

Integrated Health Practices I: an innovative experience through inter-curricular integration and interdisciplinarity

Ramona Fernanda Ceriotti Toassi(a)

Alzira Maria Baptista Lewgoy(b)

(a) Programa de Pós-Graduação em Ensino na Saúde, Mestrado Profissional, Faculdade de Medicina, Universidade Federal do Rio Grande do Sul (UFRGS). Rua Ramiro Barcelos, 2492, 2o andar. Porto Alegre, RS, Brasil. 90035-003. ramona.fernanda@ufrgs.br

(b) Programa de Pós-Graduação, Mestrado em Política Social e Serviço Social, Instituto de Psicologia, UFRGS. Porto Alegre, RS, Brasil. alzira.lewgoy@ufrgs.br

This paper analyzes an innovative curricular experience named 'Integrated Health Practices I' proposed by the Coordination of Health at the Federal University of Rio Grande do Sul, Brazil. The study was focused on both interdisciplinary and multidisciplinary teaching-learning processes at a Family Care Unit located at the 'Glória-Cruzeiro-Cristal' District in Porto Alegre, Brazil. The content analysis method was used to evaluate the teaching plan and both individual and collective narratives (daily experiences, portfolios and reports) from students and tutors along 2012-2014. This approach put in contact students and tutors with professionals of the Public Health System and instigated curricular changes, promoting the comprehension of the current health system and the interdisciplinarity practice of health care.

Keywords: Higher Education. Curriculum. Teaching care integration services. Brazilian National Health System. Interprofessional relations.

Changes in the education of health professionals and the proposal for an integrating teaching activity

I cross things, and during the crossing, I don't see anything! I was just amused by the idea of the places of departure and arrival. You know it well: we want to cross a river by swimming, and we cross it; but we end up on the other side at a point further down the river, quite different from where we first thought we would be [...]¹ (p.26).
[...] what is real is neither in the departure nor in the arrival: it is displayed to us during the crossing [...]¹ (p.52).

Guimarães Rosa¹ is one of the inspirers to the writing of this article, which was born from events that have been experienced in the discipline *'Práticas Integradas em Saúde I'* (PIS I – Integrated Health Practices I) since its planning in 2011. The article is embedded in the daily and collective work at the university, reported here by teachers from the undergraduate courses in Social Work and Dentistry.

As the poet¹ said, what is real is neither in the departure nor in the arrival; it is displayed during the crossing. This is a time of crossing, in view of the new conception established in the 1988 Federal Constitution, which defines collective health and the health reform movement as a field of knowledge production and interdisciplinary intervention, “where there are no strict limits among different ways of listening to, looking at, thinking about and producing health”² (p.138).

In this perspective of reorientation of professional education through the substitution of the traditional healthcare organization model – which has been historically centered on disease and hospital assistance –, the Ministry of Health, in partnership with the Higher Education Department and the National Institute of Educational Studies and Research *Anísio Teixeira*, of the Ministry of Education, and with the support of the Pan American Health Organization, instituted the *Programa Nacional de Reorientação da Formação Profissional em Saúde* (Pró-Saúde – National Program for the Reorientation of Professional Health Education), which delimited the theoretical framework for the methodological foundation of the discipline. The essence

of Pró-Saúde is the teaching-service integration and the search for a comprehensive approach to the health-disease process with emphasis on Primary Care, promoting transformations in the provision of services for the population^{3,4}.

In the first public notice of Pró-Saúde, in 2005, *Universidade Federal do Rio Grande do Sul* (UFRGS – Federal University of Rio Grande do Sul) presented individual proposals involving the Nursing, Dentistry and Medicine courses. In 2007, in Pró-Saúde II, the proposals were extended to the other health courses. “In addition to an education that is more articulated with the health services network, Pró-Saúde II proposed a reflection on education from the point of view of the interdisciplinary relationship among the health-related knowledge areas”⁵ (p. 26). With Pró-Saúde II, UFRGS became close to the health services of the Glória-Cruzeiro-Cristal District, located in the city of Porto Alegre, State of Rio Grande do Sul.

One of the results of the change initiatives in health education and of the strengthening of the teaching-service-community integration happened in 2008, when *Coordenadoria da Saúde* (CoorSaúde – Health Coordination) was created. CoorSaúde is a collective body linked to the Pro-Rectorate for Undergraduate Courses and formed by the Coordinations of undergraduate health courses. It aims to develop an Institutional Pedagogic Project that complies with the National Curriculum Guidelines for health courses, and to integrate the University’s actions into *Sistema Único de Saúde* (SUS – Brazil’s National Healthcare System)⁶.

Stimulated by the idea of interdisciplinarity in health education that was brought by Pró-Saúde and in view of the need to integrate different health curricula, CoorSaúde proposed a curricular teaching activity that has been considered innovative due to its multiprofessional and interdisciplinary nature, named 'Integrated Health Practices I' (4 credits/60 hours).

It is important to highlight that the notion of innovative curriculum adopted in this article refers to the concept of curriculum in action⁷, which is a practice beyond technical knowledge, expressed in terms of the values and intentions constructed in the teacher’s profession throughout his/her career. In this curriculum, the teacher’s pedagogic practice is interpreted as a “live network of exchange, creation and

transformation of meanings”⁸, favoring a practice that is sustained by reflection as praxis – the emancipatory aspect of the curriculum – and the sharing of knowledge⁹.

Given the importance of this discipline as an innovative institutional proposal, this paper aims to analyze the experience of PIS I at the Divisa Family Care Unit, in the Glória–Cruzeiro–Cristal District, city of Porto Alegre. The focus of the study are the teaching–learning processes in the interdisciplinary and multiprofessional context.

The emphasis on the teaching–learning process is centered on the possibility that the students experience, in their education, “[...] situations in which their global activity is mobilized, manifested in intellectual and creative activity, as well as in activity of verbal and written expression, not to mention plastic or other type of expression [...]”¹⁰(p.64). Teaching is characterized as an action “[...] directly related to learning and, due to the reciprocity relationship, the act of learning implies choice, decision and responsibilities of all the individuals involved”¹¹ (p.135). Therefore, it is neither something natural nor spontaneous, as it requires intentionality, planning and methodological rigor¹².

In addition, it is understood that interdisciplinarity, in this multiprofessional context, is not restricted to a dialog among knowledge from different areas¹³, being fulfilled as long as the specific knowledge of each area is maintained. The articulation of knowledge from different origins is what will produce a new knowledge.

To Japiassu¹⁴, interdisciplinarity is characterized by the intensity of the exchanges among specialists and by the degree of real integration of disciplines inside the same project. Interdisciplinarity aims at the recovery of the human unity through a shift from subjectivity to intersubjectivity. Thus, it recovers the primary idea of culture (formation of the total man), the role of school/university (formation of man within his reality), and the role of man (agent of changes in the world).

The activities performed in the discipline involved knowledge about the territory covered by one Family Care Unit, curriculum integration, and teaching–service–community integration, a path that is dialectically constituted with challenges and possibilities in the construction of new pedagogic practices.

Integrated Health Practices I: essential elements of the proposal for multiprofessional and interdisciplinary education

The 'Integrating Discipline', as it is known, was offered in the first semester of 2012 for the first time, after one year of planning and, since then, it has been offered biannually by the *Comissão de Graduação* (COMGRAD – Undergraduate Course Committee) of the Dentistry School. Its theme of study is based on knowledge and analysis of the territory and the healthcare services through the experience of multiprofessional and interdisciplinary work in practice scenarios within the National Healthcare System (SUS).

Up to the second semester of 2014, 12 undergraduate health courses of UFRGS shared PIS I in their curricula by means of a curricular alteration. The courses are: Biomedicine, Physical Education, Nursing, Pharmacy, Physiotherapy, Speech–Language Pathology and Audiology, Medicine, Nutrition, Dentistry, Psychology, Collective Health and Social Work, as well as the undergraduate course in Public Policies. The COMGRADs are responsible for establishing the pre–requisite for the student to enroll in the discipline (Table 1). Each course offers four places to its students in each semester. In order to offer these places, the presence of the teacher designated by his/her course is necessary. The same teachers have been participating in the discipline since 2012, with some exceptions that involve the specificities and the moment in which each course is. The teacher who is in PIS I must give visibility to the proposal, informing both the COMGRAD of his/her course and his/her Department about the development of the discipline.

The selection process of the *Unidades de Saúde da Família* (USF – Family Care Units) occurs through an indication of the District Management in agreement with the Unit's Coordinator. After this first contact, the teachers–tutors participate in a team meeting with the professionals at the Unit itself, present the discipline – its objectives and methodology –, hand in the Teaching Plan and the schedule of the semester, and decide, together with the Unit's professionals, what activities will be developed (pedagogic contract).

In the second semester of 2014, five USFs received PIS I; among them, the Divisa USF. This USF has a Family Care Team (nurse, family doctor, two nursing technicians and five community healthcare agents, with one oral health team – a dentist and a dental assistant), and its territory is divided into five micro-areas.

Table 1. Shared courses, character and pre-requisites of the discipline 'Integrated Health Practices I'.

SHARED COURSES	CHARACTER	PRE-REQUISITES
Medicine	Additional	No pre-requisite
Nutrition	Elective	No pre-requisite
Psychology (daytime and evening)	Elective	No pre-requisite
Physical education	Elective	No pre-requisite
Speech-language pathology and audiology	Elective	No pre-requisite
Physiotherapy	Elective	No pre-requisite
Social work	Elective	No pre-requisite
Nursing	Additional	No pre-requisite
Biomedicine	Elective	50 compulsory credits
Dentistry (daytime)	Elective	60 compulsory credits
Dentistry (evening)	Elective	58 compulsory credits
Collective health	Additional	Research in Health and Biostatistics I Unit Health Promotion and Education I Unit Health, Society and Humanities I Unit Tutorship I Unit Integrative Topics in Collective Health I Unit Public Policies and Health Systems I Unit
Public policies	Elective	20 compulsory credits
Pharmacy	Elective	Collective Health and Bioethics

From 2012 to 2014, five groups of students attended the discipline at the Divisa USF (38 students from the following courses: Biomedicine, Nursing, Pharmacy, Physiotherapy, Medicine, Nutrition, Dentistry, Psychology, Collective Health, Social Work and Public Policies), tutored by two teachers from the Dentistry and Social Work courses.

The discipline is organized in theoretical moments, of concentration, with the attendance of the entire group (20% of the total number of hours), and tutorship

moments at a USF located in the Glória–Cruzeiro–Cristal District (80% of the total number of hours).

These tutorship moments are developed by groups composed of two tutors and eight students from different courses. The teachers work in an integrated way and are responsible for tutoring four students, which involves reading and interacting with the students' weekly field diaries, as well as monitoring the construction of the individual portfolios and the competencies constituted by these students during the semester.

Tutorship is an exercise of work in a multiprofessional team involving students, teachers and health professionals, in which all of them exercise hearing, respect and active participation in the construction of this work (leadership).

The methodological process incorporated by the discipline 'Integrated Practices' is composed of problematization and evaluation of the experience's process and product^{15,16,17}. Relational and teamwork competencies are developed during the semester, and the local experience is a learning device.

Furthermore, the discipline uses the MOODLE virtual learning platform to support the developed activities. In this platform, the teachers upload the teaching plan, the recommended/complementary readings, the schedule, reminders, portfolio posts, and distance activities by means of discussion forums. The teaching plan follows the university's logic of discipline organization.

The evaluation involves the delivery (both partial and final) of the students' individual portfolio (including the field diaries). In addition, students hand in a final product integrated into the Healthcare Units, and an integrating seminar is held at the end of the semester, involving all the students, teachers, health professionals and District Management representatives. The seminar shares the experiences of the tutorship groups at the USFs and the final products developed in partnership with the healthcare teams.

Knowledge of the territory: a path of multiple ways

Knowledge is sacred. It is the only territory free from patrol, free from judgments, free from investigation, free, free, free. [...]. An open space for imagination. Inviolable paradise. (Martha Medeiros¹⁸. (p. 105)

The territory announced by the writer¹⁸ is an invitation to discuss this theme beyond the concepts that geography, architecture, and history offer us. On the contrary, sometimes the concept of territory does not have visible limits in the concrete territory or well-defined contours in the feelings of individuals and groups.

To construct this article, it was necessary to analyze the teaching plan of the discipline and the narratives produced by the students and teachers (2012–2014) who experienced the discipline at the Divisa USF. The narratives gave rise to the possibility of interlocution among what was prescribed, what was desired and what was experienced by their protagonists.

The instruments that supported the pathways of these narratives were: a) students' individual field diaries; b) students' and teachers' individual portfolios; c) final reports on the territorialization process at the Divisa USF.

The research method that was used was content analysis¹⁹, which was grounded on the concepts of territory, health, interdisciplinarity, education and knowledge production. These concepts are contributing to the construction of another one – that of curricular integration.

To establish the initial categories of the content analysis, the material was submitted to a free-floating reading, which enabled us to visualize the structure of the narrative. Thus, we could have the first orientations and impressions in relation to the narratives' message and to the criteria of homogeneity, representativeness, thoroughness, pertinence, exclusiveness and adequacy. In this stage, the corpus was submitted to an in-depth study guided by the theoretical formulations and frameworks. Initially, the corpus underwent a preliminary coding and categorization process. Then, the pieces of information were grouped according to what they had in common. There were no categories defined in advance; they emerged from the

analysis and were classified by similarity. We strived to ensure the homogeneity criterion, according to which the texts are examined based on one direction of the analysis in order to classify each element into final categories. Finally, the gross results were adjusted so that they became significant and valid, enabling the understanding of the contradictions and factors that accompany and potentialize the teaching-learning process in the discipline.

The concept of territory adopted here was constituted by a review of the literature and by the understanding of territory as the space where the interaction between population and healthcare services take place in the local level. It is characterized by a population with conditions of life, health and access to specific services, living in a determined time and space, with defined health problems and that interacts with the managers of the distinct units that provide healthcare services^{20,21}.

Pereira and Barcellos²² consider that the understanding of territory that groups of technicians and healthcare system users have tends to influence the way in which this territory is incorporated into the practice of their actions. That is why it is important to incorporate, into the concept of territory, its cultural component. The territory always carries, in an inseparable way, a symbolic or cultural dimension in the strict sense and a material dimension, whose nature is predominantly economic and political²³.

In order to learn about the territory, we visited it successively to observe students and teachers, accompanied by *Agentes Comunitárias de Saúde* (ACS – Community Healthcare Agents), and the students provided provisional syntheses at the end of each activity. In addition to the constant and careful presence of the ACS, other professionals were also present at specific moments, such as the professionals of the USF team and of the *Núcleo de Apoio à Saúde da Família* (NASF – Family Care Support Nucleus), as well as the endemics agent. These professionals helped to outline and integrate contents and perceptions among the subjects involved in the territorialization process.

Cartography was used as a device to visualize and map the territory. Unlike the map, which is the representation of a static whole, cartography is a drawing that

accompanies and is produced at the same time in which the landscape is transformed, certain worlds are dismantled – lose meaning –, and other worlds are created to express contemporary affections, in relation to which the present universes have become obsolete. Thus, one of the tasks of the cartographer is to give voice to affections that ask for passage. Cartographers are expected to be immersed in the intensities of their time and, attentive to the languages they find, they should devour those that seem to be possible elements for the composition of necessary cartographies²⁴. Grounded on an understanding of inventive cognition and on a cognitive and creative policy, cartography distances itself from the theoretical approach and from the policy of representation of a world that is supposedly given²⁵.

It is understood that this proposal will only be effective if it is accompanied by an active relationship to the object of knowledge, which requires a pedagogic practice that is significant to the students and that is able to develop their responsibility for the autonomous construction of their knowledge. This meaning has been amplified, as the professionals of the healthcare team are also included in the pedagogic action.

The stimulation to register the experience using field diaries to build the individual portfolio (descriptions of the activities, subjective impressions of the experiences, and reflections relating theoretical contents to the tutored practices) was fundamental to knowledge construction, as a singular learning relationship was established between student and tutor²⁶.

The field diary that the students handed in every week was an instrumental document of a descriptive, analytical, investigative and synthesizing character. It enabled the exercise of reflection, of thinking and acting by means of the records of the experiences in the territory together with the team of professionals of the Divisa USF and with the teachers in the tutorial process. In addition, we believe that the diary, used by students to narrate and describe their recent experience in the territorialization process, allowed the construction–reconstruction not only of the experience at the level of practical discourse, but also of the theory–practice connection.

The tutors' practice of returning these diaries at each new meeting and the inclusion of the field diaries in the portfolio proved to be a device that facilitated learning, as it enabled the description of different learning times²⁶.

Integrating curricula, knowledge, perceptions and feelings

The one who tries to help a butterfly out of its cocoon kills it.

The one who tries to help a bud out of the seed destroys it.

Some things cannot be helped.

They have to happen from the inside out. ²⁷ (p. 34)

Rubem Alves²⁷, sensitive to the educational processes, teaches us to think about the maturation time that is necessary to give meaning to development and learning processes. Knowledge, skills and attitudes are directly related to one another, and their construction needs to be organic and to happen from the inside out. Giving meaning to the theme 'Integrating curricula, knowledge, perceptions and feelings', and to the direction assumed for integration to coexist, the discipline's teachers had to work as mediators and had to involve the students, ceasing to exist in themselves and to themselves, a task that is extremely challenging.

To achieve this, it was important to understand the National Curriculum Guidelines that support undergraduate health courses and establish, emphasize and valorize work in multiprofessional teams and interdisciplinarity in healthcare²⁸. Based on these Guidelines, many courses restructured their curricula to face the challenge of an integrated and interdisciplinary health education²⁹.

Interdisciplinarity is characterized by the possibility of a joint work that respects the specific bases of disciplines but searches for shared solutions to the problems of people and institutions, and views investment as a strategy to produce comprehensive healthcare actions. Therefore, interdisciplinary practices presuppose deep respect to people's cultures and to the beliefs and values of each person, both professionals and the population assisted by the healthcare team³⁰.

Over the period at this USF, the aim was to develop teaching practices oriented towards the importance of interdisciplinary work in the area of health, highlighting the views of different areas that complemented each other during the process. Students and teachers were included in the daily routine of a Family Care team having the advantage of interdisciplinarity, represented by the different courses from which students and teachers come.

We noticed the existence of stigma on the part of the students, both in relation to the health professionals – they believed the SUS workers performed a precarious work, without seeing the working conditions to which they are submitted – and to the users of the healthcare services.

The students' evaluation of the contribution of PIS I to their education highlighted their closeness and dialog with the professionals who work in the SUS and the understanding of the theoretical–practical unit, by means of their inclusion in the USF. In addition, they reflected on the conditions of the healthcare system and the corresponding territory. The interdisciplinary experience and dialog promoted integration among teachers and students from different courses so that they can be involved in the interdisciplinary practice since their undergraduate studies. In this context, no knowledge is superior to the others; there are horizontal types of knowledge that complement each other in the construction of a collective knowledge³¹. The specific knowledge of each area is valorized, and it is recognized that these areas need to be allied so that there is a comprehensive view of health³², as the students' records show:

[...] the students experienced an inclusion in the healthcare services and the work team profited from the 'talking map' that was built during their visits together with the healthcare agents, in the perspective of understanding what map the team sees and what needs to be delimited. Enabling the team to build this map stimulates reflections on the working process and conditions, such as means and equipment for articulation as a way of assisting the user in a

comprehensive form. [...] the experiences were extremely relevant to the students' integral/integrating education (PIS I Students, 2012-1).

[...] we had the opportunity of learning and understanding the professionals' work in multidisciplinary teams. [...] the activity integrating the courses outside the University and the students' inclusion in the community allowed us to be closer to the reality that we will find during our professional life, and provided us with a logical and directed view (PIS I Students, 2012-2).

[...] the experience of exchanges among the areas is very powerful. When we face certain situations, being able to learn other people's impressions, a new view that speaks from another place, from another logic of knowledge, is extremely important to the education of the health professional. This professional is constructed through relationships and prioritizes an amplified view of the subject (PIS I Students, 2013-1).

[...] it is very innovative and provides us with experiences that we will never have in the classroom. The contact with the health professionals and the system users was very enriching and unique. I could envision how it will be when I work as a professional in a family care team. The difficulties I will face and how I can overcome the limits of my course, how to understand colleagues from other professions, how to work in a team, taking advantage of the best of each professional in order to provide the best assistance for the patient (PIS I Student, 2013-2).

Participation in the discipline enabled the analysis of the working processes and the problematization of healthcare practices. [...] such questions could only be raised due to the pedagogic format of tutorship teaching in the scenario of practice adopted in the discipline. Thus, I would like to emphasize that activities which offer integrated practices are extremely relevant in the process of academic and

personal education of students in the area of health (PIS I Students, 2014-1).

The discipline is a space of collective knowledge construction. Based on knowledge coming from diverse areas, it allows the group to build a common product, through interdisciplinarity, and teaches us to work together, instead of limiting ourselves in individualizing theories. This experience is a powerful learning space, because it shows us the daily routine of individuals who face the challenges of public health. Above all, we learn and exercise how to listen to the other, valorizing their knowledge, adding it to ours, in an attempt to understand and assist the subject in a comprehensive, contextualized and committed way. (PIS I Student, 2014-2).

The students' reflections point at an advance for teaching in the field of professional health education, theoretical maturation by means of experiences in scenarios of practice in the SUS, and an amplification in the critical capacity for situating the working conditions and relations in a structural context of crisis in the labor world.

In addition, they recognized the dialog among different health professions, which allows the innovation of the pedagogic practice among the teachers, who are used to processes of planning, execution and evaluation of their activities in an individual way and by specific knowledge nuclei.

In this perspective, students and teachers construct, in each semester, integrated products that are materialized from the partnership established with the Unit's healthcare team. The main products are: a) reports on the territorialization process; b) a poster reporting the experience at the USF; c) a newspaper to the community (Figure 1); d) an updated map of the territory with the five micro-areas (Figure 2).

We observed that this discipline has the potential for overcoming the health work's 'endogenist' practices, as it is an experience of interprofessional education in

the undergraduate course in which different professions “learn about the others, with the others and among themselves for an effective collaboration and improvement in health results”³³ (p. 13). Therefore, this characterizes this University’s intention to develop a collaborative health workforce prepared for practice, including clinical and non-clinical work, capable of providing resolving services at different healthcare spaces³³.

Research into interprofessional education has been reported in the literature. A qualitative review by Barr et al.³⁴ has concluded that work-based interprofessional education is capable of modifying practice and the assistance that is provided for the patient, and is valorized by students. Reeves et al.³⁵, in turn, have shown that, despite the positive results found in interprofessional education interventions when compared to educational interventions in which health professionals learn separately from each other, it is not possible yet to draw generalizable conclusions about the effects of interprofessional education. This is explained by the small number of studies found with this design and methodological limitations. Further studies are necessary to provide information on the impact of this type of intervention on professional practice in the area of health. This limitation is also applied to this experience.

INFORMAÇÕES DA UNIDADE



Da esquerda para direita: Enfermeira e Coordenadora da USF Mircia Abrecht, Agente Comunitária Liliane da Luz, Médico Eduardo Fózzen, Técnica de Enfermagem Mônica Jung, Agente de Saúde Carmem Machado, Luci Fukes (à frente) e Maria Lillian Damaceno (à direita), estudantes e professores da disciplina Práticas Integradas em Saúde I.



INTEGRANDO O DIVISA
Um jornal da Comunidade Divisa
Ano 1 – Número 1
Dezembro 2013

Colaboraram nesta Edição:

Disciplina Práticas Integradas em Saúde I – UFRGS

Professores
Alicia M. H. Lowrey – Serviço Social
Rafaela F. C. Torres – Odontologia

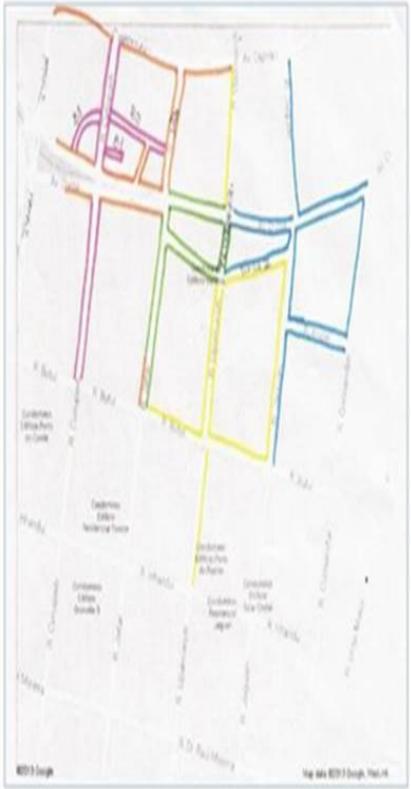
Estudantes
Camilla Campello – Saúde Coletiva
Gianna Mendonça – Farmácia
Luciano Damaceno – Medicina
Marcelo Almeida – Serviço Social
Monique Scopelatto – Psicologia
Nathalia Malandra – Nutrição
Tamyres Dias – Farmácia

Unidade de Saúde da Família (USF) DIVISA
Agentes Comunitárias de Saúde
Carmem Regina Fózzen Machado
Liliane Cordeiro da Luz
Thaína Paula Araújo da Silva
Luci Carina Fukes
Maria Lillian Tribel Damaceno
Enfermeira/Coordenadora USF
Mircia Arthauer Merz/Abrecht
Médico
Eduardo Schmidt Fózzen
Técnica de Enfermagem
Mônica Daidelo Jung
Carina Ligório de Sousa
Cirurgiã Dentista
Caroline Honzina
Assistente de Saúde Bucal
Aline Andrade

Comunidade
Renato Maia da Silva
Clara Santiago
Madalena Superti Fozzen
Júlio César O. Meier

Endereço: Upanoroti, 735 – Cristal
Telefone: (51) 3241-5086

Redistribuição das microáreas da USF Divisa*



* Redistribuição aprovada em outubro de 2013

Tempo	Segunda	Terça	Quarta	Quinta	Sexta
Manhã	Atendimento e Agendamento de consultas	Atendimento e Agendamento de consultas	Atendimento e Agendamento de consultas	Atendimento e Agendamento de consultas	Atendimento e Agendamento de consultas VO Enfermeira
Tarde	Programa Pré-natal	Planejamento reprodutivo (incluindo métodos HV e SIFs)	ESB/Família de suporte VO médico	VO enfermeira Agente de Injeções e dietéticas Agente prevenção de saúde da mulher	Pré-natal

* Consultas de Odontologia – agente aliena



Adicione a USF DIVISA no Facebook e acompanhe as novidades!

ERA DAS CRIANÇAS E AÇÃO DE COMBATE À DENGUE

OFICINAS TERAPÊUTICAS

VISITA SEDA

REDISTRIBUIÇÃO DAS MICROÁREAS DA UNIDADE DE SAÚDE DIVISA

ENTREVISTA COM LÍDER COMUNITÁRIO

BIBLIOTECA COMUNITÁRIA E CLUBE DE MÃES

NOVA DENTISTA NA EQUIPE DE SAÚDE BUCAL

MICROÁREAS	AGENTES COMUNITÁRIAS
Microrárea I	Liliane da Luz
Microrárea II	Carmem Machado
Microrárea III	Maria Lillian Damaceno
Microrárea IV	Thaína da Silva
Microrárea V	Luci Fukes

Figure 1. Newspaper Integrating the Divisa Family Care Unit.

Building new paths towards health education and the strengthening of the teaching-service-community integration

No fear of falling. It was in this way that science was constructed: not by the prudence of those who march, but by the boldness of those who dream. Every knowledge begins with a dream. Knowledge is but an adventure across unknown seas, in search of the land we dreamed.

But dreaming is something that cannot be taught. It springs out of the depths of the body, like water springs out of the depths of the earth. So, as a Master, I can only tell you one thing: "Tell me your dreams, so that we can dream together!".²⁷ (p. 56)

Devising and treading paths are discoveries that must be experienced with affections and fears. Drawing an analogy with the paths to health education, especially with the discipline, we highlight that these affections and fears are related to the recognition of the political trajectory of transformation of this scenario in the university and in teaching. Furthermore, they are related to the adoption of pedagogic intervention methodologies that promote reflections on the objectives and scopes of the studies that guide Pró-Saúde and the

discipline

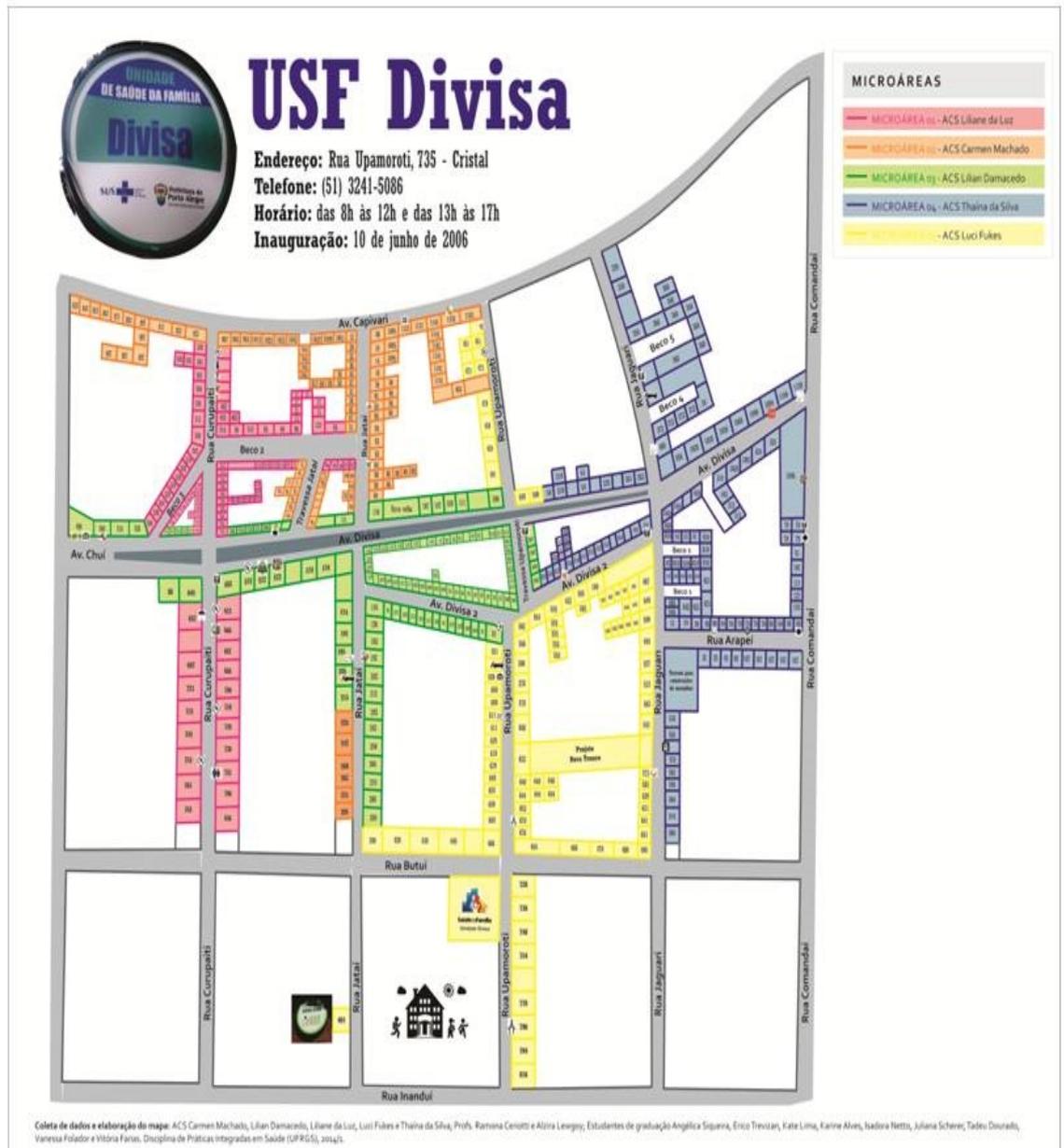


Figure 2. Map of the territory of the Divisa Family Care Unit, Glória–Cruzeiro–Cristal District, Porto Alegre, Rio Grande do Sul.

The proposal of PIS I has been consolidating itself beyond knowledge of the territory. It is characterized by a permanent process of qualification and recycling that has enabled:

- a) interaction, exchange of experiences and knowledge among students and teachers from different undergraduate courses;
- b) close contact among students who are at different stages in their education process;
- c) reflection on the conditions of the public health system, the working process and the healthcare team's tasks in the territories;
- d) visibility of the work developed by the ACS;
- e) collective textual production, meeting the demands of the service and of the undergraduate course;
- f) utilization of cartography as a device to organize and reproduce the map of the Healthcare Unit's catchment area.

To conclude, the contribution of this experience lies exactly in the possibility of sharing dreams and work among teachers, students and SUS professionals. This process affects the curricula of different undergraduate courses, which support distinct pedagogic proposals that intentionally search for the non-fragmentation of the teaching-learning process, leaning on professional competencies and tasks for the exercise of health education in the academic routine.

There is a challenging search for new possibilities of thinking and acting in spite of the limits that are found; of studying, intervening and learning with the ongoing reality, transforming knowledge into action; of not losing the capacity to find ways and life production within a reality that is, many times, hard, complex and violent in the scenarios of practice.

Disagreeing voices/'estrangements' constantly accompany the group, are incorporated into the learning of an innovative discipline like 'Integrated Practices', and are capable of helping to advance and consolidate the proposal in each semester. Each new group of students represents a permanent renewal. It is true that its context is delicate, as it is an elective or additional activity in the curricula, in a larger group of students and teachers who are in the territories only one afternoon per week (on Fridays), with many interruptions because of the academic calendar. In addition, in the

University's Academic Units, sometimes the proposal for intercurricular teaching through tutorship is not part of the courses' priorities/possibilities.

The possibilities of advance lie between the university's bet on and stimulation to interprofessional education and the imperative need of innovation in health teaching, having the leadership of all the individuals involved in the educational processes.

References

1. Rosa JG. Grande sertão: veredas. Rio de Janeiro: Nova Fronteira; 1986.
2. Carvalho YM, Ceccim RB. Formação e educação em saúde: aprendizados com a Saúde Coletiva. In: Campos GWS, Bonfim JRA, Minayo MCS, Akerman M, Drumond Júnior M, Carvalho YM, organizadores. Tratado de Saúde Coletiva. São Paulo: Hucitec; 2006. p. 137-70.
3. Ministério da Saúde. Programa Nacional de Reorientação da Formação Profissional em Saúde (Pró-Saúde). Brasília (DF): MS; 2007.
4. Carcereri DL, Loch ACP, Bastos RC. Fatores relevantes para a mudança na formação em Odontologia motivados pelo Programa Nacional de Reorientação da Formação Profissional em Saúde (Pró-Saúde). Rev ABENO. 2014; 14(1):94-106.
5. Bueno D, Tschiedel R, organizadores. A arte de ensinar e fazer saúde: UFRGS no Pró- Saúde II. Porto Alegre: Libretos; 2011.
6. Disciplina Integradora: com um pé na vida real. Rev Rede Gov Colaborativa. 2012; 1(1):12-5.
7. Sacristán JG. Plano do currículo, plano do ensino: o papel dos professores/as. In: Sacristán JG, Gómez AIP, organizadores. Compreender e transformar o ensino. 4a ed. Porto Alegre: Artmed; 1998. p. 197-232.
8. Gómez AIP. Ensino para a compreensão. In: Sacristán JG, Gómez, AIP, organizadores. Compreender e transformar o ensino. 4a ed. Porto Alegre: Artmed; 1998. p. 67-98.
9. Sacristán JG. O currículo: uma reflexão sobre a prática. Porto Alegre: Artmed; 2000.
10. Libâneo JC. Didática. São Paulo: Cortez; 1994.

11. Lewgoy AMB. Supervisão de estágio em Serviço Social: desafios para a formação e o exercício profissional. 2a ed. São Paulo: Cortez; 2010.
12. Freire P. Pedagogia da autonomia: saberes necessários à prática educativa. 31a ed. São Paulo: Paz e Terra; 2005.
13. Paviani J. Interdisciplinaridade: conceitos e distinções. Caxias do Sul: Educs; 2008.
14. Japiassu H. Interdisciplinaridade e patologia do saber. Rio de Janeiro: Imago; 1976.
15. Berbel NAN. A problematização e a aprendizagem baseada em problemas: diferentes termos ou diferentes caminhos. Interface (Botucatu). 1998; 2(2):139–54.
16. Lewgoy AMB. O estágio supervisionado em serviço social: desafios e estratégias para a articulação entre formação e exercício profissional. Temporalis. 2013; 13(25):63–90.
17. Abrahão AL, Merhy EE. Formação em saúde e micropolítica: sobre conceitos e ferramentas na prática de ensinar. Interface (Botucatu). 2014; 18(49):313–24.
18. Medeiros M. Coisas da vida: crônicas. Porto Alegre: L&PM; 2011.
19. Bardin L. Análise de conteúdo. São Paulo: Ed. 70; 2011.
20. Monken M, Barcellos C. Vigilância em saúde e território utilizado: possibilidades teóricas e metodológicas. Cad Saude Publica. 2005; 21(3):898–906.
21. Barcellos CC, Sabroza PC, Peiter P, Rojas LI. Organização espacial, saúde e qualidade de vida: análise espacial e uso de indicadores na avaliação de situações de saúde. Inf Epidemiol SUS. 2002; 11(3):129–38.
22. Pereira MPB, Barcellos C. O território no programa de saúde da família. Hygeia. 2006; 2(2):47–55.
23. Monken M, Peiter P, Barcellos C, Rojas LI, Navarro M, Gondim GMM, et al. O território na saúde: construindo referências para análises em saúde ambiente. In: Miranda AC, Barcellos C, Moreira JC, Monken M, organizadores. Território, ambiente e saúde. Rio de Janeiro: Fiocruz; 2008. p. 23–41.
24. Rolnik S. Cartografia sentimental, transformações contemporâneas do desejo. São Paulo: Estação Liberdade; 1989.

25. Passos E, Kastrup V, Tedesco S. Dossiê cartografia: pistas do método da cartografia. *Fractal Rev Psicol.* 2013; 25(2):217–20.
26. Ferla AA, Ceccim R. Portfólio como dispositivo da avaliação: aproximações para a definição de novas estratégias de avaliação no curso de bacharelado em Saúde Coletiva da UFRGS. In: Ferla AA, Rocha CMF, organizadores. *Cadernos da Saúde Coletiva: inovações na formação de sanitaristas.* Porto Alegre: UFRGS; 2013. p. 51–8.
27. Alves R. *A alegria de ensinar.* 3a ed. São Paulo: ARS Poética; 1994.
28. Haddad AE, Pierantoni CR, Ristoff D, Xavier IM, Giolo J, Silva LB, organizadores. *A trajetória dos cursos de graduação na área da saúde: 1991–2004.* Brasília (DF): Instituto Nacional de Estudos e Pesquisas Educacionais Anísio Teixeira; 2006.
29. Toassi, RFC, Stobäus CD, Mosquera, JJM, Moysés SJ. Currículo integrado no ensino de Odontologia: novos sentidos para a formação na área da saúde. *Interface (Botucatu).* 2012; 16(41):529–42.
30. Saupe R, Cutolo LRA, Wendhausen ALP, Benito GAV. Competência dos profissionais da saúde para o trabalho interdisciplinar. *Interface (Botucatu).* 2005; 9(18):521–36.
31. Santos DS, Rosa ES, Braga IL, Diehl M, Kuck N, Cendron SW, et al. Processo de territorialização na Unidade de Saúde da Família Divisa, Distrito Glória–Cruzeiro–Cristal, Porto Alegre, Rio Grande do Sul, 2012–2. Relatório final. *Disciplina Práticas Integradas em Saúde I.* Porto Alegre: UFRGS; 2013.
32. Signorini AV, Costa CR, Gonçalves GG, Fergutz LS, Peres MM, Marroquin RO, et al. Processo de territorialização na Unidade de Saúde da Família Divisa, Distrito GlóriaCruzeiro–Cristal, Porto Alegre, Rio Grande do Sul, 2012–1. Relatório final. *Disciplina Práticas Integradas em Saúde I.* Porto Alegre: UFRGS; 2012.
33. Organização Mundial da Saúde. *Redes de profissões de Saúde. Enfermagem e Obstetrícia. Recursos Humanos para a Saúde. Marco para ação em educação interprofissional e prática colaborativa.* Genebra: OMS; 2010.
34. Barr H, Freeth D, Hammick M, Koppel I, Reeves S. *Evaluations of interprofessional education: a United Kingdom Review for Health and Social Care.* London: CAIPE/BERA; 2000.

35. Reeves S, Perrier L, Goldman J, Freeth D, Zwarenstein M. Interprofessional education: effects on professional practice and health care outcomes (update). *Cochrane Database Syst Rev.* 2013; (3):1–47.

Translated by Carolina Ventura