of Rondônia, Brazil, between April and June 2019. It had four stages: exchange of experiences between the involved people; problematization of the practices; intervention plan; and evaluation. Implementing continuing education in health was fundamental to qualification of the services. However, there were difficulties during the execution of the practice, especially because of the way the hospital work was organized.

Conclusion: continuing education in health in supervised internships allowed the creation of reflection spaces with the team, which contributed to intensifying dialogue, increasing the understanding of the reality, and including strategies that facilitate the nursing work.

DESCRIPTORS: Nursing; Work; Continuing Education; Health Policy; Strategies.

EDUCACIÓN CONTINUA EN LA PRACTICA DE ENFERMERIA: INTEGRACIÓN ENTRE ENSEÑANZA Y SERVICIO

RESUMEN:

Objetivo: relatar la experiencia de la educación continua en salud en la educación de estudiantes de enfermería integrando la enseñanza con el servicio de enfermería.

Desarrollo: informe de experiencia sobre la práctica de educación desarrollada en el hospital de la capital de Rondônia, realizada entre abril y junio de 2019. Sucedió en cuatro momentos: intercambio de experiencias entre los involucrados; problematización de las prácticas; plan de intervención; y evaluación. La implementación de la educación continua en salud fue fundamental para la calificación de los servicios, sin embargo, hay dificultades en la ejecución, especialmente debido a la forma en que el trabajo hospitalario es organizado.

Conclusión: la formación continua en salud en las prácticas supervisadas permitió la creación de espacios de reflexión con el equipo, contribuyendo a la expansión del diálogo, la comprensión de la realidad y la inclusión de estrategias que faciliten el trabajo de enfermería.

DESCRIPTORES: Enfermería; Trabajo; Educación Continua; Política de Salud; Estrategias.

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INTRODUCTION

Continuing education in health (CEH) is an educational strategy in the work environment that incorporates the acts of learning and teaching into the routine of health organizations and the work process⁽¹⁾. In nursing, CEH can promote rethinking of actions and favor participation in decision-making and coordination between workers⁽²⁾.

The educational model based on content transmission is already insufficient to encompass the transformation in problem-situations that originate in the practice of services, which calls for educational models that go beyond the banking education and allow to increase the quality of care in healthcare settings⁽³⁾.

In the Brazilian state of Rondônia, the nursing undergraduate course at the Federal Institute of Education, Sciences, and Technology (IFES, as per its acronym in Portuguese) has existed for 31 years and has been using health units that belong to the municipal and state public networks as settings for practical teaching since its creation. This makes it easier for students to grasp knowledge, because they can experience real situations typically seen in the work environment.

The Base Hospital (BH), a reference in high complexity in Rondônia, stands out among the practical teaching spaces. In this setting, the mandatory subject Supervised Internship II (ESII, as per its abbreviation in Portuguese) was designed, and it is given in the last semester of the nursing course for the implementation of management, care, and educational activities in health services.

In this experience, the issue is the absence of strategies to integrate education and service. There was no space for pause, reflection, reading, planning, and feedback related to practices with transformative and participatory interventions⁽³⁾, which hindered a more responsible evolution and a proper understanding of the work reality for the students. It became urgent to rethink CEH actions that put together students, professors, and professionals who worked at the BH.

Considering that integrating education and service requires an expanded look at the academic education and the training of professionals, the following question emerged: How can IFES, by means of the insertion of the nursing course's students and professors, contribute to the nursing work with practical and reflective interventions, by applying CEH? The present study was developed to answer this question, with the objective of reporting the CEH experience in academic training of integrating education and service of nursing professionals.

The present study was grounded in translational research, which was a way for the researchers to get closer to the practice field. It can guide the development of educational technologies and processes applicable to the nursing work routine by means of knowledge sharing⁽⁴⁾.

DEVELOPMENT

This was an educational strategy developed with students, professors, and workers in the nursing area during ESII at the BH in Rondônia between April 22, 2019 and June 12, 2019 in the following sectors: human milk bank (HMB); maternity, specifically the gynecologic and obstetric wards (MGO); and the conjoint lodgings (CL). In each sector, a nursing student was assigned to develop the competences required in ESII. The professors acted as facilitators of the proposed meetings and interventions.

Problematization was used to provide methodological support⁽³⁾ and to organize the activities. These were split into four stages in which nurses who coordinated the HMB, the MGO, and the CL, professionals who developed their activities in the Continuing Education Center (CEC), the Nursing Direction, and the Patient Safety Center, and students and professors at IFES participated.

Stage 1: Embracement and exchange of experiences between academic cycles

First, a conversation circle entitled "Shared shift handover" was carried out⁽⁵⁾ with the students that were completing the first ESII cycle and those who were beginning the second. The objective was to share the reality of the scenarios of teaching practices in the BH for posterior immersion.

Stage 2: Problematization and discussion of intervention proposals (IP)

After 15 days in the sectors, a meeting was held with the participants at the teaching-practice place, during which the situational diagnosis and the profile of each scenario were shared. The problems found and the reality of the sectors were discussed.

Stage 3: Drafting and implementation of the IP

After insertion in the sectors, there was a group discussion about the methodology, and the strategies were implemented in the chosen scenarios.

Stage 4: Evaluation of the implementation in the chosen scenarios

For the evaluation, the following triggering question was asked: What are the potentialities and limits found in the implementation of the IP?

Stage 1 showed specificities in the routine of the practices regarding the everyday work in the sectors, medication scheduling patterns, user turnover, and inclusion in the dialogues initiated by the students. The complexity of CEH and the minimum requisites for its effectiveness required constant training from the group.

Bringing the education of professionals closer to healthcare practices, sectoral management, and analysis of social organization is fundamental, because it facilitates integration of training (education institutions), health management and care (health managers and professionals), and participation of users (social control)⁽¹⁾.

The exchange of experiences was developed with extended discussions and participation of nursing workers, which allowed the protagonism of the people involved in CEH, which was essential to the exercise of autonomy. Problematization is important for the training of health professionals, because it enables them to learn during everyday experiences and difficulties⁽³⁾. Based on problematization, the IP below were defined.

In CL, a place under great demand and that offers specific care to postpartum women and newborns, some of the challenges found were: insufficient guidance by the nursing team on care of newborns and breastfeeding management, especially at hospital discharge.

In MGO, the following issues stood out: postponement of nursing activities because of lack of dimensioning; high glycemic measures in the users; scarce material resources; and errors in medication identification and administration. This last item was emphasized by the nurse who worked in this sector.

In the HMB, the issue was the high number of cases of breast complications caused by lack of guidance during prenatal care or postpartum care in the CL of the hospital.

In face of the demands, the group took hold of theorization for understanding that theory and practice are indispensable to achieve concrete and positive results⁽³⁾ and put forward the following proposals: for the CL, there should be a discharge plan for postpartum women; for MGO, a standard operation procedure addressing medication errors should be drafted; for the HMB, an instrument for the clinical management of breastfeeding should be designed for users and newborns residing in the CL.

The problems and the applicability of the IP to guarantee that their implementation could be kept were discussed during the meetings. When back to practice, the feasibility of CEH with nursing workers was noticed. It must be stressed that all the IP were well received by the teams, which showed interest in carrying out the interventions.

During the application phase, the difficulties were: ineffective communication between the settings, especially the CL and HMB, leading to overcrowding and work overload of employees at the HMB; fragility in the co-responsibility regarding the educational practices in the sectors, which hindered the dissemination of CEH strategies; and resistance to changes, especially among more experienced professionals.

However, the conversation circles were important strategies that facilitated the development of CEH, allowing the exchange of experiences, bringing workers closer to the problems existing in the routine of health care and inadequate care practices, and, last, establishing new parameters for learning and knowledge construction⁽⁵⁾. In addition, the combination of CEH and translational research is a structured and effective work method, capable of bringing about discussions, and addresses aspects that contribute to learning, professional transformation, and student training⁽⁴⁻⁷⁾.

Participatory work was crucial to the execution of the activities, because one of the competences required from nurses for the implementation of the IP is the ability to manage care and develop administrative, educational, and research activities with the objective of improving care practices. The daily conversations with the nurse in charge proved important in the process, because this is the professional that plays a leadership role in the setting⁽⁷⁾.

Regarding evaluation, the workers understood that the IP were well structured and based on the reality of the sectors, therefore it was feasible to put them into practice. Because of that, CEC requested that the IP were institutionalized in the hospital routine and carried out along with the teams.

The authors concluded that discussing the IP was relevant for the professional growth of the students. These discussions were an opportunity to develop practices based on the priorities of each setting, as well as the reflection on care practices, leading to the fulfillment of ESII with excellence.

The evaluation of the formative process seeks the improvement of actions and reorientation and reorganization of the processes⁽⁸⁾. It is a moment of fundamental importance to results analysis that makes professors and students ponder about the weaknesses and potentialities of the educational proposals and can provide resources to the development of more effective actions⁽⁹⁾. Dialogue and feedback were strengths that facilitated the execution of IP and the evaluation of strategies.

Translation of knowledge allowed to address the current scientific needs, making the dialogue between different types of knowledge possible⁽⁴⁾. Therefore, this research method facilitated the integration between education/research and service, taking into account the content, method, space, and context, promoting safe care and qualification of nursing work.

CONCLUSION

The CEH implementation process uncovered challenges that have to be overcome so this educational practice becomes a permanent and continuing process. The main problems faced were the lack of time of the professionals, who had to choose between the care work and learning, and few reflection strategies that facilitate the applicability of IP.

The close connection between the scientific community and services originates results that benefit all parties: students have the possibility of learn by doing, services are offered the chance of having up-to-date technical support, and, most importantly, users receive high-quality care. Continuing education in health must be included in the contractual working hours of health professionals to facilitate the participation of all of them in this type of action.

REFERENCES

1. Lemos CLS. Educação Permanente em Saúde no Brasil: educação ou gerenciamento permanente? Ciênc. saúde coletiva. [Internet]. 2016 [accessed 11 ago 2019]; 21(3). Available from: <http://dx.doi.org/10.1590/1413-81232015213.08182015>.
2. Fagundes NC, Rangel AGC, Carneiro TM, Castro LMC, Gomes B dos S. Educação permanente em saúde no contexto do trabalho da enfermeira. Rev Enferm UERJ [Internet]. 2016 [accessed 18 nov 2019]; 24 (1). Available from: <https://www.e-publicacoes.uerj.br/index.php/enfermagemuerj/article/view/11349/17855>.
3. Freire P. Pedagogia do oprimido. 17. ed. Rio de Janeiro: Paz e Terra; 1968.
4. Olegário RL, Vitorino SMA, Souza PVN de. Pesquisa translacional do ensino superior no campo das ciências da saúde. RIR [Internet]. 2019 [accessed 12 dez 2019]; 15(2). Available from: <https://revistas.ufg.br/rir/article/view/56988>.
5. Lavich CRP, Terra MG, Mello A de L, Raddatz M, Arnemann CT. Ações de educação permanente dos enfermeiros facilitadores de um núcleo de educação em enfermagem. Rev. Gaúcha Enferm. [Internet]. 2017 [accessed 23 jan 2020]; 38(1). Available from: <https://doi.org/10.1590/1983-1447.2017.01.62261>.
6. Adamy EK, Zocche DA de A, Vendruscolo C, Metelsky FK, Argenta C, Valentini J dos S. Tecendo a educação permanente em saúde no contexto hospitalar: relato de experiência. Rev Enferm. Centro-Oeste Mineiro. [Internet]. 2018 [accessed 22 dez 2019]; 8. Available from: <http://seer.ufsj.edu.br/index.php/recom/article/view/1924>.
7. Amestoy SC, Oliveira AFL de, Thofehr MB, Trindade L de L, Santos BP dos, Bao ACP. Contribuições freirianas para entender o exercício da liderança dialógica dos enfermeiros no ambiente hospitalar. Rev. Gaúcha Enferm [Internet]. 2017 [accessed 21 jan 2020]; 38(1). Available from: <http://dx.doi.org/10.1590/1983-1447.2017.01.64764>.
8. Dalcól C, Garanhan ML, Fonseca LF, Carvalho BG. Competência em comunicação e estratégias de ensino-aprendizagem: percepção dos estudantes de enfermagem. Cogitare enferm. [Internet]. 2018 [accessed 20 jan 2020]; 23(3). Available from: <http://dx.doi.org/10.5380/ce.v23i3.53743>.
9. Silva LAA da, Schmidt SMS, Noal HC, Signor E, Gomes IEM. Avaliação da educação permanente no processo de trabalho em saúde. Trab. Educ. Saúde. [Internet]. 2016. [accessed 8 out 2019]; 14(3). Available from: <http://dx.doi.org/10.1590/1981-7746-sol00015>.

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