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ORIGINAL ARTICLE

Primary Health Care workers' view on the presence of nursing students

A VISÃO DOS TRABALHADORES DA ATENÇÃO BÁSICA ACERCA DA PRESENÇA DE ESTUDANTESDE ENFERMAGEM

VISIÓN DE LOS TRABAJADORES DE ATENCIÓN BÁSICA ACERCA DE LA PRESENCIA DE ESTUDIANTES DE ENFERMERÍA

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ABSTRACT

This qualitative research aimed to analyze the view of the workers at a basic health unit on the presence of nursing students at the service. Eighteen workers participated in semi-structured interviews, analyzed after transcription. In the content analysis, we identified two themes: *The slowing and quickening of service* and T*he (un)preparedness to learn and teach*. The results point to a process of teaching-service partnership still under construction, in which workers feel as though they are learning, but also feel devalued. The presence of the students changes the work dynamics, slowing it. At the same time, the presence of the students questions the hegemonic ways of rapid assistance. An expectation of collaboration in actions is evidenced, there being a preference for students in the last years of undergraduate courses, who perform procedures and do not require constant accompanying. We conclude that the approach between university and primary healthcare services exposes tensions which, collectively analyzed, can engender new ways of caring, teaching and learning.

DESCRIPTORES

Primary Health Care
Community health nursing
Education, Nursing
Diploma Programs

RESUMO

Essa investigação qualitativa objetivou analisar a visão dos trabalhadores de uma Unidade Básica de Saúde quanto à presença no serviço de estudantes de graduação em enfermagem. Dezoito trabalhadores foram sujeitos de entrevistas semi-estruturadas, analisadas após transcrição. Na análise de conteúdo identificamos dois temas: *A lentificação e a vivificação do serviço* e *O (des)preparo para aprender e ensinar*. Os resultados apontam para um processo de parceria ensino-serviço ainda em construção, em que os trabalhadores sentem-se aprendendo, mas também desvalorizados. Com a presença dos estudantes, a dinâmica do trabalho é modificada, tornando-se mais lenta. Ao mesmo tempo, a presença estudantil interroga as formas hegemônicas de atender rapidamente. Evidencia-se expectativa de colaboração nas ações, havendo preferência pelos estudantes dos últimos anos que executam procedimentos e não requerem acompanhamento constante. Concluimos que a aproximação entre universidade e serviços da Atenção Básica expõe tensões que, se analisadas coletivamente, podem engendrar novas formas de cuidar, ensinar e aprender.

DESCRITORES

Atenção Primária à Saúde
Enfermagem em saúde comunitária
Educação em Enfermagem
Programas de Graduação em Enfermagem

RESUMEN

Investigación cualitativa que objetivó analizar la visión de trabajadores de una Unidad Básica de Salud en relación a presencia de estudiantes de enfermería. Dieciocho trabajadores fueron sometidos a entrevistas semiestructuradas, analizadas después de su transcripción. El análisis de contenido temático identificó dos temas: *Desaceleración y vivificación del servicio* y *La falta de preparación para aprender y enseñar*. Los resultados apuntan a un proceso de alianza enseñanza-servicio todavía en construcción, donde trabajadores se sienten aprendiendo, pero también desvalorizados. La dinámica laboral es modificada por presencia de estudiantes, desacelerándose. Al mismo tiempo, presencia estudiantil incita formas hegemónicas de atender rápidamente. Se evidencia expectativa de colaboración en acciones, prefiriéndose a estudiantes de los últimos años que llevan a cabo procedimientos y no requieren supervisión permanente. Se concluye en que la aproximación entre universidad y servicios de atención primaria expone tensiones que, analizadas en conjunto, pueden determinar nuevas formas de cuidar, enseñar y aprender.

DESCRIPTORES

Atención Primaria de Salud
Enfermería en salud comunitária
Educación en Enfermería
Programas de Graduación en Enfermería

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INTRODUCTION

Nursing is a historically and socially constituted social practice[1]. Within this theoretical perspective, we consider that its agents may constitute a group-subject[2] for implementation of care practices that materialize the radical defense of life[3] and health as a right of citizenship.

Education of health workers plays the role of a major catalyst for change processes or maintenance of developed practices. It can naturalize and legitimate ways of thinking and acting, such as the prevalence of academic knowledge over popular knowledge, and the hierarchy and fragmentation between knowledge and practice[4], but it can also promote changes encouraging reflection and the production of collective care projects[3]. In the process of implementing new forms of teaching and learning, it is important that undergraduate nursing students experience practice in health services as early as possible[5-6].

The mobilization of social actors to change health practices and health education in the country has led to the formulation of the National Curriculum Guidelines (NCG)[5] for the courses in the area, including nursing. For the NCG of the Undergraduate Nursing Course, nursing education should focus on the Unified Health System (SUS) and Primary Healthcare, ensuring care that meets social needs, considering humanization and quality of care guided by the principle of comprehensiveness[5].

Thus, areas not historically frequented by students and professors start composing learning scenarios, aiming to break the logic of school-service, a generally specialized hospital space, considered as a model for the establishment of partnerships to enable the experience of the health network as it is, in order to rethink both teaching practices and individual and collective care[6].

This arrangement also aims to question the separation between theory and practice and between scientific and popular knowledge. In university workspaces and health services there is knowledge that guide the practices and relations[7], which mutually combine, modify and produce themselves.

In this new perspective, the proximity of universities with health services, especially in Primary Healthcare, has produced tensions that need to be recognized and analyzed to generate learning for all involved: workers, professors, students and administrators in education and health. In the micropolitics of health work[8] those processes reveal and conceal themselves, composing a plot that can engender both the reproduction of instituted practices and the germination of new forms of knowledge/learning that target collective, supportive and new learning.

...the proximity of universities with health services, especially in Primary Healthcare, has produced tensions that need to be recognized and analyzed to generate learning for all involved...

Also in those microspaces, power relations develop that lead to establishment of hierarchical relationships among workers and also among workers and users[3-4]. These power relations undermine the development of staff and interprofessional team work[9-11].

This research addresses the tension produced in those microspaces, from the perspective of primary healthcare workers when accompanying nursing students.

Studies on changes in nursing education based on the current NCG point out, as challenges for overcoming practice fragmentation, difficulties in critical-reflective professional formation[6,12-13], but do not explore the tensions that exist in accompanying students from the perspective of the primary healthcare workers. This study is justified because it contributes to this perspective, with the following guiding question: What is the primary healthcare workers' view on the presence of nursing students in basic health units?

This research aims to analyze the view of the workers at a basic health unit on the presence of nursing students.

METHOD

This qualitative descriptive study was performed at a Basic Health Unit (BHU), selected according to the following criteria: 1) belonging to the western district of Ribeirão Preto, SP, agreed with the local manager, to perform assistance, research and educational activities at the *Universidade de São Paulo, Ribeirão Preto*; 2) inserted into the Educational Program for Work - PET Health[14], a program aimed at qualifying the education of health professionals for SUS, through work education, with the construction of collective projects that address the interdisciplinary, multiprofessional presence and teaching-service integration; 3) being a basic health unit that does not have a Family Health team, because it is the most prevalent form of primary health care organization in the county, and 4) agreement to participate in the study.

After presentation of the project for the teams of three BHU that fulfilled the inclusion criteria, a lottery was used, because all were willing to participate in the study. After needed clarifications, the subjects signed the Terms of Free and Informed Consent, stating their voluntary participation. The project followed the ethical recommendations and was approved by the Ethics Committee of Ribeirão Preto Nursing School, under protocol number 1118/2010.

The research subjects were 18 workers of the BHU who related to nursing students in their work schedules. They were nominated by the unit managers, who identified them as participants in the education of nurses. There were six community health agents (CHA), nine nursing assistants, one nurse technician and two nurses. None of the individuals

refused to participate, and the workers were addressed in the health unit itself. They indicated their schedule availability and preferred location for the interview.

A search was performed in public documents available on the World Wide Web of the disciplines that perform activities within primary care[15], confirming with the managers which disciplines were involved in the BHU. Thereafter, semi-structured interviews were conducted from May to June 2010, guided by the research objectives.

The interviews were recorded, transcribed and analyzed using content analysis[16] of a thematic modality[17], which aims to discover the core meanings that compose communication, in which their presence and frequency have meanings for the object analyzed. Three important steps are needed for the performance: 1st) Pre-analysis: free-floating reading, constitution of the corpus, formulation and reformulation of hypotheses and objectives; 2nd) Exploration of the material, and; 3rd) Treatment of results obtained and interpretation[16].

The analytical framework that supported data interpretation was the work process in health[1,8], aspects of teamwork[9-10] and the guidelines for education of health workers and nurses[4-5].

The subjects were identified in the text conforming to their professional category, through the acronyms CHA for community health agents, NA for nursing assistants, NT for nurse technicians and N for nurses, followed by a sequential number.

The BHU received nursing students from two courses linked to the Ribeirão Preto School of Nursing, *Universidade de São Paulo* (EERP-USP)[15]: Bachelor of Nursing, which lasts four years, and Bachelor and Licensure Degree in Nursing, which lasts five years. It also receives students linked to the PET Health of EERP-USP, and of the dentistry course at the *Universidade de São Paulo*.

Activities of five disciplines are performed at this BHU. From the Bachelor course: Comprehensive Care II and Supervised Internship in Primary Care (SIPC); from the Bachelor and Licensure Degree: Comprehensive Healthcare I and II (CH I and CH II) and Supervised Internship in Primary Care.

The disciplines Comprehensive Care II and CH II are taught in the second year in both courses, with a workload of 150 and 240 hours, respectively, and comprise the development of individual and collective care to families in their life cycle[15].

The discipline in the Bachelor course is taught every semester with clinical immersions three days a week, in the morning; in the Licensure course, it is annual, with clinical immersions every fifteen days in the afternoon. The activities performed by the students are observing and implementing care and procedures consistent with their level of competence and autonomy, under the supervision of a professor and a nurse of EERP-USP who has the function of supporting the practical activities. At this point, students have more direct contact with the assistants, technicians and nurses, following assistance in pre-consultations, post-consultations, nursing consultations, newborn screening, medication, immunization, dressing changes, home visits, among others. Professors follow ten students in clinical immersions and are distinct in the two courses.

The SIPC for the Bachelor course provides 360 hours of workload in the field and the Licensure course provides 210 hours. In SIPC there is direct participation of nurses in the supervision of students at the BHU. The unit receives one to two students of each course in both semesters.

In the CH I discipline of the Licensure course, actions planned are: territorialization, knowledge and articulation with social teams, approach to the principles and guidelines of SUS and primary health care, approach and follow-up of families. The contact of novice students is more common with CHAs, and sporadic with nurses and nursing assistants. At the BHU, ten students accompanied by a professor have clinical immersions in the afternoon every fifteen days. This is an annual discipline with a 180-hour workload.

The presence of students at the BHU is more frequent in the first semester, and the distribution of disciplines follows the logic of the school year, with a peak usage on one of the days of the week (Tuesdays).

RESULTS

The analysis of the interviews led to identification of two themes: *The slowing and quickening of service* and The (un) *preparedness to learn and teach.*

The slowing and quickening of service

The view and expectations that the unit workers have about the students come from the organization of the work process at the BHU and from the hegemonic model of care that they follow. They also come from the teaching organization at the university and from the way that education and services historically articulate. In this theme it was considered that the presence of students slows care while helping the service. The feeling of work devaluation emerges and also the possibility of quickening the care through youth, new ideas and reflection on the difference:

> (...) When the unit is too crowded, they help a lot, in the beginning it's a bet: you have to help, but when you need it, then there is the response, then the person will also help you in medication, when we are late and the student is okay (...) Only the second-year ones disturb a little bit, I'm not going to lie to you (NA 6).

> (...) Sometimes the staff takes advantage, the student arrives and they say: Hey, what a beauty! I'll just sit down and leave it for the students. Leave it to them cause we have worked too much, now they are starting. (...) There are workers that take advantage when there are students, you know, they slip out and leave the students working hard (NA 3).

(...) We were satisfied with most fourth-year students that have been with us, they even end up taking charge of care under my supervision. So, what I think is, they bring no problems, okay, on the contrary, they end up helping because they are already fourth-years, they already have some practice, know some techniques, so we often need help and they end up helping us (...) (N2).

(...) I do not like it. I prefer one to stay and observe, especially the early second year ones (NT1).

There were examples of valuing and devaluing of the work:

(...) I particularly like it. I think it seems that my work is more valued in the streets than with them (...) We are just a place for them (CHA 6).

We emphasize that the workers can experience the formation of the undergraduate students from a given reference of *how to be* a nurse:

(...) We've even commented, we have contact with the student and say: *That one is going to be a real nurse, one that gets her hands dirty* and about some of them we say, *That one will be a bossy nurse* ... That one you can work with and you will never be alone in a unit; and you know that some will leave the care behind and will only stay in their offices, it is bad to even say that (NT1).

The presence of students exposes the usual way of caring in which listening and reflection are often not present, questioning the ways of working and opening possibilities for experimenting with new ways of care:

(...) All I ask is for them to have patience with us, because there are times that the patient makes us very serious (...) but sometimes there are people who do not have much patience, right? Then the patient is cursing and we have to pay attention to the person that is on your side (...) So the person who is faced with the patient for the whole day, it is very hard not to have a time that you get *stressed out* (...) (NA 6). (...) Also another patient, she uses a wheelchair, she refused, the students went there, even proposed to bring her to the consultation, she came. I now take medications to her, (...), and the students always go there, so I think it's a positive experience, never negative, at least in this part (CHA 4).

(...) you know, so I think that students do not bother me, on the contrary, (...) I like them because youth is always good (NA 7).

(...) there are lots of good things they do. Our life here is so rushed that at times we do not see, but there are many ideas they give. Ah! That would be better that way. They have more time to think or they come from another unit, sometimes another person says something, so they sometimes bring some idea (...) (NA 6).

Another aspect to highlight is the building of bond between workers and students that can produce a given grief because students *pass* and go:

(...) And we trade and talk, so I think it is good. But then, suddenly, you know, they have to go. I have not lost the bond with many I have worked with, I lost bond here within the work, but from time to time they call me, I also call them. A friendship remained (CHA 1).

The (un)preparedness to learn and teach

In this theme we present the view on the process of teaching and learning from the speeches of workers interviewed, suggesting a prior student preparation and engagement with users. It also points to a conception of teaching/learning that occurs through passage of information, exchanges and hierarchies between workers and students, students and professors and professors and workers:

(...) ... their presence here with us is very important because we both pass and gain a lot of experience (CHA 1).

(...) I've had patients who stopped visiting them, on account of them not being prepared, the other times they scheduled and did not appear to visit the patient (CHA 5).

(...) They just say that the students will be arriving and staying for a certain period and that they will come here to learn and help us. That's what they say, nothing else. (...) Some professors even come to us and introduce the groups of students, introduce themselves, it has happened a lot here. Professors, too, but at a management level, both here and there, the manager never said: Look, some students will come. The professors who brought the students were the ones to introduce them, only some, others not, they arrived with the students there, you suddenly saw strange people who were there like employees (NA 3).

(...) Sometimes the simple way I do it, them in the way they study it, they can combine it, improve it. (...) So I welcome everything they say to me. (CHA 2).

(...) They are the ones who have to follow, we don't have to follow them, that is what was said but actually the opposite occurs: it seems that we follow them, as if they were the ones that impose themselves, but we know the families (CHA 6). (...) Sometimes we have a question and we ask them and they answer it. Like, yesterday, we had a class and there was also a student, she said lots of things too and it's great because we get the day-to-day routine, you know, for us it's all routine (NA 5).

There is an expectation of workers to contribute to student learning, expecting a return on that and also recognition of his work:

(...) what I have as experience is that for me it was very good, because they brought me a reasonable return, you know, because they're learning (CHA 4).

(...) They are interested only in our cases, not in us, in our daily life, no, (...) The student's concern is with their professor. So the response to be given is to their professors (CHA 6).

The interviews pointed to the presence of students as an opportunity for an update:

(...) There are things I ask them about, if that's what is right for them, about the head circumference, (...) there was even one time a doubt. The nurse (name) said it was one way, then another monitor said that it was another way, then they researched and came to an agreement. (...) It solves a lot of doubts, I ask about a lot of doubts (NA 9).

(...) Yeah, we even learn from them, you know, because I'm a Nursing Assistant so my training is not technical like Nursing. There are many terms, many things that sometimes I am talking to them about and then I ask - *How is it that you speak?* The more scientific terms, so I end up learning from them, you know? (NA7).

DISCUSSION

The results show the diversity of disciplines that perform practices at the Basic Health Unit studied. They are situated at specific moments of the undergraduate degree, have different learning objectives and provide education of professionals with different professional demographic profiles[18], because the Lincensure and Bachelor Degree course aims at the education of nurses skilled at professional education, as well as nursing care.

Differences between students at the fourth and second years of undergraduate education were identified in the words of the workers interviewed. Students at the first or fifth years are not directly mentioned in the statements, although there was reference to those students. The statement by NA 6, *they go and help you check the pressure, set up the saline, there is nothing negative, just positive things, only the second-year ones disturb a little bit, I'm not going to lie to you*, pointed to the expectation of the difference between the class years in performing tasks.

The analysis of the interviews showed that the occupational categories viewed the presence of students from different angles, which produced this fragmented contact, the result of the work process in health developed by the technical and social division of labor[1] and also the process of academic work which still could not overcome the fragmentation. This aspect reinforced power relations that update the struggle between social classes in everyday services, according to the reference of the work process in health[1].

For nursing assistants and technicians, the expected performance of future nurses was that they were able to develop shared work. Thus there was the statement by NT1: *That one is going to be a real nurse, one that gets her hands dirty (…) you know that some will leave the care behind and will only stay in their offices* illustrated this perspective, which would significantly contribute to everyone's knowledge if it were made explicit and discussed with the team, professors and students. But *it is bad to even say that*, a consideration that could advertise a mode of operation that closed down the possibility of explicit tensions, denied the possibility of rethinking the work and the emergence of new ways of relating, caring and learning.

The work shared with the nurse indicated a revision in power relations and this was a feature that could be learned and crafted from education, but it related to broader aspects, historically and socially constituted, legitimized by the division between mental and manual labor[1].

In a study on teamwork in health[9], communicative action provides a possibility to move from a clustering team to an interaction team, so communication can be the object of teaching and learning, able to denature asymmetric relations between workers.

For the CHA who deal more with students in the first years, the expectation of recognition of their work clearly emerges, because at the same time they realize the value of their work in the streets, they perceive themselves as an *object* in the education process: *We are just a place for them...*

Still on the theme *The slowing and quickening of service*, we saw that workers indicated that care was slower with students. At the BHU, the conception that being quick is synonymous with efficiency prevailed, so we can make an analogy of emptying the unit with the flood and ebb tides, there being a joint effort of the workers so that the unit is empty. This movement occurs in streams in the early periods of the morning and afternoon. In this process, the goals of care move from production of care to the production of procedures[8], with quickening establishing itself as an imperative.

The model of care configured in the health service, which is expected to be overcome with new arrangements for care and education, is still focused on individual care, fragmented and divided among the professional categories.

Interprofessional education in health[11] is a proposal that points to a possibility of the joint learning of professionals from various health professions in the form of cooperation and team work[10]. The fact that other workers of the BHU, such as physicians, dentists, pharmacists and writers do not participate in the education of nurses indicates little progress in overcoming the fragmentation of education among professions and in interprofessional development. Those professionals were not included in the research because they establish specific contacts with nursing students, directly expressing the current organization of the work process in health, fixing workers in tight steps, putting practices into hierarchies and compartments; and the education process, which is related to Flexner's logic in the university, divided into departments, areas, disciplinary knowledge, even in a curriculum that announces itself as integrated.

Despite the specificity of each profession and the need for specific learning, comprehensiveness, teamwork and the construction of networks of care are needed for comprehensive care, and it does so through an articulation of workers and practices.

The technical and social division of work, naturalized in the capitalist mode of production, is presented in the daily service through a predominance of exchange value[3], which is constituted in a round of expectations of the presence of students and of the university in the service. One of those expectations is that students do the work: according to NA 3 *There are workers that take advantage when there are students, you know, they slip out and leave the students working*

hard, which may explain the difficulty with students in the early years who do not have enough preparation to be in charge of care. Even for students at the last years, this type of worker/student relationship contributes little to the exchange and discussion of aspects of care and management of the work.

Another way of expressing the social and technical division of work and the logic of exchange value in relationships, expressed in the inducing policy of the Ministry of Health in Health PET[14] by stating that only university-level workers can act as preceptors, getting grants to accompany students; a fact that discourages all other workers within the education process, and reaffirms technical and scientific knowledge as a reference, not recognizing other knowledge relevant to the education of workers.

However, the presence of students quickens the daily life at the BHU as it explicitly provokes other forms of care, other possible knowledge, bringing up the tension produced by the difference. Different ways of caring are considered as opportunities to update the workers, different ways of approaching families and organizing work. The expression: *they have more time to think* is interesting and denotes an uncritical work, emptied by the routine and the lack of space and time for reflection. The new, the external look, youth seem to aerate and bring more life to work, with its conflicts and tensions that are challenging and pulsating.

The proximity between workers and students can enable the construction of positive bonds, in which both experience more horizontal relationships of exchange and solidarity. On the other hand, the frequent arrival and departure of students, intermediated by missing those that passed and left marks, can lead to avoidance of attachment and naturalization of the use of the other: *leave the students working hard.*

In the second theme, the (un)preparedness to teach and learn, the conceptions of teaching and learning of the workers express themselves with strength and also the view on the education of this nurse. The conception of teaching as passage of information is quite entrenched, as well as the hierarchy of knowledge and its owners. On the other hand, accompanying students enables the experience of position changes: students also teach, the one who teaches also learns, explicit in the speeches of NA 5 and CHA 1: *we had a class and there was also a student, she said lots of things too and it's great because we get the day-to-day routine (…) we both pass and gain a lot of experience*.

Another question that arises is about the preparation of the student that can be understood with respect to the technical aspects. In this aspect we saw that there was a preference for students in the last years and some impatience with beginner students, and with respect to a preparation for relationships of commitment and accountability. This seems to be the preparation that CHA 5 is referring to when she tells that *I've had patients who stopped visiting them* and explains the withdrawal of the family due to the frustrated expectation of a visit agreed upon that was not fulfilled.

The commitment to the families, the responsibility with what was agreed by the students, are attitudinal contents that need to be worked on within nursing education[12], especially in the view of CHA. This is also the challenge of education, but will the CHA be able to talk about these difficulties to professors and students?

The relationships of students with families crosses the work of CHA, which can contribute much to the qualification of students, professors and workers, if they are heard as bearers of valuable knowledge and strengthened to occupy a space to speak in the formation of nurses.

In the view of one of the agents (CHA 6), students were concerned with the professor, which expressed the actual relationship in which, although several workers participated in the process of teaching-learning, the professor was the one who evaluated and assigned a grade to the student. A major challenge exists for other practices of care and education: building a democratic process of evaluation and reflection among all involved in the scenes of learning-teaching-caring, which is certainly related to the revision of the power network.

The process of student introduction at the BHU must be rethought, because it reproduces the social and technical division of work, with the manager and the nurses being the ones with access to the discussions on the education and presence of students. The others are just told, *They just say that the students will be arriving and staying for a certain period*.

The collective discussion of these aspects may update new, less hierarchical views, allowing the displacement of the dispute between *who follows whom* expressed in the statement: *They are the ones who have to follow, we don't have to follow them*. For the production of collective care guided by a logic of inclusion, solidarity and learning, the fragment illustrates how necessary the review of perspectives is for health worker education.

In the scenario, there were openings observed in this direction when it was made an explicit expectation of being in fact a participant in this education process and not only a *case archive*: they brought me a reasonable return, you know, because they're learning.

CONCLUSION

As contributions, this study points to tensions of knowing and analyzing the view of health workers about the presence of nursing students in primary healthcare. This process results from the approximation of the university and the education of nurses in the areas of primary care that were less frequent until the implementation of the NCG. This process is currently experienced across the country by workers of primary healthcare, managers, professors, students and users.

The findings are unique and are not intended to be generalized, since it is a qualitative research study. Nevertheless, they indicate general practice aspects such as the

need for investment in academic/service dialogue, review and negotiation of expectations of performance among workers, professors, students, users and managers, review of aspects of incentive programs for teaching-service integration, such as grants of PET-Health only for university-level health workers, among others.

Limitations consist of the fact that other subjects of this process should be listened to, like users, students, teachers and managers of health services.

By analyzing the view of workers of a BHU about the presence of nursing undergraduate students, we have seen that there is a multiplicity of views that vary according to the professional category, the place occupied in the social and technical division of work and the year of education of the student. Views that prevailed were the ones in which students help with work, update the worker's knowledge, but slow the care. It was found that the presence of students questions the manner of care in which minimal listening, fragmentation and a focus on procedures prevails .

There was a predominance of teaching-learning concepts, such as passing information hierarchically among sectors and agents of this process. Students were seen as a homogeneous mass, only the fourth and second years students were distinguished, but their learning needs were not differentiated, because the BHU received students from two nursing courses in different years of education. This process may be related to the process of formation of these workers themselves, with a predominance of a discipline teaching a discipline, fragmented and hierarchical, although with advances, such as the early immersion in health services.

We believe that collective spaces of discussion in health services with all agents involved can engender new forms of teaching-learning-caring-educating.

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